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**MEDICAL EXAMINING BOARD**  
**Room N208, 4822 Madison Yards Way, 2<sup>nd</sup> Floor, Madison**  
**Contact: Valerie K. Payne (608) 266-2112**  
**October 16, 2019**

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

**AGENDA**

**8:00 A.M.**

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

**A. Adoption of Agenda (1-5)**

**B. Approval of Minutes of September 18, 2019 (6-11)**

**C. Conflicts of Interest**

**D. Administrative Matters**

- 1) Board, Department and Staff Updates
- 2) Board Members – Term Expiration Dates
  - a. Alaa Abd-Elsayed – 7/1/2020
  - b. David A. Bryce – 7/1/2021
  - c. Mary Jo Capodice – 7/1/2018
  - d. Michael Carton – 7/1/2020
  - e. Padmaja Doniparthi – 7/1/2021
  - f. Bradley Kudick – 7/1/2020
  - g. Lee Ann Lau – 7/1/2020
  - h. David Roelke – 7/1/2021
  - i. Kenneth Simons – 7/1/2018
  - j. Sheldon Wasserman – 7/1/2023
  - k. Timothy Westlake – 7/1/2020
  - l. Robert Zoeller – 7/1/2019
- 3) Appointments, Reappointments, Confirmations, and Committee, Panel and Liaison Appointments
- 4) Screening Panel and Examination Panel Appointments
- 5) Wis. Stat. § 15.085 (3)(b) – Affiliated Credentialing Boards’ Biannual Meeting with the Medical Examining Board to Consider Matters of Joint Interest

**E. Continuing Medical Education Discussion – Discussion and Consideration**

- 1) **APPEARANCE – Donald Oliva: CE Broker Presentation**

- F. Report of Recommendations from the Medical Examining Board Licensure Forms Committee – Discussion and Consideration**
- G. Review of Items Requiring Credentialing Liaison Review and Current Board Delegated Authorities – Discussion and Consideration**
- H. Federation of State Medical Boards (FSMB) Matters – Discussion and Consideration**
  - 1) Medical Examining Board Letter to United States Department of Veterans Affairs Regarding Changes to Veterans Affairs Telehealth Regulations **(12-13)**
  - 2) Nominate Dr. Kenneth Simons for Chair-elect of the FSMB Board of Directors **(14-17)**
- I. Physician Health Licensing (PAP) – Discussion and Consideration**
- J. Request for Variance Regarding Physician Assistant Supervision – Discussion and Consideration (18-19)**
- K. Legislative and Policy Matters – Discussion and Consideration (20-58)**
  - 1) Review of LRB 0196/2, Relating to Regulation of Physician Assistants, Creating a Physician Assistant Examining Board, Extending the Time Limit for Emergency Rule Procedures, Providing an Exemption from Emergency Rule Procedures, Granting Rule-Making Authority, and Providing a Penalty
- L. Administrative Rule Matters – Discussion and Consideration
  - 1) Pending or Possible Rulemaking Projects
- M. Controlled Substances Board Report – Timothy Westlake
- N. Interstate Medical Licensure Compact Commission (IMLCC) – Report from Wisconsin’s Commissioners
- O. Newsletter Matters – Discussion and Consideration
- P. Screening Panel Report
- Q. Future Agenda Items
- R. Deliberation on Items Added After Preparation of Agenda:
  - 1) Introductions, Announcements and Recognition
  - 2) Elections, Appointments, Reappointments, Confirmations, and Committee, Panel and Liaison Appointments
  - 3) Administrative Matters
  - 4) Election of Officers
  - 5) Appointment of Liaisons and Alternates
  - 6) Delegation of Authorities
  - 7) Education and Examination Matters
  - 8) Credentialing Matters
  - 9) Practice Matters
  - 10) Legislative and Administrative Rule Matters
  - 11) Liaison Reports
  - 12) Board Liaison Training and Appointment of Mentors
  - 13) Informational Items
  - 14) Division of Legal Services and Compliance (DLSC) Matters

- 15) Presentations of Petitions for Summary Suspension
- 16) Petitions for Designation of Hearing Examiner
- 17) Presentation of Stipulations, Final Decisions and Orders
- 18) Presentation of Proposed Final Decisions and Orders
- 19) Presentation of Interim Orders
- 20) Petitions for Re-Hearing
- 21) Petitions for Assessments
- 22) Petitions to Vacate Orders
- 23) Requests for Disciplinary Proceeding Presentations
- 24) Motions
- 25) Petitions
- 26) Appearances from Requests Received or Renewed
- 27) Speaking Engagements, Travel, or Public Relation Requests, and Reports

S. Public Comments

**CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85(1)(b), and 448.02(8), Stats.); to consider individual histories or disciplinary data (s. 19.85(1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.).**

**T. Credentialing Matters (59-78)**

- 1) Waiver of 24 Months of Post-Graduate Training
  - a. Tatjana Stevanovic, M.D.

**U. Deliberation on DLSC Matters**

**1) Stipulations and Final Decisions and Orders**

- a. 17 MED 262 – Rene P. Ducret, M.D. **(79-84)**
- b. 17 MED 502 – Douglas R. Arnold, M.D. **(85-90)**
- c. 18 MED 214 – Carrie Y. Peterson, M.D. **(91-96)**
- d. 18 MED 227 – Sean M. Cashin, M.D. **(97-108)**
- e. 18 MED 302 – Bernard C. Baier, M.D. **(109-114)**
- f. 18 MED 594 – Guy R. Powell, M.D. **(115-126)**
- g. 18 MED 687 – Sara T. Murray, M.D. **(127-133)**
- h. 19 MED 002 – Thomas R. Rocco, M.D. **(134-140)**
- i. 19 MED 123 – Gary L. Gasser, M.D. **(141-146)**
- j. 19 MED 199 – Jan M. Rosnow, M.D. **(147-152)**
- k. 19 MED 200 – Robin B. Garelick, M.D. **(153-158)**
- l. 19 MED 203 – Herbert W. Jones, M.D. **(159-165)**
- m. 19 MED 234 – Paul W. Sperduto, M.D. **(166-171)**

**2) Complaints**

- a. 18 MED 331 – J.A.P. **(172-176)**

**3) Administrative Warnings**

- a. 17 MED 218 – J.C.R. **(177-178)**
- b. 17 MED 463 – J.J.S. **(179-180)**
- c. 18 MED 324 – I.R. **(181-182)**
- d. 19 MED 156 – J.D.M. **(183-184)**

**4) Case Closing(s)**

- a. 16 MED 410 – J.E.T. **(185-193)**
- b. 18 MED 059 – R.F. **(194-204)**
- c. 18 MED 091 – A.R. **(205-213)**
- d. 18 MED 190 – D.C. **(214-227)**
- e. 18 MED 272 – A.D. **(228-232)**
- f. 18 MED 324 – R.E.R. & M.E.S. **(233-245)**
- g. 18 MED 382 – T.S. **(246-251)**
- h. 18 MED 389 – M.C. **(252-256)**
- i. 18 MED 673 – M.O. **(257-264)**
- j. 18 MED 711 – M.D. **(266-270)**

**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) Petitions for Summary Suspensions
- 7) Petitions for Designation of Hearing Examiner
- 8) Proposed Stipulations, Final Decisions and Order
- 9) Proposed Interim Orders
- 10) Administrative Warnings
- 11) Review of Administrative Warnings
- 12) Proposed Final Decisions and Orders
- 13) Matters Relating to Costs/Orders Fixing Costs
- 14) Complaints
- 15) Case Closings
- 16) Board Liaison Training
- 17) Petitions for Extension of Time
- 18) Petitions for Assessments and Evaluations
- 19) Petitions to Vacate Orders
- 20) Remedial Education Cases
- 21) Motions
- 22) Petitions for Re-Hearing
- 23) Appearances from Requests Received or Renewed

**W. Open Cases**

**X. Consulting with Legal Counsel**

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

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

**Z. Open Session Items Noticed Above Not Completed in the Initial Open Session**

**AA. 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 zero (0)  
(at time of agenda publication) Candidates for Licensure – **Dr. Wasserman** and **Dr. Doniparthi**

**NEXT DATE: NOVEMBER 20, 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 board's agenda, please call the listed contact person. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of disciplinary hearings may be changed by the examiner for the convenience of the parties. Interpreters for the hearing impaired provided upon request by contacting the Affirmative Action Officer, 608-266-2112.

**MEDICAL EXAMINING BOARD  
MEETING MINUTES  
SEPTEMBER 18, 2019**

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

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

**CALL TO ORDER**

Kenneth Simons, Chairperson, called the meeting to order at 8:01 a.m. A quorum of ten (10) members was confirmed.

**ADOPTION OF AGENDA**

**MOTION:** Lee Ann Lau moved, seconded by Bradley Kudick, to adopt the Agenda as published. Motion carried unanimously.

**APPROVAL OF MINUTES OF AUGUST 21, 2019**

**MOTION:** Sheldon Wasserman moved, seconded by David Roelke, to approve the Minutes of August 21, 2019 published. Motion carried unanimously.

(*Alaa Abd-Elseyed arrived at 8:05 a.m.*)

**LEGISLATION AND RULE MATTERS**

**Adoption Order: CR 18-101, Relating to Respiratory Care Practitioners**

**MOTION:** Lee Ann Lau moved, seconded by Robert Zoeller, to adopt the Adoption Order for Clearinghouse Rule CR 18-101, relating to respiratory care practitioners. Motion carried unanimously.

**REPORTING REQUIREMENT UNDER 2017 WISCONSIN ACT 262**

**October 2019 Report**

**MOTION:** Robert Zoeller moved, seconded by David Bryce, to approve the Board's October 2019 report on opioid abuse for submission to the Legislature and Governor's Office as required under 2017 Wisconsin Act 262. Motion carried unanimously.

## FEDERATION OF STATE MEDICAL BOARDS (FSMB) MATTERS

**MOTION:** Sheldon Wasserman moved, seconded by Alaa Abd-Elsayed, to authorize the Chairperson of the Medical Examining Board to respond on behalf of the Board to the August 21, 2019 letter to Dr. Chaudhry from Richard A. Stone, Under Secretary for Health of the U.S. Department of Veterans Affairs. Motion carried unanimously.

### CLOSED SESSION

**MOTION:** Padmaja Doniparthi moved, seconded by David Bryce, 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 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; Bradley Kudick-yes; Lee Ann Lau-yes; David Roelke-yes; Kenneth Simons-yes; Sheldon Wasserman-yes; Timothy Westlake-yes; and Robert Zoeller-yes. Motion carried unanimously.

The Board convened into Closed Session at 8:39 a.m.

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

### Stipulations, Final Decisions and Orders

**MOTION:** Sheldon Wasserman moved, seconded by David Bryce, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings of the following cases:

1. 18 MED 292 – Nadeem Siddiqui, M.D.
2. 18 MED 442 – Kevin P. Kooiker, M.D.
3. 18 MED 456 – Kae Loverink, M.D.
4. 18 MED 684 – Cheryl A. Jeanpierre, D.O.

Motion carried unanimously.

#### *16 MED 390 – Yashdip S. Pannu, M.D.*

**MOTION:** David Roelke moved, seconded by Robert Zoeller, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Yashdip S. Pannu, M.D., DLSC Case Number 16 MED 390. Motion carried unanimously.

***18 MED 179 – Farid A. Ahmad, 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 Farid A. Ahmad, M.D., DLSC Case Number 18 MED 179. Motion carried unanimously.

***18 MED 215 – Dongmei Chen, M.D.***

**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 Dongmei Chen, M.D., DLSC Case Number 18 MED 215. Motion carried unanimously.

***18 MED 375 – Jonathan M. Adelberg, 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 Jonathan M. Adelberg, M.D., DLSC Case Number 18 MED 375. Motion carried unanimously.

***18 MED 402 – David R. Gwynn, M.D.***

**MOTION:** Mary Jo Capodice moved, seconded by David Roelke, to rescind the Findings of Fact, Conclusions of Law and Order, adopted on 8/21/2019, in the matter of disciplinary proceedings against David R. Gwynn, M.D., DLSC Case Number 18 MED 402. Motion carried unanimously.

**MOTION:** David Roelke moved, seconded by Robert Zoeller, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against David R. Gwynn, M.D., DLSC Case Number 18 MED 402. Motion carried unanimously.

***18 MED 523 – Victoria Mondloch, M.D.***

**MOTION:** Lee Ann Lau moved, seconded by Sheldon Wasserman, to reject the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Victoria Mondloch, M.D., DLSC Case Number 18 MED 523. Motion carried unanimously.

***18 MED 698 – Ramesh C. Patri, M.D.***

**MOTION:** Timothy Westlake moved, seconded by Padmaja Doniparthi, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Ramesh C. Patri, M.D., DLSC Case Number 18 MED 698. Motion carried unanimously.

***19 MED 091 – John E. Humiston, M.D.***

**MOTION:** Robert Zoeller moved, seconded by Alaa Abd-Elsayed, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against John E. Humiston, M.D., DLSC Case Number 19 MED 091. Motion carried unanimously.

***19 MED 100 – Claudia Rodriguez Galvis, M.D.***

**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 Claudia Rodriguez Galvis, M.D., DLSC Case Number 19 MED 100. Motion carried unanimously.

**Proposed Stipulations and Interim Order**

***19 MED 015 – Thomas J. Stick, M.D.***

**MOTION:** Lee Ann Lau moved, seconded by Bradley Kudick, to adopt the Findings of Fact, Conclusions of Law and Interim Order in the matter of disciplinary proceedings against Thomas J. Stick, M.D., DLSC Case Number 19 MED 015. Motion carried unanimously.

**Complaints**

***18 MED 315 – P.M.A.***

Case closed.

**Administrative Warnings**

***18 MED 315 – P.M.A.***

**MOTION:** Alaa Abd-Elsayed moved, seconded by Timothy Westlake, to not issue an Administrative Warning in the matter of P.M.A., DLSC Case Number 18 MED 315. Motion carried.

**MOTION:** Robert Zoeller moved, seconded by Bradley Kudick, to close DLSC Case Number 18 MED 315 against P.M.A for No Violation. Motion carried unanimously.

***19 MED 141 – J.F.S.***

**MOTION:** Bradley Kudick moved, seconded by Lee Ann Lau, to issue an Administrative Warning in the matter of J.F.S., DLSC Case Number 19 MED 141. Motion carried unanimously.

***19 MED 189 – J.W.S.***

**MOTION:** Lee Ann Lau moved, seconded by Timothy Westlake, to issue an Administrative Warning in the matter of J.W.S., DLSC Case Number 19 MED 189. Motion carried unanimously.

**Case Closings**

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

1. 17 MED 323 – J.M. – No Violation
2. 17 MED 505 – J.K. – No Violation
3. 18 MED 322 – T.G.T. – No Violation
4. 18 MED 585 – Unknown – No Violation
5. 18 MED 593 – S.S. – No Violation
6. 18 MED 675 – M.G.M. – No Violation
7. 19 MED 024 – C.S. – No Violation
8. 19 MED 082 – S.J.P. – Insufficient Evidence

Motion carried unanimously.

***18 MED 206 – S.B.***

**MOTION:** Robert Zoeller moved, seconded by David Roelke, to close DLSC Case Number 18 MED 206, against S.B., for Prosecutorial Discretion (P7). Motion carried unanimously.

***18 MED 233 – N.I.***

**MOTION:** Bradley Kudick moved, seconded by Timothy Westlake, to close DLSC Case Number 18 MED 233, against N.I., for No Violation. Motion carried unanimously.

***19 MED 003 – M.R., J.R., T.E., R.O.***

**MOTION:** Bradley Kudick moved, seconded by David Roelke, to close DLSC Case Number 19 MED 003, against M.R., J.R., T.E., R.O., for No Violation. 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 10:09 a.m.

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

**MOTION:** Lee Ann Lau moved, seconded by Robert Zoeller, 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:** David Bryce moved, seconded by David Roelke, to delegate ratification of examination results to DSPS staff and to ratify all licenses and certificates as issued. Motion carried unanimously.

**ADJOURNMENT**

**MOTION:** Sheldon Wasserman moved, seconded by Alaa Abd-Elsayed, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 10:17 a.m.

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

**AGENDA REQUEST FORM**

<b>1) Name and title of person submitting the request:</b> Valerie Payne, Executive Director, on behalf of Dr. Kenneth Simons		<b>2) Date when request submitted:</b> 10/10/19 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
<b>3) Name of Board, Committee, Council, Sections:</b> Medical Examining Board			
<b>4) Meeting Date:</b> 10/16/19	<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>A. Federation of State Medical Boards (FSMB) Matters – Discussion and Consideration</b> 1) Medical Examining Board Letter to United States Department of Veterans Affairs Regarding Changes to Veterans Affairs Telehealth Regulations	
<b>7) Place Item in:</b> <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	<b>8) Is an appearance before the Board being scheduled?</b> <i>(If yes, please complete <a href="#">Appearance Request</a> for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>9) Name of Case Advisor(s), if required:</b> n/a	
<b>10) Describe the issue and action that should be addressed:</b>  Review of the Medical Examining Board letter to United States Department of Veterans Affairs Regarding changes to Veterans Affairs telehealth regulations.			
<b>11) Authorization</b>			
Valerie Payne		10/10/19	
<b>Signature of person making this request</b>		<b>Date</b>	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)    Date			
<b>Directions for including supporting documents:</b> 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

**Kenneth Simons**  
Chairperson

**Timothy Westlake**  
Vice Chairperson

**Mary Jo Capodice**  
Secretary

**WISCONSIN MEDICAL EXAMINING BOARD**



4822 Madison Yards Way,  
PO Box 8366  
Madison WI 53708-8366

Email: [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
Voice: 608-266-2112  
FAX: 608-251-3032

September 18, 2019

Dr. Kevin Galpin, Director of Telehealth Services  
U.S. Department of Veterans Affairs  
Washington DC 20420

Via Email Only  
[kevin.galpin@va.gov](mailto:kevin.galpin@va.gov)

Re: Proposed Changes to Amend VA Regulations Relating to Telehealth Services

Dear Dr. Galpin:

Thank you for your August 21, 2019 letter to Dr. Chaudhry of the Federation of State Medical Boards (FSMB) inviting him to communicate to FSMB member boards the Department of Veterans Affairs (VA) efforts to amend its regulations. I write on behalf of the Wisconsin Medical Examining Board.

The Wisconsin Medical Examining Board (MEB) is a staunch supporter of appropriate efforts to remove barriers and accelerate access to telehealth for United States veterans in a way that protects and promotes public safety and welfare.

Members of the MEB have reviewed and considered the proposed amendments outlined in the above-referenced August 21, 2019 letter, and have authorized me to communicate the following regarding telemedicine services to be provided by medical trainees.

Our veterans, like all other members of the public, deserve care from physicians who have proven that they possess the requisite knowledge, clinical acumen, and skills to practice medicine and surgery with reasonable skill and safety. To ensure this, we recommend that only residents who have a full and unrestricted license should be able to provide telemedicine services.

We appreciate the opportunity to provide comment on this critical issue, and for all that the VA does for United States veterans.

Regards,

*Dr. Kenneth B. Simons*  
Kenneth B. Simons, MD  
Chairperson, Wisconsin Medical Examining Board

cc: Via email only:

Valerie Payne ([valerie.payne1@wi.gov](mailto:valerie.payne1@wi.gov))  
Executive Director, Wisconsin Medical Examining Board

Humayun J. Chaudhry, DO, MACP ([hchaudhry@fsmb.org](mailto:hchaudhry@fsmb.org))  
President and CEO, Federation of State Medical Boards

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

**AGENDA REQUEST FORM**

<b>1) Name and title of person submitting the request:</b> Valerie Payne, Executive Director		<b>2) Date when request submitted:</b> 10/8/19 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
<b>3) Name of Board, Committee, Council, Sections:</b> Medical Examining Board			
<b>4) Meeting Date:</b> 10/16/19	<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> Nominate Dr. Kenneth Simons for Chair-elect of the FSMB Board of Directors	
<b>7) Place Item in:</b> <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	<b>8) Is an appearance before the Board being scheduled?</b> <i>(If yes, please complete <a href="#">Appearance Request</a> for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>9) Name of Case Advisor(s), if required:</b> n/a	
<b>10) Describe the issue and action that should be addressed:</b> Consider nomination of Dr. Kenneth Simons for chair-elect of the FSMB Board of Directors and designate a Medical Examining Board member to write and send a nomination letter.			
<b>11) Authorization</b>			
Valerie Payne		10/8/19	
<b>Signature of person making this request</b>		<b>Date</b>	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
<b>Directions for including supporting documents:</b> 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			



*Member Fellow shall be a Fellow of the FSMB during the member's period of service on a Member Medical Board, and for a period of thirty-six months thereafter."*

A candidate for elected office must exhibit the following **Core Competencies**:

- Have a clear understanding of (and enthusiastically support) the vision, mission and strategic goals of the FSMB;
- Possess a positive outlook on the role and function of state medical boards in the medical regulatory field;
- Bring a broad, national perspective to specific issues;
- Have adequate time and commitment necessary to fulfill the responsibilities of the office; and,
- Demonstrate professionalism, personal integrity, and the ability to work effectively with others.

**The following additional qualifications are suggested but not mandatory:**

- **Chair-elect:** One or more years' experience on the FSMB Board of Directors and, if applicable, a commitment of time that may require reduction by one-third or more of patient care duties in medical practice.
- **Board of Directors and Nominating Committee:** 1) One or more years on a State Medical or Osteopathic Board, 2) FSMB committee or workgroup participation, and 3) prior attendance of **at least one** FSMB Annual Meeting.
- **Board of Directors:** Significant experience on a non-profit Board of Directors or Foundation may be considered an equivalent for one of the recommendations stated above.

### **Responsibilities**

The *Responsibilities of Elected Positions* can be found on pages 4-5. Additionally, newly elected members of the Board will take part in the Investiture of the Board at the 2020 annual Meeting on **Saturday, May 2** and join the Board at its first meeting of the year on the following morning, **May 3**.

### **Documentation Requirements**

1. **Photograph – color (jpg).** A head shot of the nominee is preferred. Questions about photos may be directed to Customer Care Analyst Marion Patterson at [mpatterson@fsmb.org](mailto:mpatterson@fsmb.org).
2. **Letter of Nomination**  
The letter of nomination **must** come from the nominee's state medical or osteopathic board to the Nominating Committee and should specify: (1) the name of the nominee to be considered; (2) the office for which the nominee is being recommended; (3) a description of the nominee's ability to demonstrate the core competencies and/or additional position-specific qualifications stated above; (4) the nominee's agreement to the submission of his/her name for potential nomination; (5) the nominee's affirmation that he/she is aware of the time commitment required for the position to which he/she may be elected; and (6) the nominee's mailing address, daytime telephone number and email address.

The letter of nomination should be addressed to:

**Patricia A. King, MD, PhD, FACP, Chair**  
**FSMB Nominating Committee**  
**Federation of State Medical Boards**  
**400 Fuller Wiser Road**  
**Eules, Texas 76039**

3. **Personal Statement (sample on page 6) (maximum 500-word limit).** The nominee should state why he/she wants to serve in the position for which he/she will be campaigning for election; how he/she fulfills the core competencies and/or additional position-specific qualifications of nominees, and what he/she will contribute to FSMB.
4. **Bullet Points.** The nominee should submit **6-8** bullet points **(maximum 200-word limit)** reflecting accomplishments for which he/she wishes to be recognized.
5. **CV Summary (maximum 5 pages) and/or bio.** Please provide relevant information including the nominee's education, current profession, FSMB activities, important appointments, honors, awards, etc.
6. **Candidate's Signatory Page (see "Documentation Submission" below).** The nominee **must submit an electronically signed confirmation** that the nominee, if selected as a candidate: 1) will be a Board Member Fellow as defined by the FSMB Bylaws at the time of the election on Saturday, May 2, 2020; 2) is aware of the time commitment required for the position to which he/she may be elected; and 3) is disclosing any potential conflict(s) of interest.

Please note that should the Nominating Committee select the nominee for inclusion in its roster of candidates, the photo and all documents submitted will be posted on the FSMB Member Portal and some of the information included in the Election Manual that will be distributed to the Annual Meeting attendees. **Social security numbers and all other private information must be removed** from the documents prior to submission.

#### **Documentation Submission**

Materials will need to be submitted electronically via *DocuSign*. Please contact Pat McCarty, Director of Leadership Services, at [pmccarty@fsmb.org](mailto:pmccarty@fsmb.org) or 817-868-4067 and **request the DocuSign Uploading and Signature Tool for submitting Nominations for Elected Office. Included with this tool will be the Candidate's Signatory Page for the nominee to sign electronically.**

A confirmation acknowledging receipt of the nomination materials will be sent within one week. If you do not receive confirmation, or for questions, please contact Ms. McCarty.

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

**AGENDA REQUEST FORM**

<b>1) Name and title of person submitting the request:</b> Valerie Payne, Executive Director, on behalf of Dr. Ken Simons		<b>2) Date when request submitted:</b> 10/10/19 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
<b>3) Name of Board, Committee, Council, Sections:</b> Medical Examining Board			
<b>4) Meeting Date:</b> 10/16/19	<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> Request for Variance regarding PA Supervision – Discussion and Consideration.	
<b>7) Place Item in:</b> <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	<b>8) Is an appearance before the Board being scheduled?</b> <i>(If yes, please complete <a href="#">Appearance Request</a> for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>9) Name of Case Advisor(s), if required:</b> N/A	
<b>10) Describe the issue and action that should be addressed:</b> Dr. Ken Simons requested carry over of this agenda item to this month's agenda. This agenda item did not make the 9/18/19 agenda, as requested by Dr. Tim Westlake.			
<b>11) Authorization</b>			
Valerie Payne		10/10/19	
<b>Signature of person making this request</b>		<b>Date</b>	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
<b>Directions for including supporting documents:</b> 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

**Michael McNett M.D.**

Director, Dept. of Non-Interventional Pain, Advocate/Aurora Healthcare  
3305 S. 20<sup>th</sup> St. #100  
Milwaukee, WI 53215  
414.645.1984

Date: September 16, 2019

To: Tim Westlake, MD; Vice Chair, WI Medical Examining Board

Dear Dr. Westlake,

I'm contacting you to request a variance for physicians in our noninterventional pain program on the requirement that we limit supervision of PAs to 4 per physician.

As the head of Advocate/Aurora's Department of Non-Interventional Pain, I am leading an initiative to develop a hub-and-spoke model for non-interventional pain throughout our entire Wisconsin footprint. This model will be primarily APC-based, and the APCs will be required to take a comprehensive training program before they start seeing patients. I have had several recent graduates of Fellowships of Pain Management review this course, and they advised me that it was more comprehensive with regard to non-interventional pain management than the training they received in their fellowships. As a result, APCs in our program will be at least as qualified to provide noninterventional pain management as Board certified Pain Management physicians. In addition, they will be given extensive training in addition, evidence-based approaches to opioid management, and the MEB guidelines, and their compliance with these guidelines will be enforced. The APCs must pass 15 tests and will receive 60 hours of CEU credit for completion of this program.

In addition, we have developed a protocol by which all APCs will doing monthly chart reviews on other APCs in the program to ensure that they are all complying with our program's philosophy.

It is anticipated that Aurora will require around 25-30 APCs to meet the needs of the patients treated by Aurora physicians. These APCs are supervised by our System Non-interventional Pain providers, and we anticipate having no more than 3 or 4 of these. If our limitations on PA supervision are enforced, we will need to exclusively hire NPs once our PA limits have been attained (and we are already very close to that limit).

As a result, we would request that we could each supervise up to 10 PAs. This would easily allow us to meet our need, which will ensure that all Aurora patients have ready access to a provider who will guarantee that they are treated in compliance with MEB expectations.

Thank you for your consideration,



Michael McNett, M.D.

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

**AGENDA REQUEST FORM**

<b>1) Name and title of person submitting the request:</b> Valerie Payne, Executive Director		<b>2) Date when request submitted:</b> 10/8/19 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
<b>3) Name of Board, Committee, Council, Sections:</b> Medical Examining Board			
<b>4) Meeting Date:</b> 10/16/19	<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> Legislative and Policy Matters – Discussion and Consideration 1. LRB-0196/2 Relating to regulation of physician assistants, creating a Physician Assistant Examining Board, extending the time limit for emergency rule procedures, providing an exemption from emergency rule procedures, granting rule-making authority, and providing a penalty	
<b>7) Place Item in:</b> <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	<b>8) Is an appearance before the Board being scheduled?</b> <i>(If yes, please complete <a href="#">Appearance Request</a> for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>9) Name of Case Advisor(s), if required:</b> n/a	
<b>10) Describe the issue and action that should be addressed:</b> Review and discuss the LRB-0196/2 draft			
<b>11) Authorization</b>			
Valerie Payne		10/8/19	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
<b>Directions for including supporting documents:</b> 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			



State of Wisconsin  
2019 - 2020 LEGISLATURE

LRB-0196/2  
MED&TJD:wlj&kjf

**2019 BILL**

1     **AN ACT** *to repeal* 15.407 (2), 50.01 (4p), 252.01 (5), 448.01 (6), 448.03 (1) (b),  
2           448.03 (3) (e), 448.04 (1) (f), 448.05 (5), 448.20, 448.21, 448.40 (2) (f), 448.695 (4)  
3           and 450.01 (15r); *to renumber* 448.038; *to amend* 15.08 (1m) (b), 16.417 (1)  
4           (e) 3m., 46.03 (44), 48.981 (2m) (b) 1., 49.45 (9r) (a) 7. a., 50.08 (2), 50.39 (3),  
5           50.60 (1), 55.14 (8) (b), 69.01 (6g), 70.47 (8) (intro.), 97.67 (5m) (a) 3., 118.2925  
6           (1) (f), 146.38 (1) (b) 1., 146.81 (1) (d), 146.81 (1) (i), 146.81 (1) (j), 146.82 (3) (a),  
7           146.89 (1) (r) 1., 146.997 (1) (d) 5., 155.01 (7), 252.15 (1) (am), 252.15 (1) (ar) 1.,  
8           255.07 (1) (d), 255.07 (7), 257.01 (5) (a), 257.01 (5) (b), 343.16 (5) (a), 440.035  
9           (2m) (b), 440.035 (2m) (c) 1. (intro.), 448.015 (4) (am) 2., 448.02 (1), 448.03 (2)  
10          (a), 448.03 (2) (e), 448.03 (2) (k), 448.03 (5) (b), 448.035 (2) to (4), 448.037 (2) (a)  
11          (intro.) and (b) and (3), 448.62 (7), 450.01 (16) (hm) 3., 450.10 (3) (a) 5., 450.11  
12          (1), 450.11 (1g) (b), 450.11 (1i) (a) 1., 450.11 (1i) (b) 2. c., 450.11 (1i) (c) 2., 450.11  
13          (8) (b), 462.02 (2) (e), 462.04, 895.48 (1m) (a) (intro.), 961.01 (19) (a) and 971.14  
14          (4) (a); and *to create* 15.405 (4), 49.45 (9r) (a) 7. am., 69.18 (1) (ck), 146.81 (1)

**BILL**

1 (hr), 146.997 (1) (d) 13m., 180.1901 (1m) (h), 450.10 (3) (a) 12., 450.11 (1i) (b) 2.  
2 cm., 450.11 (8) (f), chapter 461 and 990.01 (27s) of the statutes; **relating to:**  
3 regulation of physician assistants, creating a Physician Assistant Examining  
4 Board, extending the time limit for emergency rule procedures, providing an  
5 exemption from emergency rule procedures, granting rule-making authority,  
6 and providing a penalty.

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***Analysis by the Legislative Reference Bureau***

This bill makes changes with respect to the licensure, regulation, and practice of physician assistants (PAs).

Under current law, PAs are defined as individuals who are licensed to provide medical care with physician supervision and direction. The Medical Examining Board licenses and regulates PAs as well as physicians and certain other professions. The Medical Examining Board is composed of ten physicians and three public members and is authorized to promulgate rules establishing licensing and practice standards for PAs.

This bill transfers licensure and regulation of PAs to the newly created Physician Assistant Examining Board. The new board is composed of seven PAs, one member who may be either a physician or a PA, and one public member. In addition, the bill makes various changes to the licensure, regulation, and practice of PAs, including all of the following:

1. Instead of requiring that a PA practice under the supervision and direction of a physician, requires, subject to certain exceptions, that a PA who provides care to patients maintain and provide to the board upon request either 1) evidence that, pursuant to the physician assistant's employment, there is a physician who is primarily responsible for the overall direction and management of the physician assistant's professional activities and for assuring that the services provided by the physician assistant are medically appropriate or 2) a written collaborative agreement with a physician or, if the physician assistant's practice is limited to the practice of podiatry, a podiatrist, which must describe the PA's scope of practice and include other information as required by the board. However, the bill provides that a PA is individually and independently responsible for the quality of the care he or she renders.

2. Defines a PA's practice similarly to the definition of the practice of medicine and surgery. The bill also explicitly provides that a PA may prescribe, dispense, and administer drugs and may serve as a primary or specialty care provider. The bill requires a PA to limit his or her practice to the scope of his or her experience, education, and training, and retains a number of limitations on the practice of PAs.

3. Includes a number of additional provisions with respect to the obligations of PAs. These include a requirement that a PA have in effect malpractice liability

**BILL**

insurance coverage when practicing, subject to certain exceptions and other provisions.

4. Establishes licensure requirements for PAs, which differ in a number of respects from the requirements under current law, including that PAs submit additional information, including an employment history, with a licensure application. Under the bill, the board must require continuing education for PAs. Currently, PAs are not required to complete continuing education.

5. Specifies various grounds for professional discipline of a PA by the board and allows the board to impose professional discipline consistent with other professions.

Because this bill creates a new crime or revises a penalty for an existing crime, the Joint Review Committee on Criminal Penalties may be requested to prepare a report.

For further information see the *state* fiscal estimate, which will be printed as an appendix to this bill.

*The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:*

1           **SECTION 1.** 15.08 (1m) (b) of the statutes is amended to read:  
 2           15.08 (**1m**) (b) The public members of the chiropractic examining board, the  
 3           dentistry examining board, the hearing and speech examining board, the medical  
 4           examining board, the physical therapy examining board, the perfusionists  
 5           examining council, the respiratory care practitioners examining council ~~and council~~  
 6           ~~on, the~~ physician assistants assistant examining board, the board of nursing, the  
 7           nursing home administrator examining board, the veterinary examining board, the  
 8           optometry examining board, the pharmacy examining board, the marriage and  
 9           family therapy, professional counseling, and social work examining board, the  
 10          psychology examining board, and the radiography examining board shall not be  
 11          engaged in any profession or occupation concerned with the delivery of physical or  
 12          mental health care.

13          **SECTION 2.** 15.405 (4) of the statutes is created to read:

**BILL**

1           15.405 (4) PHYSICIAN ASSISTANT EXAMINING BOARD. (a) There is created in the  
2 department of safety and professional services a physician assistant examining  
3 board consisting of the following members appointed for staggered 4-year terms:

4           1. Seven physician assistants licensed under ch. 461.

5           2. One individual who is either a physician licensed under subch. II of ch. 448  
6 or a physician assistant licensed under ch. 461.

7           3. One public member.

8           (b) The governor may appoint a physician assistant to the physician assistant  
9 examining board under par. (a) 2. only if the governor has determined that there is  
10 no suitable physician who is willing to serve on the board.

11           **SECTION 3.** 15.407 (2) of the statutes is repealed.

12           **SECTION 4.** 16.417 (1) (e) 3m. of the statutes is amended to read:

13           16.417 (1) (e) 3m. A physician assistant who is licensed under s. 448.04 (1) (f)  
14 461.07.

15           **SECTION 5.** 46.03 (44) of the statutes is amended to read:

16           46.03 (44) SEXUALLY TRANSMITTED DISEASE TREATMENT INFORMATION. Prepare and  
17 keep current an information sheet to be distributed to a patient by a physician,  
18 physician assistant, or certified advanced practice nurse prescriber providing  
19 expedited partner therapy to that patient under s. 448.035 or 461.035. The  
20 information sheet shall include information about sexually transmitted diseases and  
21 their treatment and about the risk of drug allergies. The information sheet shall also  
22 include a statement advising a person with questions about the information to  
23 contact his or her physician, pharmacist, or local health department, as defined in  
24 s. 250.01 (4).

25           **SECTION 6.** 48.981 (2m) (b) 1. of the statutes is amended to read:

**BILL**

1           48.981 **(2m)** (b) 1. “Health care provider” means a physician, as defined under  
2           s. 448.01 (5), a physician assistant, as defined under s. 448.01 ~~(6)~~ 461.01 (3), or a  
3           nurse holding a license under s. 441.06 (1) or a license under s. 441.10.

4           **SECTION 7.** 49.45 (9r) (a) 7. a. of the statutes is amended to read:

5           49.45 **(9r)** (a) 7. a. A physician ~~or physician assistant~~ licensed under subch. II  
6           of ch. 448.

7           **SECTION 8.** 49.45 (9r) (a) 7. am. of the statutes is created to read:

8           49.45 **(9r)** (a) 7. am. A physician assistant licensed under ch. 461.

9           **SECTION 9.** 50.01 (4p) of the statutes is repealed.

10          **SECTION 10.** 50.08 (2) of the statutes is amended to read:

11          50.08 **(2)** A physician, an advanced practice nurse prescriber certified under  
12          s. 441.16 (2), or a physician assistant licensed under ~~ch. 448~~, who prescribes a  
13          psychotropic medication to a nursing home resident who has degenerative brain  
14          disorder shall notify the nursing home if the prescribed medication has a boxed  
15          warning under 21 CFR 201.57.

16          **SECTION 11.** 50.39 (3) of the statutes is amended to read:

17          50.39 **(3)** Facilities governed by ss. 45.50, 48.62, 49.70, 49.72, 50.02, 51.09, and  
18          252.10, juvenile correctional facilities as defined in s. 938.02 (10p), correctional  
19          institutions governed by the department of corrections under s. 301.02, and the  
20          offices and clinics of persons licensed to treat the sick under chs. 446, 447, and 448  
21          are exempt from ss. 50.32 to 50.39. Sections 50.32 to 50.39 do not abridge the rights  
22          of the medical examining board, physician assistant examining board, physical  
23          therapy examining board, podiatry affiliated credentialing board, dentistry  
24          examining board, pharmacy examining board, chiropractic examining board, and  
25          board of nursing in carrying out their statutory duties and responsibilities.

**BILL**

1           **SECTION 12.** 50.60 (1) of the statutes is amended to read:

2           50.60 (1) “Health care provider” has the meaning given in s. 146.81 (1) (a) to  
3           ~~(hp)~~ (hr).

4           **SECTION 13.** 55.14 (8) (b) of the statutes is amended to read:

5           55.14 (8) (b) Order the individual to comply with the treatment plan under par.  
6           (a). The order shall provide that if the individual fails to comply with provisions of  
7           the treatment plan that require the individual to take psychotropic medications, the  
8           medications may be administered involuntarily with consent of the guardian. The  
9           order shall specify the methods of involuntary administration of psychotropic  
10          medication to which the guardian may consent. An order authorizing the forcible  
11          restraint of an individual shall specify that a person licensed under s. 441.06, 441.10,  
12          ~~or 448.05 (2) or (5),~~ or 461.07 shall be present at all times that psychotropic  
13          medication is administered in this manner and shall require the person or facility  
14          using forcible restraint to maintain records stating the date of each administration,  
15          the medication administered, and the method of forcible restraint utilized.

16          **SECTION 14.** 69.01 (6g) of the statutes is amended to read:

17          69.01 (6g) “Date of death” means the date that a person is pronounced dead by  
18          a physician, coroner, deputy coroner, medical examiner, deputy medical examiner,  
19          physician assistant, or hospice nurse.

20          **SECTION 15.** 69.18 (1) (ck) of the statutes is created to read:

21          69.18 (1) (ck) For purposes of preparation of the certificate of death and in  
22          accordance with accepted medical standards, a physician assistant who is directly  
23          involved with the care of a patient who dies may pronounce the date, time, and place  
24          of the patient’s death.

25          **SECTION 16.** 70.47 (8) (intro.) of the statutes is amended to read:

**BILL**

1           70.47 (8) HEARING. (intro.) The board shall hear upon oath all persons who  
2 appear before it in relation to the assessment. Instead of appearing in person at the  
3 hearing, the board may allow the property owner, or the property owner's  
4 representative, at the request of either person, to appear before the board, under  
5 oath, by telephone or to submit written statements, under oath, to the board. The  
6 board shall hear upon oath, by telephone, all ill or disabled persons who present to  
7 the board a letter from a physician, osteopath, physician assistant, as defined in s.  
8 448.01 (6), or advanced practice nurse prescriber certified under s. 441.16 (2) that  
9 confirms their illness or disability. At the request of the property owner or the  
10 property owner's representative, the board may postpone and reschedule a hearing  
11 under this subsection, but may not postpone and reschedule a hearing more than  
12 once during the same session for the same property. The board at such hearing shall  
13 proceed as follows:

14           **SECTION 17.** 97.67 (5m) (a) 3. of the statutes is amended to read:

15           97.67 (5m) (a) 3. A physician assistant licensed under subch. II of ch. 448 461.

16           **SECTION 18.** 118.2925 (1) (f) of the statutes is amended to read:

17           118.2925 (1) (f) "Physician assistant" means a person licensed under s. 448.04  
18 (1) (f) 461.07.

19           **SECTION 19.** 146.38 (1) (b) 1. of the statutes is amended to read:

20           146.38 (1) (b) 1. A person specified in s. 146.81 (1) (a) to ~~(hp)~~ (hr), (r), or (s).

21           **SECTION 20.** 146.81 (1) (d) of the statutes is amended to read:

22           146.81 (1) (d) A physician, ~~physician assistant~~, perfusionist, or respiratory care  
23 practitioner licensed or certified under subch. II of ch. 448.

24           **SECTION 21.** 146.81 (1) (hr) of the statutes is created to read:

25           146.81 (1) (hr) A physician assistant licensed under ch. 461.

**BILL**

1           **SECTION 22.** 146.81 (1) (i) of the statutes is amended to read:

2           146.81 (1) (i) A partnership of any providers specified under pars. (a) to ~~(hp)~~  
3           ~~(hr)~~.

4           **SECTION 23.** 146.81 (1) (j) of the statutes is amended to read:

5           146.81 (1) (j) A corporation or limited liability company of any providers  
6           specified under pars. (a) to ~~(hp)~~ (hr) that provides health care services.

7           **SECTION 24.** 146.82 (3) (a) of the statutes is amended to read:

8           146.82 (3) (a) Notwithstanding sub. (1), a physician, physician assistant, as  
9           defined in s. 448.01 (6), or advanced practice nurse prescriber certified under s.  
10          441.16 (2) who treats a patient whose physical or mental condition in the physician's,  
11          physician assistant's, or advanced practice nurse prescriber's judgment affects the  
12          patient's ability to exercise reasonable and ordinary control over a motor vehicle may  
13          report the patient's name and other information relevant to the condition to the  
14          department of transportation without the informed consent of the patient.

15          **SECTION 25.** 146.89 (1) (r) 1. of the statutes is amended to read:

16          146.89 (1) (r) 1. Licensed as a physician under ch. 448, a dentist or dental  
17          hygienist under ch. 447, a registered nurse, practical nurse, or nurse-midwife under  
18          ch. 441, an optometrist under ch. 449, a physician assistant under ch. 448 461, a  
19          pharmacist under ch. 450, a chiropractor under ch. 446, a podiatrist under subch. IV  
20          of ch. 448, or a physical therapist under subch. III of ch. 448.

21          **SECTION 26.** 146.997 (1) (d) 5. of the statutes is amended to read:

22          146.997 (1) (d) 5. An occupational therapist, occupational therapy assistant,  
23          ~~physician assistant~~ or respiratory care practitioner licensed or certified under ch.  
24          448.

25          **SECTION 27.** 146.997 (1) (d) 13m. of the statutes is created to read:

**BILL**

1           146.997 (1) (d) 13m. A physician assistant licensed under ch. 461.

2           **SECTION 28.** 155.01 (7) of the statutes is amended to read:

3           155.01 (7) “Health care provider” means a nurse licensed or permitted under  
4 ch. 441, a chiropractor licensed under ch. 446, a dentist licensed under ch. 447, a  
5 physician, ~~physician assistant~~, perfusionist, podiatrist, physical therapist, physical  
6 therapist assistant, occupational therapist, or occupational therapy assistant  
7 licensed under ch. 448, a person practicing Christian Science treatment, an  
8 optometrist licensed under ch. 449, a psychologist licensed under ch. 455, a physician  
9 assistant licensed under ch. 461, a partnership thereof, a corporation or limited  
10 liability company thereof that provides health care services, a cooperative health  
11 care association organized under s. 185.981 that directly provides services through  
12 salaried employees in its own facility, or a home health agency, as defined in s. 50.49  
13 (1) (a).

14           **SECTION 29.** 180.1901 (1m) (h) of the statutes is created to read:

15           180.1901 (1m) (h) Physician assistant examining board under ch. 461.

16           **SECTION 30.** 252.01 (5) of the statutes is repealed.

17           **SECTION 31.** 252.15 (1) (am) of the statutes is amended to read:

18           252.15 (1) (am) “Health care professional” means a physician ~~or physician~~  
19 ~~assistant who is licensed under ch. 448 or~~, a registered nurse or licensed practical  
20 nurse ~~who is licensed under ch. 441~~, or a physician assistant licensed under ch. 461.

21           **SECTION 32.** 252.15 (1) (ar) 1. of the statutes is amended to read:

22           252.15 (1) (ar) 1. A person or entity that is specified in s. 146.81 (1) (a) to (hm),  
23 (hr), and (i) to (p).

24           **SECTION 33.** 255.07 (1) (d) of the statutes is amended to read:

**BILL****SECTION 33**

1           255.07 (1) (d) “Health care practitioner” means a physician, a physician  
2           assistant ~~licensed under s. 448.04 (1) (f)~~, or an advanced practice nurse who is  
3           certified to issue prescription orders under s. 441.16.

4           **SECTION 34.** 255.07 (7) of the statutes is amended to read:

5           255.07 (7) HEALTH CARE PROVIDERS. Nothing in this section prohibits a health  
6           care provider, as defined in s. 146.81 (1) (a) to ~~(hp)~~ (hr) and (q) to (s), from acting  
7           within the scope of practice of the health care provider’s license, certificate, permit,  
8           or registration.

9           **SECTION 35.** 257.01 (5) (a) of the statutes is amended to read:

10          257.01 (5) (a) An individual who is licensed as a physician, ~~a physician~~  
11          assistant, or a podiatrist under ch. 448, licensed as a registered nurse, licensed  
12          practical nurse, or nurse-midwife under ch. 441, licensed as a dentist under ch. 447,  
13          licensed as a pharmacist under ch. 450, licensed as a physician assistant under ch.  
14          461, licensed as a veterinarian or certified as a veterinary technician under ch. 89,  
15          or certified as a respiratory care practitioner under ch. 448.

16          **SECTION 36.** 257.01 (5) (b) of the statutes is amended to read:

17          257.01 (5) (b) An individual who was at any time within the previous 10 years,  
18          but is not currently, licensed as a physician, ~~a physician assistant~~, or a podiatrist  
19          under ch. 448, licensed as a registered nurse, licensed practical nurse or  
20          nurse-midwife, under ch. 441, licensed as a dentist under ch. 447, licensed as a  
21          pharmacist under ch. 450, licensed as a physician assistant under ch. 461 or as a  
22          physician assistant under ch. 448, 2017 stats., licensed as a veterinarian or certified  
23          as a veterinary technician under ch. 89, or certified as a respiratory care practitioner  
24          under ch. 448, if the individual’s license or certification was never revoked, limited,  
25          suspended, or denied renewal.

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1           **SECTION 37.** 343.16 (5) (a) of the statutes is amended to read:

2           343.16 **(5)** (a) The secretary may require any applicant for a license or any  
3 licensed operator to submit to a special examination by such persons or agencies as  
4 the secretary may direct to determine incompetency, physical or mental disability,  
5 disease, or any other condition that might prevent such applicant or licensed person  
6 from exercising reasonable and ordinary control over a motor vehicle. If the  
7 department requires the applicant to submit to an examination, the applicant shall  
8 pay for the examination. If the department receives an application for a renewal or  
9 duplicate license after voluntary surrender under s. 343.265 or receives a report from  
10 a physician, physician assistant, ~~as defined in s. 448.01 (6)~~, advanced practice nurse  
11 prescriber certified under s. 441.16 (2), or optometrist under s. 146.82 (3), or if the  
12 department has a report of 2 or more arrests within a one-year period for any  
13 combination of violations of s. 346.63 (1) or (5) or a local ordinance in conformity with  
14 s. 346.63 (1) or (5) or a law of a federally recognized American Indian tribe or band  
15 in this state in conformity with s. 346.63 (1) or (5), or s. 346.63 (1m), 1985 stats., or  
16 s. 346.63 (2) or (6) or 940.25, or s. 940.09 where the offense involved the use of a  
17 vehicle, the department shall determine, by interview or otherwise, whether the  
18 operator should submit to an examination under this section. The examination may  
19 consist of an assessment. If the examination indicates that education or treatment  
20 for a disability, disease or condition concerning the use of alcohol, a controlled  
21 substance or a controlled substance analog is appropriate, the department may order  
22 a driver safety plan in accordance with s. 343.30 (1q). If there is noncompliance with  
23 assessment or the driver safety plan, the department shall revoke the person's  
24 operating privilege in the manner specified in s. 343.30 (1q) (d).

25           **SECTION 38.** 440.035 (2m) (b) of the statutes is amended to read:

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1           440.035 **(2m)** (b) The medical examining board, the physician assistant  
2 examining board, the podiatry affiliated credentialing board, the board of nursing,  
3 the dentistry examining board, or the optometry examining board may issue  
4 guidelines regarding best practices in prescribing controlled substances for persons  
5 credentialed by that board who are authorized to prescribe controlled substances.

6           **SECTION 39.** 440.035 (2m) (c) 1. (intro.) of the statutes is amended to read:

7           440.035 **(2m)** (c) 1. (intro.) The medical examining board, the physician  
8 assistant examining board, the podiatry affiliated credentialing board, the board of  
9 nursing, the dentistry examining board, and the optometry examining board shall,  
10 by November 1, 2018, ~~and annually thereafter~~ of each year, submit a report to the  
11 persons specified in subd. 2. that does all of the following:

12           **SECTION 40.** 448.01 (6) of the statutes is repealed.

13           **SECTION 41.** 448.015 (4) (am) 2. of the statutes is amended to read:

14           448.015 **(4)** (am) 2. Any act by a physician ~~or physician assistant~~ in violation  
15 of ch. 450 or 961.

16           **SECTION 42.** 448.02 (1) of the statutes is amended to read:

17           448.02 **(1)** LICENSE. The board may grant licenses, including various classes  
18 of temporary licenses, to practice medicine and surgery, to practice as an  
19 administrative physician, to practice perfusion, and to practice as an  
20 anesthesiologist assistant, ~~and to practice as a physician assistant.~~

21           **SECTION 43.** 448.03 (1) (b) of the statutes is repealed.

22           **SECTION 44.** 448.03 (2) (a) of the statutes is amended to read:

23           448.03 **(2)** (a) Any person lawfully practicing within the scope of a license,  
24 permit, registration, certificate or certification granted to practice midwifery under  
25 subch. XIII of ch. 440, to practice professional or practical nursing or

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1 nurse-midwifery under ch. 441, to practice chiropractic under ch. 446, to practice  
2 dentistry or dental hygiene under ch. 447, to practice optometry under ch. 449, to  
3 practice acupuncture under ch. 451 or under any other statutory provision, to  
4 practice as a physician assistant under ch. 461, or as otherwise provided by statute.

5 **SECTION 45.** 448.03 (2) (e) of the statutes is amended to read:

6 448.03 (2) (e) Any person other than ~~a physician assistant~~ or an  
7 anesthesiologist assistant who is providing patient services as directed, supervised  
8 and inspected by a physician who has the power to direct, decide and oversee the  
9 implementation of the patient services rendered.

10 **SECTION 46.** 448.03 (2) (k) of the statutes is amended to read:

11 448.03 (2) (k) Any persons, other than ~~physician assistants~~, anesthesiologist  
12 assistants, or perfusionists, who assist physicians.

13 **SECTION 47.** 448.03 (3) (e) of the statutes is repealed.

14 **SECTION 48.** 448.03 (5) (b) of the statutes is amended to read:

15 448.03 (5) (b) No physician ~~or physician assistant~~ shall be liable for any civil  
16 damages for either of the following:

17 1. Reporting in good faith to the department of transportation under s. 146.82  
18 (3) a patient's name and other information relevant to a physical or mental condition  
19 of the patient which in the physician's ~~or physician assistant's~~ judgment impairs the  
20 patient's ability to exercise reasonable and ordinary control over a motor vehicle.

21 2. In good faith, not reporting to the department of transportation under s.  
22 146.82 (3) a patient's name and other information relevant to a physical or mental  
23 condition of the patient which in the physician's ~~or physician assistant's~~ judgment  
24 does not impair the patient's ability to exercise reasonable and ordinary control over  
25 a motor vehicle.

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1           **SECTION 49.** 448.035 (2) to (4) of the statutes are amended to read:

2           448.035 **(2)** Notwithstanding the requirements of s. 448.30, a physician,  
3 ~~physician assistant~~, or certified advanced practice nurse prescriber may provide  
4 expedited partner therapy if the patient is diagnosed as infected with a chlamydial  
5 infection, gonorrhea, or trichomoniasis and the patient has had sexual contact with  
6 a sexual partner during which the chlamydial infection, gonorrhea, or  
7 trichomoniasis may have been transmitted to or from the sexual partner. The  
8 physician, ~~physician assistant~~, or certified advanced practice nurse prescriber shall  
9 attempt to obtain the name of the patient's sexual partner. A prescription order for  
10 an antimicrobial drug prepared under this subsection shall include the name and  
11 address of the patient's sexual partner, if known. If the physician, ~~physician~~  
12 ~~assistant~~, or certified advanced practice nurse prescriber is unable to obtain the  
13 name of the patient's sexual partner, the prescription order shall include, in ordinary  
14 bold-faced capital letters, the words, "expedited partner therapy" or the letters  
15 "EPT."

16           **(3)** The physician, ~~physician assistant~~, or certified advanced practice nurse  
17 prescriber shall provide the patient with a copy of the information sheet prepared by  
18 the department of health services under s. 46.03 (44) and shall request that the  
19 patient give the information sheet to the person with whom the patient had sexual  
20 contact.

21           **(4)** (a) Except as provided in par. (b), a physician, ~~physician assistant~~, or  
22 certified advanced practice nurse prescriber is immune from civil liability for injury  
23 to or the death of a person who takes any antimicrobial drug if the antimicrobial drug  
24 is prescribed, dispensed, or furnished under this section and if expedited partner  
25 therapy is provided as specified under this section.

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1 (b) The immunity under par. (a) does not extend to the donation, distribution,  
2 furnishing, or dispensing of an antimicrobial drug by a physician, ~~physician~~  
3 ~~assistant~~, or certified advanced practice nurse prescriber whose act or omission  
4 involves reckless, wanton, or intentional misconduct.

5 **SECTION 50.** 448.037 (2) (a) (intro.) and (b) and (3) of the statutes are amended  
6 to read:

7 448.037 (2) (a) (intro.) A physician ~~or physician assistant~~ may do any of the  
8 following:

9 (b) A physician ~~or physician assistant~~ who prescribes or delivers an opioid  
10 antagonist under par. (a) 1. shall ensure that the person to whom the opioid  
11 antagonist is prescribed has or has the capacity to provide the knowledge and  
12 training necessary to safely administer the opioid antagonist to an individual  
13 undergoing an opioid-related overdose and that the person demonstrates the  
14 capacity to ensure that any individual to whom the person further delivers the opioid  
15 antagonist has or receives that knowledge and training.

16 (3) A physician ~~or physician assistant~~ who, acting in good faith, prescribes or  
17 delivers an opioid antagonist in accordance with sub. (2), or who, acting in good faith,  
18 otherwise lawfully prescribes or dispenses an opioid antagonist, shall be immune  
19 from criminal or civil liability and may not be subject to professional discipline under  
20 s. 448.02 for any outcomes resulting from prescribing, delivering, or dispensing the  
21 opioid antagonist.

22 **SECTION 51.** 448.038 of the statutes is renumbered 461.038.

23 **SECTION 52.** 448.04 (1) (f) of the statutes is repealed.

24 **SECTION 53.** 448.05 (5) of the statutes is repealed.

25 **SECTION 54.** 448.20 of the statutes is repealed.

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1           **SECTION 55.** 448.21 of the statutes is repealed.

2           **SECTION 56.** 448.40 (2) (f) of the statutes is repealed.

3           **SECTION 57.** 448.62 (7) of the statutes is amended to read:

4           448.62 (7) A physician assistant who is acting ~~under the supervision and~~  
5 ~~direction of~~ in collaboration with a podiatrist, ~~subject to s. 448.21 (4) as described in~~  
6 s. 461.10 (2) (a) 1. c. or an individual to whom the physician assistant delegates a task  
7 or order under s. 461.10 (4).

8           **SECTION 58.** 448.695 (4) of the statutes is repealed.

9           **SECTION 59.** 450.01 (15r) of the statutes is repealed.

10          **SECTION 60.** 450.01 (16) (hm) 3. of the statutes is amended to read:

11          450.01 (16) (hm) 3. The patient's physician assistant, ~~if the physician assistant~~  
12 ~~is under the supervision of the patient's personal attending physician.~~

13          **SECTION 61.** 450.10 (3) (a) 5. of the statutes is amended to read:

14          450.10 (3) (a) 5. A physician, ~~physician assistant,~~ podiatrist, physical  
15 therapist, physical therapist assistant, occupational therapist, or occupational  
16 therapy assistant licensed under ch. 448.

17          **SECTION 62.** 450.10 (3) (a) 12. of the statutes is created to read:

18          450.10 (3) (a) 12. A physician assistant licensed under ch. 461.

19          **SECTION 63.** 450.11 (1) of the statutes is amended to read:

20          450.11 (1) DISPENSING. Except as provided in sub. (1i) (b) 2., no person may  
21 dispense any prescribed drug or device except upon the prescription order of a  
22 practitioner. All prescription orders shall, except as provided in sub. (1a), specify the  
23 date of issue, the name and address of the practitioner, the name and quantity of the  
24 drug product or device prescribed, directions for the use of the drug product or device,  
25 the symptom or purpose for which the drug is being prescribed if required under sub.

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1 (4) (a) 8., and, if the order is written by the practitioner, the signature of the  
2 practitioner. Except as provided in ss. 118.2925 (3), 255.07 (2), 441.18 (2) (a) 1.,  
3 448.035 (2), and 448.037 (2) (a) 1., 461.035 (2), and 461.037 (2) (a) 1. and except for  
4 standing orders issued under s. 441.18 (2) (a) 2. ~~or~~, 448.037 (2) (a) 2., or 461.037 (2)  
5 (a) 2., all prescription orders shall also specify the name and address of the patient.  
6 A prescription order issued under s. 118.2925 (3) shall specify the name and address  
7 of the school. A prescription order issued under s. 255.07 (2) shall specify the name  
8 and address of the authorized entity or authorized individual. Any oral prescription  
9 order shall be immediately reduced to writing by the pharmacist and filed according  
10 to sub. (2).

11 **SECTION 64.** 450.11 (1g) (b) of the statutes is amended to read:

12 450.11 (1g) (b) A pharmacist may, upon the prescription order of a practitioner  
13 providing expedited partner therapy, as specified in s. 448.035 or 461.035, that  
14 complies with the requirements of sub. (1), dispense an antimicrobial drug as a  
15 course of therapy for treatment of chlamydial infections, gonorrhea, or  
16 trichomoniasis to the practitioner's patient or a person with whom the patient has  
17 had sexual contact for use by the person with whom the patient has had sexual  
18 contact. The pharmacist shall provide a consultation in accordance with rules  
19 promulgated by the board for the dispensing of a prescription to the person to whom  
20 the antimicrobial drug is dispensed. A pharmacist providing a consultation under  
21 this paragraph shall ask whether the person for whom the antimicrobial drug has  
22 been prescribed is allergic to the antimicrobial drug and advise that the person for  
23 whom the antimicrobial drug has been prescribed must discontinue use of the  
24 antimicrobial drug if the person is allergic to or develops signs of an allergic reaction  
25 to the antimicrobial drug.

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1           **SECTION 65.** 450.11 (1i) (a) 1. of the statutes is amended to read:

2           450.11 **(1i)** (a) 1. A pharmacist may, upon and in accordance with the  
3 prescription order of an advanced practice nurse prescriber under s. 441.18 (2) (a) 1.,  
4 ~~or of a physician or physician assistant~~ under s. 448.037 (2) (a) 1., or of a physician  
5 assistant under s. 461.037 (2) (a) 1. that complies with the requirements of sub. (1),  
6 deliver an opioid antagonist to a person specified in the prescription order and may,  
7 upon and in accordance with the standing order of an advanced practice nurse  
8 prescriber under s. 441.18 (2) (a) 2., ~~or of a physician or physician assistant~~ under  
9 s. 448.037 (2) (a) 2., or of a physician assistant under s. 461.037 (2) (a) 2. that complies  
10 with the requirements of sub. (1), deliver an opioid antagonist to an individual in  
11 accordance with the order. The pharmacist shall provide a consultation in  
12 accordance with rules promulgated by the board for the delivery of a prescription to  
13 the person to whom the opioid antagonist is delivered.

14           **SECTION 66.** 450.11 (1i) (b) 2. c. of the statutes is amended to read:

15           450.11 **(1i)** (b) 2. c. A physician ~~or physician assistant~~ may only deliver or  
16 dispense an opioid antagonist in accordance with s. 448.037 (2) or in accordance with  
17 his or her other legal authority to dispense prescription drugs.

18           **SECTION 67.** 450.11 (1i) (b) 2. cm. of the statutes is created to read:

19           450.11 **(1i)** (b) 2. cm. A physician assistant may only deliver or dispense an  
20 opioid antagonist in accordance with s. 461.037 (2) or in accordance with his or her  
21 other legal authority to dispense prescription drugs.

22           **SECTION 68.** 450.11 (1i) (c) 2. of the statutes is amended to read:

23           450.11 **(1i)** (c) 2. Subject to par. (a) 2. and ss. 441.18 (3) ~~and~~, 448.037 (3), and  
24 461.037 (3), any person who, acting in good faith, delivers or dispenses an opioid

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1 antagonist to another person shall be immune from civil or criminal liability for any  
2 outcomes resulting from delivering or dispensing the opioid antagonist.

3 **SECTION 69.** 450.11 (8) (b) of the statutes is amended to read:

4 450.11 (8) (b) The medical examining board, insofar as this section applies to  
5 physicians and ~~physician assistants~~.

6 **SECTION 70.** 450.11 (8) (f) of the statutes is created to read:

7 450.11 (8) (f) The physician assistant examining board, insofar as this section  
8 applies to physician assistants.

9 **SECTION 71.** Chapter 461 of the statutes is created to read:

10 **CHAPTER 461**

11 **PHYSICIAN ASSISTANTS**

12 **461.01 Definitions.** In this chapter, unless the context requires otherwise:

13 (1) “Board” means the physician assistant examining board.

14 (2) “Disease” means any pain, injury, deformity, or physical or mental illness  
15 or departure from complete health or the proper condition of the human body or any  
16 of its parts.

17 (3) “Physician assistant” means a person licensed under this chapter.

18 (4) “Podiatrist” has the meaning given in s. 448.60 (3).

19 (5) “Podiatry” has the meaning given in s. 448.60 (4).

20 (6) “Practice of medicine and surgery” has the meaning given in s. 448.01 (9).

21 **461.03 License required; exceptions.** (1) Except as provided in subs. (2)  
22 and (3), no person may represent himself or herself as a “PA,” “physician assistant,”  
23 “physician associate,” or “associate physician,” use or assume the title “PA,”  
24 “physician assistant,” “physician associate,” or “associate physician,” or append to  
25 the person’s name the words or letters “physician assistant,” “physician associate,”

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1 “associate physician,” “PA,” “PA-C,” or any other titles, letters, or designation that  
2 represents or may tend to represent the person as a physician assistant, unless he  
3 or she is licensed by the board under this chapter.

4 (2) Subsection (1) does not apply with respect to any of the following:

5 (a) An individual employed and duly credentialed as a physician assistant or  
6 physician associate by the federal government while performing duties incident to  
7 that employment, unless a license under this chapter is required by the federal  
8 government.

9 (b) A person who satisfies the requirement under s. 461.07 (1) (a) 3. but who  
10 is not licensed under this chapter. This paragraph does not allow such a person to  
11 practice medicine and surgery in violation of s. 448.03 (1) (a) or to practice podiatry  
12 in violation of s. 448.61.

13 (3) A student who is enrolled in an accredited physician assistant educational  
14 program may use the title “physician assistant student,” “PA student,” or “PA-S.”

15 **461.035 Expedited partner therapy.** (1) In this section:

16 (b) “Antimicrobial drug” has the meaning given in s. 448.035 (1) (b).

17 (c) “Expedited partner therapy” has the meaning given in s. 448.035 (1) (c).

18 (2) Notwithstanding the requirements of s. 461.40, a physician assistant may  
19 provide expedited partner therapy if a patient is diagnosed as infected with a  
20 chlamydial infection, gonorrhea, or trichomoniasis and the patient has had sexual  
21 contact with a sexual partner during which the chlamydial infection, gonorrhea, or  
22 trichomoniasis may have been transmitted to or from the sexual partner. The  
23 physician assistant shall attempt to obtain the name of the patient’s sexual partner.  
24 A prescription order for an antimicrobial drug prepared under this subsection shall  
25 include the name and address of the patient’s sexual partner, if known. If the

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1 physician assistant is unable to obtain the name of the patient's sexual partner, the  
2 prescription order shall include, in ordinary, bold-faced capital letters, the words,  
3 "expedited partner therapy" or the letters "EPT."

4 (3) The physician assistant shall provide the patient with a copy of the  
5 information sheet prepared by the department of health services under s. 46.03 (44)  
6 and shall request that the patient give the information sheet to the person with  
7 whom the patient had sexual contact.

8 (4) (a) Except as provided in par. (b), a physician assistant is immune from civil  
9 liability for injury to or the death of a person who takes any antimicrobial drug if the  
10 antimicrobial drug is prescribed, dispensed, or furnished under this section and if  
11 expedited partner therapy is provided as specified under this section.

12 (b) The immunity under par. (a) does not extend to the donation, distribution,  
13 furnishing, or dispensing of an antimicrobial drug by a physician assistant whose act  
14 or omission involves reckless, wanton, or intentional misconduct.

15 **461.037 Prescriptions for and delivery of opioid antagonists.** (1) In this  
16 section:

17 (a) "Administer" has the meaning given in s. 450.01 (1).

18 (b) "Deliver" has the meaning given in s. 450.01 (5).

19 (c) "Dispense" has the meaning given in s. 450.01 (7).

20 (d) "Opioid antagonist" has the meaning given in s. 450.01 (13v).

21 (e) "Opioid-related drug overdose" has the meaning given in s. 256.40 (1) (d).

22 (f) "Standing order" has the meaning given in s. 450.01 (21p).

23 (2) (a) A physician assistant may do any of the following:

24 1. Prescribe an opioid antagonist to a person in a position to assist an individual  
25 at risk of undergoing an opioid-related drug overdose and may deliver the opioid

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1 antagonist to that person. A prescription order under this subdivision need not  
2 specify the name and address of the individual to whom the opioid antagonist will  
3 be administered, but shall instead specify the name of the person to whom the opioid  
4 antagonist is prescribed.

5 2. Issue a standing order to one or more persons authorizing the dispensing of  
6 an opioid antagonist.

7 (b) A physician assistant who prescribes or delivers an opioid antagonist under  
8 par. (a) 1. shall ensure that the person to whom the opioid antagonist is prescribed  
9 has or has the capacity to provide the knowledge and training necessary to safely  
10 administer the opioid antagonist to an individual undergoing an opioid-related  
11 overdose and that the person demonstrates the capacity to ensure that any  
12 individual to whom the person further delivers the opioid antagonist has or receives  
13 that knowledge and training.

14 (3) A physician assistant who, acting in good faith, prescribes or delivers an  
15 opioid antagonist in accordance with sub. (2) or who, acting in good faith, otherwise  
16 lawfully prescribes or dispenses an opioid antagonist shall be immune from criminal  
17 or civil liability and may not be subject to professional discipline under s. 461.30 for  
18 any outcomes resulting from prescribing, delivering, or dispensing the opioid  
19 antagonist.

20 **461.05 Powers and duties of board.** (1) (a) The board shall promulgate  
21 rules implementing s. 461.40.

22 (b) The board shall promulgate rules establishing continuing education  
23 requirements for physician assistants.

24 (c) The board may promulgate other rules to carry out the purposes of this  
25 chapter, including any of the following:

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1           1. Rules defining what constitutes unprofessional conduct for physician  
2 assistants for purposes of s. 461.30 (2) (d).

3           2. Rules under s. 461.12 (2).

4           **(2)** The board shall include in the register the board maintains under s. 440.035  
5 (1m) (d) the names of all persons whose licenses issued under this chapter were  
6 suspended or revoked within the past 2 years. The register shall be available for  
7 purchase at cost.

8           **461.07 License; renewal.** **(1)** (a) Except as provided in par. (b), the board  
9 shall grant an initial license to practice as a physician assistant to any applicant who  
10 is found qualified by three-fourths of the members of the board and satisfies all of  
11 the following requirements, as determined by the board:

12           1. The applicant submits an application on a form provided by the department  
13 and pays the initial credential fee determined by the department under s. 440.03 (9)  
14 (a).

15           2. The applicant is at least 18 years of age.

16           3. The applicant provides evidence of one of the following:

17           a. That the applicant has successfully completed an educational program for  
18 physician assistants or physician associates that is accredited by the Accreditation  
19 Review Commission on Education for the Physician Assistant or its successor or,  
20 prior to 2001, by the Committee on Allied Health Education and Accreditation or the  
21 Commission on Accreditation of Allied Health Education Programs.

22           b. If the applicant does not satisfy subd. 3. a., that the applicant, prior to  
23 January 1, 1986, successfully passed the Physician Assistant National Certifying  
24 Examination administered by the National Commission on Certification of  
25 Physician Assistants.

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1           4. The applicant passes the National Commission on Certification of Physician  
2 Assistants examination or an equivalent national examination adopted by the board.

3           5. The applicant provides a listing with all employers, practice settings,  
4 internships, residencies, fellowships, and other employment for the past 7 years.

5           6. Subject to ss. 111.321, 111.322, and 111.335, the applicant does not have an  
6 arrest or conviction record.

7           (b) Paragraph (a) 3. does not apply to an applicant if the applicant provides  
8 evidence that he or she is licensed as a physician assistant or physician associate in  
9 another state, the District of Columbia, Puerto Rico, the United States Virgin  
10 Islands, or any territory or insular possession subject to the jurisdiction of the United  
11 States and the board determines that the requirements for obtaining the license in  
12 that state or territory are substantially equivalent to the requirements under par.  
13 (a).

14           **(2)** (a) The renewal date for a license issued under this chapter is specified  
15 under s. 440.08 (2) (a), and the renewal fees for such licenses are determined by the  
16 department under s. 440.03 (9) (a). Renewal of a license is subject to par. (b).

17           (b) An applicant for the renewal of a license under this chapter shall submit  
18 with his or her application for renewal proof of having satisfied the continuing  
19 education requirements imposed by the board under s. 461.05 (1) (b). This paragraph  
20 does not apply to an applicant for renewal of a license that expires on the first  
21 renewal date after the date on which the board initially granted the license.

22           **(3)** Notwithstanding sub. (1), an individual who, on the effective date of this  
23 subsection .... [LRB inserts date], was licensed by the medical examining board as  
24 a physician assistant under subch. II of ch. 448, 2017 stats., shall be considered to  
25 have been licensed under sub. (1) for purposes of this chapter.

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1           **461.10 Practice and employment.** (1) (a) Subject to the limitations and  
2 requirements under sub. (2); the physician assistant's experience, education, and  
3 training; and any rules promulgated under sub. (5), a physician assistant may do any  
4 of the following:

5           1. Examine into the fact, condition, or cause of human health or disease, or  
6 treat, operate, prescribe, or advise for the same, by any means or instrumentality.

7           2. Apply principles or techniques of medical sciences in the diagnosis or  
8 prevention of any of the conditions described in subd. 1. and in s. 461.01 (2).

9           3. Penetrate, pierce, or sever the tissues of a human being.

10          4. Offer, undertake, attempt, or hold oneself out in any manner as able to do  
11 any of the acts described in this paragraph.

12          (b) Subject to any rules promulgated by the board and consistent with his or  
13 her experience, education, and training, a physician assistant may order, prescribe,  
14 procure, dispense, and administer prescription drugs, medical devices, services, and  
15 supplies.

16          (c) A physician assistant may practice in ambulatory care, acute care,  
17 long-term care, home care, or other settings as a primary, specialty, or surgical care  
18 provider who may serve as a patient's primary care provider or specialty care  
19 provider.

20          **(2)** (a) 1. Except as provided in subd. 3. and sub. (5) (a) or (b), a physician  
21 assistant who provides care to patients shall maintain and provide to the board upon  
22 request one of the following:

23           a. Evidence that, pursuant to the physician assistant's employment, there is  
24 a physician who is primarily responsible for the overall direction and management  
25 of the physician assistant's professional activities and for assuring that the services

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1 provided by the physician assistant are medically appropriate. In this subd. 1. a.,  
2 “employment” includes an arrangement between the physician assistant and a 3rd  
3 party in which the 3rd party receives payment for services provided by the physician  
4 assistant.

5 b. A written collaborative agreement with a physician that describes the  
6 physician assistant’s individual scope of practice and that includes other information  
7 as required by the board.

8 c. If the physician assistant’s practice is limited to the practice of podiatry, a  
9 written collaborative agreement with a podiatrist or physician that describes the  
10 physician assistant’s individual scope of podiatry practice and that includes other  
11 information as required by the board.

12 2. Subdivision 1. does not require the physical presence of a physician or  
13 podiatrist at the time and place a physician assistant renders a service.

14 3. Subdivision 1. does not apply with respect to a physician assistant who is  
15 employed by the federal government as a civilian or member of the uniformed  
16 services while performing duties incident to that employment or service.

17 (b) A physician assistant shall limit his or her practice to the scope of his or her  
18 experience, education, and training.

19 (c) No physician assistant may provide medical care, except routine screening  
20 and emergency care, in any of the following:

- 21 1. The practice of dentistry or dental hygiene within the meaning of ch. 447.
- 22 2. The practice of optometry within the meaning of ch. 449.
- 23 3. The practice of chiropractic within the meaning of ch. 446.
- 24 4. The practice of acupuncture within the meaning of ch. 451.

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1           **(3)** (a) It shall be the obligation of a physician assistant to ensure all of the  
2 following:

3           1. That the scope of the practice of a physician assistant is identified and is  
4 appropriate with respect to his or her experience, education, and training.

5           2. For purposes of sub. (2) (a) 1. b. and c., that the relationship with and access  
6 to a collaborating physician or podiatrist by the physician assistant is defined.

7           3. That the requirements and standards of licensure under this chapter are  
8 complied with.

9           4. That consultation with and referral to other licensed health care providers  
10 with a scope of practice appropriate for a patient's care needs occurs when the  
11 patient's care needs exceed the physician assistant's experience, education, or  
12 training. A physician assistant shall ensure that he or she has awareness of options  
13 for the management of situations that are beyond the physician assistant's expertise.

14           (b) A physician assistant is individually and independently responsible for the  
15 quality of the care he or she renders.

16           **(4)** A physician assistant may delegate a care task or order to another clinically  
17 trained health care worker if the physician assistant is competent to perform the  
18 delegated task or order and has reasonable evidence that the clinically trained  
19 health care worker is minimally competent to perform the task or issue the order  
20 under the circumstances.

21           **(5)** The board shall promulgate any rules necessary to implement this section,  
22 including rules to do any of the following:

23           (a) Allow for temporary practice, specifically defined and actively monitored by  
24 the board, in the event of an interruption of a collaborative relationship under sub.

25 (2) (a) 1. b. or c.

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1 (b) Allow a physician assistant, in the absence of an employment or  
2 collaborative relationship under sub. (2) (a) 1., to provide medical care at the scene  
3 of an emergency, during a declared state of emergency or other disaster, or when  
4 volunteering at sporting events or at camps.

5 (6) The practice permissions provided in this section are permissions granted  
6 by the state authorizing the licensed practice of physician assistants. Nothing in this  
7 section prohibits an employer, hospital, health plan, or other similar entity  
8 employing or with a relationship with a licensed physician assistant from  
9 establishing additional requirements for a licensed physician assistant as a  
10 condition of employment or relationship.

11 **461.11 Civil liability.** No physician assistant shall be liable for any civil  
12 damages for either of the following:

13 (1) Reporting in good faith to the department of transportation under s. 146.82  
14 (3) a patient's name and other information relevant to a physical or mental condition  
15 of the patient that in the physician assistant's judgment impairs the patient's ability  
16 to exercise reasonable and ordinary control over a motor vehicle.

17 (2) In good faith, not reporting to the department of transportation under s.  
18 146.82 (3) a patient's name and other information relevant to a physical or mental  
19 condition of the patient that in the physician assistant's judgment does not impair  
20 the patient's ability to exercise reasonable and ordinary control over a motor vehicle.

21 **461.12 Malpractice liability insurance.** (1) Except as provided in subs. (2)  
22 and (3), no physician assistant may practice as authorized under s. 461.10 unless he  
23 or she has in effect malpractice liability insurance coverage evidenced by one of the  
24 following:

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1 (a) Personal liability coverage in the amounts specified for health care  
2 providers under s. 655.23 (4).

3 (b) Coverage under a group liability policy providing individual coverage for the  
4 physician assistant in the amounts under s. 655.23 (4).

5 (2) The board may promulgate rules requiring a practicing physician assistant  
6 to have in effect malpractice liability insurance coverage in amounts greater than  
7 those specified in sub. (1) (a) or (b) or (4). If the board promulgates rules under this  
8 subsection, no physician assistant may practice as authorized under s. 461.10 unless  
9 he or she has in effect malpractice liability insurance coverage as required under  
10 those rules, except as provided in sub. (3).

11 (3) A physician assistant who is a state, county, or municipal employee, or  
12 federal employee or contractor covered under the federal tort claims act, as amended,  
13 and who is acting within the scope of his or her employment or contractual duties is  
14 not required to maintain in effect malpractice insurance coverage.

15 (4) Except as provided in subs. (2) and (3), a physician assistant may comply  
16 with sub. (1) if the physician assistant's employer has in effect malpractice liability  
17 insurance that is at least the minimum amount specified under s. 655.23 (4) and that  
18 provides coverage for claims against the physician assistant.

19 **461.30 Professional discipline.** (1) Subject to the rules promulgated under  
20 s. 440.03 (1), the board may conduct investigations and hearings to determine  
21 whether a person has violated this chapter or a rule promulgated under this chapter.

22 (2) Subject to the rules promulgated under s. 440.03 (1), if a person who applies  
23 for or holds a license issued under s. 461.07 does any of the following, the board may  
24 reprimand the person or deny, limit, suspend, or revoke the person's license:

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1 (a) Makes a material misstatement in an application for a license or an  
2 application for renewal of a license under s. 461.07.

3 (b) Violates any law of this state or federal law that substantially relates to the  
4 practice of a physician assistant, violates this chapter, or violates a rule promulgated  
5 under this chapter.

6 (c) Advertises, practices, or attempts to practice under another person's name.

7 (d) Engages in unprofessional conduct. In this paragraph, "unprofessional  
8 conduct" does not include any of the following:

9 1. Providing expedited partner therapy as described in s. 461.035.

10 2. Prescribing or delivering an opioid antagonist in accordance with s. 461.037

11 (2).

12 (e) Subject to ss. 111.321, 111.322, and 111.335, is arrested for or convicted of  
13 a felony.

14 (f) Subject to ss. 111.321, 111.322, and 111.34, practices as a physician assistant  
15 while his or her ability is impaired by alcohol or other drugs.

16 (g) Engages in fraud or deceit in obtaining or using his or her license.

17 (h) Is adjudicated mentally incompetent by a court.

18 (i) Demonstrates gross negligence, incompetence, or misconduct in practice.

19 (j) Knowingly, recklessly, or negligently divulges a privileged communication  
20 or other confidential patient health care information except as required or permitted  
21 by state or federal law.

22 (k) Fails to cooperate with the board, or fails to timely respond to a request for  
23 information by the board, in connection with an investigation under this section.

24 (L) Prescribes, sells, administers, distributes, orders, or provides a controlled  
25 substance for a purpose other than a medical purpose.

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1 (m) Demonstrates a lack of physical or mental ability to safely practice as a  
2 physician assistant.

3 (n) Engages in any practice that is outside the scope of his or her experience,  
4 education, or training.

5 (o) Is disciplined or has been disciplined by another state or jurisdiction based  
6 upon acts or conduct similar to acts or conduct prohibited under pars. (a) to (n).

7 **461.40 Informed consent.** Any physician assistant who treats a patient shall  
8 inform the patient about the availability of reasonable alternate medical modes of  
9 treatment and about the benefits and risks of these treatments. The reasonable  
10 physician assistant standard is the standard for informing a patient under this  
11 section. The reasonable physician assistant standard requires disclosure only of  
12 information that a reasonable physician assistant in the same or a similar medical  
13 specialty would know and disclose under the circumstances. The physician  
14 assistant's duty to inform the patient under this section does not require disclosure  
15 of any of the following:

16 (1) Detailed technical information that in all probability a patient would not  
17 understand.

18 (2) Risks apparent or known to the patient.

19 (3) Extremely remote possibilities that might falsely or detrimentally alarm  
20 the patient.

21 (4) Information in emergencies where failure to provide treatment would be  
22 more harmful to the patient than treatment.

23 (5) Information in cases where the patient is incapable of consenting.

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1           **(6)** Information about alternate medical modes of treatment for any condition  
2 the physician assistant has not included in his or her diagnosis at the time the  
3 physician informs the patient.

4           **461.50 Penalties.** Any person who violates this chapter is subject to a fine not  
5 to exceed \$10,000 or imprisonment not to exceed 9 months, or both.

6           **461.51 Injunction.** If it appears upon complaint to the board by any person  
7 or if it is known to the board that any person is violating this subchapter, or rules  
8 adopted by the board under this subchapter, the board or the attorney general may  
9 investigate and may, in addition to any other remedies, bring action in the name and  
10 on behalf of the state against any such person to enjoin such person from such  
11 violation. The attorney general shall represent the board in all proceedings.

12           **461.52 Duty to report. (1)** A physician assistant who has reason to believe  
13 any of the following about another physician assistant shall promptly submit a  
14 written report to the board that includes facts relating to the conduct of the other  
15 physician assistant:

16           (a) The other physician assistant is engaging or has engaged in acts that  
17 constitute a pattern of unprofessional conduct.

18           (b) The other physician assistant is engaging or has engaged in an act that  
19 creates an immediate or continuing danger to one or more patients or to the public.

20           (c) The other physician assistant is or may be medically incompetent.

21           (d) The other physician assistant is or may be mentally or physically unable  
22 safely to engage in the practice of a physician assistant.

23           **(2)** No physician assistant who reports to the board under sub. (1) may be held  
24 civilly or criminally liable or be found guilty of unprofessional conduct for reporting  
25 in good faith.

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1           **SECTION 72.** 462.02 (2) (e) of the statutes is amended to read:

2           462.02 (2) (e) A physician assistant licensed under s. 448.04 (1) (f) 461.07.

3           **SECTION 73.** 462.04 of the statutes is amended to read:

4           **462.04 Prescription or order required.** A person who holds a license or  
5 limited X-ray machine operator permit under this chapter may not use diagnostic  
6 X-ray equipment on humans for diagnostic purposes unless authorized to do so by  
7 prescription or order of a physician licensed under s. 448.04 (1) (a), a dentist licensed  
8 under s. 447.04 (1), a podiatrist licensed under s. 448.63, a chiropractor licensed  
9 under s. 446.02, an advanced practice nurse certified under s. 441.16 (2), a physician  
10 assistant licensed under s. ~~448.04 (1) (f)~~ 461.07, or, subject to s. 448.56 (7) (a), a  
11 physical therapist licensed under s. 448.53.

12           **SECTION 74.** 895.48 (1m) (a) (intro.) of the statutes is amended to read:

13           895.48 (1m) (a) (intro.) Except as provided in par. (b), any physician, ~~physician~~  
14 ~~assistant~~, podiatrist, or athletic trainer licensed under ch. 448, chiropractor licensed  
15 under ch. 446, dentist licensed under ch. 447, physician assistant licensed under ch.  
16 461, emergency medical services practitioner licensed under s. 256.15, emergency  
17 medical responder certified under s. 256.15 (8), registered nurse licensed under ch.  
18 441, or a massage therapist or bodywork therapist licensed under ch. 460 who  
19 renders voluntary health care to a participant in an athletic event or contest  
20 sponsored by a nonprofit corporation, as defined in s. 66.0129 (6) (b), a private school,  
21 as defined in s. 115.001 (3r), a tribal school, as defined in s. 115.001 (15m), a public  
22 agency, as defined in s. 46.856 (1) (b), or a school, as defined in s. 609.655 (1) (c), is  
23 immune from civil liability for his or her acts or omissions in rendering that care if  
24 all of the following conditions exist:

25           **SECTION 75.** 961.01 (19) (a) of the statutes is amended to read:

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1           961.01 (19) (a) A physician, advanced practice nurse, dentist, veterinarian,  
2           podiatrist, optometrist, scientific investigator ~~or, subject to s. 448.21 (3), a~~, physician  
3           assistant, or other person licensed, registered, certified or otherwise permitted to  
4           distribute, dispense, conduct research with respect to, administer, or use in teaching  
5           or chemical analysis a controlled substance in the course of professional practice or  
6           research in this state.

7           **SECTION 76.** 971.14 (4) (a) of the statutes is amended to read:

8           971.14 (4) (a) The court shall cause copies of the report to be delivered forthwith  
9           to the district attorney and the defense counsel, or the defendant personally if not  
10          represented by counsel. Upon the request of the sheriff or jailer charged with care  
11          and control of the jail in which the defendant is being held pending or during a trial  
12          or sentencing proceeding, the court shall cause a copy of the report to be delivered  
13          to the sheriff or jailer. The sheriff or jailer may provide a copy of the report to the  
14          person who is responsible for maintaining medical records for inmates of the jail, or  
15          to a nurse licensed under ch. 441, to a physician assistant licensed under ch. 461, or  
16          to a physician ~~or physician assistant~~ licensed under subch. II of ch. 448 who is a  
17          health care provider for the defendant or who is responsible for providing health care  
18          services to inmates of the jail. The report shall not be otherwise disclosed prior to  
19          the hearing under this subsection.

20          **SECTION 77.** 990.01 (27s) of the statutes is created to read:

21          990.01 (27s) PHYSICIAN ASSISTANT OR PHYSICIAN ASSOCIATE. “Physician assistant”  
22          or “physician associate” means a person licensed as a physician assistant under ch.  
23          461.

24          **SECTION 78.** Chapter Med 8 of the administrative code is repealed.

25          **SECTION 79. Nonstatutory provisions.**

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1 (1) BOARD; APPOINTMENTS.

2 (a) Notwithstanding the length of terms specified for the members of the  
3 physician assistant examining board under s. 15.405 (4), 3 of the initial members  
4 under s. 15.405 (4) (a) 1. and the initial member under s. 15.405 (4) (a) 2. shall be  
5 appointed for terms expiring on July 1, 2021; 3 of the initial members under s. 15.405  
6 (4) (a) 1. and the initial member under s. 15.405 (4) (a) 3. shall be appointed for terms  
7 expiring on July 1, 2022; and the remaining initial member under s. 15.405 (4) (a)  
8 1. shall be appointed for a term expiring on July 1, 2023.

9 (b) Notwithstanding s. 15.08 (1), the governor may provisionally appoint initial  
10 members of the physician assistant examining board under s. 15.405 (4). Those  
11 provisional appointments remain in force until withdrawn by the governor or acted  
12 upon by the senate and if confirmed by the senate, shall continue for the remainder  
13 of the unexpired term, if any, of the member and until a successor is chosen and  
14 qualifies. A provisional appointee may exercise all the powers and duties of board  
15 membership to which the person is appointed during the time in which the appointee  
16 qualifies.

17 (c) Notwithstanding s. 15.405 (4) (a) 1. and 2., for purposes of an initial  
18 appointment to the physician assistant examining board made before the date  
19 specified in SECTION 80 (intro.) of this act, including any provisional appointment  
20 made under par. (b), the governor may appoint physician assistants licensed under  
21 subch. II of ch. 448 to the positions on the board specified under s. 15.405 (4) (a) 1.  
22 and 2.

23 (2) EMERGENCY RULES.

24 (a) Using the procedure under s. 227.24, the physician assistant examining  
25 board may promulgate initial rules under ss. 461.05 (1) and 461.10 (5) as emergency

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1 rules under s. 227.24 to allow for the licensure, discipline, and practice of physician  
2 assistants. The authority granted under this subsection applies only to rules  
3 described in this paragraph, and any other emergency rules promulgated by the  
4 board shall be as provided in, and subject to, s. 227.24.

5 (b) Notwithstanding s. 227.24 (1) (a) and (3), the physician assistant examining  
6 board is not required to provide evidence that promulgating a rule under this  
7 subsection as an emergency rule is necessary for the preservation of the public peace,  
8 health, safety, or welfare and is not required to provide a finding of emergency for a  
9 rule promulgated under this subsection.

10 (c) Emergency rules promulgated under this subsection may not take effect  
11 prior to the date specified in SECTION 80 (intro.) of this act.

12 (d) Notwithstanding s. 227.24 (1) (c), emergency rules promulgated under this  
13 subsection remain in effect for one year, subject to extension under par. (e), or until  
14 the date on which permanent rules take effect, whichever is sooner.

15 (e) Notwithstanding s. 227.24 (2) (a), the joint committee for review of  
16 administrative rules may, at any time prior to the expiration date of the emergency  
17 rule promulgated under this subsection, extend the effective period of the emergency  
18 rule at the request of the physician assistant examining board for a period specified  
19 by the committee not to exceed 180 days. Any number of extensions may be granted  
20 under this paragraph, but the total period for all extensions may not extend beyond  
21 the expiration date of the emergency rule's statement of scope under s. 227.135 (5).  
22 Notwithstanding s. 227.24 (2) (b) 1., the physician assistant examining board is not  
23 required to provide evidence that there is a threat to the public peace, health, safety,  
24 or welfare that can be avoided only by extension of the emergency rule when making

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1 a request for an extension under this subsection, but s. 227.24 (2) (am) to (c) shall  
2 otherwise apply to extensions under this paragraph.

3 (f) If the physician assistant examining board promulgates emergency rules  
4 under this subsection, the board shall submit a single statement of scope for both  
5 permanent emergency rules.

6 (3) BOARD; TRANSFERS.

7 (a) *Tangible personal property.* On the effective date of this paragraph, all  
8 tangible personal property, including records, of the medical examining board that  
9 the secretary of safety and professional services determines to be primarily related  
10 to the regulation of physician assistants is transferred to the physician assistant  
11 examining board.

12 (b) *Pending matters.* Any matter pending with the medical examining board  
13 on the effective date of this paragraph that is primarily related to the regulation of  
14 physician assistants, as determined by the secretary of safety and professional  
15 services, is transferred to the physician assistant examining board. All materials  
16 submitted to or actions taken by the medical examining board with respect to the  
17 pending matter are considered as having been submitted to or taken by the physician  
18 assistant examining board.

19 (c) *Contracts.* All contracts entered into by the medical examining board in  
20 effect on the effective date of this paragraph that are primarily related to the  
21 regulation of physician assistants, as determined by the secretary of safety and  
22 professional services, remain in effect and are transferred to the physician assistant  
23 examining board. The physician assistant examining board shall carry out any  
24 obligations under such a contract until the contract is modified or rescinded by the  
25 physician assistant examining board to the extent allowed under the contract.

