



MEDICAL EXAMINING BOARD
Room N208, 4822 Madison Yards Way, 2nd Floor, Madison
Contact: Valerie Payne (608) 266-2112
November 20, 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 October 16, 2019 (6-12)

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
- 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. Presentation: Request to Address Opioid Prescribing Guidelines – Discussion and Consideration (13-16)

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) Nomination Letter, Nominating Dr. Kenneth Simons for Chair-elect of the FSMB Board of Directors **(17-18)**

I. Legislative and Policy Matters – Discussion and Consideration

- 1) Draft Related Issues Regarding 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 **(19-32)**

J. Administrative Rule Matters – Discussion and Consideration

- 1) Pending or Possible Rulemaking Projects

K. Controlled Substances Board Report – Timothy Westlake

L. Interstate Medical Licensure Compact Commission (IMLCC) – Report from Wisconsin’s Commissioners

M. Newsletter Matters – Discussion and Consideration

N. Screening Panel Report

O. Future Agenda Items

P. 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 Policy Matters
- 11) Administrative Rule Matters
- 12) Liaison Reports
- 13) Board Liaison Training and Appointment of Mentors
- 14) Informational Items
- 15) Division of Legal Services and Compliance (DLSC) Matters
- 16) Presentations of Petitions for Summary Suspension
- 17) Petitions for Designation of Hearing Examiner
- 18) Presentation of Stipulations, Final Decisions and Orders
- 19) Presentation of Proposed Final Decisions and Orders
- 20) Presentation of Interim Orders
- 21) Petitions for Re-Hearing
- 22) Petitions for Assessments
- 23) Petitions to Vacate Orders
- 24) Requests for Disciplinary Proceeding Presentations

- 25) Motions
- 26) Petitions
- 27) Appearances from Requests Received or Renewed
- 28) Speaking Engagements, Travel, or Public Relation Requests, and Reports

Q. 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.).

R. Deliberation on DLSC Matters

1) Stipulations and Final Decisions and Orders

- a. 18 MED 127 – Craig L. Olson, M.D. **(33-40)**
- b. 18 MED 458 – Adilakshmi Kaza, M.D. **(41-46)**
- c. 18 MED 484 – George W. Petty, M.D. **(47-52)**
- d. 18 MED 695 – David W. Andrews, P.A. **(53-58)**
- e. 19 MED 001 – Rodney J. Halverson, M.D. **(59-64)**
- f. 19 MED 015 – Thomas J. Strick, M.D. **(65-70)**

2) Administrative Warnings

- a. 18 MED 301 – R.M. **(71-72)**
- b. 18 MED 624 – I.A. **(73-74)**
- c. 19 MED 037 – S.M.N. **(75-76)**
- d. 19 MED 131 – L.S. **(77-78)**
- e. 19 MED 207 – A.C.C. **(79-80)**

3) Case Closing(s)

- a. 17 MED 051 – A.J. **(81-93)**
- b. 17 MED 373 – M.D. **(94-106)**
- c. 17 MED 508 – J.M. **(107-112)**
- d. 18 MED 078 – L.B.R. **(113-125)**
- e. 18 MED 135 – B.V.O. **(126-158)**
- f. 18 MED 139 – L.S. **(159-168)**
- g. 18 MED 140 – D.D. **(169-177)**
- h. 18 MED 225 – J.J.E. **(178-205)**
- i. 18 MED 235 – L.T. **(206-207)**
- j. 18 MED 410 – M.H.H. **(208-238)**
- k. 18 MED 539 – M.C. **(239-243)**
- l. 18 MED 547 – M.F.T. **(244-246)**
- m. 19 MED 081 – J.H., A.G., G.Z. **(247-274)**
- n. 19 MED 210 – A.G. **(275-286)**

S. Deliberation of Items Added After Preparation of the Agenda

- 1) Education and Examination Matters
- 2) Credentialing Matters
- 3) DLSC Matters

- 4) Monitoring Matters
- 5) Professional Assistance Procedure (PAP) Matters
- 6) 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

T. Open Cases

U. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

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

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

X. Delegation of Ratification of Examination Results and Ratification of Licenses and Certificates

ADJOURNMENT

ORAL EXAMINATION OF CANDIDATES FOR LICENSURE

ROOM N207

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

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

NEXT DATE: DECEMBER 18, 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
OCTOBER 16, 2019**

PRESENT: Mary Jo Capodice, D.O.; Michael Carton (*via Skype, arrived at 9:31 a.m., excused at 9:40 a.m.*), Padmaja Doniparthi, M.D. (*via Skype*); Bradley Kudick; Lee Ann Lau, M.D.; David Roelke, M.D.; Kenneth Simons, M.D. (*via Skype*); Sheldon Wasserman, M.D.; Timothy Westlake, M.D.

EXCUSED: Alaa Abd-Elsayed, M.D.; David Bryce, M.D.; Robert Zoeller, M.D.

STAFF: Valerie Payne, Executive Director; Debra Sybell, Executive Director; Jameson Whitney, Legal Counsel; Kimberly Wood, Program Assistant Supervisor-Advanced; Megan Glaeser, Bureau Assistant; and other Department staff

CALL TO ORDER

Timothy Westlake, Vice Chairperson, called the meeting to order at 8:00 a.m. A quorum was confirmed with eight (8) board members present.

ADOPTION OF AGENDA

MOTION: Lee Ann Lau moved, seconded by David Roelke, to adopt the Agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF SEPTEMBER 18, 2019

MOTION: Mary Jo Capodice moved, seconded by David Roelke, to adopt the Minutes of September 18, 2019 as published. Motion carried unanimously.

CONTINUING MEDICAL EDUCATION DISCUSSION

APPEARANCE – Donald Oliva: CE Broker Presentation

MOTION: Bradley Kudick moved, seconded by David Roelke, to request DSPS staff look further into adopting the CE Broker system. Motion carried unanimously.

MOTION: Mary Jo Capodice moved, seconded by Lee Ann Lau, to acknowledge and thank Donald Oliva and Shane Hall of CE Broker for their appearance and presentation to the Board. Motion carried unanimously.

FEDERATION OF STATE MEDICAL BOARDS MATTERS

Nominate Dr. Kenneth Simons for Chair-elect of the FSMB Board of Directors

MOTION: Sheldon Wasserman moved, seconded by Bradley Kudick, to delegate Timothy Westlake to write a nomination letter to elect Kenneth Simons as Chair-elect of the FSMB Board of Directors. Motion carried. Abstained: Simons.

REQUEST FOR VARIANCE REGARDING PHYSICIAN ASSISTANT SUPERVISION

MOTION: Mary Jo Capodice moved, seconded by Bradley Kudick, to grant the variance to allow the supervision of up to ten Physician Assistants as requested on the September 16, 2019 letter from Dr. Michael McNett. Motion carried unanimously.

CLOSED SESSION

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

The Board convened into Closed Session at 9:28 a.m.

(Michael Carton connected to the meeting at 9:31 a.m. and was excused at 9:40 a.m.)

MONITORING MATTERS

Waiver of 24 Months of Post-Graduate Training

Tatjana Stevanovic, M.D.

MOTION: Kenneth Simons moved, seconded by Padmaja Doniparthi, to deny a waiver of the 24 months of ACGME/AOA approved post-graduate training for Tatjana Stevanovic, M.D. **Reason for Denial:** Based on the information submitted, the Board did not find grounds of hardship. Wis. Stat. § 448.05(2)(c) and Wis. Admin. Code § Med 1.02(3)(cm). Motion carried unanimously.

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

Stipulations, Final Decisions and Orders

17 MED 262 – Rene P. Ducret, 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 Rene P. Ducret, M.D., DLSC Case Number 17 MED 262. Motion carried unanimously.

17 MED 502 – Douglas R. Arnold, M.D.

MOTION: Bradley Kudick moved, seconded by David Roelke, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Douglas R. Arnold, M.D., DLSC Case Number 17 MED 502. Motion carried unanimously.

18 MED 214 – Carrie Y. Peterson, 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 Carrie Y. Peterson, M.D., DLSC Case Number 18 MED 214. Motion carried unanimously.

18 MED 227 – Sean M. Cashin, M.D.

MOTION: Bradley Kudick moved, seconded by Sheldon Wasserman, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Sean M. Cashin, M.D., DLSC Case Number 18 MED 227. Motion carried unanimously.

(Michael Carton was connected for voting in the matter concerning Sean M. Cashin, M.D., DLSC Case Number 18 MED 227.)

18 MED 302 – Bernard C. Baier, M.D.

MOTION: Kenneth Simons moved, seconded by David Roelke, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Bernard C. Baier, M.D., DLSC Case Number 18 MED 302. Motion carried. Opposed: 2

18 MED 594 – Guy R. Powell, M.D.

MOTION: David Roelke moved, seconded by Lee Ann Lau, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Guy R. Powell, M.D., DLSC Case Number 18 MED 594. Motion carried unanimously.

(Michael Carton was connected for voting in the matter concerning Guy R. Powell, M.D., DLSC Case Number 18 MED 594.)

18 MED 687 – Sara T. Murray, M.D.

MOTION: David Roelke moved, seconded by Sheldon Wasserman, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Sara T. Murray, M.D., DLSC Case Number 18 MED 687. Motion carried unanimously.

19 MED 002 – Thomas R. Rocco, M.D.

MOTION: Lee Ann Lau moved, seconded by David Roelke, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Thomas R. Rocco, M.D., DLSC Case Number 19 MED 002. Motion carried unanimously.

19 MED 123 – Gary L. Gasser, M.D.

MOTION: Lee Ann Lau moved, seconded by Sheldon Wasserman, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Gary L. Gasser, M.D., DLSC Case Number 19 MED 123. Motion carried unanimously.

19 MED 199 – Jan M. Rosnow, M.D.

MOTION: Bradley Kudick moved, seconded by Mary Jo Capodice, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Jan M. Rosnow, M.D., DLSC Case Number 19 MED 199. Motion carried unanimously.

19 MED 200 – Robin B. Garelick, M.D.

MOTION: David Roelke moved, seconded by Sheldon Wasserman, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Robin B. Garelick, M.D., DLSC Case Number 19 MED 200. Motion carried unanimously.

19 MED 203 – Herbert W. Jones, M.D.

MOTION: Bradley Kudick moved, seconded by Lee Ann Lau, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Herbert W. Jones, M.D., DLSC Case Number 19 MED 203. Motion carried unanimously.

19 MED 234 – Paul W. Sperduto, M.D.

MOTION: David Roelke moved, seconded by Lee Ann Lau, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Paul W. Sperduto, M.D., DLSC Case Number 19 MED 234. Motion carried unanimously.

Complaints

18 MED 331 – J.A.P.

MOTION: David Roelke moved, seconded by Sheldon Wasserman, to find probable cause to believe that J.A.P., DLSC Case Number 18 MED 331, has committed unprofessional conduct, and therefore to issue the Complaint and hold a hearing on such conduct pursuant to Wis. Stat§ 448.02(3)(b). Motion carried unanimously.

(Lee Ann Lau recused herself and left the room for deliberation and voting in the matter concerning J.A.P., DLSC Case Number 18 MED 331.)

Administrative Warnings

17 MED 218 – J.C.R.

MOTION: David Roelke moved, seconded by Bradley Kudick, to issue an Administrative Warning in the matter of J.C.R., DLSC Case Number 17 MED 218. Motion carried unanimously.

17 MED 463 – J.J.S.

MOTION: David Roelke moved, seconded by Bradley Kudick, to issue an Administrative Warning in the matter of J.J.S., DLSC Case Number 17 MED 463. Motion carried unanimously.

18 MED 324 – I.R.

MOTION: David Roelke moved, seconded by Padmaja Doniparthi, to issue an Administrative Warning in the matter of I.R., DLSC Case Number 18 MED 324. Motion carried unanimously.

19 MED 156 – J.D.M.

MOTION: David Roelke moved, seconded by Lee Ann Lau, to issue an Administrative Warning in the matter of J.D.M., DLSC Case Number 19 MED 156. Motion carried unanimously.

Case Closings

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

1. 16 MED 410 – J.E.T. – No Violation
2. 18 MED 059 – R.F. – No Violation
3. 18 MED 190 – D.C. – No Violation
4. 18 MED 324 – R.E.R. & M.E.S. – No Violation
5. 18 MED 382 – T.S. – No Violation
6. 18 MED 389 – M.C. – No Violation
7. 18 MED 673 – M.O. – Insufficient Evidence
8. 18 MED 711 – M.D. – Prosecutorial Discretion (P1)

Motion carried unanimously.

18 MED 091 – A.R.

MOTION: Lee Ann Lau moved, seconded by David Roelke, to close DLSC Case Number 18 MED 091, against A.R., for No Violation. Motion carried unanimously.

18 MED 272 – A.D.

MOTION: David Roelke moved, seconded by Mary Jo Capodice, to close DLSC Case Number 18 MED 272, against A.D., for No Violation. Motion carried. Opposed: 1

RECONVENE TO OPEN SESSION

MOTION: Lee Ann Lau moved, seconded by Bradley Kudick, to reconvene to Open Session. Motion carried unanimously.

The Board reconvened to Open Session at 10:42 a.m.

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

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

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

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

MOTION: Bradley Kudick moved, seconded by Sheldon Wasserman, to delegate ratification of examination results to DSPS staff and to ratify all licenses and certificates as issued. Motion carried unanimously.

ADJOURNMENT

MOTION: David Roelke moved, seconded by Sheldon Wasserman, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 10:43 a.m.

DRAFT

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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Valerie Payne, Executive Director on behalf of Chronic Pain Advocates for the State of Wisconsin		2) Date when request submitted: Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: November 20, 2019	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Presentation, Discussion, and Consideration: Request to Address Opioid Prescribing Guidelines	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9) Name of Case Advisor(s), if required: NA	
10) Describe the issue and action that should be addressed: Chronic Pain Advocates for the State of Wisconsin has requested an appearance before the MEB to address what it identifies as problems with the recently revised state opioid guidelines.			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

BOARD APPEARANCE REQUEST FORM

Appearance Information

Board Name: Medical Examining Board

Board Meeting Date: November 20, 2019

Person Submitting Agenda Request: Valerie Payne, Executive Director on behalf of Tammy Malik

Person(s) requesting an appearance: Tammy Malik, Dana Weinberger, Jillian Engl, Nancy Schuster-Stoehlker, and Theia Lynn Revolt on behalf of Chronic Pain Advocates for the State of Wisconsin

Reason for Appearance: To address opioid prescribing guidelines.

Appearance Contact Information

(NOTE: If the appearing party is represented by an attorney skip the "Appearance Contact Information" section and complete the "Attorney Contact Information" section.)

Mailing address:

Email address: tntinwi@gmail.com

Telephone #:

Attorney Contact Information

Attorney Name:

Attorney's mailing address:

Attorney's e-mail address:

Attorney's telephone #:

Dear Medical Examining Board:

I am writing on behalf of a national patient advocacy group, Don't Punish Pain (Rally), and its Wisconsin state chapter who will be holding a rally on Oct 16, the same date as your next meeting. I would like to suggest a meeting agenda to turn back pain medication restrictions.

Today's pain management practices have been hijacked by policies resembling ideology more than actual science. Like prohibition of 100 years ago, which killed around 10,000 people directly before it was repealed, there are lives at stake here and urgency is required.

We as patients are deeply disturbed with the current trend of pain shaming, pill shaming, forced tapers, restrictive guidelines, one size fits all approaches, MME limits, PDMPs, and patient abandonments. Your recently revised state "opioid" guidelines include all of these things. Also disturbing is the trend to speak of pain as if it is a mental illness, or something that can be easily dismissed or "accepted".

We do not believe "opioids" is an accurate term. There is a world of difference between illicit fentanyl, heroin, cocaine, meth, and prescription hydrocodone. The media portrays all illicit drug use as prescription drug misuse, by showing pills and pill bottles when discussing heroin deaths. This has led to many misconceptions and stigma toward those of us who need prescription medications to manage intractable (non curative) pain. Neither is long term prescription use a chronic disorder, and the term "chronic opioid therapy" mischaracterizes the treatment as a disease. No one refers to diabetics as "chronic insulin users". We feel this language is insulting and derogatory and it often appears in the media and in your recent guidelines.

Not only are we being insulted and stigmatized but our health is being jeopardized with decreased access to reliable and effective pain relief. We are also being treated as "hot potatoes" by the medical community who know they may risk their license if they take us on as patients and help us manage our pain. While pain IS the number one reason people seek medical help, we have limited access to help with ANY condition. A recent MI study showed that over 40% of pcps would not take on a new patient if he/she was on long-term pain medication.

<https://www.drugs.com/news/many-doctors-refusing-care-opioids-84488.html>

Your guidelines are troubling in so many ways. GL #1 seems to imply that doctors are to QUESTION the authenticity of a patient's report of pain, at least its intensity. I can see no good doctor-patient relationship able to develop or continue in such an atmosphere of distrust. We should be treated with dignity as patients, not suspects.

Your claims that narcotic pain medication is not effective even for acute pain is astounding. Clearly it is healthier for a patient to recover from surgery if their ability to move is not restricted by untreated pain. The claim that these medications do not work long-term is also not accurate as no such studies (past 6 months duration) exist due to control group and ethical problems.

<https://io9.gizmodo.com/can-a-parachute-save-your-life-not-according-to-scienc-1556426507> . Unfortunately, nobody is willing to hear actual patient experience.

We understand the CDC wrote some guidelines in 2016 and yours seem to be modeled off of that, although we do not know where the MEB came up with 50MME, when the CDC suggested 90MME? The CDC clarified in April 2019 when they wrote the following in the revered 'New England Journal of Medicine', "Unfortunately, some policies and practices purportedly derived from the guidelines have in fact been inconsistent with, and often go beyond, its

recommendations. A consensus panel has highlighted these inconsistencies, five of which include inflexible application of recommended dosage and duration thresholds"<https://www.nejm.org/doi/full/10.1056/NEJMp1904190>

Shortly after that the FDA issued a warning NOT to force taper patients. And never rapidly as this could endanger the patient's life. Your guideline seems only concerned about the life of an unborn child or someone with chest pain. This seems to imply that all other patients can be rapidly tapered with no danger? This is not what the FDA says. <http://nationalpainreport.com/fda-issues-safety-message-on-sudden-discontinuation-of-opioid-pain-medicine-8839511.html>

This is not a complete list of the problems we have with the guideline. We are also appalled at the WI DOJ sending threatening letters to 180 practitioners. This is an act of terror that is in effect a practicing of medicine by a law enforcement agency.

We invite you to attend our rally on Oct 16th, from 11am to 1pm, outside your office. We are a grassroots organization that will be protesting the treatment of pain patients nationwide on that day. The few (minority) of us who are able to participate in this rally will be standing up for those (majority) now in too much pain to travel due to the forced tapering of these formerly stable intractable pain patients.

While getting old, sick, and dying are normal things to be expected from life, callous treatment throughout should not be. We should not be subjecting current and future generations to a heartless end of life, where assisted suicide is preferable to extending your life even one more day.

Sincerely, Chronic Pain Advocates for the State of Wisconsin:

Tammy Malik

Dana Weinberger

Jillian Engl

Nancy Schuster-Stoehlker

Theia Lynn Revolt

Kenneth Simons
Chairperson

Timothy Westlake
Vice Chairperson

Mary Jo Capodice
Secretary

WISCONSIN MEDICAL EXAMINING BOARD



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Madison WI 53708-8366

Email: dsps@wisconsin.gov
Voice: 608-266-2112
FAX: 608-251-3032

October 17, 2019

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

Dear Dr. King,

It is a sincere pleasure to write this nomination letter for Dr. Kenneth Simons for the position of Chair-elect of the FSMB Board of Directors on behalf of the Wisconsin Medical Examining Board. Dr. Simons is exceptionally well qualified for this position given his distinguished service to the house of medicine over his entire career as well as his commitment to patient safety. As you know, Dr. Simons has served the FSMB in many ways over the years in addition to his service on the FSMB Board of Directors for the past three years. These experiences have prepared him well for this important leadership role.

Dr. Simons has a clear understanding of the vision, mission and strategic goals of the FSMB and this is exemplified by his having been elected by his FSMB board colleagues to its Executive Committee each of the last two years. He possesses an extremely positive and knowledgeable outlook on the role and functions of state medical boards vis-a-vis medical regulation as evidenced by his service on the WI Medical Examining Board for the past eight and one half years, in addition to his service on the IMLCC which he currently chairs.

Regarding the issues facing medical regulation and the profession of medicine, both nationally and internationally, Dr. Simons has a broad and deep perspective given his service on the Accreditation Council for Graduate Medical Education (ACGME) Board of Directors, the Liaison Committee on Medical Education, the National Resident Matching Program Board of Directors and his service as Chair of the ACGME-International Review Committee for Surgical and Hospital-based disciplines.

Dr. Simons has the time and commitment required to fulfill the responsibilities of the office of Chair-elect. His career in medicine, medical education and medical regulation has been and continues to be the embodiment of professionalism, personal integrity and the ability to work with all, from the humblest of positions to the highest levels of leadership.

Dr. Simons is deeply honored and agreeable to having his name submitted for the position of Chair-elect by the Wisconsin Medical Examining Board for consideration by the FSMB Nominating Committee and he is aware of the time commitment required for the position. Dr. Simons' mailing address is 4303 W. Riverlake Dr., Mequon, WI 53092, his daytime telephone number is 414-955-4396 and his email address is ksimons@fsmb.org or ksimons@mcw.edu.

It is our hope that the Nominating Committee will act favorably upon Dr. Simons' candidacy for the position of Chair-elect of the FSMB as we sincerely believe that he will bring all of his talents to bear in that role as he has done for the patients of the state of Wisconsin, his colleagues, trainees and the staffs with whom he has worked over the years.

Sincerely,

Timothy Westlake, MD
Vice-Chair, Wisconsin Medical Examining Board

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Valerie Payne, Executive Director, on behalf of Dr. Bruce Wasserman		2) Date When Request Submitted: 11/12/19 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 11/20/19	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? I. Legislative and Policy Matters – Discussion and Consideration Permitting Pharmacists to Prescribe Certain Contraceptives	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Discuss proposed bill, AB304/LRB-0324-1, relating to: permitting pharmacists to prescribe certain contraceptives, extending the time limit for emergency rule procedures, providing an exemption from emergency rule procedures, granting rule-making authority, and providing a penalty. The bill requires the Pharmacy Examining Board, after consultation with the Medical Examining Board, the Board of Nursing, and the Department of Health Services, to promulgate rules to establish standard procedures for the prescribing of contraceptives by pharmacists under the bill.			
11) Authorization			
Valerie Payne		11/12/19	
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	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			



2019 ASSEMBLY BILL 304

June 20, 2019 - Introduced by Representatives KITCHENS, FELZKOWSKI, AUGUST, BORN, DITTRICH, DUCHOW, JAMES, KERKMAN, KNODL, KRUG, KUGLITSCH, KURTZ, LOUDENBECK, MACCO, MAGNAFICI, MURSAU, NEYLON, NOVAK, NYGREN, OLDENBURG, PLUMER, RAMTHUN, ROHRKASTE, SKOWRONSKI, SNYDER, SPIROS, STEFFEN, STEINEKE, SUMMERFIELD, SWEARINGEN, TITTL, TRANEL, TUSLER, VORPAGEL, VOS and WITTKE, cosponsored by Senators BERNIER, DARLING, FEYEN, MARKLEIN, TESTIN and WANGGAARD. Referred to Committee on Health.

1 **AN ACT** *to amend* 450.095 (title) and 450.095 (3); and *to create* 450.01 (16) (L),
2 450.095 (1) (ag) and (ar) and 450.095 (2m) of the statutes; **relating to:**
3 permitting pharmacists to prescribe certain contraceptives, extending the time
4 limit for emergency rule procedures, providing an exemption from emergency
5 rule procedures, granting rule-making authority, and providing a penalty.

Analysis by the Legislative Reference Bureau

This bill permits a pharmacist to prescribe and dispense hormonal contraceptive patches and self-administered oral hormonal contraceptives, subject to limitations described as follows.

The bill requires the Pharmacy Examining Board, after consultation with the Medical Examining Board, the Board of Nursing, and the Department of Health Services, to promulgate rules to establish standard procedures for the prescribing of contraceptives by pharmacists under the bill. The rules must include a self-assessment questionnaire, developed in consideration of guidelines established by the American Congress of Obstetricians and Gynecologists, that must be used by a pharmacist when prescribing a contraceptive. The rules must include certain requirements for pharmacists prescribing contraceptives, such as 1) requiring a report to the patient's primary health care practitioner following a prescription, and 2) requiring the contraceptive to be dispensed as soon as practicable after the pharmacist issues the prescription order. In addition, the rules must prohibit a pharmacist from prescribing or dispensing a contraceptive to a patient unless 1) the

ASSEMBLY BILL 304

patient has responded to the self-assessment questionnaire and undergone a blood pressure screening and 2) the use of the contraceptive is not contraindicated based upon the results of the questionnaire and screening. A pharmacist who prescribes contraceptives as permitted under the bill must comply with those rules, as well as any other rules promulgated by the Pharmacy Examining Board. Finally, under the bill, a pharmacist may prescribe a contraceptive only to a person who is at least 18 years of age.

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.** 450.01 (16) (L) of the statutes is created to read:

2 450.01 (16) (L) Prescribing and dispensing hormonal contraceptive patches
3 and self-administered oral hormonal contraceptives pursuant to s. 450.095 (2m).

4 **SECTION 2.** 450.095 (title) of the statutes is amended to read:

5 **450.095** (title) ~~**Duty to dispense**~~ **Prescribing and dispensing of**
6 **contraceptives.**

7 **SECTION 3.** 450.095 (1) (ag) and (ar) of the statutes are created to read:

8 450.095 (1) (ag) “Hormonal contraceptive patch” means a transdermal patch
9 applied to the skin of a patient, by the patient or by a practitioner, that releases a
10 drug composed of a combination of hormones that is approved by the federal food and
11 drug administration to prevent pregnancy.

12 (ar) “Self-administered oral hormonal contraceptive” means a drug composed
13 of a combination of hormones that is approved by the federal food and drug
14 administration to prevent pregnancy and that the patient to whom the drug is
15 prescribed may take orally.

16 **SECTION 4.** 450.095 (2m) of the statutes is created to read:

ASSEMBLY BILL 304

1 450.095 **(2m)** (a) In accordance with rules promulgated by the board, a
2 pharmacist may prescribe and dispense hormonal contraceptive patches and
3 self-administered oral hormonal contraceptives to a person who is at least 18 years
4 of age.

5 (b) 1. The board shall, after consultation with the medical examining board, the
6 board of nursing, and the department of health services, promulgate rules to
7 establish standard procedures for the prescribing of hormonal contraceptive patches
8 and self-administered oral hormonal contraceptives by pharmacists under this
9 subsection.

10 2. The rules promulgated under subd. 1. shall include a self-assessment
11 questionnaire, developed in consideration of guidelines established by the American
12 Congress of Obstetricians and Gynecologists, that must be used by a pharmacist as
13 described in subd. 3. a.

14 3. The rules promulgated under subd. 1. shall require a pharmacist to do all
15 of the following:

16 a. Provide the self-assessment questionnaire described in subd. 2. to a patient
17 prior to the pharmacist's prescribing the hormonal contraceptive patch or
18 self-administered oral hormonal contraceptive to the patient.

19 b. Report to the patient's primary care practitioner upon prescribing and
20 dispensing the hormonal contraceptive patch or self-administered oral hormonal
21 contraceptive.

22 c. Provide the patient with a written record of the hormonal contraceptive
23 patch or self-administered oral hormonal contraceptive prescribed and dispensed.

ASSEMBLY BILL 304**SECTION 4**

1 d. Dispense the hormonal contraceptive patch or self-administered oral
2 hormonal contraceptive to the patient as soon as practicable after the pharmacist
3 issues the prescription order.

4 4. The rules promulgated under subd. 1. shall prohibit a pharmacist from
5 prescribing and dispensing a hormonal contraceptive patch or self-administered
6 oral hormonal contraceptive to a patient unless all of the following apply:

7 a. The patient has responded to the self-assessment questionnaire provided
8 under subd. 3. a. and undergone a blood pressure screening.

9 b. The use of the hormonal contraceptive patch or self-administered oral
10 hormonal contraceptive by the patient is not contraindicated based upon the results
11 of the questionnaire and screening.

12 **SECTION 5.** 450.095 (3) of the statutes is amended to read:

13 450.095 (3) Any person who violates this section or any rules promulgated
14 under this section may be required to forfeit not less than \$250 nor more than \$2,500
15 for each violation.

16 **SECTION 6. Nonstatutory provisions.**

17 (1) The pharmacy examining board may promulgate emergency rules under s.
18 227.24 necessary to implement this act. Notwithstanding s. 227.24 (1) (c) and (2),
19 emergency rules promulgated under this subsection remain in effect until May 1,
20 2021, or the date on which permanent rules take effect, whichever is sooner.
21 Notwithstanding s. 227.24 (1) (a) and (3), the examining board is not required to
22 provide evidence that promulgating a rule under this subsection as an emergency
23 rule is necessary for the preservation of the public peace, health, safety, or welfare
24 and is not required to provide a finding of emergency for a rule promulgated under
25 this subsection.

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Valerie Payne, Executive Director, on behalf of Dr. Kenneth Simons		2) Date When Request Submitted: 11/12/19 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 11/20/19	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? I. Legislative and Policy Matters – Discussion and Consideration LRB-4287-1 Continuing Education on Suicide Prevention	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Discuss proposed bill, AB526/LRB-4287-1, relating to: requiring continuing education on suicide prevention for physicians, psychologists, social workers, marriage and family therapists, professional counselors, and substance abuse counselors and requiring the exercise of rule-making authority. This bill requires two hours of continuing education on suicide prevention to be completed every two years for each of the following types of practitioners to renew their credentials: 1) physicians; 2) psychologists; 3) private practice school psychologists; 4) social workers; 5) advanced practice social workers; 6) independent social workers; 7) clinical social workers; 8) marriage and family therapists; 9) professional counselors; 10) substance abuse counselors; 11) clinical substance abuse counselors; and 12) prevention specialists. Under current law, each of those types of professionals must complete at least 30 hours of continuing education every two years to renew their credentials, except that psychologists and private practice school psychologists are required to complete 40 hours of continuing education every two years to renew their licenses.			
11) Authorization			
Valerie Payne		11/12/19	
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	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			



2019 ASSEMBLY BILL 526

October 14, 2019 - Introduced by Representatives KURTZ, BALLWEG, DOYLE, CABRERA, DUCHOW, EDMING, JAMES, MILROY, MURSAU, OLDENBURG, PETERSEN, PETRYK, RAMTHUN, RODRIGUEZ, ROHRKASTE, SCHRAA, SPIROS, C. TAYLOR, TITTL, TRANEL, TUSLER, VANDERMEER, VINING and WITTKE, cosponsored by Senators BERNIER, CARPENTER, NASS, OLSEN and L. TAYLOR. Referred to Committee on Health.

1 **AN ACT to consolidate, renumber and amend** 440.88 (9) (intro.) and (b); **to**
2 **amend** 440.88 (9) (a), 448.13 (1) (a) 1., 455.065 (1) and 457.22 (1) (intro.); and
3 **to create** 457.22 (3) of the statutes; **relating to:** requiring continuing
4 education on suicide prevention for physicians, psychologists, social workers,
5 marriage and family therapists, professional counselors, and substance abuse
6 counselors and requiring the exercise of rule-making authority.

Analysis by the Legislative Reference Bureau

This bill requires two hours of continuing education on suicide prevention to be completed every two years for each of the following types of practitioners to renew their credentials: 1) physicians; 2) psychologists; 3) private practice school psychologists; 4) social workers; 5) advanced practice social workers; 6) independent social workers; 7) clinical social workers; 8) marriage and family therapists; 9) professional counselors; 10) substance abuse counselors; 11) clinical substance abuse counselors; and 12) prevention specialists. Under current law, each of those types of professionals must complete at least 30 hours of continuing education every two years to renew their credentials, except that psychologists and private practice school psychologists are required to complete 40 hours of continuing education every two years to renew their licenses.

ASSEMBLY BILL 526

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.** 440.88 (9) (intro.) and (b) of the statutes are consolidated,
2 renumbered 440.88 (9) (bm) and amended to read:

3 440.88 **(9)** (bm) The department may ~~do all of the following:~~ ~~(b) Require~~ require
4 continuing education as part of any disciplinary process for an individual.

5 **SECTION 2.** 440.88 (9) (a) of the statutes is amended to read:

6 440.88 **(9)** (a) ~~Establish~~ The department shall establish the minimum number
7 of hours of continuing education required for renewal of certification under this
8 section and the topic areas that the continuing education must cover. The rules
9 promulgated under this paragraph shall require each substance abuse counselor,
10 clinical substance abuse counselor, and prevention specialist to complete at least 2
11 hours of continuing education programs or courses on suicide prevention to renew
12 a certification under this section.

13 **SECTION 3.** 448.13 (1) (a) 1. of the statutes is amended to read:

14 448.13 **(1)** (a) 1. Continuing education programs or courses of study approved
15 for at least 30 hours of credit by the board within the 2 calendar years preceding the
16 calendar year for which the registration is effective. The board shall promulgate
17 rules requiring a physician to complete at least 2 credit hours of continuing education
18 programs or courses approved by the board on suicide prevention.

19 **SECTION 4.** 455.065 (1) of the statutes is amended to read:

20 455.065 **(1)** Promulgate rules establishing the minimum number of hours of
21 continuing education, the topic areas that the continuing education must cover, the

ASSEMBLY BILL 526

1 criteria for the approval of continuing education programs and courses required for
2 renewal of a license and the criteria for the approval of the sponsors and cosponsors
3 of those continuing education programs and courses. The rules promulgated under
4 this subsection shall require each person licensed under s. 455.04 (1) or (4) to
5 complete at least 2 hours of continuing education programs or courses on suicide
6 prevention to renew the person's license. The rules promulgated under this
7 subsection may not count continuing education programs or courses on suicide
8 prevention more than continuing education programs or courses on any other topic.

9 **SECTION 5.** 457.22 (1) (intro.) of the statutes is amended to read:

10 457.22 (1) (intro.) The examining board ~~may~~ shall do ~~any~~ all of the following:

11 **SECTION 6.** 457.22 (3) of the statutes is created to read:

12 457.22 (3) The rules promulgated under sub. (1) shall require social workers,
13 advanced practice social workers, independent social workers, clinical social
14 workers, marriage and family therapists, and professional counselors to complete at
15 least 2 hours of continuing education programs or courses of study on suicide
16 prevention in order to qualify for renewal.

17 (END)

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Valerie Payne, Executive Director, on behalf of Dr. Kenneth Simons		2) Date When Request Submitted: 11/12/19 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 11/20/19	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Proposed Neonatal Abstinence Syndrome Opioid Guidelines for MEB To Develop	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Discussion of proposed bill, LRB-4530/1 relating to guidelines regarding the treatment of neonatal abstinence syndrome. This bill requires the Medical Examining Board to issue guidelines regarding best practices for the treatment of neonatal abstinence syndrome, a condition that may occur in a newborn following the discontinuation of fetal exposure to substances that were used by the mother during pregnancy.			
11) Authorization			
Valerie Payne		11/12/19	
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	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			



2019 SENATE BILL 520

October 25, 2019 - Introduced by Senators BERNIER, CARPENTER, NASS, OLSEN and L. TAYLOR, cosponsored by Representatives KURTZ, BALLWEG, DOYLE, CABRERA, DUCHOW, EDMING, JAMES, MILROY, MURSAU, OLDENBURG, PETERSEN, PETRYK, RAMTHUN, RODRIGUEZ, ROHRKASTE, SCHRAA, SPIROS, C. TAYLOR and SUBECK. Referred to Committee on Public Benefits, Licensing and State-Federal Relations.

1 **AN ACT to consolidate, renumber and amend** 440.88 (9) (intro.) and (b); **to**
2 **amend** 440.88 (9) (a), 448.13 (1) (a) 1., 455.065 (1) and 457.22 (1) (intro.); and
3 **to create** 457.22 (3) of the statutes; **relating to:** requiring continuing
4 education on suicide prevention for physicians, psychologists, social workers,
5 marriage and family therapists, professional counselors, and substance abuse
6 counselors and requiring the exercise of rule-making authority.

Analysis by the Legislative Reference Bureau

This bill requires two hours of continuing education on suicide prevention to be completed every two years for each of the following types of practitioners to renew their credentials: 1) physicians; 2) psychologists; 3) private practice school psychologists; 4) social workers; 5) advanced practice social workers; 6) independent social workers; 7) clinical social workers; 8) marriage and family therapists; 9) professional counselors; 10) substance abuse counselors; 11) clinical substance abuse counselors; and 12) prevention specialists. Under current law, each of those types of professionals must complete at least 30 hours of continuing education every two years to renew their credentials, except that psychologists and private practice school psychologists are required to complete 40 hours of continuing education every two years to renew their licenses.

SENATE BILL 520

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.** 440.88 (9) (intro.) and (b) of the statutes are consolidated,
2 renumbered 440.88 (9) (bm) and amended to read:

3 440.88 **(9)** (bm) The department may ~~do all of the following:~~ ~~(b) Require~~ require
4 continuing education as part of any disciplinary process for an individual.

5 **SECTION 2.** 440.88 (9) (a) of the statutes is amended to read:

6 440.88 **(9)** (a) ~~Establish~~ The department shall establish the minimum number
7 of hours of continuing education required for renewal of certification under this
8 section and the topic areas that the continuing education must cover. The rules
9 promulgated under this paragraph shall require each substance abuse counselor,
10 clinical substance abuse counselor, and prevention specialist to complete at least 2
11 hours of continuing education programs or courses on suicide prevention to renew
12 a certification under this section.

13 **SECTION 3.** 448.13 (1) (a) 1. of the statutes is amended to read:

14 448.13 **(1)** (a) 1. Continuing education programs or courses of study approved
15 for at least 30 hours of credit by the board within the 2 calendar years preceding the
16 calendar year for which the registration is effective. The board shall promulgate
17 rules requiring a physician to complete at least 2 credit hours of continuing education
18 programs or courses approved by the board on suicide prevention.

19 **SECTION 4.** 455.065 (1) of the statutes is amended to read:

20 455.065 **(1)** Promulgate rules establishing the minimum number of hours of
21 continuing education, the topic areas that the continuing education must cover, the

SENATE BILL 520

1 criteria for the approval of continuing education programs and courses required for
2 renewal of a license and the criteria for the approval of the sponsors and cosponsors
3 of those continuing education programs and courses. The rules promulgated under
4 this subsection shall require each person licensed under s. 455.04 (1) or (4) to
5 complete at least 2 hours of continuing education programs or courses on suicide
6 prevention to renew the person's license. The rules promulgated under this
7 subsection may not count continuing education programs or courses on suicide
8 prevention more than continuing education programs or courses on any other topic.

9 **SECTION 5.** 457.22 (1) (intro.) of the statutes is amended to read:

10 457.22 (1) (intro.) The examining board ~~may~~ shall do ~~any~~ all of the following:

11 **SECTION 6.** 457.22 (3) of the statutes is created to read:

12 457.22 (3) The rules promulgated under sub. (1) shall require social workers,
13 advanced practice social workers, independent social workers, clinical social
14 workers, marriage and family therapists, and professional counselors to complete at
15 least 2 hours of continuing education programs or courses of study on suicide
16 prevention in order to qualify for renewal.

17 (END)