



MEDICAL EXAMINING BOARD
Virtual, 4822 Madison Yards Way, Madison
Contact: Valerie Payne (608) 266-2112
July 15, 2020

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 June 17, 2020 (6-10)

C. Introductions, Announcements and Recognition

- a. Recognition of Timothy Westlake, Physician Member

D. Conflicts of Interest

E. Administrative Matters

- 1) Board, Department and Staff Updates
- 2) Election of Officers, Appointment of Liaisons
- 3) Board Members – Term Expiration Dates
 - a. Alaa Abd-Elseyed – 7/1/2020
 - b. Milton Bond, Jr. – 7/1/2023
 - c. David A. Bryce – 7/1/2021
 - d. Michael Carton – 7/1/2020
 - e. Clarence Chou – 7/1/2023
 - f. Padmaja Doniparthi – 7/1/2021
 - g. Sumeet Goel – 7/1/2023
 - h. Bradley Kudick – 7/1/2020
 - i. Michael Parish – 7/1/2023
 - j. David Roelke – 7/1/2021
 - k. Sheldon Wasserman – 7/1/2023
- 4) Appointments, Reappointments, Confirmations, and Committee, Panel and Liaison Appointments
- 5) Screening Panel and Examination Panel Appointments
- 6) Wis. Stat. § 15.085 (3)(b) – Affiliated Credentialing Boards’ Biannual Meeting with the Medical Examining Board to Consider Matters of Joint Interest

F. Legislative and Policy Matters – Discussion and Consideration

G. Administrative Rule Matters – Discussion and Consideration

- 1) Preliminary Draft Rules of the Podiatry Affiliated Credentialing Board (**11-21**)
- 2) Pending or Possible Rulemaking Projects

H. COVID-19 – Discussion and Consideration

I. CE Broker – Discussion and Consideration

J. Federation of State Medical Boards (FSMB) Matters – Discussion and Consideration

K. Controlled Substances Board Report

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. Discussion and Consideration of 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. Credentialing Matters

- 1) 8:45 A.M. APPEARANCE: Full Board Oral Examination**
 - a. Muhammad Choudhry **(22-94)**
- 2) Waiver of Post-Graduate Training**
 - a. Layal Abou Daher **(95-124)**
 - b. Sasha Mansukhani **(125-248)**
 - c. James Reichman **(249-284)**

S. Deliberation on DLSC Matters

- 1) Stipulations and Final Decisions and Orders**
 - a. 18 MED 136 & 18 MED 655 – Jeffrey P. Holmgren, M.D. **(285-290)**
 - b. 18 MED 376 – Aleksandar V. Rosich, M.D. **(291-297)**
 - c. 18 MED 525 – James M. Esser, M.D. **(298-303)**
 - d. 18 MED 561 – Peter J. Bartzan, Jr., M.D. **(304-309)**
 - e. 19 MED 585 – Francis X. Downey, M.D. **(310-315)**
- 2) Administrative Warnings**
 - a. 18 MED 478 – Y.S. **(316-317)**
 - b. 18 MED 559 – M.F.W. **(318-319)**
 - c. 19 MED 298 – L.T.S. **(320-321)**
 - d. 19 MED 482 – L.M.D. **(322-323)**
 - e. 20 MED 107 – A.L.S. **(324-325)**
- 3) Case Closings**
 - a. 18 MED 070 – M.F. **(326-332)**
 - b. 18 MED 126 – D.K. **(332-355)**
 - c. 18 MED 158 – P.D. **(356-374)**
 - d. 18 MED 172 – T.M. **(375-377)**
 - e. 18 MED 303 – D.T.M. **(378-386)**
 - f. 18 MED 321 – N.S. **(387-405)**
 - g. 18 MED 328 – R.J. **(406-409)**
 - h. 18 MED 336 – L.D. **(410-416)**
 - i. 18 MED 491 – R.S. **(417-423)**
 - j. 19 MED 006 – M.P.N. **(424-429)**
 - k. 19 MED 013 – R.A.N. **(430-433)**
 - l. 19 MED 418 – T.C. **(434-439)**
 - m. 20 MED 091 – S.T.W. **(440-450)**
 - n. 20 MED 144 – B.R.K. **(451-457)**
- 4) Monitoring Matters**
 - a. John E. Kelly, M.D. – Requesting Reinstatement of Full Licensure **(458-500)**

T. Deliberation of Items Added After Preparation of the Agenda

- 1) Education and Examination Matters
- 2) Credentialing Matters
- 3) DLSC Matters
- 4) Monitoring Matters
- 5) Professional Assistance Procedure (PAP) Matters
- 6) 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

U. Open Cases

V. Consulting with Legal Counsel

- 1) Legal Remedies Regarding Delayed Responses to Requests for Case Information

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

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

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

Y. 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 **two (2)** (at time of agenda publication) Candidates for Licensure – **Dr. Wasserman** and **Dr. Roelke**

NEXT DATE: AUGUST 19, 2020

 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, or the Meeting Staff at 608-266-5439.

**TELECONFERENCE/VIRTUAL
MEDICAL EXAMINING BOARD
MEETING MINUTES
JUNE 17, 2020**

PRESENT: Alaa Abd-Elsayed, M.D. (*in person*); Padmaja Doniparthi, M.D.; Michael Carton, Clarence Chou, M.D.; Sumeet Goel, D.O.; Bradley Kudick (*in person*); Michael Parish, M.D.; David Roelke, M.D. (*in person*); Sheldon Wasserman, M.D.; Timothy Westlake, M.D. (*in person*)

EXCUSED: Milton Bond, Jr., David Bryce, M.D

STAFF: Valerie Payne, Executive Director; Yolanda McGowan, Legal Counsel; Megan Glaeser, Bureau Assistant; and other Department staff

CALL TO ORDER

Timothy Westlake, Chairperson, called the meeting to order at 8:02 a.m. A quorum was confirmed with ten (10) members present.

ADOPTION OF AGENDA

Amendment to the Agenda

- Open Session: Under item “E. Administrative Matters, 2) Election of Officers, Appointment of Liaisons” REMOVE:
 - Election of Officers

MOTION: David Roelke moved, seconded by Bradley Kudick, to adopt the Agenda as amended. Motion carried unanimously.

APPROVAL OF MINUTES OF MAY 20, 2020

MOTION: Alaa Abd-Elsayed moved, seconded by David Roelke, to adopt the Minutes of May 20, 2020 as published. Motion carried unanimously.

CLOSED SESSION

MOTION: Alaa Abd-Elsayed moved, seconded by Bradley Kudick, to convene to Closed Session to deliberate on cases following hearing (§ 19.85(1)(a), Stats.); to consider licensure or certification of individuals (§ 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (§ 19.85(1)(b), Stats. and § 448.02(8), Stats.); to consider individual histories or disciplinary data (§ 19.85(1)(f), Stats.); and to confer with legal counsel (§ 19.85(1)(g), Stats.). Timothy Westlake, 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; Michael Carton-yes; Clarence Chou-yes; Padmaja Doniparthi-yes; Sumeet Goel-yes; Bradley Kudick-yes; Michael Parish-yes; David Roelke-yes; Sheldon Wasserman-yes; and Timothy Westlake-yes. Motion carried unanimously.

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

CREDENTIALING MATTERS

Full Board Oral Examination

Hassan Kieso

MOTION: Alaa Abd-Elsayed moved, seconded by David Roelke, to find that Hassan Kieso achieved a passing score on the Full Board Oral Examination pursuant to Wis. Admin Code § Med 1.06(4)(b). Motion carried unanimously.

Waiver of Post-Graduate Training & Limited Privileges

Ashwin Pimpalwar

MOTION: Padmaja Doniparthi moved, seconded by David Roelke, to approve the Waiver of 24-Month Post-Graduate Training and Limited Privileges application of Ashwin Pimpalwar, once all requirements are met. Motion carried unanimously.

DIVISION OF LEGAL SERVICES AND COMPLIANCE (DLSC) MATTERS

Stipulations, Final Decisions and Orders

17 MED 429 – Jose Boggio, 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 Jose Boggio, M.D., DLSC Case Number 17 MED 429. Motion carried unanimously.

18 MED 177 – Thomas P. Lyngholm, M.D.

MOTION: Bradley Kudick moved, seconded by Michael Carton, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Thomas P. Lyngholm, M.D., DLSC Case Number 18 MED 177. Motion carried unanimously.

18 MED 650 – Frances S. Madden, 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 Frances S. Madden, M.D., DLSC Case Number 18 MED 650. Motion carried unanimously.

Administrative Warnings

18 MED 658 – M.E.B.

MOTION: Bradley Kudick moved, seconded by David Roelke, to issue an Administrative Warning in the matter of M.E.B., DLSC Case Number 18 MED 658. Motion carried unanimously.

19 MED 140 – A.C.R.

MOTION: David Roelke moved, seconded by Alaa Abd-Elseyed, to issue an Administrative Warning in the matter of A.C.R., DLSC Case Number 19 MED 140. Motion carried unanimously.

19 MED 311 – R.D.A.

MOTION: Bradley Kudick moved, seconded by David Roelke, to issue an Administrative Warning in the matter of R.D.A., DLSC Case Number 19 MED 311. Motion carried unanimously.

Case Closings

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

1. 18 MED 010 – G.W.C. – No Violation
2. 18 MED 261 – J.S.S. – Insufficient Evidence
3. 18 MED 344 – J.B. – Prosecutorial Discretion (P5)
4. 18 MED 346 – R.B. – Prosecutorial Discretion (P5)
5. 18 MED 358 – R.C. – Prosecutorial Discretion (P5)
6. 18 MED 367 – J.D. – Prosecutorial Discretion (P5)
7. 18 MED 368 – J.E. – Prosecutorial Discretion (P5)
8. 18 MED 420 – J.H. – Prosecutorial Discretion (P5)
9. 18 MED 426 – T.J. – Prosecutorial Discretion (P5)
10. 18 MED 506 – A.G.R. – Prosecutorial Discretion (P5)
11. 18 MED 507 – A.R. – Prosecutorial Discretion (P5)
12. 18 MED 514 – K.S. – Prosecutorial Discretion (P5)
13. 18 MED 515 – M.S.T. – Prosecutorial Discretion (P5)
14. 18 MED 532 – C.S. – Prosecutorial Discretion (P5)
15. 18 MED 542 – N.S. – Prosecutorial Discretion (P5)
16. 18 MED 556 – J.S. – Prosecutorial Discretion (P5)
17. 18 MED 575 – G.W. – Prosecutorial Discretion (P5)
18. 18 MED 578 – T.W. – Prosecutorial Discretion (P5)
19. 18 MED 682 – J.M. – No Violation
20. 19 MED 120 – E.C. – No Violation
21. 19 MED 160 – R.L. – No Violation
22. 19 MED 198 – L.F.B. – Insufficient Evidence
23. 19 MED 204 – S.L. – No Violation
24. 19 MED 426 – D.J.C. – No Violation
25. 19 MED 498 – T.J.D. – Insufficient Evidence
26. 19 MED 510 – M.F. – No Violation
27. 19 MED 538 – D.N.S. – No Violation

Motion carried unanimously.

MOTION: Alaa Abd-Elsayed moved, seconded by Bradley Kudick, to refer DLSC Case Number 18 MED 126, against D.K., for further action. Motion carried unanimously.

Monitoring Matters

Thomas Barragry, M.D. – Requesting Surrender of License

MOTION: David Roelke moved, seconded by Bradley Kudick, to grant the request of Thomas Barragry, M.D. for Surrender of License. Motion carried unanimously.

Warren Dunn, M.D. – Requesting Compliance through TX PHP as Compliance with Order #5959

MOTION: David Roelke moved, seconded by Sheldon Wasserman, to grant the request of Warren Dunn, M.D. for Compliance through TX PHP as Compliance with Order #5959. Motion carried unanimously.

Peter Shearer, A.A. – Requesting Review of Practice Limitations

MOTION: David Roelke moved, seconded by Michael Parish, to remove the following limitations on the license of Peter Shearer, A.A.:

- Shall practice only under the general supervision of a licensed physician preapproved by the PAP Coordinator or Liaison
- Shall not work locum tenens, for an agency, or as a contractor; shall only work as a direct employee under the approved supervision while on shift

Motion carried unanimously.

RECONVENE TO OPEN SESSION

MOTION: David Roelke moved, seconded by Bradley Kudick, to reconvene to Open Session. Motion carried unanimously.

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

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

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

ADJOURNMENT

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

The meeting adjourned at 9:57 a.m.

DRAFT

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dale Kleven Administrative Rules Coordinator		2) Date When Request Submitted: 7/3/20 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 7/15/20	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Administrative Rule Matters – Discussion and Consideration 1. Review of Preliminary Draft Rules of the Podiatry Affiliated Credentialing Board 2. Pending and Possible Rulemaking Projects	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: 1. Under s. 15.085 (5), Stats., the Podiatry Affiliated Credentialing Board is required to submit a proposed rule to the Medical Examining Board for comment at least 60 days before the proposed rule is submitted to the Legislative Clearinghouse. Any comments on the proposed rule must be considered and included in the report on the proposed rule submitted to the Legislature.			
11) Signature of person making this request <i>Dale Kleven</i>		Authorization	Date <i>July 3, 2020</i>
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

STATE OF WISCONSIN
PODIATRY AFFILIATED CREDENTIALING BOARD

IN THE MATTER OF RULEMAKING	:	PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE	:	PODIATRY AFFILIATED
PODIATRY AFFILIATED	:	CREDENTIALING BOARD
CREDENTIALING BOARD	:	ADOPTING RULES
	:	(CLEARINGHOUSE RULE)

PROPOSED ORDER

An order of the Podiatry Affiliated Credentialing Board to create ch. Pod 9, relating to physician assistants.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted:

Section 448.21 (4), Stats.

Statutory authority:

Sections 15.085 (5) (b) and 448.695 (2) and (4) (a) and (b), Stats.

Explanation of agency authority:

Section 15.085 (5) (b), Stats., provides an affiliated credentialing board “[s]hall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains. . .”

Section 448.695 (2), Stats., provides “[t]he affiliated credentialing board may promulgate rules to carry out the purposes of this subchapter.”

Section 448.695 (4) (a), Stats., provides the Podiatry Affiliated Credentialing Board shall promulgate rules establishing “[p]ractice standards for a physician assistant practicing podiatry as provided in s. 448.21 (4).”

Section 448.695 (4) (b), Stats., provides the Podiatry Affiliated Credentialing Board shall promulgate rules establishing “[r]equirements for a podiatrist who is supervising a physician assistant as provided in s. 448.21 (4).”

Related statute or rule:

Chapter Med 8 provides practice standards for a physician assistant practicing podiatry and requirements for a podiatrist who is supervising a physician assistant.

Plain language analysis:

As required under s. 448.695 (4) Stats., as created by 2017 Wisconsin Act 227, the proposed rules establish practice standards for a physician assistant practicing podiatry as provided in s. 448.21 (4), Stats., and requirements for a podiatrist who is supervising a physician assistant as provided in s. 448.21 (4), Stats.

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

None.

Comparison with rules in adjacent states:

Illinois:

The Illinois Physician Assistant Practice Act (225 ILCS 95) does not permit a physician assistant to be supervised by or to work in a collaborative relationship with a podiatric physician.

Iowa:

The Iowa statutes do not permit a physician assistant to be supervised by or to work in a collaborative relationship with a podiatrist (Iowa Code § 148C.4).

Michigan:

The Michigan Public Health Code allows a physician assistant to work under a practice agreement with a podiatrist (MCL 333.18047). A practice agreement may not include as a duty or responsibility of the physician assistant or podiatrist an act, task, or function that the physician assistant or podiatrist is not qualified to perform by education, training, or experience and that is not within the scope of the license held by the physician assistant or podiatrist.

Minnesota:

The Minnesota Physician Assistant Practice Act (Minnesota Statutes, Chapter 147A) does not permit a physician assistant to be supervised by or to work in a collaborative relationship with a podiatrist.

Summary of factual data and analytical methodologies:

The proposed rules were developed by reviewing the provisions of 2017 Wisconsin Act 227 and obtaining input and feedback from the Podiatry Affiliated Credentialing Board and the Council on Physician Assistants.

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

The proposed rules will be posted for a period of 14 days for public comment on the economic impact of the proposed rules, including how the proposed rules may affect businesses, local government units, and individuals.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department’s Regulatory Review Coordinator may be contacted by email at Daniel.Hereth@wisconsin.gov, or by calling (608) 267-2435.

Agency contact person:

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

TEXT OF RULE

SECTION 1. Chapter Pod 9 is created to read:

CHAPTER POD 9

PHYSICIAN ASSISTANTS

Pod 9.01 Authority and scope. The rules in this chapter are adopted by the podiatry affiliated credentialing board pursuant to the authority delegated by ss. 15.085 (5) (b) and 448.695 (2) and (4), Stats., and establish practice standards for a physician assistant practicing podiatry as provided in s. 448.21 (4), Stats., and requirements for a podiatrist who is supervising a physician assistant as provided in s. 448.21 (4), Stats.

Pod 9.02 Definition. In this chapter, “nonsurgical patient services” means assisting in surgery, making patient rounds, recording patient progress notes, compiling and recording detailed narrative case summaries, and accurately writing or executing orders.

Pod 9.03 Practice standards for a physician assistant practicing podiatry. The practice standards for a physician assistant practicing podiatry are as provided under s. 448.21, Stats., and ss. Med 8.01 (2), 8.07, 8.09, and 8.10. The medical care a physician assistant may provide when practicing podiatry includes assisting a supervising podiatrist in a hospital or facility, as defined in s. 50.01 (1m), Stats., by providing nonsurgical patient services.

Pod 9.04 Requirements for a podiatrist supervising a physician assistant. The requirements for a podiatrist who is supervising a physician assistant are as provided under s. 448.21, Stats., and ss. Med 8.01 (2), 8.07, 8.09, and 8.10.

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

(END OF TEXT OF RULE)

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

1. Type of Estimate and Analysis <input checked="" type="checkbox"/> Original <input type="checkbox"/> Updated <input type="checkbox"/> Corrected	2. Date July 2, 2020
3. Administrative Rule Chapter, Title and Number (and Clearinghouse Number if applicable) Pod 9	
4. Subject Physician assistants	
5. Fund Sources Affected <input type="checkbox"/> GPR <input type="checkbox"/> FED <input type="checkbox"/> PRO <input type="checkbox"/> PRS <input type="checkbox"/> SEG <input type="checkbox"/> SEG-S	6. Chapter 20, Stats. Appropriations Affected
7. Fiscal Effect of Implementing the Rule <input checked="" type="checkbox"/> No Fiscal Effect <input type="checkbox"/> Increase Existing Revenues <input type="checkbox"/> Increase Costs <input type="checkbox"/> Decrease Costs <input type="checkbox"/> Indeterminate <input type="checkbox"/> Decrease Existing Revenues <input type="checkbox"/> Could Absorb Within Agency's Budget	
8. The Rule Will Impact the Following (Check All That Apply) <input type="checkbox"/> State's Economy <input type="checkbox"/> Specific Businesses/Sectors <input type="checkbox"/> Local Government Units <input type="checkbox"/> Public Utility Rate Payers <input type="checkbox"/> Small Businesses (if checked, complete Attachment A)	
9. Estimate of Implementation and Compliance to Businesses, Local Governmental Units and Individuals, per s. 227.137(3)(b)(1). \$0	
10. Would Implementation and Compliance Costs Businesses, Local Governmental Units and Individuals Be \$10 Million or more Over Any 2-year Period, per s. 227.137(3)(b)(2)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11. Policy Problem Addressed by the Rule As required under s. 448.695 (4) Stats., as created by 2017 Wisconsin Act 227, the proposed rules establish practice standards for a physician assistant practicing podiatry as provided in s. 448.21 (4), Stats., and requirements for a podiatrist who is supervising a physician assistant as provided in s. 448.21 (4), Stats.	
12. Summary of the Businesses, Business Sectors, Associations Representing Business, Local Governmental Units, and Individuals that may be Affected by the Proposed Rule that were Contacted for Comments. The proposed rule was posted on the Department of Safety and Professional Services' website for 14 days in order to solicit comments from businesses, representative associations, local governmental units, and individuals that may be affected by the rule. No comments were received.	
13. Identify the Local Governmental Units that Participated in the Development of this EIA. No local governmental units participated in the development of this EIA.	
14. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred) The proposed rule will not have a significant impact on specific businesses, business sectors, public utility rate payers, local governmental units, or the state's economy as a whole.	
15. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule The benefit to implementing the rule is, as required under 2017 Wisconsin Act 227, establishing practice standards for a physician assistant practicing podiatry as provided in s. 448.21 (4), Stats., and requirements for a podiatrist who is supervising a physician assistant as provided in s. 448.21 (4), Stats. Not implementing the rule would leave the administrative code incomplete in that there would not be established practice standards and requirements for physician assistants practicing podiatry and supervising podiatrists.	
16. Long Range Implications of Implementing the Rule The long range implication of implementing the rule is established practice standards and requirements for physician assistants practicing podiatry and supervising podiatrists.	

ADMINISTRATIVE RULES

Fiscal Estimate & Economic Impact Analysis

17. Compare With Approaches Being Used by Federal Government
None

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

Illinois:

The Illinois Physician Assistant Practice Act (225 ILCS 95) does not permit a physician assistant to be supervised by or to work in a collaborative relationship with a podiatric physician.

Iowa:

The Iowa statutes do not permit a physician assistant to be supervised by or to work in a collaborative relationship with a podiatrist (Iowa Code § 148C.4).

Michigan:

The Michigan Public Health Code allows a physician assistant to work under a practice agreement with a podiatrist (MCL 333.18047). A practice agreement may not include as a duty or responsibility of the physician assistant or podiatrist an act, task, or function that the physician assistant or podiatrist is not qualified to perform by education, training, or experience and that is not within the scope of the license held by the physician assistant or podiatrist.

Minnesota:

The Minnesota Physician Assistant Practice Act (Minnesota Statutes, Chapter 147A) does not permit a physician assistant to be supervised by or to work in a collaborative relationship with a podiatrist.

19. Contact Name

Dale Kleven

20. Contact Phone Number

(608) 261-4472

This document can be made available in alternate formats to individuals with disabilities upon request.

ADMINISTRATIVE RULES
Fiscal Estimate & Economic Impact Analysis

ATTACHMENT A

1. Summary of Rule's Economic and Fiscal Impact on Small Businesses (Separately for each Small Business Sector, Include Implementation and Compliance Costs Expected to be Incurred)

2. Summary of the data sources used to measure the Rule's impact on Small Businesses

3. Did the agency consider the following methods to reduce the impact of the Rule on Small Businesses?

- Less Stringent Compliance or Reporting Requirements
 - Less Stringent Schedules or Deadlines for Compliance or Reporting
 - Consolidation or Simplification of Reporting Requirements
 - Establishment of performance standards in lieu of Design or Operational Standards
 - Exemption of Small Businesses from some or all requirements
 - Other, describe:
-

4. Describe the methods incorporated into the Rule that will reduce its impact on Small Businesses

5. Describe the Rule's Enforcement Provisions

6. Did the Agency prepare a Cost Benefit Analysis (if Yes, attach to form)
 Yes No

448.21 Physician assistants. (1) PROHIBITED PRACTICES. No physician assistant may provide medical care, except routine screening, in:

(a) The practice of dentistry or dental hygiene within the meaning of ch. 447.

(b) The practice of optometry within the meaning of ch. 449.

(c) The practice of chiropractic within the meaning of ch. 446.

(d) The practice of podiatry, except when the physician assistant is acting under the supervision and direction of a podiatrist, subject to sub. (4) and the rules promulgated under s. 448.695 (4).

(e) The practice of acupuncture within the meaning of ch. 451.

(2) EMPLOYEE STATUS. No physician assistant may be self-employed. The employer of a physician assistant shall assume legal responsibility for any medical care, including the practice of podiatry, provided by the physician assistant during the employment. The employer of a physician assistant, if other than a licensed physician or podiatrist, shall provide for and not interfere with supervision of the physician assistant by a licensed physician or podiatrist.

(3) PRESCRIPTIVE AUTHORITY. A physician assistant may issue a prescription order for a drug or device in accordance with guidelines established by a supervising physician or podiatrist and the physician assistant and with rules promulgated by the board. If any conflict exists between the guidelines and the rules, the rules shall control.

(4) PRACTICE OF PODIATRY. A physician assistant who is acting under the supervision and direction of a podiatrist shall be limited to providing nonsurgical patient services

Chapter Med 8

PHYSICIAN ASSISTANTS

Med 8.01	Authority and purpose.	Med 8.056	Board review of examination error claim.
Med 8.02	Definitions.	Med 8.06	Temporary license.
Med 8.03	Council.	Med 8.07	Practice.
Med 8.04	Educational program approval.	Med 8.09	Employee status.
Med 8.05	Panel review of applications; examinations required.	Med 8.10	Physician or podiatrist to physician assistant ratio.
Med 8.053	Examination review by applicant.		

Note: Chapter Med 8 as it existed on October 31, 1976 was repealed and a new chapter Med 8 was created effective November 1, 1976. Sections Med 8.03 to 8.10 as they existed on July 31, 1984 were repealed and recreated effective August 1, 1984.

Med 8.01 Authority and purpose. (1) The rules in this chapter are adopted by the medical examining board pursuant to authority in ss. 15.08 (5), 227.11, 448.04 (1) (f) and 448.40, Stats., and govern the licensure and regulation of physician assistants.

(2) Physician assistants provide health care services as part of physician-led or podiatrist-led teams, the objectives of which include safe, efficient, and economical health care. The realities of the modern practice of medicine and surgery require supervising physicians and podiatrists and physician assistants to use discretion in delivering health care services, typically at the level of general supervision. The constant physical presence of a supervising physician or podiatrist is often unnecessary. The supervising physician or podiatrist and the physician assistant are jointly responsible for employing more intensive supervision when circumstances require direct observation or hands-on assistance from the supervising physician.

History: Cr. Register, October, 1976, No. 250, eff. 11-1-76; am. Register, April, 1981, No. 304, eff. 5-1-81; am. Register, July, 1984, No. 343, eff. 8-1-84; correction made under s. 13.93 (2m) (b) 7., Stats., Register, May, 1989, No. 401; am. Register, October, 1996, No. 490, eff. 11-1-96; am. Register, December, 1999, No. 528, eff. 1-1-00; CR 12-005: renum. to (1), cr. (2) Register February 2014 No. 698, eff. 3-1-14; 2017 Wis. Act 227: am. (2) Register April 2018 No. 748, eff. 5-1-18.

Med 8.02 Definitions. (1) “Board” means the medical examining board.

(2) “Council” means the council on physician assistants.

(3m) “DEA” means the United States drug enforcement administration.

(4) “Educational program” means a program for educating and preparing physician assistants which is approved by the board.

(5) “Individual” means a natural person, and does not include the terms firm, corporation, association, partnership, institution, public body, joint stock association, or any other group of individuals.

(5m) “License” means documentary evidence issued by the board to applicants for licensure as a physician assistant who meet all of the requirements of the board.

(5x) “Podiatrist” has the meaning given in s. 448.60 (3), Stats.

(6) “Supervision” means to coordinate, direct, and inspect the accomplishments of another, or to oversee with powers of direction and decision the implementation of one’s own or another’s intentions.

History: Cr. Register, October, 1976, No. 250, eff. 11-1-76; am. (6) and (7) (b) to (e), Register, June, 1980, No. 294, eff. 7-1-80; r. (7), Register, July, 1984, No. 343, eff. 8-1-84; am. (2), (3) and (4) and cr. (3m), Register, October, 1996, No. 490, eff. 11-1-96; renum. (3) to be (5m) and am., (6), Register, December, 1999, No. 528, eff. 1-1-00; 2017 Wis. Act 227: cr. (5x) Register April 2018 No. 748, eff. 5-1-18.

Med 8.03 Council. As specified in s. 15.407 (2), Stats., the council shall advise the board on the formulation of rules on the

education, examination, licensure and practice of a physician assistant.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. Register, October, 1996, No. 490, eff. 11-1-96; am. Register, December, 1999, No. 528, eff. 1-1-00; correction made under s. 13.92 (4) (b) 7., Stats., Register August 2009 No. 644.

Med 8.04 Educational program approval. The board shall approve only educational programs accredited and approved by the committee on allied health education and accreditation of the American medical association, the commission for accreditation of allied health education programs, or its successor agency.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. Register, October, 1994, No. 466, eff. 11-1-94; am. Register, December, 1999, No. 528, eff. 1-1-00.

Med 8.05 Panel review of applications; examinations required. The board may use a written examination prepared, administered and scored by the national commission on certification of physician assistants or its successor agency, or a written examination from other professional testing services as approved by the board.

(1) APPLICATION. An applicant for examination for licensure as a physician assistant shall submit to the board:

(a) An application on a form prescribed by the board.

Note: An application form may be obtained upon request to the Department of Safety and Professional Services office located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

(b) After July 1, 1993, proof of successful completion of an educational program, as defined in ss. Med 8.02 (4) and 8.04.

(c) Proof of successful completion of the national certifying examination.

(cm) Proof that the applicant is currently certified by the national commission on certification of physician assistants or its successor agency.

(d) The fee specified in s. 440.05 (1), Stats.

(e) An unmounted photograph, approximately 8 by 12 cm., of the applicant taken no more than 60 days prior to the date of application which has on the reverse side a statement of a notary public that the photograph is a true likeness of the applicant.

(2) EXAMINATIONS, PANEL REVIEW OF APPLICATIONS. (a) All applicants shall complete the written examination under this section, and an open book examination on statutes and rules governing the practice of physician assistants in Wisconsin.

(b) An applicant may be required to complete an oral examination if the applicant:

1. Has a medical condition which in any way impairs or limits the applicant’s ability to practice as a physician assistant with reasonable skill and safety.

2. Uses chemical substances so as to impair in any way the applicant’s ability to practice as a physician assistant with reasonable skill and safety.

3. Has been disciplined or had certification denied by a licensing or regulatory authority in Wisconsin or another jurisdiction.

4. Has been convicted of a crime, the circumstances of which substantially relate to the practice of physician assistants.

5. Has not practiced as a physician assistant for a period of 3 years prior to application, unless the applicant has been graduated from an approved educational program for physician assistants within that period.

6. Has been found to have been negligent in the practice as a physician assistant or has been a party in a lawsuit in which it was alleged that the applicant has been negligent in the practice of medicine.

7. Has been diagnosed with any condition that may create a risk of harm to a patient or the public.

8. Has within the past 2 years engaged in the illegal use of controlled substances.

9. Has been subject to adverse formal action during the course of physician assistant education, postgraduate training, hospital practice, or other physician assistant employment.

(c) An application filed under this chapter shall be reviewed by an application review panel of at least 2 council members designated by the chairperson of the board to determine whether an applicant is required to complete an oral examination or a personal appearance or both under par. (b). If the application review panel is not able to reach unanimous agreement on whether an applicant is eligible for licensure without completing an oral examination or a personal appearance or both, the application shall be referred to the board for a final determination.

(d) Where both written and oral examinations are required they shall be scored separately and the applicant shall achieve a passing grade on both examinations to qualify for a license.

(e) The board may require an applicant to complete a personal appearance for purposes of interview or review of credentials or both. An applicant's performance at a personal appearance is satisfactory if the applicant establishes to the board's satisfaction that the applicant has met requirements for licensure and is minimally competent to practice as a physician assistant.

(3) EXAMINATION FAILURE. An applicant who fails to receive a passing score on an examination may reapply by payment of the fee specified in sub. (1) (d). An applicant may reapply twice at not less than 4-month intervals. If an applicant fails the examination 3 times, he or she may not be admitted to an examination unless the applicant submits proof of having completed further professional training or education as the board may prescribe.

Note: There is no provision for waiver of examination nor reciprocity under rules in s. Med 8.05.

(4) LICENSURE; RENEWAL. At the time of licensure and each biennial registration of licensure thereafter, a physician assistant shall list with the board the name and address of the supervising physician or podiatrist and shall notify the board within 20 days of any change of a supervising physician or podiatrist.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. (intro.), r. and recr. (2), Register, October, 1989, No. 406, eff. 11-1-89; am. (1) (b), cr. (1) (cm), Register, July, 1993, No. 451, eff. 8-1-93; am. (intro.), (1) (intro), (cm), (2) (b) 4., 5., 6., (c) and (4), Register, October, 1996, No. 490, eff. 11-1-96; am. (2) (a), (b) (intro.) and 3. to 5., r. and recr. (2) (b) 1. and 2., cr. (2) (b) 7. to 11., Register, February, 1997, No. 494, eff. 3-1-97; am. (intro.), (1) (intro.) and (cm), (2) (b) 5., (c), (d) and (4), r. (2) (b) 10. and 11., Register, December, 1999, No. 528, eff. 1-1-00; CR 12-005; am. (2) (b) 7., (c), cr. (2) (e) Register February 2014 No. 698, eff. 3-1-14; 2017 Wis. Act 227: am. (4) Register April 2018 No. 748, eff. 5-1-18.

Med 8.053 Examination review by applicant. (1) An applicant who fails the oral or statutes and rules examination may request a review of that examination by filing a written request and required fee with the board within 30 days of the date on which examination results were mailed.

(2) Examination reviews are by appointment only.

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

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

(5) The applicant may not be accompanied during the review by any person other than the proctor.

(6) At the beginning of the review, the applicant shall be provided with a copy of the questions, a copy of the applicant's answer sheet or oral tape and a copy of the master answer sheet.

(7) The applicant may review the examination in the presence of a proctor. The applicant shall be provided with a form on which to write comments, questions or claims of error regarding any items in the examination. Bound reference books shall be permitted. Applicants shall not remove any notes from the area. Notes shall be retained by the proctor and made available to the applicant for use at a hearing, if desired. The proctor shall not defend the examination nor attempt to refute claims of error during the review.

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

History: Cr. Register, February, 1997, No. 494, eff. 3-1-97.

Med 8.056 Board review of examination error claim.

(1) An applicant claiming examination error shall file a written request for board review in the board office within 30 days of the date the examination was reviewed. The request shall include all of the following:

(a) The applicant's name and address.

(b) The type of license for which the applicant applied.

(c) A description of the mistakes the applicant believes were made in the examination content, procedures, or scoring, including the specific questions or procedures claimed to be in error.

(d) The facts which the applicant intends to prove, including reference text citations or other supporting evidence for the applicant's claim.

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

(3) If the decision does not result in the applicant passing the examination, a notice of denial of license shall be issued. If the board issues a notice of denial following its review, the applicant may request a hearing under s. SPS 1.05.

Note: The board office is located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

History: Cr. Register, February, 1997, No. 494, eff. 3-1-97; correction in (3) made under s. 13.92 (4) (b) 7., Stats., Register November 2011 No. 671.

Med 8.06 Temporary license. (1) An applicant for licensure may apply to the board for a temporary license to practice as a physician assistant if the applicant:

(a) Remits the fee specified in s. 440.05 (6), Stats.

(b) Is a graduate of an approved school and is scheduled to take the examination for physician assistants required by s. Med 8.05 (1) or has taken the examination and is awaiting the results; or

(c) Submits proof of successful completion of the examination required by s. Med 8.05 (1) and applies for a temporary license no later than 30 days prior to the date scheduled for the next oral examination.

(2) (a) Except as specified in par. (b), a temporary license expires on the date the board grants or denies an applicant permanent licensure. Permanent licensure to practice as a physician assistant is deemed denied by the board on the date the applicant is sent notice from the board that he or she has failed the examination required by s. Med 8.05 (1) (c).

(b) A temporary license expires on the first day of the next regularly scheduled oral examination for permanent licensure if the applicant is required to take, but failed to apply for, the examination.

(3) A temporary license may not be renewed.

(4) An applicant holding a temporary license may apply for one transfer of supervising physician and location during the term of the temporary license.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. (1) (b) and (c), Register, October, 1989, No. 406, eff. 11-1-89; am. (2) (a), Register, January, 1994, No. 457, eff. 2-1-94; am. (1) (intro.) and (2) (a), Register, October, 1996, No. 490, eff.

11-1-96; am. (1) (intro.) and (b) to (3), cr. (4), Register, December, 1999, No. 528, eff. 1-1-00.

Med 8.07 Practice. (1) SCOPE AND LIMITATIONS. In providing medical care, the entire practice of any physician assistant shall be under the supervision of one or more licensed physicians, physicians exempt from licensure requirements pursuant to s. 448.03 (2) (b), Stats., or licensed podiatrists. The scope of practice is limited to providing medical care as specified in sub. (2). A physician assistant's practice may not exceed his or her educational training or experience and may not exceed the scope of practice of the physician or podiatrist providing supervision. A medical care task assigned by the supervising physician or podiatrist to a physician assistant may not be delegated by the physician assistant to another person.

(2) MEDICAL CARE. Medical care a physician assistant may provide include:

(a) Attending initially a patient of any age in any setting to obtain a personal medical history, perform an appropriate physical examination, and record and present pertinent data concerning the patient.

(b) Performing, or assisting in performing, routine diagnostic studies as appropriate for a specific practice setting.

(c) Performing routine therapeutic procedures, including, but not limited to, injections, immunizations, and the suturing and care of wounds.

(d) Instructing and counseling a patient on physical and mental health, including diet, disease, treatment, and normal growth and development.

(e) Assisting the supervising physician in a hospital or facility, as defined in s. 50.01 (1m), Stats., by assisting in surgery, making patient rounds, recording patient progress notes, compiling and recording detailed narrative case summaries, and accurately writing or executing orders.

(f) Assisting in the delivery of medical care to a patient by reviewing and monitoring treatment and therapy plans.

(g) Performing independently evaluative and treatment procedures necessary to provide an appropriate response to life-threatening emergency situations.

(h) Facilitating referral of patients to other appropriate community health-care facilities, agencies and resources.

(i) Issuing written prescription orders for drugs provided the physician assistant has had an initial and at least annual thereafter, review of the physician assistant's prescriptive practices by a physician or podiatrist providing supervision. Such reviews shall be documented in writing, signed by the reviewing physician or podiatrist and by the physician assistant, and made available to the Board for inspection upon reasonable request.

(3) IDENTIFYING SUPERVISING PHYSICIAN OR PODIATRIST. The physician or podiatrist providing supervision must be readily identifiable by the physician assistant through procedures commonly employed in the physician assistant's practice.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. (2) (i), Register, July, 1994, No. 463, eff. 8-1-94; am. (1) and (2) (intro.), Register, October, 1996, No. 490, eff. 11-1-96; am. (1), (2) (intro.), (c), (e), (f) and (i), Register, December, 1999, No. 528, eff. 1-1-00; CR 12-005: am. (1), (2) (a), (e), (i), cr. (3) Register February 2014 No. 698, eff. 3-1-14; 2017 Wis. Act 227: am. (1), (2) (i), (3) Register April 2018 No. 748, eff. 5-1-18.

Med 8.09 Employee status. No physician assistant may be self-employed. If the employer of a physician assistant is other than a licensed physician or podiatrist, the employer shall provide for, and may not interfere with, the supervisory responsibilities of the physician or podiatrist, as defined in s. Med 8.02 (6) and required in ss. Med 8.07 (1) and 8.10.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. Register, October, 1996, No. 490, eff. 11-1-96; 2017 Wis. Act 227: am. Register April 2018 No. 748, eff. 5-1-18.

Med 8.10 Physician or podiatrist to physician assistant ratio. (1) No physician or podiatrist may supervise more than 4 on-duty physician assistants at any time unless a written plan to do so has been submitted to and approved by the board. Nothing herein shall limit the number of physician assistants for whom a physician or podiatrist may provide supervision over time. A physician assistant may be supervised by more than one physician or podiatrist while on duty.

(2) A supervising physician or podiatrist shall be available to the physician assistant for consultation either in person or within 15 minutes of contact by telecommunication or other means.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. (1), Register, December, 1999, No. 528, eff. 1-1-00; CR 09-006: am. (3) Register August 2009 No. 644, eff. 9-1-09; CR 12-005: r. and recr. Register February 2014 No. 698, eff. 3-1-14; 2017 Wis. Act 227: am. Register April 2018 No. 748, eff. 5-1-18.