

**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. Sheldon Wasserman, Chair		2) Date when request submitted: 2/16/2021 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: <b>Medical Examining Board</b>			
4) Meeting Date: 2/17/2021	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? <b>Under Legislative and Policy Matters – Discussion and Consideration</b>  <b>LRB 0506 – Temporary Practice at Camps</b>  <b>LRB 0656 – Licensure, Regulation and Practice of Physician Assistants (PAs)</b>	
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 <a href="#">Appearance Request</a> for Non-DSPS Staff)</i>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: <b>Discussion of</b>  <a href="#">LRB-0506 Memo Camps</a> (Edming, James) Temporary practice by physicians at camps, providing an exemption from emergency rule procedures, and granting rule-making authority. <i>Deadline: Tuesday, February 23, 5 pm</i>  <a href="#">LRB-0656 Memo Physician Assistant</a> (Bernier, Kathy) Regulation of physician assistants, creating a Physician Assistant Affiliated Credentialing Board, extending the time limit for emergency rule procedures, providing an exemption from emergency rule procedures, granting rule-making authority, and providing a penalty. <i>Deadline: Thursday, February 26, 5 pm</i>			
11) <b>Authorization</b>			
Signature of person making this request		Date	
Supervisor (if required) <i>Valerie Payne</i>		Date 2/16/2021	
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  
2021 - 2022 LEGISLATURE

LRB-0506/1  
KP:amn

## 2021 BILL

1     **AN ACT** *to create* 448.033 of the statutes; **relating to:** temporary practice by  
2             physicians at camps, providing an exemption from emergency rule procedures,  
3             and granting rule-making authority.

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

This bill allows a person to practice for up to 90 days a year as a physician for campers and staff at a recreational and educational camp licensed in this state if both of the following are satisfied: 1) the person is licensed in good standing to practice medicine and surgery by another state or territory of the United States or a foreign country or province and the licensure standards in that jurisdiction are substantially equivalent to the requirements of this state; and 2) the person is not under active investigation by a licensing authority or law enforcement authority in any state, federal, or foreign jurisdiction. A person is required to submit a form to the Medical Examining Board before practicing as allowed under the bill.

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

4             **SECTION 1.** 448.033 of the statutes is created to read:  
5             **448.033 Temporary practice at camps.** (1) Notwithstanding s. 448.03 (1)  
6             (a), a person may at a recreational and educational camp licensed under s. 97.67 (1)

**BILL****SECTION 1**

1 practice medicine and surgery to provide treatment to campers and staff for not more  
2 than 90 days in any year without holding a license granted under this subchapter  
3 if all of the following apply:

4 (a) The person is licensed in good standing to practice medicine and surgery by  
5 another state or territory of the United States or a foreign country or province and  
6 the licensure standards in the jurisdiction where the person is licensed are  
7 substantially equivalent to the requirements for licensure as a physician under s.  
8 448.04 (1) (a).

9 (b) The person is not under active investigation by a licensing authority or law  
10 enforcement authority in any state, federal, or foreign jurisdiction.

11 (2) A person shall submit to the board a form provided by the board before  
12 practicing under sub. (1). The board may promulgate rules establishing the form to  
13 be submitted under this subsection.

14 **SECTION 2. Nonstatutory provisions.**

15 (1) Using the procedure under s. 227.24, the medical examining board may  
16 promulgate rules establishing the form that a person shall submit before practicing  
17 under s. 448.033 (1). Notwithstanding s. 227.24 (1) (a) and (3), the medical  
18 examining board is not required to provide evidence that promulgating a rule under  
19 this subsection is necessary for the preservation of the public peace, health, safety,  
20 or welfare and is not required to provide a finding of emergency for a rule  
21 promulgated under this subsection. Notwithstanding s. 227.24 (1) (c) and (2),  
22 emergency rules promulgated under this subsection may remain in effect until May  
23 1, 2022, or the date on which permanent rules take effect, whichever is sooner, and  
24 the effective period may not be further extended under s. 227.24 (2).



## CO-SPONSORSHIP MEMORANDUM

**TO:** All Legislators  
**FROM:** Representative James Edming  
Senator Mary Felzkowski  
**DATE:** Monday, February 15, 2021  
**RE:** LRB-0506/1 & LRB-2078/1– relating to temporary practice by physicians at camps.

**DEADLINE: Tuesday, February 23<sup>rd</sup> at 5:00 PM**

### **This bill is part of the Summer Camp Regulatory Reform Package**

There is nothing like summer in Wisconsin. The many lakes, streams, and forests of our state offer outstanding outdoor recreational opportunities and make Wisconsin an ideal place to spend some time away at camp. Wisconsin is home to some of the best summer camps in the country. Kids come from all over the United States and even from other countries to attend summer camps in Wisconsin. These camps are located all around our state and are important parts of the state and local economy.

As with any outdoor activity comes the risk of injury. Many summer camps rely on volunteer physicians who give part of their summer to volunteer as a camp doctor. These camp doctors ensure the safety of campers and camp staff. While the vast majority of injuries treated by camp doctors are minor (ie. rashes, twisted ankles), having a doctor on hand provides an extra level of care that should be encouraged.

At many summer camps, the camp doctor is a volunteer position. Just like the campers, many of these volunteer doctors come from all over the nation and around the world and are licensed there. Current law requires these fully qualified doctors to receive a temporary license from the state to serve as a camp doctor even if they are only serving for a short time, sometimes as short as a week. There are many time-consuming requirements for temporary licensure and camps are having a harder and harder time finding physicians who are willing to go through this lengthy process. Some camp doctors have said that it requires more time and work to obtain the temporary license than the time and work at the camp itself.

In Minnesota, there is an exemption for camp doctors if they are licensed in another state. With this legislation, we hope to extend that same allowance here in Wisconsin. This bill would permit summer camp doctors to practice in Wisconsin for up to 90 days a year without having to apply for a license if they are licensed to practice in another state, US territory or foreign country when the licensure standards in the jurisdiction where the physician is licensed are substantially equivalent to the requirements in Wisconsin. Physicians operating under this exemption would be limited to treating campers and camp staff only.

This legislation is a redraft of [Assembly Bill 428](#) that was approved by the State Assembly on a voice vote in January 2020. Unfortunately, it was not concurred in by the Senate prior to the end to the legislative session.

If you would like to co-sponsor this legislation and its Senate companion, please contact Rep. Edming's office at 6-7506 or Senator Felzkowski's office at 6-2509 **before 5:00 PM on Tuesday, February 23<sup>rd</sup>.**

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

This bill allows a person to practice for up to 90 days a year as a physician for campers and staff at a recreational and educational camp licensed in this state if both of the following are satisfied: 1) the person is licensed in good standing to practice medicine and surgery by another state or territory of the United States or a foreign country or province and the licensure standards in that jurisdiction are substantially equivalent to the requirements of this state; and 2) the person is not under active investigation by a licensing authority or law enforcement authority in any state, federal, or foreign jurisdiction. A person is required to submit a form to the Medical Examining Board before practicing as allowed under the bill.



State of Wisconsin  
2021 - 2022 LEGISLATURE

LRB-0656/1  
JPC:kjf

## 2021 BILL

1       **AN ACT** *to repeal* 15.407 (2), 50.01 (4p), 252.01 (5), 448.01 (6), 448.03 (1) (b),  
2           448.03 (3) (e), 448.04 (1) (f), 448.05 (5), 448.20, 448.21, 448.40 (2) (f) and 450.01  
3           (15r); *to renumber* 448.970, subchapter VIII of chapter 448 [precedes 448.980]  
4           and subchapter IX of chapter 448 [precedes 448.985]; *to amend* 15.08 (1m) (b),  
5           15.085 (1m) (b), 16.417 (1) (e) 3m., 46.03 (44), 48.981 (2m) (b) 1., 49.45 (9r) (a)  
6           7. a., 50.08 (2), 50.39 (3), 55.14 (8) (b), 69.01 (6g), 70.47 (8) (intro.), 97.67 (5m)  
7           (a) 3., 118.2925 (1) (f), 146.81 (1) (d), 146.82 (3) (a), 146.89 (1) (r) 1., 146.997 (1)  
8           (d) 5., 154.01 (3) (intro.), 154.03 (2), 154.07 (1) (a) (intro.), 165.77 (1) (a), 255.07  
9           (1) (d), 343.16 (5) (a), 440.035 (2m) (b), 440.035 (2m) (c) 1. (intro.), 448.015 (4)  
10          (am) 2., 448.02 (1), 448.03 (2) (a), 448.03 (2) (e), 448.03 (2) (k), 448.03 (5) (b),  
11          448.035 (2) to (4), 448.037 (2) (a) (intro.) and (b) and (3), 448.62 (7), 448.695 (4)  
12          (a) and (b), 450.01 (16) (hm) 3., 450.11 (1), 450.11 (1g) (b), 450.11 (1i) (a) 1.,  
13          450.11 (1i) (b) 2. c., 450.11 (1i) (c) 2., 450.11 (8) (b), 462.02 (2) (e), 462.04, 961.01  
14          (19) (a) and 971.14 (4) (a); and *to create* 15.406 (7), 49.45 (9r) (a) 7. e., 69.18 (1)

**BILL**

1 (ck), 146.81 (1) (eu), subchapter VIII of chapter 448 [precedes 448.971], 450.11  
2 (1i) (b) 2. cm., 450.11 (8) (f) and 990.01 (27s) of the statutes; **relating to:**  
3 regulation of physician assistants, creating a Physician Assistant Affiliated  
4 Credentialing Board, extending the time limit for emergency rule procedures,  
5 providing an exemption from emergency rule procedures, granting  
6 rule-making authority, and providing a penalty.

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

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

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

This bill creates the Physician Assistant Affiliated Credentialing Board attached to the Medical Examining Board. The new board is composed of eight PAs and one public member. In addition, the bill makes various changes to the licensure, regulation, and practice of PAs, including all of the following:

1. Instead of requiring that a PA practice under the supervision and direction of a physician, requires, subject to certain exceptions, that a PA who provides care to patients maintain and provide to the board upon request either 1) evidence that, pursuant to the PA's employment, there is a physician who is primarily responsible for the overall direction and management of the PA's professional activities and for assuring that the services provided by the PA are medically appropriate or 2) a written collaborative agreement with a physician that must describe the PA's scope of practice and include other information as required by the board. However, the bill provides that a PA is individually and independently responsible for the quality of the care he or she renders. The bill maintains the current requirements for PAs practicing under podiatrists and the authority of the Podiatry Affiliated Credentialing Board to establish practice standards for PAs practicing under podiatrists.

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



**BILL**

3. Includes a number of additional provisions with respect to the obligations of PAs. These include a requirement that a PA have in effect malpractice liability insurance coverage when practicing, subject to certain exceptions and other provisions.

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

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

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

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

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

1           **SECTION 1.** 15.08 (1m) (b) of the statutes is amended to read:

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

12           **SECTION 2.** 15.085 (1m) (b) of the statutes is amended to read:

**BILL****SECTION 2**

1           15.085 **(1m)** (b) The public members of the podiatry affiliated credentialing  
2 board ~~or, the~~ occupational therapists affiliated credentialing board, ~~and the~~  
3 physician assistant affiliated credentialing board shall not be engaged in any  
4 profession or occupation concerned with the delivery of physical or mental health  
5 care.

6           **SECTION 3.** 15.406 (7) of the statutes is created to read:

7           15.406 (7) PHYSICIAN ASSISTANT AFFILIATED CREDENTIALING BOARD. There is  
8 created in the department of safety and professional services, attached to the medical  
9 examining board, a physician assistant affiliated credentialing board consisting of  
10 the following members appointed for staggered 4-year terms:

11           (a) Eight physician assistants licensed under subch. VIII of ch. 448.

12           (b) One public member.

13           **SECTION 4.** 15.407 (2) of the statutes is repealed.

14           **SECTION 5.** 16.417 (1) (e) 3m. of the statutes is amended to read:

15           16.417 **(1)** (e) 3m. A physician assistant who is licensed under s. ~~448.04 (1) (f)~~  
16 448.974.

17           **SECTION 6.** 46.03 (44) of the statutes is amended to read:

18           46.03 **(44)** SEXUALLY TRANSMITTED DISEASE TREATMENT INFORMATION. Prepare and  
19 keep current an information sheet to be distributed to a patient by a physician,  
20 physician assistant, or certified advanced practice nurse prescriber providing  
21 expedited partner therapy to that patient under s. 448.035 or 448.9725. The  
22 information sheet shall include information about sexually transmitted diseases and  
23 their treatment and about the risk of drug allergies. The information sheet shall also  
24 include a statement advising a person with questions about the information to

**BILL**

1 contact his or her physician, pharmacist, or local health department, as defined in  
2 s. 250.01 (4).

3 **SECTION 7.** 48.981 (2m) (b) 1. of the statutes is amended to read:

4 48.981 **(2m)** (b) 1. "Health care provider" means a physician, as defined under  
5 s. 448.01 (5), a physician assistant, as defined under s. ~~448.01 (6)~~ 448.971 (2), or a  
6 nurse holding a license under s. 441.06 (1) or a license under s. 441.10.

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

8 49.45 **(9r)** (a) 7. a. A physician ~~or physician assistant~~ licensed under subch. II  
9 of ch. 448.

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

11 49.45 **(9r)** (a) 7. e. A physician assistant licensed under subch. VIII of ch. 448.

12 **SECTION 10.** 50.01 (4p) of the statutes is repealed.

13 **SECTION 11.** 50.08 (2) of the statutes is amended to read:

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

19 **SECTION 12.** 50.39 (3) of the statutes is amended to read:

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

**BILL****SECTION 12**

1 physical therapy examining board, podiatry affiliated credentialing board, dentistry  
2 examining board, pharmacy examining board, chiropractic examining board, and  
3 board of nursing in carrying out their statutory duties and responsibilities.

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

5 55.14 (8) (b) Order the individual to comply with the treatment plan under par.  
6 (a). The order shall provide that if the individual fails to comply with provisions of  
7 the treatment plan that require the individual to take psychotropic medications, the  
8 medications may be administered involuntarily with consent of the guardian. The  
9 order shall specify the methods of involuntary administration of psychotropic  
10 medication to which the guardian may consent. An order authorizing the forcible  
11 restraint of an individual shall specify that a person licensed under s. 441.06, 441.10,  
12 ~~or 448.05 (2) or (5),~~ or 448.974 shall be present at all times that psychotropic  
13 medication is administered in this manner and shall require the person or facility  
14 using forcible restraint to maintain records stating the date of each administration,  
15 the medication administered, and the method of forcible restraint utilized.

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

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

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

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

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

**BILL**

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

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

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

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

17           118.2925 (1) (f) "Physician assistant" means a person licensed under s. 448.04  
18 (1)-(f) 448.974.

19           **SECTION 19.** 146.81 (1) (d) of the statutes is amended to read:

20           146.81 (1) (d) A physician, ~~physician assistant~~, perfusionist, or respiratory care  
21 practitioner licensed or certified under subch. II of ch. 448.

22           **SECTION 20.** 146.81 (1) (eu) of the statutes is created to read:

23           146.81 (1) (eu) A physician assistant licensed under subch. VIII of ch. 448.

24           **SECTION 21.** 146.82 (3) (a) of the statutes is amended to read:

**BILL****SECTION 21**

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

8           **SECTION 22.** 146.89 (1) (r) 1. of the statutes is amended to read:

9           146.89 (1) (r) 1. Licensed as a physician under ch. 448, a dentist or dental  
10 hygienist under ch. 447, a registered nurse, practical nurse, or nurse-midwife under  
11 ch. 441, an optometrist under ch. 449, a physician assistant under subch. VIII of ch.  
12 448, a pharmacist under ch. 450, a chiropractor under ch. 446, a podiatrist under  
13 subch. IV of ch. 448, or a physical therapist under subch. III of ch. 448.

14           **SECTION 23.** 146.997 (1) (d) 5. of the statutes is amended to read:

15           146.997 (1) (d) 5. An occupational therapist, occupational therapy assistant,  
16 physician assistant or respiratory care practitioner licensed or certified under ch.  
17 448.

18           **SECTION 24.** 154.01 (3) (intro.) of the statutes is amended to read:

19           154.01 (3) (intro.) "Health care professional" means ~~who is, or who holds a~~  
20 ~~compact privilege under subch. IX of ch. 448~~ any of the following:

21           **SECTION 25.** 154.03 (2) of the statutes is amended to read:

22           154.03 (2) The department shall prepare and provide copies of the declaration  
23 and accompanying information for distribution in quantities to persons licensed,  
24 certified, or registered under ch. 441, 448, or 455, persons who hold a compact  
25 privilege under subch. ~~IX~~ X of ch. 448, hospitals, nursing homes, county clerks and

**BILL**

1 local bar associations and individually to private persons. The department shall  
2 include, in information accompanying the declaration, at least the statutory  
3 definitions of terms used in the declaration, statutory restrictions on who may be  
4 witnesses to a valid declaration, a statement explaining that valid witnesses acting  
5 in good faith are statutorily immune from civil or criminal liability, an instruction  
6 to potential declarants to read and understand the information before completing the  
7 declaration and a statement explaining that an instrument may, but need not be,  
8 filed with the register in probate of the declarant's county of residence. The  
9 department may charge a reasonable fee for the cost of preparation and distribution.  
10 The declaration distributed by the department of health services shall be easy to  
11 read, the type size may be no smaller than 10 point, and the declaration shall be in  
12 the following form, setting forth on the first page the wording before the  
13 ATTENTION statement and setting forth on the 2nd page the ATTENTION  
14 statement and remaining wording:

## DECLARATION TO HEALTH CARE PROFESSIONALS

## (WISCONSIN LIVING WILL)

17 I,....., being of sound mind, voluntarily state my desire that my dying not be  
18 prolonged under the circumstances specified in this document. Under those  
19 circumstances, I direct that I be permitted to die naturally. If I am unable to give  
20 directions regarding the use of life-sustaining procedures or feeding tubes, I intend  
21 that my family and physician, physician assistant, or advanced practice registered  
22 nurse honor this document as the final expression of my legal right to refuse medical  
23 or surgical treatment.

24 1. If I have a TERMINAL CONDITION, as determined by a physician,  
25 physician assistant, or advanced practice registered nurse who has personally

**BILL****SECTION 25**

1 examined me, and if a physician who has also personally examined me agrees with  
2 that determination, I do not want my dying to be artificially prolonged and I do not  
3 want life-sustaining procedures to be used. In addition, the following are my  
4 directions regarding the use of feeding tubes:

5 .... YES, I want feeding tubes used if I have a terminal condition.

6 .... NO, I do not want feeding tubes used if I have a terminal condition.

7 If you have not checked either box, feeding tubes will be used.

8 2. If I am in a **PERSISTENT VEGETATIVE STATE**, as determined by a  
9 physician, physician assistant, or advanced practice registered nurse who has  
10 personally examined me, and if a physician who has also personally examined me  
11 agrees with that determination, the following are my directions regarding the use  
12 of life-sustaining procedures:

13 .... YES, I want life-sustaining procedures used if I am in a persistent  
14 vegetative state.

15 .... NO, I do not want life-sustaining procedures used if I am in a persistent  
16 vegetative state.

17 If you have not checked either box, life-sustaining procedures will be used.

18 3. If I am in a **PERSISTENT VEGETATIVE STATE**, as determined by a  
19 physician, physician assistant, or advanced practice registered nurse who has  
20 personally examined me, and if a physician who has also personally examined me  
21 agrees with that determination, the following are my directions regarding the use  
22 of feeding tubes:

23 .... YES, I want feeding tubes used if I am in a persistent vegetative state.

24 .... NO, I do not want feeding tubes used if I am in a persistent vegetative state.

25 If you have not checked either box, feeding tubes will be used.





**BILL**

**SECTION 25**

1 or withdrawing life-sustaining procedures or feeding tubes would cause the patient  
2 pain or reduced comfort and that the pain or discomfort cannot be alleviated through  
3 pain relief measures. If the patient's stated desires are that life-sustaining  
4 procedures or feeding tubes be used, this directive must be followed.

5 3. If you feel that you cannot comply with this document, you must make a good  
6 faith attempt to transfer the patient to another physician, physician assistant, or  
7 advanced practice registered nurse who will comply. Refusal or failure to make a  
8 good faith attempt to do so constitutes unprofessional conduct.

9 4. If you know that the patient is pregnant, this document has no effect during  
10 her pregnancy.

11 \* \* \* \* \*

12 The person making this living will may use the following space to record the  
13 names of those individuals and health care providers to whom he or she has given  
14 copies of this document:

15 .....

16 .....

17 .....

18 **SECTION 26.** 154.07 (1) (a) (intro.) of the statutes is amended to read:

19 154.07 (1) (a) (intro.) No health care professional, inpatient health care facility  
20 or person licensed, certified, or registered under ch. 441, 448, or 455, or a person who  
21 holds a compact privilege under subch. ~~IX~~ X of ch. 448 acting under the direction of  
22 a health care professional may be held criminally or civilly liable, or charged with  
23 unprofessional conduct, for any of the following:

24 **SECTION 27.** 165.77 (1) (a) of the statutes is amended to read:

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1           165.77 (1) (a) “Health care professional” means a person licensed, certified, or  
2 registered under ch. 441, 448, or 455 or a person who holds a compact privilege under  
3 subch. ~~IX~~ X of ch. 448.

4           **SECTION 28.** 252.01 (5) of the statutes is repealed.

5           **SECTION 29.** 255.07 (1) (d) of the statutes is amended to read:

6           255.07 (1) (d) “Health care practitioner” means a physician, a physician  
7 assistant ~~licensed under s. 448.04 (1) (f)~~, or an advanced practice nurse who is  
8 certified to issue prescription orders under s. 441.16.

9           **SECTION 30.** 343.16 (5) (a) of the statutes is amended to read:

10          343.16 (5) (a) The secretary may require any applicant for a license or any  
11 licensed operator to submit to a special examination by such persons or agencies as  
12 the secretary may direct to determine incompetency, physical or mental disability,  
13 disease, or any other condition that might prevent such applicant or licensed person  
14 from exercising reasonable and ordinary control over a motor vehicle. If the  
15 department requires the applicant to submit to an examination, the applicant shall  
16 pay for the examination. If the department receives an application for a renewal or  
17 duplicate license after voluntary surrender under s. 343.265 or receives a report from  
18 a physician, physician assistant, as defined in s. 448.01 (6), advanced practice nurse  
19 prescriber certified under s. 441.16 (2), or optometrist under s. 146.82 (3), or if the  
20 department has a report of 2 or more arrests within a one-year period for any  
21 combination of violations of s. 346.63 (1) or (5) or a local ordinance in conformity with  
22 s. 346.63 (1) or (5) or a law of a federally recognized American Indian tribe or band  
23 in this state in conformity with s. 346.63 (1) or (5), or s. 346.63 (1m), 1985 stats., or  
24 s. 346.63 (2) or (6) or 940.25, or s. 940.09 where the offense involved the use of a  
25 vehicle, the department shall determine, by interview or otherwise, whether the

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1 operator should submit to an examination under this section. The examination may  
2 consist of an assessment. If the examination indicates that education or treatment  
3 for a disability, disease or condition concerning the use of alcohol, a controlled  
4 substance or a controlled substance analog is appropriate, the department may order  
5 a driver safety plan in accordance with s. 343.30 (1q). If there is noncompliance with  
6 assessment or the driver safety plan, the department shall revoke the person's  
7 operating privilege in the manner specified in s. 343.30 (1q) (d).

8 **SECTION 31.** 440.035 (2m) (b) of the statutes is amended to read:

9 440.035 **(2m)** (b) The medical examining board, the physician assistant  
10 affiliated credentialing board, the podiatry affiliated credentialing board, the board  
11 of nursing, the dentistry examining board, or the optometry examining board may  
12 issue guidelines regarding best practices in prescribing controlled substances for  
13 persons credentialed by that board who are authorized to prescribe controlled  
14 substances.

15 **SECTION 32.** 440.035 (2m) (c) 1. (intro.) of the statutes is amended to read:

16 440.035 **(2m)** (c) 1. (intro.) The medical examining board, the physician  
17 assistant affiliated credentialing board, the podiatry affiliated credentialing board,  
18 the board of nursing, the dentistry examining board, and the optometry examining  
19 board shall, by November 1, ~~2018~~, and ~~annually thereafter~~ of each year, submit a  
20 report to the persons specified in subd. 2. that does all of the following:

21 **SECTION 33.** 448.01 (6) of the statutes is repealed.

22 **SECTION 34.** 448.015 (4) (am) 2. of the statutes is amended to read:

23 448.015 **(4)** (am) 2. Any act by a physician ~~or physician assistant~~ in violation  
24 of ch. 450 or 961.

25 **SECTION 35.** 448.02 (1) of the statutes is amended to read:

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1           448.02 (1) LICENSE. The board may grant licenses, including various classes  
2 of temporary licenses, to practice medicine and surgery, to practice as an  
3 administrative physician, to practice perfusion, and to practice as an  
4 anesthesiologist assistant, ~~and to practice as a physician assistant.~~

5           **SECTION 36.** 448.03 (1) (b) of the statutes is repealed.

6           **SECTION 37.** 448.03 (2) (a) of the statutes is amended to read:

7           448.03 (2) (a) Any person lawfully practicing within the scope of a license,  
8 permit, registration, certificate or certification granted to practice midwifery under  
9 subch. XIII of ch. 440, to practice professional or practical nursing or  
10 nurse-midwifery under ch. 441, to practice chiropractic under ch. 446, to practice  
11 dentistry or dental hygiene under ch. 447, to practice optometry under ch. 449, to  
12 practice as a physician assistant under subch. VIII, to practice acupuncture under  
13 ch. 451 or under any other statutory provision, or as otherwise provided by statute.

14           **SECTION 38.** 448.03 (2) (e) of the statutes is amended to read:

15           448.03 (2) (e) Any person other than ~~a physician assistant or an~~  
16 anesthesiologist assistant who is providing patient services as directed, supervised  
17 and inspected by a physician who has the power to direct, decide and oversee the  
18 implementation of the patient services rendered.

19           **SECTION 39.** 448.03 (2) (k) of the statutes is amended to read:

20           448.03 (2) (k) Any persons, other than ~~physician assistants~~, anesthesiologist  
21 assistants, or perfusionists, who assist physicians.

22           **SECTION 40.** 448.03 (3) (e) of the statutes is repealed.

23           **SECTION 41.** 448.03 (5) (b) of the statutes is amended to read:

24           448.03 (5) (b) No physician ~~or physician assistant~~ shall be liable for any civil  
25 damages for either of the following:

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

5           2. In good faith, not reporting to the department of transportation under s.  
6           146.82 (3) a patient's name and other information relevant to a physical or mental  
7           condition of the patient which in the physician's ~~or physician assistant's~~ judgment  
8           does not impair the patient's ability to exercise reasonable and ordinary control over  
9           a motor vehicle.

10           **SECTION 42.** 448.035 (2) to (4) of the statutes are amended to read:

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

**BILL**

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

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

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

15          **SECTION 43.** 448.037 (2) (a) (intro.) and (b) and (3) of the statutes are amended  
16          to read:

17          448.037 **(2)** (a) (intro.) A physician ~~or physician assistant~~ may do any of the  
18          following:

19          (b) A physician ~~or physician assistant~~ who prescribes or delivers an opioid  
20          antagonist under par. (a) 1. shall ensure that the person to whom the opioid  
21          antagonist is prescribed has or has the capacity to provide the knowledge and  
22          training necessary to safely administer the opioid antagonist to an individual  
23          undergoing an opioid-related overdose and that the person demonstrates the  
24          capacity to ensure that any individual to whom the person further delivers the opioid  
25          antagonist has or receives that knowledge and training.

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

7           **SECTION 44.** 448.04 (1) (f) of the statutes is repealed.

8           **SECTION 45.** 448.05 (5) of the statutes is repealed.

9           **SECTION 46.** 448.20 of the statutes is repealed.

10          **SECTION 47.** 448.21 of the statutes is repealed.

11          **SECTION 48.** 448.40 (2) (f) of the statutes is repealed.

12          **SECTION 49.** 448.62 (7) of the statutes is amended to read:

13           448.62 **(7)** A physician assistant who is acting under the supervision and  
14 direction of a podiatrist, subject to s. ~~448.21 (4)~~ 448.975 (2) (a) 2m., or an individual  
15 to whom the physician assistant delegates a task or order under s. 448.975 (4).

16          **SECTION 50.** 448.695 (4) (a) and (b) of the statutes are amended to read:

17           448.695 **(4)** (a) Practice standards for a physician assistant practicing podiatry  
18 as provided in s. ~~448.21 (4)~~ 448.975 (2) (a) 2m.

19           (b) Requirements for a podiatrist who is supervising a physician assistant as  
20 provided in s. ~~448.21 (4)~~ 448.975 (2) (a) 2m.

21          **SECTION 51.** 448.970 of the statutes is renumbered 448.9695.

22          **SECTION 52.** Subchapter VIII of chapter 448 [precedes 448.971] of the statutes  
23 is created to read:

**CHAPTER 448****SUBCHAPTER VIII**



**BILL**PHYSICIAN ASSISTANT AFFILIATED  
CREDENTIALING BOARD

**448.971 Definitions.** In this subchapter, unless the context requires otherwise:

(1) “Board” means the physician assistant affiliated credentialing board.

(2) “Physician assistant” means a person licensed under this subchapter.

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

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

**448.972 License required; exceptions.** (1) Except as provided in subs. (2) and (3), no person may represent himself or herself as a “PA” or “physician assistant,” use or assume the title “PA” or “physician assistant,” or append to the person’s name the words or letters “physician assistant,” “PA,” “PA-C,” or any other titles, letters, or designation that represents or may tend to represent the person as a physician assistant, unless he or she is licensed by the board under this subchapter.

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

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

(b) A person who satisfies the requirement under s. 448.974 (1) (a) 3. but who is not licensed under this subchapter. This paragraph does not allow such a person to practice medicine and surgery in violation of s. 448.03 (1) (a) or to practice podiatry in violation of s. 448.61.

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

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1           **448.9725 Expedited partner therapy. (1)** In this section:

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

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

4           **(2)** Notwithstanding the requirements of s. 448.9785, a physician assistant  
5 may provide expedited partner therapy if a patient is diagnosed as infected with a  
6 chlamydial infection, gonorrhea, or trichomoniasis and the patient has had sexual  
7 contact with a sexual partner during which the chlamydial infection, gonorrhea, or  
8 trichomoniasis may have been transmitted to or from the sexual partner. The  
9 physician assistant shall attempt to obtain the name of the patient’s sexual partner.  
10 A prescription order for an antimicrobial drug prepared under this subsection shall  
11 include the name and address of the patient’s sexual partner, if known. If the  
12 physician assistant is unable to obtain the name of the patient’s sexual partner, the  
13 prescription order shall include, in ordinary, bold-faced capital letters, the words,  
14 “expedited partner therapy” or the letters “EPT.”

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

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

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

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1           **448.9727 Prescriptions for and delivery of opioid antagonists. (1)** In  
2 this section:

- 3           (a) “Administer” has the meaning given in s. 450.01 (1).  
4           (b) “Deliver” has the meaning given in s. 450.01 (5).  
5           (c) “Dispense” has the meaning given in s. 450.01 (7).  
6           (d) “Opioid antagonist” has the meaning given in s. 450.01 (13v).  
7           (e) “Opioid-related drug overdose” has the meaning given in s. 256.40 (1) (d).  
8           (f) “Standing order” has the meaning given in s. 450.01 (21p).

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

10           1. Prescribe an opioid antagonist to a person in a position to assist an individual  
11 at risk of undergoing an opioid-related drug overdose and may deliver the opioid  
12 antagonist to that person. A prescription order under this subdivision need not  
13 specify the name and address of the individual to whom the opioid antagonist will  
14 be administered, but shall instead specify the name of the person to whom the opioid  
15 antagonist is prescribed.

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

18           (b) A physician assistant who prescribes or delivers an opioid antagonist under  
19 par. (a) 1. shall ensure that the person to whom the opioid antagonist is prescribed  
20 has or has the capacity to provide the knowledge and training necessary to safely  
21 administer the opioid antagonist to an individual undergoing an opioid-related  
22 overdose and that the person demonstrates the capacity to ensure that any  
23 individual to whom the person further delivers the opioid antagonist has or receives  
24 that knowledge and training.

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1           **(3)** A physician assistant who, acting in good faith, prescribes or delivers an  
2 opioid antagonist in accordance with sub. (2) or who, acting in good faith, otherwise  
3 lawfully prescribes or dispenses an opioid antagonist shall be immune from criminal  
4 or civil liability and may not be subject to professional discipline under s. 448.978 for  
5 any outcomes resulting from prescribing, delivering, or dispensing the opioid  
6 antagonist.

7           **448.973 Powers and duties of board.** (1) (a) The board shall promulgate  
8 rules implementing s. 448.9785.

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

11           (c) The board may promulgate other rules to carry out the purposes of this  
12 subchapter, including any of the following:

13           1. Rules defining what constitutes unprofessional conduct for physician  
14 assistants for purposes of s. 448.978 (2) (d).

15           2. Rules under s. 448.977 (2).

16           **(2)** The board shall include in the register the board maintains under s. 440.035  
17 (1m) (d) the names of all persons whose licenses issued under this subchapter were  
18 suspended or revoked within the past 2 years. The register shall be available for  
19 purchase at cost.

20           **448.974 License; renewal.** (1) (a) Except as provided in par. (b), the board  
21 shall grant an initial license to practice as a physician assistant to any applicant who  
22 is found qualified by three-fourths of the members of the board and satisfies all of  
23 the following requirements, as determined by the board:

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

3           (a).

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

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

6           a. That the applicant has successfully completed an educational program for  
7           physician assistants or physician associates that is accredited by the Accreditation  
8           Review Commission on Education for the Physician Assistant or its successor or,  
9           prior to 2001, by the Committee on Allied Health Education and Accreditation or the  
10          Commission on Accreditation of Allied Health Education Programs.

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

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

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

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

21          (b) Paragraph (a) 3. does not apply to an applicant if the applicant provides  
22          evidence that he or she is licensed as a physician assistant or physician associate in  
23          another state, the District of Columbia, Puerto Rico, the United States Virgin  
24          Islands, or any territory or insular possession subject to the jurisdiction of the United  
25          States and the board determines that the requirements for obtaining the license in

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1 that state or territory are substantially equivalent to the requirements under par.  
2 (a).

3 (2) (a) The renewal date for a license issued under this subchapter is specified  
4 under s. 440.08 (2) (a), and the renewal fees for such licenses are determined by the  
5 department under s. 440.03 (9) (a). Renewal of a license is subject to par. (b).

6 (b) An applicant for the renewal of a license under this subchapter shall submit  
7 with his or her application for renewal proof of having satisfied the continuing  
8 education requirements imposed by the board under s. 448.973 (1) (b). This  
9 paragraph does not apply to an applicant for renewal of a license that expires on the  
10 first renewal date after the date on which the board initially granted the license.

11 (3) Notwithstanding sub. (1), an individual who, on the effective date of this  
12 subsection .... [LRB inserts date], was licensed by the medical examining board as  
13 a physician assistant under subch. II of ch. 448, 2019 stats., shall be considered to  
14 have been licensed under sub. (1) for purposes of this subchapter.

15 **448.975 Practice and employment.** (1) (a) Subject to the limitations and  
16 requirements under sub. (2); the physician assistant's experience, education, and  
17 training; and any rules promulgated under sub. (5), a physician assistant may do any  
18 of the following:

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

21 2. Apply principles or techniques of medical sciences in the diagnosis or  
22 prevention of any of the conditions described in subd. 1. and in s. 448.971 (2).

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

24 4. Offer, undertake, attempt, or hold himself or herself out in any manner as  
25 able to do any of the acts described in this paragraph.

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1 (b) 1. Subject to subd. 2. and any rules promulgated by the board and consistent  
2 with his or her experience, education, and training, a physician assistant may order,  
3 prescribe, procure, dispense, and administer prescription drugs, medical devices,  
4 services, and supplies.

5 2. A physician assistant practicing under the supervision and direction of a  
6 podiatrist under sub. (2) (a) 2m. may issue a prescription order for a drug or device  
7 in accordance with guidelines established by the supervising podiatrist and the  
8 physician assistant and with rules promulgated by the board. If any conflict exists  
9 between the guidelines and the rules, the rules shall control.

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

14 (2) (a) 1. Except as provided in subds. 2m. and 3. and sub. (5) (a) 1. a. or b., a  
15 physician assistant who provides care to patients shall maintain and provide to the  
16 board upon request one of the following:

17 a. Evidence that, pursuant to the physician assistant's employment, there is  
18 a physician who is primarily responsible for the overall direction and management  
19 of the physician assistant's professional activities and for assuring that the services  
20 provided by the physician assistant are medically appropriate. In this subd. 1. a.,  
21 "employment" includes an arrangement between the physician assistant and a 3rd  
22 party in which the 3rd party receives payment for services provided by the physician  
23 assistant.

24 b. A written collaborative agreement with a physician that, subject to subd.  
25 1m., describes the physician assistant's individual scope of practice, that includes a

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1 protocol for identifying an alternative collaborating physician for situations in which  
2 the collaborating physician or the physician's designee is not available for  
3 consultation, and that includes other information as required by the board.

4 1m. All of the following apply to a written collaborative agreement between a  
5 physician and physician assistant under subd. 1. b.:

6 a. The agreement may be terminated by either party by providing written  
7 notice at least 30 days prior to the date of termination, or as otherwise agreed to by  
8 the physician and physician assistant.

9 b. The agreement shall specify that the collaborating physician shall remain  
10 reasonably available to the physician assistant through the use of  
11 telecommunications or other electronic means within a medically appropriate time  
12 frame and that the collaborating physician may designate an alternate collaborator  
13 during periods of unavailability.

14 c. The agreement shall specify an arrangement for physician consultation with  
15 the patient within a medically appropriate time frame for consultation, if requested  
16 by the patient or the physician assistant.

17 d. The agreement shall be signed by the physician assistant and the  
18 collaborating physician.

19 2. Subdivision 1. does not require the physical presence of a physician at the  
20 time and place a physician assistant renders a service.

21 2m. A physician assistant may practice under the supervision and direction of  
22 a podiatrist. A physician assistant who is practicing under the supervision and  
23 direction of a podiatrist shall be limited to providing nonsurgical patient services.  
24 Subdivision 1. does not apply to a physician assistant who is practicing under the  
25 supervision and direction of a podiatrist.



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

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

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

8           1. The practice of dentistry or dental hygiene within the meaning of ch. 447.

9           2. The practice of optometry within the meaning of ch. 449.

10          3. The practice of chiropractic within the meaning of ch. 446.

11          4. The practice of acupuncture within the meaning of ch. 451.

12          5. The practice of podiatry, except when the physician assistant is acting under  
13 the supervision and direction of a podiatrist, subject to par. (a) 2m. and the rules  
14 promulgated under s. 448.695 (4).

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

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

19          2. For purposes of sub. (2) (a) 1. b., that the relationship with and access to a  
20 collaborating physician by the physician assistant is defined.

21          3. That the requirements and standards of licensure under this subchapter are  
22 complied with.

23          4. That consultation with or referral to other licensed health care providers  
24 with a scope of practice appropriate for a patient's care needs occurs when the  
25 patient's care needs exceed the physician assistant's experience, education, or

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1 training. A physician assistant shall ensure that he or she has awareness of options  
2 for the management of situations that are beyond the physician assistant's expertise.

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

5 (4) A physician assistant may delegate a care task or order to another clinically  
6 trained health care worker if the physician assistant is competent to perform the  
7 delegated task or order and has reasonable evidence that the clinically trained  
8 health care worker is minimally competent to perform the task or issue the order  
9 under the circumstances.

10 (5) (a) 1. The board shall, subject to subd. 2. and s. 448.695 (4), promulgate any  
11 rules necessary to implement this section, including rules to do any of the following:

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

14 (2) (a) 1. b.

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

19 2. Rules promulgated by the board may not permit a broader scope of practice  
20 than that which may be exercised in accordance with subs. (1) and (2).  
21 Notwithstanding s. 15.085 (5) (b) 2., if the Medical Examining Board reasonably  
22 determines that a rule submitted to it by the Physician Assistant Affiliated  
23 Credentialing Board under s. 15.085 (5) (b) 1. permits a broader scope of practice  
24 than that which may be exercised in accordance with subs. (1) and (2), then the  
25 Physician Assistant Examining Board shall, prior to submitting the proposed rule

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1 to the legislative council staff under s. 227.15 (1), revise the proposed rule so that it  
2 does not exceed or permit a broader scope of practice than that which may be  
3 exercised in accordance with subs. (1) and (2).

4 (b) The board shall develop and recommend to the podiatry affiliated  
5 credentialing board practice standards for physician assistants practicing under  
6 podiatrists under sub. (2) (a) 2m.

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

13 **448.976 Civil liability.** No physician assistant shall be liable for any civil  
14 damages for either of the following:

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

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

23 **448.977 Malpractice liability insurance.** (1) Except as provided in subs.  
24 (2) and (3), no physician assistant may practice as authorized under s. 448.975 unless

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1 he or she has in effect malpractice liability insurance coverage evidenced by one of  
2 the following:

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

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

7 **(2)** The board may promulgate rules requiring a practicing physician assistant  
8 to have in effect malpractice liability insurance coverage in amounts greater than  
9 those specified in sub. (1) (a) or (b) or (4). If the board promulgates rules under this  
10 subsection, no physician assistant may practice as authorized under s. 448.975  
11 unless he or she has in effect malpractice liability insurance coverage as required  
12 under those rules, except as provided in sub. (3).

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

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

21 **448.978 Professional discipline.** (1) Subject to the rules promulgated under  
22 s. 440.03 (1), the board may conduct investigations and hearings to determine  
23 whether a person has violated this subchapter or a rule promulgated under this  
24 subchapter.

**BILL**

1           (2) Subject to the rules promulgated under s. 440.03 (1), if a person who applies  
2 for or holds a license issued under s. 448.974 does any of the following, the board may  
3 reprimand the person or deny, limit, suspend, or revoke the person's license:

4           (a) Makes a material misstatement in an application for a license or an  
5 application for renewal of a license under s. 448.974.

6           (b) Violates any law of this state or federal law that substantially relates to the  
7 practice of a physician assistant, violates this subchapter, or violates a rule  
8 promulgated under this subchapter.

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

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

12           1. Providing expedited partner therapy as described in s. 448.9725.

13           2. Prescribing or delivering an opioid antagonist in accordance with s. 448.9727

14           (2).

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

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

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

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

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

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

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

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

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

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

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

11 **448.9785 Informed consent.** Any physician assistant who treats a patient  
12 shall inform the patient about the availability of reasonable alternate medical modes  
13 of treatment and about the benefits and risks of these treatments. The reasonable  
14 physician assistant standard is the standard for informing a patient under this  
15 section. The reasonable physician assistant standard requires disclosure only of  
16 information that a reasonable physician assistant in the same or a similar medical  
17 specialty would know and disclose under the circumstances. The physician  
18 assistant's duty to inform the patient under this section does not require disclosure  
19 of any of the following:

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

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

23 (3) Extremely remote possibilities that might falsely or detrimentally alarm  
24 the patient.

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

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

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

7           **448.979 Penalties.** Any person who violates this subchapter is subject to a  
8 fine not to exceed \$10,000 or imprisonment not to exceed 9 months, or both.

9           **448.9793 Injunction.** If it appears upon complaint to the board by any person  
10 or if it is known to the board that any person is violating this subchapter, or rules  
11 adopted by the board under this subchapter, the board or the attorney general may  
12 investigate and may, in addition to any other remedies, bring action in the name and  
13 on behalf of the state against any such person to enjoin such person from such  
14 violation. The attorney general shall represent the board in all proceedings.

15           **448.9795 Duty to report. (1)** A physician assistant who has reason to believe  
16 any of the following about another physician assistant shall promptly submit a  
17 written report to the board that includes facts relating to the conduct of the other  
18 physician assistant:

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

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

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

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

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

4           **SECTION 53.** Subchapter VIII of chapter 448 [precedes 448.980] of the statutes  
5 is renumbered subchapter IX of chapter 448 [precedes 448.980].

6           **SECTION 54.** Subchapter IX of chapter 448 [precedes 448.985] of the statutes  
7 is renumbered subchapter X of chapter 448 [precedes 448.985].

8           **SECTION 55.** 450.01 (15r) of the statutes is repealed.

9           **SECTION 56.** 450.01 (16) (hm) 3. of the statutes is amended to read:

10           450.01 **(16)** (hm) 3. The patient's physician assistant, ~~if the physician assistant~~  
11 ~~is under the supervision of the patient's personal attending physician.~~

12           **SECTION 57.** 450.11 (1) of the statutes is amended to read:

13           450.11 **(1)** DISPENSING. Except as provided in sub. (1i) (b) 2., no person may  
14 dispense any prescribed drug or device except upon the prescription order of a  
15 practitioner. All prescription orders shall, except as provided in sub. (1a), specify the  
16 date of issue, the name and address of the practitioner, the name and quantity of the  
17 drug product or device prescribed, directions for the use of the drug product or device,  
18 the symptom or purpose for which the drug is being prescribed if required under sub.  
19 (4) (a) 8., and, if the order is written by the practitioner, the signature of the  
20 practitioner. Except as provided in ss. 118.2925 (3), 255.07 (2), 441.18 (2) (a) 1.,  
21 448.035 (2), and 448.037 (2) (a) 1., 448.9725 (2), and 448.9727 (2) (a) 1. and except  
22 for standing orders issued under s. 441.18 (2) (a) 2. ~~or~~, 448.037 (2) (a) 2., or 448.9727  
23 (2) (a) 2., all prescription orders shall also specify the name and address of the  
24 patient. A prescription order issued under s. 118.2925 (3) shall specify the name and  
25 address of the school. A prescription order issued under s. 255.07 (2) shall specify



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1 the name and address of the authorized entity or authorized individual. Any oral  
2 prescription order shall be immediately reduced to writing by the pharmacist and  
3 filed according to sub. (2).

4 **SECTION 58.** 450.11 (1g) (b) of the statutes is amended to read:

5 450.11 (1g) (b) A pharmacist may, upon the prescription order of a practitioner  
6 providing expedited partner therapy, as specified in s. 448.035 or 448.9725, that  
7 complies with the requirements of sub. (1), dispense an antimicrobial drug as a  
8 course of therapy for treatment of chlamydial infections, gonorrhea, or  
9 trichomoniasis to the practitioner's patient or a person with whom the patient has  
10 had sexual contact for use by the person with whom the patient has had sexual  
11 contact. The pharmacist shall provide a consultation in accordance with rules  
12 promulgated by the board for the dispensing of a prescription to the person to whom  
13 the antimicrobial drug is dispensed. A pharmacist providing a consultation under  
14 this paragraph shall ask whether the person for whom the antimicrobial drug has  
15 been prescribed is allergic to the antimicrobial drug and advise that the person for  
16 whom the antimicrobial drug has been prescribed must discontinue use of the  
17 antimicrobial drug if the person is allergic to or develops signs of an allergic reaction  
18 to the antimicrobial drug.

19 **SECTION 59.** 450.11 (1i) (a) 1. of the statutes is amended to read:

20 450.11 (1i) (a) 1. A pharmacist may, upon and in accordance with the  
21 prescription order of an advanced practice nurse prescriber under s. 441.18 (2) (a) 1.,  
22 ~~or of a physician or physician assistant~~ under s. 448.037 (2) (a) 1., or of a physician  
23 assistant under s. 448.9727 (2) (a) 1. that complies with the requirements of sub. (1),  
24 deliver an opioid antagonist to a person specified in the prescription order and may,  
25 upon and in accordance with the standing order of an advanced practice nurse

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1 prescriber under s. 441.18 (2) (a) 2., ~~or of a physician or physician assistant under~~  
2 s. 448.037 (2) (a) 2., or of a physician assistant under s. 448.9727 (2) (a) 2. that  
3 complies with the requirements of sub. (1), deliver an opioid antagonist to an  
4 individual in accordance with the order. The pharmacist shall provide a consultation  
5 in accordance with rules promulgated by the board for the delivery of a prescription  
6 to the person to whom the opioid antagonist is delivered.

7 **SECTION 60.** 450.11 (1i) (b) 2. c. of the statutes is amended to read:

8 450.11 (1i) (b) 2. c. A physician ~~or physician assistant~~ may only deliver or  
9 dispense an opioid antagonist in accordance with s. 448.037 (2) or in accordance with  
10 his or her other legal authority to dispense prescription drugs.

11 **SECTION 61.** 450.11 (1i) (b) 2. cm. of the statutes is created to read:

12 450.11 (1i) (b) 2. cm. A physician assistant may only deliver or dispense an  
13 opioid antagonist in accordance with s. 448.9727 (2) or in accordance with his or her  
14 other legal authority to dispense prescription drugs.

15 **SECTION 62.** 450.11 (1i) (c) 2. of the statutes is amended to read:

16 450.11 (1i) (c) 2. Subject to par. (a) 2. and ss. 441.18 (3) ~~and~~, 448.037 (3), and  
17 448.9727 (3), any person who, acting in good faith, delivers or dispenses an opioid  
18 antagonist to another person shall be immune from civil or criminal liability for any  
19 outcomes resulting from delivering or dispensing the opioid antagonist.

20 **SECTION 63.** 450.11 (8) (b) of the statutes is amended to read:

21 450.11 (8) (b) The medical examining board, insofar as this section applies to  
22 physicians ~~and physician assistants~~.

23 **SECTION 64.** 450.11 (8) (f) of the statutes is created to read:

24 450.11 (8) (f) The physician assistant affiliated credentialing board, insofar as  
25 this section applies to physician assistants.

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1           **SECTION 65.** 462.02 (2) (e) of the statutes is amended to read:

2           462.02 (2) (e) A physician assistant licensed under s. 448.04 (1) (f) 448.974.

3           **SECTION 66.** 462.04 of the statutes is amended to read:

4           **462.04 Prescription or order required.** A person who holds a license or  
5 limited X-ray machine operator permit under this chapter may not use diagnostic  
6 X-ray equipment on humans for diagnostic purposes unless authorized to do so by  
7 prescription or order of a physician licensed under s. 448.04 (1) (a), a dentist licensed  
8 under s. 447.04 (1), a podiatrist licensed under s. 448.63, a chiropractor licensed  
9 under s. 446.02, an advanced practice nurse certified under s. 441.16 (2), a physician  
10 assistant licensed under s. 448.04 (1) (f) 448.974, or, subject to s. 448.56 (7) (a), a  
11 physical therapist who is licensed under s. 448.53 or who holds a compact privilege  
12 under subch. IX X of ch. 448.

13           **SECTION 67.** 961.01 (19) (a) of the statutes is amended to read:

14           961.01 (19) (a) A physician, advanced practice nurse, dentist, veterinarian,  
15 podiatrist, optometrist, scientific investigator or, subject to s. 448.21 (3) 448.975 (1)  
16 (b), a physician assistant, or other person licensed, registered, certified or otherwise  
17 permitted to distribute, dispense, conduct research with respect to, administer or use  
18 in teaching or chemical analysis a controlled substance in the course of professional  
19 practice or research in this state.

20           **SECTION 68.** 971.14 (4) (a) of the statutes is amended to read:

21           971.14 (4) (a) The court shall cause copies of the report to be delivered forthwith  
22 to the district attorney and the defense counsel, or the defendant personally if not  
23 represented by counsel. Upon the request of the sheriff or jailer charged with care  
24 and control of the jail in which the defendant is being held pending or during a trial  
25 or sentencing proceeding, the court shall cause a copy of the report to be delivered

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1 to the sheriff or jailer. The sheriff or jailer may provide a copy of the report to the  
2 person who is responsible for maintaining medical records for inmates of the jail, or  
3 to a nurse licensed under ch. 441, ~~or to a physician or physician assistant licensed~~  
4 under subch. II of ch. 448, or to a physician assistant licensed under subch. VIII of  
5 ch. 448 who is a health care provider for the defendant or who is responsible for  
6 providing health care services to inmates of the jail. The report shall not be otherwise  
7 disclosed prior to the hearing under this subsection.

8 **SECTION 69.** 990.01 (27s) of the statutes is created to read:

9 990.01 (27s) PHYSICIAN ASSISTANT. "Physician assistant" means a person  
10 licensed as a physician assistant under subch. VIII of ch. 448.

11 **SECTION 70.** Chapter Med 8 of the administrative code is repealed.

12 **SECTION 71. Cross-reference changes.** In ss. 49.45 (9r) (a) 7. b., 146.81 (1)  
13 (dg), 146.997 (1) (d) 4., 155.01 (7), 252.14 (1) (ar) 4e., 446.01 (1v) (d), 448.956 (1m) and  
14 (4), 450.10 (3) (a) 5., and 451.02 (1), the cross-references to "subch. IX of ch. 448" are  
15 changed to "subch. X of ch. 448."

16 **SECTION 72. Nonstatutory provisions.**

17 (1) BOARD; APPOINTMENTS.

18 (a) Notwithstanding the length of terms specified for the members of the  
19 physician assistant affiliated credentialing board under s. 15.406 (7), 4 of the initial  
20 members under s. 15.406 (7) (a) shall be appointed for terms expiring on July 1, 2023;  
21 3 of the initial members under s. 15.406 (7) (a) and the initial member under s. 15.406  
22 (7) (b) shall be appointed for terms expiring on July 1, 2024; and the remaining initial  
23 member under s. 15.406 (7) (a) shall be appointed for a term expiring on July 1, 2025.

24 (b) Notwithstanding s. 15.08 (1), the governor may provisionally appoint initial  
25 members of the physician assistant affiliated credentialing board under s. 15.406 (7).

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1 Those provisional appointments remain in force until withdrawn by the governor or  
2 acted upon by the senate and if confirmed by the senate, shall continue for the  
3 remainder of the unexpired term, if any, of the member and until a successor is  
4 chosen and qualifies. A provisional appointee may exercise all the powers and duties  
5 of board membership to which the person is appointed during the time in which the  
6 appointee qualifies.

7 (c) Notwithstanding s. 15.406 (7) (a), for purposes of an initial appointment to  
8 the physician assistant affiliated credentialing board made before the date specified  
9 in SECTION 73 (intro.) of this act, including any provisional appointment made under  
10 par. (b), the governor may appoint physician assistants licensed under subch. II of  
11 ch. 448 to the positions on the board specified under s. 15.406 (7) (a).

12 (2) EMERGENCY RULES.

13 (a) Using the procedure under s. 227.24, the physician assistant affiliated  
14 credentialing board may promulgate initial rules under ss. 448.973 (1) and 448.975  
15 (5) (a) as emergency rules under s. 227.24 to allow for the licensure, discipline, and  
16 practice of physician assistants. The authority granted under this subsection applies  
17 only to rules described in this paragraph, and any other emergency rules  
18 promulgated by the board shall be as provided in, and subject to, s. 227.24.

19 (b) Notwithstanding s. 227.24 (1) (a) and (3), the physician assistant affiliated  
20 credentialing board is not required to provide evidence that promulgating a rule  
21 under this subsection as an emergency rule is necessary for the preservation of the  
22 public peace, health, safety, or welfare and is not required to provide a finding of  
23 emergency for a rule promulgated under this subsection.

24 (c) Emergency rules promulgated under this subsection may not take effect  
25 prior to the date specified in SECTION 73 (intro.) of this act.

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

4 (e) Notwithstanding s. 227.24 (2) (a), the joint committee for review of  
5 administrative rules may, at any time prior to the expiration date of the emergency  
6 rule promulgated under this subsection, extend the effective period of the emergency  
7 rule at the request of the physician assistant affiliated credentialing board for a  
8 period specified by the committee not to exceed 180 days. Any number of extensions  
9 may be granted under this paragraph, but the total period for all extensions may not  
10 extend beyond the expiration date of the emergency rule's statement of scope under  
11 s. 227.135 (5). Notwithstanding s. 227.24 (2) (b) 1., the physician assistant affiliated  
12 credentialing board is not required to provide evidence that there is a threat to the  
13 public peace, health, safety, or welfare that can be avoided only by extension of the  
14 emergency rule when making a request for an extension under this subsection, but  
15 s. 227.24 (2) (am) to (c) shall otherwise apply to extensions under this paragraph.

16 (f) If the physician assistant affiliated credentialing board promulgates  
17 emergency rules under this subsection, the board shall submit a single statement of  
18 scope for both permanent and emergency rules.

19 (3) BOARD; TRANSFERS.

20 (a) *Tangible personal property.* On the effective date of this paragraph, all  
21 tangible personal property, including records, of the medical examining board that  
22 the secretary of safety and professional services determines to be primarily related  
23 to the regulation of physician assistants is transferred to the physician assistant  
24 affiliated credentialing board.

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1           (b) *Pending matters.* Any matter pending with the medical examining board  
2 on the effective date of this paragraph that is primarily related to the regulation of  
3 physician assistants, as determined by the secretary of safety and professional  
4 services, is transferred to the physician assistant affiliated credentialing board. All  
5 materials submitted to or actions taken by the medical examining board with respect  
6 to the pending matter are considered as having been submitted to or taken by the  
7 physician assistant affiliated credentialing board.

8           (c) *Contracts.* All contracts entered into by the medical examining board in  
9 effect on the effective date of this paragraph that are primarily related to the  
10 regulation of physician assistants, as determined by the secretary of safety and  
11 professional services, remain in effect and are transferred to the physician assistant  
12 affiliated credentialing board. The physician assistant affiliated credentialing board  
13 shall carry out any obligations under such a contract until the contract is modified  
14 or rescinded by the physician assistant affiliated credentialing board to the extent  
15 allowed under the contract.

16           (d) *Assets and liabilities.* On the effective date of this paragraph, the assets and  
17 liabilities of the medical examining board that are primarily related to the regulation  
18 of physician assistants, as determined by the secretary of safety and professional  
19 services, become the assets and liabilities of the physician assistant affiliated  
20 credentialing board.

21           (e) *Orders.* All orders issued by the medical examining board in effect on the  
22 effective date of this paragraph that are primarily related to the regulation of  
23 physician assistants remain in effect until their specified expiration dates or until  
24 modified or rescinded by the physician assistant affiliated credentialing board.





# CO-SPONSORSHIP MEMORANDRUM

**To:** All Legislators

**From:** Senator Bernier, Senator Kooyenga and Senator Pfaff  
Representative VanderMeer, Representative Edming and  
Representative Considine

**Date:** February 15, 2021

**Re:** Co-sponsorship of LRB 0656 & LRB 1941-relating to:  
regulation of physician assistants, creating a Physician Assistant  
Affiliated Credentialing Board, extending  
the time limit for emergency rule procedures, providing  
an exemption from emergency rule procedures, granting rule-making  
authority, and providing a penalty.

**DEADLINE: Thursday, February 26th**

**This is a redraft of last session's bipartisan AB575 / SB 515 which passed the Assembly on a voice vote and was set for a vote in the Senate before COVID hit.**

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LRB 0656 / LRB 1941 would update the regulation of physician assistants (PAs) in Wisconsin to permit practice in collaboration with a physician, similar to the existing nurse practitioner-physician relationship. The legislation would allow PAs to practice to the full extent of their education, experience, and training and would allow their employers greater flexibility in how they are managed and overseen. In particular, LRB 0656/ LRB 1941 would enable hospital systems and clinics to more effectively deploy their PAs to help expand access to health care, particularly in rural and underserved areas. PAs have played an important role in treating patients during the COVID-19 public health crisis and enactment of LRB 0656/ LRB 1941, when the next public health crisis hits, would enable the hospital systems and clinics to utilize PAs to their fullest capabilities as soon as possible.

LRB 0656 / LRB 1941 reflects a compromise agreed to in the 2019-20 legislative session by the Wisconsin Academy of Physician Assistants, the Wisconsin Hospital Association, the Wisconsin Medical Society, the Wisconsin Academy of Family Physicians, and associated specialty physician associations. 2019 AB 575, as amended to reflect this agreement, passed the state Assembly on a voice vote on February 18, 2020, and the Senate companion bill, 2019 SB 515, was recommended for passage on a bipartisan basis by the Senate Committee on Elections, Ethics, and Rural

Issues. Unfortunately, due to the COVID-19 public health emergency, the state Senate did not meet to take final action in March.

LRB 0656 / LRB 1941 would:

- Allow PAs to govern their profession by creating a Medical Examining Board-affiliated PA Examining Board. This board would be explicitly prohibited from promulgating rules permitting a scope of practice broader than what would be permitted under collaboration.
- Require PAs to have a practice relationship with a physician, taking the form of either:
  - A written collaborative agreement with a physician that describes the PA's individual scope of practice or
  - Require the PA practice under the overall direction and management of a physician who is responsible for assuring the services provided by the PA are medically appropriate.

In addition of note:

- The amended bill would **not** create independent PA practice
- The amended bill would require a PA to consult with or refer to other licensed health care providers with a scope of practice appropriate for a patient's care needs when a patient's care needs exceed the PA's experience, education, or training.

In the 2019-20 legislative session, the following organizations registered with the Wisconsin Ethics Commission their support for the agreed-upon substitute amendment: Advocate Aurora Health Care, Americans for Prosperity, Ascension Wisconsin, Concordia University, Marshfield Clinic Health System, Medical College of Wisconsin, Oneida Nation, Rural Wisconsin Health Cooperative, SSM Health, United HealthCare Services, Wisconsin Academy of Physician Assistants, Wisconsin Hospital Association, Wisconsin Primary Health Care Association, and WPS Health Insurance.

After a deal was struck, and a substitute amendment was introduced, the Wisconsin Academy of Family Physicians, the Wisconsin Academy of Ophthalmology, the Wisconsin Medical Society, the Wisconsin Psychiatric Association and the Wisconsin Society of Anesthesiologists all changed their registrations to "other."

The authors would like to thank these physician groups for working with us and other stakeholders to come to this agreement. We look forward to working with all interested parties to get LRB 0656 / LRB 1941 signed into law.

If you wish to co-sponsor this legislation, please contact Senator Bernier's office at 6-7511 or Rep. VanderMeer's office at 6-8366 to co-sponsor this bipartisan legislation **before 5:00 PM on Friday, February 26<sup>th</sup>**.

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

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

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

This bill creates the Physician Assistant Affiliated Credentialing Board attached to the Medical Examining Board. The new board is composed of eight PAs and one public member. In addition, the bill makes various changes to the licensure, regulation, and practice of PAs, including all of the following:

1. Instead of requiring that a PA practice under the supervision and direction of a physician, requires, subject to certain exceptions, that a PA who provides care to patients maintain and provide to the board upon request either 1) evidence that, pursuant to the PA's employment, there is a physician who is primarily responsible for the overall direction and management of the PA's professional activities and for assuring that the services provided by the PA are medically appropriate or 2) a written collaborative agreement with a physician that must describe the PA's scope of practice and include other information as required by the board. However, the bill provides that a PA is individually and independently responsible for the quality of the care he or she renders. The bill maintains the current requirements for PAs practicing under podiatrists and the authority of the Podiatry Affiliated Credentialing Board to establish practice standards for PAs practicing under podiatrists.

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

3. Includes a number of additional provisions with respect to the obligations of PAs. These include a requirement that a PA have in effect malpractice liability insurance coverage when practicing, subject to certain exceptions and other provisions.

4. Establishes licensure requirements for PAs, which differ in a number of respects from the requirements under current law, including that PAs submit additional

information, including an employment history, with a licensure application. Under the bill, the board must require continuing education for PAs. Currently, PAs are not required to complete continuing education.

5. Specifies various grounds for professional discipline of a PA by the board and allows the board to impose professional discipline consistent with other professions. Because this bill creates a new crime or revises a penalty for an existing crime, the Joint Review Committee on Criminal Penalties may be requested to prepare a report.

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