



**VIRTUAL/TELECONFERENCE
MEDICAL EXAMINING BOARD
Virtual, 4822 Madison Yards Way, Madison
Contact: Tom Ryan (608) 266-2112
June 19, 2024**

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

AGENDA

8:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

A. Adoption of Agenda (1-5)

B. Approval of Minutes of May 15, 2024 (6-11)

C. Introductions, Announcements and Recognition

D. Reminders: Conflicts of Interest, Scheduling Concerns

E. Administrative Matters – Discussion and Consideration

1) Department, Staff and Board Updates

2) Board Members – Term Expiration Dates

a. Bond, Jr., Milton – 7/1/2027

b. Chou, Clarence P. – 7/1/2027

c. Clarke, Callisia N. – 7/1/2024

d. Ferguson, Kris – 7/1/2025

e. Gerlach, Diane M. – 7/1/2024

f. Goel, Sumeet K. – 7/1/2027

g. Hilton, Stephanie – 7/1/2024

h. Lerma, Carmen – 7/1/2024

i. Leuthner, Steven R. – 7/1/2027

j. Majeed-Haqqi, Lubna – 7/1/2027

k. Schmeling, Gregory J. – 7/1/2025

l. Siebert, Derrick R. – 7/1/2025

m. Yu, Emily S. – 7/1/2024

3) Wis. Stat. § 15.085 (3)(b) – Affiliated Credentialing Boards’ Biannual Meeting with the Medical Examining Board to Consider Matters of Joint Interest

a. Physician Assistant Affiliated Credentialing Board – Jennifer Jarrett, Chairperson

F. Legislative and Policy Matters – Discussion and Consideration

- G. 8:00 A.M. Public Hearing for Clearinghouse Rule 24-039 on Med 24, Relating to Telemedicine and Telehealth (12-21)**
 - 1) Review Public Hearing Comments and Respond to Clearinghouse Report
- H. Administrative Rule Matters – Discussion and Consideration (22)**
 - 1) Updated Scope Statement: Med 1, Relating to Licensure Requirements (23-24)
 - 2) Pending or Possible Rulemaking Projects (25)
- I. Prescription Drug Monitoring Program (PDMP) Overview and Updates (26-28)**
- J. Review of 2025 Board Goals to Address Opioid Abuse and Delegate Department to File Wis. Stat. s. 440.035(2m) Report to Legislature (29)**
- K. Professional Assistance Procedure (PAP) Discussion of Expansion to Include Mental Health Disorders**
- L. Federation of State Medical Boards (FSMB) Matters – Discussion and Consideration
- M. Newsletter Matters – Discussion and Consideration
- N. Controlled Substances Board Report – Discussion and Consideration
- O. Interstate Medical Licensure Compact Commission (IMLCC) – Report from Wisconsin’s Commissioners – Discussion and Consideration
- P. Screening Panel Report
- Q. Future Agenda Items
- R. Discussion and Consideration of Items Added After Preparation of Agenda:
 - 1) Introductions, Announcements and Recognition
 - 2) Elections, Appointments, Reappointments, Confirmations, and Committee, Panel and Liaison Appointments
 - 3) Administrative Matters
 - 4) Election of Officers
 - 5) Appointment of Liaisons and Alternates
 - 6) Delegation of Authorities
 - 7) Education and Examination Matters
 - 8) Credentialing Matters
 - 9) Practice Matters
 - 10) Public Health Emergencies
 - 11) Legislative and Policy Matters
 - 12) Administrative Rule Matters
 - 13) Liaison Reports
 - 14) Board Liaison Training and Appointment of Mentors
 - 15) Informational Items
 - 16) Division of Legal Services and Compliance (DLSC) Matters
 - 17) Presentations of Petitions for Summary Suspension
 - 18) Petitions for Designation of Hearing Examiner
 - 19) Presentation of Stipulations, Final Decisions and Orders
 - 20) Presentation of Proposed Final Decisions and Orders
 - 21) Presentation of Interim Orders
 - 22) Petitions for Re-Hearing

- 23) Petitions for Assessments
- 24) Petitions to Vacate Orders
- 25) Requests for Disciplinary Proceeding Presentations
- 26) Motions
- 27) Petitions
- 28) Appearances from Requests Received or Renewed
- 29) Speaking Engagements, Travel, or Public Relation Requests, and Reports

S. Public Comments

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

T. Deliberation on DLSC Matters

- 1) **Proposed Stipulations, Final Decisions and Orders**
 - a. 21 MED 188 – Alexander D. Serra (30-35)
 - b. 24 MED 0153 – Ama Fordwor-Koranteng (36-41)
- 2) **Complaints**
 - a. 21 MED 188 – A.D.S. (42-44)
 - b. 23 MED 015 – A.S. (45-47)
- 3) **Administrative Warnings**
 - a. 23 MED 507 – J.M.D. (48-50)
- 4) **Case Closings**
 - a. 22 MED 486 – G.F. (51-61)
 - b. 23 MED 141 – M.R.H. (62-67)
 - c. 23 MED 334 – J.E.B. (68-76)
 - d. 23 MED 425 – M.M.F. (77-95)
 - e. 23 MED 456 – M.F.T. (96-104)
 - f. 23 MED 459 – A.M.S. (105-120)
 - g. 23 MED 470 – K.C.L. (121-130)
 - h. 23 MED 506 – G.R. (131-144)
 - i. 23 MED 509 – D.C.G. (145-150)
 - j. 23 MED 616 – A.N.W. (151-154)

U. Credentialing Matters

- 1) **Waiver of 24 Months of ACGME/AOA Accredited Post-Graduate Training**
 - a. Adedamola Akinsiku, M.D. (155-270)
 - b. Amir Farah, M.D. (271-330)
 - c. Andreas Wibmer, M.D. (331-383)
 - d. Pamela Ines Causa Andrieu, M.D. (384-424)
- 2) **Application Review**
 - a. Robert Stang, D.O. – Medicine and Surgery Applicant (425-554)

V. Military Medical Personnel Application Review

- 1) John Fox (555-568)

W. Deliberation of Items Added After Preparation of the Agenda

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

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

X. Open Cases

Y. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

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

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

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

ADJOURNMENT

ORAL INTERVIEWS OF CANDIDATES FOR LICENSURE

VIRTUAL/TELECONFERENCE

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

CLOSED SESSION – Reviewing Applications and Conducting Oral Interview(s) of **one (1)** (at time of agenda publication) Candidate(s) for Licensure – **Dr. Goel** and **Dr. Schmeling**

NEXT MEETING: JULY 17, 2024

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

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held virtually unless otherwise indicated. In-person meetings are typically conducted at 4822 Madison Yards Way, Madison, Wisconsin, unless an alternative location is listed on the meeting notice. In

order to confirm a meeting or to request a complete copy of the board's agenda, please visit the Department website at <https://dsps.wi.gov>. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of disciplinary hearings may be changed by the examiner for the convenience of the parties. Requests for interpreters for the hard of hearing, or other accommodations, are considered upon request by contacting the Affirmative Action Officer, or reach the Meeting Staff by calling 608-267-7213.

**HYBRID (IN-PERSON/VIRTUAL)
MEDICAL EXAMINING BOARD
MEETING MINUTES
MAY 15, 2024**

PRESENT: Milton Bond, Jr. (*excused at 9:03 a.m.*) (*arrived at 9:16 a.m.*) (*excused at 11:37 a.m.*); Clarence Chou, M.D.; Kris Ferguson, M.D., Diane Gerlach, D.O. (*via Zoom*); Sumeet Goel, D.O., Stephanie Hilton (*excused at 10:42 a.m.*); Carmen Lerma (*via Zoom*) (*arrived at 8:15 a.m.*); Steven Leuthner, M.D.; Lubna Majeed-Haqqi, M.D.; Gregory Schmeling, M.D. (*via Zoom*) (*excused at 11:31 a.m.*); Derrick Siebert, M.D. (*via Zoom*); Emily Yu, M.D.

EXCUSED: Callisia Clarke, M.D.

STAFF: Tom Ryan, Executive Director; Jameson Whitney, Legal Counsel; Nilajah Hardin, Administrative Rules Coordinator; Dialah Azam, Board Administration Specialist; and other Department staff

CALL TO ORDER

Clarence Chou, Chairperson, called the meeting to order at 8:09 a.m. A quorum was confirmed with eleven (11) members present.

ADOPTION OF AGENDA

MOTION: Milton Bond Jr. moved, seconded by Sumeet Goel, to adopt the Agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF APRIL 17, 2024

MOTION: Steven Leuthner moved, seconded by Kris Ferguson, to approve the Minutes of April 17, 2024 as published. Motion carried unanimously.

(Carmen Lerma arrived at 8:15 a.m.)

**APPOINTMENT OF LIAISON(S) FOR ONGOING DISCUSSION WITH THE
PHYSICIAN ASSISTANT AFFILIATED CREDENTIALING BOARD LIAISON(S)**

MOTION: Milton Bond Jr. moved, seconded by Stephanie Hilton, to designate Emily Yu as a liaison and Sumeet Goel as an alternate to the Physician Assistants' Affiliated Credentialing Board regarding matters of mutual interest. Motion carried unanimously.

**DSPS INTERDISCIPLINARY ADVISORY COUNCIL – BOARD APPOINTMENT OF
LIAISON**

MOTION: Lubna Majeed-Haqqi moved, seconded by Sumeet Goel, to delegate authority to the Interdisciplinary Advisory Council liaison to speak and take action on behalf of the Medical Examining Board in matters considered by the Council, and to report back to the Medical Examining Board on any actions taken by the Council. Motion carried unanimously.

OTHER APPOINTMENTS	
Interdisciplinary Advisory Council	Kris Ferguson <i>Alternate:</i> Clarence Chou
Council on Anesthesiologist Assistants	Kris Ferguson
Interstate Medical Licensure Compact Commission (IMLCC) Representatives	Clarence Chou, Sumeet Goel

(Milton Bond Jr. excused at 9:03 a.m.)

(Milton Bond Jr. arrived at 9:16 a.m.)

CLOSED SESSION

MOTION: Emily Yu moved, seconded by Lubna Majeed-Haqqi, to convene to Closed Session to deliberate on cases following hearing (§ 19.85(1)(a), Stats.); to consider licensure or certification of individuals (§ 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (§ 19.85(1)(b), Stats. and § 448.02(8), Stats.); to consider individual histories or disciplinary data (§ 19.85(1)(f), Stats.); and to confer with legal counsel (§ 19.85(1)(g), Stats.). Clarence Chou, Chairperson, read the language of the motion aloud for the record. The vote of each member was ascertained by voice vote. Roll Call Vote: Milton Bond, Jr.-yes; Clarence Chou-yes; Kris Ferguson-yes; Diane Gerlach-yes; Sumeet Goel-yes; Stephanie Hilton-yes; Carmen Lerma-yes; Steven Leuthner-yes; Lubna Majeed-Haqqi-yes; Gregory Schmeling-yes; Derrick Siebert-yes; and Emily Yu-yes. Motion carried unanimously.

The Board convened into Closed Session at 9:20 a.m.

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

Proposed Stipulations, Final Decisions and Orders

21 MED 499 – Justin J. Woods

MOTION: Milton Bond Jr. moved, seconded by Stephanie Hilton, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Justin J. Woods, DLSC Case Number 21 MED 499. Motion carried unanimously.

22 MED 173 – John E. Brusky

MOTION: Emily Yu moved, seconded by Steven Leuthner, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against John E. Brusky, DLSC Case Number 22 MED 173. Motion carried unanimously.

23 MED 025 – Satish N. Patel

MOTION: Sumeet Goel moved, seconded by Milton Bond Jr., to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Satish N. Patel, DLSC Case Number 23 MED 025. Motion carried unanimously.

23 MED 419 – Brian J. Tienor

MOTION: Steven Leuthner moved, seconded by Kris Ferguson, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Brian J. Tienor, DLSC Case Number 23 MED 419. Motion carried unanimously.

23 MED 503 – Nichole Adami

MOTION: Sumeet Goel moved, seconded by Milton Bond Jr., to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Nichole Adami, DLSC Case Number 23 MED 503. Motion carried unanimously.

Complaints

21 MED 175 & 21 MED 370 – E.B.H.

MOTION: Milton Bond Jr. moved, seconded by Emily Yu, to find probable cause in DLSC Case Numbers 21 MED 175 & 21 MED 370, to believe that E.B.H. has committed unprofessional conduct, and therefore, to issue the Complaint and hold a hearing on such conduct pursuant to Wis. Stat§ 448.02(3)(b). Motion carried unanimously.

(Sumeet Goel and Derrick Siebert recused themselves and left the room for deliberation and voting in the matter concerning E.B.H., DLSC Case Numbers 21 MED 175 & 21 MED 370.)

21 MED 175 & 21 MED 387 – R.N.S.

MOTION: Milton Bond Jr. moved, seconded by Steven Leuthner, to find probable cause in DLSC Case Numbers 21 MED 175 & 21 MED 387, to believe that R.N.S. has committed unprofessional conduct, and therefore, to issue the Complaint and hold a hearing on such conduct pursuant to Wis. Stat§ 448.02(3)(b). Motion carried unanimously.

(Sumeet Goel and Derrick Siebert recused themselves and left the room for deliberation and voting in the matter concerning R.N.S., DLSC Case Number 21 MED 175 & 21 MED 387.)

22 MED 113 – C.J.L.

MOTION: Milton Bond Jr. moved, seconded by Lubna Majeed-Haqqi, to find probable cause in DLSC Case Number 22 MED 113, to believe that C.J.L. has committed unprofessional conduct, and therefore, to issue the Complaint and hold a hearing on such conduct pursuant to Wis. Stat§ 448.02(3)(b). Motion carried unanimously.

(Sumeet Goel and Derrick Siebert recused themselves and left the room for deliberation and voting in the matter concerning C.J.L., DLSC Case Number 22 MED 113.)

Administrative Warnings

21 MED 208 – R.K.S.

MOTION: Emily Yu moved, seconded by Steven Leuthner, to issue an Administrative Warning in the matter of R.K.S., DLSC Case Number 21 MED 208. Motion carried unanimously.

23 MED 117 – G.A.T.

MOTION: Milton Bond Jr. moved, seconded by Sumeet Goel, to issue an Administrative Warning in the matter of G.A.T. DLSC Case Number 23 MED 117. Motion carried unanimously.

23 MED 502 – J.J.C.

MOTION: Milton Bond Jr. moved, seconded by Steven Leuthner, to issue an Administrative Warning in the matter of J.J.C., DLSC Case Number 23 MED 502. Motion carried unanimously.

23 MED 502 – R.F.W.

MOTION: Stephanie Hilton moved, seconded by Emily Yu, to issue an Administrative Warning in the matter of R.F.W., DLSC Case Number 23 MED 502. Motion carried unanimously.

Case Closings

MOTION: Milton Bond Jr. moved, seconded by Steven Leuthner, to close the following DLSC Cases for the reasons outlined below:

- a) 22 MED 203 – C.G.S. – Insufficient Evidence
- b) 22 MED 479 – S.M. – No Violation
- c) 22 MED 522 – S.B. – No Violation
- d) 23 MED 043 – R.M.K. – No Violation
- e) 23 MED 093 – R.P. – No Violation
- f) 23 MED 106 – N.G.B. – Prosecutorial Discretion (P2)
- g) 23 MED 113 – D.E.P. – No Violation
- h) 23 MED 195 – A.L.W. – No Violation
- i) 23 MED 263 – A.O.E. – No Violation
- j) 23 MED 393 – A.F. – No Violation
- k) 23 MED 452 – M.J.P. – No Violation

l) 23 MED 591 – A.J.B. – No Violation
Motion carried unanimously.

23 MED 461 – D.M.

MOTION: Stephanie Hilton moved, seconded by Sumeet Goel, to return DLSC Case Number 23 MED 461 against D.M., to DLSC for further proceedings.
Motion carried unanimously.

Monitoring

David Martin, A.A.-C. – Requesting Order Modification

MOTION: Steven Leuthner moved, seconded by Sumeet Goel, to grant the request of David Martin for acceptance through Alabama Professionals Health Program. Motion carried unanimously.

CREDENTIALING MATTERS

Waiver of 24 Months of ACGME/AOA Accredited Post-Graduate Training

Paz Lotan, M.D.

MOTION: Sumeet Goel moved, seconded by Steven Leuthner, to approve the waiver of 24 Months of ACGME/AOA Accredited Post-Graduate Training application of Paz Lotan, M.D., once all requirements are met. Motion carried.

Application Review

Jorge Mascaro Carvajal, M.D. – Visiting Physician

MOTION: Steven Leuthner moved, seconded by Sumeet Goel, to approve the visiting physician application of Jorge Mascaro Carvajal, M.D, once all requirements are met. Motion carried unanimously.

(Stephanie Hilton excused at 10:42 a.m.)

Full Board Oral Interview

Adedamola Akinsiku, M.D. – Medicine and Surgery Applicant

MOTION: Sumeet Goel moved, seconded by Emily Yu, to deny the Waiver of 24 months ACGME/AOA training requirement to Adedamola Akinsiku, M.D. Reason for denial: the applicant has failed to demonstrate to the Board's satisfaction that his documented education and training are substantially equivalent to the requirements under Med 1.02(3)(b). Motion carried unanimously.

(Gregory Schmeling excused at 11:31 a.m.)

(Milton Bond Jr. excused 11:37 a.m.)

RECONVENE TO OPEN SESSION

MOTION: Milton Bond Jr. moved, seconded by Lubna Majeed-Haqqi, to reconvene to Open Session. Motion carried unanimously.

The Board reconvened to Open Session at 11:37 a.m.

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

MOTION: Steven Leuthner moved, seconded by Sumeet Goel, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

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

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

MOTION: Emily Yu moved, seconded by Lubna Majeed-Haqqi, to delegate ratification of examination results to DSPS staff and to ratify all licenses and certificates as issued. Motion carried unanimously.


ADJOURNMENT

MOTION: Sumeet Goel moved, seconded by Steven Leuthner, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 11:38 a.m.

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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Nilajah Hardin Administrative Rules Coordinator		2) Date when request submitted: 6/6/24 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 06/19/24	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? 8:00 A.M. Public Hearing for Clearinghouse Rule 24-039 on Med 24, Relating to Telemedicine and Telehealth 1. Review Public Hearing Comments and Respond to Clearinghouse Report	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: The Board will hold a public hearing on this rule as required by the rulemaking process.			
11) Authorization			
Signature of person making this request 		Date 6/6/24	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

STATE OF WISCONSIN
MEDICAL EXAMINING BOARD

IN THE MATTER OF RULEMAKING	:	PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE	:	MEDICAL EXAMINING BOARD
MEDICAL EXAMINING BOARD	:	ADOPTING RULES
	:	(CLEARINGHOUSE RULE)

PROPOSED ORDER

An order of the Medical Examining Board to repeal Med 24.01 (5) and repeal and recreate Med 24.02, relating to Telemedicine and Telehealth.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: ss. 440.01 (1) (hm) and 440.17, Stats.

Statutory authority: ss. 15.08 (5) (b) and 448.40 (1), Stats.

Explanation of agency authority:

Section 15.08 (5) (b), Stats. states that “The Board shall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains, and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular trade or profession.”

Section 448.40 (1), Stats., provides that “[t]he board may promulgate rules to carry out the purposes of this subchapter, including rules requiring the completion of continuing education, professional development, and maintenance of certification or performance improvement or continuing medical education programs for renewal of a license to practice medicine and surgery.”

Related statute or rule: None.

Plain language analysis: The objective of the proposed rules is to implement the statutory changes from 2021 Wisconsin Act 121. This was achieved by revising the definition of “telemedicine”, as well updating a reference to the Physician Assistant Affiliated Credentialing Board.

Summary of, and comparison with, existing or proposed federal regulation: None.

Comparison with rules in adjacent states:

Illinois: The Illinois Department of Financial and Professional Regulation is responsible for the licensure and regulation of the practice of medicine in Illinois, with input from the Illinois State Medical Board. The Illinois Department is also responsible for the promulgation of rules to implement certain sections of the Illinois Medical Practice Act of 1987. This Act contains requirements for applications, licensure, and discipline for physicians. As outlined in Section 49.5, telemedicine may only be performed by someone who has an Illinois medical license or permit. Telemedicine includes, but is not limited to diagnosis and treatment of a patient in Illinois by a person in a different location than the patient via electronic means of communication. [225 Illinois Compiled Statutes ch. 60 s. 49.5].

Iowa: The Iowa Board of Medicine is responsible for the licensure and regulation of medicine and surgery in Iowa. Chapter 148 of the Iowa Code includes statutory requirements for licensure, composition and powers of the Iowa Board, and discipline for physicians [Iowa Code ch. 148]. The Iowa Administrative Code includes rules relating to medical practice, including Telemedicine. In Iowa, Telemedicine means the practice of medicine via electronic communications including asynchronous transmission. [653 Iowa Administrative Code ch. 13 s. 13.11].

Michigan: The Michigan Board of Medicine is responsible for the licensure and regulation of medical practice in Michigan. Act 368 Article 15 Part 170 of the Michigan Compiled Laws includes the regulations for medicine in Michigan, among several other occupations. Some of the requirements in this part include those for licensure, informed consent, and duties of the Michigan Board. [Michigan Compiled Laws ss. 333.17001-333.17097]. The statutory definition for Telehealth in Michigan is contained in Act 218 Chapter 34 Section 500 and includes the use of electronic media to link patients with health care professionals [Michigan Compiled Laws s. 500.3476 (2) (b)].

Minnesota: The Minnesota Board of Medical Practice is responsible for the licensure and regulation of medicine in Minnesota. Part 6800 of the Minnesota Administrative Code includes requirements for licensure, continuing education, and hearings before the Minnesota Board. [Minnesota Administrative Rules part 5600]. Chapter 147 of the Minnesota Statutes, or the Minnesota Medical Practice Act, also includes requirements for licensure, practice, and discipline for physicians, as well as Telehealth [Minnesota Statutes ch. 147]. In Minnesota, the statutory definition of Telehealth is included in the Minnesota Telehealth Act and means the delivery of healthcare services via two-way interactive communications [Minnesota Statutes ch. 62A s. 62A.673 (2) (h)].

Summary of factual data and analytical methodologies:

The Board reviewed 2021 Wisconsin Act 121 and made changes to Wisconsin Administrative Code Chapter Med 24 accordingly.

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

The rule was posted for 14 days on the Department of Safety and Professional Services website to solicit economic impact comments, including how the proposed rules may affect businesses, local municipalities, and private citizens. No comments were received.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis will be attached upon completion.

Effect on small business:

These rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department’s Regulatory Review Coordinator may be contacted by email at Jennifer.Garrett@wisconsin.gov, or by calling (608) 266-2112.

Agency contact person:

Nilajah Hardin, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, Wisconsin 53708-8366; telephone 608-267-7139; email at DSPSAdminRules@wisconsin.gov.

Place where comments are to be submitted and deadline for submission:

Comments may be submitted to Nilajah Hardin, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, Wisconsin 53708-8366, or by email to DSPSAdminRules@wisconsin.gov. Comments must be received on or before the public hearing, held on June 19, 2024, to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. Med 24.01 (5) is repealed.

SECTION 2. Med 24.02 is repealed and recreated to read:

Med 24.02 Definition of telemedicine. In this chapter, “telemedicine” is analogous to “telehealth” which has the meaning given in s. 440.01 (1) (hm), Stats.

SECTION 3. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

<p>1. Type of Estimate and Analysis <input checked="" type="checkbox"/> Original <input type="checkbox"/> Updated <input type="checkbox"/> Corrected</p>	<p>2. Date 04/22/24</p>
<p>3. Administrative Rule Chapter, Title and Number (and Clearinghouse Number if applicable) Med 24</p>	
<p>4. Subject Telemedicine and Telehealth</p>	
<p>5. Fund Sources Affected <input type="checkbox"/> GPR <input type="checkbox"/> FED <input checked="" type="checkbox"/> PRO <input type="checkbox"/> PRS <input type="checkbox"/> SEG <input type="checkbox"/> SEG-S</p>	<p>6. Chapter 20, Stats. Appropriations Affected s. 20.165 (1) (hg)</p>
<p>7. Fiscal Effect of Implementing the Rule <input type="checkbox"/> No Fiscal Effect <input checked="" type="checkbox"/> Increase Existing Revenues <input type="checkbox"/> Increase Costs <input type="checkbox"/> Decrease Costs <input checked="" type="checkbox"/> Indeterminate <input type="checkbox"/> Decrease Existing Revenues <input type="checkbox"/> Could Absorb Within Agency's Budget</p>	
<p>8. The Rule Will Impact the Following (Check All That Apply) <input type="checkbox"/> State's Economy <input type="checkbox"/> Specific Businesses/Sectors <input type="checkbox"/> Local Government Units <input type="checkbox"/> Public Utility Rate Payers <input type="checkbox"/> Small Businesses (if checked, complete Attachment A)</p>	
<p>9. Estimate of Implementation and Compliance to Businesses, Local Governmental Units and Individuals, per s. 227.137(3)(b)(1). \$0</p>	
<p>10. Would Implementation and Compliance Costs Businesses, Local Governmental Units and Individuals Be \$10 Million or more Over Any 2-year Period, per s. 227.137(3)(b)(2)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>11. Policy Problem Addressed by the Rule The objective of the proposed rules is to implement the statutory changes from 2021 Wisconsin Act 121. This was achieved by revising the definition of "telemedicine", as well updating a reference to the Physician Assistant Affiliated Credentialing Board.</p>	
<p>12. Summary of the Businesses, Business Sectors, Associations Representing Business, Local Governmental Units, and Individuals that may be Affected by the Proposed Rule that were Contacted for Comments. The rule was posted on the Department's website for 14 days to solicit public comment on economic impact, including how the proposed rules may affect businesses, local government units, and individuals. No comments were received.</p>	
<p>13. Identify the Local Governmental Units that Participated in the Development of this EIA. None.</p>	
<p>14. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred) DSPS estimates that it will incur a total of \$3,200 in one-time costs for implementing the provisions of this rule. The estimated one-time costs are for the equivalent of a 0.1 limited term employee and associated overhead for activities including rulemaking, staff training, website update and update of reference documents. The one-time costs cannot be absorbed in the currently appropriated agency budget.</p>	
<p>15. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule The benefit is that there will be more clarity on the definition of Telehealth for Physicians and the other health professions credentialed by the Medical Examining Board.</p>	
<p>16. Long Range Implications of Implementing the Rule The long range implications of implementing the rule are that the Medical Examining Board's chapter Med 24 will be in compliance with the statutory definition of Telehealth..</p>	
<p>17. Compare With Approaches Being Used by Federal Government</p>	

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

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

Illinois: The Illinois Department of Financial and Professional Regulation is responsible for the licensure and regulation of the practice of medicine in Illinois, with input from the Illinois State Medical Board. The Illinois Department is also responsible for the promulgation of rules to implement certain sections of the Illinois Medical Practice Act of 1987. This Act contains requirements for applications, licensure, and discipline for physicians. As outlined in Section 49.5, telemedicine may only be performed by someone who has an Illinois medical license or permit. Telemedicine includes, but is not limited to diagnosis and treatment of a patient in Illinois by a person in a different location than the patient via electronic means of communication. [225 Illinois Compiled Statutes ch. 60 s. 49.5].

Iowa: The Iowa Board of Medicine is responsible for the licensure and regulation of medicine and surgery in Iowa. Chapter 148 of the Iowa Code includes statutory requirements for licensure, composition and powers of the Iowa Board, and discipline for physicians [Iowa Code ch. 148]. The Iowa Administrative Code includes rules relating to medical practice, including Telemedicine. In Iowa, Telemedicine means the practice of medicine via electronic communications including asynchronous transmission. [653 Iowa Administrative Code ch. 13 s. 13.11].

Michigan: The Michigan Board of Medicine is responsible for the licensure and regulation of medical practice in Michigan. Act 368 Article 15 Part 170 of the Michigan Compiled Laws includes the regulations for medicine in Michigan, among several other occupations. Some of the requirements in this part include those for licensure, informed consent, and duties of the Michigan Board. [Michigan Compiled Laws ss. 333.17001-333.17097]. The statutory definition for Telehealth in Michigan is contained in Act 218 Chapter 34 Section 500 and includes the use of electronic media to link patients with health care professionals [Michigan Compiled Laws s. 500.3476 (2) (b)].

Minnesota: The Minnesota Board of Medical Practice is responsible for the licensure and regulation of medicine in Minnesota. Part 6800 of the Minnesota Administrative Code includes requirements for licensure, continuing education, and hearings before the Minnesota Board. [Minnesota Administrative Rules part 5600]. Chapter 147 of the Minnesota Statutes, or the Minnesota Medical Practice Act, also includes requirements for licensure, practice, and discipline for physicians, as well as Telehealth [Minnesota Statutes ch. 147]. In Minnesota, the statutory definition of Telehealth is included in the Minnesota Telehealth Act and means the delivery of healthcare services via two-way interactive communications [Minnesota Statutes ch. 62A s. 62A.673 (2) (h)].

19. Contact Name	20. Contact Phone Number
Nilajah Hardin, Administrative Rules Coordinator	608-267-7139

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

ADMINISTRATIVE RULES
Fiscal Estimate & Economic Impact Analysis

ATTACHMENT A

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

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

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

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

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

5. Describe the Rule's Enforcement Provisions

6. Did the Agency prepare a Cost Benefit Analysis (if Yes, attach to form)

- Yes No
-



Wisconsin Legislative Council

RULES CLEARINGHOUSE

Scott Grosz
Clearinghouse Director

Anne Sappenfield
Legislative Council Director

Margit Kelley
Clearinghouse Assistant Director

CLEARINGHOUSE REPORT TO AGENCY

[THIS REPORT HAS BEEN PREPARED PURSUANT TO S. 227.15, STATS. THIS IS A REPORT ON A RULE AS ORIGINALLY PROPOSED BY THE AGENCY; THE REPORT MAY NOT REFLECT THE FINAL CONTENT OF THE RULE IN FINAL DRAFT FORM AS IT WILL BE SUBMITTED TO THE LEGISLATURE. THIS REPORT CONSTITUTES A REVIEW OF, BUT NOT APPROVAL OR DISAPPROVAL OF, THE SUBSTANTIVE CONTENT AND TECHNICAL ACCURACY OF THE RULE.]

CLEARINGHOUSE RULE **24-039**

AN ORDER to repeal Med 24.01 (5); and to repeal and recreate Med 24.02, relating to Telemedicine and Telehealth.

Submitted by **MEDICAL EXAMINING BOARD**

04-22-2024 RECEIVED BY LEGISLATIVE COUNCIL.

05-13-2024 REPORT SENT TO AGENCY.

SG:KAM

LEGISLATIVE COUNCIL RULES CLEARINGHOUSE REPORT

This rule has been reviewed by the Rules Clearinghouse. Based on that review, comments are reported as noted below:

1. STATUTORY AUTHORITY [s. 227.15 (2) (a)]

Comment Attached YES NO

2. FORM, STYLE AND PLACEMENT IN ADMINISTRATIVE CODE [s. 227.15 (2) (c)]

Comment Attached YES NO

3. CONFLICT WITH OR DUPLICATION OF EXISTING RULES [s. 227.15 (2) (d)]

Comment Attached YES NO

4. ADEQUACY OF REFERENCES TO RELATED STATUTES, RULES AND FORMS
[s. 227.15 (2) (e)]

Comment Attached YES NO

5. CLARITY, GRAMMAR, PUNCTUATION AND USE OF PLAIN LANGUAGE [s. 227.15 (2) (f)]

Comment Attached YES NO

6. POTENTIAL CONFLICTS WITH, AND COMPARABILITY TO, RELATED FEDERAL
REGULATIONS [s. 227.15 (2) (g)]

Comment Attached YES NO

7. COMPLIANCE WITH PERMIT ACTION DEADLINE REQUIREMENTS [s. 227.15 (2) (h)]

Comment Attached YES NO



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RULES CLEARINGHOUSE

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CLEARINGHOUSE RULE 24-039

Comments

[NOTE: All citations to “Manual” in the comments below are to the Administrative Rules Procedures Manual, prepared by the Legislative Council Staff and the Legislative Reference Bureau, dated November 2020.]

5. Clarity, Grammar, Punctuation and Use of Plain Language

a. The proposed rule defines the phrase, “telemedicine” in ch. Med 24 as “analogous” to “telehealth” as defined in s. 440.01 (1) (hm), Stats. The phrase “telemedicine” is used throughout the current administrative rule chapter. Could the chapter be made clearer by more comprehensively changing references from “telemedicine” to “telehealth” throughout, or is there a reason to retain “telemedicine” as a separate phrase? Additionally, if retained, use of the term “is analogous” in the definition could be considered ambiguous relative to s. 440.17, Stats., which directs that an agency “shall define ‘telehealth’ *to have* the meaning given in s. 440.10 (1) (hm)”. [Emphasis added.] Is there a reason the agency chose to use the term “is analogous” instead of specifying the connection between the two terms more directly?


b. In its plain language analysis, the agency refers to “an update” to a reference to the Physician Assistant Affiliated Credentialing Board, in apparent reference to the treatment proposed in SECTION 1 of the rule text. However, SECTION 1 of the rule text proposes the repeal of s. Med 24.01 (5), which in conjunction with s. Med 24.01 (intro.), reads: “The rules in this chapter may not be construed to prohibit any of the following: (5) Use of telemedicine by a physician assistant licensed by the medical examining board to provide patient care, treatment, or services within the licensee’s scope of practice under s. Med 8.07.”. Could the agency expand its plain language analysis to explain the effect of the repeal of s. Med 24.01 (5) in greater detail?

6. Potential Conflicts With, and Comparability to, Related Federal Regulations

With respect to the Fiscal Estimate and Economic Impact Analysis, consider explaining why the document does not compare the proposed rule with approaches being used by the federal government. For example, it appears the federal government defines “telehealth services” for purposes of Medicare in s. 42 C.F.R. 410.78. [See s. 227.137 (3) (a), Stats.]

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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Nilajah Hardin, Administrative Rules Coordinator		2) Date when request submitted: 6/6/24 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 6/19/24	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Administrative Rule Matters – Discussion and Consideration 1. Updated Scope Statement: Med 1, Relating to Licensure Requirements 2. Pending or Possible Rulemaking Projects a. Rule Projects Chart	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: Attachments: Updated Scope – Med 1 Rule Project Chart (Board Rule projects can be Viewed Here if Needed: https://dsps.wi.gov/Pages/RulesStatutes/PendingRules.aspx)			
11) Authorization			
		6/6/24	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

STATEMENT OF SCOPE

MEDICAL EXAMINING BOARD

Rule No.: Med 1

Relating to: Licensure Requirements

Rule Type: Permanent

1. Finding/nature of emergency (Emergency Rule only): N/A

2. Detailed description of the objective of the proposed rule:

The objective of the proposed rule is to clarify requirements for licensure of physicians by updating application requirements that are currently causing delays in licensure due to how long it takes for each application to be reviewed. The Board will specifically consider how many years of employment history that need to be included with each application, as well as any other application requirements that may be contributing to delays.

3. Description of the existing policies relevant to the rule, new policies proposed to be included in the rule, and an analysis of policy alternatives:

The Board intends to review and update Wisconsin Administrative Code Chapter Med 1 to clarify what an applicant is required to submit as part of their licensure application. An alternative would be to not revise the administrative code and existing licensure requirements would continue to apply.

4. Detailed explanation of statutory authority for the rule (including the statutory citation and language):

Section 15.08 (5) (b), Stats. states that "The Board shall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains, and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular trade or profession."

Section 448.40 (1), Stats., provides that "[t]he board may promulgate rules to carry out the purposes of this subchapter, including rules requiring the completion of continuing education, professional development, and maintenance of certification or performance improvement or continuing medical education programs for renewal of a license to practice medicine and surgery."

5. Estimate of amount of time that state employees will spend developing the rule and of other resources necessary to develop the rule:

Approximately 80 hours

6. List with description of all entities that may be affected by the proposed rule:

Wisconsin licensed physicians and those applying for physician licensure.

7. Summary and preliminary comparison with any existing or proposed federal regulation that is intended to address the activities to be regulated by the proposed rule: None.

8. Anticipated economic impact of implementing the rule (note if the rule is likely to have a significant economic impact on small businesses):

The proposed rule will have minimal to no economic impact on small businesses and the state's economy as a whole.

Contact Person: Nilajah Hardin, Administrative Rules Coordinator,
DSPSAdminRules@wisconsin.gov, (608) 267-7139.

Approved for publication:

Approved for implementation:

Authorized Signature

Authorized Signature

Date Submitted

Date Submitted

**Medical Examining Board
Rule Projects (updated 06/06/24)**

Clearinghouse Rule Number	Scope #	Scope Expiration	Code Chapter Affected	Relating clause (description)	Current Stage	Next Step
Not Assigned Yet	Not Assigned Yet	Not Assigned Yet	Med 1	Licensure Requirements	Updated Scope Statement Reviewed at 06/19/24 Meeting	Updated Scope Statement Approved for Submission to Governor and for Publication in Administrative Register
24-039	117-23	06/26/2026	Med 24	Telemedicine and Telehealth	Public Hearing Held at 06/19/24 Meeting	Drafting Final Rule and Legislative Report
Not Assigned Yet	055-24	11/28/2026	Med 27	Provisional Licensure for International Physicians	Published in Administrative Register on 05/58/24	Implementation after 10 Calendar Days from Publication (Assuming a Preliminary Hearing is Not Ordered by Legislature)

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

AGENDA REQUEST FORM

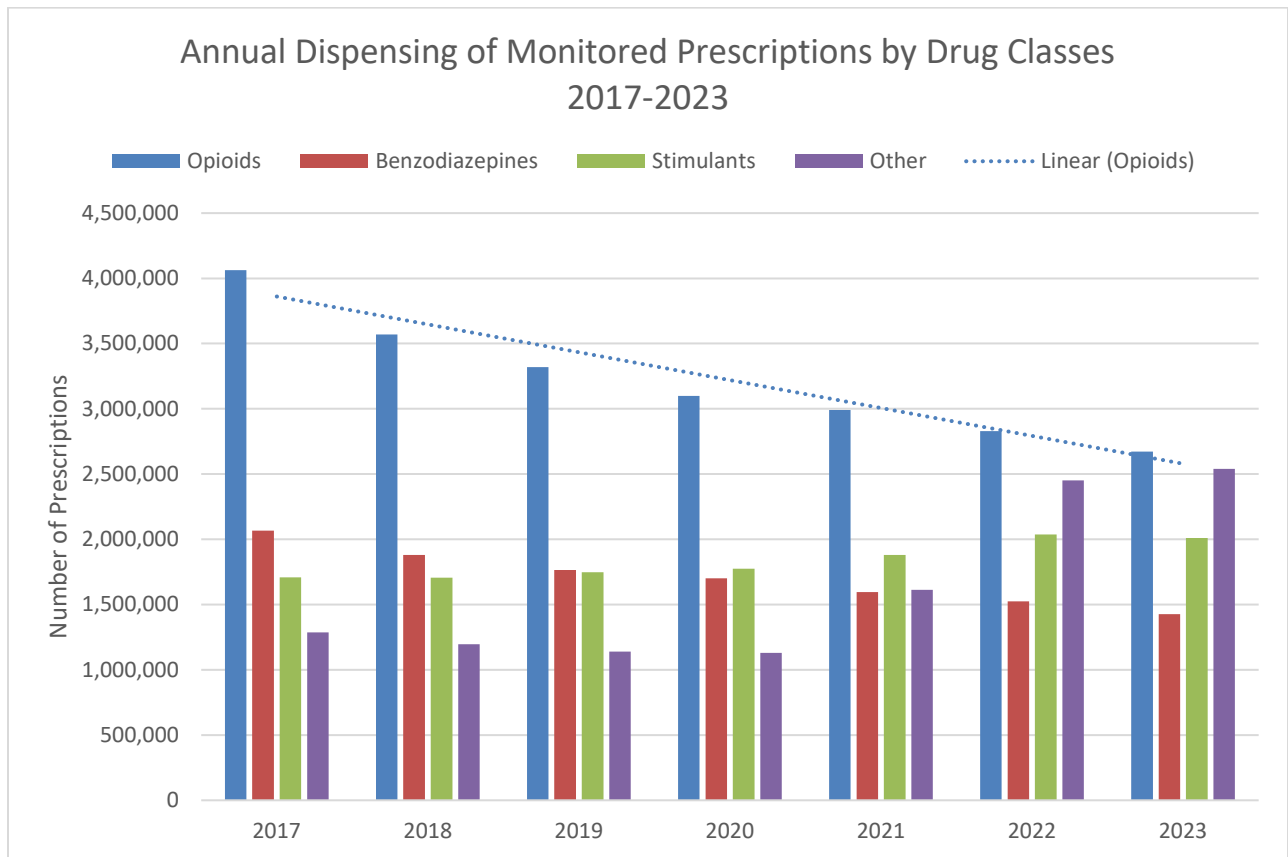
1) Name and title of person submitting the request: Marjorie Liu Program Lead, PDMP		2) Date when request submitted: <p style="text-align: center;">06/07/2024</p> <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>																
3) Name of Board, Committee, Council, Sections: Medical Examining Board																		
4) Meeting Date: 06/19/2024	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Prescription Drug Monitoring Program (PDMP) Overview and Updates																
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPP 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: <ol style="list-style-type: none"> 1. WI PDMP Overview <ol style="list-style-type: none"> a. Recent Enhancement b. Gabapentin and Upcoming NPI Requirement 2. PDMP Participation Updates: MD & DO 																		
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; vertical-align: top;">11)</td> <td style="width: 60%; text-align: center; vertical-align: top;">Authorization</td> <td style="width: 30%;"></td> </tr> <tr> <td></td> <td style="text-align: center; vertical-align: top;"><i>Marjorie Liu</i></td> <td style="text-align: center; vertical-align: top;">6/7/2024</td> </tr> <tr> <td></td> <td style="text-align: center; border-top: 1px solid black;">Signature of person making this request</td> <td style="text-align: center; border-top: 1px solid black;">Date</td> </tr> <tr> <td></td> <td style="text-align: center; border-top: 1px solid black;">Supervisor (if required)</td> <td style="text-align: center; border-top: 1px solid black;">Date</td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center; border-top: 1px solid black;">Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date</td> </tr> </table>				11)	Authorization			<i>Marjorie Liu</i>	6/7/2024		Signature of person making this request	Date		Supervisor (if required)	Date		Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date	
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	<i>Marjorie Liu</i>	6/7/2024																
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WISCONSIN | ePDMP

Wisconsin Prescription Drug Monitoring Program (PDMP) Overview

- 721,000 Dispensing Records Submitted per Month in 2023
- 82,000 Data-Driven Patient History Alerts per Month in 2023
- 50,000 Active Healthcare Professional Users
- 487,000 Patient Queries per Month in 2023





WISCONSIN | ePDMP

Wisconsin Prescription Drug Monitoring Program (PDMP) Updates- Medical Examining Board (MD & DO)

ePDMP Registration (As of 3/31/2024)

Total Number of Licensed MD & DO - Active Only	33,660
Total Number of Licensed MD & DO Registered with the WI ePDMP	19,594
Number of Licensed MD & DO who have logged in to the ePDMP in the past 12 months	8,728

ePDMP Usage (Q1 2024)

Number of MD & DO with Rx Required of PDMP Review	10,701	
Total Queries by MD & DO (Including Delegates)	971,824	
ePDMP Usage/Prescribing Compliance Rate	ePDMP Usage	Number of Prescribers
	100%	3,262
	99-75%	1,070
	74-51%	1,015
	50-26%	1,006
	25-1%	1,011
	0%	3,337

Prescribing of Monitored Prescription Drugs Q1 2024

	Total Unique Prescribers	Total Prescriptions
MD & DO with Monitored Drug Prescriptions	10,158	1,194,758
MD & DO with Opioid Prescriptions	8,090	387,620
MD & DO with Benzo Prescriptions	7,031	223,235

Opioid Prescribing Trend 2023-2024 (MD & DO)

	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024
Opioid Prescriptions	330,429	430,187	419,609	411,141	387,620
Change from Prev. Q	-4.7%	30.2%	-2.5%	-2.0%	-5.7%

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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: DSPS		2) Date when request submitted: Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 6/19/2024	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Review of 2025 Board Goals to Address Opioid Abuse and Delegate Department to File Wis. Stat. s. 440.035 (2m) Report to Legislature	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if applicable: N/A	
10) Describe the issue and action that should be addressed: <p>The Board will review the following proposed goals to address opioid abuse and if acceptable, make a motion to adopt them for 2025, and delegate the Department to file the report with the Legislature.</p> <p>Goal 1: Continuing Education Related to Prescribing Controlled Substances The Board's goal is to continue to promote safe practices for prescribing controlled substances in alignment with current data, including ongoing Board monitoring of its 2-hour controlled substances continuing education requirement.</p> <p>Goal 2: Take Enforcement Action When Appropriate The Board's goal is to, independently and in partnership with the Controlled Substances Board Referral Criteria Work Group, continue to proactively investigate physicians whose prescriptive practices with opioids may be inconsistent with the standard of minimally competent medical practice. In addition, the Board will continue to exercise its disciplinary authority to hold practitioners accountable for opioid diversion and abuse.</p> <p>Goal 3: Opioid Prescribing Guideline The Board will continue to monitor its Opioid prescribing Guideline and consider updates as needed to keep it current and relevant to physicians and their patients.</p> <p>Goal 4: Track and Monitor Physician Prescribing of Controlled Substances The MEB will continue to explore ways to leverage the expertise of the ePDMP to effectively track and monitor physician prescribing of controlled substances and to identify opioid abuse trends. This may include discussions at Board meetings with ePDMP staff, review of CSB referrals, PDMP and CSB data and reports.</p> <p>Goal 5: Continued Outreach and Leadership The Board will continue to explore avenues independently and with other organizations such as the ePDMP and the FSMB to advance its active participation in statewide and national efforts to combat opioid abuse.</p>			