



---

**VIRTUAL/TELECONFERENCE  
MEDICAL EXAMINING BOARD  
Virtual, 4822 Madison Yards Way, Madison  
Contact: Tom Ryan (608) 266-2112  
November 20, 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 October 16, 2024 (6-10)**
- 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. – 7/1/2028
    - d. Ferguson, Kris – 7/1/2025
    - e. Gerlach, Diane M. – 7/1/2028
    - f. Goel, Sumeet K. – 7/1/2027
    - g. Hilton, Stephanie – 7/1/2028
    - 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. – 7/1/2028
  - 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. Administrative Rule Matters – Discussion and Consideration (11)**
  - 1) Preliminary Rule Draft: Med 27, Relating to Provisional Licensure (12-17)
  - 2) Wis Stat. s. 15.085 (5) (b) Review and Comment on Affiliated Credentialing Board Preliminary Rules:
    - a. MTBT 6, Relating to Temporary Licenses (18-21)
    - b. AT 4, Relating to Protocol Requirements (22-28)
  - 3) Pending or Possible Rulemaking Projects (29)
- H. Wisconsin Chapter of American College of Emergency Physicians (WACEP) Position Paper: Physician Involvement in Emergency Departments (30-32)**
- I. Interdisciplinary Advisory Council Liaison Report – Discussion and Consideration**
- J. Professional Assistance Procedure (PAP) Discussion of Expansion to Include Mental Health Disorders
- K. Federation of State Medical Boards (FSMB) Matters – Discussion and Consideration
- L. Newsletter Matters – Discussion and Consideration
- M. Controlled Substances Board Report – Discussion and Consideration
- N. Interstate Medical Licensure Compact Commission (IMLCC) – Report from Wisconsin’s Commissioners – Discussion and Consideration
- O. Screening Panel Report
- P. Future Agenda Items
- Q. 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

**R. 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.).**

**S. Deliberation on DLSC Matters**

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

- a. 21 MED 060 – Ronald G. Rubin (33-42)
- b. 23 MED 074 – Steven D. Johnson (43-48)
- c. 23 MED 108 – Glenn D. Vogelsang (49-54)
- d. 23 MED 158 – Steven P. Rudis (55-61)
- e. 23 MED 176 – Amy E. Falk (62-67)
- f. 23 MED 260 & 23 MED 609 – Donald T. Nicell (68-74)
- g. 23 MED 416 – Jose A. Ortiz, Jr. (75-80)
- h. 23 MED 596 – George X. Zaleski (81-87)
- i. 24 MED 044 – Alfonso Morales-Utrilla, Jr. (88-93)
- j. 24 MED 051 – James R. Staheli (94-99)

**2) Administrative Warnings**

- a. 23 MED 252 – D.A.W. (100-101)

**3) Case Closings**

- a. 21 MED 175 – R.N.S. & E.B.H. (102-128)
- b. 21 MED 370 – E.B.H. (129-155)
- c. 21 MED 387 – R.N.S. (156-166)
- d. 22 MED 113 – C.J.L. (167-190)
- e. 23 MED 137 – N.H.S. (191-212)
- f. 23 MED 280 – E.C.O. (213-220)
- g. 23 MED 383 – D.C.S. (221-228)
- h. 23 MED 471 – A.D.S. (229-237)
- i. 23 MED 528 – E.W.K. (238-241)
- j. 24 MED 0143 – J.A.W. (242-252)
- k. 24 MED 0173 – J.G.C. (253-260)
- l. 24 MED 0201 – S.V.S. (261-264)
- m. 24 MED 0312 – T.J.K. (265-271)

**4) Monitoring (272-273)**

- a. LuAnn Moraski, M.D. – Requesting Modification of Monitoring Order (274-306)

**T. Credentialing Matters**

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

- a. M.A., M.D. (IA 433499) (307-334)

**2) Full Board Oral Interview**

- a. **APPEARANCE:** L.P. – Medicine and Surgery Applicant (IA 175903) (335-411)

U. 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

V. Open Cases

W. Consulting with Legal Counsel

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

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

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

Z. 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 **three (3)** (at time of agenda publication) Candidate(s) for Licensure – **Dr. Goel** and **Dr. Leuthner**

**NEXT MEETING: DECEMBER 18, 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 any agenda item may be changed by the board for the convenience of the parties. The person credentialed by the board has the right to demand that the meeting at which final action may be taken against the credential be held in open session. 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.

**VIRTUAL/TELECONFERENCE  
MEDICAL EXAMINING BOARD  
MEETING MINUTES  
OCTOBER 16, 2024**

**PRESENT:** Milton Bond, Jr.; Clarence Chou, M.D.; Callisia Clarke, M.D. (*arrived at 8:30 a.m.*) (*excused at 10:57 a.m.*); Kris Ferguson, M.D.; Diane Gerlach, D.O.; Sumeet Goel, D.O., Stephanie Hilton; Steven Leuthner, M.D.; Lubna Majeed-Haqqi, M.D.; Gregory Schmeling, M.D.; Derrick Siebert, M.D.; Emily Yu, M.D.

**ABSENT:** Carmen Lerma

**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 8:00 a.m. A quorum was confirmed with eleven (11) members present.

**ADOPTION OF AGENDA**

**Amendment to the Agenda**

- **REMOVE T.2.a.) 23 MED 103 – H.M.M.**

**MOTION:** Milton Bond Jr. moved, seconded by Steven Leuthner, to adopt the Agenda as amended. Motion carried unanimously.

**APPROVAL OF MINUTES OF SEPTEMBER 18, 2024**

**MOTION:** Gregory Schmeling moved, seconded by Derrick Siebert, to approve the Minutes of September 18, 2024 as published. Motion carried unanimously.

**PRELIMINARY HEARING ON STATEMENT OF SCOPE – SS 099-24 ON MED 1,  
RELATING TO LICENSURE REQUIREMENTS**

**Review Preliminary Hearing Comments**

**MOTION:** Emily Yu moved, seconded by Sumeet Goel, to affirm the Board has provided an opportunity to receive public comments concerning Scope Statement (SS) 099-24 on Med 1, relating to Licensure Requirements. Additionally, after consideration of all public comments and feedback the Board approves SS 099-24 for implementation. Motion carried unanimously.

## ADMINISTRATIVE RULE MATTERS

### Wis Stat. s. 15.085 (5) (b) Review and Comment on Affiliated Credentialing Board Preliminary Rules:

**MOTION:** Gregory Schmeling moved, seconded by Lubna Majeed-Haqqi, to affirm the Board has reviewed the following proposed rules and plan to make comments in the next 60 days:

- MTBT 6, Relating to Temporary Licenses
- AT 4, Relating to Protocol Requirements
- DI 1, Relating to Definitions
- PA 4, Relating to Physical Examinations

Motion carried unanimously.

#### *PA 4, Relating to Physical Examinations*

**MOTION:** Gregory Schmeling moved, seconded by Lubna Majeed-Haqqi, to communicate to the Physician Assistant Affiliated Credentialing Board that the preliminary rule draft of PA 4, Relating to Physical Examinations is well written. Motion carried unanimously.

## OPTOMETRISTS AND OPHTHALMOLOGISTS PRACTICE OF LASER EYE SURGERY

### Appearance By Dr. Jennifer Larson and Attorney Guy DeBeau from the Wisconsin Academy of Ophthalmology

**MOTION:** Gregory Schmeling moved, seconded by Callisia Clarke, to acknowledge and thank Dr. Jennifer Larson and Attorney Guy DeBeau from the Wisconsin Academy of Ophthalmology for their appearance with the Medical Examining Board. Motion carried unanimously.

## CLOSED SESSION

**MOTION:** Gregory Schmeling moved, seconded by Emily Yu, 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; Callisia Clarke-yes; Kris Ferguson-yes; Diane Gerlach-yes; Sumeet Goel-yes; Stephanie Hilton-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 9:28 a.m.

## CREENTIALING MATTERS

### Application Review

#### *J.M. – Medicine and Surgery Applicant (IA 373141)*

**MOTION:** Gregory Schmeling moved, seconded by Sumeet Goel, to find that the conviction record on J.M. predetermination application would disqualify J.M. from obtaining a Medicine and Surgery license at the time of review. Reason for Disqualify: Wis. Stat. § 111.335(4)(f). Motion carried unanimously.

#### *L.P. – Medicine and Surgery Applicant (IA 175903)*

**MOTION:** Sumeet Goel moved, seconded by Gregory Schmeling, to require that L.P. appear before the Board for an oral examination. Motion carried unanimously.

#### *S.K. – Medicine and Surgery Applicant (IA 375056)*

**MOTION:** Sumeet Goel moved, seconded by Gregory Schmeling, to deny the Medicine and Surgery application of S.K. **Reason for Denial:** Wis. Stat. § 448.05(1)(a) and subject to §§ 111.321, 111.322 and 111.335. Motion carried unanimously.

#### *J.S.K. – Visiting Physician Applicant (IA 447230)*

**MOTION:** Emily Yu moved, seconded by Gregory Schmeling, to approve the Visiting Physician application of J.S.K. Motion carried unanimously.

### Full Board Oral Interview

#### *R.S. – Medicine and Surgery Applicant (IA 191955)*

**MOTION:** Sumeet Goel moved, seconded by Stephanie Hilton, to deny the Medicine and Surgery application of R.S. **Reason for Denial:** Wis. Stat. § 448.05(1)(a) and subject to Wis. Stat. § 111.335(4)(c)2. Motion carried.

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

### Proposed Stipulations, Final Decisions and Orders

#### *22 MED 313 – Nathaniel L. Stepp*

**MOTION:** Sumeet Goel moved, seconded by Gregory Schmeling, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Nathaniel L. Stepp, DLSC Case Number 22 MED 313. Motion carried unanimously.



**23 MED 349 – Ryan D. McFarland**

**MOTION:** Steven Leuthner moved, seconded by Lubna Majeed-Haqqi, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Ryan D. McFarland, DLSC Case Number 23 MED 349. Motion carried unanimously.

**23 MED 518 – Rodney W. Sosa**

**MOTION:** Milton Bond Jr. moved, seconded by Sumeet Goel, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Rodney W. Sosa, DLSC Case Number 23 MED 518. Motion carried unanimously.

**24 MED 0122 – Anne M. Frea**

**MOTION:** Steven Leuthner moved, seconded by Callisia Clarke, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Anne M. Frea, DLSC Case Number 24 MED 0122. Motion carried unanimously.

**Administrative Warnings**

**23 MED 433 – J.C.B.**

**MOTION:** Gregory Schmeling moved, seconded by Sumeet Goel, to issue an Administrative Warning in the matter of J.C.B., DLSC Case Number 23 MED 433. Motion carried unanimously.

**Case Closings**

**MOTION:** Gregory Schmeling moved, seconded by Emily Yu, to close the following DLSC Cases for the reasons outlined below:

- a) 22 MED 266 – M.A.M. – No Violation
- b) 22 MED 462 – A.A. – Lack of Jurisdiction (L2)
- c) 23 MED 003 – D.J.C. – No Violation
- d) 23 MED 166 – G.S.S. – No Violation
- e) 23 MED 190 – A.S. – No Violation
- f) 23 MED 211 – A.C.R. – Insufficient Evidence
- g) 23 MED 241 – A.A. – No Violation
- h) 22 MED 261 – T.K.H. – No Violation
- i) 23 MED 265 – L.N.M. – No Violation
- j) 23 MED 323 – N.A.J. – Prosecutorial Discretion (P2)
- k) 23 MED 482 – S.S.A. – No Violation
- l) 23 MED 617 – R.C.L. – No Violation
- m) 24 MED 032 – L.W.K. – No Violation
- n) 24 MED 0178 – K.K. – No Violation
- o) 24 MED 0199 – A.P.R. – Prosecutorial Discretion (P2)
- p) 24 MED 0258 – D.L.B. – No Violation

q) 24 MED 0280 – W.D.H. – Insufficient Evidence  
Motion carried unanimously.

### **DELIBERATION ON PROPOSED FINAL DECISION AND ORDERS**

#### **Scott H. Meyer – (DHA Case Number SPS-23-0056/DLSC Case Number 22 MED 157)**

**MOTION:** Gregory Schmeling moved, seconded by Sumeet Goel, to adopt the Proposed Decision and Order, with Variance, in the matter of disciplinary proceedings against Scott H. Meyer, Respondent – DHA Case Number SPS-23-0056/DLSC Case Number 22 MED 157. Motion carried unanimously.

*(Stephanie Hilton recused herself and left the room for deliberation and voting in the matter concerning Scott H. Meyer, Respondent – DHA Case Number SPS-23-0056/DLSC Case Number 22 MED 157.)*

### **RECONVENE TO OPEN SESSION**

**MOTION:** Lubna Majeed-Haqqi moved, seconded by Steven Leuthner, to reconvene to Open Session. Motion carried unanimously.

The Board reconvened to Open Session at 11:08 a.m.

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

**MOTION:** Steven Leuthner moved, seconded by Milton Bond Jr., 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:** Milton Bond Jr. moved, seconded by Gregory Schmeling, to delegate ratification of examination results to DSPS staff and to ratify all licenses and certificates as issued. Motion carried unanimously.


### **ADJOURNMENT**

**MOTION:** Milton Bond Jr. moved, seconded by Sumeet Goel, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 11:10 a.m.

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

**AGENDA REQUEST FORM**

<b>1) Name and title of person submitting the request:</b> Nilajah Hardin, Administrative Rules Coordinator		<b>2) Date when request submitted:</b> 11/07/24 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
<b>3) Name of Board, Committee, Council, Sections:</b> Medical Examining Board			
<b>4) Meeting Date:</b> 11/20/24	<b>5) Attachments:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>6) How should the item be titled on the agenda page?</b> Administrative Rule Matters – Discussion and Consideration 1. Preliminary Rule Draft: Med 27, Relating to Provisional Licensure 2. Wis. Stat. s. 15.085 (5) (b) Review and Comment on Affiliated Credentialing Board Preliminary Rules: a. MTBT 6, Relating to Temporary Licenses b. AT 4, Relating to Protocol Requirements 3. Pending or Possible Rulemaking Projects a. Rule Projects Chart	
<b>7) Place Item in:</b> <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	<b>8) Is an appearance before the Board being scheduled?</b> <i>(If yes, please complete <a href="#">Appearance Request</a> for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>9) Name of Case Advisor(s), if required:</b> N/A	
<b>10) Describe the issue and action that should be addressed:</b>  Attachments: Med 27 Preliminary Rule Draft MTBT 6 and AT 4 Preliminary Rule Drafts Rule Project Chart  (Board Rule projects can be Viewed Here if Needed: <a href="https://dsps.wi.gov/Pages/RulesStatutes/PendingRules.aspx">https://dsps.wi.gov/Pages/RulesStatutes/PendingRules.aspx</a> )			
<b>11) Authorization</b>			
 Signature of person making this request		11/07/24 Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)    Date			
<b>Directions for including supporting documents:</b> 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

STATE OF WISCONSIN  
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 create Med 27, relating to Provisional Licensure for International Physicians.

Analysis prepared by the Department of Safety and Professional Services.

---

ANALYSIS

**Statutes interpreted:** ss. 448.075, 448.40 (3), and 448.05 (2m), Stats.

**Statutory authority:** ss. 15.08 (5) (b), 448.40 (1), and 448.40 (3), 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.”

Section 448.40 (3), Stats., as created by 2023 Wisconsin Act 214, states that “the board may promulgate rules defining “substantially similar” under s. 448.05 (2m).”

**Related statute or rule:** None.

**Plain language analysis:** The objective of the proposed rules is to implement the statutory changes from 2023 Wisconsin Act 214. This was achieved by creating a new chapter in the Wisconsin Administrative Code, chapter Med 27, that outlines the requirements for provisional licensure for an international physician.

**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. In Illinois for an applicant that has graduated from a medical college outside of the US, it's territories, or Canada, their degree must be officially recognized by the country for medical licensure. Additionally, they must complete a 2 year course in a college of liberal arts and a postgraduate training course at least 12 months long approved by the Illinois Department. If the applicant has completed all requirements from a foreign medical school except the internship and "social service," they shall also submit an application to a medical college accredited by the Liaison Committee on Medical Education and complete any evaluation including nationally recognized tests or other examinations. Finally, they must also complete one academic year of supervised clinical training under that same medical college, in addition to the 12 month post graduate training program approved by the Illinois Department [225 Illinois Compiled Statutes ch. 60 s. 11].

**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. In Iowa an applicant must submit evidence of a diploma issued by a medical college approved by the Iowa Board, evidence of having passed an examination prescribed by the Iowa Board to determine qualification for medical licensure and evidence that the applicant has completed one year of postgraduate internship or resident training in a hospital approved by the Iowa Board. If the applicant does not have a diploma from an approved medical college, then they must submit a diploma from a medical college that has not been approved or disapproved by the Iowa Board and a certificate from the educational commission for foreign medical graduates or a similar accrediting body [Iowa Code ch. 148 s. 148.3].

**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. In Michigan, an applicant who has a degree in medicine from a medical school outside the US or Canada must demonstrate that they have engaged in the practice of medicine for no less than 10 years after completing their degree, has completed no less than 3 years of postgraduate clinical training in an institution that is affiliated with a medical school listed on the directory of medical schools published by the World Health Organization, has achieved a passing score on an initial medical licensure examination, has practiced medicine under a clinical academic limited license issued by the Michigan Board for no less than 2 years and 800 hours per year on patient care [Michigan Compiled Laws s. 333.17031].

**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 [Minnesota Statutes ch. 147]. In Minnesota, foreign medical graduate applicants must submit evidence that they have graduated from a medical school approved by the Minnesota Board that is equivalent to accredited US or Canadian schools. If the applicant has graduated from a medical school that is not accredited by the Liaison Committee for Medical Education or the American Osteopathic Association, the applicant may use the Federation of State Medical Boards' Federation Credential Verification Service to verify their school. The applicant shall also submit evidence of certification by the Educational Council for Foreign Medical Graduates, that they have working ability in the English language to engage in the practice of medicine, evidence of one year of graduate clinical medical training in an accredited program approved by the Minnesota Board, and evidence of having passed an examination prepared by the US Medical Licensing Examination or the Medical Council of Canada or the Comprehensive Osteopathic Medical Licensing Examination [Minnesota Statutes s.147.037].

**Summary of factual data and analytical methodologies:**

The Board reviewed 2023 Wisconsin Act 214, as well as referenced a summary from the Federation of State Medical Boards of recently proposed and enacted legislation on international medical graduates from various other states, as well as the Certification Commission for Healthcare Interpreters description of a healthcare interpreter, when drafting chapter Med 27.

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

The rule will be 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.

**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; 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](mailto:DSPSAdminRules@wisconsin.gov). Comments must be received on or before the public hearing, held on a date to be determined, to be included in the record of rule-making proceedings.

---

TEXT OF RULE

SECTION 1. Chapter Med 27 is created to read:

**Chapter Med 27**  
**INTERNATIONAL PHYSICIAN PROVISIONAL LICENSE**

**Med 27.01 Authority and purpose.** The rules in this chapter are adopted by the Medical Examining Board pursuant to the authority delegated by ss. 15.08 (5) (b) and 448.40 (3), Stats.

**Med 27.02 Definitions.** As used in this chapter:

- (1) “Basic fluency” means the ability to perform the practice of medicine competently, independently, and unsupervised in any setting and in any modality where health care is provided with the knowledge, skill, and ability required to communicate accurately in the English language in accordance with established standards of the profession in this state.
- (2) “Country of practice” means the country where the applicant currently practices or has recently practiced medicine and surgery under a credential in good standing.
- (3) “Provisional license” is a license granted under s. 448.05 (2m), Stats.
- (4) “Substantially similar” means a program that is comparable in program content and educational experience, but may differ in format or method of delivery. It implies reasonable confidence that the program has prepared its graduates to begin professional practice at the entry level as determined by the board to be comparable to those of a program in the United States.

**Med 27.03 Provisional licensure.** An applicant for a provisional license to practice medicine and surgery shall submit evidence to the board that the applicant satisfies all of the following:

- (1) Submission of a completed application for provisional licensure.

Note: Instructions for applications are available from the department of safety and professional services’ website at <http://dspd.wi.gov>.

- (2) Payment of the fee determined by the department under s. 440.05 (1), Stats.
- (3) Subject to ss. 111.321, 111.322, and 111.335, Stats., the applicant does not have an arrest or conviction record.
- (4) The applicant has an offer for full-time employment as a physician in this state from any of the following:
  - (a) A federally qualified health center as defined in s. 253.075 (1) (e), Stats.

- (b) A hospital as defined in s. 50.33 (2), Stats.
- (c) An ambulatory surgical center as defined in 42 CFR 416.2.
- (d) Any other health care facility approved by the board.
- (5) The applicant has been granted a medical doctorate or a substantially similar degree by an international medical program.
- (6) The applicant has completed a residency program or a postgraduate medical training program that is substantially similar to a residency program.
- (7) The applicant has practiced as a fully licensed physician in their country of practice for at least 5 years after completing a residency program or a postgraduate medical training program under sub. (6). For the purposes of this chapter, an applicant may have more than one country of practice if they are fully licensed to practice medicine and surgery in all the countries listed in their application.
- (8) In the last 5 years before the application was submitted, the applicant has practiced continuously as a physician in their country of practice for at least one year.
- (9) The applicant has been in good standing with the medical licensing or regulatory agency of their country of practice and does not have any pending disciplinary action against their license for the 5 years preceding the individual's application.
- (10) The applicant has passed all steps of the United States Medical Licensing Examination Administered by the National Board of Medical Examiners and the Federation of State Medical Boards, or their successor organization.
- (11) The applicant has obtained certification by the Educational Council for Foreign Medical Graduates, a successor organization, or another evaluation entity approved by the board.
- (12) The applicant's federal immigration status and employment authorization legally permits them to work as a physician in this state.
- (13) The applicant demonstrates basic fluency in the English language.

**Med 27.04 Oral Examination.** (1) In addition to the examination under s. Med 27.03 (9), the applicant may be required to complete an oral examination to address any or all the following:

- (a) If the applicant can demonstrate basic fluency in the English language.
- (b) If the applicant has completed a substantially similar residency or postgraduate medical training program under s. Med 27.03 (6).
- (c) Whether the applicant has complied with ss. Med 27.03 (7) and (8).
- (d) Any other concern that the board has with a provisional license application.
- (2) The board will notify each applicant required to complete an oral examination of the time and place scheduled for that applicant's examination. Failure of an applicant to appear for an examination as scheduled may void that applicant's application and require the applicant to reapply for licensure, unless prior scheduling arrangements have been made with the board by the applicant.
- (3) The oral examination will be conducted by at least two board members. The application is approved if all board members give them a passing grade. A passing grade is 90 percent. If the application is not approved, then it moves on to a full board oral examination.



**Med 27.05 Practice limitations.** A provisional license holder shall comply with all the following while performing the practice of medicine in this state:

- (1) The provisional license holder shall only practice under the supervision of a physician in a similar specialty who is licensed under s. 448.04 (1) (a), Stats.
- (2) The provisional license holder shall only practice in one of the practice settings under s. Med 27.03 (4) where they are employed.
- (3) Every 6 months or at the request of the board, the provisional license holder shall submit a statement certifying whether they are still employed as a physician in this state and whether they have been subjected to professional discipline as a result of their practice to the board. If the provisional license holder has been subjected to professional discipline, they shall submit a description of the circumstances to the board.

**Med 27.06 Regular Licensure.** After practicing medicine and surgery full-time in this state while maintaining good standing for 3 consecutive years, a provisional license to practice medicine and surgery under this chapter shall be converted into a regular license under s. 448.04 (1) (a), Stats. The supervising physician under s. Med 27.05 (1) shall submit written confirmation to the board that the applicant has successfully completed the requirements for a regular license under s. 448.04 (1) (a), Stats.

**Med 27.07 Complaints, investigations, suspension, and revocation.** The medical examining board may receive and investigate complaints against provisional license holders to determine whether a provisional license holder has violated the rules in this chapter or has violated any state or federal law or any other jurisdiction related to the practice of medicine. The board may reprimand a provisional license holder or deny, limit, suspend, or revoke a provisional license as a result of any such investigations and complaints.

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

---

(END OF TEXT OF RULE)

---

STATE OF WISCONSIN  
MESSAGE THERAPY AND BODYWORK THERAPY AFFILIATED CREDENTIALING  
BOARD

---

IN THE MATTER OF RULEMAKING : PROPOSED ORDER OF THE  
PROCEEDINGS BEFORE THE : MESSAGE THERAPY AND BODYWORK  
MESSAGE THERAPY AND BODYWORK : THERAPY AFFILIATED CREDENTIALING  
THERAPY AFFILIATED : BOARD ADOPTING RULES  
CREDENTIALING BOARD : (CLEARINGHOUSE RULE )

---

PROPOSED ORDER

An order of the Massage Therapy and Bodywork Therapy Affiliated Credentialing Board to amend MTBT 6.02 (1) (intro.) and (d), and (3) (a) and (b), and to create MTBT 6.02 (6), relating to temporary licenses.

Analysis prepared by the Department of Safety and Professional Services.

---

ANALYSIS

**Statutes interpreted:** Section 460.08, Stats.

**Statutory authority:** Sections 15.085 (5) (b), 460.04 (2) (f), 460.08, Stats.

**Explanation of agency authority:**

s. 15.085 (5) (b), stats. states that “[each affiliated credentialing board] shall promulgate rules for its own guidance and for the guidance of the trader 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.”

s. 460.04 (2) (f), stats. states that “[the affiliated credentialing board shall promulgate rules that establish] requirements to be satisfied by a person seeking a temporary license under s. 460.08. The rules promulgated under this subsection shall require the person to be a graduate of a massage therapy or bodywork therapy school or program and may require the holder of a temporary license to make disclosures to clients and to practice under the supervision of a massage therapist or bodywork therapist licensed under this chapter.”

s. 460.08, stats. states that “The affiliated credentialing board may grant a temporary license for a period not to exceed 6 months to an applicant who satisfies the requirements established in the rules under s. 460.04 (2) (f). A temporary license may not be renewed.”

**Related statute or rule:** None.

**Plain language analysis:**

The proposed rule revises chapter MTBT 6 to align with current practice in the profession in the area of temporary licensure. This was achieved through amending temporary licensure requirements relating to the examination under s. 460.06, Stats., to cover the typical pathway of an applicant more accurately as they move from temporary to permanent licensure. These changes include amendments to MTBT 6.02 (1) and (3) regarding the exam and the ability of a licensee to receive more than one temporary license. Other amendments include creating a provision under MTBT 6.02 (6) that allows the board to review and take action on any temporary licensee who fails the required examination under s. 460.06, Stats if necessary.

**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 massage therapy in Illinois, with input from the Illinois Massage Licensing Board. The Illinois Department is also responsible for the promulgation of rules to implement certain sections of the Illinois Massage Therapy Practice Act. This Act contains requirements for applications, licensure, and discipline for massage therapists [225 Illinois Compiled Statutes ch. 57]. Illinois does not issue temporary licenses to practice massage therapy.

**Iowa:**

The Iowa Board of Massage Therapy is responsible for the licensure and regulation of the practice of massage therapy in Iowa. Chapter 152C of the Iowa Code includes statutory requirements for licensure, composition and powers of the Iowa Board, and discipline for massage therapists [Iowa Code ch. 152C]. The Iowa Administrative Code details rules relating to the practice of massage therapy, including requirements for temporary licensure. In Iowa, an individual who is licensed to practice massage therapy in another jurisdiction, but is unable to meet the requirements of licensure by endorsement is eligible for a temporary license. Such a temporary license is valid for up to one year and is not renewable. Any application for a temporary license must include a plan for meeting the requirements for regular licensure within one year. [645 Iowa Administrative Code ch. 131 s. 131.6].

**Michigan:**

The Michigan Board of Massage Therapy is responsible for the licensure and regulation of massage therapy practice in Michigan. Act 368 Article 15 Part 179A of the Michigan Compiled Laws includes the regulations for massage therapy in Michigan, among several other occupations. Some of the requirements in this part include those for licensure, renewal, and duties of the Michigan Board. [Michigan Compiled Laws ss. 333.17951-333.1769]. Michigan does not issue temporary licenses to practice massage therapy.

**Minnesota:**

The Minnesota Department of Health's Office of Unlicensed Complementary and Alternative Health Care Practice (OCAP) investigates complaints and takes enforcement actions against massage therapists for violations of prohibited conduct. However, neither OCAP nor any other statewide agency or board oversees the licensing of massage therapists [Minnesota Statutes Chapter 146A].

**Summary of factual data and analytical methodologies:**

The proposed rules were developed by reviewing the provisions of MTBT 6 and obtaining input and feedback from the Massage Therapy and Bodywork Therapy Affiliated Credentialing Board.

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

The proposed rules were posted for a period of 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.

**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, Jennifer Garrett, may be contacted 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; email at [DSPSAdminRules@wisconsin.gov](mailto: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](mailto:DSPSAdminRules@wisconsin.gov). Comments must be received on or before the public hearing, held on August 19, 2024, to be included in the record of rule-making proceedings.

---

TEXT OF RULE

SECTION 1. MTBT 6.02 (1) (intro.) and (d), and (3) (a) and (b) are amended to read:

**MTBT 6.02 (1) (intro.)** The board may issue a temporary license to an applicant to practice massage therapy and bodywork therapy who meets the criteria under s. 460.05, Stats., other than passing the examination under s. 460.05 (f), Stats., and who has completed all of the following:

**(1) (d)** Has ~~not previously failed~~ taken an examination required under s. 460.06, Stats.

**(3) (a)** A temporary license expires 6 months after the date of issuance or when the department provides notice that the temporary licensee has ~~failed or~~ passed the examination required by s. 460.06, Stats., whichever is first.

**(3) (b)** No person shall be issued more than one temporary license ~~in any 365-day period~~ without presenting evidence satisfactory to the board of a substantial change in circumstances since the expiration of the initial temporary license. The determination of whether circumstances have substantially changed shall be entirely within the discretion of the board.

SECTION 2. MTBT 6.02 (6) is created to read:

**MTBT 6.02 (6)** Temporary licensees who fail to pass the examination under s. 460.06, Stats., may be subject to review and revocation of the credential as determined by the board.

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)

---

STATE OF WISCONSIN  
ATHLETIC TRAINERS AFFILIATED CREDENTIALING BOARD

---

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

---

PROPOSED ORDER

An order of the Athletic Trainers Affiliated Credentialing Board to amend AT 4.01 (1) (intro.), (2) (intro.), (3) (intro.), (4) (intro.), and (4) (c), relating to protocol requirements.

Analysis prepared by the Department of Safety and Professional Services.

---

ANALYSIS

**Statutes interpreted:** Sections 448.955 (3) (c), 448.956 (1) (a), and 448.956 (4), Stats.

**Statutory authority:** Sections 15.085 (5) (b) and 448.9525 (2), Stats.

**Explanation of agency authority:**

Section 15.085 (5) (b), Stats. states that “[Each affiliated credentialing 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 448.9525 (2), Stats., states that “subject to s. 448.956 (1), (4) and (5), the affiliated credentialing board and the medical examining board shall jointly promulgate rules relating to the minimum requirements of a protocol required under s. 448.956 (1).”

**Related statute or rule:** None.

**Plain language analysis:**

The proposed rule updates the Protocol Requirements in chapter AT 4 by removing the phrase “sustained while participating in physical activity” from AT 4.01 (1), (2), (3) and (4) as well as updates AT 4.01 (4) (c) to “manual therapy.” These changes align the Wisconsin Administrative Code more closely with current practice in the Athletic Training Profession.

**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 Athletic Trainers in Illinois, with input from the Illinois Board of Athletic Trainers. The Illinois Board is also responsible for the promulgation of rules to implement certain sections of the Illinois Athletic Trainers Practice Act. This Act includes a list of duties that an Athletic Trainer can provide, including coordination with a physician to provide a physical exam, follow-up injury care, and reconditioning programs among other services. They can also perform several services independently including on-site injury care and evaluation. An evaluation and treatment protocol does not appear to be required in Illinois, however many elements of a protocol are listed as duties that an Athletic Trainer can provide [225 Illinois Compiled Statutes Chapter 5 Section 3 Subsection 4].

**Iowa:** The Iowa Public Health Department is responsible for the licensure and regulation of Athletic Trainers in Iowa, with input from the Iowa Board of Athletic Trainers. Chapter 152D of the Iowa Code outlines the statutes for the regulation of the practice of athletic training in Iowa. These statutes include general requirements for licensure and duties of the Iowa Board [Iowa Code Title IV Chapter 152D]. The Iowa Administrative Code includes rules that establish that each licensee must ensure that documentation of physician direction is obtained and maintained, including an athletic training service plan, referrals, initial evaluations and assessments, and dates of subsequent follow-up care. Athletic Trainers in Iowa are also required to have their athletic training service plans comply with the Practice Standards and Code of Professional Responsibility parts of January 2018 Standards and Professional Practice from the Board of Certification [645 Iowa Administrative Code Chapter 351].

**Michigan:** The Michigan Athletic Trainer Board is responsible for the licensure and regulation of Athletic Trainers in Michigan. Act 368 Article 15 of the Michigan Compiled Laws includes the regulations for Athletic Trainers in Michigan, among several other occupations [Michigan Compiled Laws Act 368 Article 15 Chapter 333 Part 179]. The Michigan Department of Licensing and Regulatory Affairs, in conjunction with the Michigan Board, promulgates administrative rules that include requirements for licensure, education, and examination, among other topics. Michigan has also adopted by reference the January 2021 Standards of Professional Practice from the Board of Certification. Outside of those standards, there do not appear to be any additional requirements for service or treatment plans or protocols [Michigan Administrative Code R 338.1301-R 338.1378].

**Minnesota:** The Minnesota Board of Medical Practice is responsible for the licensure and regulation of Athletic Trainers in Minnesota. The Minnesota Athletic Trainers Act includes statutory requirements for limitations on practice, licensure, and continuing education, among other topics [Minnesota Statutes Section 148.7801 to 148.7815]. Part 5600 of the Minnesota Administrative Code includes rules established by the Minnesota Board, but does not mention requirements for service or treatment plans or protocols for athletic trainers [Minnesota Administrative Rules Chapters 5600 to 5620].

**Summary of factual data and analytical methodologies:**

The proposed rules were developed by reviewing Wisconsin Administrative Code Chapter AT 4 and obtaining input and feedback from the Athletic Trainers Affiliated Credentialing Board.

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

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

**Fiscal Estimate and Economic Impact Analysis:**

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

**Effect on small business:**

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

**Agency contact person:**

Nilajah Hardin, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 4822 Madison Yards Way, P.O. Box 8366, Madison, Wisconsin 53708; 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, 4822 Madison Yards Way, P.O. Box 8366, Madison, WI 53708-8366, or by email to DSPSAdminRules@wisconsin.gov. Comments must be received on or before the public hearing, held on a date to be determined, to be included in the record of rule-making proceedings.

-----  
TEXT OF RULE

SECTION 1. AT 4.01 (1) (intro.), (2) (intro.), (3) (intro.), (4) (intro.), and (4) (c) are amended to read:

**AT 4.01 (1) (intro.)** Taking a basic medical history when necessary for evaluation and treatment of an injury or illness ~~sustained while participating in physical activity~~. A basic medical history may include any of the following:

**(2) (intro.)** Evaluating an injury or illness ~~sustained while participating in physical activity~~. An evaluation may include any of the following procedures:

**(3) (intro.)** Treating an injury or illness ~~sustained while participating in physical activity~~. Treatment may include any of the following procedures:

**(4) (intro.)** Rehabilitating an injury or illness ~~sustained while participating in physical activity~~. Rehabilitation may include any of the following procedures:

**(4)(c)** ~~Trigger point~~ Manual therapy.



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

---

(END OF TEXT OF RULE)

---

# Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way  
Madison, WI 53705  
Phone Number: (608) 266-2112

LicensE Portal: <https://license.wi.gov/>  
Email: [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
Website: <http://dsps.wi.gov>

## ATHLETIC TRAINERS AFFILIATED CREDENTIALING BOARD EVALUATION AND TREATMENT PROTOCOL

A licensee may engage in athletic training only in accordance with an evaluation and treatment protocol that is established by the athletic trainer in accordance with the rules promulgated under Wis. Stat. § [448.9525\(2\)](#) and recorded on a protocol form prescribed by the affiliated credentialing board under § [448.9525\(1\)\(c\)](#). This protocol form is to be completed by the licensee and must be typed or printed except where a signature is required. **Please do not return this form to the Department of Safety and Professional Services.**

If a licensee determines that a patient's medical condition is beyond the scope of practice of the licensee, the licensee shall, in accordance with the protocol established under sub. (1) (a), refer the patient to a health care practitioner who is licensed under ch. [446](#) or [447](#) or subch. [II](#), [III](#), or [IV](#) of ch. 448; or who holds a compact privilege under subch. [X](#) of ch. 448 and who can provide appropriate treatment to the patient. ([Wis. Stat. § 448.956\(4\)](#)).

- The athletic trainer shall modify or terminate treatment of a patient that is not beneficial to a patient or that the patient cannot tolerate ([Wis. Admin. Code § AT 4.02\(3\)](#)).
- A licensee shall have a copy of the completed protocol at his or her place of employment at all times ([Wis. Stat. § 448.956\(1\)\(b\)](#)).
- This protocol shall be updated no later than 30 days before the renewal date (July 1 each even-numbered year) ([Wis. Stat. § 448.956\(1\)\(c\)](#)).

---

**Athletic Trainer:** Place a “yes” in the blank in front of the services enumerated below, those evaluation, treatment, and rehabilitative procedures that the athletic trainer may perform in evaluating and treating injuries or illness sustained while participating in physical activity. A “no” shall be put in the blank in front of the evaluation, treatment, or rehabilitative procedures that the athletic trainer should not perform in the evaluation and treatment of injuries or illness sustained while participating in physical activity.

- \_\_\_\_\_ (1) Taking a basic medical history when necessary for evaluation and treatment of the injuries or illness sustained while participating in physical activity that may include, previous medical history, previous surgical history, pertinent family medical history, current medication history including known drug allergies, relevant social history, chief medical complaint, and history of the present injury or illness for which the person to be treated is seeking evaluation and treatment ([Wis. Admin. Code § AT 4.01\(1\)](#)).
- \_\_\_\_\_ (2) Evaluating an injury or illness sustained while participating in physical activity. An evaluation may include any of the following procedures: ([Wis. Admin. Code § AT 4.01\(2\)](#)):
- \_\_\_\_\_ Palpation
  - \_\_\_\_\_ General observation
  - \_\_\_\_\_ Motion assessment
  - \_\_\_\_\_ Muscle strength tests
  - \_\_\_\_\_ Endurance tests
  - \_\_\_\_\_ Neurological assessment
  - \_\_\_\_\_ Joint play assessment
  - \_\_\_\_\_ Functional evaluation
  - \_\_\_\_\_ Objective physical measurement
  - \_\_\_\_\_ Circulatory assessment

# Wisconsin Department of Safety and Professional Services

- \_\_\_\_\_ (3) Treating an injury or illness sustained while participating in physical activity including ([Wis. Admin. Code § AT 4.01\(3\)](#)):
- \_\_\_\_\_ Emergency care
  - \_\_\_\_\_ Ultrasound
  - \_\_\_\_\_ Phonophoresis
  - \_\_\_\_\_ Electrical nerve stimulation
  - \_\_\_\_\_ Iontophoresis
  - \_\_\_\_\_ Specified diathermy
  - \_\_\_\_\_ Intermittent compression
  - \_\_\_\_\_ Traction
  - \_\_\_\_\_ Therapeutic massage
  - \_\_\_\_\_ Moist heat
  - \_\_\_\_\_ Paraffin baths
  - \_\_\_\_\_ Cryotherapy
- \_\_\_\_\_ (4) Rehabilitating an injury or illness sustained while participating in physical activity. Rehabilitation may include any of the following procedures ([Wis. Admin. Code § AT 4.01\(4\)](#)) (Written referral required if in outpatient setting, [Wis. Stat. § 448.956\(1m\)](#)):
- \_\_\_\_\_ Progressive resistance exercise
  - \_\_\_\_\_ Range of motion exercise
  - \_\_\_\_\_ Trigger point therapy
  - \_\_\_\_\_ Joint mobilization for range of motion only
  - \_\_\_\_\_ Proprioceptive neuromuscular facilitation
  - \_\_\_\_\_ Functional exercise
  - \_\_\_\_\_ Cardiovascular exercise
  - \_\_\_\_\_ Aquatic exercise
  - \_\_\_\_\_ Taping, bracing, and splinting.
  - \_\_\_\_\_ Isokinetic exercise
  - \_\_\_\_\_ Isometric exercise
  - \_\_\_\_\_ Isotonic exercise
- \_\_\_\_\_ (5) Rehabilitating and physically reconditioning injuries or illnesses that impede or prevent an individual from returning to participation in physical activity, if the individual recently participated in, and intends to return to participation in, physical activity ([Wis. Stat. § 448.95\(5\)\(e\)](#)) with written referral per [Wis. Stat. § 448.956\(1m\)](#).
- \_\_\_\_\_ (6) Establishing or administering risk management, conditioning, and injury prevention programs ([Wis. Stat. § 448.95\(5\)\(f\)](#)).
- \_\_\_\_\_ (7) Administering specifically enumerated drugs ([Wis. Admin. Code § AT 4.01\(5\)](#)).
- 
- 
- 
-

# Wisconsin Department of Safety and Professional Services

Per [Wis. Stat. § 448.956\(1m\)](#), subject to sub. (1)(a), a licensee may provide athletic training to an individual without a referral, except that a licensee may not provide athletic training as described under § [448.95\(5\)\(d\)](#) or (e) in an outpatient rehabilitation setting unless the licensee has obtained a written referral for the individual from a practitioner licensed or certified under subch. [II](#), [III](#), [IV](#), [V](#), or [VII](#) of this chapter; under ch. [446](#); or under § [441.16\(2\)](#) or from a practitioner who holds a compact privilege under subch. [X](#) or [XI](#) of ch. 448.

In addition to engaging in athletic training under this protocol, a licensed athletic trainer may do any of the following per [Wis. Stat. § 448.956\(2\)](#):

- (a) Monitor the general behavior and general physical response of a person to treatment and rehabilitation, including monitoring whether the person's behavior or response show abnormal characteristics and monitoring whether the person exhibits abnormal signs or symptoms.
- (b) Suggest modifications in treatment or rehabilitation to the health care practitioner who referred the person to the athletic trainer or to any other health care provider who is providing treatment to the person.
- (c) Develop and administer an athletic training program for a person. An athletic training program under this paragraph may include providing education and counseling to a person.

When working on behalf of his or her employer, a licensed athletic trainer may, in accordance with this protocol do all of the following per [Wis. Stat. § 448.956\(3\)](#):

- (a) Treat and rehabilitate an injury or illness using cold, heat, light, sound, electricity, exercise, chemicals, or mechanical devices.
- (b) Evaluate and treat a person for an injury or illness that has not previously been diagnosed.
- (c) Treat or rehabilitate an employee with an injury or illness that has resulted from an employment activity as directed, supervised, and inspected by a physician, as defined in [Wis. Stat. § 448.01\(5\)](#), or by a person licensed under [Wis. Stat. § 446.02](#), who has the power to direct, decide, and oversee the implementation of the treatment or rehabilitation.

Please do not return this form to the Department of Safety and Professional Services.

## ATHLETIC TRAINER

Full Name  Wisconsin Lic#

Address   
(Current address as it appears on file with DSPS, include street, city, state, and zip code)

Business Phone -- Email Address

Athletic Trainer Signature  Date / /   
(If unable to provide a digital signature print and sign form.)

A licensee must have a current copy of the completed protocol at the licensee's place of employment at all times.

**Medical Examining Board  
Rule Projects (updated 11/07/24)**

<b>Clearinghouse Rule Number</b>	<b>Scope #</b>	<b>Scope Expiration</b>	<b>Code Chapter Affected</b>	<b>Relating clause (description)</b>	<b>Current Stage</b>	<b>Next Step</b>
Not Assigned Yet	099-24	03/23/2027	Med 1	Licensure Requirements	Scope Implemented on 10/27/24	Drafting
24-039	117-23	06/26/2026	Med 24	Telemedicine and Telehealth	Legislative Review	Board Review and Approval of Adoption Order
Not Assigned Yet	055-24	11/28/2026	Med 27	Provisional Licensure for International Physicians	Drafting	Board Approval of Preliminary Rule Draft for EIA Comment and Clearinghouse Review

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

**AGENDA REQUEST FORM**

1) Name and title of person submitting the request: Dr. Emily Yu		2) Date when request submitted: 11/8/2024 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: 11/20/2024	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Wisconsin Chapter of American College of Emergency Physicians (WACEP) Position Paper: Physician Involvement in Emergency Departments	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9) Name of Case Advisor(s), if applicable: N/A	
10) Describe the issue and action that should be addressed:  Dr. Jacob Cark, WACEP President Elect, will present the attached position paper to the Board.			
11) <b>Authorization</b>			
Signature of person making this request		Date	
Supervisor (Only required for post agenda deadline items)		Date	
Executive Director signature (Indicates approval for post agenda deadline items)		Date	
Directions for including supporting documents: 1. This form should be saved with any other documents submitted to the <a href="#">Agenda Items</a> folders. 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.			

**Wisconsin Chapter, American College of Emergency Physicians (WACEP) Position Paper:  
Required Physician Involvement for Patient Care in the Emergency Department in Wisconsin**  
*November 2024*

**Introduction**

All patients who seek emergency care in the emergency department (ED) setting deserve high-quality care delivered by a licensed physician who specializes in emergency medicine through education, training, and experience. Access to this high-quality care has been limited in some Emergency Departments in Wisconsin due to staffing, employment practices, and regulatory deficiencies without state-wide standardized protective measures that allow advanced practice clinicians (APCs), such as physician assistants (PAs) and nurse practitioners (NPs), to practice without a physician present in the ED. Allowing APCs to practice without a physician present in EDs raises critical concerns regarding patient safety, care quality, and the effectiveness of emergency medical services in Wisconsin.

**Importance of Physician Involvement in Emergency Care:**

**Sufficient Training for Emergency Medicine:** APCs in Wisconsin undergo significantly less training than emergency physicians, which can compromise their ability to handle complex emergencies without direct supervision. Emergency physicians have significantly more hands-on training with real patients than the other professionals on their team. For example, an NP has a requirement of 500 clinical hours. For an Emergency Medicine Physician, that same requirement is an average of 13,500 hours<sup>1</sup>. Patients deserve to “benefit from the education, training and experience of the entire health care team”<sup>2</sup>. Each member of the care team is an indispensable partner, but there are meaningful differences in the training that each member of the care team receives so that they can do their jobs.

**Patient Safety Risks:** Research indicates that when APCs practice without physicians present in the emergency care setting, patients have less favorable outcomes<sup>3</sup>. In Wisconsin, the rural nature of many emergency departments exacerbates challenges for APCs who may lack immediate access to specialist consultation, further risking patient safety.

**Patient Perception and Trust:** Patients in Wisconsin may have reservations about receiving care from an APC without the immediate oversight of a physician, affecting their trust in emergency services. In the US, nearly 80% of adults trust a physician to deliver their medical care in an emergency, compared to a nurse practitioner (6%), physician assistant (5%), or registered nurse (8%)<sup>4</sup>. As a patient presenting to the ED with an emergency such as a heart attack, critical trauma, or stroke, it is expected that care would be provided by a physician.

**Economic Considerations:** Employing APCs may appear cost-effective based on typical compensation, however, research shows a 7% increase in the cost of care in the ED when APCs are practicing independently<sup>5</sup>; due to increases in errors, adverse outcomes, unnecessary testing and treatments leading to higher costs. Allowing independent APC practice without direct physician oversight in emergency departments risks unnecessary burden in Wisconsin’s resource-constrained healthcare environment. Looking to other state models, the state of Indiana required a

physician with emergency medicine experience in all emergency departments and it did not result in hospital or emergency department closures.

**Regulatory and Credentialing Issues:** Wisconsin's regulations regarding APC practice remain broad and credentialing varies significantly among hospitals creating inconsistencies in practice authority and potentially confusing staff and patients. Independent emergency department practice can complicate liability issues for healthcare institutions in Wisconsin, particularly in cases where APCs encounter adverse outcomes due to inadequate supervision.

**Resource Utilization Problem:** A study shows Independent Nurse Practitioners resulted in a 20% increase in hospitalizations and an 11% increase in length of stay in the Emergency Department<sup>5</sup>. In an already strained healthcare system, we cannot afford unnecessary resource utilization.

### **Conclusion**

When it matters most, patients want and deserve the most qualified health care professionals in the room. There is no substitute for a licensed, trained, and experienced emergency physician<sup>6</sup>.

**Recommendation:** Protect emergency care in Wisconsin by requiring a physician skilled in Emergency Medicine to be on duty at all Wisconsin Emergency Departments.

**Call to Action:** Healthcare institutions across Wisconsin must prioritize patient safety by maintaining a clear standard of care for staffing in emergency departments; emphasizing the presence of an emergency trained physician in every emergency department in Wisconsin at all times. We further recommend Wisconsin establish state regulation by a statute or administrative rule to ensure the above recommended uniform standard is met.

---

### **References**

1. Chekijian SA, Elia TR, Horton JL, Baccari BM, Temin ES. A Review of Interprofessional Variation in Education: Challenges and Considerations in the Growth of Advanced Practice Providers in Emergency Medicine. *AEM Educ Train*. 2020 Jul 10;5(2):e10469. doi: 10.1002/aet2.10469. PMID: 33796808; PMCID: PMC7995928.
2. American Medical Association. (2022, April 26). *Wisconsin's Gov. Evers vetoes APRN independent practice bill*.
3. Chan Jr, D. C., & Chen, Y. (2022). *Working paper 30608: The Productivity Of Professions: Evidence From The Emergency Department*. National Bureau of Economic Research. Retrieved from <https://www.nber.org/papers/w30608>
4. American College of Emergency Physicians. (2023). *Poll: Adults view 24/7 access to the ER essential, prefer care led by physicians in a crisis*.
5. American College of Emergency Physicians. (2022, November 4). *New data underscores cost and health outcome concerns with independent practice*.
6. American College of Emergency Physicians. (2022, March). *Scope of practice talking points*.