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Tony Evers, Governor
Dan Hereth, Secretary

VIRTUAL/TELECONFERENCE
MEDICAL EXAMINING BOARD
Virtual, 4822 Madison Yards Way, Madison
Contact: Tom Ryan (608) 266-2112
December 17, 2025

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 November 19, 2025 (6-11)

C. Reminders: Conflicts of Interest, Scheduling Concerns

D. Introductions, Announcements and Recognition

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 – 7/1/2029
   e. Gerlach, Diane M. – 7/1/2028
   f. Goel, Sumeet K. – 7/1/2027
   g. Lerma, Carmen – 7/1/2024
   h. Leuthner, Steven R. – 7/1/2027
   i. Majeed-Haqqi, Lubna – 7/1/2027
   j. Ruud, Emily – 7/1/2028
   k. Schmeling, Gregory J. – 7/1/2029
   l. Siebert, Derrick R. – 7/1/2029
   m. Yu, Emily S. – 7/1/2028
   n. Gribble, Robert – Chairperson of the Injured Patients and Families Compensation Fund Peer Review Council – Non-Voting Member

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. Administrative Rules Matters – Discussion and Consideration (12-30)
1. Drafting Proposals: Med 14, Relating to Renewal **(13-27)**
2. Pending or Possible Rulemaking Projects
    a. Rule Projects Charts **(28-29)**
    b. Affiliated Credentialing Board Rule Summaries **(30)**

G. Physician Assistant Interstate Compact Update – Discussion and Consideration

H. Interdisciplinary Advisory Committee Liaison Report – Discussion and Consideration

I. Credentialing Matters – Discussion and Consideration

J. Legislative and Policy Matters – Discussion and Consideration

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. Speaking, Travel, or Public Relation Requests, and Reports – Discussion and Consideration

N. Newsletter Matters – Discussion and Consideration

O. Controlled Substances Board Report – Discussion and Consideration

P. Interstate Medical Licensure Compact Commission (IMLCC) – Report from Wisconsin's Commissioners – Discussion and Consideration

Q. Screening Panel Report

R. Future Agenda Items

S. 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

T. Public Comments

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

U. Credentialing Matters

1. Full Board Review

a. A.D. – Waiver of 24 Months of ACGME/AOA Accredited Post-Graduate Training (IA-701031) **(31-119)**
b. H.P.G. – Waiver of 24 Months of ACGME/AOA Accredited Post-Graduate Training, FL License (IA-304967) **(120-196)**
c. R.H. – Provisional License Application (IA-755297) **(197-219)**
d. S.B.M. – Renewal Application (IA-712489) **(220-245)**
e. W.S.C. – Initial Physician MD Application (IA-688350) **(246-267)**

V. Deliberation on DLSC Matters

1. Proposed Stipulations, Final Decisions and Orders

a. 24 MED 0403 – Azber Azher Ansar **(268-274)**
b. 24 MED 0505 – Timothy W. Swain **(275-281)**
c. 25 MED 0380 – Landon S. Pryor **(282-287)**

2. Administrative Warnings

a. 24 MED 0432 – C.Y.M. **(288-293)**

3. Case Closings

a. 24 MED 0281 – B.E.P., C.L.S. **(294-303)**
b. 24 MED 0410 – M.D.H. **(304-310)**
c. 24 MED 0458 – D.M. **(311-316)**
d. 25 MED 0114 – I.S.N. **(317-321)**
e. 25 MED 0238 – J.A.A. **(322-326)**
f. 25 MED 0273 – J.J. **(327-333)**

g. 25 MED 0275 – J.M. **(334-340)**
h. 25 MED 0293 – C.S.M. **(341-350)**
i. 25 MED 0383 – R.C.P. **(351-358)**
j. 25 MED 0403 – L.B. **(359-362)**
k. 25 MED 0514 – N.A.P. **(363-365)**

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

9:00 A.M. OR IMMEDIATELY FOLLOWING THE FULL BOARD MEETING

CLOSED SESSION – Reviewing Applications and Conducting Oral Interviews of **two (2)** (at time of agenda publication) Candidates for Licensure – **Dr. Chou and Dr. Goel**

NEXT MEETING: JANUARY 21, 2026

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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
NOVEMBER 19, 2025

PRESENT: Milton Bond, Jr. (*arrived at 8:38 a.m.)*; Clarence Chou, M.D.; Kris Ferguson, M.D.; Diane Gerlach, D.O.; Sumeet Goel, D.O.; Robert Gribble, M.D.; Steven Leuthner, M.D.; Lubna Majeed-Haqqi, M.D.; Emily Ruud; Gregory Schmeling, M.D.; Derrick Siebert, M.D. *(arrived at 8:04 a.m.)*; Emily Yu, M.D.

ABSENT: Callisia Clarke, M.D., Carmen Lerma

STAFF: Tom Ryan, Executive Director; Renee Parton, Legal Counsel; Nilajah Hardin, Administrative Rules Coordinator; Tracy Drinkwater, Board Administration Specialist; and other Department staff

CALL TO ORDER

Gregory Schmeling, Chairperson, called the meeting to order at 8:00 a.m. A quorum was confirmed with ten (10) members present.

ADOPTION OF AGENDA

MOTION: Diane Gerlach moved, seconded by Emily Ruud, to adopt the Agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF OCTOBER 15, 2025

MOTION: Emily Yu moved, seconded by Diane Gerlach, to approve the Minutes of October 15, 2025, as published. Motion carried unanimously.

Derrick Siebert arrived at 8:04 a.m.

PRELIMINARY PUBLIC HEARING ON STATEMENT OF SCOPE: SS 066-25 ON MED 14, RELATING TO RENEWAL

MOTION: Emily Ruud moved, seconded by Clarence Chou, to affirm the Board has provided an opportunity to receive public comments concerning Scope Statement (SS) 066-25 on Med 14, Relating to Renewal. No public comments were received. The Board reaffirms SS 066-25 for implementation. Motion carried unanimously.

ADMINISTRATIVE RULE MATTERS

Wis. Stat. § 15.085 (5) (b) Review and Comment on Affiliated Credentialing Board Preliminary Rules: Pod 1 and 10, Relating to Telehealth

MOTION: Emily Ruud moved, seconded by Steven Leuthner, to affirm the Board has reviewed the proposed rule revising Wisconsin Administrative Code Chapter Pod 1 and 10, Relating to Telehealth. Motion carried unanimously.

LEGISLATIVE AND POLICY MATTERS

Wisconsin Assembly Bill 212, relating to telehealth

MOTION: Emily Yu moved, seconded by Steven Leuthner, to designate the legislative liaison to work with the Department on responding to Wisconsin Assembly Bill 212 on behalf of the Medical Examining Board. Motion carried unanimously.

FEDERATION OF STATE MEDICAL BOARDS (FSMB) MATTERS

Milton Bond Jr. arrived at 8:38 a.m.

FSMB 2026 Annual Meeting – April 30-May 2, 2026 – Baltimore, MD – Consider Naming the Board's Delegate and Board Member Attendance

MOTION: Emily Ruud moved, seconded by Steven Leuthner, to authorize Gregory Schmeling to attend the 2026 FSMB Annual Meeting as the Board's voting delegate, to authorize Sumeet Goel to attend as the alternate delegate, and to authorize Emily Yu, Derrick Siebert, Lubna Majeed-Haqqi to attend the meeting. Motion carried unanimously.

MOTION: Clarence Chou moved, seconded by Steven Leuthner, to designate Sumeet Goel as the Board's discretionary scholarship recipient. Motion carried unanimously.

MOTION: Milton Bond moved, seconded by Lubna Majeed-Haqqi, to authorize Emily Ruud and Milton Bond Jr. as the alternate to apply for the FSMB Public Member Scholarship and if the scholarship is awarded, to attend the 2026 FSMB Annual meeting. Motion carried unanimously.

CLOSED SESSION

MOTION: Emily Yu moved, seconded by Clarence Chou, to convene to Closed Session to deliberate on cases following hearing (Wis. Stat. § 19.85(1)(a)); to consider licensure or certification of individuals (Wis. Stat. § 19.85(1)(b)); to consider closing disciplinary investigations with administrative warnings (Wis. Stat. §§ 19.85(1)(b) and 448.02(8)); to consider individual histories or disciplinary data (Wis. Stat. § 19.85(1)(f)); and to confer with legal counsel (Wis. Stat. § 19.85(1)(g)). Gregory Schmeling, 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; Steven Leuthner-yes; Lubna Majeed-Haqqi-yes; Emily Ruud-yes; Gregory Schmeling-yes; Derrick Siebert-yes; and Emily Yu-yes. Motion carried unanimously.

The Board convened into Closed Session at 9:06 a.m.

CREDENTIALING MATTERS

Full Board Oral Interview

B.D. – Full Licensure (IA-652924)

MOTION: Sumeet Goel moved, seconded by Clarence Chou, to deny the full licensure of B.D. (IA-652924). **Reason for Denial**: Wis. Stat. § 448.06(2), Wis. Admin. Code § Med 1.02(3)(c). Motion carried unanimously.

Full Board Review

A.L. – CME Waiver Request Renewal Application (IA-725927)

MOTION: Clarence Chou moved, seconded by Sumeet Goel, to deny the CME Waiver Request Renewal application of A.L. (IA-725927). **Reason for Denial**: MED 13.02(2). Motion carried unanimously.

(Emily Yu recused and left the room for deliberation and voting in the matter concerning A.L. – CME Waiver Request Renewal Application (IA-725927))

D.K. – CME Waiver Request Renewal Application (IA-703719)

MOTION: Clarence Chou moved, seconded by Diane Gerlach, to deny the CME Waiver Request Renewal application of D.K. (IA-703719). **Reason for Denial**: MED 13.02(2). Motion carried unanimously.

J.M. – CME Waiver Request Renewal Application (IA-711931)

MOTION: Sumeet Goel moved, seconded by Lubna Majeed-Haqqi, to approve the CME Waiver Request Renewal application of J.M. (IA-711931). Motion carried.

R.T. – CME Waiver Request Renewal Application (IA-713796)

MOTION: Diane Gerlach moved, seconded by Clarence Chou, to deny the CME Waiver Request Renewal application of R.T. (IA-713796). **Reason for Denial**: MED 13.02(2). Motion carried.

P.S. – CME Waiver Request Renewal Application (IA-707321)

MOTION: Steven Leuthner moved, seconded by Sumeet Goel, to deny the CME Waiver Request Renewal application of P.S. (IA-707321). **Reason for Denial**: MED 13.02(2). Motion carried unanimously.

J.A.B. – Provisional License (IA-613971)

MOTION: Sumeet Goel moved, seconded by Steven Leuthner, to approve the Provisional License of J.A.B. (IA-613971), once all requirements are met. Motion carried unanimously.

K.R. – Licensure Renewal (IA-169050)

MOTION: Clarence Chou moved, seconded by Sumeet Goel, finds grounds exist to deny the Licensure Renewal application (IA-169050), and offer a limited license. **Reason for Denial:** Wis. Stat. §§ 448.06(2) or (1m) and 440.08(4), Wis. Admin. Code § Med 10.03(2)(a). Motion carried unanimously.

R.M.R. – Medical Military Personnel Application Review

MOTION: Emily Yu moved, seconded by Emily Ruud, to authorize Board Counsel to request additional information from Applicant R.M.R. regarding the following:

1. Please provide more detail about the applicant's qualifications from experience or education
2. Provide more detail about the specific tasks this applicant will be allowed to perform
3. Identify specifically the licensed professionals who routinely perform similar tasks and will be providing supervision to the applicant, including who will be the primary supervisor
4. Provide more details regarding the proposed training timeline, including enrollment status, and anticipated beginning and end of education.

Once the additional information is received the Chairperson may act on the application. Motion carried.

N.B. – Waiver of 24 Months of ACGME/AOA Accredited Post-Graduate Training (IA-688327)

MOTION: Sumeet Goel moved, seconded by Emily Yu, to approve the Waiver of 24 Months of ACGME/AOA Accredited Post-Graduate Training of N.B. (IA-688327), once all requirements are met. Motion carried unanimously.

O.N. – Incomplete Post-Graduate Training Information and Foreign Employment History (IA-477657)

MOTION: Lubna Majeed-Haqqi moved, seconded by Sumeet Goel, to request Applicant (IA-477657) appear for an oral interview. Motion carried unanimously.

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

Petition for Authorization to Request Extension of Time

22 MED 400 – O.V.A.

MOTION: Emily Ruud moved, seconded by Steven Leuthner, to grant the Petition for Authorization to Request an Extension of Time in the matter of DLSC Case Number 22 MED 400 against O.V.A.. Motion carried unanimously.

Proposed Stipulations, Final Decisions and Orders

23 MED 414 – Gerald E. Sullivan

MOTION: Steven Leuthner moved, seconded by Emily Yu, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of proceedings against Gerald E. Sullivan, DLSC Case Number 23 MED 414. Motion carried unanimously.

(Clarence Chou recused and left the room for deliberation and voting in the matter concerning 23 MED 414 – Gerald E. Sullivan.)

MOTION: Sumeet Goel moved, seconded by Emily Ruud, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings of the following cases:

1. 24 MED 0303 – Vinson M. Di Santo
2. 24 MED 0460 – Dan D. Kanitz
3. 25 MED 0292 – Jason L. Hanson

Motion carried unanimously.

Administrative Warnings

25 MED 0130 – T.C.R.

MOTION: Lubna Majeed-Haqqi moved, seconded by Milton Bond Jr., to issue an Administrative Warning in the matter of T.C.R., DLSC Case Number 25 MED 0130. Motion carried unanimously.

Case Closings

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

1. 24 MED 0147 – R.L.E., J.R.E. – No Violation
2. 24 MED 0296 – R.E.N. – Insufficient Evidence
3. 24 MED 0483 – Z.S.I. – Lack of Jurisdiction (L2)
4. 25 MED 0009 – T.K.S. – No Violation
5. 25 MED 0010 – J.J.K. – No Violation
6. 25 MED 0099 – T.E.M. – No Violation
7. 25 MED 0211 – B.O.O. – Insufficient Evidence
8. 25 MED 0234 – Z.N.D. – No Violation
9. 25 MED 0265 – K.K.C. – Lack of Jurisdiction (L2)
10. 25 MED 0274 – N.J.D. – No Violation
11. 25 MED 0276 – D.B. – No Violation
12. 25 MED 0347 – K.P.P. – Prosecutorial Discretion (P1)
13. 25 MED 0423 – A.M. – No Violation

Motion carried unanimously.

23 MED 332 – K.A.R.

MOTION: Lubna Majeed-Haqqi moved, seconded by Sumeet Goel, to close DLSC Case 23 MED 332 against K.A.R., for Prosecutorial Discretion (P7). Motion carried unanimously

24 MED 0437 – T.G.W.

MOTION: Emily Yu moved, seconded by Emily Ruud, to close DLSC Case 24 MED 0437 against T.G.W. for No Violation. Motion carried unanimously

RECONVENE TO OPEN SESSION

MOTION: Kris Ferguson moved, seconded by Emily Ruud, to reconvene to Open Session. Motion carried unanimously.

The Board reconvened to Open Session at 11:18 a.m.

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

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

ADJOURNMENT

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

The meeting adjourned at 11:23 a.m.

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and title of person submitting the request:	2) Date when request submitted:
Nilajah Hardin, Administrative Rules Coordinator	**12/4/25** **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:	5) Attachments:	6) How should the item be titled on the agenda page?
12/17/25	☒ Yes ☐ No	**Administrative Rule Matters – Discussion and Consideration** 1. **Drafting Proposals: Med 14, Relating to Renewal** 2. **Pending or Possible Rulemaking Projects** a. **Rule Projects Charts** b. **Affiliated Credentialing Board Rule Summaries**

7) Place Item in:	8) Is an appearance before the Board being scheduled? *(If yes, please complete **Appearance Request** for Non-DSPS Staff)*	9) Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session	☐ Yes ☒ No	**N/A**

10) Describe the issue and action that should be addressed:

Attachments:
Scope Statement – Med 14
Wisconsin Admin Code Ch. Med 14
FSMB Reentry to Practice Report
Rule Project Charts
ACB Rule Summaries

(Board Rule projects can be Viewed Here if Needed: https://dsps.wi.gov/Pages/RulesStatutes/PendingRules.aspx)

11) Authorization

Nilajah D. Hardin — 12/4/25

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 14

Relating to: Renewal

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 update renewal requirements for licensure of physicians to align with current practice in the profession. The Board is specifically concerned with those physicians who have been out of practice and will consider requirements that apply to all renewal and reinstatement applicants when making changes.

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 14, entitled "Biennial Registration," to align renewal requirements with current practice in the profession. Currently, individuals who apply for renewal less than 5 years after their license expiration need to pay a renewal fee and complete continuing education requirements. Individuals who apply for renewal more than 5 years after their license expiration need to pass an open book examination on statutes and rules, and the Board will make an inquiry to determine if it application is competent to practice and may impose any limitations on reinstatement of the license. The Board would like to revise these requirements to include rules for those physicians who have been out of practice, as well as any other requirements they deem necessary to protect the public. An alternative would be to not revise the administrative code and existing renewal 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 reinstatement.

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:

GREGORY J SCHMELING
Authorized Signature

7/18/25
Date Submitted

Approved for implementation:

Authorized Signature

12/2/2025
Date Submitted

Chapter Med 14

BIENNIAL REGISTRATION

Med 14.01 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), 227.11, and 448.40, Stats., and govern biennial registration of licensees of the board.

History: Cr. Register, May, 1977, No. 257, eff. 6-1-77; am. Register, March, 1979, No. 279, eff. 4-1-79; correction made under s. 13.93 (2m) (b) 7., Stats., Register, May, 1989, No. 401.

Med 14.02 Definitions. For the purposes of these rules:

(1) "Board" means the medical examining board.

(2) "License" means any license, permit, or certificate issued by the board.

(3) "Licensee" means any person validly possessing any license, permit, or certificate granted and issued to that person by the board.

History: Cr. Register, May, 1977, No. 257, eff. 6-1-77.

Med 14.03 Registration required; method of registration. Each licensee shall register biennially with the board. Prior to the renewal date under s. 440.08 (2), Stats., the department shall mail to each licensee at his or her last known address as it appears in the records of the board an application form for registration. Each licensee shall complete the application form and return it with the required fee to the department located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708 prior to the next succeeding renewal date under s. 440.08 (2), Stats. The board shall notify the licensee within 30 business days of receipt of a completed registration form whether the application for registration is approved or denied.

History: Cr. Register, May, 1977, No. 257, eff. 6-1-77; am. Register, March, 1979, No. 279, eff.4-1-79; am. Register, September, 1985, No. 357, eff. 10-1-85; am. Register, December, 1993, No. 456, eff. 1-1-94; am. Register, February, 1997, No. 494, eff. 3-1-97; CR 16-047: am. Register May 2017 No. 737, eff. 6-1-17.

Med 14.04 Initial registration. Any licensee who is initially granted and issued a license during a given calendar year shall register for that biennium. The board shall notify the licensee within 30 business days of receipt of a completed registration form whether the application for registration is approved or denied.

History: Cr. Register, May, 1977, No. 257, eff. 6-1-77; am. Register, March, 1979, No. 279, eff. 4-1-79; am. Register, September, No 357, eff. 10-1-85.

Med 14.05 Registration prohibited, annulled; reregistration. Any physician required to comply with the provisions of s. 448.13, Stats., and of ch. Med 13, and who has not so complied, will not be permitted to register. Any person whose license has been suspended or revoked will not be permitted to register, and the registration of any such person shall be deemed automatically annulled upon receipt by the secretary of the board of a verified report of such suspension or revocation, subject to such person's right of appeal. A person whose license has been suspended or revoked and subsequently restored shall be reregistered by the board upon receipt by the board of both a verified report of such restoration and a completed registration form.

History: Cr. Register, May, 1977, No. 257, eff. 6-1-77; renum. from Med 14.06 and am. Register, March, 1979, No. 279, eff. 4-1-79.

Med 14.06 Failure to be registered. **(1)** Failure for whatever reason of a licensee to be registered as required under this chapter thereby makes such licensee subject to the effect of s. 448.07 (1) (a), Stats., which states, inter alia, "*No person may exercise the rights or privileges conferred by any license or certificate granted by the board unless currently registered as required* . . . ".

(2) Failure to renew a license by the renewal date under s. 440.08 (2), Stats., shall cause the license to lapse. A licensee who allows the license to lapse may apply to the board for reinstatement of the license as follows:

(a) If the licensee applies for renewal of the license less than 5 years after its expiration, the license shall be renewed upon payment of the renewal fee and fulfillment of the continuing education requirements.

(b) If the licensee applies for renewal of the license more than 5 years after its expiration, the board shall make such inquiry as it finds necessary to determine whether the applicant is competent to practice under the license in this state, and shall impose any reasonable conditions on reinstatement of the license, including oral examination, as the board deems appropriate. All applicants under this paragraph shall be required to pass the open book examination on statutes and rules, which is the same examination given to initial applicants.

History: Cr. Register, May, 1977, No. 257, eff. 6-1-77; renum. from Med 14.07, Register, March, 1979, No. 279, eff. 4-1-79; r. and recr. Register, December, 1993, No. 456, eff. 1-1-94; CR 16-047: am. (2) (intro.) Register May 2017 No. 737, eff. 6-1-17.

REENTRY TO PRACTICE

Report of the FSMB Workgroup on Reentry to Practice
Draft, March 2025

Executive Summary

Physicians may take a leave from practice for a variety of reasons that later necessitate reentry. The following document contains guidance for state medical boards when considering potential reentry to practice requirements for physicians seeking to resume active practice following a significant absence. Recommendations offered in the document reflect an appreciation that unique situations sometimes exist for physicians – as well as physician assistants/associates (PAs), for whom many of the policy recommendations in this guidance may also apply[1] - seeking to reenter practice, and flexibility is therefore encouraged, as is the need to consider reentry decisions on a case-by-case basis.

Key considerations for state medical boards in reentry decisions include:

- time out of practice;
- clinical and other relevant activities of the physician while out of practice;
- the need for assessment of a physician's competence prior to reentry to practice;
- reentry during public health emergencies;
- collection of data about licensee clinical activity;
- the variety of challenges faced by physicians seeking to reenter practice;
- instances where absence from practice occurs to manage potentially impairing illness;
- mentoring and supervision for reentering physicians; and
- differing specialty-specific requirements when retraining is required due to a change in scope of practice or a lack of training or experience in the physician's intended scope of practice.

The following recommendations are included for state medical boards:

1) State medical boards should proactively communicate with and educate licensees/applicants about the issues associated with reentering clinical practice and ways in which the individual may demonstrate engagement in clinically active practice.
2) Reentry to practice decisions should be made on a case-by-case basis.
3) All licensees/applicants returning to clinical practice after a period of inactivity should be required to provide a detailed description of their future scope of practice plans.

[1] Physicians and PAs are held to different standards of practice, reflecting differences in their training, experience, and expertise. Additionally, the degree of practice independence for PAs varies by state, with some requiring physician supervision and others allowing greater autonomy depending on regulatory frameworks.

Introduction

In April 2012, the Federation of State Medical Boards (FSMB) adopted the *Report of the Special Committee on Reentry to Practice (2012)*. The following year, the FSMB adopted the *Report of the Special Committee on Reentry for the Ill Physician (2013)*. At the times of their adoption, the two reports addressed current regulatory challenges associated with physician reentry to practice, while recognizing that there was a paucity of research surrounding the issue. Despite minimal advances in research, widespread recognition has occurred that physicians may take a temporary absence from clinical practice for a variety of reasons, and physician reentry can be a common part of any physician's continuing practice of medicine. Organizations such as the American Medical Association (AMA), Federation of State Physician Health Programs (FSPHP), and others have developed policy documents, recommendations and guidelines to assist physicians with addressing these challenges and to explore and clarify the issues surrounding physician illness and its impact (see Appendix B for a list of resources.)

Jeffrey D. Carter, MD, Chair of the FSMB at the time, appointed the Workgroup on Reentry to Practice in May 2023 to update FSMB policies related to reentry to practice for state medical and osteopathic boards (hereinafter referred to as "state medical boards" and/or "medical boards"). The Workgroup was charged with conducting a comprehensive review of state medical and osteopathic board rules, regulations and policies related to reentry to practice; conducting a review and evaluation of FSMB policies, including *Reentry to Practice (HOD 2012)* and *Reentry for the Ill Physician (HOD 2013),* and specifically the recommendations regarding time out of practice, based on current evidence; conducting a literature review of related research, guidelines and other publications and the impact of demographic changes in the physician workforce on licensure and practice; identifying available educational resources and activities for physicians to positively impact their ability to demonstrate their fitness to reenter practice; and identifying options for competency assessment tools for state medical boards to evaluate physicians' fitness to reenter practice.

In meeting its charge, the Workgroup also surveyed medical boards to better understand the current priorities and procedures related to the departure and reentry to practice. Survey results indicated that reentry to practice is a high priority for medical boards. Results also indicated that 57 percent of responding medical boards ask licensees, whether during licensure renewal or another mechanism, if they are actively clinically practicing. However, a greater number of medical boards (69 percent of respondents) reported not collecting data on the number of medical professionals who left clinical practice and applied for reentry.

The results of the survey helped guide Workgroup discussions, as did the involvement of a subject matter expert with extensive experience working in assessment and training of physicians (and physician assistants/associates (PAs). These also helped inform the Workgroup's decision that *Reentry to Practice* and *Reentry for the Ill Physician* should be combined into one document, as did FSMB's recent experience working with state medical boards on the issue of physician well-being. This report, and its

by, a comprehensive assessment of the physician's competence to determine educational needs.

"Physician Retraining" means the process of learning the necessary skills to move into a new clinical area that is distinct from the area of one's primary medical training. Physician retraining is distinct from physician reentry and may require a new residency.

"Specialty Board Certification" means a process for defining specialty-specific standards for knowledge and skills that includes an independent, external assessment of knowledge and skills for both initial certification and recertification or continuous certification in the medical specialty.[2]

"Supervision" means a medical board-mandated process whereby a supervisor physician, who has ideally been actively practicing for five prior consecutive years, is American Board of Medical Specialties (ABMS) or American Osteopathic Association Bureau of Osteopathic Specialists (AOA BOS) specialty board certified, has no prior disciplinary history during the previous five years and practices in the same clinical area as the licensee/applicant seeking reentry, observes a physician reentering practice for a defined period to provide feedback, education and clinical support aimed at ensuring safe reentry to practice. This relationship is distinct from a mentoring relationship in that the supervisor has a defined responsibility to the medical board for assessing the reentering physician's competence and ability to practice independently. For physician assistants, the role of supervisor may be fulfilled by a supervising physician or a supervising PA who has been actively practicing for at least five consecutive years prior, is National Commission on Certification of Physician Assistants (NCCPA) certified, has no disciplinary history during the last five years, and practices in the same clinical area as the licensee/applicant seeking reentry.

Section Two. Key Issues

The Workgroup identified several key issues relevant to state medical board decisions about reentry to practice.

Timeframe

More than two years away from practice is commonly accepted as the timeframe for when physicians should go through a reentry process. The two-year timeframe is based on extensive state medical board experience and subject matter expertise in physician assessment and remediation. The Workgroup recognizes the need for flexibility when applying the two-years-absent-from-practice timeframe to an individual physician, however, as there is great variability in specialty, type of practice, and clinical and educational engagement while absent from practice.

[2] American Medical Association, *Medical Specialty Board Certification Standards H-275.926*, 2023, available at: https://policysearch.ama-assn.org/policyfinder/detail/certification?uri=%2FAMADoc%2FHOD.xml-0-1904.xml.

medical board control. If a clinically inactive physician chooses to practice beyond the public health emergency, they must complete the appropriate reentry program determined by the state medical board. Boards are encouraged to make licensees aware of Provider Bridge,[5] a means by which they may choose to register in advance as potential volunteers for future public health emergencies.

State Medical Board Data Collection on Clinical Activity

State medical boards should consider means of collecting information from licensees about their clinical activity to understand workforce demographics. This data should be stratified by race, gender, ethnicity, language and underserved practice areas to understand the equity impact of workforce demographics and determine what is needed to promote an equitable workforce that meets population health needs. While some state medical boards will be limited in their capacity to collect data on licensee clinical activity, they may wish to consider alternative means to collect this information on licensing applications, such as optional surveys to licensees. This can be particularly important for understanding the degree to which active licensees are not clinically active and may inform reentry decisions for this population.

Challenges to Reentry

There are difficulties sometimes associated with identifying entities that provide reentry services to physicians. These relate to cost, geographic considerations, eligibility requirements, licensure status, malpractice issues and lack of uniformity among entities available to physicians seeking reentry. While some of these challenges are outside the purview of state medical boards, others can be mitigated by boards, including requirements for mentors, rather than supervisors, and the ability to obtain a training license. State medical boards may choose to review their current practices to avoid undue burdens or barriers to reentry, while being mindful of patient safety considerations. Boards may proactively choose to communicate these challenges to licensees so that they can plan accordingly when an absence from practice is anticipated. This can help avoid possible inequities with certain populations, as well as those in difficult socioeconomic circumstances, that may present additional challenges to accessing reentry processes.

Common challenges to consider may include:

- *Reentry planning for extended absences due to illness or impairment:* When illness or impairment result in an extended absence from practice, medical boards have the additional challenge of considering medical fitness for practice in addition to competence. Board actions related to impairment can also present reentry challenges, especially when the board action (such as license suspension) does not address the additional reentry requirements that may be needed should the physician remain under suspension or restriction for an extended period. Physician health programs (PHPs) are a valuable resource to assist state medical boards with reentry planning when concerns of illness or impairment are present.
- *Cost and duration of reentry programs*: Due to the time and resources often required to effectively assess and support a physician through a reentry process,

[5] https://www.providerbridge.org/

Physician Illness and Impairment (HOD, 2021) when considering illness and impairment as it presents in the regulatory context.

Ideally, physicians with impairing health conditions will receive appropriate assistance before circumstances necessitate reporting to the state medical board. This is more likely when there are opportunities for physicians to confidentially participate in state physician health programs. When concerns for impairment are reported to the state medical board, it is often possible for the board to refer the matter to the state physician health program without the need for disciplinary action. However, in some cases, impairing illness leads to behaviors or circumstances where discipline is appropriate and necessary. Such disciplinary actions can present unique challenges for return to work and reentry of the ill physician that may not always be anticipated in the disciplinary process. Often, physician health programs are best equipped to help program participants effectively navigate these challenges. As such, the value of state medical board and physician health program collaboration cannot be overstated.

For state medical boards *with* access to a state physician health program, the following are important considerations when an extended absence from practice was caused or exacerbated by illness:

1. State medical boards should weigh endorsement of fitness for practice from the PHP and/or facilitated by the PHP as part of its consideration of a reentry plan when extended practice leave was caused or exacerbated by illness.
2. State medical boards should avoid requiring disclosure of protected health information in developing reentry plans for PHP endorsed physicians.
3. State medical boards should consult with their state physician health program before finalizing orders for PHP-involved physicians. This can help avoid orders that include specific monitoring requirements that might be difficult or impractical for the PHP to implement, impose arbitrary time out of practice that can impede rehabilitation and reentry efforts, or create circumstances that can delay return to work or reentry for physicians who are otherwise fit for practice.
4. License restriction or suspension in cases of impairment may result in extended absences from practice that were not anticipated at the time of the board action. Such orders may stipulate the conditions for reinstatement or termination of restrictions but not include a discernable pathway for reentry when fitness has been restored. State medical boards should consider adding language to orders, in general terms, that address the possibility of additional reentry requirements should there be an extended absence from practice related to board action.

State medical boards that do not have access to a physician health program may have greater difficulty when consideration of illness or impairment is part of reentry planning. Such planning requires careful review of complex and often sensitive health information often pertaining to stigmatized health conditions. The potential for stigma, actual or perceived bias and discrimination in regulatory processes add further complexity to regulatory decisions by state medical boards. Additionally, the possibility of disclosure of medical records to state medical boards as a condition of reentry can undermine trust in

physician, potential incentives to stimulate AMC involvement in reentry include research opportunities and revenue generation.

To help state medical boards evaluate a reentering physician's competence and understand the scope of their reentry program, AMCs and CHTCs should collaborate on the completion of an assessment form. This form could summarize key aspects such as the reentering physician's activities, strengths identified, areas for improvement, a plan for addressing these areas, and any other relevant comments from the assessment (See Appendix C for a suggested template Assessment Form.)

Maintaining Licensure if Not in Active Clinical Practice

Some states consider the work done, and decisions made, by medical directors of health care programs to be the practice of medicine and therefore they are required to have an active license. Other states issue administrative medicine licenses as a distinct area of practice, which includes consultations and other educational functions that are non-clinical in nature. These types of licenses usually do not include the authority to practice clinical medicine, examine, care for, or treat patients, prescribe medications including controlled substances, or delegate medical acts or prescriptive authority to others.[7]

Retraining When Practice Differs or is Modified from Area of Primary Training

Some physicians who seek reentry want to practice in a specialty or area that differs from their area of primary training. In such cases, it should be considered retraining, not reentry, and would require the physician to complete the necessary educational and training requirements for the new specialty, likely to include a residency. An obstetrician/gynecologist wishing to practice family medicine, for example, would fall into this category and require retraining. A physician seeking to narrow their primary area of practice, such as when an obstetrician/gynecologist wishes to limit their practice to only gynecology, would not necessarily need to complete retraining,

Section Three. Recommendations

The following recommendations are intended to provide state medical boards, licensees, health insurers, physician health programs, health care organizations, and state government agencies with a framework for developing common standards and terminology around the reentry process.

Education and Communication

Recommendation 1: Proactive communications

State medical boards should have materials that proactively educate licensees/applicants about ways to maintain competence while absent from practice and ways to be considered in clinically active practice. Such materials and education will prepare and inform licensees and applicants who are thinking about taking an extended leave from active practice or are considering returning to clinical practice by:

[7] Iowa Code Ann. § 148.11A.

All licensees/applicants returning to clinical practice after a period of inactivity should be required to provide a detailed description of their future scope of practice plans. The degree of documentation required may vary depending on the length of time away from clinical practice and whether the licensee/applicant's scope of practice is consistent with their medical education and training. For example, documented evidence might include CME certificates and verification of volunteer activities.

A physician returning to a scope or area of practice in which they previously trained or certified, or in which they previously had an extensive work history may need reentry. A physician returning to clinical work in an area or scope of practice in which they have not previously trained or certified or in which they have not had an extensive work history needs retraining and, for the purposes of this report, is not considered a reentry physician. The reentering licensee/applicant should also be required to provide information regarding the environment within which they will be practicing, the types of patients they anticipate seeing, and the types of clinical activities in which they will be engaged.

Recommendation 4: Reentry plan after extended time out of practice

State medical boards and licensees/applicants who have been clinically inactive should agree upon a reentry to practice plan based on various considerations, which may include a self-assessment by the licensee/applicant, assessment of the licensee/applicant's knowledge and skills, and any activities completed during the absence from practice. The state medical board has final approval of the reentry plan, and the licensee/applicant should be required to present proof of completion of the plan to the state medical board. (See Appendix D for a template reentry plan)

State medical boards should consider consultation or referral to the state physician health program[8] when a health condition may have caused or contributed to time out of practice. The physician health program can provide verification of health and fitness for duty and develop ongoing health support and monitoring when needed to support a reentry.

In instances where reentry plans require activities involving direct patient care, state medical boards may consider whether their existing license types allow for the reentering physician to participate in required reentry training programs. Such licenses permit the licensee/applicant to participate in activities necessary to regain the knowledge and skills needed to provide safe patient care, such as participation in a mini residency.

Recommendation 5: State medical board collaborative relationships

State medical boards should foster collaborative relationships with academic institutions, community hospital training centers, established reentry programs, specialty certifying boards, state medical societies, state physician health programs, and state chapters of specialty societies to develop assessment, educational and other interventions and resources for the various types of practices and reentry circumstances. The Accreditation

[8] A list of state physician health programs is available through the Federation of State Physician Health Programs at the following link: https://www.fsphp.org/state-programs

supervising physician. The mentor does not require medical board approval, nor would they take on additional mandatory reporting requirements beyond those which would typically exist in any clinical context. In certain circumstances the supervisor and mentor may be the same individual; in those situations, the supervisory requirements supersede the peer-mentorship role.

State medical boards should work with state medical and osteopathic societies and associations and the medical education community, including physician health programs, to identify and increase the pool of potential supervisors and mentors. To protect the pool of supervisors from liability, boards may wish to make supervisors agents of the board.

Improving Regulation of Licensed Practitioners Who Are Clinically Inactive

Recommendation 7: Identifying clinically inactive licensees

State medical boards should require licensees to report information about their practice as part of the license renewal process, including type of practice, status (e.g., full-time, part-time, number of hours worked per week), whether they are actively seeing patients, specialty board certification status, and what activities they are engaged in if they are not engaged in clinical practice (e.g., research, non-medical work, retired, etc.). Such information will enable state medical boards to identify licensees who are not clinically active and to intervene and guide, as needed, if a licensee chooses to return to patient care duties. State medical boards should advise licensees who are clinically inactive of their responsibility to participate in an individualized, diagnostic reentry plan prior to resuming patient care duties.

Recommendation 8: Licensure status

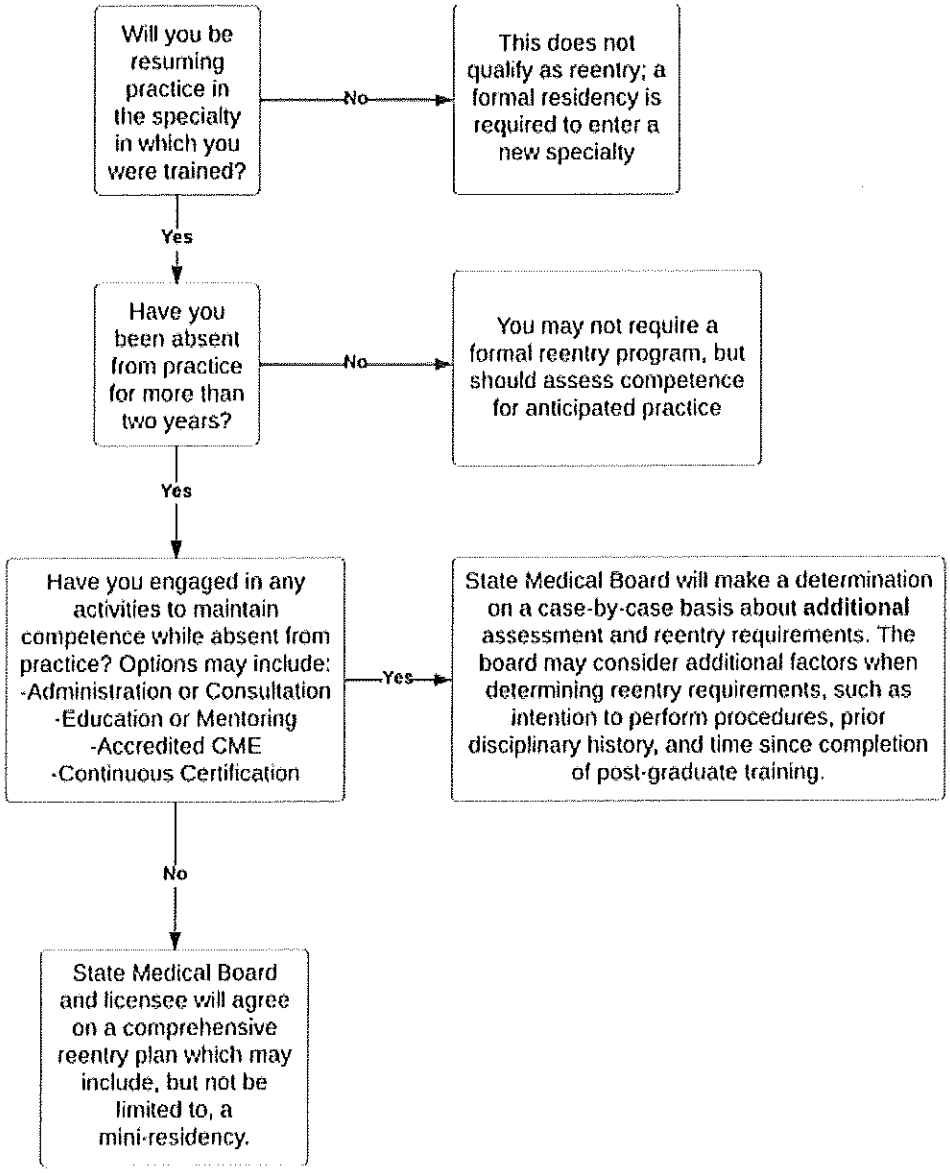
Licensees who are clinically inactive should be allowed to maintain their licensure status if they pay the required fees and complete any required continuing medical education or other requirements as set forth by the medical board. Depending on a licensee's engagement in activities designed to maintain clinical competence including continuous participation in ABMS or AOA BOS continuing board certification, should the licensee choose to return to active clinical practice, the board may require participation in a reentry program.

Recommendation 9: Consistency of reentry across jurisdictions

State medical boards should be consistent in the creation and execution of reentry programs. In recognition of the differences in resources, statutes, and operations across states, and acknowledging that implementation of physician reentry should be within the discretion and purview of each board, these guidelines are designed to be flexible to meet local considerations. However, physicians may reasonably be concerned about an overly burdensome reentry process where they might have to meet varying criteria to obtain licensure in different states. For purposes of license portability, FSMB will continue to track the implementation of these guidelines to facilitate transparency for licensees and encourage consistency among boards.

Recommendation 10: Evaluating effectiveness of reentry programs

Appendix A. FSMB Roadmap for Those Considering Temporarily Leaving Practice



Appendix C. Sample Supervision Assessment Feedback Form for Reentry to Practice[9]

Physician Being Evaluated: _____

Date: _____

Supervising Physician/PA: _____

This form is intended to capture feedback provided by a supervisor to a physician or Physician Assistant (PA) who is working to reenter the active practice of medicine. Areas for feedback could be drawn from self-assessment of the reentering physician/PA and direct observation by the supervisor. In completing this form, it may be helpful to structure feedback according to one or more of the Core Competencies of medical practice:

- Medical Knowledge
- Patient Care
- Interpersonal and Communication Skills
- Professionalism
- Systems-Based Practice
- Practice-Based Learning and Improvement

1. Strengths identified:
   _____
   _____
   _____
   _____
   _____

2. Areas for improvement:
   _____
   _____
   _____
   _____
   _____

3. Agreed interim plan:
   _____
   _____
   _____
   _____
   _____

[9] Adapted with permission from Texas A&M Rural and Community Health Institute KSTAR Program.

- Estimated duration of supervision period:
- Proposed date for return to practice:

9. Additional Information
   - Malpractice insurance status:
   - Hospital privileges status:
   - Any other relevant information:

Physician/PA Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

[Medical Board] Approval: _____ Date: _____

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Medical Examining Board
Rule Projects (updated 12/4/25)

Clearinghouse Rule Number	Scope #	Scope Expiration	Code Chapter Affected	Relating clause	Current Stage	Next Step
25-048	099-24	03/23/2027	Med 1	Licensure Requirements	Drafting Final Rule and Legislative Report	Submission to Governor's Office for Approval, Notification to the Legislature, and for Publication
Not Assigned Yet	066-25	03/29/2028	Med 14	Renewal	Drafting Rule	Board Review and Approval of Preliminary Rule Draft
25-070	025-25	10/14/2027	Med 21	Patient Health Care Records	Drafting Final Rule and Legislative Report	Submission to Governor's Office for Approval, Notification to the Legislature, and for Publication

Medical Examining Board
Affiliated Credentialing Board (ACB) Rule Projects

Clearinghouse Rule Number	Scope #	Scope Expiration	ACB Name	Code Chapter Affected	Relating clause	Current Stage	Next Step
Not Assigned Yet	Not Assigned Yet	TBD	Dietitians Affiliated Credentialing Board	DI 1 to 5	Implementation of the Dietitian Licensure Compact	Scope Statement Drafted for Review at 1/27/26 Meeting	Board Approval of Scope Statement for Governor Approval and for Publication
Not Assigned Yet	Not Assigned Yet	TBD	Massage Therapy and Bodywork Therapy	MTBT 2 and 4	CPR Requirements	Scope Statement Pending Chairperson Signature for Publication	Submission for Governor Approval and for Publication (Preliminary Hearing likely to be Ordered by JCRAR)
Not Assigned Yet	009-25	02/17/2027	Massage Therapy and Bodywork Therapy	MTBT 3	Education	Drafting	Board Review of Preliminary Rule Draft at a Future Meeting
25-029	091-24	02/12/2027	Physician Assistant	PA 1 to 4	Implementation of the Physician Assistant Licensure Compact	Adoption Order Resubmitted for Publication on 12/4/25	Publication; January 1, 2026 Effective Date
Not Assigned Yet	024-25	10/14/2027	Podiatry	Pod 1 and 9	Supervision of Physician Assistants	Drafting	Board Review of Preliminary Rule Draft at a Future Meeting
Not Assigned Yet	023-25	10/14/2027	Podiatry	Pod 1 and 10	Podiatrists and Telehealth	Medical Examining Board Comment Period (Wis. Stat. s. 15.085 (5) (b))	Submission for EIA Comment and Clearinghouse Review (after 60 days from 11/19/25)

Affiliated Credentialing Board (ACB) Rule Summaries

Athletic Trainers: None

Dietitians:

- DI 1 to 5, Implementation of the Dietitian Licensure Compact
    - 2025 WI Act 20 outlines all compact requirements in the statute.
    - This rule project adds compact privilege as a license option to the rules.

Massage Therapy and Bodywork Therapy:

- MTBT 2 and 4, CPR Requirements
    - The ACB plans to review Chapter MTBT 2 and 4 to determine if updating requirements for CPR training is appropriate.
- MTBT 3, Relating to Education
    - The ACB plans to change the initial licensure requirement of 600 education hours to match the standard recommended by the Federation of State Massage Therapy Boards.
    - Other updates may be made to the chapter to align with current practice if needed

Occupational Therapists: None

Physician Assistant:

- PA 1 to 4, Relating to Implementation of the Physician Assistant Licensure Compact
    - 2023 WI Act 81 outlines all compact requirements in the statute.
    - This rule project adds compact privilege as a license option to the rules.

Podiatry:

- Pod 1 and 9, Relating to Supervision of Physician Assistants
    - Due to 2021 WI Act 23, the ACB plans to create requirements for supervision of Physician Assistants by a Podiatrist.
- Pod 1 and 10, Relating to Podiatrists and Telehealth
    - The ACB created requirements on Telehealth for Podiatrists in line with 2021 WI Act 121.