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**VIRTUAL/TELECONFERENCE  
MEDICAL EXAMINING BOARD**  
**Virtual, 4822 Madison Yards Way, Madison**  
**Contact: Tom Ryan (608) 266-2112**  
**July 16, 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 June 18, 2025 (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 – 7/1/2029
    - 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. Schmeling, Gregory J. – 7/1/2029
    - k. Siebert, Derrick R. – 7/1/2029
    - l. Yu, Emily S. – 7/1/2028
    - m. 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. Physician Assistant Interstate Compact Update – Discussion and Consideration
- G. **Administrative Rules Matters – Discussion and Consideration (12-23)**
  - 1) Scope Statement: Med 14, Relating to Renewal **(12-16)**
  - 2) Preliminary Rule Draft: Med 21, Relating to Patient Health Care Records **(17-20)**
  - 3) Pending or Possible Rulemaking Projects
    - a. Rule Projects Charts **(21-22)**
    - b. Affiliated Credentialing Board Rule Summaries **(23)**
- H. **Prescription Drug Monitoring Program (PDMP) Updates (24-26)**
  - 1) WI PDMP Updates **(25)**
    - a. Recent Enhancement
    - b. CSB Rule Amendment: Gabapentin and NPI
  - 2) PDMP Participation Updates: MD & DO **(26)**
- I. **Interdisciplinary Advisory Committee Liaison Report – Discussion and Consideration (27-33)**
  - 1) Draft IV Hydration Guidance Document **(28-33)**
  - 2) Future Topics
- J. **Telemedicine and Continuity of Care – Board Discussion (34)**
- K. **Review for Adoption – 2026 Board Goals to Address Opioid Abuse (35)**
- L. Credentialing Matters – Discussion and Consideration
- M. Legislative and Policy Matters – Discussion and Consideration
- N. Professional Assistance Procedure (PAP) Discussion of Expansion to Include Mental Health Disorders
- O. **Federation of State Medical Boards (FSMB) Matters – Discussion and Consideration**
- P. Newsletter Matters – Discussion and Consideration
- Q. Controlled Substances Board Report – Discussion and Consideration
- R. Interstate Medical Licensure Compact Commission (IMLCC) – Report from Wisconsin’s Commissioners – Discussion and Consideration
- S. Screening Panel Report
- T. Future Agenda Items
- U. 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

## **V. 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)).**

## **W. Credentialing Matters**

- 1) **Application Review**
  - a. V.H.C.B. – Waiver of 24 Months of ACGME/AOA Accredited Post-Graduate Training (IA-619287) **(36-82)**
  - b. H.J. – Waiver of 24 Months of ACGME/AOA Accredited Post-Graduate Training (IA-629567) **(83-152)**
  - c. M.E. – Visiting Physician Restricted License (IA-639354) **(153-188)**
  - d. K.H.Y. – Renewal After 5 Years Physician License (IA-509848) **(189-257)**

## **X. Deliberation on DLSC Matters**

- 1) **Proposed Stipulations, Final Decisions and Orders**
  - a. 23 MED 534 – Brian W. Gaskill **(258-264)**
  - b. 24 MED 0393 – James M. Kiely **(265-271)**
  - c. 24 MED 0431 – David L. Haller **(272-277)**
  - d. 25 MED 0061 – Benjamin D. Traun **(278-289)**
  - e. 25 MED 0067 – Mark L. Vorpahl **(290-298)**

- 2) Case Closings**
- a. 23 MED 312 – P.L.L. **(299-315)**
  - b. 23 MED 429 – M.A. **(316-320)**
  - c. 23 MED 577 – G.E.S. **(321-326)**
  - d. 24 MED 0163 – G.E.S. **(326-330)**
  - e. 24 MED 0307 – O.A.K. **(331-336)**
  - f. 24 MED 0326 – L.K.P. **(337-353)**
  - g. 24 MED 0356 – M.T.W. **(354-361)**
  - h. 24 MED 0511 – Y.E.C. **(362-365)**
  - i. 25 MED 0076 – K.M.S. **(366-373)**
  - j. 25 MED 0249 – A.H.N. **(374-376)**

**Y. 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

**Z. Open Cases**

**AA. Consulting with Legal Counsel**

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

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

**CC. Open Session Items Noticed Above Not Completed in the Initial Open Session**

**DD. 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. Goel** and **Dr. Gerlach**

**NEXT MEETING: AUGUST 20, 2025**

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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  
JUNE 18, 2025**

**PRESENT:** Milton Bond, Jr.; Clarence Chou, M.D.; Sumeet Goel, D.O.; Diane Gerlach, D.O.; Robert Gribble, M.D.; Steven Leuthner, M.D.; Gregory Schmeling, M.D.; Derrick Siebert, M.D.; Emily Yu, M.D.

**ABSENT:** Callisia Clarke, M.D.; Kris Ferguson, M.D.; Carmen Lerma; Lubna Majeed-Haqqi, M.D.

**STAFF:** Tom Ryan, Executive Director; Renee Parton, Assistant Deputy Chief Legal Counsel and Board Legal Counsel; Nilajah Hardin, Administrative Rules Coordinator; Brenda Taylor, Board Services Supervisor; 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 nine (9) members present.

**ADOPTION OF AGENDA**

**Amendment to the Agenda**

- Oral interviews: Remove Dr. Goel, add Dr. Chou. Adjust number of Exams to two (2)

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

**APPROVAL OF MINUTES OF MAY 21, 2025**

**MOTION:** Milton Bond moved, seconded by Emily Yu, to approve the Minutes of May 21, 2025 as published. Motion carried unanimously.

**FEDERATION OF STATE MEDICAL BOARDS (FSMB) MATTERS**

***Presentation – Telemedicine and Facilitating License Portability – Humayun Chaudhry, DO, President and Chief Executive Officer and George Abraham, MD, FSMB Chair***

**MOTION:** Clarence Chou moved, seconded by Milton Bond, to acknowledge and thank Humayun Chaudhry, DO, President and Chief Executive Officer and George Abraham, MD, FSMB Chair, for their appearance and presentation to the Board. Motion carried unanimously.

## CLOSED SESSION

**MOTION:** Clarence Chou moved, seconded by Sumeet Goel, 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; Diane Gerlach-yes; Sumeet Goel-yes; Steven Leuthner-yes; Gregory Schmeling-yes; Derrick Siebert-yes; and Emily Yu-yes. Motion carried unanimously.

The Board convened into Closed Session at 8:44 a.m.

## CREDENTIALING MATTERS

### Application Review

#### *J.A.B. – Waiver of 24 Months of ACGME/AOA Accredited Post-Graduate Training (IA-613971)*

**MOTION:** Sumeet Goel moved, seconded by Clarence Chou, to **deny** the Waiver of 24 Months of ACGME/AOA Accredited Post-Graduate Training request of J.A.B. (IA-613971). **Reason for Denial:** Wis. Admin. Code § Med 1.02(3)(c) education and training not substantially equivalent to ACGME approved training. Motion carried unanimously.

#### *M.T.G. – Physician - MD (IA-622196)*

**MOTION:** Sumeet Goel moved, seconded by Clarence Chou, to **deny** the Physician - MD application of M.T.G. (IA-622196). **Reason for Denial:** Wis. Stat. § 448.06(2), Wis. Admin. Code § Med 10.03(3)(c). Motion carried unanimously.

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

### Proposed Stipulations, Final Decisions and Orders

#### *22 MED 311 – Robert V. Nagle*

**MOTION:** Diane Gerlach moved, seconded by Steven Leuthner, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Robert V. Nagle, DLSC Case Number 22 MED 311. Motion carried unanimously.

***23 MED 536 – William P. Shannon***

**MOTION:** Sumeet Goel moved, seconded by Steven Leuthner, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against William P. Shannon, DLSC Case Number 23 MED 536 as corrected. Motion carried unanimously.

***24 MED 0151 – Megan M. Norris***

**MOTION:** Sumeet Goel moved, seconded by Diane Gerlach, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Megan M. Norris, DLSC Case Number 24 MED 0151. Motion carried unanimously.

***24 MED 0428 – Eleazar M. Kadile***

**MOTION:** Clarence Chou moved, seconded by Diane Gerlach, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Eleazar M. Kadile, DLSC Case Number 24 MED 0428. Motion carried unanimously.

***24 MED 0439 – Brandon W. Welsh***

**MOTION:** Clarence Chou moved, seconded by Steven Leuthner, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Brandon W. Welsh, DLSC Case Number 24 MED 0439. Motion carried unanimously.

***25 MED 0048 – Patrick W. Jost***

**MOTION:** Sumeet Goel moved, seconded by Milton Bond, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Patrick W. Jost, DLSC Case Number 25 MED 0048 as corrected. Motion carried unanimously.

**Administrative Warnings**

**MOTION:** Clarence Chou moved, seconded by Sumeet Goel, to issue an Administrative Warning in the following DLSC Cases:  
24 MED 066 – B.M.M.  
24 MED 0379 – G.R.  
Motion carried unanimously.

## **Case Closings**

**MOTION:** Clarence Chou moved, seconded by Steven Leuthner, to close the following DLSC Cases for the reasons outlined below:  
23 MED 403 – D.W.T. – No Violation  
23 MED 547 – N.S.K. – No Violation  
24 MED 0285 – D.O.M. – No Violation  
24 MED 0491 – E.M.L. – No Violation  
25 MED 0107 – R.D.W. – No Violation  
Motion carried unanimously.

### ***23 MED 291 – C.R.L.***

**MOTION:** Clarence Chou moved, seconded by Emily Yu, to close DLSC Case 23 MED 291 against C.R.L., for no violation. Motion carried unanimously.

### ***24 MED 027 – M.R.***

**MOTION:** Clarence Chou moved, seconded by Emily Yu, to table DLSC Case 24 MED 027 against M.R. Motion carried unanimously.

### ***24 MED 0249 – P.V.B.***

**MOTION:** Sumeet Goel moved, seconded by Clarence Chou, to close DLSC Case 24 MED 0249 against P.V.B., for no violation. Motion carried unanimously.

## **RECONVENE TO OPEN SESSION**

**MOTION:** Diane Gerlach moved, seconded by Sumeet Goel, to reconvene to Open Session. Motion carried unanimously.

The Board reconvened to Open Session at 9:30 a.m.

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

**MOTION:** Milton Bond moved, seconded by Steven Leuthner, 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 moved, seconded by Sumeet Goel, 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 moved, seconded by Diane Gerlach, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 9:32 a.m.

DRAFT

**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> 07/02/25 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>											
<b>3) Name of Board, Committee, Council, Sections:</b> Medical Examining Board													
<b>4) Meeting Date:</b> 07/16/25	<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. Scope Statement: Med 14, Relating to Renewal 2. Preliminary Rule Draft: Med 21, Relating to Patient Health Care Records 3. Pending or Possible Rulemaking Projects a. Rule Projects Charts b. Affiliated Credentialing Board Rule Summaries											
<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 14 Scope Statement Med 21 Preliminary Rule Draft Rule Project Charts Affiliated Credentialing Board Rule Summaries  (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> )													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black; vertical-align: bottom;"> <b>11) Authorization</b>  </td> <td style="width: 40%; border-bottom: 1px solid black; vertical-align: bottom; text-align: right;">           07/02/25         </td> </tr> <tr> <td style="border-bottom: 1px solid black; vertical-align: bottom;">           Signature of person making this request         </td> <td style="border-bottom: 1px solid black; vertical-align: bottom; text-align: right;">           Date         </td> </tr> <tr> <td style="border-bottom: 1px solid black; vertical-align: bottom;">           Supervisor (if required)         </td> <td style="border-bottom: 1px solid black; vertical-align: bottom; text-align: right;">           Date         </td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black; vertical-align: bottom;">           Executive Director signature (indicates approval to add post agenda deadline item to agenda)         </td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black; vertical-align: bottom;">           Date         </td> </tr> </table>				<b>11) Authorization</b> 	07/02/25	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	
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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													
<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.													

# STATEMENT OF SCOPE

## MEDICAL EXAMINING BOARD

**Rule No.:** Med 14

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**Relating to:** Renewal

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**Rule Type:** Permanent

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**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:

Approved for implementation:

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Authorized Signature

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Authorized Signature

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Date Submitted

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Date Submitted

### **2023 Federation of State Medical Boards Annual Survey**

For the purposes of re-entry, how many years do physicians need to be out of practice in your jurisdiction before completion of a **re-entry program** is required?

Responses for 38 responding boards:

- 1 Year (2 boards)
- 2 Years (23 boards)
- 3 Years (5 boards)
- 4 Years (2 boards)
- 5 Years (4 boards)
- 6 Years (1 board)
- 3-5 Years (1 board)

# Board Requirements on Reentry to Practice

SMB	Board has policy on physician reentry to practice	Decide on case-by-case basis	SPEX/COMVEX	CME	Fitness-to-practice evaluation
AL	X	X	X	X	X
AK	X	X	X	X	X
AZ-M	X	X	X	—	—
AZ-O	X	X	X	X	X
AR	X	X	X	X	X
CA-M	X	X	X	X	X
CA-O	X	X	X	X	X
CO	X	X	X	X	X
CT	X	X	X	X	X
DE	X	X	—	X	X
DC	X	X	X	X	X
FL-M	X	X	X	X	X
FL-O	X	X	X	X	—
GA	X	X	X	—	X
GU	X	—	X	X	—
HI	—	X	X	X	X
ID	—	X	X	X	—
IL	X	X	X	X	X
IN	X	X	—	X	—
IA	X	X	X	X	X
KS	X	X	—	X	X
KY	X	X	—	X	X
LA	X	X	X	X	X
ME-M	X	X	X	X	X
ME-O	X	X	—	X	—
MD	X	X	—	X	—
MA	—	X	—	—	X
MI-M	X	X	X	X	X
MI-O	X	X	X	X	X
MN	X	—	—	—	—
MS	X	—	—	—	X
MO	—	X	—	X	X
MP	—	—	—	—	—
MT	X	X	X	X	X
NE	X	X	X	X	X
NV-M	X	X	X	—	X
NV-O	X	—	—	X	—
NH	—	X	—	X	X
NJ	X	X	X	X	X
NM	X	X	X	X	X
NY	(—) (PMC)	X (PMC)	X (PMC)	X (PMC)	X (PMC)
NC	X	X	—	X	—
ND	—	X	X	X	X
OH	—	X	X	X	X
OK-M	X	X	X	X	X
OK-O	—	X	X	X	X
OR	X	X	X	X	X
PA-M	X	X	X	X	X
PA-O	—	X	—	X	—
PR	—	—	—	—	—
RI	X	X	—	X	—
SC	X	—	—	X	X
SD	—	X	—	—	—
TN-M	X	X	X	X	X
TN-O	X	—	X	X	—
TX	X	X	X	X	X
UT	—	X	X	X	X
VT-M	—	X	—	X	—
VT-O	X	X	X	X	X
VI	—	—	—	—	—
VA	X	X	X	X	X
WA-M	X	X	X	X	—
WA-O	X	X	X	X	X
WV-M	X	X	X	X	X
WV-O	X	X	X	X	X
WI	—	X	—	X	X
WY	X	X	X	X	X

# Board Requirements on Reentry to Practice

SMB	Additional Comments
AL	"Considerations on Closing or Leaving a Practice," ALBME (incl. instructions on license reinstatement)
AK	
AZ-M	
AZ-O	
AR	The board does not always require fitness-to-practice exam
CA-M	Policy only pertains to those with a canceled license who seek relicensure
CA-O	The Board may review on a case by case basis. May require test and or fitness evaluation.
CO	Medical Practice Act 12-36-114.5 Reentry license and Rule 120
CT	SPEX/COMVEX, CME, fitness evaluation determined on a case by case basis
DE	Board's regulations on re-entry: <a href="http://regulations.delaware.gov/AdminCode/title24/1700.shtml">http://regulations.delaware.gov/AdminCode/title24/1700.shtml</a>
DC	The Board's policy allows for individuals who've been out of practice for less than two (2) years to be approved by staff, but anything longer requires a case by case review by the Board. This may include taking the SPEX, completing CME, or even undergoing a fitness-to-practice evaluation.
FL-M	Re-entry into practice is usually determined by ordering a physician assessment or impairment issue through our PRN
FL-O	
GA	Clinical Skills Exams administered on case by case basis
GU	
HI	
ID	
IL	Our Act and Rules address reactivating or reinstating a lapsed license after meeting certain requirements
IN	SPEX/COMVEX, CME and fitness-to-practice evaluation may be required
IA	If applicant has not had clinical practice in last 3 years, board options for competency eval, SPEX/COMVEX, retraining, or reentry/monitoring
KS	65-2809(i) Reentry License: Authority to issue reentry license with requirements necessary to establish present ability to practice; not adverse to physician
KY	
LA	Fitness-to-practice evaluation administered on case by case basis. The rules for entry or reinstatement are set forth in the rules. Any exceptions to the rules are addressed on a case by case basis by the Board. Otherwise the licensure department would follow the requirements as established by the rules promulgated by the Board.
ME-M	May include completion of a formal program such as CPEP
ME-O	
MD	
MA	SPEX/COMVEX, CME, and fitness-to-practice evaluation administered on case by case basis
MI-M	
MI-O	
MN	The Board shall not renew, reissue, reinstate, or restore a license that has lapsed and is not subject to a pending review, investigation, or disciplinary action, and has not been renewed within two annual license renewal cycles.
MS	Clinical Skills Assessment if physician has not practiced in last 3 years
MO	SPEX/COMVEX, CME and fitness-to-practice are left to the Board's discretion as authorized by Missouri law
MP	—
MT	SPEX/COMVEX, CME, fitness-to-practice evaluation are all optional. ARM 24.156.618 includes all options
NE	SPEX/COMVEX and fitness-to-practice evaluation administered on case by case basis. CME 50 hours of Category 1 AMA approved continuing education required.
NV-M	Must apply as if the applicant has never been licensed by the Board
NV-O	For inactivity of 3 years or more, reentering physicians must reapply like new applicants. For shorter periods of inactivity, applicants must show proof or pay fine for lack of credits.
NH	SPEX/COMVEX, CME, and fitness-to-practice evaluation administered on case by case basis
NJ	
NM	Some applicants submit to a mini-sabbatical at UNM which can be from 2 weeks to several months to determine competency
NY	Issue is under study (BM); Every instance of re-entry to practice takes into consideration the specifics of the circumstances in order to establish specific re-entry conditions and terms, therefore the SPEX/COMVEX, CME, or evaluations may or may not be required.(PMC)
NC	Application, Birth Certificate, FSMB Board Action Data Bank report, CME (past 3 years), fingerprints, background check, fee. Additional information requested by the Board.
ND	SPEX/COMVEX, CME and fitness-to-practice exam administered on case by case basis
OH	Sec. 4731.222, Ohio Revised Code, permits Board to impose conditions on a license if physician has not been in practice for two or more years
OK-M	Out of Clinical practice for more than 2-5 years. (SPEX/COMVEX, CME and fitness-to-practice exam are optional)
OK-O	
OR	If an applicant has ceased the practice of medicine for a period of 12 or more consecutive months immediately preceding the application for licensure or reactivation, the applicant may be required to demonstrate clinical competency.
PA-M	CME is required for all Reactivations. The Board may require applicants who have not actively practiced for four or more years to successfully complete a clinical skills evaluation and/or retraining program. SPEX/COMVEX may or may not be required.
PA-O	CME is required for all reactivations. SPEX/COMVEX and fitness-to-practice evaluation could be asked for a physician, depending on the Board's decision. These are not requirements for all re-entry applicants.
PR	
RI	At the discretion of the Board, the applicant may be required to appear before the Board for an interview.
SC	Statutory Process for reinstatement, re-entry term not used. SPEX/COMVEX, CME and fitness-to-practice exam administered at the Board's discretion
SD	Competency evaluation, admittance into the Medical Board Monitoring Program (MBMP)
TN-M	
TN-O	
TX	SPEX/COMVEX and CME on case by case basis. TMB has a an "active practice rule."
UT	SPEX/COMVEX required after 5 years out of practice; 40 CME hrs within 2 years immediately preceding reinstatement application; fitness-to-practice exam administered on case by case basis
VT-M	
VT-O	
VI	
VA	
WA-M	See WAC 246-12-040 for more information
WA-O	Fitness-to-practice evaluation addressed under Uniform Disciplinary Act chapter 18.130 RCW
WV-M	SPEX/COMVEX and fitness-to-practice evaluation administered on case by case basis
WV-O	
WI	If the license is renewed within 5 years of the biennial renewal date, the license is renewed when the continuing medical education requirements from the unlicensed interval are completed. After 5 years, re-registration is required.
WY	

STATE OF WISCONSIN  
MEDICAL EXAMINING BOARD

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

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PROPOSED ORDER

An order of the Medical Examining Board to amend Med 21.01, 21.02 (2), 21.03 (1) and (2), relating to Patient Health Care Records.

Analysis prepared by the Department of Safety and Professional Services.

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ANALYSIS

**Statutes interpreted:** s 448.40 (1), Stats.

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

**Explanation of agency authority:**

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

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

**Related statute or rule:** None.

**Plain language analysis:** The objective of the proposed rule is to revise chapter Med 21 to remove references to “physician assistant,” as the Physician Assistant Affiliated Credentialing Board has their own chapters in the Wisconsin Administrative Code that govern their profession. This was achieved by removing the references to “physician assistant” from sections Med 21.01, 21.02 (2), 21.03 (1) and (2).

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

**Summary of public comments received on statement of scope and a description of how and to what extent those comments and feedback were taken into account in drafting the proposed rule:** The Medical Examining Board held a Preliminary Hearing on Statement of Scope for this project on May 21, 2025. No comments were received.

**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 [225 Illinois Compiled Statutes ch. 60]. The rules of the Illinois Department include that it is unprofessional conduct if a physician fails to generate records for patients care as specified by accepted medical standards [Illinois Administrative Code Title 68 Part 1285 Section 1285.240].

**Iowa:** The Iowa Board of Medicine is responsible for the licensure and regulation of medicine and surgery in Iowa. Chapter 148 of the Iowa Code includes statutory requirements for licensure, composition and powers of the Iowa Board, and discipline for physicians [Iowa Code ch. 148]. The Iowa Administrative Code includes rules relating to medical practice, including the transfer and retention of medical records. In Iowa, a physician must provide medical records to a patient, or another physician specified by the patient when requested. Physicians also need to maintain medical records for at least seven years from the last date of service for each patient [481 Iowa Administrative Code ch. 655 ss. 655.5 (7) and (8)].

**Michigan:** The Michigan Board of Medicine is responsible for the licensure and regulation of medical practice in Michigan. Act 368 Article 15 Part 170 of the Michigan Compiled Laws includes the regulations for medicine in Michigan, among several other occupations. Some of the requirements in this part include those for licensure, informed consent, and duties of the Michigan Board. [Michigan Compiled Laws ss. 333.17001-333.17097]. The requirements for patient health care records are listed under health facilities and agencies in Part 201 of the same act. A health facility or agency must maintain a record for each patient for at least seven years unless a longer period is required by other state or federal laws [Michigan Compiled Laws s. 333.20175].

**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]. The requirements for patient health care records in Minnesota are outlined in Chapter 144 of the Minnesota Statutes, under the Department of Health in the Minnesota Health Records Act. This Act includes requirements for patient rights, release or disclosure of health

records, and health records for specific areas such as mental health, reproductive health care, and research. The health care provider, such as a physician, may be disciplined by their licensing board or agency for violations of this Act [Minnesota Statutes ch. 144 ss. 144.291 to 144.298].

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

The Board reviewed Wisconsin Administrative Code Chapter Med 21 and made updates where needed.

**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, Jennifer Garrett, may be contacted by email at [Jennifer.Garrett@wisconsin.gov](mailto: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](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 a date to be determined, to be included in the record of rule-making proceedings.

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TEXT OF RULE

SECTION 1. Med 21.01, 21.02 (2), 21.03 (1) and (2) are amended to read:

**Med 21.01 Authority and purpose.** The rules in this chapter are adopted under the authority of ss. 15.08 (5) (b), 227.11 (2), and 448.40 (1), Stats., to govern the practice of physicians and ~~physician assistants~~ in the preparation and retention of patient health care records.

**21.02 (2)** “Patient” means a person who receives health care services from a physician ~~or physician assistant~~.

**21.03 (1)** A physician ~~or physician assistant~~ shall maintain patient health care records on every patient administered to for a period of not less than 5 years after the date of the last entry, or for such longer period as may be otherwise required by law.

**(2)** A patient health care record prepared by a physician ~~or physician assistant~~ shall contain the following clinical health care information which applies to the patient’s medical condition:

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.

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(END OF TEXT OF RULE)

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**Medical Examining Board  
Rule Projects (updated 07/02/25)**

<b>Clearinghouse Rule Number</b>	<b>Scope #</b>	<b>Scope Expiration</b>	<b>Code Chapter Affected</b>	<b>Relating clause</b>	<b>Current Stage</b>	<b>Next Step</b>
Not Assigned Yet	<a href="#">099-24</a>	03/23/2027	Med 1	Licensure Requirements	Preliminary Rule Draft Under Clearinghouse Review	Public Hearing Scheduled for 08/20/25 Meeting
Not Assigned Yet	Not Assigned Yet	TBD	Med 14	Renewal	Scope Statement Reviewed at 07/16/25 Meeting	Scope Statement Submission for Governor's Office Approval and Publication
Not Assigned Yet	<a href="#">025-25</a>	10/14/2027	Med 21	Patient Health Care Records	Board Review of Preliminary Rule Draft at 07/16/25 Meeting	Board Approval of Preliminary Rule Draft for EIA Comment and Clearinghouse Review
<a href="#">24-099</a>	<a href="#">055-24</a>	11/28/2026	Med 27	Provisional Licensure for International Physicians	Legislative Review	Board Review of Adoption Order at a Future Meeting

**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
<a href="#">25-020</a>	<a href="#">097-22</a>	06/12/2025	Athletic Trainers	AT 4	Protocol Requirements	Legislative Review	Adoption Order Review at a Future Meeting
<a href="#">24-098</a>	<a href="#">064-24</a>	12/03/2026	Dietitians	DI 1	Definitions	Legislative Review	Adoption Order Review at a Future Meeting
Not Assigned Yet	<a href="#">009-25</a>	02/17/2027	Massage Therapy and Bodywork Therapy	MTBT 3	Education	Scope Statement Implemented on 06/27/25	Drafting
<a href="#">24-054</a>	<a href="#">080-23</a>	04/23/2026	Massage Therapy and Bodywork Therapy	MTBT 6	Temporary License	Legislative Review	Adoption Order Review at a Future Meeting
<a href="#">24-050</a>	<a href="#">072-22</a>	02/22/2025	Occupational Therapists	OT 1 to 5	Implementation of the Occupational Therapy Licensure Compact	Effective 08/01/25	N/A
<a href="#">25-029</a>	<a href="#">091-24</a>	02/12/2027	Physician Assistant	PA 1 to 4	Implementation of the Physician Assistant Licensure Compact	Public Hearing Held at 06/26/25 Meeting	Drafting Final Rule and Legislative Report
<a href="#">25-002</a>	<a href="#">065-24</a>	12/03/2026	Physician Assistant	PA 4	Physical Examinations	Legislative Review	Adoption Order Review at a Future Meeting
Not Assigned Yet	<a href="#">024-25</a>	10/14/2027	Podiatry	Pod 1 and 9	Supervision of Physician Assistants	Scope Implemented on 06/27/25	Drafting
Not Assigned Yet	<a href="#">023-25</a>	10/14/2027	Podiatry	Pod 1 and 10	Podiatrists and Telehealth	Drafting	Board Review of Preliminary Rule Draft at a Future Meeting

## Affiliated Credentialing Board (ACB) Rule Summaries

### Athletic Trainers:

- AT 4, Relating to Protocol Requirements
  - Updates the Athletic Trainer Protocol to include already existing statutory practice exceptions and adds manual therapy as a service

### Dietitians:

- DI 1, Relating to Definitions
  - Updates the definition of “regionally accredited college or university” to mean a college or university recognized by the US Department of Education as being accredited, instead of listing individual institutions by name

### Massage Therapy and Bodywork Therapy:

- 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
- MTBT 6, Relating to Temporary Licenses
  - Updates to allow applicants to practice while waiting for their examination results.
  - Each temporary license expires after 6 months or when the applicant successfully passes their examination, whichever comes first.

### Occupational Therapists:

- OT 1 to 5, Relating to Implementation of the Occupational Therapy Licensure Compact
  - 2021 WI Act 123 outlines all compact requirements in the statute.
  - This rule project adds compact privilege as a license option to the rules.

### 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.
- PA 4, Relating to Physical Examinations
  - Similar to the recent rule that amended Med 10, this rule requires that each licensee have a policy on chaperones for sensitive examinations, and that such a policy be made available to all patients.

### 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 plans to create requirements on Telehealth in line with 2021 WI Act 121.

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

**AGENDA REQUEST FORM**

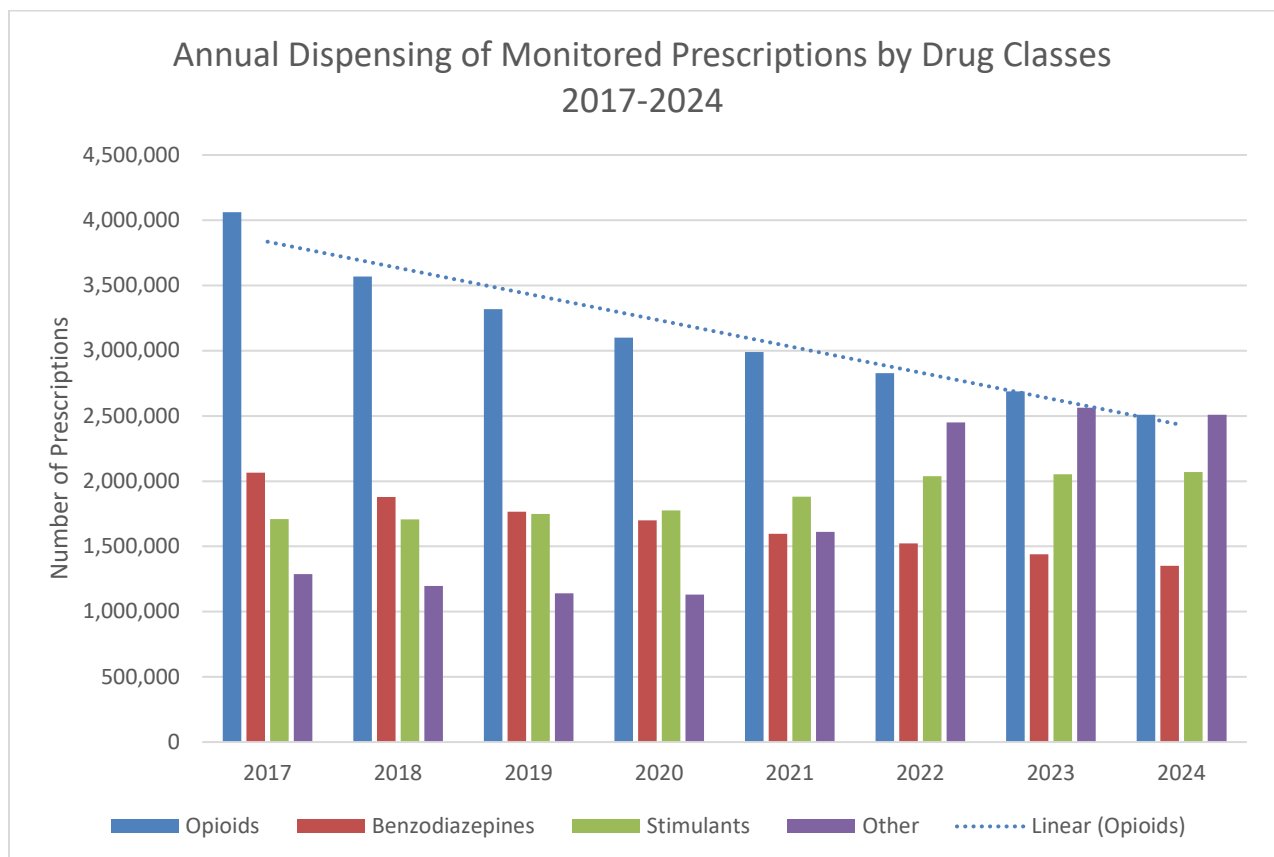
1) Name and title of person submitting the request: Marjorie Liu <b>Program Lead, PDMP</b>		2) Date when request submitted: 07/03/2025 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>													
3) Name of Board, Committee, Council, Sections: Medical Examining Board															
4) Meeting Date: 07/16/2025	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Prescription Drug Monitoring Program (PDMP) Updates													
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <i>(If yes, please complete <a href="#">Appearance Request</a> for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:													
10) Describe the issue and action that should be addressed: <div style="margin-left: 20px;">           1. WI PDMP Updates           <div style="margin-left: 20px;">             a. Recent Enhancement              b. CSB Rule Amendment: Gabapentin and NPI           </div> </div> <div style="margin-left: 20px;">           2. PDMP Participation Updates: MD &amp; DO         </div>															
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; vertical-align: top;">11)</td> <td style="width: 60%; border-bottom: 1px solid black; text-align: center;"> <div style="display: flex; justify-content: space-between;"> <span>Authorization</span> <span></span> </div> <div style="font-family: cursive; font-size: 1.2em; margin-top: 10px;">Marjorie Liu</div> </td> <td style="width: 30%; border-bottom: 1px solid black; text-align: center;"> <div style="display: flex; justify-content: space-between;"> <span></span> <span>7/3/2025</span> </div> </td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black; text-align: center;">Signature of person making this request</td> <td style="border-bottom: 1px solid black; text-align: center;">Date</td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black; text-align: center;">Supervisor (if required)</td> <td style="border-bottom: 1px solid black; text-align: center;">Date</td> </tr> <tr> <td></td> <td colspan="2" style="border-bottom: 1px solid black; text-align: center;">Executive Director signature (indicates approval to add post agenda deadline item to agenda)    Date</td> </tr> </table>				11)	<div style="display: flex; justify-content: space-between;"> <span>Authorization</span> <span></span> </div> <div style="font-family: cursive; font-size: 1.2em; margin-top: 10px;">Marjorie Liu</div>	<div style="display: flex; justify-content: space-between;"> <span></span> <span>7/3/2025</span> </div>		Signature of person making this request	Date		Supervisor (if required)	Date		Executive Director signature (indicates approval to add post agenda deadline item to agenda)    Date	
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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.															



# WISCONSIN | ePDMP

## Wisconsin Prescription Drug Monitoring Program (PDMP) Overview

- 703,000 Dispensing Records Submitted per Month in 2024
- 71,000 Data-Driven Patient History Alerts per Month in 2024
- 53,400 Active Healthcare Professional Users
- 590,000 Patient Queries per Month by Prescribers and Delegates in 2024





# WISCONSIN | ePDMP

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

### ePDMP Registration (As of 3/31/2025)

Total Number of Licensed MD & DO - Active Only	37,505
Total Number of Licensed MD & DO Registered with the WI ePDMP	20,423
Number of Licensed MD & DO who have logged in to the ePDMP in the past 12 months	8,281

### ePDMP Usage (Q1 2025)

Number of MD & DO with Rx Required of PDMP Review	6,211	
Total Queries by MD & DO (Including Delegates)	879,712	
ePDMP Usage/Prescribing Compliance Rate	ePDMP Usage	Number of Prescribers
	100%	3,441
	99-75%	479
	74-51%	462
	50-26%	421
	25-1%	465
	0%	943

### Prescribing of Monitored Prescription Drugs Q1 2025

	Total Unique Prescribers	Total Prescriptions
MD & DO with Monitored Drug Prescriptions	10,271	1,166,289
MD & DO with Opioid Prescriptions	8,134	362,403
MD & DO with Benzo Prescriptions	7,057	212,276

### Opioid Prescribing Trend 2024-2025 (MD & DO)

	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025
Opioid Prescriptions	387,620	400,833	393,418	394,376	362,403
Change from Prev. Q	-5.7%	3.4%	-1.8%	0.2%	-8.1%

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

**AGENDA REQUEST FORM**

<b>1) Name and title of person submitting the request:</b>  Whitney DeVoe on behalf of the Interdisciplinary Advisory Committee		<b>2) Date when request submitted:</b> 6/26/2025 <small>Items will be considered late if submitted after 12:00 p.m. on the          deadline date which is 8 business days before the meeting</small>										
<b>Name of Board, Committee, Council, Sections and Meeting Dates:</b>  Physician Assistant Affiliated Credentialing Board, 6/26/2025 Board of Nursing, 7/10/2025 Controlled Substances Board, 7/11/2025 Medical Examining Board, 7/16/2025 Cosmetology Examining Board, 7/28/2025 Pharmacy Examining Board, 8/21/2025												
<b>5) Attachments:</b>  <input checked="" type="checkbox"/> Yes [Draft Doc] <input type="checkbox"/> No		<b>6) How should the item be titled on the agenda page?</b>  Interdisciplinary Advisory Committee – Discussion and Consideration  1. Draft IV Hydration Guidance Document 2. Future Topics										
<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 checked="" type="checkbox"/> No	<b>9) Name of Case Advisor(s), if applicable:</b>  n/a										
<b>10) Describe the issue and action that should be addressed:</b>  <div style="text-align: center; padding: 10px;">         Seeking Board approval of the IV Hydration Guidance Document and referral back to IAC for finalization and discussion of potential future topics.       </div>												
<table style="width: 100%; border: none;"> <tr> <td style="width: 10%;"><b>11)</b></td> <td style="width: 60%; text-align: center;"><b>Authorization</b></td> <td style="width: 30%;"></td> </tr> <tr> <td></td> <td>Whitney De Voe</td> <td style="text-align: right;">6/26/2025</td> </tr> <tr> <td></td> <td>Signature of person making this request</td> <td style="text-align: right;">Date</td> </tr> </table>				<b>11)</b>	<b>Authorization</b>			Whitney De Voe	6/26/2025		Signature of person making this request	Date
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<b>Directions for including supporting documents:</b> 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.												

1 **JOINT ADVISORY OPINION OF THE WISCONSIN EXAMINING BOARDS OF**  
2 **MEDICAL, NURSING, PHARMACY, AND COSMETOLOGY, AND THE PHYSICIAN**  
3 **ASSISTANT AFFILIATED CREDENTIALING BOARD, AND THE WISCONSIN**  
4 **CONTROLLED SUBSTANCES BOARD**

5 It is the overall duty of each Examining Board to improve the profession they supervise, both  
6 within and outside its own profession, to bring about a better relationship between the profession  
7 and the general welfare of this state. Each Examining Board is empowered to set standards of  
8 professional competency and conduct for the profession it supervises. With these principles in  
9 mind, the Interdisciplinary Advisory Committee (Committee) consisting of the Wisconsin Medical  
10 Examining Board, Pharmacy Examining Board, Board of Nursing, Physician Assistant Affiliated  
11 Credentialing Board, Cosmetology Examining Board and Controlled Substances Board was  
12 established to discuss issues of mutual concern.

13 In recent years, Wisconsin has seen an increase in the intravenous (IV) hydration therapy business  
14 and the Wisconsin Department of Safety and Professional Services (DSPS) has seen an increase  
15 in questions from healthcare professionals concerning the legal requirements for IV hydration  
16 therapy businesses.

17 IV hydration therapy businesses provide patients with IV fluids with or without prescription  
18 medications, vitamins, minerals and/or amino acids. Based on inquiries received by DSPS, there  
19 appears to be confusion among healthcare professionals and the public as it relates to  
20 understanding the responsibilities of healthcare professionals engaged in these businesses.  
21 Because of the concern over the lack of any industry-specific guidelines or laws regarding the  
22 operation of these businesses and the potential harm to the residents of Wisconsin, the Committee  
23 puts forth this guidance document. **This guidance document is based upon the existing laws of**  
24 **Wisconsin and sets forth the relevant laws and standards of care implicated by IV hydration**  
25 **therapy businesses within the context of a retail or “on-demand” business setting.**<sup>1</sup>

26 For purposes of this guidance document, the Committee has divided the practice occurring at IV  
27 hydration businesses into three main stages: assessment, compounding, and administration. The  
28 guidance below is meant to assist licensees in understanding the laws and regulations implicated  
29 at each stage. Please note, this is not an exhaustive list, but rather a list addressing the most  
30 commonly raised practice concerns.

31 **BACKGROUND**

32 Prior to discussion of the specific stages, the Committee believes it is crucial to highlight that  
33 services offered by IV hydration therapy businesses constitute the practice of medicine and surgery.

34 The practice of medicine and surgery is defined as meaning:

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<sup>1</sup> This guidance is meant to specifically address the emerging market for IV Hydration therapy or businesses offering IV Hydration therapy services. Underlying principles established in this guidance may be applicable to other services offered by healthcare professionals. Please contact private counsel to review your specific business model for compliance with relevant laws and regulations.



[t]o examine into the fact, condition or cause of human health or disease, or to treat, operate, prescribe or advise for the same, by any means or instrumentality ... [t]o apply principles or techniques of medical sciences in the diagnosis or prevention of any of the conditions described in par. (a) and in sub. (2) ... [t]o penetrate, pierce or sever the tissues of a human being ... [t]o offer, undertake, attempt or do or hold oneself out in any manner as able to do any of the acts described in this subsection.

*See Wis. Stat. § 448.01(9). Further, pursuant to Wis. Stat. § 448.03, “[n]o person may practice medicine or surgery, or attempt to do so or make a representation as authorized to do so, without a license to practice medicine or surgery” except for “[a]ny person lawfully practicing within the scope of a license, permit, registration, certificate, or certification granted to practice... professional or practical nursing or nurse-midwifery under ch. 441... to practice as a physician assistant under subch. IX... or as otherwise provided by statute.”*

At its core, the IV hydration therapy business model involves offering patients, including on a walk-in basis, a menu of pre-selected mixtures (“cocktails”) of additives to basic IV saline. The cocktails may include fluids with or without prescription medications, vitamins, minerals and/or amino acids. Some basic health screening generally occurs prior to the selection and administration of the IV. It is of concern to the Committee that the basic health screening and selection of IVs are being performed by unlicensed individuals or licensees whose scope of practice does not allow for the practice of medicine or surgery.

Although many IV hydration therapy businesses may have a physician, physician assistant (PA) or advanced practice nurse prescriber (APNP) associated with the business, in some instances a registered nurse (RN) may be the only licensed health care professional interacting with the patient. The Committee wants to make clear that a registered nurse (RN), or any individual not holding the proper credential, undertaking the diagnosing and prescribing of medications falls outside an RN’s scope of practice<sup>2</sup> and can result in disciplinary action against not only the RN’s license, but also the physician, PA, or APNP overseeing the practice.

Moreover, IV hydration therapy fluids and additives are prescription drugs requiring purchase and storage by a qualified practitioner which may include a physician, PA, or APNP. Fluids and additives must be purchased from FDA licensed manufacturers, distributors licensed in the state where they are being purchased, or from compounding pharmacies designated and licensed as 503B compounding facilities. Non-qualified individuals, including, but not limited to RNs or licensed practical nurses (LPNs), may not possess or store prescription drugs in any location not appropriately licensed by the Pharmacy Examining Board.

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<sup>2</sup> It is not within the scope of practice for an RN or LPN to independently engage in acts that require independent medical diagnosis, or the ordering, compounding, or prescribing of IV fluids, IV medications, or IV therapeutic regimens. See Wis. Stat. § 441.001(4) and Wis. Admin. Code § N 6.03.

## ASSESSMENT

The patient must be assessed prior to ordering any IV Hydration treatment. Practitioners who may order treatment appropriate to their area of competence as established by their education, training, or experience include:

- A physician licensed to practice medicine and surgery in this state as defined in Wis. Stat. § 448.01(5).
- A PA licensed pursuant to Wis. Stat. § 448.974.
- An APNP licensed pursuant to Wis. Stat. § 441.16.

Although telehealth may be utilized to perform the initial patient assessment, it is the recommendation of this Committee that patient assessment should be done in person, as a complete medical assessment is difficult to conduct via telehealth.<sup>3</sup> Certain conditions may be hard to evaluate without an in-person assessment including an assessment of necessary organ systems. An assessment consisting merely of a simple questionnaire without an appropriate clinical assessment would not meet the standard of care and is considered unprofessional conduct pursuant to Wis. Admin. Code § Med 24.07(2). A patient assessment should include at minimum a history and physical exam. Although a nurse may complete certain delegated portions of the assessment, a patient assessment should not rely solely on findings from a nursing assessment.

As part of the assessment, the practitioner may diagnose the patient's condition and shall make recommendations consistent with the findings from the history and physical as to treatment. Treatment recommendations may include a discussion with the patient surrounding which therapies, including the addition of specific additives, may be appropriate to treat the patient's condition. These discussions should include a description of risks, benefits and alternative options. To be clear, this constitutes the practice of medicine and should only be undertaken by a practitioner with statutory authority to diagnose and treat. The discussion with a patient and recommendation shall be provided by the practitioner.

Following the assessment, the practitioner may prescribe the appropriate therapy or treatment. The use of standing orders outside of an established practitioner-patient relationship for an individualized assessment, diagnosis and treatment of patients may be considered prescribing in a manner inconsistent with the standard of minimal competence pursuant to Wis. Admin. Code § Med 10.03(2)(c).

To ensure the assessment complies with the standard of care, after evaluating the patient and making treatment recommendations, a comprehensive medical record must be created. Additionally, informed consent shall be obtained to be consistent with the standard of care. Informed consent should include, but not be limited to, the risks of additives to saline, the risks of IV fluids, and the risks of an IV itself. Medical records must be stored in compliance with state and federal law, including those with the Wisconsin Department of Health Services.

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<sup>3</sup> Telehealth is only acceptable if it meets established regulations. See Wis. Admin. Code chs. Med 24, PA 3 and N 8.

## COMPOUNDING

After determining a course of treatment, a cocktail containing the additives ordered may need to be prepared. When an individual adds medications, vitamins, minerals and/or amino acids to IV bags, they are engaging in the practice of compounding, and federal and state law including section 503A of the Food, Drug, and Cosmetic Act apply. Application of these laws help ensure patients receive their treatment in sanitary conditions.

Pursuant to Wis. Stat. § 450.01(16), the practice of pharmacy includes the compounding, packaging, and labeling of drugs and devices. Further, pursuant to Wis. Stat. § 450.01(3), compound “means to mix, combine or put together various ingredients or drugs for the purpose of dispensing.” Federal law allows either a licensed pharmacist or a physician to perform compounding.

The United States Pharmacopeia (USP) is the recognized publication that contains standardized requirements for compounding, including sterile compounding found in USP <797> and has been adopted by the FDA and the Wisconsin Pharmacy Examining Board as the enforceable standard. USP <797> applies to all individuals who prepare compounded sterile preparations (CSPs) and all places where CSPs are prepared for human and animal patients.

The utilization of the “immediate use” provision of USP <797> does not circumvent USP sterile compounding requirements. Additionally, the “immediate use” provision requires certain conditions be met, including,

- Aseptic techniques, processes, and procedures are followed, and written SOPs are in place to minimize the potential for contact with nonsterile surfaces, introduction of particulate matter or biological fluids, and mix-ups with other conventionally manufactured products or CSPs.
- Personnel are trained and demonstrate competency in aseptic processes as they relate to assigned tasks and the facility’s SOPs.
- The preparation is performed in accordance with evidence-based information for physical and chemical compatibility of the drugs (e.g., approved labeling, stability and compatibility studies).
- The preparation involves not more than 3 different sterile products. **Please note, Saline Solution utilized in IV Hydration is a sterile product and must be included in this analysis.**
- Any unused starting component from a single-dose container must be discarded after preparation is complete. Single-dose containers must not be used for more than one patient.
- Administration begins within 4 hours following the start of preparation. If administration has not begun within 4 hours following the start of preparation, it must be promptly, appropriately, and safely discarded.
- Unless it is directly administered by the person who prepared it or administration is witnessed by the preparer, the CSP must be labeled with the names and amounts of all

active ingredients, the name or initials of the person who prepared the preparation, and the 4-hour time period within which administration must begin.<sup>4</sup>

The provision of USP <797> allowing for immediate use should not be viewed as a workaround for the standards governing sterile product preparation. Failure to comply with these standards may result in unsanitary and unsafe conditions for patients.<sup>5</sup>

## ADMINISTRATION

Upon receipt of an order for IV hydration therapy, an individual with appropriate training and experience<sup>6</sup>, including an RN or LPN (consistent with the requirements of Wis. Admin. Code ch. N 6), may administer the treatment.

While the patient undergoes the IV administration, an RN should perform a nursing assessment of the patient including monitoring their vital signs. Please note that the performance of a nursing assessment is outside the scope of an LPN. An RN should monitor the patient for side effects, allergic reactions or any unusual or unexpected effects. An RN is expected to document all nursing acts performed by the RN as part of the administration and monitoring of the patient.

## CONCLUSION

The practices engaged in at IV hydration clinics involve the practice of multiple professions. Individuals engaged in these practices must hold the appropriate license and practice within the scope of practice allowed by their credentials. Licensees who fail to follow the laws governing their practice could be subject to disciplinary proceedings as appropriate.

Licensees are charged with protecting the public by ensuring their practice complies with the laws and regulations of Wisconsin and any relevant federal regulations, including satisfying all applicable professional standards.

## ACKNOWLEDGEMENT SECTION

These materials may have been consulted in the preparation of the above document.

ARIZONA STATE BOARD OF NURSING, *Advisory Opinion Intravenous Hydration and Other Therapies* (Revised date May 2024), Available at <https://azbn.gov/sites/default/files/AO-IV-Hydration-Other-Therapies.pdf>

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<sup>4</sup> Handling of sterile hazardous drugs must comply with USP <800> as well.

<sup>5</sup> See FDA highlights concerns with compounding of drug products by medical offices and clinics under insanitary conditions <https://www.fda.gov/drugs/human-drug-compounding/fda-highlights-concerns-compounding-drug-products-medical-offices-and-clinics-under-insanitary>

<sup>6</sup> For example, if an electrolyte is being administered by IV, the IV should be administered using a volumetric infusion pump or rate-controller tubing to ensure the electrolytes are administered at an appropriate rate to avoid and prevent adverse reactions. The individual administering the IV in this case should have training and experience using these devices.

175 KENTUCKY.GOV, *Joint Statement of the Kentucky Boards of Medical Licensure, Nursing, and Pharmacy Regarding*  
176 *Retail IV Therapy* (March 28, 2025), available at [https://kbn.ky.gov/KBN%20Documents/Joint%20Statement%20-](https://kbn.ky.gov/KBN%20Documents/Joint%20Statement%20-%20IV%20Hydration%20Clinics.pdf)  
177 [%20IV%20Hydration%20Clinics.pdf](https://kbn.ky.gov/KBN%20Documents/Joint%20Statement%20-%20IV%20Hydration%20Clinics.pdf)

178 MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE, *Guidance Regarding IV Hydration Therapy from the Mississippi*  
179 *State Board of Medical Licensure* (Sept. 5, 2023), available at  
180 <https://www.msbml.ms.gov/sites/default/files/news/IV%20Hydration%20Therapy%20Guidance%2009-05-23.pdf>

181 NEBRASKA BOARD OF NURSING, *Advisory Opinion: IV/Infusion Therapy* (Nov. 2023), available at  
182 <https://dhhs.ne.gov/licensure/Documents/IVInfusion.pdf>

183 OHIO BOARD OF PHARMACY, *Joint Regulatory Statement of the State Medical Board of Ohio, Ohio Board of Pharmacy,*  
184 *and Ohio Board of Nursing Regarding Retail IV Therapy* (May 15, 2025), available at  
185 [https://www.pharmacy.ohio.gov/documents/pubs/special/ivtherapy/joint%20regulatory%20statement%20on%20the](https://www.pharmacy.ohio.gov/documents/pubs/special/ivtherapy/joint%20regulatory%20statement%20on%20the%20operation%20of%20retail%20iv%20therapy%20clinics%20in%20ohio.pdf)  
186 [%20operation%20of%20retail%20iv%20therapy%20clinics%20in%20ohio.pdf](https://www.pharmacy.ohio.gov/documents/pubs/special/ivtherapy/joint%20regulatory%20statement%20on%20the%20operation%20of%20retail%20iv%20therapy%20clinics%20in%20ohio.pdf)

187 RHODE ISLAND DEPARTMENT OF HEALTH, *Rhode Island Department of Health Guidance Document Regarding the*  
188 *Operation of Medical Spas and Intravenous (IV) Therapy Businesses* (July 2024), available at  
189 <https://health.ri.gov/sites/g/files/xkgbur1006/files/publications/guidance/Medical-Spa-and-IV-Therapy-Business.pdf>

190 SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION, *Joint Advisory Opinion of the South*  
191 *Carolina State Boards of Medical Examiners, Pharmacy, and Nursing Regarding Retail IV Therapy Businesses* (Aug.  
192 15, 2023), available at <https://llr.sc.gov/med/Policies/Joint-Position-Statement-Retail-IV-Therapy.pdf>

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

**AGENDA REQUEST FORM**

Name and title of person submitting the request:		2) Date when request submitted:	
		Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 7/16/2025	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Telemedicine and Continuity of Care – Board Discussion	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? (If yes, please complete <a href="#">Appearance Request</a> for Non-DSPS Staff)  <input type="checkbox"/> Yes <Appearance Name(s)> <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if applicable: N/A	
10) Describe the issue and action that should be addressed:  Discuss current telemedicine laws and rules and consider law, rule changes. This item is a follow up to the telemedicine powerpoint presentation at the June meeting.			
11) <div style="text-align: center;">Authorization</div>			
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.			

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

**AGENDA REQUEST FORM**

<b>1) Name and title of person submitting the request:</b> DSPS		<b>2) Date when request submitted:</b> 2/14/2025  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> 7/16/2025	<b>5) Attachments:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>6) How should the item be titled on the agenda page?</b> Review for Adoption 2026 Board Goals to Address Opioid Abuse	
<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 applicable:</b> N/A	
<b>10) Describe the issue and action that should be addressed:</b>  The Board will review the following proposed goals to address opioid abuse and consider a motion to adopt them.  <div style="margin-left: 20px;"> <b>Goal 1: Continuing Education Related to Prescribing Controlled Substances</b>            The Board's goal is to continue to promote safe practices for prescribing controlled substances in alignment with current data, including ongoing Board monitoring of its 2-hour controlled substances continuing education requirement.         </div> <div style="margin-left: 20px;"> <b>Goal 2: Take Enforcement Action When Appropriate</b>            The Board's goal is to proactively investigate physicians whose prescriptive practices with opioids may be inconsistent with the standard of minimally competent medical practice. The Board will continue to exercise its disciplinary authority to hold practitioners accountable for opioid diversion and abuse.         </div> <div style="margin-left: 20px;"> <b>Goal 3: Opioid Prescribing Guideline</b>            The Board will continue to monitor its Opioid prescribing Guideline and consider updates as needed to keep it current and relevant to physicians and their patients.         </div> <div style="margin-left: 20px;"> <b>Goal 4: Track and Monitor Physician Prescribing of Controlled Substances</b>            The MEB will continue to explore ways to leverage the expertise of the ePDMP to effectively track and monitor physician prescribing of controlled substances and to identify opioid abuse trends. This may include discussions at Board meetings with ePDMP staff, review of CSB referrals, PDMP and CSB data and reports.         </div> <div style="margin-left: 20px;"> <b>Goal 5: Continued Outreach and Leadership</b>            The Board will continue to explore avenues independently and with other organizations such as the ePDMP and the FSMB to advance its active participation in statewide and national efforts to combat opioid abuse.         </div>			