



**VIRTUAL/TELECONFERENCE
MEDICAL EXAMINING BOARD**
Virtual, 4822 Madison Yards Way, Madison
Contact: Tom Ryan (608) 266-2112
August 20, 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 July 16, 2025 (6-10)**
- C. Reminders: Conflicts of Interest, Scheduling Concerns**
- D. Introductions, Announcements and Recognition**
 - 1) Introduction: Emily Ruud, Public Member, (Succeeds: Stephanie Hilton)
 - 2) Appointment of Liaisons and Alternates
- 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
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- F. **8:00 A.M. Public Hearing for Clearinghouse Rule 25-048 on Med 1, Relating to Licensure Requirements (11-24)**
 - 1) Review of Public Hearing Comments and Respond to Clearinghouse Report
 - G. **Administrative Rules Matters – Discussion and Consideration (25-28)**
 - 1) Pending or Possible Rulemaking Projects
 - a. Rule Projects Charts **(26-27)**
 - b. Affiliated Credentialing Board Rule Summaries **(28)**
 - H. Physician Assistant Interstate Compact Update – Discussion and Consideration
 - I. Interdisciplinary Advisory Committee Liaison Report – Discussion and Consideration
 - J. Credentialing Matters – Discussion and Consideration
 - K. Legislative and Policy Matters – Discussion and Consideration
 - L. Professional Assistance Procedure (PAP) Discussion of Expansion to Include Mental Health Disorders
 - M. Federation of State Medical Boards (FSMB) Matters – 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 Oral Interview**
 - a. **APPEARANCE:** M.E. – Visiting Physician Restricted License (IA-639354) **(29-65)**
 - b. **APPEARANCE:** K.H.Y. – Renewal After 5 Years Physician License (IA-509848) **(66-135)**

V. Deliberation on DLSC Matters

- 1) **Proposed Stipulations, Final Decisions and Orders**
 - a. 23 MED 486 – John E. Pappenheim **(136-141)**
 - b. 23 MED 552 – Arturo M. Valverde **(142-147)**
 - c. 23 MED 593 – Fernando T. Itable **(148-155)**
 - d. 23 MED 619 – Linda L. Kiatoukaysy **(156-161)**
 - e. 24 MED 033 – Gope C. Hotchandani **(162-167)**
 - f. 24 MED 0412 – Kelsey L. Ferguson **(168-180)**
- 2) **Stipulations and Interim Orders**
 - a. 25 MEB 0333 – Calvin M. Eriksen **(181-184)**
- 3) **Administrative Warnings**
 - a. 23 MED 485 – F.M.T. **(185-187)**
 - b. 25 MED 0224 – A.M.S. **(188-190)**

- 4) Case Closings**
- a. 23 MED 026 – K.A.R. **(191-201)**
 - b. 23 MED 226 – S.K.S. **(202-206)**
 - c. 23 MED 483 – B.C.C. **(207-213)**
 - d. 24 MED 001 – C.D.E. **(214-220)**
 - e. 24 MED 025 – E.H.L. **(221-232)**
 - f. 24 MED 027 – M.R. **(233-245)**
 - g. 24 MED 0154 – J.M.W. **(246-261)**
 - h. 24 MED 0155 – E.G.M. **(262-268)**
 - i. 24 MED 0172 – L.C.A. **(269-274)**
 - j. 24 MED 0313 – V.V. **(275-285)**
 - k. 24 MED 0517 – R.M.G. **(286-296)**
 - l. 25 MED 0091 – A.J.W. **(297-302)**
 - m. 25 MED 0124 – M.A.Z. **(303-307)**
 - n. 25 MED 0177 – D.J.A. **(308-316)**

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 –

Oral Interview #1 – Dr. Schmeling and Dr. Siebert

Oral Interview #2 - Dr. Chou and Dr. Yu

NEXT MEETING: SEPTEMBER 17, 2025

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
JULY 16, 2025**

PRESENT: Milton Bond, Jr.; Clarence Chou, M.D.; Callisia Clarke, M.D. (*arrived at 8:02 a.m.*); Diane Gerlach, D.O.; Sumeet Goel, D.O.; Robert Gribble, M.D.; Steven Leuthner, M.D. (*excused at 9:48 a.m.*); Lubna Majeed-Haqqi, M.D.; Gregory Schmeling, M.D.; Derrick Siebert, M.D.; Emily Yu, M.D.

ABSENT: Kris Ferguson, M.D.; Carmen Lerma

STAFF: Tom Ryan, Executive Director; Renee Parton, 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 ten (10) members present.

ADOPTION OF AGENDA

MOTION: Clarence Chou moved, seconded by Derrick Siebert, to adopt the Agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF JUNE 17, 2025

MOTION: Sumeet Goel moved, seconded by Steven Leuthner, to approve the Minutes of June 17, 2025 as published. Motion carried unanimously.

Calissia Clarke arrived at 8:02 a.m.

ADMINISTRATIVE RULE MATTERS

Scope Statement: Med 14, Relating to Renewal

MOTION: Calissia Clarke moved, seconded by Clarence Chou, to approve the Scope Statement amending Med 14, Relating to Renewal, for submission to the Department of Administration and Governor's Office and for publication. Additionally, the Board authorizes the Chairperson to approve the Scope Statement for implementation no less than 10 days after publication. If the Board is directed to hold a preliminary public hearing on the Scope Statement, the Chairperson is authorized to approve the required notice of hearing. Motion carried unanimously.

Preliminary Rule Draft: Med 21, Relating to Patient Health Care Records

MOTION: Diane Gerlach moved, seconded by Emily Yu, to approve the preliminary rule draft of Med 21, Relating to Patient Health Care Records, for posting for economic impact comments and submission to the Clearinghouse. Motion carried unanimously.

INTERDISCIPLINARY ADVISORY COMMITTEE

Draft IV Hydration Guidance Document

MOTION: Sumeet Goel moved, seconded by Clarence Chou, to refer comments on the IV Hydration Guidance Document to the IAC. Motion carried unanimously.

MOTION: Sumeet Goel moved, seconded by Clarence Chou, to delegate IAC Liaison the authority to approve the IV Hydration guidance on behalf of the Board. Motion carried unanimously.

PRESCRIPTION DRUG MONITORING PROGRAM (PDMP) UPDATE

MOTION: Clarence Chou moved, seconded by Steven Leuthner, to acknowledge and thank Marjorie Liu, Program Lead, PDMP, and Stephanie Droeszler, Program Analyst, for their appearance and presentation to the Medical Examining Board. Motion carried unanimously.

REVIEW FOR ADOPTION – 2026 BOARD GOALS TO ADDRESS OPIOID ABUSE

MOTION: Diane Gerlach moved, seconded by Sumeet Goel, to adopt the goals to address opioid abuse as presented with the agenda and to delegate the Department to file the Wis. Stat. § 440.035 Report to the Legislature. Motion carried unanimously.

CLOSED SESSION

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

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

CREDENTIALING MATTERS

Application Review

V.H.C.B. – Waiver of 24 Months of ACGME/AOA Accredited Post-Graduate Training (IA-619287)

MOTION: Sumeet Goel moved, seconded by Steven Leuthner, to approve the Waiver of 24 Months of ACGME/AOA Accredited Post-Graduate Training request of V.H.C.B. (IA-619287), once all requirements are met. Motion carried unanimously.

H.J. – Waiver of 24 Months of ACGME/AOA Accredited Post-Graduate Training (IA-629567)

MOTION: Sumeet Goel moved, seconded by Emily Yu, to approve the Waiver of 24 Months of ACGME/AOA Accredited Post-Graduate Training request of H.J. (IA-629567), once all requirements are met. Motion carried unanimously.

M.E. – Visiting Physician Restricted License (IA-639354)

MOTION: Sumeet Goel moved, seconded by Steven Leuthner, to authorize Board Counsel to request additional information regarding Applicant (IA-639354) and to request Applicant (IA-639354) appear for a full board oral exam. Motion carried unanimously.

K.H.Y. – Renewal After 5 Years Physician License (IA-509848)

MOTION: Sumeet Goel moved, seconded by Clarence Chou, to request Applicant (IA-509848) appear for a full board oral exam. Motion carried unanimously.

Steven Leuthner excused at 9:48 a.m.

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

Proposed Stipulations, Final Decisions and Orders

23 MED 534 – Brian W. Gaskill

MOTION: Clarence Chou moved, seconded by Milton Bond, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of proceedings against Brian W. Gaskill, DLSC Case Number 23 MED 534. Motion carried unanimously.

(Sumeet Goel recused himself and left the room for deliberation and voting in the matter concerning Brian W. Gaskill, DLSC Case Number 23 MED 534.)

25 MED 0061 – Benjamin D. Traun

MOTION: Clarence Chou moved, seconded by Diane Gerlach, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of proceedings against Benjamin D. Traun, DLSC Case Number 25 MED 0061. Motion carried unanimously.

MOTION: Milton Bond moved, seconded by Sumeet Goel, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings of the following cases:
24 MED 0393 – James M. Kiely
24 MED 0431 – David L. Haller
25 MED 0067 – Mark L. Vorpahl
Motion carried unanimously.

Case Closings

MOTION: Clarence Chou moved, seconded by Sumeet Goel, to close the following DLSC Cases for the reasons outlined below:
23 MED 312 – P.L.L. – No Violation
23 MED 429 – M.A. – Prosecutorial Discretion (P5)
23 MED 577 – G.E.S. – Prosecutorial Discretion (P1)
24 MED 0163 – G.E.S. – Insufficient Evidence
24 MED 0307 – O.A.K. – No Violation
24 MED 0326 – L.K.P. – No Violation
24 MED 0511 – Y.E.C. – No Violation
25 MED 0076 – K.M.S. – Prosecutorial Discretion (P2)
25 MED 0249 – A.H.N. – Lack of Jurisdiction (L2)
Motion carried unanimously.

24 MED 0356 – M.T.W.

MOTION: Milton Bond moved, seconded by Emily Yu, to close DLSC Case 24 MED 0356 against M.T.W., for Prosecutorial Discretion (P1). Motion carried unanimously.

(Clarence Chou recused himself and left the room for deliberation and voting in the matter concerning M.T.W., DLSC Case Number 24 MED 0356.)

RECONVENE TO OPEN SESSION

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

The Board reconvened to Open Session at 10:02 a.m.

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

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

ADJOURNMENT

MOTION: Lubna Majeed-Haqqi moved, seconded by Sumeet Goel, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 10:04 a.m.

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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Nilajah Hardin Administrative Rules Coordinator		2) Date when request submitted: 8/8/25 <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>									
3) Name of Board, Committee, Council, Sections: Medical Examining Board											
4) Meeting Date: 08/20/25	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? 8:00 A.M. Public Hearing for Clearinghouse Rule 25-048 on Med 1, Relating to Licensure Requirements 1. Review Public Hearing Comments and Respond to Clearinghouse Report									
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A									
10) Describe the issue and action that should be addressed: The Board will hold a public hearing on this rule as required by the rulemaking process.											
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">11) Authorization</td> <td style="width: 40%; border: none;"></td> </tr> <tr> <td style="border: none;"> <div style="display: flex; justify-content: space-between;"> <div> Signature of person making this request </div> <div> 08/08/25 Date </div> </div> </td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Supervisor (if required)</td> <td style="border: none;">Date</td> </tr> <tr> <td colspan="2" style="border: none;"> Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date </td> </tr> </table>				11) Authorization		<div style="display: flex; justify-content: space-between;"> <div> Signature of person making this request </div> <div> 08/08/25 Date </div> </div>		Supervisor (if required)	Date	Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date	
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Supervisor (if required)	Date										
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date											
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.											

STATE OF WISCONSIN
MEDICAL EXAMINING BOARD

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

PROPOSED ORDER

An order of the Medical Examining Board to create Med 1.02 (7) and amend Med 1.06 (4) (a) and (b), 1.08 (Note), and 1.10 (3) (Note), relating to Licensure Requirements.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: ss. 448.03 (1) (a), Stats.

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

Explanation of agency authority:

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

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

Related statute or rule: None.

Plain language analysis: The objective of the proposed rules is to update the initial licensure requirements for physicians by adding specific requirements for what is to be submitted as proof of previous medical employment and updating the oral examination to be scored either pass or fail.

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

Comparison with rules in adjacent states:

Illinois: The Illinois Department of Financial and Professional Regulation is responsible for the licensure and regulation of the practice of medicine in Illinois, with input from the Illinois State Medical Board. The Illinois Department is also responsible for the promulgation of rules to implement certain sections of the Illinois Medical Practice Act of 1987. This Act contains requirements for applications, licensure, and discipline for physicians. As outlined in Section 9, each applicant for a license needs to submit evidence that they are professionally capable of practicing medicine with reasonable skill and safety, among other requirements. Professional capacity may be determined through additional testing or training and the Illinois Medical Board may consider medical research, specialized training, publication in medical journals, and other professional activities when making a determination on professional capacity [225 Illinois Compiled Statutes ch. 60 s. 9]. Additionally, the Illinois Administrative Code outlines requirements for determining professional capacity for those applicants who have graduated more than two years prior to submitting an application. Those requirements include that the Illinois Board may consider experience in human clinical research, specialized clinical training or education, and publication of original clinical medical work in a medical or scientific journal, among other activities [Illinois Administrative Code Title 68 Chapter VII Part 1285 Section 1285.95].

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. An applicant for an Iowa license to practice medicine and surgery needs to submit evidence of a diploma issued by a medical college, of having passed an examination required by the Iowa Board, and of successful completion of one year of post graduate resident training in an Iowa board approved hospital [Iowa Code ch. 148 s. 148.3]. The Iowa Administrative Code includes further requirements for medical licensure including verification of an applicant's professional experience for the past five years if requested by the Iowa Board [Iowa Administrative Code 653 Ch. 9 s. 953.9.4].

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]. Together with the Michigan Department of Licensing and Regulatory Affairs, the Michigan Board also promulgates rules regarding certain aspects of medical practice. According to those rules, an applicant for medical licensure in Michigan who is a United States or Canadian medical school graduate needs to submit proof of completion of a degree from a medical school that satisfies the standards under Michigan statutes, proof of passing scores for all steps of the USMLE, and proof of at least 1 year of postgraduate clinical training that satisfies the requirements under Michigan statutes. An applicant with a medical degree from outside of the United States or Canada must submit proof of certification from ECFMG that the applicant's medical school is included in the World Directory of Medical Schools [Michigan Administrative Rules R 338.2421-338.2437].

Minnesota: The Minnesota Board of Medical Practice is responsible for the licensure and regulation of medicine in Minnesota. Part 5600 of the Minnesota Administrative Code includes requirements for licensure, continuing education, and hearings before the Minnesota Board. According to those rules and requirements, an applicant for licensure needs to submit an original or certified copy of their diploma from the medical school the graduated from or if the applicant is enrolled in their final year at an approved medical school, a transcript of their credits and evidence that the applicant has completed the course of study in medicine prior to the final year. Applicants must also submit a “certificate of good moral character” signed by two licensed physicians and an unmounted recent photograph. [Minnesota Administrative Rules part 5600 section 5600.0200]. Chapter 147 of the Minnesota Statutes, or the Minnesota Medical Practice Act, also includes requirements for licensure. According to this chapter, in addition to the items described above, applicants must also have passed a comprehensive examination for initial licensure, such as the all three steps of the USMLE or COMLEX-USA. Applicants must also submit evidence of completion of one year of graduate clinical medical training [Minnesota Statutes chapter 147 section 147.02].

Summary of factual data and analytical methodologies:

The Medical Examining Board reviewed Wisconsin Administrative Code Chapter Med 1 and made changes based on feedback from Department staff on the licensure process and to be consistent with a recent rule project based on 2023 Wisconsin Act 214 that creates a provisional license for international physicians.

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

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

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis is attached.

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, Dan Hereth, may be contacted by email at Jennifer.Garrett@wisconsin.gov , or by calling (608) 266-2112.

Agency contact person:

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

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

Comments may be submitted to Nilajah Hardin, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, Wisconsin 53708-8366, or by email to DSPSAdminRules@wisconsin.gov. Comments must be received on or before the public hearing, held on August 20, 2025, to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. Med 1.02 (7) is created to read:

Med 1.02 (7) Evidence of any medical employment in the last 3 years before the application was submitted. Such evidence may include:

- (a) A completed employment verification form provided by the department.
Note: Employment verification forms can be found on the department's website at <http://dps.wi.gov>.
- (b) A letter from an employer that includes all of the following:
 - 1. Dates of employment.
 - 2. Job title and description.
 - 3. A summary of any adverse action or discipline, if applicable.
 - 4. Employer or their representative's signature.
- (c) A paystub.
- (d) A W-2 or an equivalent tax document that indicates the name of an employer and the applicant's annual income.
- (e) Any other documentation approved by the Board.

SECTION 2. Med 1.06 (4) (a) and (b), 1.08 (Note), and 1.10 (3) (Note) are amended to read:

Med 1.06 (4)(a) An oral examination of an applicant is conducted by ~~one or more~~ at least two physician members of the board. The purpose of an oral exam is to evaluate the applicant's eligibility for a regular license under the applicable circumstances specified in s. Med 1.06 (1) (a) 1. to 11. The ~~passing grade for an~~ oral exam under this paragraph is ~~90 percent~~ scored either pass or fail.

(b) Any applicant who fails the oral examination under par. (a) shall be examined by the full board. The grade of an exam under this paragraph shall be the applicant's final grade for the oral examination under this subsection. The ~~oral passing grade for an~~ exam under this paragraph is ~~90 percent~~ scored either pass or fail. The board may deny an application when an applicant fails a full board oral examination pursuant to s. 448.06 (2), Stats.

Med 1.08 (Note) ~~Application forms are available on request to the board office, 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708~~ Instructions for applications are available on the department of safety and professional services' website at <http://dps.wi.gov>.

Med 1.10 (3) (Note) The board office is located at ~~1400 East Washington Avenue~~ 4822 Madison Yards Way, P.O. Box 8935, Madison, Wisconsin 53708 53705.

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

(END OF TEXT OF RULE)

ADMINISTRATIVE RULES

Fiscal Estimate & Economic Impact Analysis

1. Type of Estimate and Analysis <input checked="" type="checkbox"/> Original <input type="checkbox"/> Updated <input type="checkbox"/> Corrected	2. Date 06/24/25								
3. Administrative Rule Chapter, Title and Number (and Clearinghouse Number if applicable) Med 1									
4. Subject Licensure Requirements									
5. Fund Sources Affected <input type="checkbox"/> GPR <input type="checkbox"/> FED <input checked="" type="checkbox"/> PRO <input type="checkbox"/> PRS <input type="checkbox"/> SEG <input type="checkbox"/> SEG-S	6. Chapter 20, Stats. Appropriations Affected s. 20.165 (1) (hg)								
7. Fiscal Effect of Implementing the Rule <table style="width: 100%;"><tr><td><input type="checkbox"/> No Fiscal Effect</td><td><input type="checkbox"/> Increase Existing Revenues</td><td><input checked="" type="checkbox"/> Increase Costs</td><td><input type="checkbox"/> Decrease Costs</td></tr><tr><td><input type="checkbox"/> Indeterminate</td><td><input type="checkbox"/> Decrease Existing Revenues</td><td colspan="2"><input type="checkbox"/> Could Absorb Within Agency's Budget</td></tr></table>		<input type="checkbox"/> No Fiscal Effect	<input type="checkbox"/> Increase Existing Revenues	<input checked="" type="checkbox"/> Increase Costs	<input type="checkbox"/> Decrease Costs	<input type="checkbox"/> Indeterminate	<input type="checkbox"/> Decrease Existing Revenues	<input type="checkbox"/> Could Absorb Within Agency's Budget	
<input type="checkbox"/> No Fiscal Effect	<input type="checkbox"/> Increase Existing Revenues	<input checked="" type="checkbox"/> Increase Costs	<input type="checkbox"/> Decrease Costs						
<input type="checkbox"/> Indeterminate	<input type="checkbox"/> Decrease Existing Revenues	<input type="checkbox"/> Could Absorb Within Agency's Budget							
8. The Rule Will Impact the Following (Check All That Apply) <table style="width: 100%;"><tr><td><input type="checkbox"/> State's Economy</td><td><input type="checkbox"/> Specific Businesses/Sectors</td></tr><tr><td><input type="checkbox"/> Local Government Units</td><td><input type="checkbox"/> Public Utility Rate Payers</td></tr><tr><td colspan="2"><input type="checkbox"/> Small Businesses (if checked, complete Attachment A)</td></tr></table>		<input type="checkbox"/> State's Economy	<input type="checkbox"/> Specific Businesses/Sectors	<input type="checkbox"/> Local Government Units	<input type="checkbox"/> Public Utility Rate Payers	<input type="checkbox"/> Small Businesses (if checked, complete Attachment A)			
<input type="checkbox"/> State's Economy	<input type="checkbox"/> Specific Businesses/Sectors								
<input type="checkbox"/> Local Government Units	<input type="checkbox"/> Public Utility Rate Payers								
<input type="checkbox"/> Small Businesses (if checked, complete Attachment A)									
9. Estimate of Implementation and Compliance to Businesses, Local Governmental Units and Individuals, per s. 227.137(3)(b)(1). \$0									
10. Would Implementation and Compliance Costs Businesses, Local Governmental Units and Individuals Be \$10 Million or more Over Any 2-year Period, per s. 227.137(3)(b)(2)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
11. Policy Problem Addressed by the Rule The objective of the proposed rules is to update the initial licensure requirements for physicians by adding specific requirements for what is to be submitted as proof of previous medical employment and updating the oral examination to be scored either pass or fail.									
12. Summary of the Businesses, Business Sectors, Associations Representing Business, Local Governmental Units, and Individuals that may be Affected by the Proposed Rule that were Contacted for Comments. The rule was posted on the Department's website for 14 days to solicit public comment on economic impact, including how the proposed rules may affect businesses, local government units, and individuals. No comments were received.									
13. Identify the Local Governmental Units that Participated in the Development of this EIA. None.									
14. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred) DSPS estimates a total of \$5,655.00 in one-time costs to implement the rule. The estimated need for 0.1 limited term employee (LTE) is for updating forms and website, training LPPAs on requirement updates, promulgating rules, as well as legal review and consultation with CLC and OOS. The one-time costs cannot be absorbed in the currently appropriated agency budget.									
15. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule The benefits of implementing the rule are clearer application requirements and more efficient processing of License to Practice Medicine and Surgery applications by DSPS staff. The alternatives to implementing the rule are that the application process for this license type will continue without any changes.									
16. Long Range Implications of Implementing the Rule The long range implications of implementing the rule faster application processing times.									
17. Compare With Approaches Being Used by Federal Government									

ADMINISTRATIVE RULES

Fiscal Estimate & Economic Impact Analysis

None.

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

Illinois: The Illinois Department of Financial and Professional Regulation is responsible for the licensure and regulation of the practice of medicine in Illinois, with input from the Illinois State Medical Board. The Illinois Department is also responsible for the promulgation of rules to implement certain sections of the Illinois Medical Practice Act of 1987. This Act contains requirements for applications, licensure, and discipline for physicians. As outlined in Section 9, each applicant for a license needs to submit evidence that they are professionally capable of practicing medicine with reasonable skill and safety, among other requirements. Professional capacity may be determined through additional testing or training and the Illinois Medical Board may consider medical research, specialized training, publication in medical journals, and other professional activities when making a determination on professional capacity [225 Illinois Compiled Statutes ch. 60 s. 9]. Additionally, the Illinois Administrative Code outlines requirements for determining professional capacity for those applicants who have graduated more than two years prior to submitting an application. Those requirements include that the Illinois Board may consider experience in human clinical research, specialized clinical training or education, and publication of original clinical medical work in a medical or scientific journal, among other activities [Illinois Administrative Code Title 68 Chapter VII Part 1285 Section 1285.95].

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. An applicant for an Iowa license to practice medicine and surgery needs to submit evidence of a diploma issued by a medical college, of having passed an examination required by the Iowa Board, and of successful completion of one year of post graduate resident training in an Iowa board approved hospital [Iowa Code ch. 148 s. 148.3]. The Iowa Administrative Code includes further requirements for medical licensure including verification of an applicant's professional experience for the past five years if requested by the Iowa Board [Iowa Administrative Code 653 Ch. 9 s. 953.9.4].

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]. Together with the Michigan Department of Licensing and Regulatory Affairs, the Michigan Board also promulgates rules regarding certain aspects of medical practice. According to those rules, an applicant for medical licensure in Michigan who is a United States or Canadian medical school graduate needs to submit proof of completion of a degree from a medical school that satisfies the standards under Michigan statutes, proof of passing scores for all steps of the USMLE, and proof of at least 1 year of postgraduate clinical training that satisfies the requirements under Michigan statutes. An applicant with a medical degree from outside of the United States or Canada must submit proof of certification from ECFMG that the applicant's medical school is included in the World Directory of Medical Schools [Michigan Administrative Rules R 338.2421-338.2437].

Minnesota: The Minnesota Board of Medical Practice is responsible for the licensure and regulation of medicine in Minnesota. Part 5600 of the Minnesota Administrative Code includes requirements for licensure, continuing education, and hearings before the Minnesota Board. According to those rules and requirements, an applicant for licensure needs to submit an original or certified copy of their diploma from the medical school the graduated from or if the applicant is enrolled in their final year at an approved medical school, a transcript of their credits and evidence that the applicant has completed the course of study in medicine prior to the final year. Applicants must also submit a "certificate of good moral character" signed by two licensed physicians and an unmounted recent photograph. [Minnesota Administrative Rules part 5600 section 5600.0200]. Chapter 147 of the Minnesota Statutes, or the Minnesota Medical Practice Act, also includes requirements for licensure. According to this chapter, in addition to the items described above, applicants must

ADMINISTRATIVE RULES
Fiscal Estimate & Economic Impact Analysis

also have passed a comprehensive examination for initial licensure, such as the all three steps of the USMLE or COMLEX-USA. Applicants must also submit evidence of completion of one year of graduate clinical medical training [Minnesota Statutes chapter 147 section 147.02].

19. Contact Name

Nilajah Hardin, Administrative Rules Coordinator

20. Contact Phone Number

608-267-7139

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

ADMINISTRATIVE RULES
Fiscal Estimate & Economic Impact Analysis

ATTACHMENT A

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

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

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

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

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

5. Describe the Rule's Enforcement Provisions

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

☐ Yes ☐ No



Wisconsin Legislative Council

RULES CLEARINGHOUSE

Scott Grosz
Clearinghouse Director

Margit Kelley
Clearinghouse Assistant Director

Anne Sappenfield
Legislative Council Director

CLEARINGHOUSE REPORT TO AGENCY

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

CLEARINGHOUSE RULE **25-048**

AN ORDER to create Med 1.02 (7); and to amend Med 1.06 (4) (a) and (b), 1.08 (Note), and 1.10 (3) (Note), relating to licensure requirements.

Submitted by **MEDICAL EXAMINING BOARD**

06-24-2025 RECEIVED BY LEGISLATIVE COUNCIL.

07-10-2025 REPORT SENT TO AGENCY.

MSK:KAM

LEGISLATIVE COUNCIL RULES CLEARINGHOUSE REPORT

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

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

Comment Attached YES ☐ NO ☒

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

Comment Attached YES ☒ NO ☐

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

Comment Attached YES ☐ NO ☒

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

Comment Attached YES ☐ NO ☒

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

Comment Attached YES ☒ NO ☐

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

Comment Attached YES ☐ NO ☒

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

Comment Attached YES ☐ NO ☒



Wisconsin Legislative Council

RULES CLEARINGHOUSE

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CLEARINGHOUSE RULE 25-048

Comments

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

2. Form, Style and Placement in Administrative Code

a. In the caption for the proposed rule, the enumeration of treated provisions should be revised to first list the amended provisions and then the created provision. [s. 1.01 (1) (b), Manual.] Also, the listing of s. Med 1.06 (4) (a) and (b) should be revised to remove “(a) and (b)”, as sub. (4) is amended in its entirety.

b. SECTION 2 of the proposed rule should be separated into three rulemaking SECTIONS. Although subunits of a single administrative rule section may be treated together in some instances, subunits of multiple rule sections should not be treated together in one rulemaking SECTION. For example, SECTION 2 may treat s. Med 1.06 (4) (in its entirety), a new SECTION 3 may treat s. Med 1.08 (Note), and a new SECTION 4 may treat s. Med 1.10 (3) (Note). [s. 1.03 (1) (c) 2. and (Example), Manual.]

c. The following comments apply in SECTION 2 of the proposed rule, amending s. Med 1.06 (4):

- (1) In par. (a), the word “two” should be revised to the number “2”. [s. 1.06 (3), Manual.]
- (2) In par. (a), consider further amending the current text to revise the cross-reference citation format from “s. Med 1.06 (1) (a) 1.to 11.” to “sub. (1) (a)”, to conform to the current format style. [s. 1.15 (2) (c) (Examples), Manual.]
- (3) In par. (b), the underscored word “oral” should be moved to follow the deleted phrase “passing grade for an”. [s. 1.04 (4) (a) 2., Manual.]

d. In SECTION 2 of the proposed rule, the board could consider revising the treatment of s. Med 1.08 (Note) from amending the provision to repealing and recreating the provision, as the provision is replaced in its entirety. [s. 1.04 (5), Manual.] If revised, the rule caption’s enumeration of treated provisions should be updated to reflect that treatment, and the listing should appear

between the listing of the amended provisions and the listing of the created provision. [s. 1.01 (1) (b), Manual.]

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

a. In SECTION 1 of the proposed rule, in s. Med 1.02 (7) (intro.), every person applying for a regular license to practice medicine and surgery must submit evidence of any medical employment in the last three years before the application was submitted. Does the board intend to require the applicant to submit evidence from each applicable paragraph? For example, does an applicant fulfil this requirement if the applicant submits only a paystub and does not submit a letter from an employer? To clarify this provision, after the phrase “Such evidence may include”, consider adding the phrase “any of the following” to indicate that any one of the items may fulfill the requirement or, if intended, the phrase “all of the following”, to indicate that each of the items in the list are required. [s. 1.11 (2), Manual.]

b. In SECTION 1 of the proposed rule, in s. Med 1.02 (7) (intro.), should the term “medical employment” be defined, or is the term adequately clear to put an applicant on notice as to what type of employment must be reported? The term is also used in the current text of s. Med 1.06 (1) (a) 10.

c. In SECTION 1 of the proposed rule, in s. Med 1.02 (7) (b) 3., consider defining what constitutes an “adverse action or discipline” that must be reported. For example, must a person report a performance improvement plan or letter of warning, when the employee has not been suspended, demoted, or discharged? Also, if an adverse action or discipline occurred more than three years prior to the application, must that be reported? The applicable time range for that reporting should be specified.

d. In SECTION 1 of the proposed rule, in s. Med 1.02 (7) (e), the word “Board” should not be capitalized. [s. 1.06 (2), Manual.] Also, the word “board” is not defined; consider adding a definition for the term in s. Med 1.015, similar to the definition provided in s. Med. 10.02 (2).

e. In SECTION 2 of the proposed rule, in s. Med 1.06 (4) (b), the phrase “full board” is used twice. Is it the board’s intent to require every member of the board to be present to take the action authorized under that provision? Or would a quorum of the board be adequate, as authorized under s. 15.08 (4) (a), Stats.? If it is intended that a quorum is able to take action, both instances of the word “full” should be either removed (to rely on the statutory provision) or rephrased as “a quorum of the full board”.

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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Nilajah Hardin, Administrative Rules Coordinator		2) Date when request submitted: 08/08/25 <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>											
3) Name of Board, Committee, Council, Sections: Medical Examining Board													
4) Meeting Date: 08/20/25	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Administrative Rule Matters – Discussion and Consideration 1. Pending or Possible Rulemaking Projects a. Rule Projects Charts b. Affiliated Credentialing Board Rule Summaries											
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A											
10) Describe the issue and action that should be addressed: Attachments: Rule Project Charts ACB Rule Summaries (Board Rule projects can be Viewed Here if Needed: https://dsps.wi.gov/Pages/RulesStatutes/PendingRules.aspx)													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black; vertical-align: bottom;"> 11) Authorization </td> <td style="width: 40%; border-bottom: 1px solid black; vertical-align: bottom; text-align: right;"> 08/08/25 </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; text-align: right;"> Date </td> </tr> </table>				11) Authorization 	08/08/25	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	
11) Authorization 	08/08/25												
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.													

**Medical Examining Board
Rule Projects (updated 08/08/25)**

Clearinghouse Rule Number	Scope #	Scope Expiration	Code Chapter Affected	Relating clause	Current Stage	Next Step
<u>25-048</u>	<u>099-24</u>	03/23/2027	Med 1	Licensure Requirements	Public Hearing held at 8/20 Meeting	Drafting Final Rule and Legislative Report
Not Assigned Yet	Not Assigned Yet	TBD	Med 14	Renewal	Scope Statement submitted to Governor's Office	Governor's Office Approval and Submission for Publication
Not Assigned Yet	<u>025-25</u>	10/14/2027	Med 21	Patient Health Care Records	EIA Comment Period	Clearinghouse Review
<u>24-099</u>	<u>055-24</u>	11/28/2026	Med 27	Provisional Licensure for International Physicians	Adoption Order ready for Publication	Submission for Publication; 10/1/25 Anticipated Rule Effective Date

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
25-020	097-22	06/12/2025	Athletic Trainers	AT 4	Protocol Requirements	Adoption Order ready for Publication	Submission for Publication; 10/1/25 Anticipated Rule Effective Date
24-098	064-24	12/03/2026	Dietitians	DI 1	Definitions	Adoption Order ready for Publication	Submission for Publication; 10/1/25 Anticipated Rule Effective Date
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
24-054	080-23	04/23/2026	Massage Therapy and Bodywork Therapy	MTBT 6	Temporary License	Adoption Order ready for Publication	Submission for Publication; 10/1/25 Anticipated Rule Effective Date
24-050	072-22	02/22/2025	Occupational Therapists	OT 1 to 5	Implementation of the Occupational Therapy Licensure Compact	Effective 08/01/25	N/A
25-029	091-24	02/12/2027	Physician Assistant	PA 1 to 4	Implementation of the Physician Assistant Licensure Compact	Drafting Final Rule and Legislative Report	Board Approval for Submission to Governor's Office and Legislature
25-002	065-24	12/03/2026	Physician Assistant	PA 4	Physical Examinations	Adoption Order ready for Publication	Submission for Publication; 10/1/25 Anticipated Rule Effective Date
Not Assigned Yet	024-25	10/14/2027	Podiatry	Pod 1 and 9	Supervision of Physician Assistants	Scope Implemented on 06/27/25	Drafting
Not Assigned Yet	023-25	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.