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**VIRTUAL/TELECONFERENCE  
MEDICAL EXAMINING BOARD  
Virtual, 4822 Madison Yards Way, Madison  
Contact: Tom Ryan (608) 266-2112  
April 15, 2026**

*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 March 18, 2026 (6-10)**
- C. Reminders: Conflicts of Interest, Scheduling Concerns**
- D. Introductions, Announcements and Recognition**
- E. Administrative Matters – Discussion and Consideration**
  - 1. Department, Staff and Board Updates
  - 2. Board Members – Term Expiration Dates
    - a. Bond, Jr., Milton – 7/1/2027
    - b. Chou, Clarence P. – 7/1/2027
    - c. Clarke, Callisia N. – 7/1/2028
    - d. Ferguson, Kris – 7/1/2029
    - e. Gerlach, Diane M. – 7/1/2028
    - f. Goel, Sumeet K. – 7/1/2027
    - g. Lerma, Carmen – 7/1/2024
    - h. Leuthner, Steven R. – 7/1/2027
    - i. Majeed-Haqqi, Lubna – 7/1/2027
    - j. Ruud, Emily – 7/1/2028
    - k. Schmeling, Gregory J. – 7/1/2029
    - l. Siebert, Derrick R. – 7/1/2029
    - m. Yu, Emily S. – 7/1/2028
    - n. Gribble, Robert – Chairperson of the Injured Patients and Families Compensation Fund Peer Review Council – Non-Voting Member
  - 3. **Wis. Stat. § 15.085 (3)(b) – Affiliated Credentialing Boards’ Biannual Meeting with the Medical Examining Board to Consider Matters of Joint Interest**
    - a. Physician Assistant Affiliated Credentialing Board – Jennifer Jarrett, Chairperson

- F. Administrative Rule Matters – Discussion and Consideration (11-37)**
  - 1. Drafting Proposal: Med 14, Relating to Renewal **(12-13)**
  - 2. Scope Statement:
    - a. Med 3, Relating to Visiting Physician License **(14-15)**
    - b. Med 20, Relating to Implementation of the Respiratory Care Interstate Compact **(16-34)**
  - 3. Pending or Possible Rulemaking Projects
    - a. Rule Projects Charts **(35-36)**
    - b. Affiliated Credentialing Board Rule Summaries **(37)**
- G. Legislative and Policy Matters – Discussion and Consideration
- H. Interdisciplinary Advisory Committee Liaison Report – Discussion and Consideration
- I. Credentialing Matters – Discussion and Consideration
- J. Professional Assistance Procedure (PAP) Discussion of Expansion to Include Mental Health Disorders
- K. Federation of State Medical Board (FSMB) Matters – Discussion and Consideration
- L. Speaking, Travel, or Public Relation Requests, and Reports – Discussion and Consideration
- M. Newsletter Matters – Discussion and Consideration
- N. Controlled Substances Board Report – Discussion and Consideration
- O. Interstate Medical Licensure Compact Commission (IMLCC) – Report from Wisconsin’s Commissioners – Discussion and Consideration
- P. Screening Panel Report
- Q. Future Agenda Items
- R. Discussion and Consideration of Items Added After Preparation of Agenda:
  - 1. Introductions, Announcements and Recognition
  - 2. Elections, Appointments, Reappointments, Confirmations, and Committee, Panel and Liaison Appointments
  - 3. Administrative Matters
  - 4. Election of Officers
  - 5. Appointment of Liaisons and Alternates
  - 6. Delegation of Authorities
  - 7. Education and Examination Matters
  - 8. Credentialing Matters
  - 9. Practice Matters
  - 10. Public Health Emergencies
  - 11. Legislative and Policy Matters
  - 12. Administrative Rule Matters
  - 13. Liaison Reports
  - 14. Board Liaison Training and Appointment of Mentors
  - 15. Informational Items
  - 16. Division of Legal Services and Compliance (DLSC) Matters
  - 17. Presentations of Petitions for Summary Suspension

18. Petitions for Designation of Hearing Examiner
19. Presentation of Stipulations, Final Decisions and Orders
20. Presentation of Proposed Final Decisions and Orders
21. Presentation of Interim Orders
22. Petitions for Re-Hearing
23. Petitions for Assessments
24. Petitions to Vacate Orders
25. Requests for Disciplinary Proceeding Presentations
26. Motions
27. Petitions
28. Appearances from Requests Received or Renewed
29. Speaking Engagements, Travel, or Public Relation Requests, and Reports

## **S. Public Comments**

**CONVENE TO CLOSED SESSION to deliberate on cases following hearing (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)).**

## **T. Deliberation on DLSC Matters**

- 1. Proposed Stipulations, Final Decisions and Orders**
  - a. 25 MED 0196 – Ronald F. Christianson **(38-44)**
  - b. 25 MED 0370 – Robert R. Cornwell **(45-51)**
  - c. 25 MED 0386 – Bart R. Kneeland **(52-57)**
  - d. 25 MED 0435 – Talmage J. Raine **(58-63)**
- 2. Complaints**
  - a. 23 MED 244 – A.J. **(64-67)**
  - b. 23 MED 533 – E.C.R. **(68-73)**
  - c. 25 MED 0142 – K.O.D. **(74-76)**
  - d. 25 MED 0142 – S.L.F. **(77-80)**
  - e. 25 MED 0333 – C.M.E. **(81-84)**
- 3. Administrative Warnings**
  - a. 25 MED 0031 – D.B. **(85-97)**
  - b. 25 MED 0031 – J.G. **(98-110)**
  - c. 25 MED 0251 – D.W.C. **(111-117)**
  - d. 25 MED 0270 – E.A.P. **(118-119)**
- 4. Case Closings**
  - a. 23 MED 264 – B.G.O. **(120-137)**
  - b. 23 MED 589 – J.M.P. **(138-140)**
  - c. 25 MED 0001 – D.H. **(141-164)**
  - d. 25 MED 0171 – S.R. **(165-167)**
  - e. 25 MED 0277 – A.C.K. **(168-175)**
  - f. 25 MED 0286 – Y.K. **(176-180)**
  - g. 25 MED 0351 – M.N.A. **(181-200)**
  - h. 25 MED 0385 – J.A.H. **(201-205)**
  - i. 25 MED 0466 – P.L. **(206-210)**
  - j. 25 MED 0509 – W.Y. **(211-221)**
  - k. 25 MED 0531 – W.G.K. **(222-225)**

**U. Credentialing Matters**

**1. Full Board Review**

- a. G.C. – Waiver of 24 Months of ACGME/AOA Accredited Post-Graduate Training (IA-770731) **(226-263)**

**2. Full Board Oral Examinations**

- a. R.S.S. – Renewal Application (IA-712814) **(264-330)**
- b. J.J. – Renewal Application (IA-723416) **(331-399)**
- c. L.R. – Renewal Application (IA-704668) **(400-458)**

**V. 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

**W. Open Cases**

**X. Consulting with Legal Counsel**

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

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

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

**AA. Delegation of Ratification of Examination Results and Ratification of Licenses and Certificates**

**ADJOURNMENT**

**ORAL INTERVIEWS OF CANDIDATES FOR LICENSURE**

**VIRTUAL/TELECONFERENCE**

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

**CLOSED SESSION – Reviewing Applications and Conducting Oral Interviews of one (1)  
(at time of agenda publication) Candidates for Licensure – Dr. Chou and Dr. Goel**

**NEXT MEETING: MAY 20, 2026**

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

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held virtually unless otherwise indicated. In-person meetings are typically conducted at 4822 Madison Yards Way, Madison, Wisconsin, unless an alternative location is listed on the meeting notice. In order to confirm a meeting or to request a complete copy of the board's agenda, please visit the Department website at <https://dsps.wi.gov>. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of any agenda item may be changed by the board for the convenience of the parties. The person credentialed by the board has the right to demand that the meeting at which final action may be taken against the credential be held in open session. Requests for interpreters for the hard of hearing, or other accommodations, are considered upon request by contacting the Affirmative Action Officer or reach the Meeting Staff by calling 608-267-7213.

**VIRTUAL/TELECONFERENCE  
MEDICAL EXAMINING BOARD  
MEETING MINUTES  
MARCH 18, 2026**

**PRESENT:** Milton Bond, Jr. (*excused at 8:51 a.m.*); Clarence Chou, M.D.; Kris Ferguson, M.D.; Diane Gerlach, D.O.; Robert Gribble, M.D.; Lubna Majeed-Haqqi, M.D.; Gregory Schmeling, M.D.; Emily Yu, M.D.; Derrick Siebert, M.D. (*arrived at 8:04 a.m.*)

**ABSENT:** Callisia Clarke, M.D.; Sumeet Goel, D.O.; Carmen Lerma; Steven Leuthner, M.D.; Emily Ruud; Derrick Siebert, M.D.

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

**CALL TO ORDER**

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

**ADOPTION OF AGENDA**

**Amendment to the Agenda**

- *Oral interview with Dr. Gerlach instead of Dr. Siebert*

**MOTION:** Diane Gerlach moved, seconded by Emily Yu, to adopt the Agenda as amended. Motion carried unanimously.

**APPROVAL OF MINUTES OF FEBRUARY 18, 2026**

**MOTION:** Lubna Majeed-Haqqi moved, seconded by Diane Gerlach, to approve the Minutes of February 18, 2026, as published. Motion carried unanimously.

*Derrick Siebert arrived at 8:04 a.m.*

**CLOSED SESSION**

**MOTION:** Clarence Chou moved, seconded by Diane Gerlach, to convene to Closed Session to deliberate on cases following hearing (Wis. Stat. § 19.85(1)(a)); to consider licensure or certification of individuals (Wis. Stat. § 19.85(1)(b)); to consider closing disciplinary investigations with administrative warnings (Wis. Stat. §§ 19.85(1)(b) and 448.02(8)); to consider individual histories or disciplinary data (Wis. Stat. § 19.85(1)(f)); and to confer with legal counsel (Wis. Stat. § 19.85(1)(g)). Gregory Schmeling, Chairperson, read the language of the motion aloud for the record. The vote of each member was ascertained by voice vote. Roll Call Vote: Milton Bond, Jr.-yes; Clarence Chou-yes; Kris Ferguson-yes; Diane Gerlach-yes; Robert Gribble-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 8:28 a.m.

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

**Proposed Stipulations, Final Decisions and Orders**

***25 MED 0161 – Christopher S. Davis***

**MOTION:** Lubna Majeed-Haqqi moved, seconded by Milton Bond Jr., to delegate to DSPS Chief Legal Counsel the Board’s authority to preside over and resolve the matter concerning disciplinary proceedings against Christopher S Davis, DLSC Case Number 25 MED 0161. Motion carried unanimously.

**CREDENTIALING MATTERS**

**Full Board Review**

***A.W. – Initial Application (IA-541188)***

**MOTION:** Lubna Majeed-Haqqi moved, seconded by Emily Yu, to approve the Initial application of A.W. (IA-541188) and to notify the Division of Professional Credentialing Processing that A.W. can be granted a limited license once all requirements are met. Motion carried unanimously.

***P.S.S. – Visiting Physician Application (IA-824077)***

**MOTION:** Emily Yu moved, seconded by Milton Bond Jr., to approve the Visiting Physician application of P.S.S. (IA-824077) and to notify the Division of Professional Credentialing Processing that P.S.S. can be granted a license once all requirements are met. Motion carried unanimously.

*Milton Bond Jr. excused at 8:51 a.m.*

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

**Proposed Stipulations, Final Decisions and Orders**

***25 MED 0386 – Bart R. Kneeland***

**MOTION:** Lubna Majeed-Haqqi moved, seconded by Diane Gerlach, to table the Findings of Fact, Conclusions of Law and Order in the matter of proceedings against Bart R. Kneeland, DLSC Case Number 25 MED 0386. Motion carried unanimously.

**MOTION:** Emily Yu moved, seconded by Lubna Majeed-Haqqi, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings of the following cases:

1. 24 MED 0272 – Turgut Z. Zia
2. 24 MED 0343 – Steven V. Bittorf
3. 25 MED 0001 – Nilto C. De Oliveira
4. 25 MED 0071 – Carl R. Liebe
5. 25 MED 0530 – David N. Dahl

Motion carried unanimously.

***25 MED 0142 – Spencer L. Franchi***

**MOTION:** Majeed-Haqqi moved, seconded by Gerlach, to reject the Findings of Fact, Conclusions of Law and Order in the matter of proceedings against Spencer L. Franchi, DLSC Case Number 25 MED 0142. Motion carried.

***25 MED 0435 – Talmage J. Raine***

**MOTION:** Lubna Majeed-Haqqi moved, seconded by Kris Ferguson, to table the Findings of Fact, Conclusions of Law and Order in the matter of proceedings against Talmage J. Raine, DLSC Case Number 25 MED 0435. Motion carried unanimously.

**Case Closings**

***25 MED 0142 – K.O.D.***

**MOTION:** Lubna Majeed-Haqqi moved, seconded by Kris Ferguson, to refer back to DLSC Case Number 25 MED 0142, against K.O.D., for further investigation. Motion carried.

**MOTION:** Lubna Majeed-Haqqi moved, seconded by Emily Yu, to close the following DLSC Cases for the reasons outlined below:

1. 23 MED 475 – D.A.V. – Lack of Jurisdiction (L2)
2. 24 MED 0247 – N.S.R. – No Violation
3. 24 MED 0286 – M.A.S. – No Violation
4. 24 MED 0366 – M.S. – Lack of Jurisdiction (L2)
5. 24 MED 0478 – N.A.R.U. – No Violation
6. 25 MED 0139 – G.R.K. – No Violation
7. 25 MED 0262 – L.E.P. – No Violation
8. 25 MED 0462 – S.A.B. – No Violation
9. 25 MED 0562 – S.A.K. – No Violation

Motion carried unanimously.

***24 MED 0337 – H.M.L.***

**MOTION:** Lubna Majeed-Haqqi moved, seconded by Diane Gerlach, to refer back to DLSC Case Number 24 MED 0337, against H.M.L., for further investigation. Motion carried unanimously.

**Administrative Warnings/Complaints*****25 MED 0092 – J.C.D. & S.W.***

**MOTION:** Emily Yu moved, seconded by Clarence Chou, to delegate to DSPS Chief Legal Counsel the Board’s authority to preside over and resolve the matter concerning disciplinary proceedings against J.C.D. and S.W. DLSC Case Number 25 MED 0092. Motion carried unanimously.

**Administrative Warnings*****25 MED 0180 – A.L.H.***

**MOTION:** Emily Yu moved, seconded by Clarence Chou, to issue an Administrative Warning in the matter of A.L.H., DLSC Case Number 25 MED 0180. Motion carried unanimously.

**Complaints*****23 MED 070 – J.P.M.***

**MOTION:** Lubna Majeed-Haqqi moved, seconded by Diane Gerlach, to delegate to DSPS Chief Legal Counsel the Board’s authority to preside over and resolve the matter concerning disciplinary proceedings against J.P.M., DLSC Case Number 23 MED 070. Motion carried unanimously.

***23 MED 244 – A.J., 23 MED 533 – E.C.R. and 25 MED 0333 – C.M.E.***

**MOTION:** Lubna Majeed-Haqqi moved, seconded by Emily Yu, to table DLSC Case Number 23 MED 244, 23 MED 533 and 25 MED 0333. Motion carried unanimously.

**CREENTIALING MATTERS****Full Board Oral Examination*****C.T. – Renewal Application (IA-737116)***

**MOTION:** Lubna Majeed-Haqqi moved, seconded by Emily Yu, to find that C.T. achieved a passing score on the Full Board Oral Examination pursuant to Wis. Admin Code § Med 1.06(4)(b) and delegate to DSPS staff and Chairperson to offer a limited license requiring six (6) hours of CME. Motion carried unanimously.

***J.J. – Renewal Application (IA-723416) and R.S.S. – Renewal Application (IA-712814)***

**MOTION:** Clarence Chou moved, seconded by Lubna Majeed-Haqqi, to table J.J. and R.S.S. renewal applications. Motion carried unanimously.

**RECONVENE TO OPEN SESSION**

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

The Board reconvened to Open Session at 11:00 a.m.

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

**MOTION:** Lubna Majeed-Haqqi moved, seconded by Diane Gerlach, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

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

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

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


**ADJOURNMENT**

**MOTION:** Diane Gerlach moved, seconded by Emily Yu, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 11:02 a.m.

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

**AGENDA REQUEST FORM**

1) Name and title of person submitting the request: <b>Nilajah Hardin, Administrative Rules Coordinator</b>		2) Date when request submitted: 4/3/26 <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: 4/15/26	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? <b>Administrative Rule Matters – Discussion and Consideration</b> 1. <b>Drafting Proposals: Med 14, Relating to Renewal</b> 2. <b>Scope Statement:</b> a. <b>Med 3, Relating to Visiting Physician License</b> b. <b>Med 20, Relating to Implementation of the Respiratory Care Interstate Compact</b> 3. <b>Pending or Possible Rulemaking Projects</b> a. <b>Rule Projects Charts</b> b. <b>Affiliated Credentialing Board Rule Summaries</b>	
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: N/A	
10) Describe the issue and action that should be addressed:  Attachments: Med 14 Redlined Code Text Med 3 Scope Statement Med 20 Scope Statement 2025 Wisconsin Act 76 Rule Project Charts ACB Rule Summaries  <small>(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>)</small>			
11) <b>Authorization</b>			
 Signature of person making this request		4/3/26 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.			

## Chapter Med 14

### **BIENNIAL REGISTRATIONRENEWAL**

Med 14.01 Authority and purpose.  
Med 14.02 Definitions.  
Med 14.03 Registration required; method of registration.

Med 14.04 Initial registration.  
Med 14.05 Registration prohibited, annulled; reregistration.  
Med 14.06 Failure to be registered.

**Med 14.01 Authority and purpose.** The rules in this chapter are adopted by the medical examining board pursuant to the authority delegated by ss. 15.08 (5), 227.11, and 448.40, Stats., and govern biennial registrationrenewal of licensees of the board.

**Med 14.02 Definitions.** For the purposes of these rules:

- (1) “Board” means the medical examining board.
- (2) “License” means any license, permit, or certificate issued by the board.
- (3) “Licensee” means any person validly possessing any license, permit, or certificate granted and issued to that person by the board.

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

Note: Instructions for renewal applications are located on the department’s website at <http://dsps.wi.gov>.

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

**Med 14.05 Reinstatement Registration prohibited, annulled; reregistration.** Any physician required to comply with the provisions of s. 448.13, Stats., and of ch. Med 13, and who has not so complied, will not be permitted to register. Any person whose license has been suspended or revoked will not be permitted to register, and the registration of any such person shall be deemed automatically annulled upon receipt by the secretary of the board of a verified report of such suspension or revocation, subject to such person’s right of appeal. A person whose license has been suspended or revoked and subsequently restored shall be reregistered by the board upon receipt by the board of both a verified report of such restoration and a completed registration form. A licensee who has unmet disciplinary requirements and failed to renew the license within 5 years or whose license has been surrendered or revoked may apply to have the license reinstated in accordance with all of the following:

- (1) Evidence of completion of the requirements in s. Med 14.06 if the license has not been active within 5 years.
- (2) Evidence of completion of the disciplinary requirements, if applicable.
- (3) Evidence of rehabilitation or change in circumstances warranting reinstatement.
- (4) A revoked license may not be reinstated earlier than one year following revocation.

This subsection does not apply to a license that is revoked under s. 440.12, Stats.

**Med 14.06 Failure to ~~be registered~~renew.** (1) Failure for whatever reason of a licensee to ~~renew~~~~be registered~~ as required under this chapter thereby makes such licensee subject to the effect of s. ~~448.07 (1) (a)~~448.03 (1) (a), Stats., ~~which states, inter alia, “No person may exercise the rights or privileges conferred by any license or certificate granted by the board unless currently registered as required...”~~.

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

(a) If the licensee applies for renewal of the license less than 53 years after its expiration, ~~the license shall be renewed upon payment of the renewal fee and fulfillment of the continuing education requirements~~licensee shall meet the following requirements:

1. Submits evidence licensee has completed at least 60 hours of approved continuing education pursuant to ch. Med 13, for the period of expiration and the missed renewal reporting cycle.

2. Submits evidence of continued medical practice from another jurisdiction or alternatively evidence of maintenance of clinical skills during gap in practice. Evidence may include employment verification, current specialty board certification, or passage of the SPEX examination.

3. Provides any additional information the board deems relevant to make determination on the renewal application, such as an oral examination..

(a)(b) If the licensee applies for renewal of the license more than 5 years after its expiration, the licensee shall provide the information from s. 14.06 (2) (a). Additionally, the board shall make such inquiry as it finds necessary to determine whether the applicant is competent to practice under the license in this state, and shall impose any reasonable conditions on ~~reinstatement~~renewal of the license, including oral examination, as the board deems appropriate. All applicants under this paragraph shall be required to pass the open book examination on statutes and rules, which is the same examination given to initial applicants.

# STATEMENT OF SCOPE

## MEDICAL EXAMINING BOARD

**Rule No.:** Med 3

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**Relating to:** Visiting Physician License

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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 establish requirements for and the continued maintenance of restricted licensure to practice medicine and surgery as a visiting physician.

**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 3 to clarify factors the Board will consider regarding Visiting Physician licensure, especially, if license holder seeks to extend the one-year license at the discretion of the Board. The Board renewal requirements also listed in chapter Med 3 to determine any appropriate updates or changes. With the emergence of a new pathway to licensure the Visiting Physician criteria needs to be updated to align processes where appropriate to avoid confusion and to help clarify requirements for stakeholders. An alternative to this project would be to not revise the administrative code and existing 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 448.04(1)(bg)3., Stats., states that “a license issued under this paragraph [visiting physician licensure] is valid for one year and may be renewed at the discretion of the board.”

Section 448.05(2)(e)5., Stats., provides that an applicant for a restricted license to practice medicine and surgery as a visiting physician shall provide “proof that the applicant satisfies any other requirement established by the board by rule for issue the license.”

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 visiting physicians and those applying for the visiting physician license.

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

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

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

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

Approved for publication:

Approved for implementation:

\_\_\_\_\_  
Authorized Signature

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Authorized Signature

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Date Submitted

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Date Submitted

# STATEMENT OF SCOPE

## MEDICAL EXAMINING BOARD

**Rule No.:** Med 20

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**Relating to:** Implementation of the Respiratory Care Interstate Compact

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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 implement the statutory changes from 2025 Wisconsin Act 76.

**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 20, Respiratory Care Practitioners, to align with the statutory changes from 2025 Wisconsin Act 76, which ratified the respiratory care interstate compact. An alternative would be to not revise the administrative code and there will be inconsistencies between the statute and the code.

**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."

Section 448.98895 (3) )b), Stats. states that "[s]ubject to s. 448.9889 and any rules promulgated thereunder, ss. 440.20 to 440.22 and the rules promulgated rules promulgated under s. 440.03 (1) shall apply to an individual who holds a compact privilege in the same manner that they apply to holders of certificates issued under subch. II."

**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 credentialed respiratory care practitioners and those looking to apply for licensure or compact privileges.

**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,  
DSPAAdminRules@wisconsin.gov, (608) 267-7139.

Approved for publication:

Approved for implementation:

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Authorized Signature

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# State of Wisconsin



2025 Senate Bill 190

Date of enactment: December 9, 2025  
Date of publication\*: December 10, 2025

## 2025 WISCONSIN ACT 76

**AN ACT** to renumber 448.05 (5r); to amend 146.81 (1) (d), 146.997 (1) (d) 5., 256.15 (4) (a) 3., 440.03 (9) (a) (intro.) and 2., 440.03 (13) (b) (intro.), 440.15, 448.01 (9s), 448.01 (12), 448.02 (3) (a) to (c), (e), (f) and (h), 448.02 (4) (a) and (b), 448.02 (5), 448.02 (6), 448.02 (8) (a), 448.02 (8) (c), 448.03 (1m), 448.05 (5r) (title), 448.07 (1) (b), 448.07 (1) (c), 448.07 (1) (d), 448.07 (2), 448.08 (1m), 448.08 (4), 448.12, 448.13 (1) (a), 448.13 (2), 448.13 (3) and 990.01 (28); to repeal and recreate 448.02 (3) (a), 448.07 (title), 448.07 (1) (title) and 448.07 (1) (a); to create 14.832, 440.03 (11m) (c) 2rp., 440.03 (13) (c) 1. m., 448.015 (2m), 448.04 (1) (im), 448.04 (2m), 448.05 (1) (e), 448.05 (5r) (b), 448.06 (3) and subchapter XV of chapter 448 [precedes 448.9889] of the statutes; relating to: ratification of the Respiratory Care Interstate Compact.

*The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:*

**SECTION 1.** 14.832 of the statutes is created to read:  
**14.832 Respiratory care interstate compact.**

There is created a respiratory care interstate compact commission as specified in s. 448.9889. The commissioner on the commission representing this state shall be appointed by the medical examining board as provided in s. 448.9889 (7) (b) 1., with the advice of the respiratory care practitioners examining council, and shall be an individual described in s. 448.9889 (7) (b) 2. The commission has the powers and duties granted and imposed under s. 448.9889.

**SECTION 2.** 146.81 (1) (d) of the statutes is amended to read:

146.81 (1) (d) A physician, perfusionist, or respiratory care practitioner licensed or certified under subch. II of ch. 448 or a respiratory care practitioner who holds a compact privilege under subch. XV of ch. 448.

**SECTION 3.** 146.997 (1) (d) 5. of the statutes is amended to read:

146.997 (1) (d) 5. A respiratory care practitioner ~~licensed or~~ who is certified under ch. 448 or who holds a compact privilege under subch. XV of ch. 448.

**SECTION 4.** 256.15 (4) (a) 3. of the statutes is amended to read:

256.15 (4) (a) 3. If the ambulance is an aircraft and the sick, disabled, or injured individual is a pediatric patient who is being transferred from one hospital to another hospital, one individual specified in subd. 1. plus one respiratory care practitioner who is certified under subch. II of ch. 448 or who holds a compact privilege under subch. XV of ch. 448.

**SECTION 5.** 440.03 (9) (a) (intro.) and 2. of the statutes, as affected by 2025 Wisconsin Act 20, are amended to read:

440.03 (9) (a) (intro.) Subject to pars. (b) and (c) and s. 458.33 (2) (b) and (5), the department shall, biennially, determine each fee for an initial credential for which no examination is required, for a reciprocal credential, and for a credential renewal and any fees imposed under ss. 447.51 (2), 448.986 (2), 448.9875 (2),

\* Section 991.11, WISCONSIN STATUTES: Effective date of acts. "Every act and every portion of an act enacted by the legislature over the governor's partial veto which does not expressly prescribe the time when it takes effect shall take effect on the day after its date of publication."

448.9885 (2), 448.9888 (2), 448.98895 (2), 457.51 (2), and 459.71 (2) by doing all of the following:

2. Not later than January 31 of each odd-numbered year, adjusting for the succeeding fiscal biennium each fee for an initial credential for which an examination is not required, for a reciprocal credential, and, subject to s. 440.08 (2) (a), for a credential renewal, and any fees imposed under ss. 447.51 (2), 448.986 (2), 448.9875 (2), 448.9885 (2), 448.9888 (2), 448.98895 (2), 457.51 (2), and 459.71 (2), if an adjustment is necessary to reflect the approximate administrative and enforcement costs of the department that are attributable to the regulation of the particular occupation or business during the period in which the initial or reciprocal credential, credential renewal, or compact privilege is in effect and, for purposes of each fee for a credential renewal, to reflect an estimate of any additional moneys available for the department's general program operations as a result of appropriation transfers that have been or are estimated to be made under s. 20.165 (1) (i) during the fiscal biennium in progress at the time of the deadline for an adjustment under this subdivision or during the fiscal biennium beginning on the July 1 immediately following the deadline for an adjustment under this subdivision.

**SECTION 6.** 440.03 (11m) (c) 2rp. of the statutes is created to read:

440.03 (11m) (c) 2rp. The coordinated data system under s. 448.9889 (8), if such disclosure is required under the respiratory care interstate compact under s. 448.9889.

**SECTION 7.** 440.03 (13) (b) (intro.) of the statutes, as affected by 2025 Wisconsin Act 20, is amended to read:

440.03 (13) (b) (intro.) The department may investigate whether an applicant for or holder of any of the following credentials has been charged with or convicted of a crime only pursuant to rules promulgated by the department under this paragraph, including rules that establish the criteria that the department will use to determine whether an investigation under this paragraph is necessary, except as provided in par. (c) and ss. 441.51 (5) (a) 5., 447.50 (3) (a) 5., 448.980 (5) (b) 3., 448.985 (3) (a) 4., 448.987 (3) (a) 5. a. and (5) (b) 2. a., 448.988 (3) (a) 5., 448.9887 (3) (b) 3. and (5) (b) 2. a., 448.9889 (3) (a) 9., 455.50 (3) (e) 4. and (f) 4., 457.50 (3) (b) 3. and (5) (b) 2. a., and 459.70 (3) (b) 2.:

**SECTION 8.** 440.03 (13) (c) 1. m. of the statutes is created to read:

440.03 (13) (c) 1. m. An applicant for a respiratory care practitioner certificate under s. 448.04 (1) (i).

**SECTION 9.** 440.15 of the statutes, as affected by 2025 Wisconsin Act 20, is amended to read:

**440.15 No fingerprinting.** Except as provided under ss. 440.03 (13) (c), 441.51 (5) (a) 5., 447.50 (3) (a) 5., 448.980 (5) (b) 3., 448.985 (3) (a) 4., 448.987 (3) (a) 5. a. and (5) (b) 2. a., 448.988 (3) (a) 5., 448.9887 (3) (b) 3. and (5) (b) 2. a., 448.9889 (3) (a) 9., 450.071 (3) (c) 9., 450.075 (3) (c) 9., 455.50 (3) (e) 4. and (f) 4., 457.50 (3) (b) 3. and (5) (b) 2. a., and 459.70 (3) (b) 1., the department or a credentialing board may not require that an applicant for a credential or a credential holder be fingerprinted or submit fingerprints in connection with the department's or the credentialing board's credentialing.

**SECTION 10.** 448.01 (9s) of the statutes is amended to read:

448.01 (9s) "Scene of an emergency" means an area not within the confines of a hospital or other institution which has hospital facilities or the office of a person licensed, certified or holding a compact privilege or limited permit under this chapter.

**SECTION 11.** 448.01 (12) of the statutes is amended to read:

448.01 (12) "Warn" means to privately apprise the holder of a license ~~or~~, certificate, or compact privilege of the unprofessional nature of the holder's conduct and admonish the holder that continued or repeated conduct of such nature may give the medical examining board or an attached affiliated credentialing board cause to reprimand the holder or to limit, suspend or revoke such license ~~or~~, certificate, or compact privilege.

**SECTION 12.** 448.015 (2m) of the statutes is created to read:

448.015 (2m) "Respiratory care compact privilege" means a compact privilege, as defined in s. 448.9889 (2) (h), that is granted under the respiratory care interstate compact to an individual to practice in this state.

**SECTION 13.** 448.02 (3) (a) to (c), (e), (f) and (h) of the statutes are amended to read:

448.02 (3) (a) The board shall investigate allegations of unprofessional conduct and negligence in treatment by persons holding a license ~~or~~, certificate, or respiratory care compact privilege granted by the board. An allegation that a physician has violated s. 253.10 (3), 448.30 or 450.13 (2) or has failed to mail or present a medical certification required under s. 69.18 (2) within 21 days after the pronouncement of death of the person who is the subject of the required certificate or that a physician has failed at least 6 times within a 6-month period to mail or present a medical certificate required under s. 69.18 (2) within 6 days after the pronouncement of death of the person who is the subject of the required certificate is an allegation of unprofessional con-

duct. Information contained in reports filed with the board under s. 49.45 (2) (a) 12r., 50.36 (3) (b), 609.17 or 632.715, or under 42 CFR 1001.2005, shall be investigated by the board. Information contained in a report filed with the board under s. 655.045 (1), as created by 1985 Wisconsin Act 29, which is not a finding of negligence or in a report filed with the board under s. 50.36 (3) (c) may, within the discretion of the board, be used as the basis of an investigation of a person named in the report. The board may require a person holding a license ☒, certificate, or respiratory care compact privilege to undergo and may consider the results of one or more physical, mental or professional competency examinations if the board believes that the results of any such examinations may be useful to the board in conducting its investigation.

(b) After an investigation, if the board finds that there is probable cause to believe that the person is guilty of unprofessional conduct or negligence in treatment, the board shall hold a hearing on such conduct. The board may use any information obtained by the board or the department under s. 655.17 (7) (b), as created by 1985 Wisconsin Act 29, in an investigation or a disciplinary proceeding, including a public disciplinary proceeding, conducted under this subsection and the board may require a person holding a license ☒, certificate, or respiratory care compact privilege to undergo and may consider the results of one or more physical, mental or professional competency examinations if the board believes that the results of any such examinations may be useful to the board in conducting its hearing. A unanimous finding by a panel established under s. 655.02, 1983 stats., or a finding by a court that a physician has acted negligently in treating a patient is conclusive evidence that the physician is guilty of negligence in treatment. A finding that is not a unanimous finding by a panel established under s. 655.02, 1983 stats., that a physician has acted negligently in treating a patient is presumptive evidence that the physician is guilty of negligence in treatment. A certified copy of the findings of fact, conclusions of law and order of the panel or the order of a court is presumptive evidence that the finding of negligence in treatment was made. The board shall render a decision within 90 days after the date on which the hearing is held or, if subsequent proceedings are conducted under s. 227.46 (2), within 90 days after the date on which those proceedings are completed.

(c) Subject to par. (cm), after a disciplinary hearing, the board may, when it determines that a panel established under s. 655.02, 1983 stats., has unanimously found or a court has found that a person has been negligent in treating a patient or when it finds a person guilty of unprofessional conduct or negligence in treatment, do one or more of the following: warn or reprimand that

person, or limit, suspend or revoke any license ☒, certificate, or respiratory care compact privilege granted by the board to that person. The board may condition the removal of limitations on a license ☒, certificate, or respiratory care compact privilege or the restoration of a suspended or revoked license ☒, certificate, or respiratory care compact privilege upon obtaining minimum results specified by the board on one or more physical, mental or professional competency examinations if the board believes that obtaining the minimum results is related to correcting one or more of the bases upon which the limitation, suspension or revocation was imposed.

(e) A person whose license ☒, certificate, or respiratory care compact privilege is limited under this subchapter shall be permitted to continue practice upon condition that the person will refrain from engaging in unprofessional conduct; that the person will appear before the board or its officers or agents at such times and places as may be designated by the board from time to time; that the person will fully disclose to the board or its officers or agents the nature of the person's practice and conduct; that the person will fully comply with the limits placed on his or her practice and conduct by the board; that the person will obtain additional training, education or supervision required by the board; and that the person will cooperate with the board.

(f) Unless a suspended license ☒, certificate, or respiratory care compact privilege is revoked during the period of suspension, upon the expiration of the period of suspension the license ☒, certificate, or respiratory care compact privilege shall again become operative and effective. However, the board may require the holder of any such suspended license ☒, certificate, or respiratory care compact privilege to pass the examinations required for the original grant of the license ☒, certificate, or respiratory care compact privilege before allowing such suspended license ☒, certificate, or respiratory care compact privilege again to become operative and effective.

(h) Nothing in this subsection prohibits the board, in its discretion, from investigating and conducting disciplinary proceedings on allegations of unprofessional conduct by persons holding a license ☒, certificate, or respiratory care compact privilege granted by the board when the allegations of unprofessional conduct may also constitute allegations of negligence in treatment.

**SECTION 14.** 448.02 (3) (a) of the statutes, as affected by 2023 Wisconsin Act 172 and 2025 Wisconsin Act .... (this act), is repealed and recreated to read:

448.02 (3) (a) The board shall investigate allegations of unprofessional conduct and negligence in treatment by persons holding a license, certificate, or respiratory care compact privilege granted by the board. An allegation that a physician has violated s. 253.10 (3),

448.30 or 450.13 (2) or has failed to present a medical certification required under s. 69.18 (2) within 21 days after the pronouncement of death of the person who is the subject of the required certificate or that a physician has failed at least 6 times within a 6-month period to present a medical certificate required under s. 69.18 (2) within 6 days after the pronouncement of death of the person who is the subject of the required certificate is an allegation of unprofessional conduct. Information contained in reports filed with the board under s. 49.45 (2) (a) 12r., 50.36 (3) (b), 609.17 or 632.715, or under 42 CFR 1001.2005, shall be investigated by the board. Information contained in a report filed with the board under s. 655.045 (1), as created by 1985 Wisconsin Act 29, which is not a finding of negligence or in a report filed with the board under s. 50.36 (3) (c) may, within the discretion of the board, be used as the basis of an investigation of a person named in the report. The board may require a person holding a license, certificate, or respiratory care compact privilege to undergo and may consider the results of one or more physical, mental or professional competency examinations if the board believes that the results of any such examinations may be useful to the board in conducting its investigation.

**SECTION 15.** 448.02 (4) (a) and (b) of the statutes are amended to read:

448.02 (4) (a) The board may summarily suspend or limit any license ☒, certificate, or respiratory care compact privilege granted by the board when the board has in its possession evidence establishing probable cause to believe that the holder of the license ☒, certificate, or respiratory care compact privilege has violated the provisions of this subchapter and that it is necessary to suspend or limit the license ☒, certificate, or respiratory care compact privilege immediately to protect the public health, safety, or welfare. The holder of the license ☒, certificate, or respiratory care compact privilege shall be granted an opportunity to be heard during the determination of probable cause. The board chair and 2 board members designated by the chair or, if the board chair is not available, the board vice-chair and 2 board members designated by the vice-chair, shall exercise the authority granted by this paragraph to summarily suspend or limit a license ☒, certificate, or respiratory care compact privilege in the manner provided under par. (b).

(b) An order of summary suspension or limitation shall be served upon the holder of the license ☒, certificate, or respiratory care compact privilege in the manner provided in s. 801.11 for service of summons. The order of summary suspension or limitation shall be effective upon service or upon actual notice of the summary suspension or limitation given to the holder of the license ☒, certificate, or respiratory care compact privilege or to the attorney of the license ☒, certificate, or

respiratory care compact privilege holder, whichever is sooner. A notice of hearing commencing a disciplinary proceeding shall be issued no more than 10 days following the issuance of the order of summary suspension or limitation. The order of summary suspension or limitation remains in effect until the effective date of a final decision and order in the disciplinary proceeding against the holder or until the order of summary suspension or limitation is discontinued by the board following a hearing to show cause. The holder of the license ☒, certificate, or respiratory care compact privilege shall have the right to request a hearing to show cause why the order of summary suspension or limitation should not be continued and the order of summary suspension or limitation shall notify the holder of the license ☒, certificate, or respiratory care compact privilege of that right. If a hearing to show cause is requested by the holder of the license ☒, certificate, or respiratory care compact privilege, the hearing shall be scheduled on a date within 20 days of receipt by the board of the request for the hearing to show cause.

**SECTION 16.** 448.02 (5) of the statutes is amended to read:

448.02 (5) VOLUNTARY SURRENDER. The holder of any license ☒, certificate, or respiratory care compact privilege granted by the board may voluntarily surrender the license ☒, certificate, or respiratory care compact privilege to the secretary of the board, but the secretary may refuse to accept the surrender if the board has received allegations of unprofessional conduct against the holder of the license ☒, certificate, or respiratory care compact privilege. The board may negotiate stipulations in consideration for accepting the surrender of licenses.

**SECTION 17.** 448.02 (6) of the statutes is amended to read:

448.02 (6) RESTORATION OF LICENSE OR CERTIFICATE CREDENTIAL. The board may restore any license ☒, certificate, or respiratory care compact privilege that has been voluntarily surrendered or revoked under any of the provisions of this subchapter, on such terms and conditions as it may deem appropriate.

**SECTION 18.** 448.02 (8) (a) of the statutes is amended to read:

448.02 (8) (a) After an investigation by the board under sub. (3) (a) or by the department under s. 440.03 (3m) or (5), the board may issue a private and confidential administrative warning to a holder of a license ☒, certificate, or respiratory care compact privilege if the board determines that there is evidence of misconduct by him or her. The board may issue an administrative warning under this paragraph only if the board determines that no further action is warranted because the

matter involves minor misconduct and the issuance of an administrative warning adequately protects the public by putting the holder of the license ~~or~~ certificate, or respiratory care compact privilege on notice that any subsequent misconduct may result in disciplinary action. The board shall review the determination if the holder of the license ~~or~~ certificate, or respiratory care compact privilege makes a personal appearance before the board. Following the review, the board may affirm, rescind or modify the administrative warning. A holder of a license ~~or~~ certificate, or respiratory care compact privilege may seek judicial review under ch. 227 of an affirmation or modification of an administrative warning by the board.

**SECTION 19.** 448.02 (8) (c) of the statutes is amended to read:

448.02 (8) (c) Notwithstanding par. (b), if the board receives a subsequent allegation of misconduct about a holder of a license ~~or~~ certificate, or respiratory care compact privilege to whom the board issued an administrative warning under par. (a), the board may reopen the matter that resulted in the issuance of the administrative warning or use the administrative warning in any subsequent disciplinary hearing under sub. (3) (b) as evidence that he or she had actual knowledge that the misconduct that was the basis for the administrative warning was contrary to law.

**SECTION 20.** 448.03 (1m) of the statutes is amended to read:

448.03 (1m) CERTIFICATE REQUIRED TO PRACTICE. No person may practice respiratory care, or attempt to do so or make a representation as authorized to do so, ~~without~~ unless the person holds a certificate as a respiratory care practitioner granted by the board or holds a respiratory care compact privilege.

**SECTION 21.** 448.04 (1) (im) of the statutes is created to read:

448.04 (1) (im) *Respiratory care compact privilege.* The board may grant a respiratory care compact privilege pursuant to the respiratory care interstate compact under s. 448.9889.

**SECTION 22.** 448.04 (2m) of the statutes is created to read:

448.04 (2m) DISPLAY OF CREDENTIAL. Each individual who holds a license, certificate, or respiratory care compact privilege under this subchapter shall display his or her credential in a conspicuous place in the individual's office or place of practice or business.

**SECTION 23.** 448.05 (1) (e) of the statutes is created to read:

448.05 (1) (e) Pay the fee specified in s. 440.05 (1).

**SECTION 24.** 448.05 (5r) (title) of the statutes is amended to read:

448.05 (5r) (title) CERTIFICATE AS RESPIRATORY CARE PRACTITIONER; COMPACT PRIVILEGE.

**SECTION 25.** 448.05 (5r) of the statutes is renumbered 448.05 (5r) (a).

**SECTION 26.** 448.05 (5r) (b) of the statutes is created to read:

448.05 (5r) (b) An applicant for a respiratory care compact privilege shall submit evidence satisfactory to the board that the applicant satisfies the requirements under s. 448.9889 (4).

**SECTION 28.** 448.06 (3) of the statutes is created to read:

448.06 (3) GRANT OF RESPIRATORY CARE COMPACT PRIVILEGE. The board shall grant or deny a respiratory care compact privilege in accordance with subs. (1) to (2), unless otherwise provided under the respiratory care interstate compact under subch. XV.

**SECTION 29.** 448.07 (title) of the statutes is repealed and recreated to read:

**448.07 (title) Renewal.**

**SECTION 30.** 448.07 (1) (title) of the statutes is repealed and recreated to read:

448.07 (1) (title) RENEWAL.

**SECTION 31.** 448.07 (1) (a) of the statutes is repealed and recreated to read:

448.07 (1) (a) Renewal applications for a license, certificate, or respiratory care compact privilege issued under this subchapter shall be submitted to the department on a form provided by the department on or before the applicable renewal date specified under s. 440.08 (2) (a), except that renewal of a compact license shall be governed by the renewal provisions in s. 448.980 (7), and renewal of a respiratory care compact privilege shall be governed by s. 448.9889 (4).

**SECTION 32.** 448.07 (1) (b) of the statutes is amended to read:

448.07 (1) (b) The board shall maintain the register required by s. 440.035 (1m) (d), which shall be divided according to the activity for which the ~~registrant is licensed or certified~~ individual holds the license, certificate, or respiratory care compact privilege. The board shall make copies available for purchase at cost.

**SECTION 33.** 448.07 (1) (c) of the statutes is amended to read:

448.07 (1) (c) Every ~~registration renewal~~ made as provided in this section shall be presumptive evidence in all courts and other places that the person named therein ~~is legally registered~~ holds the license, certificate, or respiratory care compact privilege for the period covered by ~~such registration~~ the renewal, and shall be deemed to fulfill any statutory requirement for renewal of that license ~~or~~ certificate, or compact privilege.

**SECTION 34.** 448.07 (1) (d) of the statutes is amended to read:

448.07 (1) (d) No ~~registration renewal~~ may be permitted by the secretary of the board in the case of any physician ~~or perfusionist, or anesthesiologist assistant~~ who has failed to meet the requirements of s. 448.13 or any person whose license ~~or certificate, or respiratory care compact privilege~~ has been suspended or revoked ~~and the registration of any such person shall be deemed automatically annulled upon receipt by the secretary of the board of a verified report of such suspension or revocation, subject to the person's right of appeal. A person whose license or certificate has been suspended or revoked and subsequently restored shall be registered by the board upon tendering a verified report of such restoration of the license or certificate, together with an application for registration and the registration fee.~~

**SECTION 35.** 448.07 (2) of the statutes is amended to read:

448.07 (2) FEES. Except as otherwise provided in s. 448.980, the ~~fees for examination and licenses granted under this subchapter are specified in s. 440.05, and the renewal fee for such licenses~~ a license, certificate, or respiratory care compact privilege is determined by the department under s. 440.03 (9) (a). Compact licenses shall be subject to additional fees and assessments, as established by the department, the board, or the interstate medical licensure compact commission, to cover any costs incurred by the department or the board for this state's participation in the interstate medical licensure compact under s. 448.980 and costs incurred by the interstate medical licensure compact commission for its administration of the renewal process for the interstate medical licensure compact under s. 448.980.

**SECTION 36.** 448.08 (1m) of the statutes is amended to read:

448.08 (1m) FEE SPLITTING. Except as otherwise provided in this section, no person ~~licensed or certified who holds a license, certificate, or respiratory care compact privilege~~ under this subchapter may give or receive, directly or indirectly, to or from any person, firm or corporation any fee, commission, rebate or other form of compensation or anything of value for sending, referring or otherwise inducing a person to communicate with a licensee in a professional capacity, or for any professional services not actually rendered personally or at his or her direction.

**SECTION 37.** 448.08 (4) of the statutes is amended to read:

448.08 (4) PROFESSIONAL PARTNERSHIPS AND CORPORATIONS PERMITTED. Notwithstanding any other provision in this section, it is lawful for 2 or more physicians, who have entered into a bona fide partnership for

the practice of medicine, to render a single bill for such services in the name of such partnership, and it also is lawful for a service corporation to render a single bill for services in the name of the corporation, provided that each individual ~~licensed, registered or certified~~ who holds a license, certificate, or respiratory care compact privilege under this chapter, subch. I of ch. 457, or ch. 446, 449, 450, 455, or 459 that renders billed services is individually identified as having rendered such services.

**SECTION 38.** 448.12 of the statutes is amended to read:

**448.12 Malpractice.** Anyone practicing medicine, surgery, osteopathy, or any other form or system of treating the sick without having a valid license ~~or a certificate of registration~~ shall be liable to the penalties and liabilities for malpractice; and ignorance shall not lessen such liability for failing to perform or for negligently or unskillfully performing or attempting to perform any duty assumed, and which is ordinarily performed by authorized practitioners.

**SECTION 39.** 448.13 (1) (a) of the statutes is amended to read:

448.13 (1) (a) Except as provided in par. (b), each physician shall include with his or her application for ~~a certificate of registration renewal~~ under s. 448.07 proof of attendance at and completion of all of the following:

1. Continuing education programs or courses of study approved for at least 30 hours of credit by the board within the 2 calendar years preceding the calendar year for which the registration renewal is effective.

2. Professional development and maintenance of certification or performance improvement or continuing medical education programs or courses of study required by the board by rule under s. 448.40 (1) and completed within the 2 calendar years preceding the calendar year for which the registration renewal is effective.

**SECTION 40.** 448.13 (2) of the statutes is amended to read:

448.13 (2) Each person licensed as a perfusionist shall include with his or her application for ~~a certificate of registration renewal~~ under s. 448.07 proof of completion of continuing education requirements promulgated by rule by the board.

**SECTION 41.** 448.13 (3) of the statutes is amended to read:

448.13 (3) Each person licensed as an anesthesiologist assistant shall include with his or her application for ~~a certificate of registration renewal~~ under s. 448.07 proof of meeting the criteria for recertification by the National Commission on Certification of Anesthesiologist Assistants or by a successor entity, including any continuing education requirements.

**SECTION 42.** Subchapter XV of chapter 448 [precedes 448.9889] of the statutes is created to read:

**CHAPTER 448**

**SUBCHAPTER XV**

**RESPIRATORY CARE**

**INTERSTATE COMPACT**

**448.9889 Respiratory care interstate compact.**

**(1) TITLE AND PURPOSE.** (a) The purpose of this compact is to facilitate the interstate practice of respiratory therapy with the goal of improving public access to respiratory therapy services by providing respiratory therapists licensed in a member state the ability to practice in other member states. The compact preserves the regulatory authority of states to protect public health and safety through the current system of state licensure.

(b) This compact is designed to achieve the following objectives:

1. Increase public access to respiratory therapy services by creating a responsible, streamlined pathway for licensees to practice in member states with the goal of improving outcomes for patients;

2. Enhance states' ability to protect the public's health and safety;

3. Promote the cooperation of member states in regulating the practice of respiratory therapy within those member states;

4. Ease administrative burdens on states by encouraging the cooperation of member states in regulating multi-state respiratory therapy practice;

5. Support relocating active military members and their spouses; and

6. Promote mobility and address workforce shortages.

**(2) DEFINITIONS.** As used in this compact, unless the context requires otherwise, the following definitions shall apply:

(a) "Active military member" means any person with a full-time duty status in the armed forces of the United States, including members of the national guard and reserve.

(b) "Adverse action" means any administrative, civil, equitable, or criminal action permitted by a state's laws which is imposed by any state authority with regulatory authority over respiratory therapists, such as license denial, censure, revocation, suspension, probation, monitoring of the licensee, or restriction on the licensee's practice, not including participation in an alternative program.

(c) "Alternative program" means a nondisciplinary monitoring or practice remediation process applicable to a respiratory therapist approved by any state authority with regulatory authority over respiratory therapists. This includes, but is not limited to, programs to which

licensees with substance abuse or addiction issues are referred in lieu of adverse action.

(d) "Charter member states" means those member states who were the first 7 states to enact the compact into the laws of their state.

(e) "Commission" or "respiratory care interstate compact commission" means the government instrumentality and body politic whose membership consists of all member states that have enacted the compact.

(f) "Commissioner" means the individual appointed by a member state to serve as the member of the commission for that member state.

(g) "Compact" means the respiratory care interstate compact.

(h) "Compact privilege" means the authorization granted by a remote state to allow a licensee from another member state to practice as a respiratory therapist in the remote state under the remote state's laws and rules. The practice of respiratory therapy occurs in the member state where the patient is located at the time of the patient encounter.

(i) "Criminal background check" means the submission by the member state of fingerprints or other biometric-based information on license applicants at the time of initial licensing for the purpose of obtaining that applicant's criminal history record information, as defined in 28 CFR 20.3 (d) or successor provision, from the federal bureau of investigation and the state's criminal history record repository, as defined in 28 CFR 20.3 (f) or successor provision.

(j) "Data system" means the commission's repository of information about licensees as further set forth in sub. (8).

(k) "Domicile" means the jurisdiction which is the licensee's principal home for legal purposes.

(L) "Encumbered license" means a license that a state's respiratory therapy licensing authority has limited in any way.

(m) "Executive committee" means a group of directors elected or appointed to act on behalf of, and within the powers granted to them by the commission.

(n) "Home state" except as set forth in sub. (5), means the member state that is the licensee's primary domicile.

(o) "Home state license" means an active license to practice respiratory therapy in a home state that is not an encumbered license.

(p) "Jurisprudence requirement" means an assessment of an individual's knowledge of the state laws and regulations governing the practice of respiratory therapy in such state.

(q) "Licensee" means an individual who currently holds an authorization from the state to practice as a respiratory therapist.

(r) “Member state” means a state that has enacted the compact and been admitted to the commission in accordance with the provisions herein and commission rules.

(s) “Model compact” means the model for the respiratory care interstate compact on file with the Council of State Governments or other entity as designated by the commission.

(t) “Remote state” means a member state where a licensee is exercising or seeking to exercise the compact privilege.

(u) “Respiratory therapist” or “respiratory care practitioner” means an individual who holds a credential issued by the National Board for Respiratory Care (or its successor) and holds a license in a state to practice respiratory therapy. For purposes of this compact, any other title or status adopted by a state to replace the term “respiratory therapist” or “respiratory care practitioner” shall be deemed synonymous with “respiratory therapist” and shall confer the same rights and responsibilities to the licensee under the provisions of this compact at the time of its enactment.

(v) “Respiratory therapy,” “respiratory therapy practice,” “respiratory care,” “the practice of respiratory care,” and “the practice of respiratory therapy” means the care and services provided by or under the direction and supervision of a respiratory therapist or respiratory care practitioner.

(w) “Respiratory therapy licensing authority” means the agency, board, or other body of a state that is responsible for licensing and regulation of respiratory therapists.

(x) “Rule” means a regulation promulgated by an entity that has the force and effect of law.

(y) “Scope of practice” means the procedures, actions, and processes a respiratory therapist licensed in a state or practicing under a compact privilege in a state is permitted to undertake in that state and the circumstances under which the respiratory therapist is permitted to undertake those procedures, actions, and processes. Such procedures, actions, and processes, and the circumstances under which they may be undertaken may be established through means, including, but not limited to, statute, regulations, case law, and other processes available to the state respiratory therapy licensing authority or other government agency.

(z) “Significant investigative information” means information, records, and documents received or generated by a state respiratory therapy licensing authority pursuant to an investigation for which a determination has been made that there is probable cause to believe that the licensee has violated a statute or regulation that is considered more than a minor infraction for which the

state respiratory therapy licensing authority could pursue adverse action against the licensee.

(zm) “State” means any state, commonwealth, district, or territory of the United States.

**(3) STATE PARTICIPATION IN THIS COMPACT.** (a) In order to participate in this compact and thereafter continue as a member state, a member state shall:

1. Enact a compact that is not materially different from the model compact;
2. License respiratory therapists;
3. Participate in the commission’s data system;
4. Have a mechanism in place for receiving and investigating complaints against licensees and compact privilege holders;
5. Notify the commission, in compliance with the terms of this compact and commission rules, of any adverse action against a licensee, a compact privilege holder, or a license applicant;
6. Notify the commission, in compliance with the terms of this compact and commission rules, of the existence of significant investigative information;
7. Comply with the rules of the commission;
8. Grant the compact privilege to a holder of an active home state license and otherwise meet the applicable requirements of sub. (4) in a member state; and
9. Complete a criminal background check for each new licensee at the time of initial licensure.
  - a. Where expressly authorized or permitted by federal law, whether such federal law is in effect prior to, at, or after the time of a member state’s enactment of this compact, a member state’s enactment of this compact shall hereby authorize the member state’s respiratory therapy licensing authority to perform criminal background checks as defined herein. The absence of such a federal law as described in this subd. 9. a. shall not prevent or preclude such authorization where it may be derived or granted through means other than the enactment of this compact.

(b) Nothing in this compact prohibits a member state from charging a fee for granting and renewing the compact privilege.

**(4) COMPACT PRIVILEGE.** (a) To exercise the compact privilege under the terms and provisions of the compact, the licensee shall:

1. Hold and maintain an active home state license as a respiratory therapist;
2. Hold and maintain an active credential from the National Board for Respiratory Care (or its successor) that would qualify them for licensure in the remote state in which they are seeking the privilege;
3. Have not had any adverse action against a license within the previous 2 years;
4. Notify the commission that the licensee is seeking the compact privilege within a remote state(s);

5. Pay any applicable fees, including any state and commission fees and renewal fees, for the compact privilege;

6. Meet any jurisprudence requirements established by the remote state in which the licensee is seeking a compact privilege;

7. Report to the commission adverse action taken by any nonmember state within 30 days from the date the adverse action is taken;

8. Report to the commission, when applying for a compact privilege, the address of the licensee's domicile and thereafter promptly report to the commission any change in the address of the licensee's domicile within 30 days of the effective date of the change in address; and

9. Consent to accept service of process by mail at the licensee's domicile on record with the commission with respect to any action brought against the licensee by the commission or a member state, and consent to accept service of a subpoena by mail at the licensee's domicile on record with the commission with respect to any action brought or investigation conducted by the commission or a member state.

(b) The compact privilege is valid until the expiration date or revocation of the home state license unless terminated pursuant to adverse action. The licensee must comply with all of the requirements of par. (a), above, to maintain the compact privilege in a remote state. If those requirements are met, no adverse actions are taken, and the licensee has paid any applicable compact privilege renewal fees, then the licensee will maintain the licensee's compact privilege.

(c) A licensee providing respiratory therapy in a remote state under the compact privilege shall function within the scope of practice authorized by the remote state for the type of respiratory therapist license the licensee holds. Such procedures, actions, processes, and the circumstances under which they may be undertaken may be established through means, including, but not limited to, statute, regulations, case law, and other processes available to the state respiratory therapy licensing authority or other government agency.

(d) If a licensee's compact privilege in a remote state is removed by the remote state, the individual shall lose or be ineligible for the compact privilege in that remote state until the compact privilege is no longer limited or restricted by that state.

(e) If a home state license is encumbered, the licensee shall lose the compact privilege in all remote states until the following occur:

1. The home state license is no longer encumbered; and
2. Two years have elapsed from the date on which

the license is no longer encumbered due to the adverse action.

(f) Once a licensee with a restricted or limited license meets the requirements of par. (e) 1. and 2., the licensee must also meet the requirements of par. (a) to obtain a compact privilege in a remote state.

**(5) ACTIVE MILITARY MEMBER OR THEIR SPOUSE.**

(a) An active military member, or their spouse, shall designate a home state where the individual has a current license in good standing. The individual may retain the home state designation during the period the service member is on active duty.

(b) An active military member and their spouse shall not be required to pay to the commission for a compact privilege any fee that may otherwise be charged by the commission. If a remote state chooses to charge a fee for a compact privilege, it may choose to charge a reduced fee or no fee to an active military member and their spouse for a compact privilege.

**(6) ADVERSE ACTIONS.** (a) A member state in which a licensee is licensed shall have authority to impose adverse action against the license issued by that member state.

(b) A member state may take adverse action based on significant investigative information of a remote state or the home state, so long as the member state follows its own procedures for imposing adverse action.

(c) Nothing in this compact shall override a member state's decision that participation in an alternative program may be used in lieu of adverse action and that such participation shall remain nonpublic if required by the member state's laws.

(d) A remote state shall have the authority to:

1. Take adverse actions as set forth herein against a licensee's compact privilege in that state;

2. Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses, and the production of evidence.

- a. Subpoenas may be issued by a respiratory therapy licensing authority in a member state for the attendance and testimony of witnesses and the production of evidence.

- b. Subpoenas issued by a respiratory therapy licensing authority in a member state for the attendance and testimony of witnesses shall be enforced in the latter state by any court of competent jurisdiction in the latter state, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it.

- c. Subpoenas issued by a respiratory therapy licensing authority in a member state for production of evidence from another member state shall be enforced in the latter state, according to the practice and procedure

of that court applicable to subpoenas issued in the proceedings pending before it.

d. The issuing authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the state where the witnesses or evidence are located;

3. Unless otherwise prohibited by state law, recover from the licensee the costs of investigations and disposition of cases resulting from any adverse action taken against that licensee;

4. Notwithstanding subd. 2., a member state may not issue a subpoena to gather evidence of conduct in another member state that is lawful in such other member state for the purpose of taking adverse action against a licensee's compact privilege or application for a compact privilege in that member state; and

5. Nothing in this compact authorizes a member state to impose discipline against a respiratory therapist's compact privilege in that member state for the individual's otherwise lawful practice in another state.

(e) *Joint investigations.* 1. In addition to the authority granted to a member state by its respective respiratory therapy practice act or other applicable state law, a member state may participate with other member states in joint investigations of licensees, provided, however, that a member state receiving such a request has no obligation to respond to any subpoena issued regarding an investigation of conduct or practice that was lawful in a member state at the time it was undertaken.

2. Member states shall share any significant investigative information, litigation, or compliance materials in furtherance of any joint or individual investigation initiated under the compact. In sharing such information between member state respiratory therapy licensing authorities, all information obtained shall be kept confidential, except as otherwise mutually agreed upon by the sharing and receiving member state(s).

(f) Nothing in this compact may permit a member state to take any adverse action against a licensee or holder of a compact privilege for conduct or practice that was legal in the member state at the time it was undertaken.

(g) Nothing in this compact may permit a member state to take disciplinary action against a licensee or holder of a compact privilege for conduct or practice that was legal in the member state at the time it was undertaken.

(7) ESTABLISHMENT OF THE RESPIRATORY CARE INTERSTATE COMPACT COMMISSION. (a) The compact member states hereby create and establish a joint government agency whose membership consists of all member states that have enacted the compact known as the respiratory care interstate compact commission. The commission is an instrumentality of the compact

member states acting jointly and not an instrumentality of any one state. The commission shall come into existence on or after the effective date of the compact, as set forth in sub. (11).

(b) *Membership, voting, and meetings.* 1. Each member state shall have and be limited to one commissioner selected by that member state's respiratory therapy licensing authority.

2. The commissioner shall be an administrator or their designated staff member of the member state's respiratory therapy licensing authority.

3. The commission shall by rule or bylaw establish a term of office for commissioners and may by rule or bylaw establish term limits.

4. The commission may recommend to a member state the removal or suspension of any commissioner from office.

5. A member state's respiratory therapy licensing authority shall fill any vacancy of its commissioner occurring on the commission within 60 days of the vacancy.

6. Each commissioner shall be entitled to one vote on all matters before the commission requiring a vote by commissioners.

7. A commissioner shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for commissioners to meet by telecommunication, videoconference, or other means of communication.

8. The commission shall meet at least once during each calendar year. Additional meetings may be held as set forth in the bylaws.

(c) The commission shall have the following powers:

1. Establish and amend the fiscal year of the commission;

2. Establish and amend bylaws and policies, including but not limited to, a code of conduct and conflict of interest;

3. Establish and amend rules, which shall be binding in all member states;

4. Maintain its financial records in accordance with the bylaws;

5. Meet and take such actions as are consistent with the provisions of this compact, the commission's rules, and the bylaws;

6. Initiate and conduct legal proceedings or actions in the name of the commission, provided that the standing of any respiratory therapy licensing authority to sue or be sued under applicable law shall not be affected;

7. Maintain and certify records and information provided to a member state as the authenticated business records of the commission, and designate an agent to do so on the commission's behalf;

8. Purchase and maintain insurance and bonds;
  9. Accept or contract for services of personnel, including, but not limited to, employees of a member state;
  10. Conduct an annual financial review;
  11. Hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the compact, and establish the commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;
  12. Assess and collect fees;
  13. Accept any and all appropriate gifts, donations, grants of money, other sources of revenue, equipment, supplies, materials, and services, and receive, utilize, and dispose of the same, provided that at all times:
    - a. The commission shall avoid any appearance of impropriety; and
    - b. The commission shall avoid any appearance of conflict of interest;
  14. Lease, purchase, retain, own, hold, improve, or use any property, real, personal, or mixed, or any undivided interest therein;
  15. Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property real, personal, or mixed;
  16. Establish a budget and make expenditures;
  17. Borrow money in a fiscally responsible manner;
  18. Appoint committees, including standing committees, composed of commissioners state regulators, state legislators or their representatives, and consumer representatives, and such other interested persons as may be designated in this compact and the bylaws;
  19. Provide and receive information from, and cooperate with, law enforcement agencies;
  20. Establish and elect an executive committee, including a chair, vice-chair, secretary, treasurer, and such other offices as the commission shall establish by rule or bylaw;
  21. Enter into contracts or arrangements for the management of the affairs of the commission;
  22. Determine whether a state's adopted language is materially different from the model compact language such that the state would not qualify for participation in the compact; and
  23. Perform such other functions as may be necessary or appropriate to achieve the purposes of this compact.
- (d) *The executive committee.* 1. The executive committee shall have the power to act on behalf of the commission according to the terms of this compact. The powers, duties, and responsibilities of the executive committee shall include:
- a. Overseeing the day-to-day activities of the admin-

- istration of the compact, including enforcement and compliance with the provisions of the compact, its rules and bylaws, and other such duties as deemed necessary;
- b. Recommending to the commission changes to the rules or bylaws, changes to this compact legislation, fees charged to compact member states, fees charged to licensees, and other fees;
  - c. Ensuring compact administration services are appropriately provided, including by contract;
  - d. Preparing and recommending the budget;
  - e. Maintaining financial records on behalf of the commission;
  - f. Monitoring compact compliance of member states and providing compliance reports to the commission;
  - g. Establishing additional committees as necessary;
  - h. Exercising the powers and duties of the commission during the interim between commission meetings, except for adopting or amending rules, adopting or amending bylaws, and exercising any other powers and duties expressly reserved to the commission by rule or bylaw; and
    - i. Performing other duties as provided in the rules or bylaws of the commission.
2. The executive committee shall be composed of up to 9 members, as further set forth in the bylaws of the commission:
    - a. Seven voting members who are elected by the commission from the current membership of the commission; and
    - b. Two ex-officio, nonvoting members.
  3. The commission may remove any member of the executive committee as provided in the commission's bylaws.
  4. The executive committee shall meet at least annually.
    - a. Executive committee meetings shall be open to the public, except that the executive committee may meet in a closed, nonpublic meeting as provided in par. (f) 4. below;
    - b. The executive committee shall give advance notice of its meetings, posted on its website and as determined to provide notice to persons with an interest in the business of the commission; and
    - c. The executive committee may hold a special meeting in accordance with par. (f) 2. below.
- (e) The commission shall adopt and provide to the member states an annual report.
- (f) *Meetings of the commission.* 1. All meetings of the commission that are not closed pursuant to subd. 4. shall be open to the public. Notice of public meetings shall be posted on the commission's website at least 30 days prior to the public meeting.
2. Notwithstanding subd. 1., the commission may convene an emergency public meeting by providing at

least 24 hours prior notice on the commission's website, and any other means as provided in the commission's rules, for any of the reasons it may dispense with notice of proposed rule making under sub. (9) (g). The commission's legal counsel shall certify that one of the reasons justifying an emergency public meeting has been met.

3. Notice of all commission meetings shall provide the time, date, and location of the meeting, and if the meeting is to be held or accessible via telecommunication, video conference, or other electronic means, the notice shall include the mechanism for access to the meeting.

4. The commission or the executive committee may convene in a closed, nonpublic meeting for the commission or executive committee to receive or solicit legal advice or to discuss:

- a. Noncompliance of a member state with its obligations under the compact;
- b. The employment, compensation, discipline or other matters, practices or procedures related to specific employees;
- c. Current or threatened discipline of a licensee or compact privilege holder by the commission or by a member state's respiratory therapy licensing authority;
- d. Current, threatened, or reasonably anticipated litigation;
- e. Negotiation of contracts for the purchase, lease, or sale of goods, services, or real estate;
- f. Accusing any person of a crime or formally censuring any person;
- g. Trade secrets or commercial or financial information that is privileged or confidential;
- h. Information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;
- i. Investigative records compiled for law enforcement purposes;
- j. Information related to any investigative reports prepared by or on behalf of or for use of the commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to the compact;
- k. Legal advice;
- L. Matters specifically exempted from disclosure by federal or member state law; or
- m. Other matters as promulgated by the commission by rule.

5. If a meeting, or portion of a meeting, is closed, the presiding officer shall state that the meeting will be closed and reference each relevant exempting provision, and such reference shall be recorded in the minutes.

6. The commission shall keep minutes in accordance with commission rules and bylaws. All docu-

ments considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release only by a majority vote of the commission or order of a court of competent jurisdiction.

(g) *Financing of the commission.* 1. The commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities.

2. The commission may accept any and all appropriate revenue sources as provided herein.

3. The commission may levy on and collect an annual assessment from each member state and impose fees on licensees of member states to whom it grants a compact privilege to cover the cost of the operations and activities of the commission and its staff. The aggregate annual assessment amount for member states, if any, shall be allocated based upon a formula that the commission shall promulgate by rule.

4. The commission shall not incur obligations of any kind prior to securing the funds or a loan adequate to meet the same; nor shall the commission pledge the credit of any of the member states, except by and with the authority of the member state.

5. The commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the commission shall be subject to the financial review and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the commission shall be subject to an annual financial review by a certified or licensed public accountant, and the report of the financial review shall be included in and become part of the annual report of the commission.

(h) *Qualified immunity, defense, and indemnification.* 1. Nothing herein shall be construed as a limitation on the liability of any licensee for professional malpractice or misconduct, which shall be governed solely by any other applicable state laws.

2. The member states, commissioners, officers, executive directors, employees, and agents of the commission shall be immune from suit and liability, both personally and in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error, or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of commission employment, duties or responsibilities; provided that nothing in this subdivision shall be construed to protect any such person from suit or liability for any damage, loss, injury, or liability caused by the intentional or willful or wanton misconduct of that person. The procurement of insurance of any type by the com-

mission shall not in any way compromise or limit the immunity granted hereunder.

3. The commission shall defend any commissioner, officer, executive director, employee, and agent of the commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission that occurred within the scope of commission employment, duties, or responsibilities, or as determined by the commission that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of commission employment, duties, or responsibilities; provided that nothing herein shall be construed to prohibit that person from retaining their own counsel at their own expense; and provided further, that the actual or alleged act, error, or omission did not result from that person's intentional or willful or wanton misconduct.

4. The commission shall indemnify and hold harmless any commissioner, member, officer, executive director, employee, and agent of the commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error, or omission that occurred within the scope of commission employment, duties, or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from the intentional or willful or wanton misconduct of that person.

5. Nothing in this compact shall be interpreted to waive or otherwise abrogate a member state's state action immunity or state action affirmative defense with respect to antitrust claims under the Sherman Act, Clayton Act, or any other state or federal antitrust or anti-competitive law or regulation.

6. Nothing in this compact shall be construed to be a waiver of sovereign immunity by the member states or by the commission.

**(8) DATA SYSTEM.** (a) The commission shall provide for the development, maintenance, operation, and utilization of a coordinated database and reporting system containing licensure, adverse action, and the presence of significant investigative information.

(b) Notwithstanding any other provision of state law to the contrary, a member state shall submit a uniform data set to the data system as required by the rules of the commission, including but not limited to:

1. Identifying information;
2. Licensure data;
3. Adverse actions against a licensee, license applicant, or compact privilege holder and information related thereto;
4. Nonconfidential information related to alternative program participation, the beginning and ending

dates of such participation, and other information related to such participation not made confidential under member state law;

5. Any denial of application for licensure, and the reason(s) for such denial;

6. The presence of current significant investigative information; and

7. Other information that may facilitate the administration of this compact or the protection of the public, as determined by the rules of the commission.

(c) No member state shall submit any information which constitutes criminal history record information, as defined by applicable federal law, to the data system established hereunder.

(d) The records and information provided to a member state pursuant to this compact or through the data system, when certified by the commission or an agent thereof, shall constitute the authenticated business records of the commission, and shall be entitled to any associated hearsay exception in any relevant judicial, quasi-judicial or administrative proceedings in a member state.

(e) Significant investigative information pertaining to a licensee in any member state will only be available to other member states.

(f) It is the responsibility of the member states to report any adverse action against a licensee and to monitor the database to determine whether adverse action has been taken against a licensee. Adverse action information pertaining to a licensee in any member state will be available to any other member state.

(g) Member states contributing information to the data system may designate information that may not be shared with the public without the express permission of the contributing state.

(h) Any information submitted to the data system that is subsequently expunged pursuant to federal law or the laws of the member state contributing the information shall be removed from the data system.

**(9) RULE MAKING.** (a) The commission shall promulgate reasonable rules in order to effectively and efficiently implement and administer the purposes and provisions of the compact. A rule shall be invalid and have no force or effect only if a court of competent jurisdiction holds that the rule is invalid because the commission exercised its rule-making authority in a manner that is beyond the scope and purposes of the compact, or the powers granted hereunder, or based upon another applicable standard of review.

(b) For purposes of the compact, the rules of the commission shall have the force of law in each member state.

(c) The commission shall exercise its rule-making powers pursuant to the criteria set forth in this subsec-

tion and the rules adopted thereunder. Rules shall become binding as of the date specified in each rule.

(d) If a majority of the legislatures of the member states rejects a rule or portion of a rule, by enactment of a statute or resolution in the same manner used to adopt the compact within 4 years of the date of adoption of the rule, then such rule shall have no further force and effect in any member state.

(e) Rules shall be adopted at a regular or special meeting of the commission.

(f) Prior to adoption of a proposed rule, the commission shall hold a public hearing and allow persons to provide oral and written comments, data, facts, opinions, and arguments.

(g) Prior to adoption of a proposed rule by the commission, and at least 30 days in advance of the meeting at which the commission will hold a public hearing on the proposed rule, the commission shall provide a notice of proposed rule making:

1. On the website of the commission or other publicly accessible platform;
2. To persons who have requested notice of the commission's notices of proposed rule making, and
3. In such other way(s) as the commission may by rule specify.

(h) The notice of proposed rule making shall include:

1. The time, date, and location of the public hearing at which the commission will hear public comments on the proposed rule and, if different, the time, date, and location of the meeting where the commission will consider and vote on the proposed rule;
2. If the hearing is held via telecommunication, video conference, or other electronic means, the commission shall include the mechanism for access to the hearing in the notice of proposed rule making;
3. The text of the proposed rule and the reason therefor;
4. A request for comments on the proposed rule from any interested person; and
5. The manner in which interested persons may submit written comments.

(i) All hearings will be recorded. A copy of the recording and all written comments and documents received by the commission in response to the proposed rule shall be available to the public.

(j) Nothing in this subsection shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the commission at hearings required by this subsection.

(k) The commission shall, by majority vote of all commissioners, take final action on the proposed rule based on the rule-making record and the full text of the rule.

1. The commission may adopt changes to the proposed rule provided the changes are consistent with the original purpose of the proposed rule.

2. The commission shall provide an explanation of the reasons for substantive changes made to the proposed rule as well as reasons for substantive changes not made that were recommended by commenters.

3. The commission shall determine a reasonable effective date for the rule. Except for an emergency as provided in par. (L), the effective date of the rule shall be no sooner than 30 days after issuing the notice that it adopted or amended the rule.

(L) Upon determination that an emergency exists, the commission may consider and adopt an emergency rule with 24 hours' notice, and with opportunity to comment, provided that the usual rule-making procedures provided in the compact and in this subsection shall be retroactively applied to the rule as soon as reasonably possible, in no event later than 90 days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:

1. Meet an imminent threat to public health, safety, or welfare;
2. Prevent a loss of commission or member state funds;
3. Meet a deadline for the promulgation of a rule that is established by federal law or rule; or
4. Protect public health and safety.

(m) The commission or an authorized committee of the commission may direct revisions to a previously adopted rule for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the commission. The revision shall be subject to challenge by any person for a period of 30 days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing and delivered to the commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the commission.

(n) No member state's rule-making process or procedural requirements shall apply to the commission.

1. The commission shall have no authority over any member state's rule-making process or procedural requirements that do not pertain to the compact.

(o) Nothing in this compact, nor any rule or regulation of the commission, shall be construed to limit, restrict, or in any way reduce the ability of a member state to enact and enforce laws, regulations, or other rules related to the practice of respiratory therapy in that state,

where those laws, regulations, or other rules are not inconsistent with the provisions of this compact.

(10) OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT. (a) *Oversight*. 1. The executive and judicial branches of state government in each member state shall enforce this compact and take all actions necessary and appropriate to implement the compact.

2. Venue is proper and judicial proceedings by or against the commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the commission is located. The commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings. Nothing herein shall affect or limit the selection or propriety of venue in any action against a licensee for professional malpractice, misconduct or any such similar matter.

3. The commission shall be entitled to receive service of process in any proceeding regarding the enforcement or interpretation of the compact and shall have standing to intervene in such a proceeding for all purposes. Failure to provide the commission service of process shall render a judgment or order void as to the commission, this compact, or promulgated rules.

(b) *Default, technical assistance, and termination*.

1. If the commission determines that a member state has defaulted in the performance of its obligations or responsibilities under this compact or the promulgated rules, the commission shall provide written notice to the defaulting state. The notice of default shall describe the default, the proposed means of curing the default, and any other action that the commission may take, and shall offer training and specific technical assistance regarding the default.

2. The commission shall provide a copy of the notice of default to the other member states.

(c) If a state in default fails to cure the default, the defaulting state may be terminated from the compact upon an affirmative vote of a majority of the commissioners of the member states, and all rights, privileges and benefits conferred on that state by this compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.

(d) Termination of membership in the compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the commission to the governor, the majority and minority leaders of the defaulting state's legislature, the defaulting state's respiratory therapy licensing authority and each of the member states' respiratory therapy licensing authorities.

(e) A state that has been terminated is responsible

for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination, if necessary.

(f) Upon the termination of a state's membership from this compact, that state shall immediately provide notice to all licensees and compact privilege holders (of which the commission has a record) within that state of such termination. The terminated state shall continue to recognize all licenses granted pursuant to this compact for a minimum of 180 days after the date of said notice of termination.

(g) The commission shall not bear any costs related to a state that is found to be in default or that has been terminated from the compact, unless agreed upon in writing between the commission and the defaulting state.

(h) The defaulting state may appeal the action of the commission by petitioning the U.S. District Court for the District of Columbia or the federal district where the commission has its principal offices. The prevailing party shall be awarded all costs of such litigation, including reasonable attorney's fees.

(i) *Dispute resolution*. 1. Upon request by a member state, the commission shall attempt to resolve disputes related to the compact that arise among member states and between member and nonmember states.

2. The commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes, as appropriate.

(j) *Enforcement*. 1. By majority vote, as may be further provided by rule, the commission may initiate legal action against a member state in default in the U.S. District Court for the District of Columbia or the federal district where the commission has its principal offices to enforce compliance with the provisions of the compact and its promulgated rules. A member state by enactment of this compact consents to venue and jurisdiction in such court for the purposes set forth herein. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation, including reasonable attorney's fees. The remedies herein shall not be the exclusive remedies of the commission. The commission may pursue any other remedies available under federal or the defaulting member state's law.

2. A member state may initiate legal action against the commission in the U.S. District Court for the District of Columbia or the federal district where the commission has its principal offices to enforce compliance with the provisions of the compact and its promulgated rules. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is

necessary, the prevailing party shall be awarded all costs of such litigation, including reasonable attorney's fees.

3. No person other than a member state shall enforce this compact against the commission.

**(11) EFFECTIVE DATE, WITHDRAWAL, AND AMENDMENT.** (a) The compact shall come into effect on the date on which the compact statute is enacted into law in the 7th member state ("effective date").

1. On or after the effective date of the compact, the commission shall convene and review the enactment of each of the first 7 member states ("charter member states") to determine if the statute enacted by each such charter member state is materially different than the model compact.

a. A charter member state whose enactment is found to be materially different from the model compact shall be entitled to the default process set forth in sub. (10).

b. If any member state is later found to be in default, or is terminated or withdraws from the compact, the commission shall remain in existence and the compact shall remain in effect even if the number of member states should be less than 7.

2. Member states enacting the compact subsequent to the 7 initial charter member states shall be subject to the process set forth herein and commission rule to determine if their enactments are materially different from the model compact and whether they qualify for participation in the compact.

3. All actions taken for the benefit of the commission or in furtherance of the purposes of the administration of the compact prior to the effective date of the compact or the commission coming into existence shall be considered to be actions of the commission unless specifically repudiated by the commission. The commission shall own and have all rights to any intellectual property developed on behalf or in furtherance of the commission by individuals or entities involved in organizing or establishing the commission, as may be further set forth in rules of the commission.

4. Any state that joins the compact subsequent to the commission's initial adoption of the rules and bylaws shall be subject to the rules and bylaws as they exist on the date on which the compact becomes law in that state. Any rule that has been previously adopted by the commission shall have the full force and effect of law on the date the compact becomes law in that state.

(b) Any member state may withdraw from this compact by enacting a statute repealing the same.

1. A member state's withdrawal shall not take effect until 180 days after enactment of the repealing statute.

2. Withdrawal shall not affect the continuing requirement of the withdrawing state's respiratory therapy licensing authority to comply with the investigative and

adverse action reporting requirements of this compact prior to the effective date of withdrawal.

3. Upon the enactment of a statute withdrawing from this compact, a state shall immediately provide notice of such withdrawal to all licensees and compact privilege holders (of which the commission has a record) within that state. Notwithstanding any subsequent statutory enactment to the contrary, such withdrawing state shall continue to recognize all licenses granted pursuant to this compact for a minimum of 180 days after the date of such notice of withdrawal.

(c) Nothing contained in this compact shall be construed to invalidate or prevent any licensure agreement or other cooperative arrangement between a member state and a nonmember state that does not conflict with the provisions of this compact.

(d) This compact may be amended by the member states. No amendment to this compact shall become effective and binding upon any member state until it is enacted into the laws of all member states.

**(12) CONSTRUCTION AND SEVERABILITY.** (a) This compact and the commission's rule-making authority shall be liberally construed so as to effectuate the purposes and the implementation and administration of the compact. Provisions of the compact expressly authorizing or requiring the promulgation of rules shall not be construed to limit the commission's rule-making authority solely for those purposes.

(b) The provisions of this compact shall be severable, and if any phrase, clause, sentence or provision of this compact is held by a court of competent jurisdiction to be contrary to the constitution of any member state, a state seeking participation in the compact, or of the United States, or the applicability thereof to any government, agency, person or circumstance is held to be unconstitutional by a court of competent jurisdiction, the validity of the remainder of this compact and the applicability thereof to any other government, agency, person or circumstance shall not be affected thereby.

(c) Notwithstanding par. (b), the commission may deny a state's participation in the compact or, in accordance with the requirements of sub. (10), terminate a member state's participation in the compact, if it determines that a constitutional requirement of a member state is a material departure from the compact. Otherwise, if this compact shall be held to be contrary to the constitution of any member state, the compact shall remain in full force and effect as to the remaining member states and in full force and effect as to the member state affected as to all severable matters.

**(13) CONSISTENT EFFECT AND CONFLICT WITH OTHER STATE LAWS.** (a) Nothing herein shall prevent or inhibit the enforcement of any other law of a member state that is not inconsistent with the compact.

(b) Any laws, statutes, regulations, or other legal requirements in a member state in conflict with the compact are superseded to the extent of the conflict, including any subsequently enacted state laws.

(c) All permissible agreements between the commission and the member states are binding in accordance with their terms.

(d) Other than as expressly set forth herein, nothing in this compact will impact initial licensure.

**448.98895 Implementation of the respiratory care interstate compact. (1)** In this section:

(a) "Compact" means the respiratory care interstate compact under s. 448.9889.

(b) "Compact privilege" means a compact privilege, as defined in s. 448.9889 (2) (h), that is granted under the compact to an individual to practice in this state.

(2) The department may impose a fee for an individual to receive a compact privilege as provided in s. 448.9889 (3) (b).

(3) (a) An individual who holds a compact privilege shall comply with s. 440.03 (13) (am).

(b) Subject to s. 448.9889 and any rules promulgated thereunder, ss. 440.20 to 440.22 and the rules promulgated under s. 440.03 (1) shall apply to an individual who holds a compact privilege in the same manner that they apply to holders of certificates issued under subch. II.

**SECTION 43.** 990.01 (28) of the statutes is amended to read:

990.01 (28) PHYSICIAN, SURGEON OR OSTEOPATH. "Physician," "surgeon" or "osteopath" means a person holding a license ~~or certificate of registration to practice~~ medicine and surgery from the medical examining board.

**SECTION 44. Effective dates.** This act takes effect on the day after publication, except as follows:

(1) The repeal and recreation of s. 448.02 (3) (a) takes effect on March 1, 2026.

**Medical Examining Board  
Rule Projects (updated 4/3/26)**

Clearinghouse Rule Number	Scope #	Scope Expiration	Code Chapter Affected	Relating clause	Current Stage	Next Step
<a href="#">25-048</a>	<a href="#">099-24</a>	03/23/2027	Med 1	Licensure Requirements	Drafting Final Rule and Legislative Report	Submission to Governor's Office for Approval, Notification to the Legislature, and for Publication
Not Assigned Yet	Not Assigned Yet	TBD	Med 3	Visting Physician License	Scope Statement Reviewed at 4/15/26 Meeting	Board Approval of Scope Statement for Governor's Office Review and Publication in Administrative Register
Not Assigned Yet	<a href="#">066-25</a>	03/29/2028	Med 14	Renewal	Drafting Rule	Board Review and Approval of Preliminary Rule Draft
Not Assigned Yet	Not Assigned Yet	TBD	Med 20	Implementation of the Respiratory Care Interstate Compact	Scope Statement Reviewed at 4/15/26 Meeting	Board Approval of Scope Statement for Governor's Office Review and Publication in Administrative Register
<a href="#">25-070</a>	<a href="#">025-25</a>	10/14/2027	Med 21	Patient Health Care Records	Adoption Order Submitted for Publication on 3/26/26	Publication and Effective Date TBD

**Medical Examining Board**

**Affiliated Credentialing Board (ACB) Rule Projects**

Clearinghouse Rule Number	Scope #	Scope Expiration	ACB Name	Code Chapter Affected	Relating clause	Current Stage	Next Step
Not Assigned Yet	Not Assigned Yet	TBD	Dietitians Affiliated Credentialing Board	DI 1 to 5	Implementation of the Dietitian Licensure Compact	Scope Statement Reviewed at 1/27/26 Meeting	Submission for Governor Approval and for Publication
Not Assigned Yet	Not Assigned Yet	TBD	Massage Therapy and Bodywork Therapy	MTBT 2 and 4	CPR Requirements	Scope Statement Approved by Governor's Office on 3/12/26	Submission for Publication (Preliminary Hearing likely to be Ordered by JCRAR)
Not Assigned Yet	<a href="#">009-25</a>	02/17/2027	Massage Therapy and Bodywork Therapy	MTBT 3	Education	Drafting	Board Review of Preliminary Rule Draft at a Future Meeting
Not Assigned Yet	<a href="#">024-25</a>	10/14/2027	Podiatry	Pod 1 and 9	Supervision of Physician Assistants	Drafting	Board Review of Preliminary Rule Draft at a Future Meeting
Not Assigned Yet	<a href="#">023-25</a>	10/14/2027	Podiatry	Pod 1 and 10	Podiatrists and Telehealth	EIA Comment Period and Clearinghouse Review	Public Hearing Anticipated for 6/10/26 Meeting

## Affiliated Credentialing Board (ACB) Rule Summaries

Athletic Trainers: None

Dietitians:

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

Massage Therapy and Bodywork Therapy:

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

Occupational Therapists: None

Physician Assistant: None

Podiatry:

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