



**HYBRID (IN-PERSON/VIRTUAL)
MEDICAL EXAMINING BOARD
Room N208, 4822 Madison Yards Way, 2nd Floor, Madison
Contact: Tom Ryan (608) 266-2112
May 20, 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.

A quorum of the Affiliated Boards and/or Councils may be present during the meeting.

AGENDA

8:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A. Adoption of Agenda (1-5)**
- B. Approval of Minutes of April 15, 2026 (6-11)**
- C. Reminders: Conflicts of Interest, Scheduling Concerns**
- D. Introductions, Announcements and Recognition**
 - 1. Introduction and Welcome – DSPPS Secretary Hereth
- 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. Wis. Stat. § 15.085 (3)(b) - Affiliate Board and Council Reports – Discussion and Consideration**
 - 1. Athletic Trainers Affiliated Credentialing Board
 - 2. Council on Anesthesiologist Assistants
 - 3. Dietitians Affiliated Credentialing Board
 - 4. Genetic Counselors Affiliated Credentialing Board
 - 5. Massage Therapy and Bodywork Therapy Affiliated Credentialing Board
 - 6. Occupational Therapists Affiliated Credentialing Board
 - 7. Perfusionists Examining Council
 - 8. Physician Assistant Affiliated Credentialing Board
 - 9. Podiatry Affiliated Credentialing Board
 - 10. Respiratory Care Practitioners Examining Council
- G. Administrative Rule Matters – Discussion and Consideration (12-15)**
 - 1. Pending or Possible Rulemaking Projects
 - a. Rule Projects Charts
 - b. Affiliated Credentialing Board Rule Summaries
- H. Legislative and Policy Matters – Discussion and Consideration
- I. Interdisciplinary Advisory Committee Liaison Report – Discussion and Consideration**
- J. Credentialing Matters – Discussion and Consideration
- K. Professional Assistance Procedure (PAP) Discussion of Expansion to Include Mental Health Disorders
- L. Federation of State Medical Board (FSMB) Matters – Discussion and Consideration (16-24)**
 - 1. Travel Report: FSMB 2026 Annual Meeting on April 30-May 2, 2026, in Baltimore, MD
- M. Speaking, Travel, or Public Relation Requests, and Reports – Discussion and Consideration
- N. Newsletter Matters – Discussion and Consideration
- O. Controlled Substances Board Report – Discussion and Consideration
- P. Interstate Medical Licensure Compact Commission (IMLCC) – Report from Wisconsin’s Commissioners – Discussion and Consideration
- Q. Screening Panel Report
- R. Future Agenda Items
- S. Discussion and Consideration of Items Added After Preparation of Agenda:
 - 1. Introductions, Announcements and Recognition
 - 2. Elections, Appointments, Reappointments, Confirmations, and Committee, Panel and Liaison Appointments
 - 3. Administrative Matters
 - 4. Election of Officers

5. Appointment of Liaisons and Alternates
6. Delegation of Authorities
7. Education and Examination Matters
8. Credentialing Matters
9. Practice Matters
10. Public Health Emergencies
11. Legislative and Policy Matters
12. Administrative Rule Matters
13. Liaison Reports
14. Board Liaison Training and Appointment of Mentors
15. Informational Items
16. Division of Legal Services and Compliance (DLSC) Matters
17. Presentations of Petitions for Summary Suspension
18. Petitions for Designation of Hearing Examiner
19. Presentation of Stipulations, Final Decisions and Orders
20. Presentation of Proposed Final Decisions and Orders
21. Presentation of Interim Orders
22. Petitions for Re-Hearing
23. Petitions for Assessments
24. Petitions to Vacate Orders
25. Requests for Disciplinary Proceeding Presentations
26. Motions
27. Petitions
28. Appearances from Requests Received or Renewed
29. Speaking Engagements, Travel, or Public Relation Requests, and Reports

T. Public Comments

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

U. Deliberation on DLSC Matters

- 1. Proposed Stipulations, Final Decisions and Orders**
 - a. 23 MED 070 – John P. Mitchell **(25-31)**
 - b. 23 MED 322 – Jerry Jones, III **(32-37)**
 - c. 23 MED 533 – Eugene C. Rigstad **(38-47)**
 - d. 23 MED 537 – Christopher J. Smith **(48-54)**
 - e. 26 MED 0043 – Roland K. Tang **(55-61)**
- 2. Complaints**
 - a. 23 MED 264 – K.E.A. **(62-66)**
 - b. 23 MED 288 – M.J.L. **(67-71)**
- 3. Administrative Warnings**
 - a. 23 MED 606 – T.J.D. **(72-93)**
 - b. 24 MED 0485 – L.C. **(94-99)**
- 4. Case Closings**
 - a. 25 MED 0118 – O.M. **(100-111)**
 - b. 25 MED 0119 – J.J. **(112-117)**
 - c. 25 MED 0200 – F.A.S. **(118-124)**
 - d. 25 MED 0367 – J.L.S. **(125-129)**

- e. 25 MED 0422 – A.G. **(130-139)**

V. Credentialing Matters

1. Full Board Review

- a. P.R. – Initial Application (IA-733664) **(140-244)**
- b. T.Z.V.G. – Renewal Application (IA-728693) **(245-323)**
- c. N.T. – Waiver of 24 Months of ACGME/AOA Accredited Post-Graduate Training (IA-851267) **(324-396)**
- d. S. E. – Provisional License Application (IA-875161) **(397-428)**
- e. D.K. – Military Medical Personnel Application Review **(429-448)**
- f. R.M.R. – Military Medical Personnel Application Review **(449-464)**

2. Full Board Oral Examinations

- a. G.C. – Waiver of 24 Months of ACGME/AOA Accredited Post-Graduate Training (IA-770731) **(465-507)**

W. Deliberation of Items Added After Preparation of the Agenda

- 1. Education and Examination Matters
- 2. Credentialing Matters
- 3. DLSC Matters
- 4. Monitoring Matters
- 5. Professional Assistance Procedure (PAP) Matters
- 6. Petitions for Summary Suspensions
- 7. Petitions for Designation of Hearing Examiner
- 8. Proposed Stipulations, Final Decisions and Order
- 9. Proposed Interim Orders
- 10. Administrative Warnings
- 11. Review of Administrative Warnings
- 12. Proposed Final Decisions and Orders
- 13. Matters Relating to Costs/Orders Fixing Costs
- 14. Complaints
- 15. Case Closings
- 16. Board Liaison Training
- 17. Petitions for Extension of Time
- 18. Petitions for Assessments and Evaluations
- 19. Petitions to Vacate Orders
- 20. Remedial Education Cases
- 21. Motions
- 22. Petitions for Re-Hearing
- 23. Appearances from Requests Received or Renewed

X. Open Cases

Y. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

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

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

BB. 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 **zero (0)**
(at time of agenda publication) Candidates for Licensure

NEXT MEETING: JUNE 17, 2026

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
APRIL 15, 2026**

PRESENT: Milton Bond, Jr. (*excused at 10:00 a.m.*); Clarence Chou, M.D.; Callisia Clarke, M.D. (*arrived at 8:33 a.m.*); Diane Gerlach, D.O.; Sumeet Goel, D.O.; Robert Gribble, M.D.; Steven Leuthner, M.D.; Lubna Majeed-Haqqi, M.D.; Emily Ruud; Gregory Schmeling, M.D.; Derrick Siebert, M.D.; Emily Yu, M.D.

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

STAFF: Tom Ryan, Executive Director; Renee Parton, Assistant Deputy Chief 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 eleven (11) members present.

ADOPTION OF AGENDA

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

APPROVAL OF MINUTES OF MARCH 18, 2026

MOTION: Clarence Chou moved, seconded by Diane Gerlach, to approve the Minutes of March 18, 2026, as published. Motion carried unanimously.

ADMINISTRATIVE RULE MATTERS

Scope Statement: Med 3, Relating to Visiting Physician License

MOTION: Lubna Majeed-Haqqi moved, seconded by Emily Ruud, to approve the Scope Statement revising Med 3, Relating to Visiting Physician License, for submission to the Department of Administration and Governor's Office and for publication. Additionally, the Board authorizes the Chairperson to approve the Scope Statement for implementation no less than 10 days after publication. If the Board is directed to hold a preliminary public hearing on the Scope Statement, the Chairperson is authorized to approve the required notice of hearing. Motion carried unanimously.

Scope Statement: Med 20, Relating to Implementation of the Respiratory Care Interstate Compact

MOTION: Steven Leuthner moved, seconded by Lubna Majeed-Haqqi, to approve the Scope Statement revising Med 20, Relating to Implementation of the Respiratory Care Interstate Compact, for submission to the Department of Administration and Governor's Office and for publication. Additionally, the Board authorizes the Chairperson to approve the Scope Statement for implementation no less than 10 days after publication. If the Board is directed to hold a preliminary public hearing on the Scope Statement, the Chairperson is authorized to approve the required notice of hearing. Motion carried unanimously.

CLOSED SESSION

MOTION: Milton Bond, Jr. moved, seconded by Lubna Majeed-Haqqi, to convene to Closed Session to deliberate on cases following hearing (Wis. Stat. § 19.85(1)(a)); to consider licensure or certification of individuals (Wis. Stat. § 19.85(1)(b)); to consider closing disciplinary investigations with administrative warnings (Wis. Stat. §§ 19.85(1)(b) and 448.02(8)); to consider individual histories or disciplinary data (Wis. Stat. § 19.85(1)(f)); and to confer with legal counsel (Wis. Stat. § 19.85(1)(g)). Gregory Schmeling, Chairperson, read the language of the motion aloud for the record. The vote of each member was ascertained by voice vote. Roll Call Vote: Milton Bond, Jr.-yes; Clarence Chou-yes; Diane Gerlach-yes; Sumeet Goel-yes; Steven Leuthner-yes; Lubna Majeed-Haqqi-yes; Emily Ruud-yes; Gregory Schmeling-yes; Derrick Siebert-yes; and Emily Yu-yes. Motion carried unanimously.

The Board convened into Closed Session at 8:28 a.m.

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

Proposed Stipulations, Final Decisions and Orders

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

1. 25 MED 0196 – Ronald F. Christianson
2. 25 MED 0370 – Robert R. Cornwell
3. 25 MED 0386 – Bart R. Kneeland

Motion carried unanimously.

25 MED 0435 – Talmage J. Raine

MOTION: Sumeet Goel moved, seconded by Milton Bond Jr., to adopt 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.

(Clarence Chou recused and left the room for deliberation and voting in the matter concerning Talmage J. Raine, DLSC Case Number 25 MED 0435.)

Complaints**23 MED 244 – A.J.**

MOTION: Emily Yu moved, seconded by Steven Leuthner, to find probable cause in DLSC Case Number 23 MED 244, to believe that A.J. has committed unprofessional conduct, and therefore, to issue the Complaint and hold a hearing on such conduct pursuant to Wis. Stat § 448.02(3)(b). Motion carried unanimously.

(Diane Gerlach recused and left the room for deliberation and voting in the matter concerning A.J., DLSC Case Number 23 MED 244.)

23 MED 533 – E.C.R.

MOTION: Lubna Majeed-Haqqi moved, seconded by Emily Ruud, to find probable cause in DLSC Case Number 23 MED 533, to believe that E.C.R. has committed unprofessional conduct, and therefore, to issue the Complaint and hold a hearing on such conduct pursuant to Wis. Stat § 448.02(3)(b). Motion carried unanimously.

Callisia Clarke arrived at 8:33 a.m.

25 MED 0142 – K.O.D. and 25 MED 0142 – S.L.F.

MOTION: Steven Leuthner moved, seconded by Emily Ruud, to find probable cause in DLSC Case Number 25 MED 0142, to believe that K.O.D. and S.L.F. have committed unprofessional conduct, and therefore, to issue the Complaints and hold a hearing on such conduct pursuant to Wis. Stat § 448.02(3)(b). Motion carried unanimously.

(Emily Yu recused and left the room for deliberation and voting in the matter concerning K.O.D. and S.L.F., DLSC Case Number 25 MED 0142)

25 MED 0333 – C.M.E.

MOTION: Emily Ruud moved, seconded by Sumeet Goel, to find probable cause in DLSC Case Number 25 MED 0333, to believe that C.M.E. has committed unprofessional conduct, and therefore, to issue the Complaint and hold a hearing on such conduct pursuant to Wis. Stat § 448.02(3)(b). Motion carried unanimously.

(Milton Bond, Jr., recused and left the room for deliberation and voting in the matter concerning C.M.E., DLSC Case Number 25 MED 0333.)

Administrative Warnings

25 MED 0031 – D.B. and 25 MED 0031 – J.G.

MOTION: Sumeet Goel moved, seconded by Steven Leuthner, to issue an Administrative Warning in the matter of D.B., DLSC Case Number 25 MED 0031 and J.G., DLSC Case Number 25 MED 0031 as amended. Motion carried unanimously.

MOTION: Milton Bond, Jr. moved, seconded by Emily Ruud, to issue an Administrative Warning in the following DLSC Cases:

1. 25 MED 0251 – D.W.C.
2. 25 MED 0270 – E.A.P.

Motion carried unanimously.

Case Closings

25 MED 0509 – W.Y.

MOTION: Milton Bond, Jr. moved, seconded by Emily Yu, to close DLSC Case 25 MED 0509 against W.Y., for Insufficient Evidence. Motion carried unanimously.

(Clarence Chou recused and left the room for deliberation and voting in the matter concerning W.Y., DLSC Case Number 25 MED 0509.)

25 MED 0286 – Y.K.

MOTION: Sumeet Goel moved, seconded by Emily Yu, to refer back DLSC Case 25 MED 0286 against Y.K. for further action. Motion carried unanimously.

MOTION: Emily Ruud moved, seconded by Steven Leuthner, to close the following DLSC Cases for the reasons outlined below:

1. 23 MED 264 – B.G.O. – No Violation
2. 23 MED 589 – J.M.P. – Lack of Jurisdiction (L2)
3. 25 MED 0001 – D.H. – Insufficient Evidence
4. 25 MED 0171 – S.R. – Lack of Jurisdiction (L2)
5. 25 MED 0277 – A.C.K. – Prosecutorial Discretion (P1)
6. 25 MED 0351 – M.N.A. – No Violation
7. 25 MED 0385 – J.A.H. – No Violation
8. 25 MED 0466 – P.L. – Insufficient Evidence
9. 25 MED 0531 – W.G.K. – Insufficient Evidence

Motion carried unanimously.

CREDENTIALING MATTERS

Full Board Review

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

MOTION: Sumeet Goel moved, seconded by Steven Leuthner, to request Applicant (IA-770731) appear for a Full Board oral interview. Motion carried unanimously.

Full Board Oral Examination

Milton Bond Jr. excused at 10:00 a.m.

Appearance: R.S.S. – Renewal Application (IA-712814)

MOTION: Sumeet Goel moved, seconded by Lubna Majeed-Haqqi, to find that R.S.S. failed to achieve a passing score on the Full Board Oral Examination pursuant to Wis. Admin Code § Med 1.06(4)(b) and approves R.S.S. renewal application (IA-712814) with limitations. **Reason for Denial:** Wis. Stat. §§ 448.06(2) (1m) and 440.08(4), Wis. Admin. Code §§ Med 10.03(2)(a) and 10.03(3)(i). Motion carried unanimously.

(Clarence Chou recused and left the room for deliberation and voting in the matter concerning R.S.S. – Renewal Application (IA-712814))

Appearance: J.J. – Renewal Application (IA-723416)

MOTION: Sumeet Goel moved, seconded by Steven Leuthner, to find that J.J. failed to achieve a passing score on the Full Board Oral Examination pursuant to Wis. Admin Code § Med 1.06(4)(b) and offer J.J. a renewal application (IA-723416) with limitations. **Reason for Denial:** Wis. Stat. §§ 448.06(2) (1m) and 440.08(4), Wis. Admin. Code §§ Med 10.03(2)(a) and 10.03(3)(i). Motion carried unanimously.

Appearance: L.R. – Renewal Application (IA-704668)

MOTION: Callisia Clarke moved, seconded by Emily Yu, to find that L.R. achieved a passing score on the Full Board Oral Examination pursuant to Wis. Admin Code § Med 1.06(4)(b) and approves L.R. renewal application (IA-704668). Motion carried.

RECONVENE TO OPEN SESSION

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

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

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

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


ADJOURNMENT

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

The meeting adjourned at 11:20 a.m.

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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Nilajah Hardin, Administrative Rules Coordinator		2) Date when request submitted: 5/7/26 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 5/20/26	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Administrative Rule Matters – Discussion and Consideration 1. Pending or Possible Rulemaking Projects a. Rule Projects Charts b. Affiliated Credentialing Board Rule Summaries	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: Attachments: Rule Project Charts ACB Rule Summaries (Board Rule projects can be Viewed Here if Needed: https://dsps.wi.gov/Pages/RulesStatutes/PendingRules.aspx)			
11) Authorization			
 Signature of person making this request		5/7/26 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.			

**Medical Examining Board
Rule Projects (updated 5/7/26)**

Clearinghouse Rule Number	Scope #	Scope Expiration	Code Chapter Affected	Relating clause	Current Stage	Next Step
25-048	099-24	03/23/2027	Med 1	Licensure Requirements	Drafting Final Rule and Legislative Report	Submission to Governor's Office for Approval, Notification to the Legislature, and for Publication
Not Assigned Yet	Not Assigned Yet	TBD	Med 3	Visting Physician License	Scope Statement Ready for Governor's Office Review and Publication in Administrative Register	Possible Preliminary Hearing Ordered by JCRAR
Not Assigned Yet	066-25	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 Ready for Governor's Office Review and Publication in Administrative Register	Possible Preliminary Hearing Ordered by JCRAR
25-070	025-25	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 Submitted to Governor's Office on 4/14/26	Governor Approval and Submission for Publication
Not Assigned Yet	Not Assigned Yet	TBD	Massage Therapy and Bodywork Therapy	MTBT 2 and 4	CPR Requirements	Scope Statement Published on 04/13/26	Scope Statement Implementation
Not Assigned Yet	009-25	02/17/2027	Massage Therapy and Bodywork Therapy	MTBT 3	Education	Drafting	Board Review of Preliminary Rule Draft at a Future Meeting
Not Assigned Yet	024-25	10/14/2027	Podiatry	Pod 1 and 9	Supervision of Physician Assistants	Drafting	Board Review of Preliminary Rule Draft at a Future Meeting
Not Assigned Yet	023-25	10/14/2027	Podiatry	Pod 1 and 10	Podiatrists and Telehealth	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.

Viewpoint

AI in Medicine

Regulation of Health and Health Care Artificial Intelligence

[Michelle M. Mello, JD, PhD, MPhil^{1,2}](#); [I. Glenn Cohen, JD^{3,4}](#)

[JAMA Summit: AI](#)

JAMA

Published Online: March 17, 2025

2025;333;(20):1769-1770. doi:10.1001/jama.2025.3308

In the US, health and health care artificial intelligence (AI) tools grow in a liminal regulatory space. Wedged uncomfortably between the ambits of regulatory agencies, they are often unreachable by laws governing medical products, information privacy, research, and quality of care. The sparseness of formal regulation contrasts starkly with AI's potential to cause harm.

How and when will this tension be resolved? This Viewpoint examines prospects for populating the regulatory landscape for health and health care AI in the coming years.

The Outlook for Federal Regulation

In its first few weeks, the Trump administration has reduced rather than expanded federal oversight of AI. President Trump rescinded a 2023 executive order calling for a range of federal and private activities to strengthen AI governance in high-risk domains. He issued an executive order calling for creation of a plan to ensure US global dominance in AI, emphasizing “removing barriers” and revoking policies that could hinder innovation. The mass firing of staff in the digital health unit of the US Food and Drug Administration (FDA; later reversed for select staff) also indicates that stronger AI oversight is not commensurate with the administration's goal of shrinking federal agencies.

Discussions of strengthening federal regulation typically focus on the FDA, which has cleared more than 1000 predominantly radiological AI tools to date under its authority to regulate medical devices. But the FDA does not currently—and never will—have authority to regulate everything that needs regulating. Congress and the FDA itself have limited the kinds of AI the agency will review. The key law giving the FDA authority defines “medical devices” as encompassing machines that are intended for use in diagnosing, treating, or preventing disease—a definition that FDA guidance documents have characterized some types of software as fitting even without being a physical device. However, in the 21st

Century Cures Act, Congress made clear that many types of software fall outside the FDA's authority, including software for personal wellness functions, health care administrative functions, and providing clinical information or recommendations (not from image processing) that health care professionals will not rely primarily on. The FDA has also expressed an intention to deprioritize some types of low-risk clinical software in exercising its enforcement authority.

Collectively, these moves make the FDA's purview over AI tools quite limited, excluding many tools that may entail substantial health benefits, risks, or disparities. For example, [the FDA recently suggested](#) that generative AI "models that can be broadly applied to multiple tasks" may not qualify as "devices" because of their broad intended use, although some health care apps would.¹ Patient-facing mental health apps would be considered wellness tools that the FDA does not review. Tools that allocate hospital resources, such as beds and blood, are nonreviewable administrative tools. Tools used by insurers in utilization review decisions lie wholly outside the FDA's jurisdiction.

The FDA has some room to maneuver in interpreting its scope of authority, but recent Supreme Court decisions have reduced the leeway that courts will give agencies when they do so, especially when agencies attempt to regulate matters of vast social or economic significance such as AI. Mindful of this problem, the FDA has opted to flex its muscle over AI primarily by issuing guidance documents, not formal administrative rulemaking. Although the industry treats such guidance as authoritative, they lack force of law and are easily rescinded.

Congress should extend the FDA's authority to review a broader range of software tools that affect the quality and quantity of care patients receive, as well as patient-facing health and wellness apps.² But even if the FDA were inclined to do so and chose to use its authority, an important regulatory gap would remain: governing how AI tools are used in health care workflows. Algorithms that perform well in the laboratory may yield lower-than-expected benefit or disparate benefits across patient subgroups because clinical systems are not aligned with their objectives. For instance, a hospital may lack capacity to offer a service to all patients whom a tool identifies as needing it. Workflows also matter because they can undermine assumptions about humans serving as bulwarks against AI errors, eg, expectations that overburdened clinicians will carefully review visit notes drafted by generative AI. Although the FDA can require warnings and instructions for use of a product, given the complexity and variation in clinical workflows, its oversight will never approach the level of governance needed to ensure safe and effective deployment of AI.¹ It will be particularly challenging for FDA regulation to ensure safety and efficacy in the use of generative AI tools given the unpredictability of inputs and outputs.

Supplemental regulation by other agencies with direct authority over the operations of health care organizations is therefore needed. The Centers for Medicare & Medicaid Services (CMS) is an obvious candidate for regulating tools that health care facilities and professionals use. It has already shown interest in regulating uses of AI, eg, by issuing regulations and guidance about Medicare Advantage plans' use of algorithms to make medical necessity determinations. The Medicare Conditions of Participation could be used to require health care organizations to adopt robust governance processes for AI tools.³ Because this approach can be pursued with existing authority and involves a substantial role for private sector governance, the prospects for the new administration to pursue it seem relatively bright.

Emerging Regulatory Gap Fillers

The legal environment abhors a vacuum. In the absence of additional federal regulation, we can expect to see increasing use of gap-filling mechanisms. Unfortunately, they may create a suboptimal regulatory regime.

First, private contracting has already emerged as a leading governance mechanism. The licensing agreements that AI developers execute with health care organizations, and the terms of use that developers furnish to users, establish rights and responsibilities that deeply affect the interests of health care organizations, physicians, and patients.⁴ Developers often present boilerplate agreements that greatly circumscribe their responsibilities.⁵ They may disclaim or limit liability and warranties, for instance, eschewing any representation that the outputs of their tool are accurate or capping how much they will pay in a lawsuit. Licensing agreements also may specify that hospitals are responsible for training clinician users and conducting postdeployment monitoring—even though such functions require information and instruction from the developers. Further, savvy attorneys may insert broad restrictions on model use that disregard the reality of how models are used. For example, OpenAI's [terms of use for ChatGPT](#) state that users “must not use” model output in making medical decisions. This prohibition on all use of ChatGPT (not just overreliance on it) is striking given generative AI's permeation into clinical practice. Without regulatory restrictions, developers can contract away accountability for AI safety. Unless users have the sophistication and market power to resist unfavorable terms, they may have scant protection from the consequences of flawed AI tools.

Second, courts will be called on to allocate legal responsibility where private contracts have not. We expect litigation over AI-related harms to increase as greater patient exposure to AI tools causes more injuries. Although the threat of litigation can create incentives for safety, we are not optimistic that such signals will target the right parties in this case.

Physicians may well bear the brunt of liability for tools they use,⁴ even though hospitals and developers are better positioned to exert control over safety.

Third, states have become a hotbed of legislative activity around AI. In the 2024 session, nearly every state legislature considered bills relating to AI and 31 adopted legislation or resolutions.⁶ To date, enacted state legislation cuts across numerous sectors of the economy and runs the gamut from creating study commissions to requiring organizations to inventory their AI tools to imposing far-reaching substantive requirements. As an example of the latter, Colorado's Senate Bill 24-205 requires organizations that develop or deploy AI models that influence important decisions such as health care to make a range of disclosures, take steps to avoid algorithmic discrimination, and, for hospitals and other deployers, create a risk-management program, start conducting impact assessments of high-risk AI tools, and actively monitor their performance. A popular target of state regulation has been health insurers' [use of AI algorithms](#) in utilization review decisions, responding to reports of abusive practices. Such legislation is a clear example of regulatory gap filling because CMS has issued rules on this issue for Medicare Advantage plans but cannot reach state-regulated plans. Because the Trump administration likely will discontinue Biden-era efforts to apply federal antidiscrimination law to algorithms, algorithmic discrimination is another prime area for gap filling by states.

Many state bills mimic strategies that are familiar to state legislators—for instance, transparency requirements—but are unlikely to move the needle on making health and health care AI safer and fairer. Other bills, such as Colorado's, contain quite thoughtful ideas. However, state-by-state variation in the rules governing AI development and deployment makes for a challenging innovation space. Many hospital systems and health insurers are accustomed to having to adapt to heterogeneous state regulation (eg, of quality of care or coverage requirements), but doing so may be harder for AI because their technical and legal expertise on the topic is comparatively modest. Nevertheless, states have long had regulatory authority over health care facilities and many health plans, making them well positioned to institute safeguards relating to how these organizations use AI tools.

Conclusions

The long game for AI regulation must involve strengthening the authority of agencies within the US Department of Health and Human Services to adopt standards with which developers and adopters of AI tools must comply. As long as lawmakers' appetite for doing so remains limited, work should focus on strengthening private governance, especially in health care organizations. Initiatives to develop consensus standards,⁷ test governance

processes, and strengthen negotiations with developers can help ensure that AI risks are both minimized and fairly shared.

Article Information

Corresponding Author: Michelle M. Mello, JD, PhD, MPhil, Stanford Law School, 559 Nathan Abbott Way, Stanford, CA 94305 (mmello@law.stanford.edu).

Published Online: March 17, 2025. doi:10.1001/jama.2025.3308

Conflict of Interest Disclosures: Dr Mello reported receiving personal fees from AVIA and Augmedix and spousal employment with Cisco Systems outside the submitted work. Dr Cohen reported receiving grants from Novo Nordisk (NNF23SA0087056) during the conduct of the study and being chair of the ethics advisory board for Illumina, a member of the Bayer Bioethics Council, and an advisor for World Class Health; receiving compensation for speaking events organized by Philips with the Washington Post, the Doctors Company, and Danaher; and being retained as an expert in health privacy lawsuits.

References

1.

Warrach HJ, Tazbaz T, Califf RM. FDA perspective on the regulation of artificial intelligence in health care and biomedicine. *JAMA*. 2025;333(3):241-247.

doi:[10.1001/jama.2024.21451](https://doi.org/10.1001/jama.2024.21451)

[ArticlePubMedGoogle ScholarCrossref](#)

2.

Gottlieb S. Congress must update FDA regulations for medical AI. *JAMA.Health.Forum*. 2024;5(7):e242691. doi:[10.1001/jamahealthforum.2024.2691](https://doi.org/10.1001/jamahealthforum.2024.2691)

[ArticlePubMedGoogle ScholarCrossref](#)

3.

Fleisher LA, Economou-Zavlanos NJ. Artificial intelligence can be regulated using current patient safety procedures and infrastructure in hospitals. *JAMA.Health.Forum*.

2024;5(6):e241369. doi:[10.1001/jamahealthforum.2024.1369](https://doi.org/10.1001/jamahealthforum.2024.1369)

[ArticlePubMedGoogle ScholarCrossref](#)

4.

Mello MM, Guha N. Understanding liability risk from using health care artificial intelligence tools. *N.Engl.J.Med*. 2024;390(3):271-278.

doi:[10.1056/NEJMhle2308901](https://doi.org/10.1056/NEJMhle2308901)[PubMedGoogle ScholarCrossref](#)

5.

English E. AI terms of use: key issues. Practical.Law. November 1, 2024. Accessed February 28, 2025. <https://www.reuters.com/practical-law-the-journal/transactional/ai-terms-use-key-issues-2024-11-01/>

6.

National Conference of State Legislatures. Artificial intelligence 2024 legislation. September 9, 2024. Accessed February 28, 2025. <https://www.ncsl.org/technology-and-communication/artificial-intelligence-2024-legislation>

7.

Coalition for Health AI. Responsible AI guide and checklists. Accessed February 28, 2025. <https://chai.org/responsible-ai-guide/>



State of Utah Utah Medical Licensing Board

20 April 2026

Utah Department of Commerce
Office of Artificial Intelligence Policy

To Whom It May Concern,

On January 6, 2026, the State of Utah and Doctronic entered into an agreement to introduce an artificial intelligence (AI)-powered system to “automate routine, guideline-based prescription renewals” for Utah residents. This system will allow “30-, 60-, or 90-day renewals for medications that have already been prescribed by a licensed provider.” The Utah Medical Licensing Board (Medical Board) was made aware of this agreement only after its implementation, once the system was already live and available for use.

The Medical Board is tasked with protecting the public in the State of Utah. While we support the legislative mandate to explore AI implementation, we also have a stewardship to protect Utah citizens. Collectively, the board has decades of medical experience across a variety of specialties, positioning us to understand the potential consequences of implementing what may seem like an innocuous task of AI-driven prescription refills.

Overseeing prescription refills is a task reserved for properly licensed medical practitioners for critical safety and clinical reasons. Each refill requires reassessment and clinical decision-making to safely adjust doses, monitor for side effects, contraindications, or new drug interactions, and ensure the medication remains effective. Patients who continue refilling medications without assessment may remain on outdated or suboptimal therapy for months or years. There is a reason prescription refills require physician authorization.

Proceeding with this agreement without consulting the Medical Board potentially places Utah citizens at risk and remains a major concern of the board. It is imperative that professionals with medical backgrounds review all proposals prior to implementation to ensure these programs do not compromise patient safety. We must not allow AI or other financial motivations to override this obligation, yet that is precisely what occurred here.

It is the strong recommendation of the Utah Medical Licensing Board that this program be immediately suspended pending further discussion.

We look forward to working with the Office of Artificial Intelligence Policy to explore ways to safely implement AI in the practice of medicine.

Sincerely,

Utah Medical Licensing Board

www.dopl.utah.gov • Heber M. Wells Building • 160 East 300 South • P.O. Box 146741, Salt Lake City, UT 84114-6741 telephone (801) 530-6628 • toll-free in Utah (866) 275-3675 • fax (801) 530-6511 • investigations fax (801) 530-6301

Alan Smith, MD, RPh, Chair
Craig Davis, MD, Vice Chair
Marie Cherrington PA-C, DMSc, RDH
Nicole Clark, MD
Shaun Curran, PA-C, MPAS
William Hamilton, MD, MBA
Greg Hobson, DO
Jonathan Olsen, DO
Jim Sutton, PA-C
Stephen Voss, MD
Susan Wiet, MD

www.dopl.utah.gov • Heber M. Wells Building • 160 East 300 South • P.O. Box 146741, Salt Lake City, UT 84114-6741 telephone (801) 530-6628 • toll-free in Utah (866) 275-3675 • fax (801) 530-6511 • investigations fax (801) 530-6301