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Tony Evers, Governor
Dan Hereth, Secretary

VIRTUAL/TELECONFERENCE
MEDICAL EXAMINING BOARD
Virtual, 4822 Madison Yards Way, Madison
Contact: Tom Ryan (608) 266-2112
August 19, 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 July 15, 2026 (6-12)

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. Blumenfeld, Rebekah S. – 7/1/2030
   b. Bond, Jr., Milton – 7/1/2027
   c. Chou, Clarence P. – 7/1/2027
   d. Clarke, Callisia N. – 7/1/2028
   e. Ferguson, Kris – 7/1/2029
   f. Gerlach, Diane M. – 7/1/2028
   g. Leuthner, Steven R. – 7/1/2027
   h. Majeed-Haqqi, Lubna – 7/1/2027
   i. Ruud, Emily – 7/1/2028
   j. Schmeling, Gregory J. – 7/1/2029
   k. Siebert, Derrick R. – 7/1/2029
   l. Yu, Emily S. – 7/1/2028
   m. Gribble, Robert – Chairperson of the Injured Patients and Families Compensation Fund Peer Review Council – Non-Voting Member

3. Wis. Stat. § 15.085 (3)(b) – Affiliated Credentialing Boards' Biannual Meeting with the Medical Examining Board to Consider Matters of Joint Interest

   a. Physician Assistant Affiliated Credentialing Board – Jennifer Jarrett, Chairperson

F. Administrative Rule Matters – Discussion and Consideration (13-31)

1. Rule drafting for Med 14 – Renewal **(14-25)**
2. Proposed scope statement on Med 13 and 14 – Continuing Education **(26-27)**
3. Preliminary rule draft for MTBT 3 **(28-31)**
4. Pending or Possible Rulemaking Projects

G. Legislative and Policy Matters – Discussion and Consideration

H. Interdisciplinary Advisory Committee Liaison Report – Discussion and Consideration

I. Credentialing Matters – Discussion and Consideration

J. Prescription Drug Monitoring Program (PDMP) Updates (32-34)

1. Recent and Upcoming Enhancements
2. PDMP Participation Update: M.D. & D.O.

K. 2027 Board Goals to Address Opioid Abuse – Review for Adoption (35)

L. Federation of State Medical Board (FSMB) Matters – Discussion and Consideration (36-44)

1. FSMB Annual Survey – Board Review

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

N. Newsletter Matters – Discussion and Consideration

O. Controlled Substances Board Report – Discussion and Consideration

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

Q. Screening Panel Report

R. Future Agenda Items

S. Discussion and Consideration of Items Added After Preparation of Agenda:

1. Introductions, Announcements and Recognition
2. Elections, Appointments, Reappointments, Confirmations, and Committee, Panel and Liaison Appointments
3. Administrative Matters
4. Election of Officers
5. Appointment of Liaisons and Alternates
6. Delegation of Authorities
7. Education and Examination Matters
8. Credentialing Matters
9. Practice Matters
10. Public Health Emergencies
11. Legislative and Policy Matters
12. Administrative Rule Matters
13. Liaison Reports
14. Board Liaison Training and Appointment of Mentors
15. Informational Items
16. Division of Legal Services and Compliance (DLSC) Matters

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

T. Public Comments

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

U. Credentialing Matters

1. Full Board Review

a. N.P. – Renewal Application (IA-742673) **(45-78)**
b. A.Z. –Waiver of 24 Months of ACGME/AOA Accredited Post-Graduate Training (IA-940925) **(79-127)**
c. G.C. –Waiver of 24 Months of ACGME/AOA Accredited Post-Graduate Training (IA-970580) **(128-212)**
d. G.Y. –Waiver of 24 Months of ACGME/AOA Accredited Post-Graduate Training (IA-753426) **(213-246)**
e. L.N.T. –Waiver of 24 Months of ACGME/AOA Accredited Post-Graduate Training (IA-905777) **(247-277)**
f. M.H. –Waiver of 24 Months of ACGME/AOA Accredited Post-Graduate Training (IA-448166) **(278-342)**

2. Full Board Oral Exam

a. B.M. –IA-860307 **(343-372)**
b. J.C. – IA-961649 **(373-393)**
c. N.R. – IA-724158 **(394-537)**

V. Deliberation on DLSC Matters

1. Proposed Stipulations, Final Decisions and Orders

a. 23 MED 318 – Eugene E. Saltzberg **(538-543)**
b. 24 MED 0231 – Constance R. Tambakis-Odom **(544-549)**
c. 25 MED 0142 – Spencer L. Franchi **(550-558)**
d. 25 MED 0333 – Calvin M. Eriksen **(559-564)**

2. Petition for Authorization to Request Extension of Time

a. 23 MED 364 – B.F. **(565-572)**
b. 25 MED 0342 –B.P., S.K., K.W., S.G., A.Z., U.R. **(573-581)**

3. Administrative Warnings

a. 24 MED 0165 – D.J.M. **(582-588)**

4. Complaints

a. 23 MED 613 – E.G.R. **(589-591)**
b. 25 MED 0028 – N.J.P. **(592-596)**
c. 25 MED 0377 – C.Z. **(597-599)**

5. Case Closings

a. 23 MED 351 – Y.C. **(600-605)**
b. 23 MED 364 – B.F. **(606-612)**
c. 24 MED 0447 – J.C.N. **(613-621)**
d. 24 MED 0506 – A.G. **(622-627)**
e. 25 MED 0033 – H.A.J. **(628-650)**
f. 25 MED 0052 – R.T.W. **(651-658)**
g. 25 MED 0183 – L.L.H. **(659-670)**
h. 25 MED 0228 – J.C.N. **(671-678)**
i. 25 MED 0304 – P.R. **(679-683)**
j. 25 MED 0314 – B.S.S. **(684-692)**
k. 25 MED 0342 – B.L.P., K.S.W., S.L.K. **(693-710)**
l. 25 MED 0539 – J.C.H. **(711-728)**

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. Conferring with Legal Counsel (729)

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

10:30 A.M. OR IMMEDIATELY FOLLOWING THE FULL BOARD MEETING

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

NEXT MEETING: SEPTEMBER 16, 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
JULY 15, 2026

PRESENT: Rebekah Blumenfeld; Milton Bond, Jr. *(arrived at 8:18 a.m.)*; Clarence Chou, M.D.; Callisia Clarke, M.D. *(arrived at 8:05 a.m.)*; Kris Ferguson M.D.; Diane Gerlach, D.O.; Robert Gribble, M.D.; Steven Leuthner, M.D.; Lubna Majeed-Haqqi, M.D.; Gregory Schmeling, M.D.; Derrick Siebert, M.D.; Emily Yu, M.D.

ABSENT: Emily Ruud

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 ten (10) members present.

ADOPTION OF AGENDA

Amendment to the Agenda

- *Remove T.2.b. "23 MED 615 – Traci R. Fritz"*

MOTION: Steven Leuthner moved, seconded by Clarence Chou, to adopt the Agenda as amended. Motion carried unanimously.

APPROVAL OF MINUTES OF JUNE 17, 2026

MOTION: Emily Yu moved, seconded by Lubna Majeed-Haqqi, to approve the Minutes of June 17, 2026, as published. Motion carried unanimously.

INTRODUCTIONS, ANNOUNCEMENTS AND RECOGNITION

Recognition – Carmen Lerma, Public Member (Resigned: 6/11/2026)

MOTION: Kris Ferguson moved, seconded by Steven Leuthner, to recognize and thank Carmen Lerma for their years of dedicated service to the Board and State of Wisconsin. Motion carried unanimously.

ADMINISTRATIVE MATTERS

Election of Officers

Callisia N. Clarke arrived at 8:05 a.m.

Vice Chairperson

NOMINATION: Kris Ferguson nominated Emily Yu for the Office of Vice Chairperson. Emily Yu accepted the nomination.

Gregory Schmeling, Chairperson, called for nominations three (3) times.

Emily Yu was elected as Vice Chairperson by unanimous voice vote.

Secretary

NOMINATION: Emily Yu nominated Kris Ferguson for the Office of Secretary. Kris Ferguson accepted the nomination.

Gregory Schmeling, Chairperson, called for nominations three (3) times.

Kris Ferguson was elected as Secretary by unanimous voice vote.

2026 OFFICERS	
Chairperson	Gregory Schmeling
Vice Chairperson	Emily Yu
Secretary	Kris Ferguson

Appointment of Liaisons and Alternates

LIAISON APPOINTMENTS	
Credentialing Liaison(s)	Callisia Clarke, Lubna Majeed-Haqqi, Emily Yu, Diane Gerlach, Kris Ferguson, Gregory Schmeling, Derrick Siebert, Steven Leuthner *Alternate:* Clarence Chou
Education and Examinations Liaison(s)	Continuing Education: Diane Gerlach *Alternate:* Clarence Chou Examinations: Gregory Schmeling *Alternate:* Clarence Chou
Monitoring Liaison(s)	Kris Ferguson *Alternate:* Clarence Chou
Professional Assistance Procedure (PAP) Liaison(s)	Kris Ferguson *Alternate:* Clarence Chou
Legislative Liaison(s)	Gregory Schmeling *Alternate:* Clarence Chou
Travel Authorization Liaison(s)	Diane Gerlach *Alternate:* Lubna Majeed-Haqqi
Newsletter Liaison(s)	Derrick Siebert *Alternate:* Gregory Schmeling
Website Liaison(s)	Rebekah Blumenfeld *Alternate:* Milton Bond Jr.

Opioid Abuse Report Liaison(s) per 440.035(2m)(c)	Kris Ferguson *Alternate:* Derrick Siebert
Prescription Drug Monitoring Program Liaison(s)	Kris Ferguson *Alternate:* Lubna Majeed-Haqqi
Appointed to Controlled Substances Board as per Wis. Stats. §15.405(5g) (MED)	Lubna Majeed-Haqqi *Alternate:* Steven Leuthner
OTHER APPOINTMENTS	
Council on Anesthesiologist Assistants	Kris Ferguson
Interdisciplinary Advisory Committee	Gregory Schmeling *Alternate:* Emily Yu
Interstate Medical Licensure Compact Commission (IMLCC) Representatives	Clarence Chou, Tom Ryan *Alternate:* Gregory Schmeling

ADMINISTRATIVE RULE MATTERS

Milton Bond Jr. arrived at 8:18 a.m.

Possible Rule Project on Continuing Education

MOTION: Emily Yu moved, seconded by Steven Leuthner, to request that DSPS staff draft a scope statement on Med 1, 2, 13, and 14 relating to continuing education. Motion carried unanimously.

INTERDISCIPLINARY ADVISORY COMMITTEE (IAC) LIAISON REPORT

Ketamine Guidance Document Review

MOTION: Emily Yu moved, seconded by Clarence Chou, to refer comments on the Ketamine Guidance Document to the IAC. Motion carried unanimously.

CONTROLLED SUBSTANCES BOARD REPORT

Kratom Discussion

MOTION: Diane Gerlach moved, seconded by Lubna Majeed-Haqqi, to recommend the Wisconsin Controlled Substances Board continue to monitor Kratom status as appropriate and take action as needed. Motion carried unanimously.

CLOSED SESSION

MOTION: Callisia Clarke 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: Rebekah Blumenfeld-yes; Milton Bond, Jr.-yes; Clarence Chou-yes; Callisia Clarke-yes; Kris Ferguson-yes; Diane Gerlach-yes; Steven Leuthner-yes; Lubna Majeed-Haqqi-yes; Gregory Schmeling-yes; Derrick Siebert-yes; and Emily Yu-yes. Motion carried unanimously.

The Board convened into Closed Session at 8:48 a.m.

CREDENTIALING MATTERS

Full Board Oral Examination

Appearance: A.L. – Physician Application (IA-868757)

MOTION: Steven Luethner moved, seconded by Kris Ferguson, to find that A.L. failed to achieve a passing score on the Full Board Oral Examination pursuant to Wis. Admin Code § Med 1.06(4)(b) and approves A.L. the Physician Application (IA-868757) with limitations. Reason for Denial: Wis. Stat. §§ 448.06(2) (1m) and Wis. Admin. Code § Med 1.06(4)(b). Motion carried unanimously.

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

Proposed Stipulations, Final Decisions and Orders

MOTION: Diane Gerlach moved, seconded by Emily Yu, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings of the following cases:

1. 24 MED 0275 – Nicholas D. McCord
2. 25 MED 0297 – Timothy G. Novick
3. 25 MED 0474 – Dustin M. Brown

Motion carried unanimously.

23 MED 378 – Neil J. Brahmbhatt

MOTION: Diane Gerlach moved, seconded by Milton Bond Jr., to adopt the Findings of Fact, Conclusions of Law and Order in the matter of proceedings against Neil J. Brahmbhatt, DLSC Case Number 23 MED 378. Motion carried unanimously.

(Clarence Chou recused and left the room for deliberation and voting in the matter concerning Neil J. Brahmbhatt, DLSC Case Number 23 MED 378.)

Complaints

23 MED 615 – T.R.F.

MOTION: Milton Bond moved, seconded by Emily Yu, to find probable cause in DLSC Case Number 23 MED 615, to believe that T.R.F. 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.

24 MED 0337 – H.M.L.

MOTION: Milton Bond Jr. moved, seconded by Steven Leuthner, to find probable cause in DLSC Case Number 24 MED 0337, to believe that H.M.L. 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.

(Clarence Chou recused and left the room for deliberation and voting in the matter concerning H.M.L., DLSC Case Number 24 MED 0337)

25 MED 0279 – C.M.T.

MOTION: Milton Bond Jr. moved, seconded by Clarence Chou, to find probable cause in DLSC Case Number 25 MED 0279, to believe that C.M.T. 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 recused and left the room for deliberation and voting in the matter concerning C.M.T., DLSC Case Number 25 MED 0279.)

Case Closings

MOTION: Milton Bond Jr. moved, seconded by Diane Gerlach, to close the following DLSC Cases for the reasons outlined below:
1. 24 MED 0207 – R.A.D. – No Violation
2. 25 MED 0142 – K.O.D. – No Violation
3. 25 MED 0163 – M.J.N. – Insufficient Evidence
4. 25 MED 0356 – A.J.S. – No Violation
5. 25 MED 0505 – E.A.F. – No Violation
6. 26 MED 0066 – W.Y. – Insufficient Evidence

Motion carried unanimously.

MONITORING MATTERS

Brandon Welsh – Reinstatement of Licensure

MOTION: Lubna Majeed-Haqqi moved, seconded by Diane Gerlach, to deny the request of Brandon Welsh for reinstatement of full unencumbered licensure, but to grant a limited license. **Reason for Denial:** Order 20765 Paragraph 3. Motion carried unanimously.

CREDENTIALING MATTERS

Full Board Review

J.C. – Visiting Physician (IA-961649)

MOTION: Callisia Clarke moved, seconded by Emily Yu, to request Applicant (IA-961649) appear for an oral exam. Motion carried unanimously.

N.R. – Initial Application (IA-724158)

MOTION: Diane Gerlach moved, seconded by Emily Yu, to request Applicant (IA-724158) appear for an oral exam. Motion carried unanimously.

RECONVENE TO OPEN SESSION

MOTION: Callisia Clarke moved, seconded by Steven Leuthner, to reconvene to Open Session. Motion carried unanimously.

The Board reconvened to Open Session at 10:29 a.m.

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

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

ADJOURNMENT

MOTION: Milton Bond Jr. moved, seconded by Clarence Chou, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 10:31 a.m.

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and title of person submitting the request:	2) Date when request submitted:
Jake Pelegrin **Administrative Rules Coordinator**	**8/6/26** **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) Attachments:	6) How should the item be titled on the agenda page?
8/19/26	☒ Yes ☐ No	**Administrative Rule Matters – Discussion and Consideration** 1. Rule drafting for Med 14 - Renewal 2. Proposed scope statement on Med 13 and 14 - Continuing Education 3. Pending or possible rulemaking projects

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

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

Attachments:
-Rule drafting materials for Med 14
-Proposed scope statement on Med 13 and 14

11) Authorization

Jake Pelegrin 8/6/26

Signature of person making this request **Date**

Supervisor (if required) **Date**

Executive Director signature (indicates approval to add post agenda deadline item to agenda) **Date**

Directions for including supporting documents:
1. This form should be attached to any documents submitted to the agenda.
2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director.
3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.

Med 14 – Renewal

The below 2 statutes outline the board's authority for drafting this rule:

440.08(3)(b) "The department or the interested examining board or affiliated credentialing board, as appropriate, may promulgate rules requiring the holder of a credential who fails to renew the credential within 5 years after its renewal date to complete requirements in order to restore the credential, in addition to the applicable requirements for renewal established under chs. 440 to 480, that the department, examining board or affiliated credentialing board determines are necessary to protect the public health, safety or welfare. The rules may not require the holder to complete educational requirements or pass examinations that are more extensive than the educational or examination requirements that must be completed in order to obtain an initial credential from the department, the examining board or the affiliated credentialing board."

448.40(1) **"**The 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."

Summary of neighboring states' policies on late renewal/reinstatement of a medical license:

Illinois: Illinois code allows for a physician license to be reinstated from expired, not renewed, or inactive status. Their rules are simple and straightforward. If the license has been expired for 3 years or less, they must meet requirements that are basically just continuing education and pay the fees. If the license has been expired for more than 3 years, they must meet those requirements (including 150 hours of continuing education) and submit at least one additional piece of information to verify professional competency. This may consist of practice in another jurisdiction, military service, an approved postgrad program, the SPEX exam, or other items. (The full list of these options is below in the supplementary materials.)

Illinois statutes allow a licensee to put their license in "inactive status", which means they may not practice, but they get certain benefits if they want to renew. In inactive status, if they renew within 3 years of being expired, they only need to pay the fee and complete the continuing education required for 1 renewal cycle. If they simply expire, and have not put themselves in inactive status, they must pay all lapsed renewal fees and complete 150 hours of CE.

Iowa: Iowa code for reinstatement of physician licenses is much more strict than Illinois. Their cutoff point is one year, where if the license has been expired less than one year, all they need to do is submit their renewal application, continuing education, and other training routinely required for Iowa physicians. If it has been expired more than one year, they must submit an

application with the same requirements and with a huge amount of other information and documentation. This includes their employment history, a statement of their physical and mental health, fingerprints, and other items. If they have not been practicing or done an approved training program in the last 3 years, they must pass an evaluation, an exam (SPEX or other), or complete a retraining program approved by the board. (The full list of these options is below.) Additionally, Iowa has a provision to allow further flexibility for reinstatement if a licensee has unusual circumstances but is still able to prove competency. (An individual who is able to submit a letter from the board with different reinstatement or reactivation criteria is eligible for reinstatement based on those criteria.)

Iowa code has a separate section to address reinstatement of a licensee that has had discipline. Those requirements are simple and straightforward. They must follow the same requirements for reinstatement as described above, and also must show they have had a change in circumstances from their discipline and that it is in the public's best interest to allow them to be reinstated. This is allowed unless the license has been permanently suspended or revoked.

Michigan: Michigan provisions for reinstatement of a physician license are largely similar to those of Illinois. If the licensee has been expired for less than 3 years, they must pay the fee, complete 150 hours of continuing education, establish good moral character, and establish that they do not have discipline pending against their license in Michigan or in another state. If they have been expired between 3 and 5 years, they must do the above and also: submit proof of practice in another jurisdiction, or: pass the SPEX exam, a reentry training program, or a postgraduate medical program.

If they have been expired more than 5 years, it is basically the same as the requirements for being expired within 3 to 5 years except that their options are: submit proof of practice in another jurisdiction, or: pass the SPEX exam and a reentry training program or a postgraduate medical program.

I would say that the Michigan requirements are very typical of the national trend that Nilajah and I found from researching other states on this topic. In general, I would say the typical national trend is:

-If they are expired less than 3 years, the requirements for renewal are basically just pay the fee and do continuing education.

-If they are expired 3 to 5 years, the same requirements, plus 1 or 2 other accomplishments to prove competency. (Practice in another state, the SPEX exam, a postgraduate training program, etc.) Subject to board verification and interview.

-Expired more than 5 years, pay the fees, a higher amount of continuing education, and usually at least 2 other pieces of information to prove competency. Subject to board verification and interview.

Minnesota: We can basically skip over Minnesota, because they are a huge outlier on this topic nationally. Minnesota statutes have a provision that says for a physician who doesn't renew their license within 2 years, their license is automatically cancelled and they must reapply for initial licensure. This is set by Minnesota statutes, not the Minnesota board.

Chapter Med 14

~~BIENNIAL~~ REGISTRATION~~RENEWAL~~

Med 14.01 Authority and purpose. The rules in this chapter are adopted by the medical examining board pursuant to the authority delegated by ss. 15.08 (5), 227.11, and 448.40, Stats., and govern ~~biennial registration~~renewal 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 ~~Registration~~Renewal required; method of ~~registration~~renewal. Each licensee shall ~~register~~renew 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 may be found ~~are located~~ on the department's website at https://dsps.wi.gov.

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

In the below section, Med 14.05 on Reinstatement, this is where the board can discuss and consider exactly what policies you want for reinstatement. This section specifically is talking about renewal of a license that is surrendered or revoked, or has unmet discipline and been expired for more than 5 years. Nilajah provided some proposed language and I made some minor edits and additions.

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

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who has unmet disciplinary requirements ~~and~~ 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.

In the below section, Med 14.06 on Failure to Renew, this is where the board can discuss and consider exactly what policies you want for late renewal. We provided some proposed language, and let us know with any feedback on requirements you would like to see. The below proposal still has the same cutoff point of being expired for 5 years. We can also consider doing different requirements for a license expired less than 3 years if desired.

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 ~~5~~3 5 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 all of the following requirements:

1. Submits evidence that the 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, an approved postgraduate training program, ~~or~~ passage of the SPEX examination or equivalent examination, an approved physician retraining program, or other evidence.

3. Provides any additional information the board deems relevant to make a 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~~under ~~s. 14.06 (2)~~ par. (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

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paragraph shall be required to pass the open book examination on statutes and rules, which is the same examination given to initial applicants.

Supplementary Materials – Details and exact citations for neighboring states' policies

Illinois: To reinstate a license that has been expired for 3 years or less the licensee must:

- Pay all lapsed renewal fees
- Reenter their information for their "physician profile" (The physician profile is a public profile published by the State of Illinois with relevant info about the physician such as their practice information, insurance, specialty certifications, education, legal actions/discipline, professional activities, and honors/awards.) State of Illinois | DFPR Profile Search
- Complete 150 hours of continuing medical education

To reinstate a license that has been on "inactive status" for 3 years or less the licensee must:

- Pay only the current renewal fees
- Complete their "physician profile" described above
- Complete the continuing education requirements for the last renewal period.

Statutory description of "inactive status" in Illinois: (C) Inactive licenses. Any licensee who notifies the Department, in writing on forms prescribed by the Department, may elect to place his or her license on an inactive status and shall, subject to rules of the Department, be excused from payment of renewal fees until he or she notifies the Department in writing of his or her desire to resume active status. (225 ILCS 60/21) Section 21, part C.

- *The licensee may not practice in Illinois while in inactive status.*

To reinstate a license that has been expired or on inactive status for more than 3 years the licensee must:

- Pay the specified fees
- Complete their "physician profile"
- Complete 150 hours of continuing medical education
- Submit one or more of the following to be considered as a factor in determining professional competency:
    - Sworn evidence of active practice in another jurisdiction. That evidence shall include a verification of employment and a statement from the appropriate board or licensing authority in the other jurisdiction within 3 years from the date of the application that the licensee was authorized to practice during the term of active practice.
    - An affidavit attesting to military service as provided in Section 21 of the Act.
    - Proof of successful completion of an approved postgraduate clinical training program of at least 12 months in length within 3 years from the date of application.
    - Proof of completion evidenced by verification of medical education of a course of study of at least 30 credit hours in a college approved by the Division under the Act within 3 years from the date of application.
    - Successful completion of the Step 3 of the United States Medical Licensing Examination (USMLE), the Special Purpose Examination (SPEX) or the Comprehensive Osteopathic Medical Variable Purpose Examination for the United States of America (COMVEX-USA) within 3 years prior to the date of

application. To be successful an applicant must receive a passing score as determined by the Federation of State Medical Boards and the National Board of Medical Examiners or the National Board of Osteopathic Medical Examiners. Any applicant for reinstatement who fails Step 3 of the USMLE, the SPEX or the COMBEX-USA 3 times shall be required to furnish proof of 12 months of remedial education in an approved postgraduate clinical training program prior to taking the exam an additional time. If an applicant for reinstatement is unable to complete Step 3 of the USMLE due to unavailability of the examination, the applicant shall take the Special Purpose Examination and must receive a score of 75 or better.

- For individuals with a chiropractic license, proof of completion of 30 credit hours (academic hours) in an accredited chiropractic program within 3 years from the date of application or the Special Examination for Chiropractic (SPEC) or its equivalent as approved by the Board.

When the accuracy of any submitted documentation, or the relevance or sufficiency of the course work or experience is reasonably questioned by the Division because of discrepancies or conflicts in information, information needing further clarification, and/or missing information, the licensee seeking reinstatement of a license will be requested to:

- Provide information as may be necessary; and/or
- Explain the relevance or sufficiency during an oral interview; or
- Appear for an oral interview before the Medical Licensing Board designed to determine the individual's current competency to practice under the Act. Upon the recommendation of the Medical Licensing Board, an applicant shall have his or her license reinstated.

Iowa: [653 Iowa Administrative Code section 9.1]
"Inactive license" means any license that is not in current, active status. A physician whose license is inactive continues to hold the privilege of licensure in Iowa but may not practice under an inactive Iowa license until the inactive license is reinstated to active status.
"Reinstatement" means the process for returning an inactive license to current, active status.
"Relinquishment" means that a person's permanent license to practice medicine and surgery, osteopathic medicine and surgery, or administrative medicine is deemed abandoned if the person fails to renew or reinstate the license within five years after its expiration. A license that has been relinquished is no longer valid or renewable. Relinquishment is not disciplinary in nature.

9.13(6) Failure to renew. Failure of the licensee to renew a license within two months following its expiration date shall cause the license to become inactive and invalid. A licensee whose license is invalid or inactive is prohibited from practice until the license is reinstated in accordance with rule 653—9.15.

c. A physician whose license is inactive continues to hold the privilege of licensure in Iowa but may not practice medicine under an Iowa license until the license is reinstated to current, active

status. […]
9.14(2) Mechanisms for becoming inactive. A licensee seeking to become inactive may do so by submitting a written request to the board office or by failing to renew a license by the first day of the third month after the expiration date.
9.14(3) Fee. There is no fee to become inactive.

9.15(1) Reinstatement within one year of the license's becoming inactive. An individual whose license is in inactive status for up to one year and who wishes to reinstate the license shall submit:

- a completed renewal application;
- the reinstatement fee;
- documentation of continuing education; and,
- if applicable, documentation on training on chronic pain management, end-of-life care, and identifying and reporting abuse.

9.15(2) Reinstatement of an unrestricted Iowa license that has been inactive for one year or longer. An individual whose license is in inactive status and who has not submitted a reinstatement application that was received by the board within one year of the license's becoming inactive shall follow the application cycle specified in this rule and shall satisfy the following requirements for reinstatement:

a. Submit an application for reinstatement to the board upon forms provided by the board. The application shall require the following information:

(1) Full legal name, date and place of birth, license number, home address, mailing address, principal business address, and personal e-mail address regularly used by the applicant or licensee for correspondence with the board;
(2) A photograph of the applicant suitable for positive identification;
(3) A chronology accounting for all time periods from the date of initial licensure;
(4) Every jurisdiction in which the applicant is or has been authorized to practice including license numbers and dates of issuance;
(5) Documentation of successful completion of resident training approved by the board as specified in paragraph 9.3 (1) "c" which was completed since the time of initial licensure. An official FCVS Physician Information Profile that supplies this information for the applicant is a suitable alternative;
(6) Verification of the applicant's hospital and clinical staff privileges, and other professional experience for the past five years if requested by the board;
(7) A statement disclosing and explaining any warnings issued, investigations conducted or disciplinary actions taken, whether by voluntary agreement or formal action, by a medical or professional regulatory authority, an educational institution, training or research program, or health facility in any jurisdiction;
(8) A statement of the applicant's physical and mental health, including full disclosure and a written explanation of any dysfunction or impairment which may affect the ability of the applicant to engage in practice and provide patients with safe and healthful care. Copies of evaluations, verification of medical condition from treating physicians, or other documentation may be requested if needed during the review process;
(9) A statement disclosing and explaining the applicant's involvement in civil

litigation related to practice in any jurisdiction. Copies of the legal documents may be requested if needed during the review process;
(10) A statement disclosing and explaining any charge of a misdemeanor or felony involving the applicant filed in any jurisdiction, whether or not any appeal or other proceeding is pending to have the conviction or plea set aside. Copies of the legal documents may be requested if needed during the review process; and
(11) A completed fingerprint packet to facilitate a national criminal history background check. The fee for the evaluation of the fingerprint packet and the DCI and FBI criminal history background checks will be assessed to the applicant.
b. Pay the reinstatement fee plus the fee for the evaluation of the fingerprint packet and the DCI and FBI criminal history background checks specified in 653—paragraph 8.4(1)"f."
c. Provide documentation of completion of 40 hours of category 1 credit within the previous two years and documentation of training on chronic pain management, end-of-life care, and identifying and reporting abuse as specified in 653—Chapter 11.
d. If the physician has not engaged in active clinical practice or board-approved training in the past three years in any jurisdiction of the United States or Canada, require an applicant to:
(1) Successfully pass a competency evaluation approved by the board;
(2) Successfully pass SPEX, COMVEX-USA, or another examination approved by the board;
(3) Successfully complete a retraining program arranged by the physician and approved in advance by the board; or
(4) Successfully complete a reentry to practice program or monitoring program approved by the board.
e. An individual who is able to submit a letter from the board with different reinstatement or reactivation criteria is eligible for reinstatement based on those criteria.

[653 Iowa Administrative Code 9.1 and 9.13 to 9.16]

Michigan: R 338.2437 Relicensure. Rule 137. (1) An applicant whose doctor of medicine license has lapsed for less than 3 years preceding the date of application for relicensure may be relicensed under section 16201(3) of the code, MCL 333.16201, if the applicant satisfies the requirements of the code, the rules promulgated under the code, and all the following requirements:
(a) Provides the required fee and a completed application on a form provided by the department.
(b) Provides proof, as directed by the department, verifying the completion of not less than 150 hours of continuing education that satisfies the requirements of R 338.2443 during the 3 years immediately preceding the date of the application for relicensure.
(c) Establishes good moral character, as that term is defined in, and determined under, 1974 PA 381, MCL 338.41 to 338.47.

(d) An applicant who holds or has ever held a license to practice medicine shall establish all the following requirements: (i) Disciplinary proceedings are not pending against the applicant. (ii) If sanctions have been imposed against the applicant, the sanctions are not in force when the application is submitted. (iii) A previously held license was not surrendered or allowed to lapse to avoid discipline.

(2) An applicant whose doctor of medicine license has been lapsed for 3 years but less than 5 years may be relicensed under section 16201(4) of the code, MCL 333.16201, if the applicant provides fingerprints as set forth in section 16174(3) of the code, MCL 333.16174, and satisfies the requirements of subrule (1) of this rule and either of the following requirements:
(a) Provides proof, as directed by the department, verifying that the applicant is currently licensed and in good standing as a doctor of medicine in another state or a province of Canada.

(b) Provides proof, as directed by the department, verifying completion of 1 of the following during the 3 years immediately preceding the date of the application for relicensure: (i) Successfully passed the Special Purpose Examination (SPEX) offered by the FSMB. The passing score is the passing score established by the FSMB. (ii) Successfully completed a postgraduate training program that satisfies the requirements under R 338.2421(3), (4), or (5). (iii) Successfully completed a physician re-entry program that is an organizational member of the Coalition for Physician Enhancement (CPE) or a physician re-entry program affiliated with a medical school that satisfies the requirements under R 338.2421(1) or (2). Proof of successful completion includes a certificate or letter of completion from the physician re-entry program that says that the applicant is competent and safe to practice, with no limitations or restrictions.

(3) An applicant whose doctor of medicine license has lapsed for 5 years or more may be relicensed under section 16201(4) of the code, MCL 333.16201, if the applicant provides fingerprints as set forth in section 16174(3) of the code, MCL 333.16174, and satisfies the requirements of subrule (1) of this rule and either of the following requirements:

(a) Provides proof, as directed by the department, verifying that the applicant is currently licensed and in good standing as a doctor of medicine in another state or a province of Canada.
(b) Provides proof, as directed by the department, verifying completion of both of the following during the 3 years immediately preceding the date of the application for relicensure: (i) Successfully passed the SPEX offered by the FSMB. The passing score is the passing score established by the FSMB. (ii) Successfully completed 1 of the following training options:
(A) A postgraduate training program that satisfies the requirements under R 338.2421(3), (4), or (5). Page 9
(B) A physician re-entry program that is an organizational member of the CPE or a physician re-entry program affiliated with a medical school that satisfies the requirements under R 338.2421(1) or (2). Proof of successful completion includes a certificate or letter of completion from the physician re-entry program that says that the applicant is competent and safe to practice, with no limitations or restrictions.

(4) If required to complete the requirements of subrule (2)(b)(ii) or (iii) or (3)(b)(ii)(A) or (B) of this rule, the applicant may obtain an educational limited license for the sole purpose of completing that training.

(5) An applicant with an educational limited license may be relicensed under section 16201(3) or (4) of the code, MCL 333.16201, if the applicant satisfies subrule (1) of this rule and the requirements under R 338.2429.

(6) An applicant who is or has been licensed, registered, or certified in a health profession or specialty by another state, the United States military, the federal government, or another country shall disclose that fact on the application form. The applicant shall satisfy the requirements of section 16174(2) of the code, MCL 333.16174, including verification from the issuing entity showing that disciplinary proceedings are not pending against the applicant and sanctions are not in force when the application is submitted. If licensure is granted and it is determined that sanctions have been imposed, the disciplinary subcommittee may impose appropriate sanctions under section 16174(5) of the code, MCL 333.16174.

Minnesota: In Minnesota, the renewal period for a physician license is 1 year [Minnesota Administrative Rules part 5600.0605]. The topic of reinstatement of a physician license is governed by Minnesota statutes. Basically, for a physician who doesn't renew their license for 2 years (2 renewal cycles), their license is automatically cancelled and they must reapply under the rules for initial licensure [Minnesota Statutes part 147.039].

5600.0605 LICENSE RENEWAL PROCEDURES.

147.039 Cancellation of License for Nonrenewal.
The Board of Medical Practice shall not renew, reissue, reinstate, or restore a license that has lapsed and is not subject to a pending review, investigation, or disciplinary action, and has not been renewed within two annual license renewal cycles. A licensee whose license is canceled for nonrenewal must obtain a new license by applying for licensure and fulfilling all requirements then in existence for an initial license to practice medicine in Minnesota

STATEMENT OF SCOPE

MEDICAL EXAMINING BOARD

Rule No.: Med 13 and 14

Relating to: Continuing Education

Rule Type: Permanent

1. Finding/nature of emergency (Emergency Rule only): N/A

2. Detailed description of the objective of the proposed rule:
The objective of the proposed rule is to review physicians' continuing education requirements and determine if they need updates or clarification to align with current practices in the profession. Specifically, the board would like to discuss the topic of physicians who already do continuing medical education to meet requirements other than their state licensure requirements. The board will review the continuing education requirements on this topic, other topics, and may consider any rule changes deemed necessary.

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:
Wisconsin Administrative Code chapters Med 13 and 14 contain requirements for physicians on continuing education and licensure renewal. 30 continuing education hours are required each biennium. Courses must be approved by accrediting bodies such as the American Medical Association, the American Osteopathic Association, or others that are specified. Certain postgraduate programs or volunteer work are also allowed to count as continuing education. The board would like to discuss and consider continuing education requirements for physicians who already do continuing medical education to meet requirements other than their state licensure requirements. The board will review the continuing education requirements on these topics, consider making rule changes on these topics, and may also consider other rule changes deemed necessary.

The alternative to starting this rule project is that current continuing education requirements will continue to apply.

4. Detailed explanation of statutory authority for the rule (including the statutory citation and language):
Section 15.08 (5) (b), Stats., provides that an examining board "[s]hall 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 227.11 (2) (a), Stats., provides that "[e]ach agency may promulgate rules interpreting the provisions of any statute enforced or administered by the agency, if the agency considers it necessary to effectuate the purpose of the statute, but a rule is not valid if the rule exceeds the bounds of correct interpretation."

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

5. Estimate of amount of time that state employees will spend developing the rule and of other resources necessary to develop the rule:
Approximately 80 hours

6. List with description of all entities that may be affected by the proposed rule:
Wisconsin licensed physicians.

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: Jake Pelegrin, Administrative Rules Coordinator, DSPSAdminRules@wisconsin.gov.

Approved for publication:

Authorized Signature

Date Submitted

Approved for implementation:

Authorized Signature

Date Submitted

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and title of person submitting the request:	2) Date when request submitted:
Jake Pelegrin **Administrative Rules Coordinator**	**8/6/26** **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) Attachments:	6) How should the item be titled on the agenda page?
8/19/26	☒ Yes ☐ No	**Administrative Rule Matters – Discussion and Consideration** 1. Preliminary rule draft for MTBT 3

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

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

Attachments:
-Preliminary rule draft for MTBT 3

11) Authorization

Jake Pelegrin 8/6/26

Signature of person making this request **Date**

Supervisor (if required) **Date**

Executive Director signature (indicates approval to add post agenda deadline item to agenda) **Date**

Directions for including supporting documents:
1. **This form should be attached to any documents submitted to the agenda.**
2. **Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director.**
3. **If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.**

STATE OF WISCONSIN
MASSAGE THERAPY AND BODYWORK THERAPY AFFILIATED CREDENTIALING BOARD

IN THE MATTER OF RULEMAKING PROCEEDINGS BEFORE THE MASSAGE THERAPY AND BODYWORK THERAPY AFFILIATED CREDENTIALING BOARD	:	PROPOSED ORDER OF THE MASSAGE THERAPY AND BODYWORK THERAPY AFFILIATED CREDENTIALING BOARD ADOPTING RULES (CLEARINGHOUSE RULE)

PROPOSED ORDER

An order of the Massage Therapy and Bodywork Therapy Affiliated Credentialing Board to amend MTBT 3.01 (5) (intro.) and (f), and create 3.01 (6), relating to education.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: Section 460.04 (2) (b), Stats.

Statutory authority: Sections 15.085 (5) (b), 460.04 (2) (b), Stats.

Explanation of agency authority:

s. 15.085 (5) (b), stats. states that "[each affiliated credentialing board] shall promulgate rules for its own guidance and for the guidance of the trader 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."

s. 460.04 (2) (b), Stats. states that the affiliated credentialing board shall promulgate rules that establish "criteria for approving a training program for purposes of s. 460.05 (1) (e) 1. Rules promulgated under this paragraph shall require the training program to meet the requirements under s. 460.095 and to consist of at least 600 classroom hours."

Related statute or rule: None.

Plain language analysis: The proposed rule revises MTBT 3.01 (5) to add an additional twenty-five classroom hours of study to the approved training program for initial licensure of massage therapists. The rule also creates MTBT 3.01 (6) to account for applicants who have graduated from an approved program, but do not have the required additional 25 hours. This aligns Wisconsin rules with current practice in the profession and the recommendation of the Federation of State Massage Therapy Boards.

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

Comparison with rules in adjacent states:

Illinois: The Illinois Department of Financial and Professional Regulation is responsible for the licensure and regulation of the practice of massage therapy in Illinois, with input from the Illinois Massage Licensing Board. In Illinois, an applicant for massage therapy licensure is required to have completed a massage therapy education program with a minimum of 600 hours [225 Illinois Compiled Statutes Chapter 57 Section 15].

Iowa: The Iowa Board of Massage Therapy is responsible for the licensure and regulation of the practice of massage therapy in Iowa. In Iowa, an applicant for massage therapy licensure is required to have completed a message therapy education program of at least 600 hours [Iowa Code Chapter 152C Section 152C.3].

Michigan: The Michigan Board of Massage Therapy is responsible for the licensure and regulation of massage therapy practice in Michigan. Act 368 Article 15 Part 179A of the Michigan Compiled Laws includes the regulations for massage therapy in Michigan, among several other occupations. In Michigan, an applicant for massage therapy licensure is required to have completed a message therapy education program with at least 625 hours of classroom instruction [Michigan Compiled Laws Chapter 333 Article 15 Part 179A Section 333.17959].

Minnesota: The Minnesota Department of Health's Office of Unlicensed Complementary and Alternative Health Care Practice (OCAP) investigates complaints and takes enforcement actions against massage therapists for violations of prohibited conduct. However, neither OCAP nor any other statewide agency or board oversees the licensing of massage therapists [Minnesota Statutes Chapter 146A].

Summary of factual data and analytical methodologies:
The proposed rules were developed by reviewing the provisions of MTBT 3 and obtaining input and feedback from the Massage Therapy and Bodywork Therapy Affiliated Credentialing Board.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:
The proposed rules will be posted for a period of 14 days to solicit public comment on economic impact, including how the proposed rules may affect businesses, local government units, and individuals.

Effect on small business:
These rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator, Jennifer Garrett, may be contacted by calling (608) 266-2112.

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

Place where comments are to be submitted and deadline for submission:
Comments may be submitted to Nilajah Hardin, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, Wisconsin 53708-8366, or by email to DSPSAdminRules@wisconsin.gov. Comments must be

received on or before the public hearing, held on a date to be determined, to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. MTBT 3.01 (5) (intro.) is amended to read:

MTBT 3.01 (5) ~~An~~an approved training program shall consist of a minimum of ~~600~~625 classroom hours of study and shall include the following subject areas:

SECTION 2. MTBT 3.01 (5) (f) is amended to read:

MTBT 3.01 (5) (f) One hundred twenty-five classroom hours in additional massage therapy or bodywork therapy course offerings meeting the objectives of the course of instruction.

SECTION 3. MTBT 3.01 (6) is created to read:

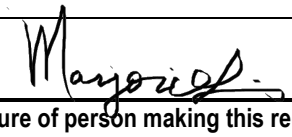
MTBT 3.01 (6) Applicants who have completed approved training programs that are less than 625 hours shall submit additional coursework or continuing education hours on the topic of massage therapy or bodywork therapy that add up to the required 625 hours under s. MTBT 3.01 (5). Any additional coursework or continuing education course hours not offered by a department approved massage therapy or bodywork therapy school, are subject to approval by the Board.

SECTION 4. EFFECTIVE DATE. The rules adopted in this order shall take effect, following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

State of Wisconsin
Department of Safety & Professional Services

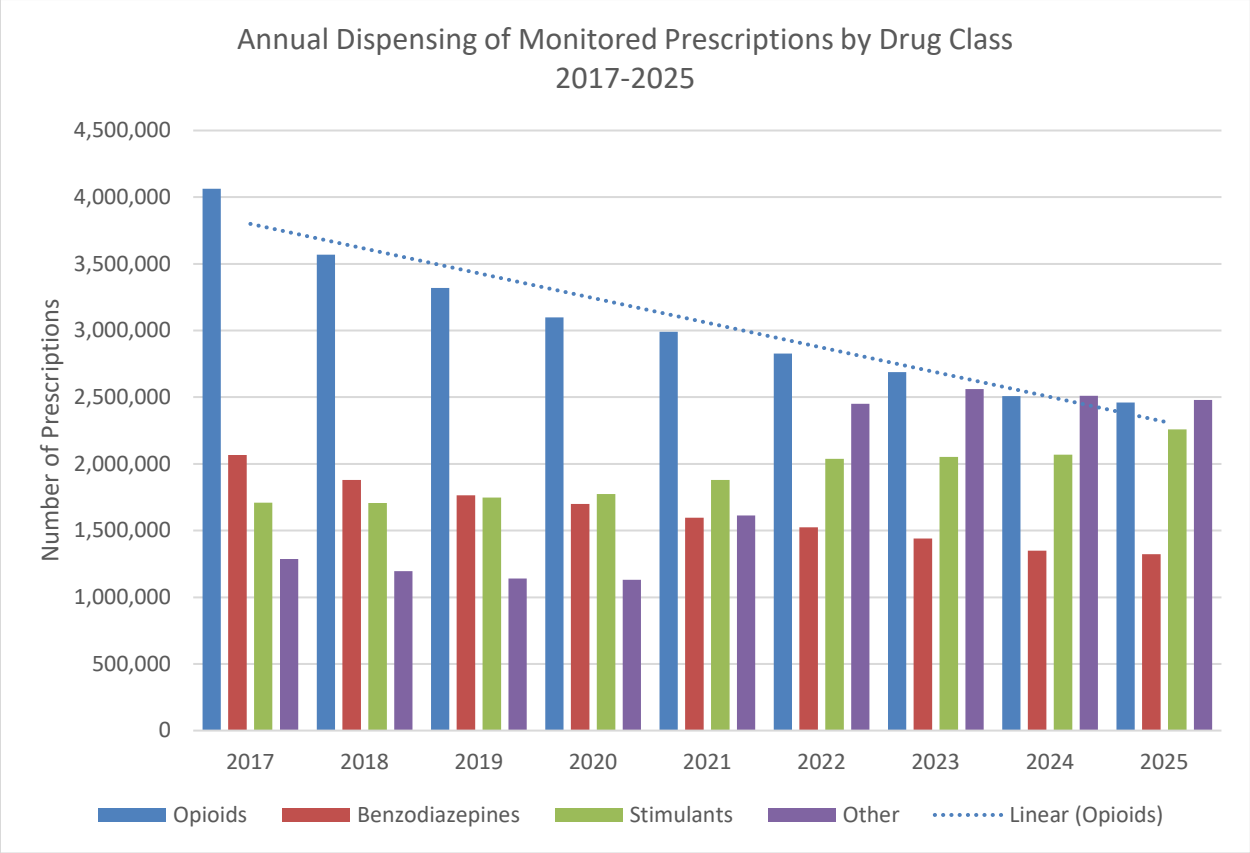
AGENDA REQUEST FORM

1) Name and title of person submitting the request: Marjorie Liu **Program Lead, PDMP**			**2) Date when request submitted:** 08/07/2026 **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: 08/16/2026	**5) Attachments:** ☒ Yes ☐ No	**6) How should the item be titled on the agenda page?** Prescription Drug Monitoring Program (PDMP) Updates	
7) Place Item in: ☒ Open Session ☐ Closed Session	**8) Is an appearance before the Board being scheduled?** *(If yes, please complete* ***Appearance Request*** *for Non-DSPS Staff)* ☐ Yes ☒ No	**9) Name of Case Advisor(s), if required:**	
10) Describe the issue and action that should be addressed: 1. Recent & Upcoming Enhancement 2. PDMP Participation Updates: MD & DO			
11)  **Authorization** 8/7/2026 **Signature of person making this request** **Date** **Supervisor (if required)** **Date** **Executive Director signature (indicates approval to add post agenda deadline item to agenda)** **Date**			
Directions for including supporting documents: **1. This form should be attached to any documents submitted to the agenda.** **2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director.** **3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.**			

WISCONSIN | ePDMP

Wisconsin Prescription Drug Monitoring Program (PDMP) Overview

- 977,000 Dispensing Records Submitted per Month in 2025
- 69,300 Data-Driven Patient History Alerts per Month in 2025
- 57,200 Active Healthcare Professional Users
- 606,900 Patient Queries per Month by Prescribers and Delegates in 2025



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

ePDMP Registration (As of 3/31/2026)

Total Number of Licensed MD & DO	36,304
Total Number of Licensed MD & DO Registered with the WI ePDMP	21,866

ePDMP Usage (Q1 2026)

Number of MD & DO with Rx Required of PDMP Review		8,101
Total Queries by MD & DO (Including Delegates)		873,750
ePDMP Usage/Prescribing Compliance Rate	**ePDMP Usage**	**Number of Prescribers**
	100%	3,127
	99-75%	1,019
	74-51%	955
	50-26%	834
	25-1%	834
	0%	1,332

Prescribing of Monitored Prescription Drugs Q1 2026

	Total Unique Prescribers	**Total Prescriptions**
MD & DO with Opioid Prescriptions	6,645	277,211
MD & DO with Stimulant Prescriptions	4,083	344,418
MD & DO with Benzodiazepine Prescriptions	5,947	180,195

Annual Opioid Prescribing Trend 2022-2025 (MD & DO)

	2022	**2023**	**2024**	**2025**
Opioid Prescriptions	1,490,696	1,591,366	1,576,247	1,408,431
Change from Prev. Year		6.8%	-1.0%	-10.6%

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Tom Ryan		**2) Date when request submitted:** 7/23/2026 **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: 8/19/2026	**5) Attachments:** ☐ Yes ☒ No	**6) How should the item be titled on the agenda page?** Review for Adoption, 2027 Board Goals to Address Opioid Abuse	
7) Place Item in: ☒ Open Session ☐ Closed Session	**8) Is an appearance before the Board being scheduled?** *(If yes, please complete Appearance Request for Non-DSPS Staff)* ☐ Yes ☒ No	**9) Name of Case Advisor(s), if applicable:** N/A	

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

The Board will review the following proposed goals to address opioid abuse and consider a motion to adopt them.

Goal 1: Continuing Education Related to Prescribing Controlled Substances

The Board will continue to promote safe prescribing practices for controlled substances by monitoring current data and evaluating the effectiveness of its two-hour continuing education requirement on controlled substances to ensure it remains relevant and effective.

Goal 2: Education, Outreach and Leadership

The Board will continue to identify and pursue opportunities—both independently and in collaboration with partners such as the Wisconsin Enhanced Prescription Drug Monitoring Program (ePDMP), the Federation of State Medical Boards, and other stakeholders—to provide education, share best practices, and strengthen its leadership role in statewide and national efforts to prevent opioid misuse, promote safe and effective prescribing practices, and support strategies that reduce the harms associated with opioid use disorder.

Goal 3: Opioid Prescribing Guideline

The Board will continue to review and monitor its Opioid prescribing Guideline and update it as needed to ensure it reflects current best practices and remains a useful resource for physicians and their patients.

Goal 4: Collaboration with the Wisconsin Prescription Drug Monitoring Program

The Board will continue to explore ways to leverage the expertise and resources of the ePDMP to support the monitoring of controlled substance prescribing and identify trends related to opioid misuse. This may include presentations by ePDMP staff at Board meetings, review of Controlled Substances Board (CSB) referrals and analysis of ePDMP and CSB data reports.

Goal 5: Legislative Actions and Administrative Rules

The Board will monitor legislative developments and adopt or recommend administrative rule changes, as appropriate, to support efforts to prevent opioid misuse and improve patient safety.

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Dr. Gregory Schmeling			2) Date when request submitted: 7/21/2026 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: 8/10/2026	5) Attachments: ☒ Yes ☐ No	6) How should the item be titled on the agenda page? Federation of State Medical Boards (FSMB) Annual Survey – Board Review	
7) Place Item in: ☒ Open Session ☐ Closed Session	8) Is an appearance before the Board being scheduled? *(If yes, please complete Appearance Request for Non-DSPS Staff)* ☐ Yes ☒ No	9) Name of Case Advisor(s), if applicable: N/A	
10) Describe the issue and action that should be addressed: The Board will discuss answers to the FSMB Annual Survey.			
11) Authorization			
Tom Ryan			*7/21/2026*
Signature of person making this request			Date
Supervisor (Only required for post agenda deadline items)			Date
Executive Director signature (Indicates approval for post agenda deadline items)			Date

Directions for including supporting documents:
1. This form should be saved with any other documents submitted to the Agenda Items folders.
2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director.
3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.

2026 FSMB Member Board Survey

Thank you for taking the time to complete this survey. The FSMB is gathering this input to better serve state medical and osteopathic boards. Your responses are extremely valuable and do not represent the official position of your board.

Please note: Many questions allow for additional comments should you wish to provide further explanation or clarification. We appreciate your thoughtful participation.

1. Please select your board. (List)

2. What is your current position at the board?
   ☐ Executive Director or equivalent
   ☐ Other (please specify) _____

Strategic Planning

3. What are the biggest internal challenges your board is facing?

4. What are the biggest external challenges your board is facing?

5. What are the biggest internal challenges facing the profession of medicine today?

6. What are the biggest external challenges facing the profession of medicine today?

7. How does your board engage with FSMB? (Select all that apply)

- ☐ Board Staff Support Forums (i.e., Virtual brown bag discussion for attorneys and medical directors)
- ☐ Disciplinary Alert Service (DAS)
- ☐ DocInfo (Public Online Physician Search Tool)
- ☐ Educational Resources (Annual Meeting, Board Attorneys Workshop, Webinars, Online Modules)
- ☐ Federation Credentials Verification Service (FCVS)
- ☐ FSMB CME Accreditation Services
- ☐ FSMB Legislative Tracking and Reporting
- ☐ FSMB Policy Reports and Guidelines
- ☐ FSMB Website
- ☐ Member Board Site Visits
- ☐ Physician Data Center (PDC) Query Services
- ☐ Publications (eNews, Advocacy Network News, Journal of Medical Regulation)
- ☐ SPEX Examination
- ☐ State and Federal Advocacy Efforts on Behalf of Medical Boards
- ☐ Technology Solutions for Board Operations (Data integration, APIs)
- ☐ Uniform Application (UA)
- ☐ USMLE Examination (a Partnership with NBME)
- ☐ Unsure
- ☐ Other (please specify) _____
- ☐ Not Currently Engaging with FSMB Services

8. What does FSMB do well?

9. What could FSMB do better to support state medical boards?

10. On a scale of 1-10 where 1 is very poor and 10 is excellent, how well does the FSMB support your board?

Licensing

11. What software does your board use to process licensing applications?
    - ☐ Accela
    - ☐ Big Picture
    - ☐ Esper
    - ☐ G/L Solutions
    - ☐ LEIDS
    - ☐ ONESolution
    - ☐ OpenGov
    - ☐ Thentia Cloud
    - ☐ ThoughtSpan Technology
    - ☐ Salesforce
    - ☐ SG Systems Global
    - ☐ System Automation
    - ☐ Tyler Technologies (VERSA Regulation, CAVU eLicence, STAR Financial, ETK Regulatory)
    - ☐ Custom platform built internally
    - ☐ Unsure
    - ☐ Other (please specify) _____

12. When an individual applies to transition from a training license to a full license within your state, which of the following are required as part of the full licensure application? (Select all that apply)
    - ☐ New application (from scratch)
    - ☐ Reuse of prior application data
    - ☐ New fingerprints
    - ☐ New background check
    - ☐ Re-verification of credentials (e.g., education, exams, training)
    - ☐ Unsure
    - ☐ Other documentation (please specify) _____

13. For individuals applying to transition from a training license to a full license within your state, is there a streamlined or expedited pathway?
    - ☐ Yes
    - ☐ No
    - ☐ Unsure

14. If applicable, please describe this streamlined/expedited pathway.

Use of Title “Doctor”

15. In the past three years, how frequently has your board encountered complaints involving patient confusion of practitioner credentials related to the use of the title “Doctor” by non-physicians (e.g., DC, DDS, DNP, ND, PhD)?
    - ☐ Never
    - ☐ Rarely
    - ☐ Occasionally
    - ☐ Frequently
    - ☐ Very frequently
    - ☐ Unsure

16. Please describe any notable patterns or settings in which these issues have occurred.

17. Which of the following does your board use, if any, when determining whether use of the title “Doctor” may lead patients to incorrectly believe these individuals are physicians? (Select all that apply)
    - ☐ Board-adopted policy or guidance
    - ☐ Case-by-case assessment without formal criteria
    - ☐ Consideration of patient complaints or evidence of confusion
    - ☐ Consideration of the surrounding advertising or marketing context
    - ☐ Coordination with another board or agency
    - ☐ Formal statutory or regulatory criteria
    - ☐ Unsure
    - ☐ Other (please specify) _____

18. To what extent has your board experienced challenges in asserting jurisdiction or coordinating enforcement with other entities in matters involving potentially misleading title usage, role representation, or AI-related representations?
    - ☐ No challenges
    - ☐ Minor challenges
    - ☐ Moderate challenges
    - ☐ Significant challenges
    - ☐ Severe challenges
    - ☐ Unsure

19. Please identify the most common challenges, including any issues involving overlapping authority with other licensing boards, consumer protection agencies, or other state entities.

20. Please rate how effective each of the following would be in reducing patient confusion in clinical or other care settings.

	Extremely effective	Very effective	Moderately effective	Slightly effective	Not effective	Unsure
Clear identification of licensure status	☐	☐	☐	☐	☐	☐
Disclosure of degree type	☐	☐	☐	☐	☐	☐
Explicit role clarification (e.g., "not a physician")	☐	☐	☐	☐	☐	☐
Identification of supervising physician, where applicable	☐	☐	☐	☐	☐	☐
Disclosure that AI is used in care or communication	☐	☐	☐	☐	☐	☐

<u>Artificial Intelligence (AI) in Health Care</u>

21. Briefly, what is the most significant AI development you've observed in your state (e.g., a notable deployment, a new AI law or model legislation, a regulatory sandbox rollout)?

22. From which of the following groups has your board received questions or requests for guidance about AI in healthcare? (Select all that apply)

☐ Licensees
☐ Hospitals and health systems
☐ Patients / the public
☐ Medical schools
☐ Legislators / state agencies
☐ Unsure
☐ Other (please specify) _____
☐ None to-date

23. What have been the topic(s) of these questions or requests? (Select all that apply)

- ☐ Data privacy
- ☐ Disclosure to patients
- ☐ Physician liability when using AI
- ☐ Reimbursement
- ☐ Scope of practice
- ☐ Standard-of-care expectations
- ☐ Supervision
- ☐ Whether an AI tool must be licensed
- ☐ Unsure
- ☐ Other (please specify) _____

24. In the past year, has your board received complaints and/or administered disciplinary action related to the use of AI?

	Yes	No	Unsure
Complaints	☐	☐	☐
Disciplinary Action	☐	☐	☐

If "Yes" for Complaints ask #25, else skip to #26

25. What concerns did the <u>complaints</u> raise? (Select all that apply)

- ☐ AI use without a licensed physician
- ☐ Failure to disclose AI use
- ☐ Inadequate supervision
- ☐ Misdiagnosis
- ☐ Misrepresentation of AI as a physician
- ☐ Over-reliance on AI / inadequate oversight
- ☐ Privacy or data handling
- ☐ Standard of care
- ☐ Unsure
- ☐ Other (please specify) _____

26. Has your board been involved in and/or taken any of the following steps related to AI in health care? (Select all that apply)

☐ Adopted or amended a rule / regulation
☐ Advised on state regulation or law
☐ Discussed, but taken no formal action
☐ Formed a workgroup / committee / task force
☐ Issued guidance to licensees
☐ Issued a policy, position statement, or guidance
☐ Provided staff education
☐ Unsure
☐ Other (please specify) _____
☐ None of the above to-date

If "Issued a policy, position statement, or guidance" selected ask #27, else skip to #28

27. What does the policy, position statement, or guidance address? (Select all that apply)

☐ Disclosure to patients
☐ Documentation
☐ Permissible vs. prohibited uses
☐ Physician accountability / human oversight
☐ Supervision
☐ Unsure
☐ Other (please specify) _____

28. Is your board currently using AI-enabled tools in any of its processes or operations?

☐ Yes
☐ No
☐ Unsure

29. What one or two capabilities or safeguards would most improve your board's ability to use AI responsibly?

Conclusion

30. Finally, if there is anything you would like to add – either to clarify one of your answers or to address something that we did not mention – please do so below.