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February 7, 2023

Sheldon Wasserman, MD
Chair, Medical Examining Board
Tom Ryan
Executive Director, Medical Examining Board
Department of Safety and Professional Services
PO Box 8366
Madison, WI 53708-8935

RE: Offer of alternative rule language for MED 26 Work Group

Dear Dr. Wasserman and Mr. Ryan:

The Wisconsin Hospital Association (WHA) appreciates the challenges facing the Medical Examining Board in developing the MED 26 rules implementing s. 440.077, Wis. Stats. As a means to help the MED 26 Work Group and the Medical Examining Board identify a path forward for rule language that addresses the multiple issues regarding the MED 26 rulemaking discussed by the Board over the past months, WHA offers the attached wholly alternative draft of MED 26 that could be considered by the Work Group.

The intent of offering this alternative language to MED 26 is to help bring the MED 26 rule in better alignment with existing laws and practices regarding delegation and supervision, better clarify and articulate how s. 440.077 does and does not modify existing delegation and supervision law and practice as it relates to former military medical personnel program staff, and better clarify and articulate what would be required of the military medical personnel, their employer, their supervising practitioner, and DSPS.

By borrowing from existing rules and principles regarding delegation and more fully developing principles in the enabling legislation, WHA offers this alternative approach to the MED 26 draft as a means to help the MED 26 Work Group address concerns and questions raised by some that the proposed rule as currently drafted creates an “independent” scope of practice for military medical personnel that is not sufficiently defined, and creates obligations on employers and supervising clinicians that are not sufficiently defined, and creates questions regarding DSPS and its boards’ oversight role for military medical personnel’s clinical acts undertaken pursuant to s. 440.077.

To further help advance dialogue, the attached document includes:

- A high level description of the concepts underlying the proposed alternative MED 26 draft;
- The alternative MED 26 draft;
- A chart comparing the provisions of s. 440.077 and the proposed alternative MED 26 language, and accompanying notes.

If so desired, I and WHA stand ready to discuss this alternative at the upcoming Work Group meeting. Please feel free to share this letter and alternative with the Work Group before or during the meeting. If you have any questions or would

like to discuss this in advance of the MED 26 Work Group meeting, please feel free to contact me at mstanford@wha.org or by phone at 608-274-1820.

Sincerely,

/s/

Matthew Stanford
General Counsel

WHA Proposed Alternative Draft For MED 26

Key concepts articulated in the alternative draft MED 26 rule language below implementing s. 440.077:

- Under existing law, a physician may delegate his/her practice authority to another person pursuant to MED 10.02(1) and 10.03(1)(L) if the physician provides “supervision” of the delegated act, which is defined as “reasonable evidence that the supervised individual is minimally competent to perform the act under the circumstances.”
- The military medical personnel program statute borrows on this concept, but standardizes the “reasonable evidence” element of supervised delegation by enabling the physician to rely on an MOU between the military medical personnel and his/her employing facility as the “reasonable evidence” of the person’s competency to perform the act.
- Further, Wisconsin law has historically had different standards for physicians, podiatrists, nurses, and physician assistants regarding what each of those professions may delegate to other clinicians. A goal of the military medical personnel statute is to standardize the delegation authorization among these professions working in “administering facilities,” in order to provide consistency for military medical personnel.
- The draft alternative rule establishes the physician delegation standard as the supervised delegation standard under the military medical personnel statute, except that a non-physician profession can only delegate an act to a military medical personnel under the rule if the act is within the scope of practice of the delegating profession.
- Importantly, the military medical personnel has no “independent” scope of practice under the statute or rule. The military medical personnel’s authorization to practice is only that which is delegated from the supervising practitioner to the military medical personnel. The MOU does not create a “scope of practice” for the military medical personnel, but instead creates a description of the military medical personnel’s training and experience for which the delegating professional may rely upon as evidence of what competencies the military medical personnel has.

ALTERNATIVE DRAFT RULE LANGUAGE

Chapter Med 26 MILITARY MEDICAL PERSONNEL

Med 26.01 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) (b) and 448.40 (1m), Stats.

MED 26.02 Definitions

(1) “Adequate supervision” means the licensed supervising practitioner is competent and authorized under his or her applicable license or certification to perform the delegated clinical act, and must have reasonable evidence that the supervised individual is minimally competent to perform the act under the circumstances.

(2) “Administering facility” means an inpatient health care facility defined in s. 50.135(1), an outpatient health care location, a community-based residential facility defined in s. 50.01(1g), or a residential care apartment complex defined in

s. 50.01(6d), that is a party to the memorandum of understanding specified in MED 26.03(1) and maintains a written policy governing unlicensed Registered Military Medical Personnel specified in MED 26.03(1)g.

(3) “Advanced practice nurse prescriber” means an advanced practice nurse authorized to issue prescription orders under ch. 441.

(4) “Licensed supervising practitioner” means a physician licensed under ch. 448, a physician assistant licensed under ch. 448, a podiatrist licensed under ch. 448, a registered nurse licensed under ch. 441, and an advanced practice nurse prescriber defined in sub. (3).

(5) “Military medical personnel” means a person who served as an army medic, a navy or coast guard corpsman, or an air force aerospace medical technician in the U.S. armed forces

(6) “Registered military medical personnel” means a military medical personnel who meets all of the following requirements:

(a) The person has signed a memorandum of understanding specified in MED 26.04(1) and has submitted the memorandum of understanding to the medical examining board as specified in MED 26.04(2).

(b) The person was discharged or released from the service in par. (a) under honorable or general conditions no earlier than 12 months prior to the date the person signed the MOU specified in MED 26.04(1).

MED 26.03 Delegated authority

(1) Pursuant to the authority specified in s. 440.077 and not withstanding any rule or statute to the contrary, a licensed supervising practitioner may delegate his or her licensed or certified professional practice authority to perform a clinical act to a person who is a Registered Military Medical Personnel if all of the following are true:

(a) The licensed supervising practitioner is competent and authorized under his or her applicable license or certification to perform the delegated clinical act.

(b) The licensed supervising practitioner has reasonable evidence that the supervised Registered Military Medical Personnel is minimally competent to perform the delegated act under the circumstances based on the individual’s level of training and experience of the individual. Such reasonable evidence may include the memorandum of understanding signed by the registered military medical personnel and the Administering Facility specified in MED 26.04.

(c) The delegated act is not a surgical procedure or the issuance of a prescription order.

(d) The delegated act is performed in an administering facility.

(2) The licensed supervising practitioner may rely on the representations made regarding the training and experience of the Registered Military Medical Personnel that are specified in the MOU as reasonable evidence under subd. (a)2. of the individual’s clinical training, experience and competency to perform the delegated act.

(3) The licensed supervising practitioner who delegates a clinical act for a patient to a Registered Military Medical Personnel pursuant to this section retains responsibility for the care of the patient.

MED 26.04 Documentation of training and experience.

(1) A military medical personnel who practices pursuant to this Chapter MED 26 shall sign a memorandum of understanding form published by the medical examining board that includes all of the following:

(a) The name of the Administering Facility at which the Military Medical Personnel will be providing delegated clinical care pursuant this Chapter MED 26.

(b) An identification of the military medical personnel as either an army medic, a navy corpsman, a coastguard corpsman, or an air force aerospace medical technician, and the individual's dates of service in such role.

(c) The date of the military medical personnel's date of honorable or regular discharge from military service. Such date must be no earlier than 12 months prior to the date the memorandum of understanding is signed by the Military Medical Personnel and the Administering Facility.

(d) A description of the medical training and experience the individual received as an army medic, a navy corpsman, a coastguard corpsman, or an air force aerospace medical technician.

(e) A reasonable timeline consistent with s. 440.077(3)(c) that describes the actions the military medical personnel intends to take to acquire a license under s. 441.06, 441.10, 448.04, 448.61, or 448.974, including the date by which the military medical personnel agrees to acquire the license. Except as provided in MED 26.05, the memorandum of understanding shall terminate one day after the date specified above or the date the military medical personnel acquires the license, whichever is earlier.

(f) An attestation by the military medical personnel that he or she will not accept a delegation of practice authority under Chapter MED 26 to perform a clinical act if his or her training and experience as a military medical personnel did not include that clinical act.

(g) An attestation by the administering facility that it has a written policy governing clinical practice by unlicensed Registered Military Medical Personnel, and that policy is shared with the Military Medical Personnel subject to the memorandum of understanding and those Licensed Supervising Practitioners likely to delegate clinical acts to the individual.

(h) An attestation by the administering facility that the administering facility to the best of the administering facility's knowledge and with a reasonable degree of certainty, all of the information in the memorandum of understanding is true.

(i) The memorandum of understanding is signed and dated by the military medical personnel and an authorized representative of the administering facility.

(2) The military medical personnel shall submit a completed memorandum of understanding that meets all of the requirements in sub. (1) to the department in the manner specified by the medical examining board on its published memorandum of understanding form.

MED 26.05 Extension of Memorandum of Understanding Expiration Date. The medical examining board may extend the termination date of a signed memorandum of understanding under MED 26.04 if it appears that, because of unforeseen circumstances, the applicant requires more time to receive a license under s. 441.06, 441.10, 448.04, 448.61, or 448.974.

MED 26.06 Complaints, investigations, suspension, and termination of authorization. The medical examining board may receive and investigate complaints against registered military medical personnel performing clinical acts pursuant to this chapter MED 26. The medical examining board may suspend or terminate a registered military medical personnel's authority to perform clinical acts pursuant to this chapter MED 26.

Side-by-Side Comparison of 2021 Act 158 and the Alternative MED 26 Draft

2021 Wisconsin Act 158	Draft Proposed Rule	Notes
	<p>Med 26.01 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) (b) and 448.40 (1m), Stats.</p>	
<p>SECTION 1. 440.077 of the statutes is created to read: 440.077 Military medical personnel program. (1) In this section:</p>	<p>MED 26.02 Definitions</p>	
	<p>(1) “Adequate supervision” means the licensed supervising practitioner is competent and authorized under his or her applicable license or certification to perform the delegated clinical act, and must have reasonable evidence that the supervised individual is minimally competent to perform the act under the circumstances.</p>	<p>This definition intends to define “supervision” as used in 440.077(2)(a) and (c) in the locations highlighted in yellow in left column.</p> <p>This definition is a modified definition of “adequate supervision” in MED 10.02(1) regarding medical acts delegated by physicians to other individuals. Differences between this definition and the MED 10.02(1) definition is shown below. See also MED 10.03(1)(L) regarding physician unprofessional conduct: “Failure to adequately supervise delegated medical acts performed by licensed or unlicensed personnel.”]</p> <p>“Adequate supervision” means a physician <u>the licensed supervising practitioner is competent and authorized under his or her applicable license or certification</u> should be competent to perform the delegated medical clinical act, and must have reasonable evidence that the supervised individual is minimally competent to perform the act under the circumstances.</p>
	<p>(2) “Administering facility” means an inpatient health care facility defined in s. 50.135(1), an outpatient health care location, a community-based residential facility defined in s. 50.01(1g), or a residential care apartment complex defined in s. 50.01(6d), that is a party to the memorandum of understanding specified in MED 26.03(1) and maintains a written policy governing unlicensed Registered Military Medical Personnel specified in MED 26.03(1)g.</p>	<p>440.077(2)(a) specifies that military medical personnel can perform services under the special authority in 440.077 only in inpatient health care facilities, outpatient health care facilities, community-based residential facilities and residential care apartments (see blue highlight in left column). For purposes of this rule, these locations are defined as an “Administering facility.”</p>

		<p>Additionally, to be an “administering facility” under this rule, the facility must:</p> <ol style="list-style-type: none"> (1) Be a party to the memorandum of understanding specified in 440.077(2)(b) (see gray highlight in the left column), and (2) Maintain a written policy governing unlicensed Registered Military Medical Personnel as specified in s. 440.077(2) (implementing purple highlighted provisions in 440.077(2) and 440.077(3)(a) in left column)
<p>(a) “Advanced practice nurse prescriber” means an advanced practice nurse prescriber certified under s. 441.16 (2).</p>	<p>(3) “Advanced practice nurse prescriber” means an advanced practice nurse authorized to issue prescription orders under ch. 441.</p>	<p>s. 441.16 currently reads: “Subject to s. 441.07 (1g), the board shall grant a certificate to <i>issue prescription orders to an advanced practice nurse</i> who meets the education, training, and examination requirements established by the board for a certificate to issue prescription orders, and who pays the fee specified under s. 440.05 (1). An advanced practice nurse certified under this section may provide expedited partner therapy in the manner described in s. 448.035.”</p> <p>The draft rule language refers to an authorization to issue prescriptions orders under ch. 441 generally rather than a specific statutory provision in case APRN legislation is enacted that replaces s.441.16(2) with a different statutory provision. By referring to ch. 441 rather than a specific provision, the rule would not need to be subsequently amended if s. 441.16(2) is replaced in future legislation.</p>
<p>(am) “Community-based residential facility” has the meaning given in s. 50.01 (1g).</p>		<p>This definition is incorporated into the rule’s definition of “Administering facility” above.</p>
<p>(b) “Disease” means any pain, injury, deformity, physical or mental illness, or departure from complete health or the proper condition of the human body or any of its parts.</p>		<p>This definition is not used in the rule as structured.</p>
<p>(c) “Inpatient health care facility” has the meaning given in s. 50.135 (1).</p>		<p>This definition is incorporated into the rule’s definition of “Administering facility” above.</p>
	<p>(4) “Licensed supervising practitioner” means a physician licensed under ch. 448, a physician assistant</p>	<p>This definition is used through the structure of the rule and references the 5 types of medical professionals</p>

	licensed under ch. 448, a podiatrist licensed under ch. 448, a registered nurse licensed under ch. 441, and an advanced practice nurse prescriber defined in sub. (3).	authorized by s. 440.077(2)(c) to supervise military medical personnel.
(d) “Military medical personnel” means a person who has served as an army medic, a navy or coast guard corpsman, or an air force aerospace medical technician in the U.S. armed forces and who was discharged or released from such service in the previous 12 months under honorable or general conditions.	(5) “Military medical personnel” means a person who served as an army medic, a navy or coast guard corpsman, or an air force aerospace medical technician in the U.S. armed forces	For purposes of the structure of the rule, a “military medical personnel” refers simply to a former army medic, navy or coast guard corpsman, or an air force aerospace medical technician. Below, a new definition of “registered military medical personnel” incorporates the honorable or general discharge requirement of the statute as well as the time limit requirement.
	(6) “Registered military medical personnel” means a military medical personnel who meets all of the following requirements: (a) The person has signed an memorandum of understanding specified in MED 26.04(1) and has submitted the memorandum of understanding to the medical examining board as specified in MED 26.04(2). (b)The person was discharged or released from the service in subd. 1. under honorable or general conditions no earlier than 12 months prior to the date the person signed the MOU specified in MED 26.04(1).	For purposes of the structure of the rule, a “ <i>registered</i> military medical personnel” refers to a person who is a “military medical personnel” as who has also signed and submitted to the MEB the MOU specified in s. 441.077(2)(b). Additionally, the definition clarifies that the 12 month period specified in the statute is triggered by the date that the MOU is signed by the individual.
(e) “Physician assistant” has the meaning given in s. 448.971 (2).		This definition is incorporated into the rule’s definition of “Licensed supervising practitioner” above.
(f) “Podiatrist” has the meaning given in s. 448.60 (3).		This definition is incorporated into the rule’s definition of “Licensed supervising practitioner” above.
(g) “Registered professional nurse” means a registered nurse who is licensed under ch. 441 or who holds a multistate license, as defined in s. 441.51 (2) (h), issued in a party state, as defined in s. 441.51 (2) (k).		This definition is incorporated into the rule’s definition of “Licensed supervising practitioner” above.

<p>(gm) “Residential care apartment complex” has the meaning given in s. 50.01 (6d).</p>		<p>This definition is incorporated into the rule’s definition of “Administering facility” above.</p>
<p>(h) 1. “Skilled health services” means any of the following:</p> <p>a. To examine into the fact, condition, or cause of human health or disease, or to treat, operate, prescribe, or advise for the same, by any means or instrumentality.</p> <p>b. To apply principles or techniques of medical sciences in the diagnosis or prevention of any of the conditions in subd. 1. a. and par. (b).</p> <p>c. To penetrate, pierce, or sever the tissues of a human being.</p> <p>d. To offer, undertake, attempt, or hold oneself out in any manner as able to do any of the acts described in this paragraph.</p> <p>2. “Skilled health services” does not include surgical procedures or issuing prescription orders.</p>		<p>This definition is not used in the rule as structured, but the concepts in the definition are captured in the substantive provisions of MED 26.03 below.</p> <p>This exclusion is reflected in MED 26.03(1)(c), below.</p>
<p>(2) (a) The department, in collaboration with the department of veterans affairs, the medical examining board, and the board of nursing, shall establish a program in which military medical personnel may temporarily perform certain skilled health services while supervised in an inpatient health care facility, outpatient health care facility, community-based residential facility, or a residential care apartment complex without having to obtain a license under s. 441.06, 441.10, 448.04, 448.61, or 448.974.</p>	<p>MED 26.03 Delegated authority</p> <p>(1) Pursuant to the authority specified in s. 440.077 and not withstanding any rule or statute to the contrary, a licensed supervising practitioner may delegate his or her licensed or certified professional practice authority to perform a clinical act to a person who is a Registered Military Medical Personnel if all of the following are true:</p>	<p>This section regarding delegated authority effectuates the yellow highlighted language in s. 44.077(2)(c) and 440.077(2)(a) regarding supervised clinical acts. Consistent with the statute, the authority/”scope of practice” of a Registered Military Medical Personnel is entirely derived from the delegated authority of the supervising licensed practitioner.</p>
<p>(b) Under the program under par. (a), the services that a military medical personnel may provide shall reflect the level of training and experience of the military medical personnel. Before performing any services under the program under par. (a), the military medical personnel shall complete and sign a memorandum of understanding on a form prescribed</p>		<p>The highlighted purple language regarding “training and experience”/”scope of practice” is addressed below in MED 26.04(1)(d), (e), and (f).</p>

<p>by the medical examining board and shall submit the memorandum of understanding to their employer. The memorandum of understanding shall detail the military medical personnel's scope of practice.</p>		<p>The highlighted dark purpose language regarding use of an MEB form MOU is addressed below in MED 26.04(1) first sentence and MED 26.04(2).</p> <p>The highlighted gray language regarding “submission” of an MOU to their employer is addressed by requiring the employer to sign the MOU as specified in MED 26.04(1)(i) below.</p>
<p>(c) Under the program under par. (a), a participating military medical personnel shall be supervised by a physician, physician assistant, podiatrist, registered professional nurse, or advanced practice nurse prescriber. The supervising physician, physician assistant, podiatrist, registered professional nurse, or advanced practice nurse prescriber shall retain responsibility for the care of the patient.</p>	<p>(a) The licensed supervising practitioner is competent and authorized under his or her applicable license or certification to perform the delegated clinical act.</p> <p>(b) The licensed supervising practitioner has reasonable evidence that the supervised Registered Military Medical Personnel is minimally competent to perform the delegated act under the circumstances based on the individual’s level of training and experience of the individual. Such reasonable evidence may include the memorandum of understanding signed by the Registered military medical Personnel and the Administering Facility specified in MED 26.04.</p> <p>(c) The delegated act is not a surgical procedure or the issuance of a prescription order.</p> <p>(d) The delegated act is performed in an administering facility.</p>	<p>Overall, subs. (a) and (b) of the rule language below effectuate the “supervision” in the yellow highlighted language in s. 440.077(2)(c) by describing supervision of delegated clinical acts consistent with existing law regarding physician delegation of clinical acts to other staff.</p> <p>Subd. (a) copies the first required element of authorized delegation under current MED 10.02(1) regarding medical acts delegated by physicians to other individuals. See above definition of “adequate supervision”</p> <p>Subd. (b) closely aligns with the second required element of authorized delegation under current MED 10.02(1) regarding medical acts delegated by physicians to other individuals. See above definition of “adequate supervision.” It also incorporates the “training and experience” language in the first sentence of s. 440.077(2)(b). Also, see the “safe harbor” for the supervising licensed practitioner in sub. (2) and MED 26.04 below.</p> <p>This exclusion captures the exclusion in s. 440.077(1)(h)2. highlighted in dark gray in the left column.</p> <p>The statute authorizes practice by military medical personnel only in the facilities specified in 440.077(2)(a)</p>

	<p>(2) The licensed supervising practitioner may rely on the representations made regarding the training and experience of the Registered Military Medical Personnel that are specified in the MOU as reasonable evidence under subd. (a)2. of the individual’s clinical training, experience and competency to perform the delegated act.</p> <p>(3) The licensed supervising practitioner who delegates a clinical act for a patient to a Registered Military Medical Personnel pursuant to this section retains responsibility for the care of the patient.</p>	<p>(highlighted in blue in the left column). This provision incorporates that restriction.</p> <p>s. 440.077(2)(b) appears to utilize the MOU between the military medical personnel and the facility as documentation of training, experience, and competency that both the military medical personnel and the supervising licensed practitioner may rely upon. This rule language links back to the second required element of authorized delegation in sub. (b) above.</p> <p>This provision captures the second sentence of s. 440.077(2)(c) highlighted in yellow in the left column.</p>
	<p>MED 26.04 Documentation of training and experience.</p> <p>(1) A military medical personnel who practices pursuant to this Chapter MED 26 shall sign a memorandum of understanding form published by the medical examining board that includes all of the following:</p> <p>(a) The name of the Administering Facility at which the Military Medical Personnel will be providing delegated clinical care pursuant this Chapter MED 26.</p> <p>(b) An identification of the military medical personnel as either an army medic, a navy corpsman, a coastguard corpsman, or an air force aerospace medical technician, and the individual’s dates of service in such role.</p> <p>(c) The date of the military medical personnel’s date of honorable or regular discharge from military service. Such date must be no earlier than 12 months prior to the date the memorandum of understanding is signed by the Military Medical Personnel and the Administering Facility.</p>	<p>This section incorporates a number of requirements in the statute regarding training and experience, MOUs and timelines into the required elements of the MOU required under the statute.</p> <p>The highlighted dark purpose language incorporates the requirements in 440.077(3)(a) and (4) regarding MEB forms and operations (also highlighted in dark purple in the left column.)</p> <p>This clarifies and effectuates the date specified in s.448.077(1)(d).</p>

	<p>(d) A description of the medical training and experience the individual received as an army medic, a navy corpsman, a coastguard corpsman, or an air force aerospace medical technician.</p> <p>(e) A reasonable timeline consistent with s. 440.077(3)(c) that describes the actions the military medical personnel intends to take to acquire a license under s. 441.06, 441.10, 448.04, 448.61, or 448.974, including the date by which the military medical personnel agrees to acquire the license. Except as provided in MED 26.05, the memorandum of understanding shall terminate one day after the date specified above or the date the military medical personnel acquires the license, whichever is earlier.</p> <p>(f) An attestation by the military medical personnel that he or she will not accept a delegation of practice authority under Chapter MED 26 to perform a clinical act if his or her training and experience as a military medical personnel did not include that clinical act.</p> <p>(g) An attestation by the administering facility that it has a written policy governing clinical practice by unlicensed Registered Military Medical Personnel, and that policy is shared with the Military Medical Personnel subject to the memorandum of understanding and those Licensed Supervising Practitioners likely to delegate clinical acts to the individual.</p> <p>(h) An attestation by the administering facility that the administering facility to the best of the administering facility's knowledge and with a reasonable degree of certainty, all of the information in the memorandum of understanding is true.</p>	<p>This language effectuates the light purple language in s. 448.077(2)(b) in the left column regarding training, experience, "scope of practice."</p> <p>This paragraph effectuates the red highlighted language in s. 448.077(3)(a) in the left column regarding the timeline for acquiring a license. The brown highlighted language in the rule references the additional detail regarding the timeline in 448.077(3)(c).</p> <p>The dark green highlighted language in the rule addresses the provision in the statute that allows the MEB to extend the time period to receive a license as specified in s. 448.077(3)(d).</p> <p>The light green highlighted language in the rule addresses the specificity in s. 448.077(3)(c).</p> <p>This language reinforces to the military medical personnel that he or she cannot perform a clinical act under the delegated authority of the statute if not consistent with her/her training and experience as a medic/corpsman/medical technician.</p> <p>Consistent with the statute's reliance on an MOU with the administering facility, this language creates an expectation that the administering facility has a policy regarding military medical personnel and that it is known to both the individual and likely supervising practitioners.</p> <p>Consistent with the statute's reliance on an MOU with the administering facility, this language relies on the credentialing role of the facility to verify that the facility reasonably believes that the information in the MOU is correct.</p>
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	<p>(i) The memorandum of understanding is signed and dated by the military medical personnel and an authorized representative of the administering facility.</p> <p>(2) The military medical personnel shall submit a completed memorandum of understanding that meets all of the requirements in sub. (1) to the department in the manner specified by the medical examining board on its published memorandum of understanding form.</p>	<p>This language fulfills the statute's requirement that the military medical personnel sign the MOU and that the employer receives the MOU per s. 440.077(2)(b).</p> <p>This rule paragraph incorporates the requirements in 440.077(3)(a) and (4) regarding submission of the MOU to DSPS and the MEBs requirement in the statute to create the MOU form (as highlighted in dark purple in the left column).</p>
<p>(3) (a) In order to participate in the program under sub. (2) (a), a military medical personnel shall establish a reasonable timeline with his or her employer that describes the actions the military medical personnel intends to take to acquire a license under s. 441.06, 441.10, 448.04, 448.61, or 448.974 including the date by which the military medical personnel agrees to acquire the license. The military medical personnel shall submit the timeline to the department on a form provided by the department.</p> <p>(b) A military medical personnel becomes ineligible to participate in the program under sub. (2) (a) beginning on the day after the date that the military medical personnel agreed to acquire a license under par. (a).</p> <p>(c) The timeline to acquire a license under par. (a) may not be longer than is reasonably necessary considering the license the military medical personnel intends to acquire, his or her education and experience, and any other relevant factors.</p> <p>(d) The medical examining board may extend the timeline under par. (a) if it appears that, because of unforeseen circumstances, the applicant requires more time to receive a license under s. 441.06, 441.10, 448.04, 448.61, or 448.974.</p>	<p>MED 26.05 Extension of Memorandum of Understanding Expiration Date. The medical examining board may extend the termination date of a signed memorandum of understanding under MED 26.04 if it appears that, because of unforeseen circumstances, the applicant requires more time to receive a license under s. 441.06, 441.10, 448.04, 448.61, or 448.974.</p>	<p>The highlighted provisions in s. 440.077(3) are addressed in the rule language above as indicated.</p> <p>This rule provision effectuates the language in 440.077(3)(d) (highlighted in dark green in the left column).</p>
<p>(4) The medical examining board shall oversee the operations of the program under sub. (2) (a).</p>	<p>MED 26.06 Complaints, investigations, suspension, and termination of authorization.</p>	<p>This rule provision effectuates the language in 440.077(4).</p>

	The medical examining board may receive and investigate complaints against registered military medical personnel performing clinical acts pursuant to this chapter MED 26. The medical examining board may suspend or terminate a registered military medical personnel's authority to perform clinical acts pursuant to this chapter MED 26.	
(5) The department may promulgate any rules necessary for the administration of this section.	NA	
SECTION 2. 441.06 (4) of the statutes is amended to read: 441.06 (4) Except as provided in s. ss. 257.03 and 440.077 , no person may practice or attempt to practice professional nursing, nor use the title, letters, or anything else to indicate that he or she is a registered or professional nurse unless he or she is licensed under this section. Except as provided in s. ss. 257.03 and 440.077 , no person not so licensed may use in connection with his or her nursing employment or vocation any title or anything else to indicate that he or she is a trained, certified or graduate nurse. This subsection does not apply to any registered nurse who holds a multistate license, as defined in s. 441.51 (2) (h), issued by a jurisdiction, other than this state, that has adopted the enhanced nurse licensure compact under s. 441.51.	NA	
SECTION 3. 448.03 (2) (bm) of the statutes is created to read: 448.03 (2) (bm) The activities of military medical personnel, as defined in s. 440.077 (1) (d), while supervised under s. 440.077.	NA	
SECTION 4. 448.40 (1m) of the statutes is created to read: 448.40 (1m) The board may promulgate rules to establish minimum standards for military medical personnel, as defined in s. 440.077 (1) (d), who perform skilled health services, as defined in s. 440.077 (1) (g), that are supervised under s. 440.077.	NA	

<p>SECTION 5. 448.61 of the statutes is amended to read:</p> <p>448.61 License required. Except as provided in ss. 257.03, 440.077, and 448.62, no person may practice podiatry, designate himself or herself as a podiatrist, use or assume the title “doctor of surgical chiropody”, “doctor of podiatry” or “doctor of podiatric medicine”, or append to the person's name the words or letters “doctor”, “Dr.”, “D.S.C.”, “D.P.M.”, “foot doctor”, “foot specialist” or any other title, letters or designation which represents or may tend to represent the person as a podiatrist unless the person is licensed under this subchapter.</p>	<p>NA</p>	
<p>SECTION 6. Nonstatutory provisions.</p> <p>(1) The department of safety and professional services may promulgate emergency rules under s. 227.24 to implement s. 440.077 (5). Notwithstanding s. 227.24 (1) (c) and (2), emergency rules promulgated under this subsection remain in effect until December 1, 2023, or the date on which permanent rules take effect, whichever is sooner. Notwithstanding s. 227.24 (1) (a) and (3), the department of safety and professional services is not required to provide evidence that promulgating a rule under this subsection as emergency rules is necessary for the preservation of public peace, health, safety, or welfare and is not required to provide a finding of emergency for a rule promulgated under this subsection.</p> <p>(2) The medical examining board may promulgate emergency rules under s. 227.24 to establish minimum standards for military medical personnel under s. 448.40 (1m). Notwithstanding s. 227.24 (1) (c) and (2), emergency rules promulgated under this subsection remain in effect until December 1, 2023, or the date on which permanent rules take effect, whichever is sooner. Notwithstanding s. 227.24 (1) (a) and (3), the medical examining board is not required to provide evidence that promulgating a rule under this subsection as emergency rules is necessary for the preservation of public peace, health, safety, or welfare and is not required to provide a finding of emergency for a rule promulgated under this subsection.</p>	<p>NA</p>	

<p>SECTION 7. Effective dates. This act takes effect on April 2, 2022, or on the day after publication, whichever is later, except as follows:</p> <p>(1) SECTION 6 of this act takes effect on the day after publication.</p>	<p>Rule language effective date language TBD.</p>	