Wisconsin Department of Safety and Professional Services
Division of Policy Development
4822 Madison Yards Way
PO Box 8366
Madison WI 53705-8366

Phone: 608-266-2112
Web: http://dsps.wi.gov
Email: dsps@wisconsin.gov

Tony Evers, Governor
Dan Hereth, Secretary

VIRTUAL/TELECONFERENCE
PHYSICIAN ASSISTANT AFFILIATED CREDENTIALING BOARD
Virtual, 4822 Madison Yards Way, Madison
Contact: Tom Ryan (608) 266-2112
August 22, 2024

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.

9:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

A) Adoption of Agenda (1-4)

B) Approval of Minutes of June 27, 2024 (5-6)

C) Reminders: Conflicts of Interest, Scheduling Concerns

D) Introductions, Announcements and Recognition
1) Introduction: Amanda C. Lange, Physician Assistant (Succeeds: Elliot)

E) Administrative Matters – Discussion and Consideration
1) Department, Staff and Board Updates
2) **Election of Officers, Appointment of Liaisons and Alternates, and Delegation of Authorities**
3) Board Members – Term Expiration Dates
   a. Collins, Clark A. – 7/1/2027
   b. Edwards, Jacqueline K. – 7/1/2025
   c. Fischer, Jean M. – 7/1/2027
   d. Holmes-Drammeh, Emelle S. – 7/1/2028
   e. Jarrett, Jennifer L. – 7/1/2028
   f. Lange, Amanda C. – 7/1/2028
   g. Martin, Cynthia S. – 7/1/2027
   h. Sanders, Robert W. – 7/1/2028
   i. Streit, Tara E. – 7/1/2027
4) Wis. Stat. § 15.085 (3)(b) – Affiliated Credentialing Boards' Biannual Meeting with the Medical Examining Board to Consider Matters of Joint Interest – Update

F) Ongoing Discussions with the Medical Examining Board Liaison – Report, Discussion and Consideration

G) Administrative Rule Matters – Discussion and Consideration (7-25)
1) Drafting Proposals: PA 4, Relating to Physical Examinations **(8-11)**
2) Update:
   a) Med 27, Relating to Provisional Licensure for International Physicians
   b) Med 24, Relating to Telemedicine and Telehealth

c) N 6, Relating to Delegated Acts
d) Pod 1 and 9, Relating to Supervision of Physician Assistants

3) Pending or Possible Rulemaking Projects **(25)**

H) Prescription Drug Monitoring Program (PDMP) Overview and Updates – Discussion and Consideration (26-30)

I) DSPS Interdisciplinary Advisory Council Liaison Report – Discussion and Consideration

J) Physician Assistant Interstate Compact Update – Discussion and Consideration

K) Legislative and Policy Matters – Discussion and Consideration

L) Controlled Substances Board Update and Meeting Attendance – Discussion and Consideration

1) 2024 Meeting Dates: September 20 and November 8

M) Physician Assistant License Signatures – Discussion and Consideration

N) Federation of State Medical Board (FSMB) Matters – Discussion and Consideration

O) Professional Assistance Procedure (PAP) Discussion of Expansion to Include Mental Health Disorders Update – Discussion and Consideration

P) Items Added After Preparation of Agenda:

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

28) Speaking Engagements, Travel, or Public Relation Requests, and Reports

Q) Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85(1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85(1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.).

R) Credentialing Matters

1) **Application Review**
   a) IA-294363 – A.J.G., Physician Assistant **(31-124)**

S) Deliberation on DLSC Matters

T) 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 Orders
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) Case Closings
15) Board Liaison Training
16) Petitions for Assessments and Evaluations
17) Petitions to Vacate Orders
18) Remedial Education Cases
19) Motions
20) Petitions for Re-Hearing
21) Appearances from Requests Received or Renewed

U) Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

V) Open Session Items Noticed Above Not Completed in the Initial Open Session

W) Vote on Items Considered or Deliberated Upon in Closed Session if Voting is Appropriate

X) Delegation of Ratification of Examination Results and Ratification of Licenses and Certificates

ADJOURNMENT

VIRTUAL/TELECONFERENCE

ORAL INTERVIEW OF CANDIDATES FOR LICENSURE

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

CLOSED SESSION – Reviewing Applications and Conducting Oral Interview of **Zero** (**0**) (at time of agenda publication) Candidates for Licensure – **Jean Fischer** and **Clark Collins**.

NEXT MEETING: OCTOBER 10, 2024

****

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 disciplinary hearings may be changed by the examiner for the convenience of the parties. 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
PHYSICIAN ASSISTANT
AFFILIATED CREDENTIALING BOARD
MEETING MINUTES
JUNE 27, 2024

PRESENT: Clark Collins, Jacqueline Edwards, Eric Elliot, Jean Fischer, Emelle Holmes-Drammeh, Jennifer Jarrett, Cynthia Martin, Robert Sanders, Tara Streit

STAFF: Tom Ryan, Executive Director; Joseph Ricker, Legal Counsel; Nilajah Hardin, Administrative Rules Coordinator; Tracy Drinkwater, Board Administrative Specialist; and other Department Staff

CALL TO ORDER

Jennifer Jarrett, Chairperson, called the meeting to order at 9:00 a.m. A quorum was confirmed with nine (9) members present.

ADOPTION OF AGENDA

MOTION: Eric Elliot moved, seconded by Robert Sanders, to adopt the Agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF MAY 30, 2024

MOTION: Tara Streit moved, seconded by Jacqueline Edwards, to approve the Minutes of May 30, 2024, as published. Motion carried unanimously.

INTRODUCTIONS, ANNOUNCEMENTS AND RECOGNITION

Recognition: Eric Elliot (Resigned: 7/01/2024, Member since 9/ 2021)

MOTION: Jennifer Jarrett moved, seconded by Tara Streit, to recognize and thank Eric Elliot for their years of dedicated service to the Board and State of Wisconsin. Motion carried unanimously.

ADMINISTRATIVE RULE MATTERS

Scope Statement: PA 1 to 4, Relating to Implementation of the Physician Assistant Licensure Compact

MOTION: Eric Elliot moved, seconded by Jean Fischer, to approve the Scope Statement revising PA 1 to 4, relating to Implementation of the Physician Assistant Licensure Compact, for submission to the Department of Administration and Governor's Office and for publication. Additionally, the Board authorizes the Chairperson to approve the Scope Statement for implementation no less than 10 days after publication. If the Board is directed to hold a preliminary public hearing on the Scope Statement, the Chairperson is authorized to approve the required notice of hearing. Motion carried unanimously.

Drafting Proposals: PA 4, Relating to Physical Examinations

MOTION: Robert Sanders moved, seconded by Jean Fischer, to designate Jennifer Jarrett to serve as liaison to DSPS staff for drafting PA 4, Relating to Physical Examinations. Motion carried unanimously.

PHYSICIAN ASSISTANT INTERSTATE COMPACT UPDATE

Appointment of Compact Delegate

MOTION: Eric Elliot moved, seconded by Jacqueline Edwards, to designate Robert Sanders as a delegate and Jean Fischer as the alternate to the Physician Assistant Interstate Compact. Motion carried unanimously.

OTHER APPOINTMENTS	
Physician Assistant Interstate Compact Delegate	Robert Sanders *Alternate:* Jean Fischer

REVIEW OF 2025 BOARD GOALS TO ADDRESS OPIOID ABUSE AND DELEGATE DEPARTMENT TO FILE WIS. STAT. S. 440.035 (2M) REPORT TO LEGISLATURE

MOTION: Eric Elliot moved, seconded by Robert Sanders, to adopt the goals to address opioid abuse as presented in the agenda and to delegate the Department to file the Wis. Stat. s. 440.035 Report to Legislature. Motion carried unanimously.

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

MOTION: Clark Collins moved, seconded by Emelle Holmes-Drammeh, to delegate ratification of examination results to DSPS staff and to ratify all licenses and certificates as issued. Motion carried unanimously.

ADJOURNMENT

MOTION: Jacqueline Edwards moved, seconded by Eric Elliot, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 10:05 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:
Nilajah Hardin **Administrative Rules Coordinator**	**8/12/24** 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:

Physician Assistant Affiliated Credentialing Board

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
08/22/24	☒ Yes ☐ No	**Administrative Rule Matters Discussion and Consideration** 1. Drafting Proposals: PA 4, Relating to Physical Examinations 2. Update: a. Med 27, Relating to Provisional Licensure for International Physicians b. Med 24, Relating to Telemedicine and Telehealth c. N 6, Relating to Delegated Acts d. Pod 1 and 9, Relating to Supervision of Physician Assistants 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:

1. **PA 4 Prelim Rule Draft**
2. **AAPA Ethics Guidelines**
3. **Rule Projects Chart**

Pending Rule Project Page: https://dsps.wi.gov/Pages/RulesStatutes/PendingRules.aspx

11) Authorization

Nilajah D. Hardin — 08/12/24

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
PHYSICIAN ASSISTANT AFFILIATED CREDENTIALING BOARD

IN THE MATTER OF RULEMAKING PROCEEDINGS BEFORE THE PHYSICIAN ASSISTANT AFFILIATED CREDENTIALING BOARD	:	PROPOSED ORDER OF THE PHYSICIAN ASSISTANT AFFILIATED CREDENTIALING BOARD ADOPTING RULES (CLEARINGHOUSE RULE)

PROPOSED ORDER

An order of the Physician Assistant Affiliated Credentialing Board to create PA 4.005 and 4.01 (2) (fm), relating to Physical Examinations.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: s. 448.973 (1) (c) 1., Stats.

Statutory authority: ss. 15.085 (5) (b) and 448.973 (1), Stats.

Explanation of agency authority:
Section 15.085 (5) (b) 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."

Section 448.973 (1) states that: "

(a) The board shall promulgate rules implementing s. 448.9785.
(b) The board shall promulgate rules establishing continuing education requirements for physician assistants.
(c) The board may promulgate other rules to carry out the purposes of this subchapter, including any of the following
    1. Rules defining what constitutes unprofessional conduct for physician assistants for purposes of s. 448.978 (2) (d).
    2. Rules under s. 448.977 (2)."

Related statute or rule: None.

Plain language analysis:
The proposed rule expands unprofessional conduct to require that physician assistants either follow the policies established by their employers for the use of chaperones during physical examinations, or that physician assistants establish policies and follow them. Physician assistants will also be required to make their policy regarding the use of

Commented [NH1]: From Board Counsel: Can PAs do this?

chaperones accessible to all patients. “Chaperone” is defined to mean an individual whom a physician assistant requests to be present during a clinical examination who can serve as a witness to the examination taking place. “Observer” is defined to mean an individual chosen by the patient to be present during an examination, and is presumed to include an adult family member, legal guardian, or legal custodian if the patient is twelve years of age or under. The distinction between the two is that a chaperone is arranged for or requested by the physician assistant on the patient’s behalf and must be able to serve as a witness, whereas an observer is directly chosen by the patient.

Nothing under this rule is intended to impose a requirement upon any person or entity that the board does not have jurisdiction over.

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

Summary of public comments received on statement of scope and a description of how and to what extent those comments and feedback were taken into account in drafting the proposed rule: None.

Comparison with rules in adjacent states:

Illinois: Physician Assistants in Illinois are licensed through the Illinois Department of Financial and Professional Regulation. The Physician Assistant Practice Act of 1987 governs the practice of physician assistants in Illinois and includes statutes on licensure, collaboration, prescribing, continuing education, and grounds for disciplinary action. [225 Illinois Compiled Statutes 95]. Part 1350 of the Illinois Administrative Code further details rules for physician assistants in the areas of licensure, collaboration, and prescribing. These sections also detail scope and function, employment, approved programs, and unprofessional conduct. The rules for unprofessional conduct do not include the requirement of observers or chaperones for certain physical examinations. [Illinois Administrative Code s. 1350].

Iowa: Physician Assistants in Iowa are licensed through the Iowa Department of Public Health and the Board of Physician Assistants. Chapter 148C of the Iowa Code governs the practice of physician assistants in Iowa and includes statutes on licensure and grants administrative rulemaking authority to their Board [Iowa Code ch. 148C]. Chapters 326 through 329 of the Professional Licensure Division Section 645 of the Iowa Administrative Code further details rules for physician assistants in the areas of licensure, practice, continuing education, and discipline. The rules on grounds for discipline do not include the requirement of observers or chaperones for certain physical examinations. [645 Iowa Administrative Code chs. 326 to 329].

Michigan: Physician Assistants in Michigan are licensed through the Michigan Department of Licensing and Regulatory Affairs. Part 170 of The Public Health Code Act 368 governs the practice of physician assistants in Michigan. This section of the Michigan Compiled Laws includes requirements for physician assistants on licensure, practice, informed consent, continuing education, and delegation of care. The Michigan Board of Medicine is also responsible for the regulation of Physician Assistants in

Michigan. The rules for physician assistants do not include the requirement of observers or chaperones for certain physical examinations [Michigan Compiled Laws ss. 333.17001 to 333.17084].

Minnesota: Physician Assistants in Minnesota are licensed through the Minnesota Board of Medical Practice. Chapter 147A of the Minnesota Statutes includes requirements for licensure, scope of practice, grounds for disciplinary action, accountability, prescribing drugs, continuing education and responding to disaster situations [Minnesota Statutes ch. 147A]. The Minnesota Board of Medical Practice has administrative rules which also include requirements for physician assistants including licensure and registration, continuing education, emeritus registrations, professional corporation rules, hearings before the board, and fee splitting [Minnesota Administrative Rules chs. 5600, 5605, 5606, 5610, 5615, and 5620]. The statutory requirements for grounds for disciplinary action do not include the requirement of observers or chaperones for certain physical examinations [Minnesota Statutes ch. 147A s. 147A.13].

Summary of factual data and analytical methodologies:
While promulgating these rules, the Board referenced Wisconsin Administrative Code ch. Med 10, as well as the 'Guidelines for Ethical Conduct for the PA Profession' from the American Academy of Physician Associates, among other sources.

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.

Fiscal Estimate and Economic Impact Analysis:
The Fiscal Estimate and Economic Impact Analysis will be attached upon completion.

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

Agency contact person:
Nilajah Hardin, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, Wisconsin 53708-8306; 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, 4822 Madison Yards Way, P.O. Box 8366, Madison, WI 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. PA 4.005 is created to read:

PA 4.005 Definitions: In this chapter:

(1) "Chaperone" means an individual whom a physician assistant requests to be present during a clinical examination that exposes the breasts, genitals, or rectal area, and who can serve as a witness to the examination taking place should there be any misunderstanding or concern for sexual misconduct.

(2) "Observer" means an individual chosen by the patient to be present during an examination or inspection that exposes the breasts, genitals, or rectal area. A patient's adult family member, legal guardian, or legal custodian is presumed to be able to act as an observer if the patient is twelve years of age or under.

SECTION 2. PA 4.01 (2) (fm) is created to read:

PA 4.01 (2) (fm) 1. If a physician assistant who practices pursuant to a collaboration agreement or in an employment arrangement fails to comply with the terms of their collaboration agreement or contract of employment regarding chaperones or other observers in patient examinations, then the failure to follow such rules during an exam in which a violation of par. (f) is alleged may be considered by the board in determining whether the alleged misconduct occurred.

2. A copy of any rules and procedures, or summary thereof, regarding the physician assistant's use of chaperones or other observers shall be made available and accessible to all patients who are likely to receive a non−emergency examination of the breasts, genitals, or rectal area.

3. A physician assistant shall not be found in violation of this section because of the failure of a third−party to create a policy regarding chaperones, or to allow posting or notification of any policy regarding chaperones.

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

(END OF TEXT OF RULE)

Guidelines for Ethical Conduct for the PA Profession

(Adopted 2000, reaffirmed 2013, 2023, amended 2004, 2006, 2007, 2008, 2018, 2024)

Executive Summary of Policy Contained in this Paper

Summaries will lack rationale and background information and may lose nuance of policy. You are highly encouraged to read the entire paper.

- Individual PAs must use their best judgment in a given situation while considering the preferences of the patient, the healthcare team, clinical information, ethical principles, and legal obligations.
- The four main bioethical principles which broadly guided the development of these guidelines are patient autonomy, beneficence, nonmaleficence, and justice.
- The statement of values within this document defines the fundamental values the PA profession strives to uphold. The primary value is the PA's responsibility to the health, safety, welfare, and dignity of all human beings.

Introduction

The PA profession has revised its code of ethics several times since the profession began. Although the fundamental principles underlying the ethical care of patients have not changed, the societal framework in which those principles are applied is constantly changing. Economic pressures, social pressures of church and state on the healthcare system, technological advances, and changing patient demographics continually transform the landscape in which PAs practice. This policy, as written, reflects a point in time and should be reviewed though that lens. It is a living document to be continually reviewed and updated to reflect the changing times, be they related to societal evolutions or the advancement of medical science.

Previous codes of the profession were brief lists of tenets for PAs to live by in their professional lives. This document departs from that format by going a step further and describing how these tenets apply to PA practice. Each situation is unique. Individual PAs must use their best judgment in a given situation while considering the preferences of the patient and the healthcare team, clinical information, ethical principles, and legal obligations. Context and/or casuistry (extracting reasoning from case study), often play key roles in decision making.

Four main bioethical principles broadly guided the development of these guidelines: patient autonomy, beneficence, nonmaleficence, and justice.

Autonomy, strictly speaking, means self-rule. Patients have the right to make autonomous decisions and choices, and PAs should respect these decisions and choices.

Beneficence means that PAs should act in the patient's best interest. In certain cases, respecting the patient's autonomy and acting in their best interests may be difficult to balance.

Nonmaleficence means to do no harm, to impose no unnecessary or unacceptable burden upon the patient.

Justice means that patients in similar circumstances should receive similar care. Justice also applies to norms for the fair distribution of resources, risks, and costs.

PAs are expected to behave both legally and morally. They should know and understand the local, state and federal laws governing their practice. Likewise, they should understand the ethical responsibilities of being a healthcare professional. Legal requirements and ethical expectations will not always be in agreement. Generally speaking, the law describes minimum standards of acceptable behavior, and ethical principles delineate the highest moral standards of behavior.

When faced with an ethical dilemma, PAs may find the guidance they need in this document. If not, they may wish to seek guidance elsewhere – possibly from a hospital ethics committee, an ethicist, trusted colleagues, or other AAPA policies. PAs should seek legal counsel when they are concerned about the potential legal consequences of their decisions.

The following sections discuss ethical conduct of PAs in their professional interactions with patients, physicians, colleagues, other health professionals, and the public. The "Statement of Values" within this document defines the fundamental values that the PA profession strives to uphold. These values provide the foundation upon which the guidelines rest. The guidelines were written with the understanding that no document can encompass all actual and potential ethical responsibilities, and PAs should not regard them as comprehensive.

Statement of Values of the PA Profession

- PAs hold as their primary responsibility the health, safety, welfare, and dignity of all human beings.
- PAs uphold the tenets of patient autonomy, beneficence, nonmaleficence, and justice.
- PAs recognize and promote the value of diversity.
- PAs do not discriminate; PAs treat equally all persons who seek their care.
- PAs hold in confidence the patient-specific information shared in the course of practicing medicine.
- PAs actively seek to expand their knowledge and skills, keeping abreast of advances in medicine. PAs assess their personal capabilities and limitations, striving always to improve their practice of medicine.
- PAs work with other members of the healthcare team to provide compassionate and effective

care of patients.

- PAs use their knowledge and experience to contribute to a healthy community and the improvement of public health.
- PAs respect their professional relationship with all members of the healthcare team.
- PAs share and expand clinical and professional knowledge with PAs and PA students.

The PA and Patient

PA Role and Responsibilities

The principal value of the PA profession is to respect the health, safety, welfare, and dignity of all human beings. This concept is the foundation of the patient–PA relationship. PAs have an ethical obligation to see that each of their patients receives appropriate care. PAs should be sensitive to the beliefs and expectations of the patient. PAs should recognize that each patient is unique and has an ethical right to self-determination.

PAs are professionally and ethically committed to providing nondiscriminatory care to all patients. While PAs are not expected to ignore their own personal values, scientific or ethical standards, or the law, they should not allow their personal beliefs to restrict patient access to care. A PA has an ethical duty to offer each patient the full range of information on relevant options for their healthcare. If personal moral, religious, or ethical beliefs prevent a PA from offering the full range of treatments available or care the patient desires, the PA has an ethical duty to refer a patient to another qualified provider. That referral should not restrict a patient's access to care. PAs are obligated to care for patients in emergency situations and to responsibly transfer patients if they cannot care for them.

PAs should always act in the best interests of their patients and as advocates when necessary. While respecting the law, PAs should actively resist policies that restrict free exchange of medical information whether the restrictions are coming from their institution, regulators or legislators. For example, PAs should inform patients of financial incentives to limit care, use resources in a fair and efficient way, and avoid arrangements or financial incentives that conflict with the patient's best interests.

The PA and Diversity

The PA should respect the culture, values, beliefs, and expectations of the patient.

Nondiscrimination of Patients and Families

PAs should not discriminate against classes or categories of patients in the delivery of needed healthcare. Such classes and categories include gender, color, creed, race, religion, age, ethnic or national origin, political beliefs, nature of illness, disability, socioeconomic status, physical stature, body size, gender identity, marital status, or sexual orientation.

See also section on Nondiscrimination in the Workplace and Classroom.

Initiation and Discontinuation of Care

In the absence of a preexisting patient–PA relationship, the PA is under no ethical obligation to care for a person unless no other provider is available. A PA is morally bound to provide care in emergency situations and, when necessary, to arrange proper follow-up. PAs should keep in mind that contracts with health insurance plans might define a legal obligation to provide care to certain patients.

Care can be discontinued for many reasons, some positive (such as retirement or a new position) and some negative (such as threatening behavior by the patient or demonstrating non-compliance with recommended medical care).

A professional relationship with an established patient may be discontinued as long as proper procedures are followed. The patient should be provided with adequate notice, offer to transfer records, and arrange for continuity of care if the patient has an ongoing medical condition. In the event that discontinuation is the result of a problematic relationship, discontinuation should be undertaken only after a serious attempt has been made to clarify and understand the expectations and concerns of all involved parties.

If the patient decides to terminate the relationship, they are entitled to access appropriate information contained within their medical record.

Many regulatory boards have rules or position statements addressing termination of care. PAs should understand any regulatory requirements before taking action.

Informed Consent

PAs have a duty to protect and foster an individual patient's free and informed choices. The doctrine of *informed* consent means that a PA provides adequate information that is comprehendible to a patient or patient surrogate who has medical decision-making capacity. At a minimum, this should include the nature of the medical condition, the objectives of the proposed treatment, treatment options, possible outcomes, and the risks involved. PAs are expected to be committed to the concept of shared decision making, which involves assisting patients in making decisions that account for medical, situational and personal factors.

See also, AAPA policy paper, Use of Medical Interpreters for Patients with Limited English Proficiency.

In caring for adolescents, the PA must understand all of the laws and regulations in the PA's jurisdiction that are related to the ability of minors to consent to or refuse healthcare. Adolescents should be encouraged to involve their families in healthcare decision making. The PA is expected to understand consent laws pertaining to emancipated or mature minors.

See also, the section on Confidentiality and AAPA's policy paper, Attempts to Change a Minor's Sexual Orientation, Gender Identity, or Gender Expression.

When the person giving consent is a patient's surrogate, a family member, or other legally authorized representative, the PA should take reasonable care to assure that the decisions made are consistent with the patient's best interests and personal preferences, if known. If the PA believes the surrogate's choices do not reflect the patient's wishes or best interests, the PA should work to resolve the conflict. This may require the use of additional resources, such as an ethics committee.

Confidentiality

PAs should maintain confidentiality. By maintaining confidentiality, PAs respect patient privacy and help to prevent discrimination based on medical conditions. If patients are confident that their privacy is protected, they are more likely to seek medical care and more likely to discuss their problems candidly.

In cases of adolescent patients, family support is important but should be balanced with the patient's need for confidentiality and the PA's obligation to respect their emerging autonomy. Adolescents may not be of age to make independent decisions about their health, but providers should respect that they soon will be. To the extent they can, PAs should allow these emerging adults to participate as fully as possible in decisions about their care. It is important that PAs be familiar with and understand institutional policies and local, state and federal laws and regulations in their jurisdictions that relate to the confidentiality rights of adolescent patients.

See also, the section on Informed Consent.

Any communication about a patient conducted in a manner that violates confidentiality is unethical. Because written, electronic, and verbal information may be intercepted or overheard, the PA should always be aware of anyone who might be monitoring communication about a patient.

PAs should use and advocate for methods of storage and transmission of patient information that minimize the likelihood of data becoming available to unauthorized persons or organizations. Computerized record keeping and electronic data transmission present unique challenges that can make the maintenance of patient confidentiality difficult. PAs should advocate for policies and procedures that secure the confidentiality of patient information.

The Patient and the Medical Record

PAs have an obligation to keep information in the patient's medical record confidential. Information should be released only with the written permission of the patient or the patient's legally authorized representative. Specific exceptions to this general rule may exist (e.g., workers compensation, communicable disease, HIV, knife/gunshot wounds, abuse, substance abuse). It is important that a PA be familiar with and understand the institutional policies and local, state and federal laws and regulations that relate to the release of information. For example, stringent legal restrictions on the release of genetic test results and mental health records often exist.

Both ethically and legally, a patient has certain rights to know the information contained in the patient's medical record. While the chart is legally the property of the practice or the institution, the information in the chart is the property of the patient. Most states have laws that provide patients access to their medical records. The PA should know the laws and facilitate patient access to the information.

Disclosure of Medical Errors

A patient deserves complete and honest explanations of medical errors and adverse outcomes. The PA should disclose the error to the patient if such information is significant to the patient's interests and well-being. Errors do not always constitute improper, negligent, or unethical behavior, but failure to disclose them may.

See AAPA policy paper, Acknowledging and Apologizing for Adverse Outcomes.

Care of Family Members and Co-workers

Treating oneself, co-workers, close friends, family members, or students whom the PA supervises or teaches is contextual (2)(3) and casuistic (extracting reason from case study). For example, it might be ethically acceptable to treat one's own child for a case of otitis media, but it probably is not acceptable to treat one's spouse for depression. PAs should be aware that their judgment might be less than objective in cases involving friends, family members, students, and colleagues and that providing "curbside" care might sway the individual from establishing an ongoing relationship with a provider. If it becomes necessary to treat a family member or close associate, a formal patient-provider relationship should be established, and the PA should consider transferring the patient's care to another provider as soon as it is practical. If a close associate requests care, the PA may wish to assist by helping them find an appropriate provider.

There may be exceptions to this guideline, for example, when a PA runs an employee health center or works in occupational medicine. Even in those situations, the PA should be sure they do not provide informal treatment, but provide appropriate medical care in a formally established patient-provider relationship.

Genetic Testing

Evaluating the risk of disease and performing diagnostic genetic tests raise significant ethical concerns. PAs should be informed about the benefits and risks of genetic tests. Testing should be undertaken only after proper informed consent is obtained. If PAs order or conduct the tests or have access to the results as a consequence of patient care, they should ensure that appropriate pre- and post-test counseling is provided.

PAs should be sure that patients understand the potential consequences of undergoing genetic tests – from impact on patients themselves, possible implications for other family members, and potential use of the information by insurance companies or others who might have access to the information.

Because of the potential for discrimination by insurers, employers, or others, PAs should be particularly aware of the need for confidentiality concerning genetic test results.

Reproductive Decision Making

Patients have a right to access the full range of reproductive healthcare services, including fertility treatments, contraception, sterilization, and abortion. PAs have an ethical obligation to provide balanced and unbiased clinical information about reproductive healthcare.

When the PA's personal values conflict with providing full disclosure or providing certain services such as sterilization or abortion, the PA need not become involved in that aspect of the patient's care. By referring the patient to a qualified provider who is willing to discuss and facilitate all treatment options, the PA fulfills their ethical obligation to ensure the patient's access to all legal options.

End of Life

Among the ethical principles that are fundamental to providing compassionate care at the end of life, the most essential is recognizing that dying is a personal experience and part of the life cycle.

PAs should provide patients with the opportunity to plan for end-of-life care. Advance directives, living wills, durable power of attorney, and organ donation should be discussed during routine patient visits.

PAs should assure terminally ill patients that their dignity is a priority, and that relief of physical and mental suffering is paramount. PAs should exhibit non-judgmental attitudes and should assure their terminally ill patients that they will not be abandoned. To the extent possible, patient or surrogate preferences should be honored, using the most appropriate measures consistent with their choices, including alternative and non-traditional treatments. PAs should explain palliative and hospice care and facilitate patient access to those services. End of life care should include assessment and management of psychological, social, and spiritual or religious needs.

While respecting patients' and their family's wishes for particular treatments, when possible, PAs also must weigh their ethical responsibility to withhold futile treatments and to help patients understand such medical decisions. The same is true for evaluating a request to provide assistance in dying.

A PA should not make these decisions in a vacuum. Prior to taking action, the PA should review institutional policy and legal standards. A PA should also consider seeking guidance from the hospital ethics committee, an ethicist, trusted colleagues, a supervisor, or other AAPA policies.

The PA and Individual Professionalism

Conflict of Interest

PAs should place service to patients before personal material gain and should avoid undue influence on their clinical judgment. Trust can be undermined by even the appearance of improper influence. Examples of excessive or undue influence on clinical judgment can take several forms. These

may include financial incentives, pharmaceutical or other industry gifts, and business arrangements involving referrals. PAs should disclose any actual or potential conflict of interest to their patients.

Acceptance of gifts, trips, hospitality, or other items is discouraged. Before accepting a gift or financial arrangement, PAs should consider the guidelines of the American College of Physicians, "What would the public or my patients think of this arrangement?" (4)

Professional Identity

PAs should not misrepresent directly or indirectly, their skills, training, professional credentials, or identity. PAs should uphold the dignity of the PA profession and accept its ethical values.

Competency

PAs should commit themselves to providing competent medical care and extend to each patient the full measure of their professional ability as dedicated, empathetic healthcare providers. Providing competent care includes seeking consultation with other providers and referring patients when a patient's condition exceeds the PA's education and experience, or when it is in the best interest of the patient. PAs should also strive to maintain and increase the quality of their healthcare knowledge, cultural sensitivity, and cultural competence through individual study, self-assessment and continuing education.

Sexual Relationships

It is unethical for PAs to become sexually involved with patients. It also may be unethical for PAs to become sexually involved with former patients or key third parties. The legal definition may vary by jurisdiction, but key third parties are generally individuals who have influence over the patient such as spouses or partners, parents, guardians, or surrogates. PAs should be aware of and understand institutional policies and local, state and federal laws and regulations regarding sexual relationships.

Sexual relationships generally are unethical because of the PA's position of authority and the inherent imbalance of knowledge, expertise, and status. Issues such as dependence, trust, transference, and inequalities of power may lead to increased vulnerability on the part of the current or former patients or key third parties.

However, there are some contexts where a strict moratorium, particularly when extended to third parties, may not be feasible (3). In these cases, the PA should seek additional resources or guidance from a supervisor, a hospital ethics committee, an ethicist or trusted colleagues. PAs should seek legal counsel when they are concerned about the potential legal consequences of their decisions.

Nondiscrimination in the Workplace and Classroom

It is unethical for PAs to engage in or condone any form of discrimination. Discrimination is defined as any behavior, action, or policy that adversely affects an individual or group of individuals due to disparate treatment, disparate impact, or the creation of a hostile, inequitable or intimidating work or learning environment. This includes, but is not limited to, discrimination based on sex, color, creed, race,

religion, age, ethnic or national origin, political beliefs, nature of illness, disability, socioeconomic status, physical stature, body size, gender identity, marital status, or sexual orientation.

See also, the sections on Nondiscrimination of Patients and Families, and Sexual Harassment

Online Conduct for Physician Associates (PAs)

PAs should maintain the same level of ethical conduct online as is expected in the workplace [when representing themselves as PAs]. It is important for PAs to remember their actions online may impact their reputation with patients and colleagues, as well as have consequences for their medical careers.

In the digital world, where interactions can quickly reach a wide audience, PAs are responsible for maintaining behavior that reflects respect, empathy and ethical standards expected of healthcare professionals. By adhering to these guidelines, PAs ensure that their online presence aligns with the dignity of the profession and the trust placed in them by patients and their colleagues.

All PAs shall refrain from engaging in or endorsing any communication that disparages any group based on characteristic such as race, ethnicity, gender, sexual orientation, nationality, religion, or other characteristic.

Sexual Harassment

It is unethical for PAs to engage in or condone any form of sexual harassment. Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature when:

- Such conduct has the purpose or effect of interfering with an individual's work or academic performance or creating an intimidating, hostile or offensive work or academic environment, or
- Accepting or rejecting such conduct affects or may be perceived to affect professional decisions concerning an individual, or
- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's training or professional position.

See also, the section on Nondiscrimination in the Workplace and Classroom.

<u>The PA and Other Professionals</u>

Team Practice

PAs should be committed to working collegially with other members of the healthcare team to assure integrated, well-managed, and effective care of patients. PAs should strive to maintain a spirit of cooperation with other healthcare professionals, their organizations, and the general public. The PA should consult with all appropriate team members whenever it will safeguard or advance the welfare of

the patient. This includes seeking assistance in situations of conflict with a patient or another healthcare professional.

Resolution of Conflict Between Providers

While a PA's first responsibility is in the best interest of the patient, it is inevitable that providers will sometimes disagree when working as members of a healthcare team. When conflicts arise between providers in regard to patient care, it is important that patient autonomy and the patient's trusted relationship with each member of the healthcare team are preserved. If providers disagree on the course of action, it is their responsibility to discuss the options openly and honestly with each other, and collaboratively with the patient.

It is unethical for a PA to circumvent the other members of the healthcare team or attempt to disparage or discredit other members of the team with the patient. In the event a PA has legitimate concerns about a provider's competency or intent, those concerns should be reported to the proper authorities.

PAs should be aware of and take advantage of available employer resources to mitigate and resolve conflicts between providers.

Illegal and Unethical Conduct

PAs should not participate in or conceal any activity that will bring discredit or dishonor to the PA profession. They should report illegal or unethical conduct by healthcare professionals to the appropriate authorities.

Impairment

PAs have an ethical responsibility to protect patients and the public by recognizing their own impairment and identifying and assisting impaired colleagues. "Impaired" means being unable to practice medicine with reasonable skill and safety because of physical or mental illness, loss of motor skills, or excessive use or abuse of drugs and alcohol.

PAs should be able to recognize impairment in any member of the healthcare team and should seek assistance from appropriate resources to encourage these individuals to obtain treatment.

See also, AAPA policy paper, PA Impairment and Well-being.

Complementary, Alternative and Integrative Health

When a patient asks about complementary, alternative and/or integrative health approaches, the PA has an ethical obligation to gain a basic understanding of the therapy(ies) being considered or used and how the treatment will affect the patient. PAs should do appropriate research, including seeking advice from colleagues who have experience with the treatment or experts in the therapeutic field. If the PA believes the complementary, alternative or integrative health is not in the best interest of the patient,

the PA should work diligently to dissuade the patient from using it, advise other treatment, and perhaps consider transferring the patient to another provider.

The PA and the Healthcare System

Workplace Actions

PAs may face difficult personal decisions to withhold medical services when workplace actions (e.g., strikes, sick-outs, slowdowns, etc.) occur. The potential harm to patients should be carefully weighed against the potential improvements to working conditions and, ultimately, patient care that could result. In general, PAs should individually and collectively work to find alternatives to such actions in addressing workplace concerns.

PAs as Educators

All PAs have a responsibility to share knowledge and information with patients, other health professionals, students, and the public. The ethical duty to teach includes effective communication with patients so that they will have the information necessary to participate in their healthcare and wellness.

See also, AAPA policy paper, PA Student Supervised Clinical Practice Experiences - Recommendations to Address Barriers.

PAs and Research

The most important ethical principle in research is honesty. This includes assuring subjects' informed consent, following treatment protocols, and accurately reporting findings. Fraud and dishonesty in research must be reported to maintain the integrity of the available data in research.

PAs are encouraged to work within the oversight of institutional review boards and institutional animal care and use committees as a means to ensure that ethical standards are maintained.

PAs involved in research must be aware of potential conflicts of interest. Any conflict of interest must be disclosed. The patient's welfare takes precedence over the proposed research project.

PAs are encouraged to undergo research ethics education that includes periodic refresher courses to be maintained throughout the course of their research activity. PAs must be educated on the protection of vulnerable research populations.

Sources of funding for the research must be included in the published reports.

The security of personal health data must be maintained to protect patient privacy.

Plagiarism is unethical. Incorporating the words of others, either verbatim or by paraphrasing, without appropriate attribution is unethical and may have legal consequences. When submitting a document for publication, any previous publication of any portion of the document must be fully disclosed.

PAs as Expert Witnesses

The PA expert witness should testify to what they believe to be the truth. The PA's review of medical facts should be thorough, fair, and impartial.

The PA expert witness should be fairly compensated for time spent preparing, appearing, and testifying. The PA should not accept a contingency fee based on the outcome of a case in which testimony is given or derive personal, financial, or professional favor in addition to compensation.

See also, AAPA policy paper, Guidelines for the PA Serving as an Expert Witness.

The PA and Society

Lawfulness

PAs have the dual duty to respect the law and to work for positive changes to laws that will enhance the health and well-being of the community.

Executions

PAs, as healthcare professionals, should not participate in executions because to do so would violate the ethical principle of beneficence.

See also, AAPA policy HX-10640.

Access to Care / Resource Allocation

PAs have a responsibility to use healthcare resources in an appropriate and efficient manner so that all patients have access to needed healthcare. Resource allocation should be based on societal needs and policies, not the circumstances of an individual patient–PA encounter. (1) PAs participating in policy decisions about resource allocation should consider medical need, cost-effectiveness, efficacy, and equitable distribution of benefits and burdens in society.

Community Well Being

PAs should work for the health, well-being, and the best interest of both the patient and the community. Sometimes there is a dynamic moral tension between the well-being of the community in general and the individual patient. Conflict between an individual patient's best interest and the common good is not always easily resolved. When confronted with this situation, a PA may seek guidance from a supervisor, a hospital ethics committee, an ethicist, trusted colleagues, or other AAPA policies.

In general, PAs should be committed to upholding and enhancing community values, be aware of the needs of the community, and use the knowledge and experience acquired as professionals to contribute to an improved community.

Conclusion

AAPA recognizes its responsibility to aid the PA profession as it strives to provide high quality, accessible healthcare. PAs wrote these guidelines for themselves and other PAs. The ultimate goal is to honor patients and earn their trust while providing the best and most appropriate care possible. At the

same time, PAs must understand their personal values and beliefs and recognize the ways in which those values and beliefs can impact the care they provide.

References

1. Bauchamps T, Childress J. *Principles of Biomedical Ethics*, Edition 6, Oxford University Press, 2008
2. Jonsen A, Siegler M. *Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine*, 8th Edition, McGraw-Hill Professional Publishing, 2015
3. Nelson, W *Handbook for Rural Health Care Ethics: A Practical Guide for Professionals*, 1st Edition; Dartmouth College Press, 2009. https://geiselmed.dartmouth.edu/cfm/resources/ethics/full-book.pdf
4. American College of Physician's Ethical Manual, Sixth Edition. https://www.acponline.org/clinical-information/ethics-and-professionalism/acp-ethics-manual-sixth-edition/acp-ethics-manual-sixth-edition
5. American Medical Association's Code of Medical Ethics. https://www.ama-assn.org/delivering-care/ama-code-medical-ethics
6. AAPA Policy Papers:
   Guidelines for the PA Serving as an Expert Witness
   (*Adopted 1977, reaffirmed 2004, 2009, amended 1987, 1991, 2001, 2014, 2018, 2023*) *Cited at HP-5520*
   PA Impairment and Well-being
   (*Adopted 1990, reaffirmed 2004, 2014 amended 1992, 2009, 2019, 2024*) *Cited at HP-7244*
   Use of Medical Interpreters for Patients with Limited English Proficiency
   (*Adopted 2003, amended 2018, reaffirmed 2008, 2013, 2023*) *Cited at HP-8223*
   Acknowledging and Apologizing for Adverse Outcomes
   (*Adopted 2007, amended 2013, 2018, reaffirmed 2012, 2023*) *Cited at HP-7444*
   Health Disparities: Promoting the Equitable Treatment of All Patients
   (*Adopted 2011, amended 2016, reaffirmed 2021*) *Cited at HP-8248*
   PA Student Supervised Clinical Practice Experiences - Recommendations to Address Barriers
   (Adopted 2017, amended 2018, 2021, 2022) Cited at HP-4248
   Attempts to Change a Minor's Sexual Orientation, Gender Identity, or Gender Expression
   (*Adopted 2017, reaffirmed 2022*) *Cited at HP-10440*

Physician Assistant Affiliated Credentialing Board
Rule Projects (updated 08/12/24)

Clearinghouse Rule Number	Scope #	Scope Expiration	Code Chapter Affected	Relating clause	Current Stage	Next Step
Not Assigned Yet	091-24	02/12/2027	PA 1 to 4	Implementation of the Physician Assistant Licensure Compact	Scope Published in Administrative Register on 08/12/24	Scope Implementation after 10 calendar days unless JCRAR orders a Preliminary Hearing
Not Assigned Yet	065-24	12/03/2026	PA 4	Physical Examinations	Board Review of Preliminary Rule Draft at 8/22 Meeting	Board Approval of Preliminary Rule Draft and Submission for EIA Comment and Clearinghouse Review

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:
Marjorie Liu **Program Lead, PDMP**	06/18/2024 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:

Physician Assistant Affiliated Credentialing Board

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
06/27/2024	☒ Yes ☐ No	Prescription Drug Monitoring Program (PDMP) Overview and Updates

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	

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

1. WI PDMP Overview
    a. Recent Enhancements
    b. Gabapentin and Upcoming NPI Requirement
2. PDMP Data Updates: Physician Assistants

11) Authorization

Marjorie Liu — June 18, 2024

Signature of person making this request — **Date**

Supervisor (if required) — **Date**

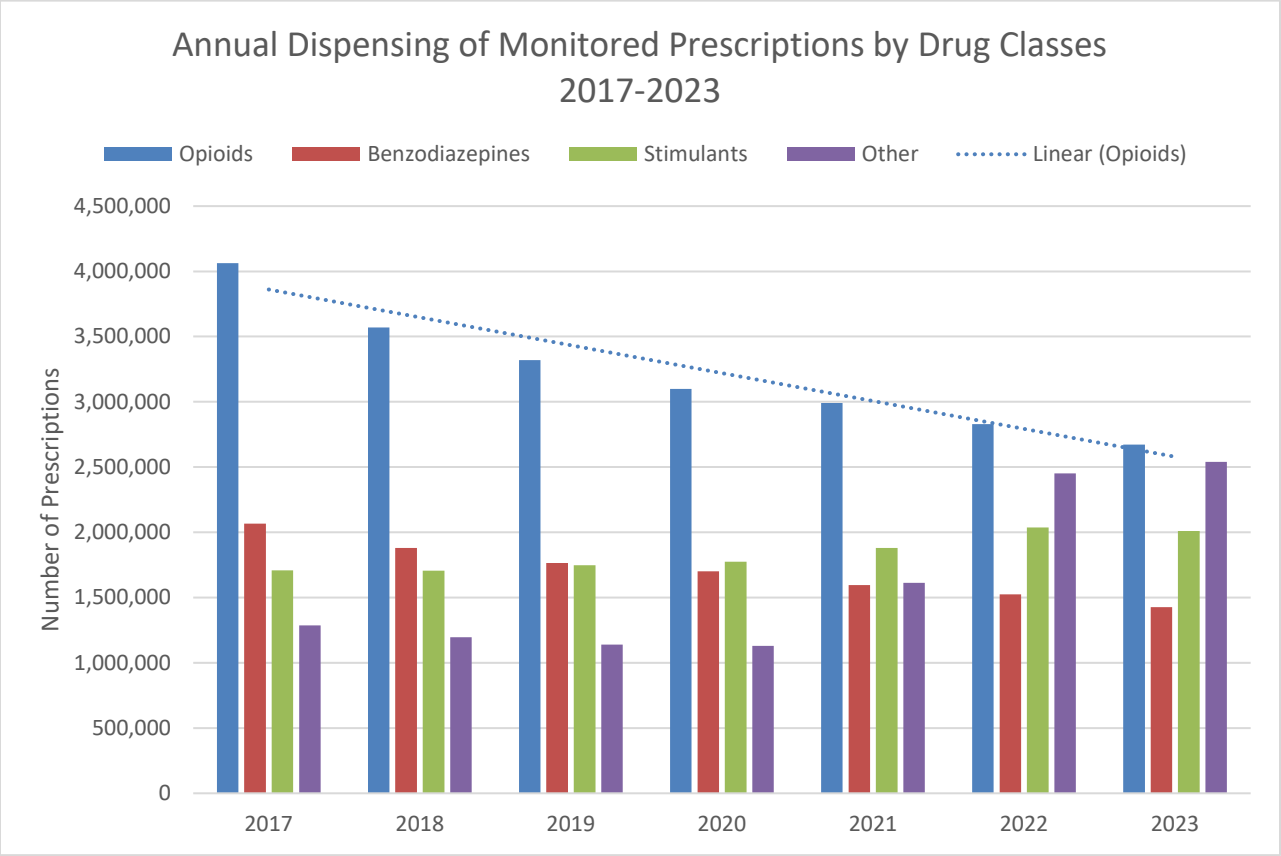
Executive Director signature (indicates approval to add post agenda deadline item to agenda) — **Date**

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

- 721,000 Dispensing Records Submitted per Month in 2023
- 82,000 Data-Driven Patient History Alerts per Month in 2023
- 50,000 Active Healthcare Professional Users
- 487,000 Patient Queries per Month in 2023



Wisconsin Prescription Drug Monitoring Program (PDMP) Updates- Physician Assistants

ePDMP Registration (As of 3/31/2024)

Total Number of Licensed PA - Active Only	4,503
Total Number of Licensed PA Registered with the WI ePDMP	4,221
Number of Licensed PA who have logged in to the ePDMP in the past 12 months	2,140

ePDMP Usage (Q1 2024)

Number of PA with Rx Required of PDMP Review		2,454
Total Queries by PA (Including Delegates)		165,906
ePDMP Usage/Prescribing Compliance Rate	**ePDMP Usage**	**Number of Prescribers**
	100%	1,105
	99-75%	253
	74-51%	209
	50-26%	213
	25-1%	197
	0%	477

Prescribing of Monitored Prescription Drugs Q1 2024

	Total Unique Prescribers	**Total Prescriptions**
PA with Monitored Drug Prescriptions	2,614	199,778
PA with Opioid Prescriptions	2,293	105,828
PA with Benzo Prescriptions	1,627	23,298

Opioid Prescribing Trend 2023-2024 (PA)

	Q1 2023	**Q2 2023**	**Q3 2023**	**Q4 2023**	**Q1 2024**
Opioid Prescriptions	**87,815**	**106,891**	**104,864**	**107,986**	**105,828**
Change from Prev. Q	**-2.9%**	**21.7%**	**-1.9%**	**3.0%**	**-2.0%**

Wisconsin Prescription Drug Monitoring Program (PDMP) Updates- Physician Assistants ePDMP Usage (Q1 2024)

PA ePDMP Usage: PAs with Rx Required of PDMP Review by Specialties							
Specialty \ ePDMP Usage	0%	1-25%	26-50%	51-74%	75-99%	100%	Total
Addiction Medicine	2		1		1	6	10
Allergy/Immunology						1	1
Cardiology	10	1	1		1		13
Dermatology	14					2	16
Emergency Medicine	89	26	29	11	18	278	451
Endocrinology	4	3	5	1		5	18
Family Practice	77	57	57	87	97	212	587
Gastroenterology	12	2	7	10	4	15	50
Hospice/Palliative Medicine		1	1	1		1	4
Internal Medicine	46	14	17	15	15	79	186
Neurology	4	3	14	10	6	10	47
OBGYN	12	1	5	1	2	9	30
Occupational Medicine	4		1		1	7	13
Oncology (including radiation oncology)	10	3	8	10	7	44	82
Orthopedics	49	46	25	25	30	117	292
Otolaryngology	4	1	3	1	2	14	25
Pain Management	3	2	2	5	7	18	37
Pediatrics	3	1		1	4	8	17
Physical Medicine/Rehabilitation		1			4	3	8
Preventive Medicine		1			1	2	4
Psychiatry	4	7	1	3	6	23	44
Pulmonology	6	3	2	3	4	3	21
Radiology	3					3	6
Rheumatology		2	2		2		6
Surgery- Cardiac	15		2	2	4	23	46
Surgery- Colorectal (Proctology)	1			1	1	4	7
Surgery- General	31	7	7	1	5	96	147
Surgery- Hand						2	2
Surgery- Neurological	16	5	7	2	9	23	62
Surgery- Orthopedic	13	7	6	11	8	40	85
Surgery- Plastic and Reconstructive	5	2	1	2	1	13	24
Surgery- Thoracic	4			1	1	3	9
Surgery- Vascular	5		1	1	1	11	19
Urology	12	1	6	1	6	10	36
(blank)	19		2	3	5	20	49
Total	477	197	213	209	253	1,105	2,454

Physician Assistants ePDMP Usage: PAs with Rx Required of PDMP Review by Dispensed Prescription Orders							
Specialty \ **ePDMP Usage**	**0%**	**1-25%**	**26-50%**	**51-74%**	**75-99%**	**100%**	**Total**
Addiction Medicine	57		979		726	1,607	3,369
Allergy/Immunology						2	2
Cardiology	77	6	2		20		105
Dermatology	42					2	44
Emergency Medicine	1,092	1,117	365	344	361	1,597	4,876
Endocrinology	15	97	252	22		56	442
Family Practice	3,684	8,829	7,888	19,329	18,931	22,132	80,793
Gastroenterology	93	45	117	148	176	51	630
Hospice/Palliative Medicine		12	51	80		23	166
Internal Medicine	1,528	2,323	485	2,321	1,462	4,890	13,009
Neurology	17	135	2,270	741	2,091	541	5,795
OBGYN	23	4	27	234	26	96	410
Occupational Medicine	19		3		585	23	630
Oncology (including radiation oncology)	48	117	368	541	542	789	2,405
Orthopedics	2,257	4,161	1,859	3,227	2,276	5,834	19,614
Otolaryngology	17	8	118	7	16	78	244
Pain Management	57	111	531	5,488	4,408	10,079	20,674
Pediatrics	14	4		132	122	393	665
Physical Medicine/Rehabilitation		249			195	166	610
Preventive Medicine		16			324	121	461
Psychiatry	2,260	2,207	633	166	1,443	6,468	13,177
Pulmonology	80	45	163	89	153	17	547
Radiology	25					7	32
Rheumatology		585	50		545		1,180
Surgery- Cardiac	138		32	8	94	162	434
Surgery- Colorectal (Proctology)	1			34	4	51	90
Surgery- General	237	99	88	25	112	1,276	1,837
Surgery- Hand						40	40
Surgery- Neurological	266	641	231	334	642	2,447	4,561
Surgery- Orthopedic	387	194	689	1,495	560	2,717	6,042
Surgery- Plastic and Reconstructive	28	38	3	85	12	179	345
Surgery- Thoracic	23			18	15	86	142
Surgery- Vascular	27		21	30	40	175	293
Urology	164	76	530	11	162	223	1,166
(blank)	546		21	200	277	1,012	2,056
Total	13,222	21,119	17,776	35,109	36,320	63,340	186,886