



VIRTUAL/TELECONFERENCE
PHYSICIAN ASSISTANT AFFILIATED CREDENTIALING BOARD
Virtual, 4822 Madison Yards Way, Madison
Contact: Tom Ryan (608) 266-2112
June 26, 2025

The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a record of the actions of the Board.

AGENDA

9:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A. Adoption of Agenda (1-4)**
- B. Approval of Minutes of April 10, 2025 (5-6)**
- C. Reminders: Conflicts of Interest, Scheduling Concerns
- D. Introductions, Announcements and Recognition
- E. Administrative Matters – Discussion and Consideration**
 - 1. Department, Staff and Board Updates
 - 2. Board Members – Term Expiration Dates
 - a. 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
 - 3. Wis. Stat. § 15.085 (3)(b) – Affiliated Credentialing Boards’ Biannual Meeting with the Medical Examining Board to Consider Matters of Joint Interest – Update
- F. 9:00 A.M. PUBLIC HEARING: Clearinghouse Rule 25-029 on PA 1 to 4, Relating to Implementation of the Physician Assistant Licensure Compact (7-18)**
 - 1. Review Public Hearing Comments and Respond to Clearinghouse Report

- G. Administrative Rule Matters – Discussion and Consideration (19-21)**
 - 1. Other Rule Updates: **(20)**
 - a. Med 21, Patient Health Care Records
 - b. Med 24, Relating to Telemedicine and Telehealth
 - c. Med 27, Relating to Provisional Licensure for International Physicians
 - d. N 6, Relating to Delegated Acts
 - e. Pod 1 and 9, Relating to Supervision of Physician Assistants
 - 2. Pending or Possible Rulemaking Projects
 - a. Rule Projects Chart **(21)**
- H. Ongoing Discussions with the Medical Examining Board Liaison – Discussion and Consideration**
- I. Prescription Drug Monitoring Program (PDMP) Updates (22-26)**
- J. Review for Adoption 2026 Board Goals to Address Opioid Abuse (27)**
- K. Physician Assistant Interstate Compact Update – Discussion and Consideration**
- L. Controlled Substances Board Update and Meeting Attendance – Discussion and Consideration**
- M. DSPS Interdisciplinary Advisory Committee Liaison Report – Discussion and Consideration (28-34)**
- N. Wisconsin Academy of Physician Assistants – Update**
- O. American Academy of Physician Assistants – Update**
- P. Legislative and Policy Matters – Discussion and Consideration**
- Q. Federation of State Medical Board (FSMB) Matters – Discussion and Consideration**
- R. Professional Assistance Procedure (PAP) Discussion of Expansion to Include Mental Health Disorders Update – Discussion and Consideration**
- S. Discussion and Consideration of 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 Decisions and Orders
19. Presentation of Proposed Final Decisions 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

T. 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.).

U. Deliberation on DLSC Matters

- 1. Administrative Warnings**
 - a. 24 PAB 0044 – P.A.H. **(35-36)**
- 2. Case Closings**
 - a. 24 PAB 003 – K.M.B. **(37-47)**

V. Deliberation of Items Added After Preparation of the Agenda

1. Education and Examination Matters
2. Credentialing Matters
3. DLSC Matters
4. Monitoring Matters
5. Professional Assistance Procedure (PAP) Matters
6. Petitions for Summary Suspensions
7. Petitions for Designation of Hearing Examiner
8. Proposed Stipulations, Final Decisions and Order
9. Proposed Interim Orders
10. Administrative Warnings
11. Review of Administrative Warnings
12. Proposed Final Decisions and Orders
13. Matters Relating to Costs/Orders Fixing Costs
14. 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

W. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

- X. Open Session Items Noticed Above Not Completed in the Initial Open Session
- Y. Vote on Items Considered or Deliberated Upon in Closed Session if Voting is Appropriate
- Z. 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: AUGUST 28, 2025

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

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

**VIRTUAL/TELECONFERENCE
PHYSICIAN ASSISTANT
AFFILIATED CREDENTIALING BOARD
MEETING MINUTES
APRIL 10, 2025**

PRESENT: Clark Collins, Jean Fischer, Emelle Holmes-Drammeh, Jennifer Jarrett, Amanda Lange, Cynthia Martin, Robert Sanders (*arrived 9:17 a.m.*), Tara Streit (*arrived 9:01 a.m.*)

ABSENT: Jacqueline Edwards

STAFF: Tom Ryan, Executive Director; Jameson Whitney, 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 six (6) members present.

ADOPTION OF AGENDA

MOTION: Jean Fischer moved, seconded by Cynthia Martin, to adopt the Agenda as published. Motion carried unanimously.

Tara Streit arrived at 9:01 a.m.

APPROVAL OF MINUTES OF FEBRUARY 20, 2025

MOTION: Amanda Lange moved, seconded by Emelle Holmes-Drammeh, to approve the Minutes of February 20, 2025, as published. Motion carried unanimously.

Robert Sanders arrived at 9:17 a.m.

CLOSED SESSION

MOTION: Robert Sanders moved, seconded by Tara Streit, to 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.). Jennifer Jarrett, Chairperson read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Clark Collins-yes; Jean Fischer-yes; Emelle Holmes-Drammeh-yes; Jennifer Jarrett-yes; Amanda Lange-yes; Cynthia Martin-yes; Robert Sanders-yes; and Tara Streit-yes. Motion carried unanimously.

The Board convened into Closed Session at 9:40 a.m.

DLSC MATTERS

Case Closings

MOTION: Robert Sanders moved, seconded by Amanda Lange, to close the following DLSC Cases for the reasons outlined below:

1. 23 PAB 019 – D.Z.B. – Prosecutorial Discretion (P2)
2. 24 PAB 004 & 24 PAB 0015 – G.A. – No Violation
3. 24 PAB 0043 – L.C.B. – Prosecutorial Discretion (P2)

Motion carried unanimously.

RECONVENE TO OPEN SESSION

MOTION: Jean Fischer moved, seconded by Emelle Holmes-Drammeh, to reconvene in Open Session. Motion carried unanimously.

The Board reconvened to Open Session at 9:52 a.m.

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

MOTION: Jean Fischer moved, seconded by Emelle Holmes-Drammeh, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

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

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

MOTION: Robert Sanders moved, seconded by Jean Fischer, to delegate ratification of examination results to DSPS staff and to ratify all licenses and certificates as issued. Motion carried unanimously.

ADJOURNMENT

MOTION: Robert Sanders moved, seconded by Emelle Holmes-Drammeh, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 9:53 a.m.

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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Nilajah Hardin Administrative Rules Coordinator		2) Date when request submitted: 06/13/25 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>												
3) Name of Board, Committee, Council, Sections: Physician Assistant Affiliated Credentialing Board														
4) Meeting Date: 06/26/25	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? 9:00 A.M. Public Hearing – Clearinghouse Rule 25-029 on PA 1 to 4, Relating to Implementation of the Physician Assistant Licensure Compact 1. Review Public Hearing Comments and Respond to Clearinghouse Report												
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9) Name of Case Advisor(s), if required: N/A											
10) Describe the issue and action that should be addressed: The Board will hold a Public Hearing on this rule as required by the rulemaking process.														
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">11) Authorization</td> <td style="width: 40%; border: none;"></td> </tr> <tr> <td style="border: none;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> </div> <div style="width: 40%; text-align: right;"> 06/13/25 </div> </div> </td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Signature of person making this request</td> <td style="border: none; text-align: right;">Date</td> </tr> <tr> <td style="border: none;">Supervisor (if required)</td> <td style="border: none; text-align: right;">Date</td> </tr> <tr> <td colspan="2" style="border: none;">Executive Director signature (indicates approval to add post agenda deadline item to agenda)</td> <td style="border: none; text-align: right;">Date</td> </tr> </table>				11) Authorization		<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> </div> <div style="width: 40%; text-align: right;"> 06/13/25 </div> </div>		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
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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	:	PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE	:	PHYSICIAN ASSISTANT AFFILIATED
PHYSICIAN ASSISTANT AFFILIATED	:	CREDENTIALING BOARD
CREDENTIALING BOARD	:	ADOPTING RULES
	:	(CLEARINGHOUSE RULE)

PROPOSED ORDER

An order of the Physician Assistant Affiliated Credentialing Board to create PA 1.02 (2e), (2m), and (10), and 2.015, and amend PA 2.07 (intro.), 3.03 (1) (intro.), 4.01 (1) (c), (2) (a) and (m), relating to Implementation of the Physician Assistant Licensure Compact.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: ss. 448.973 (1) (c) 1 and 448.974 (1m), 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).”

Section 448.9885 (3) (b) as quoted in 2023 Wisconsin Act 81, states: “Subject to s. 448.988 and any rules promulgated thereunder, ss. 440.20 to 440.22 and the rules promulgated under s. 440.03 (1) shall apply to an individual who holds a compact privilege in the same manner that they apply to holders of licenses issued under subch. IX.”

Related statute or rule: None.

Plain language analysis:

The proposed rule implements 2023 Wisconsin Act 81 by making the following changes to the Wisconsin Administrative Code:

- Creates definitions for “compact,” “compact privilege,” and “qualifying license” in PA 1.02.
- Creates a list of requirements for compact privilege in PA 2.015.
- Amends PA 2.07, 3.03, and 4.01 to include compact privilege.

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: Illinois is not a member of the Physician Assistant Licensure Compact. [225 Illinois Compiled Statutes 95].

Iowa: Iowa is not a member of the Physician Assistant Licensure Compact [Iowa Code ch. 148C].

Michigan: House Bill 5117 of 2023, which includes legislation for the Physician Assistant Licensure Compact, was introduced in the Michigan legislature and referred to the Committee on Health Policy in October 2022. No further action has been taken [Michigan Compiled Laws ss. 333.17001 to 333.17084].

Minnesota: Minnesota is a member of the Physician Assistant Licensure Compact [Minnesota Statutes ch. 147A].

Summary of factual data and analytical methodologies:

The Board reviewed 2023 Wisconsin Act 81 and made changes to the Wisconsin Administrative Code accordingly.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

The proposed rules were 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. No comments were received.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis is attached.

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 June 26, 2025, to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. PA 1.01 (2e), (2m), and (10) are created to read:

PA 1.02 (2e) “Compact” means the physician assistant licensure compact under s. 448.988, Stats.

(2m) “Compact Privilege” has the meaning given in s. 448.988 (2) (b), Stats.

(10) “Qualifying license” has the meaning given in s. 448.988 (2) (r), Stats.

SECTION 2. PA 2.015 is created to read:

PA 2.015 Compact privilege. Every applicant for compact privilege shall meet all of the following requirements:

(1) Hold a qualifying license in another state that is a party to the compact.

(2) Satisfy all requirements under s. 448.988 (4), Stats.

(3) Complete the compact application process.

(4) Pay the fee specified in s. 448.9885 (2), Stats.

Note: Application instructions for compact privilege may be obtained from the Department of Safety and Professional Services’ website at <http://dsps.wi.gov>.

SECTION 3. PA 2.07 (intro.) is amended to read:

PA 2.07 Title protection. No person may designate himself or herself as a “physician assistant” or “physician associate” or use or assume the title “physician assistant” or “physician associate” or append to the person’s name the words or letters “physician assistant”, “physician associate” or “P.A.” or any other titles, letters, or designation which represents or may tend to represent that person as a physician

assistant or physician associate unless that person is a physician assistant licensed by the board or has compact privilege or a federally credentialed physician assistant or physician associate. This section does not apply to a person that meets the requirements under s. 448.974 (1) (a) 3., Stats., but who is not licensed under ss. 448.974 (1) or (1m), Stats.

SECTION 4. PA 3.03 (1) (intro.) is amended to read:

PA 3.03 (1) A physician assistant licensed or with compact privilege under ch. PA 2 may perform any of the following:

SECTION 5. PA 4.01 (1) (c), (2) (a) and (m) are created to read:

PA 4.01 (1) (c) Knowingly engaging in fraud or misrepresentation or dishonesty in applying, for or procuring a physician assistant license or compact privilege, or in connection with applying for or procuring periodic renewal of a physician assistant license, or in otherwise maintaining such licensure.

(2) (a) Practicing or attempting to practice under any license or compact privilege when unable to do so with reasonable skill and safety. A certified copy of an order issued by a court of competent jurisdiction finding that a person is mentally incompetent is conclusive evidence that the physician assistant was, for any period covered by the order, unable to practice with reasonable skill and safety.

(2) (m) Practicing as a physician assistant in another state or jurisdiction without appropriate licensure or compact privilege. A physician assistant has not violated this paragraph if, after issuing an order for services that complies with the laws of Wisconsin, their patient requests that the services ordered be provided in another state or jurisdiction.

SECTION 6. 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)

ADMINISTRATIVE RULES

Fiscal Estimate & Economic Impact Analysis

1. Type of Estimate and Analysis <input checked="" type="checkbox"/> Original <input type="checkbox"/> Updated <input type="checkbox"/> Corrected	2. Date April 11, 2025								
3. Administrative Rule Chapter, Title and Number (and Clearinghouse Number if applicable) PA 1 to 4									
4. Subject Implementation of the Physician Assistant Licensure Compact									
5. Fund Sources Affected <input type="checkbox"/> GPR <input type="checkbox"/> FED <input checked="" type="checkbox"/> PRO <input type="checkbox"/> PRS <input type="checkbox"/> SEG <input type="checkbox"/> SEG-S	6. Chapter 20, Stats. Appropriations Affected s.20.165 (1) (hg)								
7. Fiscal Effect of Implementing the Rule <table style="width: 100%;"><tr><td><input type="checkbox"/> No Fiscal Effect</td><td><input type="checkbox"/> Increase Existing Revenues</td><td><input checked="" type="checkbox"/> Increase Costs</td><td><input type="checkbox"/> Decrease Costs</td></tr><tr><td><input type="checkbox"/> Indeterminate</td><td><input type="checkbox"/> Decrease Existing Revenues</td><td colspan="2"><input type="checkbox"/> Could Absorb Within Agency's Budget</td></tr></table>		<input type="checkbox"/> No Fiscal Effect	<input type="checkbox"/> Increase Existing Revenues	<input checked="" type="checkbox"/> Increase Costs	<input type="checkbox"/> Decrease Costs	<input type="checkbox"/> Indeterminate	<input type="checkbox"/> Decrease Existing Revenues	<input type="checkbox"/> Could Absorb Within Agency's Budget	
<input type="checkbox"/> No Fiscal Effect	<input type="checkbox"/> Increase Existing Revenues	<input checked="" type="checkbox"/> Increase Costs	<input type="checkbox"/> Decrease Costs						
<input type="checkbox"/> Indeterminate	<input type="checkbox"/> Decrease Existing Revenues	<input type="checkbox"/> Could Absorb Within Agency's Budget							
8. The Rule Will Impact the Following (Check All That Apply) <table style="width: 100%;"><tr><td><input type="checkbox"/> State's Economy</td><td><input type="checkbox"/> Specific Businesses/Sectors</td></tr><tr><td><input type="checkbox"/> Local Government Units</td><td><input type="checkbox"/> Public Utility Rate Payers</td></tr><tr><td colspan="2"><input type="checkbox"/> Small Businesses (if checked, complete Attachment A)</td></tr></table>		<input type="checkbox"/> State's Economy	<input type="checkbox"/> Specific Businesses/Sectors	<input type="checkbox"/> Local Government Units	<input type="checkbox"/> Public Utility Rate Payers	<input type="checkbox"/> Small Businesses (if checked, complete Attachment A)			
<input type="checkbox"/> State's Economy	<input type="checkbox"/> Specific Businesses/Sectors								
<input type="checkbox"/> Local Government Units	<input type="checkbox"/> Public Utility Rate Payers								
<input type="checkbox"/> Small Businesses (if checked, complete Attachment A)									
9. Estimate of Implementation and Compliance to Businesses, Local Governmental Units and Individuals, per s. 227.137(3)(b)(1). \$0									
10. Would Implementation and Compliance Costs Businesses, Local Governmental Units and Individuals Be \$10 Million or more Over Any 2-year Period, per s. 227.137(3)(b)(2)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
11. Policy Problem Addressed by the Rule The proposed rule implements 2023 Wisconsin Act 81 by making the following changes to the Wisconsin Administrative Code: <ul style="list-style-type: none">• Creates definitions for "compact," "compact privilege," and "qualifying license" in PA 1.02.• Creates a list of requirements for compact privilege in PA 2.015.• Amends PA 2.07, 3.03, and 4.01 to include compact privilege.									
12. Summary of the Businesses, Business Sectors, Associations Representing Business, Local Governmental Units, and Individuals that may be Affected by the Proposed Rule that were Contacted for Comments. The rule was posted on the Department's website for 14 days to solicit public comment on economic impact, including how the proposed rules may affect businesses, local government units, and individuals. No comments were received.									
13. Identify the Local Governmental Units that Participated in the Development of this EIA. None.									
14. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred) DSPS estimates a total of \$30,455.00 in one-time and \$43,600.00 in ongoing staffing costs to implement the rule. The estimated need for 0.7 limited term employee (LTE) is for updating forms and websites, training, and implementation. The estimated annual staffing need for a 0.4 full time employee (FTE) is for rules promulgation, implementation, processing applications, responding to inquires, as well as reviewing and investigating complaints. The one-time and annual estimated costs cannot be absorbed in the currently appropriated agency budget.									
15. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule The benefits of implementing this rule are that the Physicain Assistant Affiliated Credentialing Board's section of the Administrative Code will be aligned with Wisconsin State Statutes.									
16. Long Range Implications of Implementing the Rule									

ADMINISTRATIVE RULES

Fiscal Estimate & Economic Impact Analysis

The long range implications of implementing this rule is clear requirements for practicing as a physician assistant in Wisconsin under compact privileges.

17. Compare With Approaches Being Used by Federal Government
None.

18. Compare With Approaches Being Used by Neighboring States (Illinois, Iowa, Michigan and Minnesota)
Illinois: Illinois is not a member of the Physician Assistant Licensure Compact. [225 Illinois Compiled Statutes 95].

Iowa: Iowa is not a member of the Physician Assistant Licensure Compact [Iowa Code ch. 148C].

Michigan: House Bill 5117 of 2023, which includes legislation for the Physician Assistant Licensure Compact, was introduced in the Michigan legislature and referred to the Committee on Health Policy in October 202. No further action has been taken [Michigan Compiled Laws ss. 333.17001 to 333.17084].

Minnesota: Minnesota is a member of the Physician Assistant Licensure Compact [Minnesota Statutes ch. 147A].

19. Contact Name	20. Contact Phone Number
Nilajah Hardin, Administrative Rules Coordinator	(608) 267-7139

This document can be made available in alternate formats to individuals with disabilities upon request.

ADMINISTRATIVE RULES
Fiscal Estimate & Economic Impact Analysis

ATTACHMENT A

1. Summary of Rule's Economic and Fiscal Impact on Small Businesses (Separately for each Small Business Sector, Include Implementation and Compliance Costs Expected to be Incurred)

2. Summary of the data sources used to measure the Rule's impact on Small Businesses

3. Did the agency consider the following methods to reduce the impact of the Rule on Small Businesses?

- ☐ Less Stringent Compliance or Reporting Requirements
☐ Less Stringent Schedules or Deadlines for Compliance or Reporting
☐ Consolidation or Simplification of Reporting Requirements
☐ Establishment of performance standards in lieu of Design or Operational Standards
☐ Exemption of Small Businesses from some or all requirements
☐ Other, describe:

4. Describe the methods incorporated into the Rule that will reduce its impact on Small Businesses

5. Describe the Rule's Enforcement Provisions

6. Did the Agency prepare a Cost Benefit Analysis (if Yes, attach to form)

☐ Yes ☐ No



Wisconsin Legislative Council

RULES CLEARINGHOUSE

Scott Grosz
Clearinghouse Director

Margit Kelley
Clearinghouse Assistant Director

Anne Sappenfield
Legislative Council Director

CLEARINGHOUSE REPORT TO AGENCY

[THIS REPORT HAS BEEN PREPARED PURSUANT TO S. 227.15, STATS. THIS IS A REPORT ON A RULE AS ORIGINALLY PROPOSED BY THE AGENCY; THE REPORT MAY NOT REFLECT THE FINAL CONTENT OF THE RULE IN FINAL DRAFT FORM AS IT WILL BE SUBMITTED TO THE LEGISLATURE. THIS REPORT CONSTITUTES A REVIEW OF, BUT NOT APPROVAL OR DISAPPROVAL OF, THE SUBSTANTIVE CONTENT AND TECHNICAL ACCURACY OF THE RULE.]

CLEARINGHOUSE RULE **25-029**

AN ORDER to amend PA 2.07 (intro.), 3.03 (1) (intro.), and 4.01 (1) (c) and (2) (a) and (m); and to create PA 1.02 (2e), (2m), and (10), and 2.015, relating to implementation of the Physician Assistant Licensure Compact.

Submitted by **PHYSICIAN ASSISTANT AFFILIATED CREDENTIALING BOARD**

04-11-2025 RECEIVED BY LEGISLATIVE COUNCIL.

05-06-2025 REPORT SENT TO AGENCY.

SG:KAM

LEGISLATIVE COUNCIL RULES CLEARINGHOUSE REPORT

This rule has been reviewed by the Rules Clearinghouse. Based on that review, comments are reported as noted below:

1. STATUTORY AUTHORITY [s. 227.15 (2) (a)]

Comment Attached YES ☒ NO ☐

2. FORM, STYLE AND PLACEMENT IN ADMINISTRATIVE CODE [s. 227.15 (2) (c)]

Comment Attached YES ☒ NO ☐

3. CONFLICT WITH OR DUPLICATION OF EXISTING RULES [s. 227.15 (2) (d)]

Comment Attached YES ☐ NO ☒

4. ADEQUACY OF REFERENCES TO RELATED STATUTES, RULES AND FORMS
[s. 227.15 (2) (e)]

Comment Attached YES ☐ NO ☒

5. CLARITY, GRAMMAR, PUNCTUATION AND USE OF PLAIN LANGUAGE [s. 227.15 (2) (f)]

Comment Attached YES ☐ NO ☒

6. POTENTIAL CONFLICTS WITH, AND COMPARABILITY TO, RELATED FEDERAL
REGULATIONS [s. 227.15 (2) (g)]

Comment Attached YES ☐ NO ☒

7. COMPLIANCE WITH PERMIT ACTION DEADLINE REQUIREMENTS [s. 227.15 (2) (h)]

Comment Attached YES ☐ NO ☒



Wisconsin Legislative Council

RULES CLEARINGHOUSE

Scott Grosz
Clearinghouse Director

Margit Kelley
Clearinghouse Assistant Director

Anne Sappenfield
Legislative Council Director

CLEARINGHOUSE RULE 25-029

Comments

[NOTE: All citations to “Manual” in the comments below are to the Administrative Rules Procedures Manual, prepared by the Legislative Council Staff and the Legislative Reference Bureau, dated November 2020.]

1. Statutory Authority

a. What is the fee contemplated in s. 448.9885 (2), Stats., and proposed s. PA 2.015 (4)? While the agency has the statutory authority to impose the fee outside the rulemaking process, pursuant to ss. 227.01 (13) (zx) and 440.03 (9), Stats., it would be useful for these statutes to be cited in the rule analysis along with the amount of the current fee imposed for an application for compact privilege.

b. The agency should update its citation of statutory authority and explanation of agency authority to refer to s. 448.972 (2), Stats., which is the source of authority for the last sentence inserted into s. PA 2.07 (intro.), relating to exclusions from the title protection policy of that provision. The explanation of agency authority and plain language analysis should also note that this provision is amended in order to align with a subsection of s. 448.972, Stats., that was not affected by 2023 Wisconsin Act 81.

c. Should s. 448.9885 (3) (b), Stats., be included in the agency’s listing of statutes interpreted or as a source of statutory authority by the proposed rule? Presently, it is included in the explanation of agency authority, but listed neither as a statute interpreted nor a source of statutory authority.

2. Form, Style and Placement in Administrative Code

a. In the introductory clause of the proposed rule, provisions created by the rulemaking order should be listed after provisions amended by the order. [s. 1.01 (1) (b), Manual.]

b. Is proposed s. PA 2.015 (1) necessary? It appears to duplicate the requirement to hold a qualifying license, which is already required under s. PA 2.015 (2) by the cross-reference to s. 448.988 (4) (a) 6., Stats.

c. In SECTION 5, the treatment clause indicates that it creates s. PA 4.01 (1) (c) and (2) (a) and (m). However, those are existing administrative rules. As such, the treatment clause should be revised to reflect that it amends those provisions.

d. In s. PA 4.01 (2) (m), underscore the language that the proposed rule adds, “or compact privilege”. [s. 1.04 (4) (a), Manual.]

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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Nilajah Hardin Administrative Rules Coordinator		2) Date when request submitted: 06/13/25 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>							
3) Name of Board, Committee, Council, Sections: Physician Assistant Affiliated Credentialing Board									
4) Meeting Date: 06/26/25	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Administrative Rule Matters Discussion and Consideration 1. Other Rule Updates: a. Med 21, Patient Health Care Records b. Med 24, Relating to Telemedicine and Telehealth c. Med 27, Relating to Provisional Licensure for International Physicians d. N 6, Relating to Delegated Acts e. Pod 1 and 9, Relating to Supervision of Physician Assistants 2. Pending or Possible Rulemaking Projects a. Rule Projects Chart							
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A							
10) Describe the issue and action that should be addressed Attachments: 1. Other Rule Updates 2. Rule Projects Chart Pending Rule Project Page: https://dsps.wi.gov/Pages/RulesStatutes/PendingRules.aspx									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black; vertical-align: bottom;"> 11) Authorization Signature of person making this request </td> <td style="width: 40%; border-bottom: 1px solid black; vertical-align: bottom; text-align: right;"> 06/13/25 Date </td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 30px; vertical-align: bottom;"> Supervisor (if required) </td> <td style="border-bottom: 1px solid black; height: 30px; vertical-align: bottom; text-align: right;"> Date </td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black; height: 30px; vertical-align: bottom;"> Executive Director signature (indicates approval to add post agenda deadline item to agenda) </td> </tr> </table>				11) Authorization Signature of person making this request	06/13/25 Date	Supervisor (if required)	Date	Executive Director signature (indicates approval to add post agenda deadline item to agenda)	
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Supervisor (if required)	Date								
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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.									

Other Rule Updates (as of 06/13/25):

- **Med 21, Patient Health Care Records**
 - **Drafting Preliminary Rule**
 - **Next step is Board approval of Preliminary Rule at a future meeting**
- **Med 24, Relating to Telemedicine and Telehealth**
 - **Rule Effective 06/01/25**
- **Med 27, Relating to Provisional Licensure for International Physicians**
 - **Legislative Review**
 - **Next step is an Adoption Order presented at a future meeting (if there are no objections from JCRAR)**
- **N 6, Related to Delegated Acts**
 - **Rule Effective 07/01/25**
- **Pod 1 and 9, Relating to Supervision of Physician Assistants**
 - **Preliminary Hearing on Statement of Scope held at 06/11/25 Meeting**
 - **Next step is Scope Statement Implementation**

**Physician Assistant Affiliated Credentialing Board
Rule Projects (updated 06/13/25)**

Clearinghouse Rule Number	Scope #	Scope Expiration	Code Chapter Affected	Relating clause	Current Stage	Next Step
25-029	091-24	02/12/2027	PA 1 to 4	Implementation of the Physician Assistant Licensure Compact	Public Hearing Held at 06/26/25 Meeting	Drafting Final Rule and Legislative Report
25-002	065-24	12/03/2026	PA 4	Physical Examinations	Legislative Review	Board Review of Adoption Order at a Future Meeting

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

AGENDA REQUEST FORM

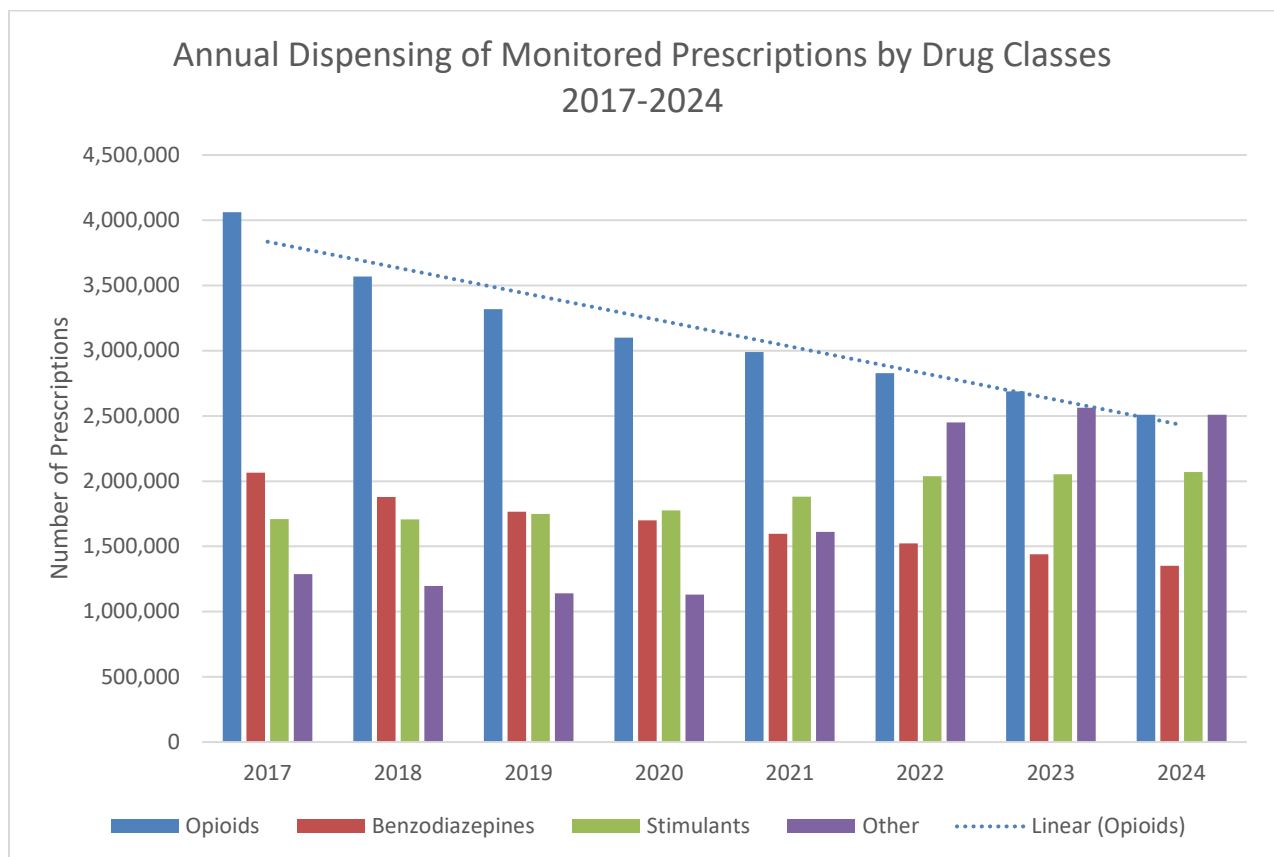
1) Name and title of person submitting the request: Marjorie Liu Program Lead, PDMP		2) Date when request submitted: 06/16/2025 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>																
3) Name of Board, Committee, Council, Sections: Physician Assistant Affiliated Credentialing Board																		
4) Meeting Date: 6/26/2025	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Prescription Drug Monitoring Program (PDMP) Updates																
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session		8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:															
10) Describe the issue and action that should be addressed: <div style="margin-left: 20px;"> 1. PDMP Updates <div style="margin-left: 20px;"> a. PDMP Overview & Recent Enhancement b. CSB Rule Amendment: NPI Requirement </div> </div> <div style="margin-left: 20px;"> 2. PDMP Participation: Physician Assistants </div>																		
11) <table style="width: 100%; border: none;"> <tr> <td style="width: 40%; text-align: center; border-bottom: 1px solid black;"> <i>Marjorie Liu</i> </td> <td style="width: 20%; text-align: center; border-bottom: 1px solid black;"> Authorization </td> <td style="width: 40%; text-align: center; border-bottom: 1px solid black;"> 06/16/2025 </td> </tr> <tr> <td style="border-bottom: 1px solid black;">Signature of person making this request</td> <td colspan="2" style="border-bottom: 1px solid black; text-align: right;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Supervisor (if required)</td> <td colspan="2" style="border-bottom: 1px solid black; text-align: right;">Date</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">Executive Director signature (indicates approval to add post agenda deadline item to agenda)</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black; text-align: right;">Date</td> </tr> </table>				<i>Marjorie Liu</i>	Authorization	06/16/2025	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		
<i>Marjorie Liu</i>	Authorization	06/16/2025																
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WISCONSIN | ePDMP

Wisconsin Prescription Drug Monitoring Program (PDMP) Overview

- 703,000 Dispensing Records Submitted per Month in 2024
- 71,000 Data-Driven Patient History Alerts per Month in 2024
- 53,400 Active Healthcare Professional Users
- 590,000 Patient Queries per Month by Prescribers and Delegates in 2024





WISCONSIN | ePDMP

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

ePDMP Registration (As of 3/31/2025)

Total Number of Licensed PA - Active Only	4,968
Total Number of Licensed PA Registered with the WI ePDMP	4,094
Number of Licensed PA who have logged in to the ePDMP in the past 12 months	2,014

ePDMP Usage (Q1 2025)

Number of PA with Rx Required of PDMP Review	1,352	
Total Queries by PA (Including Delegates)	152,394	
ePDMP Usage/Prescribing Compliance Rate	ePDMP Usage	Number of Prescribers
	100%	831
	99-75%	88
	74-51%	99
	50-26%	70
	25-1%	104
	0%	160

Prescribing of Monitored Prescription Drugs Q1 2025

	Total Unique Prescribers	Total Prescriptions
PA with Monitored Drug Prescriptions	2,734	217,889
PA with Opioid Prescriptions	2,394	113,929
PA with Benzo Prescriptions	1,688	24,401

Opioid Prescribing Trend 2024-2025 (PA)

	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025
Opioid Prescriptions	105,828	113,255	110,515	117,384	113,929
Change from Prev. Q	-2.0%	7.2%	-2.4%	6.2%	-2.9%

Physician Assistants ePDMP Usage (Q1 2025)

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			3		1	5	8
Allergy/Immunology						1	1
Cardiology	1	1					2
Dermatology	1					1	2
Emergency Medicine	23	1	3	8	4	95	134
Endocrinology	2	1		1	1	12	17
Family Practice	32	40	29	41	36	279	457
Gastroenterology	8		3	1	1	12	25
Hospice/Palliative Medicine	1				1		2
Internal Medicine	22	12	2	5	7	56	104
Neurology	2	3	3	6		14	28
OBGYN	4		1	1	1	4	11
Occupational Medicine	1				1	5	7
Oncology (including radiation oncology)	6	2	3	3	2	23	39
Orthopedics	24	17	9	13	11	95	169
Otolaryngology	2	2				6	10
Pain Management		3		4	4	22	33
Pediatrics				1		8	9
Physical Medicine/Rehabilitation		1	1			6	8
Podiatry						1	1
Preventive Medicine			1			2	3
Psychiatry	4	8	3	4	4	26	49
Pulmonology	1		2	1		6	10
Radiology						1	1
Rheumatology			1		1	3	5
Surgery- Cardiac	4					14	19
Surgery- Colorectal (Proctology)				1		4	5
Surgery- General	5		1	1	3	30	40
Surgery- Hand					1		1
Surgery- Neurological	4	4	1	1	2	25	37
Surgery- Orthopedic	7	6	2	3	3	33	54
Surgery- Plastic and Reconstructive	2				1	8	11
Surgery- Thoracic						3	3
Surgery- Vascular			2			2	4
Urology	2	3		3	1	11	20
(blank)	2			1	2	18	23
Total	160	104	70	99	88	831	1,352

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			2,125		105	1,678	3,908
Allergy/Immunology						1	1
Cardiology	1	8					9
Dermatology	1					1	2
Emergency Medicine	217	4	37	387	268	456	1,369
Endocrinology	4	23		15	21	36	99
Family Practice	766	6,019	2,290	8,026	7,285	16,661	41,047
Gastroenterology	29		27	10	12	159	237
Hospice/Palliative Medicine	6				102		108
Internal Medicine	461	1,709	76	407	599	3,248	6,500
Neurology	10	91	197	1,670		230	2,198
OBGYN	15		2	11	62	21	111
Occupational Medicine	5				8	114	127
Oncology (including radiation oncology)	12	55	396	208	212	294	1,177
Orthopedics	722	1,009	463	2,031	1,513	3,297	9,035
Otolaryngology	4	74				16	94
Pain Management		44		1,790	6,481	11,933	20,248
Pediatrics				17		70	87
Physical Medicine/Rehabilitation		163	35			89	287
Podiatry						5	5
Preventive Medicine			381			2	383
Psychiatry	325	2,397	376	3,646	2,132	3,920	12,796
Pulmonology	4		16	147		66	233
Radiology						1	1
Rheumatology			525		308	365	1,198
Surgery- Cardiac	8					125	133
Surgery- Colorectal (Proctology)				16		51	67
Surgery- General	11		2	30	96	160	299
Surgery- Hand					17		17
Surgery- Neurological	52	495	3	36	465	1,312	2,363
Surgery- Orthopedic	162	229	295	354	627	1,335	3,002
Surgery- Plastic and Reconstructive	3				6	86	95
Surgery- Thoracic						63	63
Surgery- Vascular			25			79	104
Urology	21	450		117	12	69	669
(blank)	15			198	30	307	550
Total	2,854	12,770	7,271	19,116	20,361	46,250	108,622

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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: DSPS		2) Date when request submitted: 2/14/2025 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: Physician Assistant Affiliated Credentialing Board			
4) Meeting Date: 6/26/2025	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Review for Adoption 2026 Board Goals to Address Opioid Abuse	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if applicable: N/A	
10) Describe the issue and action that should be addressed: The Board will review the following proposed goals to address opioid and consider a motion to adopt them. <div style="margin-left: 20px;"> Goal 1: Continuing Education Related to Prescribing Controlled Substances The Board's goal is to ensure minimal competence and promote safe practices for prescribing controlled substances through its 2-hour controlled substances prescribing continuing education requirement. The Board will continue to monitor opioid abuse trends and its current CE rule. </div> <div style="margin-left: 20px;"> Goal 2: Take Enforcement Action When Appropriate The Board's goal is to proactively investigate physician assistants whose prescriptive practices with opioids may be inconsistent with the standard of minimally competent practice. In addition, the Board will exercise its disciplinary authority when appropriate to hold practitioners accountable for opioid diversion and abuse. </div> <div style="margin-left: 20px;"> Goal 3: Track and Monitor Physician Assistant Prescribing of Controlled Substances The PAACB will explore ways to leverage the expertise of the ePDMP to effectively track and monitor physician assistant prescribing of controlled substances and to identify opioid abuse trends. This may include discussions at Board meetings with ePDMP staff and/or review of PDMP and CSB data and reports. </div> <div style="margin-left: 20px;"> Goal 4: Continued Outreach and Leadership The Board will continue to explore avenues to work independently and with other organizations such as the ePDMP and the Federation of State Medical Boards (FSMB) to advance its active participation in statewide and national efforts to combat opioid abuse. </div>			

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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Whitney DeVoe, on behalf of Tara Streit		2) Date when request submitted: 6/18/25 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>									
3) Name of Board, Committee, Council, Sections: Physician Assistant Affiliated Credentialing Board											
4) Meeting Date: 06/26/2025	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Interdisciplinary Advisory Committee – Discussion and Consideration 1. Draft IV Hydration Guidance Document									
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session		8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if applicable:								
10) Describe the issue and action that should be addressed: Discussion and consideration of the draft of the IV hydration guidance document.											
11) Authorization <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black;">Whitney DeVoe</td> <td style="width: 30%; border-bottom: 1px solid black; text-align: right;">06/18/25</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Signature of person making this request</td> <td style="border-bottom: 1px solid black; text-align: right;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Supervisor (Only required for post agenda deadline items)</td> <td style="border-bottom: 1px solid black; text-align: right;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Executive Director signature (Indicates approval for post agenda deadline items)</td> <td style="border-bottom: 1px solid black; text-align: right;">Date</td> </tr> </table>				Whitney DeVoe	06/18/25	Signature of person making this request	Date	Supervisor (Only required for post agenda deadline items)	Date	Executive Director signature (Indicates approval for post agenda deadline items)	Date
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1 **JOINT ADVISORY OPINION OF THE WISCONSIN EXAMINING BOARDS OF**
2 **MEDICAL, NURSING, PHARMACY, AND COSMETOLOGY, AND THE PHYSICIAN**
3 **ASSISTANT AFFILIATED CREDENTIALING BOARD, AND THE WISCONSIN**
4 **CONTROLLED SUBSTANCES BOARD**

5 It is the overall duty of each Examining Board to improve the profession they supervise, both
6 within and outside its own profession, to bring about a better relationship between the profession
7 and the general welfare of this state. Each Examining Board is empowered to set standards of
8 professional competency and conduct for the profession it supervises. With these principles in
9 mind, the Interdisciplinary Advisory Committee (Committee) consisting of the Wisconsin Medical
10 Examining Board, Pharmacy Examining Board, Board of Nursing, Physician Assistant Affiliated
11 Credentialing Board, Cosmetology Examining Board and Controlled Substances Board was
12 established to discuss issues of mutual concern.

13 In recent years, Wisconsin has seen an increase in the intravenous (IV) hydration therapy business
14 and the Wisconsin Department of Safety and Professional Services (DPS) has seen an increase
15 in questions from healthcare professionals concerning the legal requirements for IV hydration
16 therapy businesses.

17 IV hydration therapy businesses provide patients with IV fluids with or without prescription
18 medications, vitamins, minerals and/or amino acids. Based on inquiries received by DPS, there
19 appears to be confusion among healthcare professionals and the public as it relates to
20 understanding the responsibilities of healthcare professionals engaged in these businesses.
21 Because of the concern over the lack of any industry-specific guidelines or laws regarding the
22 operation of these businesses and the potential harm to the residents of Wisconsin, the Committee
23 puts forth this guidance document. This guidance document is based upon the existing laws of
24 Wisconsin and sets forth the relevant laws and standards of care implicated by IV hydration therapy
25 businesses within the context of a retail or “on-demand” business setting.¹

26 For purposes of this guidance document, the Committee has divided the practice occurring at IV
27 hydration businesses into three main stages: assessment, compounding, and administration. The
28 guidance below is meant to assist licensees in understanding the laws and regulations implicated
29 at each stage. Please note, this is not an exhaustive list, but rather a list addressing the most
30 commonly raised practice concerns.

31 **BACKGROUND**

32 Prior to discussion of the specific stages, the Committee believes it is crucial to highlight that
33 services offered by IV hydration therapy businesses constitute the practice of medicine and surgery.

34 The practice of medicine and surgery is defined as meaning:

¹ This guidance is meant to specifically address the emerging market for IV Hydration therapy or businesses offering IV Hydration therapy services. Underlying principles established in this guidance may be applicable to other services offered by healthcare professionals. Please contact private counsel to review your specific business model for compliance with relevant laws and regulations.

[t]o 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 ... [t]o apply principles or techniques of medical sciences in the diagnosis or prevention of any of the conditions described in par. (a) and in sub. (2) ... [t]o penetrate, pierce or sever the tissues of a human being ... [t]o offer, undertake, attempt or do or hold oneself out in any manner as able to do any of the acts described in this subsection.

See Wis. Stat. § 448.01(9). Further, pursuant to Wis. Stat. § 448.03, “[n]o person may practice medicine or surgery, or attempt to do so or make a representation as authorized to do so, without a license to practice medicine or surgery” except for “[a]ny person lawfully practicing within the scope of a license, permit, registration, certificate, or certification granted to practice... professional or practical nursing or nurse-midwifery under ch. 441... to practice as a physician assistant under subch. IX... or as otherwise provided by statute.”

At its core, the IV hydration therapy business model involves offering patients, including on a walk-in basis, a menu of pre-selected mixtures (“cocktails”) of additives to basic IV saline. The cocktails may include fluids with or without prescription medications, vitamins, minerals and/or amino acids. Some basic health screening generally occurs prior to the selection and administration of the IV. It is of concern to the Committee that the basic health screening and selection of IVs are being performed by unlicensed individuals or licensees whose scope of practice does not allow for the practice of medicine or surgery.

Although many IV hydration therapy businesses may have a physician, physician assistant (PA) or advanced practice nurse prescriber (APNP) associated with the business, in some instances a registered nurse (RN) may be the only licensed health care professional interacting with the patient. The Committee wants to make clear that a registered nurse (RN), or any individual not holding the proper credential, undertaking the diagnosing and prescribing of medications falls outside an RN’s scope of practice² and can result in disciplinary action against not only the RN’s license, but also the physician, PA, or APNP overseeing the practice.

Moreover, IV hydration therapy fluids and additives are prescription drugs requiring purchase and storage by a qualified practitioner which may include a physician, PA, or APNP. Fluids and additives must be purchased from FDA licensed manufacturers, distributors licensed in the state where they are being purchased, or from compounding pharmacies designated and licensed as 503B compounding facilities. Non-qualified individuals, including, but not limited to RNs or licensed practical nurses (LPNs), may not possess or store prescription drugs in any location not appropriately licensed by the Pharmacy Examining Board.

² It is not within the scope of practice for an RN or LPN to independently engage in acts that require independent medical diagnosis, or the ordering, compounding, or prescribing of IV fluids, IV medications, or IV therapeutic regimens. See Wis. Stat. § 441.001(4) and Wis. Admin. Code § N 6.03.

ASSESSMENT

The patient must be assessed prior to ordering any IV Hydration treatment. Practitioners who may order treatment appropriate to their area of competence as established by their education, training, or experience include:

- A physician licensed to practice medicine and surgery in this state as defined in Wis. Stat. § 448.01(5).
- A PA licensed pursuant to Wis. Stat. § 448.974.
- An APNP licensed pursuant to Wis. Stat. § 441.16.

Although telehealth may be utilized to perform the initial patient assessment, it is the recommendation of this Committee that patient assessment should be done in person, as a complete medical assessment is difficult to conduct via telehealth.³ Certain conditions may be hard to evaluate without an in-person assessment including an assessment of necessary organ systems. An assessment consisting merely of a simple questionnaire without an appropriate clinical assessment would not meet the standard of care and is considered unprofessional conduct pursuant to Wis. Admin. Code § Med 24.07(2). A patient assessment should include at minimum a history and physical exam. Although a nurse may complete certain delegated portions of the assessment, a patient assessment should not rely solely on findings from a nursing assessment.

As part of the assessment, the practitioner may diagnose the patient's condition and make recommendations consistent with the findings from the history and physical as to treatment. Treatment recommendations may include a discussion with the patient surrounding which therapies, including the addition of specific additives, may be appropriate to treat the patient's condition. These discussions should include a description of risks, benefits and alternative options. To be clear, this constitutes the practice of medicine and should only be undertaken by a practitioner with statutory authority to diagnose and treat. The discussion with a patient and recommendation shall be provided by the practitioner.

Following the assessment, the practitioner may prescribe the appropriate therapy or treatment. The use of standing orders outside of an established practitioner-patient relationship for an individualized assessment, diagnosis and treatment of patients may be considered prescribing in a manner inconsistent with the standard of minimal competence pursuant to Wis. Admin. Code § Med 10.03(2)(c).

To ensure the assessment complies with the standard of care, after evaluating the patient and making treatment recommendations, a comprehensive medical record must be created. Additionally, informed consent shall be obtained to be consistent with the standard of care. Informed consent should include, but not be limited to, the risks of additives to saline, the risks of IV fluids, and the risks of an IV itself. Medical records must be stored in compliance with state and federal law, including those with the Wisconsin Department of Health Services.

³ Telehealth is only acceptable if it meets established regulations. See Wis. Admin. Code chs. Med 24, PA 3 and N 8.

COMPOUNDING

After determining a course of treatment, a cocktail containing the additives ordered may need to be prepared. When an individual adds medications, vitamins, minerals and/or amino acids to IV bags, they are engaging in the practice of compounding, and federal and state law including section 503A of the Food, Drug, and Cosmetic Act apply. Application of these laws help ensure patients receive their treatment in sanitary conditions.

Pursuant to Wis. Stat. § 450.01(16), the practice of pharmacy includes the compounding, packaging, and labeling of drugs and devices. Further, pursuant to Wis. Stat. § 450.01(3), compound “means to mix, combine or put together various ingredients or drugs for the purpose of dispensing.” Federal law allows either a licensed pharmacist or a physician to perform compounding.

The United States Pharmacopeia (USP) is the recognized publication that contains standardized requirements for compounding, including sterile compounding found in USP <797> and has been adopted by the FDA and the Wisconsin Pharmacy Examining Board as the enforceable standard. USP <797> applies to all individuals who prepare compounded sterile preparations (CSPs) and all places where CSPs are prepared for human and animal patients.

The utilization of the “immediate use” provision of USP <797> does not circumvent USP sterile compounding requirements. Additionally, the “immediate use” provision requires certain conditions be met, including,

- Aseptic techniques, processes, and procedures are followed, and written SOPs are in place to minimize the potential for contact with nonsterile surfaces, introduction of particulate matter or biological fluids, and mix-ups with other conventionally manufactured products or CSPs.
- Personnel are trained and demonstrate competency in aseptic processes as they relate to assigned tasks and the facility’s SOPs.
- The preparation is performed in accordance with evidence-based information for physical and chemical compatibility of the drugs (e.g., approved labeling, stability and compatibility studies).
- The preparation involves not more than 3 different sterile products. **Please note, Saline Solution utilized in IV Hydration is a sterile product and must be included in this analysis.**
- Any unused starting component from a single-dose container must be discarded after preparation is complete. Single-dose containers must not be used for more than one patient.
- Administration begins within 4 hours following the start of preparation. If administration has not begun within 4 hours following the start of preparation, it must be promptly, appropriately, and safely discarded.
- Unless it is directly administered by the person who prepared it or administration is witnessed by the preparer, the CSP must be labeled with the names and amounts of all

active ingredients, the name or initials of the person who prepared the preparation, and the 4-hour time period within which administration must begin.⁴

The provision of USP <797> allowing for immediate use should not be viewed as a workaround for the standards governing sterile product preparation. Failure to comply with these standards may result in unsanitary and unsafe conditions for patients.⁵

ADMINISTRATION

Upon receipt of an order for IV hydration therapy, an individual with appropriate training and experience⁶, including an RN or LPN (consistent with the requirements of Wis. Admin. Code ch. N 6), may administer the treatment.

While the patient undergoes the IV administration, an RN should perform a nursing assessment of the patient including monitoring their vital signs. Please note that the performance of a nursing assessment is outside the scope of an LPN. An RN should monitor the patient for side effects, allergic reactions or any unusual or unexpected effects. An RN is expected to document all nursing acts performed by the RN as part of the administration and monitoring of the patient.

CONCLUSION

The practices engaged in at IV hydration clinics involve the practice of multiple professions. Individuals engaged in these practices must hold the appropriate license and practice within the scope of practice allowed by their credentials. Licensees who fail to follow the laws governing their practice could be subject to disciplinary proceedings as appropriate.

Licensees are charged with protecting the public by ensuring their practice complies with the laws and regulations of Wisconsin and any relevant federal regulations, including satisfying all applicable professional standards.

ACKNOWLEDGEMENT SECTION

These materials may have been consulted in the preparation of the above document.

ARIZONA STATE BOARD OF NURSING, *Advisory Opinion Intravenous Hydration and Other Therapies* (Revised date May 2024), Available at <https://azbn.gov/sites/default/files/AO-IV-Hydration-Other-Therapies.pdf>

⁴ Handling of sterile hazardous drugs must comply with USP <800> as well.

⁵ See FDA highlights concerns with compounding of drug products by medical offices and clinics under insanitary conditions <https://www.fda.gov/drugs/human-drug-compounding/fda-highlights-concerns-compounding-drug-products-medical-offices-and-clinics-under-insanitary>

⁶ For example, if an electrolyte is being administered by IV, the IV should be administered using a volumetric infusion pump or rate-controller tubing to ensure the electrolytes are administered at an appropriate rate to avoid and prevent adverse reactions. The individual administering the IV in this case should have training and experience using these devices.

KENTUCKY.GOV, *Joint Statement of the Kentucky Boards of Medical Licensure, Nursing, and Pharmacy Regarding Retail IV Therapy* (March 28, 2025), available at <https://kbn.ky.gov/KBN%20Documents/Joint%20Statement%20-%20IV%20Hydration%20Clinics.pdf>

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE, *Guidance Regarding IV Hydration Therapy from the Mississippi State Board of Medical Licensure* (Sept. 5, 2023), available at <https://www.msbml.ms.gov/sites/default/files/news/IV%20Hydration%20Therapy%20Guidance%2009-05-23.pdf>

NEBRASKA BOARD OF NURSING, *Advisory Opinion: IV/Infusion Therapy* (Nov. 2023), available at <https://dhhs.ne.gov/licensure/Documents/IVInfusion.pdf>

OHIO BOARD OF PHARMACY, *Joint Regulatory Statement of the State Medical Board of Ohio, Ohio Board of Pharmacy, and Ohio Board of Nursing Regarding Retail IV Therapy* (May 15, 2025), available at <https://www.pharmacy.ohio.gov/documents/pubs/special/ivtherapy/joint%20regulatory%20statement%20on%20the%20operation%20of%20retail%20iv%20therapy%20clinics%20in%20ohio.pdf>

RHODE ISLAND DEPARTMENT OF HEALTH, *Rhode Island Department of Health Guidance Document Regarding the Operation of Medical Spas and Intravenous (IV) Therapy Businesses* (July 2024), available at <https://health.ri.gov/sites/g/files/xkgbur1006/files/publications/guidance/Medical-Spa-and-IV-Therapy-Business.pdf>

SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION, *Joint Advisory Opinion of the South Carolina State Boards of Medical Examiners, Pharmacy, and Nursing Regarding Retail IV Therapy Businesses* (Aug. 15, 2023), available at <https://llr.sc.gov/med/Policies/Joint-Position-Statement-Retail-IV-Therapy.pdf>