



VIRTUAL/TELECONFERENCE
PHYSICIAN ASSISTANT AFFILIATED CREDENTIALING BOARD
Virtual, 4822 Madison Yards Way, Madison
Contact: Tom Ryan (608) 266-2112
February 19, 2026

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

AGENDA

9:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

A. Adoption of Agenda (1-4)

B. Approval of Minutes of December 18, 2025 (5-7)

C. Reminders: Conflicts of Interest, Scheduling Concerns

1. Scheduling Concern: April 30, 2026, PAACB meeting

D. Introductions, Announcements and Recognition

1. Introduction: Keenan M. Horness, Physician Assistant (Succeeds: Edwards)
2. Introduction and Welcome: DSPS Secretary Hereth

E. Administrative Matters – Discussion and Consideration (8-43)

1. Department, Staff and Board Updates
2. **2026 Meeting Dates (8)**
3. **Annual Policy Review (9-12)**
4. **Election of Officers, Appointment of Liaisons and Alternates, Delegation of Authorities (13-33)**
5. Board Members – Term Expiration Dates
 - a. Collins, Clark A. – 7/1/2027
 - b. Fischer, Jean M. – 7/1/2027
 - c. Holmes-Drammeh, Emelle S. – 7/1/2028
 - d. Horness, Keenan M. – 7/1/2029
 - 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

6. **Wis. Stat. § 15.085 (3)(b) – Affiliated Credentialing Boards’ Biannual Meeting with the Medical Examining Board to Consider Matters of Joint Interest – Update**
 - a. FSMB DRAFT Report: “Legislative Developments for Unmatched Medical Graduates in the United States” – Discussion **(34-43)**
- F. Credentialing Matters – Discussion and Consideration
- G. **Administrative Rule Matters – Discussion and Consideration (44-51)**
 1. Preliminary Rule Draft: Pod 1 and 9, Relating to Supervision of Physician Assistants **(45-49)**
 2. Other Rule Updates: **(50)**
 - a. Med 21, Patient Health Care Records
 - b. N 1 to 8, Relating to APRNs and Comprehensive Review
 - c. Pod 1 and 9, Relating to Supervision of Physician Assistants
 3. Pending or Possible Rulemaking Projects
 - a. Rule Projects Chart **(51)**
- H. **Legislative and Policy Matters – Discussion and Consideration (52-61)**
 1. Wisconsin Assembly Bill 799, Relating to a health professional assistance program
- I. **Speaking Engagements, Travel, or Public Relation Requests, and Reports (62)**
 1. Speaker(s) Request: 2026 Wisconsin Academy of Physician Assistants (WAPA) Spring Conference, April 15, 2026, Wisconsin Dells, WI – Consider Appointing Tara Streit and Jean Fischer
 2. Travel Update: 2026 FSMB Annual Meeting, April 30-May 2, 2026 – Baltimore, MD
- J. **Controlled Substances Board Update – Discussion and Consideration**
- K. **Physician Assistant Interstate Compact Update – Discussion and Consideration**
- L. **Interdisciplinary Advisory Committee Liaison Report – Discussion and Consideration**
- M. **Wisconsin Academy of Physician Assistants – Update**
- N. **American Academy of Physician Assistants – Update**
- O. Federation of State Medical Board (FSMB) Matters – Discussion and Consideration
- P. Professional Assistance Procedure (PAP) Discussion of Expansion to Include Mental Health Disorders Update – Discussion and Consideration
- Q. 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

R. 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.).

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 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

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: APRIL 30, 2026

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

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

**VIRTUAL/TELECONFERENCE
PHYSICIAN ASSISTANT
AFFILIATED CREDENTIALING BOARD
MEETING MINUTES
DECEMBER 18, 2025**

PRESENT: Clark Collins, Jean Fischer, Emelle Holmes-Drammeh, Jennifer Jarrett, Amanda Lange, Cynthia Martin, Tara Streit

ABSENT: Keenan Horness, Robert Sanders

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 seven (7) members present.

ADOPTION OF AGENDA

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

APPROVAL OF MINUTES OF OCTOBER 30, 2025

MOTION: Tara Streit moved, seconded by Emelle Holmes-Drammeh, to approve the Minutes of October 30, 2025, as published. Motion carried unanimously.

INTRODUCTIONS, ANNOUNCEMENTS AND RECOGNITION

Recognition: Jacqueline K. Edwards, Physician Assistant (Resigned 7/1/2025)

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

FEDERATION OF STATE MEDICAL BOARD (FSMB) MATTERS

2026 FSMB Annual Meeting – April 30 – May 2, Baltimore, MD – Consider Attendance

MOTION: Tara Streit moved, seconded by Emelle Holmes-Drammeh, to designate Jean Fischer and Jennifer Jarrett to attend the 2026 FSMB Annual Meeting, April 30-May 2, 2026, in Baltimore, MD. Motion carried unanimously.

CLOSED SESSION

MOTION: Jean Fischer moved, seconded by Amanda Lange, 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; and Tara Streit-yes. Motion carried unanimously.

The Board convened into Closed Session at 9:38 a.m.

DLSC MATTERS**Case Closings****24 PAB 0046 – H.K.**

MOTION: Amanda Lange moved, seconded by Emelle Holmes-Drammeh, to close DLSC Case Number 24 PAB 0046 against H.K. for No Violation. Motion carried unanimously.

RECONVENE TO OPEN SESSION

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

The Board reconvened to Open Session at 9:43 a.m.

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

MOTION: Cynthia Martin 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: Cynthia Martin 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: Tara Streit moved, seconded by Emelle Holmes-Drammeh, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 9:46 a.m.

**PHYSICIAN ASSISTANTS AFFILIATED CREDENTIALING BOARD
2026 MEETING DATES**

Meeting Date	Start time	Location	Agenda Item Deadline
Thursday, February 19, 2026	9:00 AM	Virtual	2/9/2026
Thursday, April 30, 2026	9:30 AM	Virtual	4/20/2026
Thursday, June 25, 2026	9:30 AM	Virtual	6/15/2026
Thursday, August 27, 2026	9:30 AM	Hybrid	8/17/2026
Thursday, October 29, 2026	9:00 AM	Virtual	10/19/2026
Thursday, December 17, 2026	9:30 AM	Virtual	12/7/2026

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

AGENDA REQUEST FORM

- 1) Name and title of person submitting the request: Audra Cohen-Plata, DPD Division Administrator
 - 2) Date When Request Submitted: 12/11/2025
 - 3) Name of Board, Committee, Council, Section: **All Boards**
 - 4) Meeting Date: **First Meeting of 2026**
-
- 5) Attachments: **Yes**
 - 6) How should the item be titled on the agenda page? **Administrative Matters: Annual Policy Review**
 - 7) Place Item in: **Open Session**
 - 8) Is an appearance before the Board being scheduled? No
 - 9) Name of Case Advisor(s), if applicable: N/A
-
- 10) Describe the issue and action that should be addressed:

Please be advised of the following policy item attachments:

- 1) 2026 Annual Policy Review Memo
- 2) Timeline of a Meeting
- 3) Sample Per Diem Report



DATE: January 1, 2026
TO: DSPP Board, Council, and Committee Members
FROM: Division of Policy Development
SUBJECT: 2026 Administrative Policy Reminders

Please be advised of the following policy items:

1. In-Person and Virtual Meetings: Depending on the frequency of scheduled meetings, discussion topics, and member availability, DSPP may host one or more in-person meetings. Virtual connection options are available for all board meetings. If you are traveling internationally, please see item 9 below.
2. Attendance/Quorum: Thank you for your service and commitment to meeting attendance. If you cannot attend a meeting or have scheduling conflicts impacting your attendance, please let us know as soon as possible. A quorum is required for Boards, Sections, and Councils to meet pursuant to Open Meetings Law. Connect to / arrive at meetings 10 minutes before posted start time to allow for audio/connection testing, and timely Call to Order and Roll Call. Virtual meetings include viewable onscreen materials and A/V (speaker/microphone/video) connections.
3. Walking Quorum: Board/Section/Council members must not collectively discuss the body's business outside a properly noticed meeting. If several members of a body do so, they could be violating the open meetings law.
4. Mandatory Training: All Board Members must complete Public Records and Ethics Training, annually. [Register to set up an account](#) in the Cornerstone LearnCenter online portal or [Log in](#) to an existing account.
5. Agenda Deadlines: Please communicate agenda topics to your Executive Director before the agenda submission deadline at 12:00 p.m., eight business days before a meeting. (Attachment: Timeline of a Meeting)
6. Travel Voucher and Per Diem Submissions: Please submit all Per Diem and Reimbursement claims to DSPP within 30 days of the close of each month in which expenses are incurred. (Attachment: Per Diem Form) Travel Vouchers are distributed on travel approval.
7. Lodging Accommodations/Hotel Cancellation Policy: Lodging accommodations are available to eligible members for in-person meetings. Standard eligibility: the member must leave home before 6:00 a.m. to attend an in-person meeting by the scheduled start time.
 - a. If a member cannot attend a meeting, they must cancel their reservation with the hotel within the applicable cancellation timeframe.
 - b. If a meeting is changed to occur remotely, is canceled, or rescheduled, DSPP staff will cancel or modify reservations as appropriate.
8. Inclement Weather Policy: In inclement weather, the DSPP may change a meeting from an in-person venue to a virtual/teleconference only.
9. International Travel: Use of State-managed IT resources and access of State data outside the United States are strictly prohibited, as they cause an unacceptable level of cybersecurity risk. This prohibition includes all State-provided or State-managed IT resources housed on personal devices. Please advise your Executive Director of any planned international travel commitments that may coincide with board meetings or other board business in advance of your departure.

Timeline of a Meeting

At least 2 weeks (10 business days) prior to the meeting

Submit Agenda Item suggestions to the Board's Executive Director. Include background materials. Copyright-protected materials must be accompanied by written permission from the publisher to share documents.

8 business days prior to the meeting

The Agenda is drafted. (All agenda materials are due to the Department by 12:00 p.m.)

7 business days prior to the meeting

The draft agenda is submitted to the Executive Director; the Executive Director transmits it to the Chair for review and approval.

5 business days prior to the meeting

The approved agenda is returned to the Board Administration Specialist (BA) for agenda packet production and compilation.

4 business days prior to the meeting

Agenda packets are posted on the DSPS Board SharePoint site and on the Board webpage.

Agenda Item Examples:

- | | |
|---|--|
| <ul style="list-style-type: none">• Open Session Items<ul style="list-style-type: none">• Public Hearings and Administrative Rules Matters• Administrative Matters• Legislation and Policy Matters• Credentialing Matters• Education and Exam Issues• Public Agenda Requests• Current Issues Affecting the Profession | <ul style="list-style-type: none">• Closed Session items<ul style="list-style-type: none">• Deliberations on Proposed Disciplinary Actions• Monitoring Matters• Professional Assistance Procedure (PAP) Issues• Proposed Final Decisions and Orders• Orders Fixing Costs/Matters Relating to Costs• Credentialing Matters• Education and Exam Issues |
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Thursday of the Week Prior to the Meeting

Agendas are published for public notice on the Wisconsin Public Notices and Meeting Minutes website: publicmeetings.wi.gov.

1 business day after the Meeting

"Action" lists are distributed to Department staff detailing board actions on closed session business.

5 business days after the Meeting

"To Do" lists are distributed to staff to ensure that board open session decisions are acted on and/or implemented within the appropriate divisions in the Department. Minutes approved by the board are published on the Wisconsin Public Notices and Meeting Minutes website: publicmeetings.wi.gov.

Department of Safety and Professional Services
PER DIEM REPORT

INSTRUCTIONS: Record board-related activities by date, indicate relevant purpose code, the duration of time spent in B-code activities, location, and activity description. Only one \$25.00 per diem payment will be issued on any given calendar day. Submit one form per month and within 60 days of the last activity being reported. Send completed forms to your Board's Administrative Specialist.

Purpose Codes:

A CODE	Official meetings including Board Meetings, Hearings and Examinations and Test Development Sessions (automatic day of per diem) Examples: board, committee, board training or screening panels; Senate Confirmation hearings, legislative and disciplinary hearings, or informal settlement conferences; test administration, test review or analysis events, national testing events, tour of test facilities, etc.
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B CODE **Other** (One (1) per diem will be issued for every five (5) hours spent in category B, per calendar month): i.e., review of disciplinary cases, consultation on cases, review of meeting materials, board liaison work, e.g., contacts regarding Monitoring, Professional Assistance Procedure, Credentialing, Education and Examinations

[illegible]

CLAIMANT'S CERTIFICATION The Board/Council member named above, certifies, in accordance with § 16.53, Wis. Stats., that this account for per diem, is just and correct; and that this claim is for service necessarily incurred in the performance of duties required by the State, as authorized by law.

(Rev. 04/24)

Board Member Approval & Date:

TOTAL DAYS CLAIMED: _____ @ \$25.00 = _____ Supervisor Approval & Date: _____

**PHYSICIAN ASSISTANT
AFFILIATED CREDENTIALING BOARD
2025 Elections and Liaisons**

Election of Officers

2025 ELECTION RESULTS	
Chairperson	Jennifer Jarrett
Vice Chairperson	Tara Streit
Secretary	Clark Collins

Appointment of Liaisons and Alternates

LIAISON APPOINTMENTS	
Credentialing Liaison(s)	Clark Collins, Jean Fischer <i>Alternate:</i> Amanda Lange, Emelle Holmes-Drammeh
Legislative Liaison(s)	Jennifer Jarrett <i>Alternate:</i> Tara Streit
Education, Continuing Education, and Examinations Liaison(s)	Emelle Holmes-Drammeh <i>Alternate:</i> Amanda Lange
Monitoring Liaison(s)	Jennifer Jarrett <i>Alternate:</i> Clark Collins
Professional Assistance Procedure Liaison(s)	Clark Collins <i>Alternate:</i> Tara Streit
MEB Liaison(s)	Jennifer Jarrett <i>Alternate:</i> Tara Streit
Administrative Rules Liaison(s)	Tara Streit <i>Alternate:</i> Robert Sanders
Travel Authorization Liaison(s)	Jennifer Jarrett <i>Alternate:</i> Cynthia Martin
Website Liaison(s)	Tara Streit <i>Alternate:</i> Clark Collins
Screening Panel	Jean Fischer, Robert Sanders, Cynthia Martin

	<i>Alternate:</i> Emelle Holmes Drammeh
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OTHER APPOINTMENTS	
Interdisciplinary Advisory Committee	Tara Streit <i>Alternate:</i>
Physician Assistant Interstate Compact Delegate	Robert Sanders <i>Alternate:</i> Jean Fischer

12/18/2025

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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Paralegal Richanda Turner, on behalf of Attorney Jameson Whitney		2) Date when request submitted: 02/05/26 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Physician Assistant Affiliated Credentialing Board			
4) Meeting Date: 02/19/2026	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Reaffirming 2025 delegations and new 2026 delegations	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? (If yes, please complete Appearance Request for Non-DSPS Staff) <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 members need to review and consider reaffirming 2025 delegations and new delegations for 2026.			
11) Authorization <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;"> <i>Richanda Turner</i> Signature of person making this request </div> <div style="width: 35%; text-align: right;"> 02/05/26 Date </div> </div> <hr/> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;"> Supervisor (Only required for post agenda deadline items) </div> <div style="width: 35%; text-align: right;"> Date </div> </div> <hr/> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;"> Executive Director signature (Indicates approval for post agenda deadline items) </div> <div style="width: 35%; text-align: right;"> Date </div> </div>			
Directions for including supporting documents: 1. This form should be saved with any other documents submitted to the Agenda Items folders. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			



State of Wisconsin
DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES
CORRESPONDENCE / MEMORANDUM

DATE: January 1, 2026

TO: Board, Council, and Committee Members

FROM: Legal Counsel

SUBJECT: Liaison Definitions and Delegations Explanations

Executive Summary

This memorandum provides an overview of the liaison roles and common delegation authorities that enable DSPS Boards, Sections, and Committees to efficiently fulfill their statutory responsibilities. It explains the function of each liaison position, such as, Credentialing, Monitoring, PAP, Education and Examination, Legislative, Travel Authorization, and Communication Liaisons, as well as Screening Panel Members, and outlines how these roles support Board operations between meetings. This memorandum also includes model motions for liaisons, Department staff, and Department attorneys to ensure timely processing of credential applications, monitoring requests, disciplinary matters, and administrative tasks. The delegations promote consistency, reduce delays, and allow the Department and Boards to respond promptly to legal and operational needs while maintaining their responsibility to protect public health, safety, and welfare.

Overall Purpose of Liaison Appointments

Each Board/Section (Board) has inherent authority that is established in our Wisconsin Statutes. This authority may change from Board to Board. Further information on your Board's authority can be found in Wis. Stat. ch. 15. Generally, each Board has authority to grant credentials, discipline credential holders, and set standards for education and examinations and unprofessional conduct. In order to efficiently accomplish these tasks, Boards may appoint Liaisons. Liaisons assist with the operations of the Boards' purpose by weighing in on legislative matters, traveling to national conferences, or communicating with stakeholders.

At the first Board meeting of each year, the Department asks the Boards to make Liaison appointments. Your practical knowledge and experience as an appointed member of a professional board are essential in making determinations regularly. The Liaison positions listed below assist

the Department to complete operations between Board meetings. In most cases, Liaisons can make decisions for the full Board in their designated area. However, these areas are determined through the delegation process. Please note a Liaison may also decide to send the delegated matter to the full Board for consideration as appropriate. Delegations assist the Board in defining the roles and authorities of each Liaison and other Board functions.

Liaison Definitions

Credentialing Liaison: The Credentialing Liaison is empowered by the Board to review and make determinations regarding certain credential applications. The Credentialing Liaison may be called on by Department staff to answer questions that pertain to qualifications for licensure, which may include whether a particular degree is suitable for the application requirements, whether an applicant's specific work experience satisfies the requirements in statute or rule for licensure, or whether an applicant's criminal or disciplinary history is substantially related to the practice of the profession in such a way that granting the applicant a credential would create a risk of harm to the public. The Credentialing Liaison serves a very important role in the credentialing process. If the Credentialing Liaison has a question on a request, it is advisable for the Liaison to consult further with Department staff or bring the matter to the full Board for consideration.

Monitoring Liaison: The Monitoring Liaison is empowered by the Board to make decisions on any credential that is subject to Monitoring either through a disciplinary order or initial licensure. The Department Monitors will send requests from credential holders to the Monitoring Liaison. A common request could be to remove a limitation that has been placed on a credential or to petition for full licensure. The Monitoring Liaison can review these requests and make decisions on behalf of the Board. If the Monitoring Liaison has a question on a request, it is advisable for the Liaison to consult further with Department staff or bring the matter to the full Board for consideration.

Professional Assistance Procedure (PAP) Liaison: PAP is a voluntary program open to credential holders with substance abuse issues who wish to seek help by being held accountable through treatment and monitoring by the Department and Board. As part of PAP, the credential holder enters into an agreement with the Department to undergo testing, counseling, or other rehabilitation. The PAP Liaison's role includes responding to credential holders' requests for modifications and terminations of provisions of the agreement. Similar to the Monitoring Liaison, the Department Monitors will send requests from credential holders to the PAP Liaison for further review.

Education and Examination Liaison: Some Boards are required by statute or rule to approve qualifying education and examinations. The Education and Examination Liaison provides guidance to Department staff to exercise authority of the Board to approve or decline examinations and educational programs and related requests. This determination requires a level of professional expertise and should be performed by a professional member of the Board. For some Boards, the Education and Examination Liaison will also be tasked with approving continuing education programs and courses.

Legislative Liaison: The Legislative Liaison is not the Board's designated lobbyist and should exercise their delegated authority carefully. The Legislative Liaison is permitted to act and speak

on the Board's behalf regarding pending and enacted legislation or actions being considered by the legislature outside of Board meetings. Please review Wis. Stat. ch. 13 for important reminders on lobbying.

Travel Authorization Liaison: The Travel Authorization Liaison is authorized to approve a Board member to travel to events and speak or act on the Board's behalf between Board meetings. The Travel Authorization Liaison is called upon to make decisions when sufficient notice was not received, and the full Board could not determine a representative to travel. The Travel Authorization Liaison is tasked with making determinations if the Board appointed representative is not able to attend or if the Board becomes authorized to send additional members as scholarship and funding streams can be unpredictable.

Communication Liaison: The Communication Liaison responds to questions that arise on behalf of the Board. The Communication Liaison works with the Department to cultivate an appropriate response which will be sent by the Executive Director or Board Counsel. The Communication Liaison **can** be responsible for all types of communication on behalf of the Board. However, the Board can appoint a separate **Website Liaison** to work with DSPS staff to make changes and ensure the Board webpage contains updated and accurate information. Additionally, for the Boards that are required by statute to produce a newsletter or digest, the Board can appoint a separate **Newsletter/Digest Liaison** to assemble and approve content for those communications.

Screening Panel Members: Screening Panel Members review incoming complaints against credential holders and determine which complaints should be opened for investigation and which complaints should be closed without further action. The complexity and amount of work in this role depends substantially on your Board. As a member of the Screening Panel, you are asked to apply your professional expertise to determine if a complaint alleges unprofessional conduct.

Delegations Explanations

CREDENTIALING DELEGATIONS

The overall purpose of credentialing delegations is to allow the credentialing process to proceed as efficiently and effectively as possible.

Delegation of Authority to Credentialing Liaison (Generic)

MOTION EXAMPLE: to delegate authority to the Credentialing Liaison(s) to serve as a liaison between the Department and the Board and to act on behalf of the Board in regard to credentialing applications or questions presented to them, including the signing of documents related to applications.

PURPOSE: To allow a representative of the Board to assist Department staff with credentialing applications and eliminate the need for the entire Board to convene to consider credential application content or questions. Additionally, it is most efficient to have the designated liaison

who has assisted with the credentialing process be able to effectuate decisions which require a signature.

Delegation of Authority to DSPS When Credentialing Criteria is Met

MOTION EXAMPLE: to delegate credentialing authority to the Department to act upon applications that meet all credentialing statutory and regulatory requirements without Board or Board liaison review.

PURPOSE: To permit Department staff to efficiently issue credentials and eliminate the need for Board/Section/Liaison review when all credentialing legal requirements are met in an application. This delegation greatly decreases the workload of Board members and cuts down processing time on applications.

Delegation of Authority for Predetermination Reviews

MOTION EXAMPLE: to delegate authority to the Department attorneys to make decisions regarding predetermination applications pursuant to Wis. Stat. § 111.335(4)(f).

PURPOSE: In general, the Wisconsin Fair Employment Act (codified in Wis. Stat. Ch. 111) prohibits licensing agencies from discriminating against applicants because of their arrest and/or conviction record. However, there are exceptions which permit denial of a license in certain circumstances. Individuals who do not possess a license have a legal right to apply for a determination of whether they are disqualified from obtaining a license due to their conviction record. This process is called “Predetermination.” Predetermination reviews must be completed within 30 days. This delegation allows Department attorneys to conduct predetermination reviews and efficiently make these legal determinations without need for Board/Section/Liaison review.

Delegation of Authority for Conviction Reviews

MOTION EXAMPLE: to delegate authority to the Department attorneys to review and approve applications with convictions which are not substantially related to the relevant professional practice.

PURPOSE: As used here, “substantially related” is a legal standard that is used in the Wisconsin Fair Employment Act. The concept of what is “substantially related” is informed by case law. This delegation permits Department attorneys to independently conduct conviction reviews and efficiently approve applications if convictions are not substantially related to the practice of the profession. Applications that contain conviction records that may be substantially related to the practice of a profession will still be submitted to the Credentialing Liaison for input.

Delegation to DSPS When Applicant's Disciplinary History Has Been Previously Reviewed

MOTION EXAMPLE: to delegate authority to Department staff to approve applications where Applicant's prior discipline has been approved for a previous credential and there is no new discipline.

PURPOSE: Some Boards offer progressive levels of credentials. This delegation eliminates the need for a re-review of discipline that has already been considered and approved by the Board/Section/Liaison for a lower-level credential.

Delegation to DSPS When Applicant's Conviction History Has Been Previously Reviewed

MOTION EXAMPLE: to delegate authority to Department staff to approve applications where criminal background checks have been approved for a previous credential and there is no new conviction record.

PURPOSE: Some Boards offer progressive levels of credentials. This delegation eliminates the need for a re-review of conviction history that has already been reviewed and approved for a lower-level credential.

Delegation of Authority for Reciprocity Reviews

MOTION EXAMPLE: to delegate authority to the Department attorneys to review and approve reciprocity applications in which the out-of-state license requirements meet Wisconsin license requirements. (Specific legal standards are referenced in the motion depending on credential/profession type.)

PURPOSE: Applications via reciprocity or endorsement require comparison of Wisconsin licensing requirements to the licensing requirements of another jurisdiction. These reviews consider the legal standard for reciprocity, which varies by profession, as well as the specified legal requirements to obtain licensure in the profession. This delegation permits Department attorneys to independently conduct reciprocity reviews and efficiently approve applications if legal standards and requirements are met for licensure. Applications for which reciprocity may not be available will still be submitted to the Credentialing Liaison for input.

Delegation of Authority for Military Reciprocity Reviews

MOTION EXAMPLE: to delegate authority to the Department attorneys to review and approve military reciprocity applications in which the individual meets the requirements of Wis. Stat. § 440.09.

PURPOSE: The law permits service members, former service members, and their spouses to be licensed if they hold licensure in other jurisdictions that qualify them to perform acts authorized by the credential they are seeking in Wisconsin. This is a shortened path to licensure that does not require meeting the specific requirements/standards for licensure/reciprocity in a profession. By law, the Department/Board must expedite the issuance of a reciprocal license via military

reciprocity. This delegation permits Department attorneys to independently conduct military reciprocity reviews and efficiently approve applications if legal standards and requirements are met for licensure. Applications for which reciprocity may not be available will still be submitted to the Credentialing Liaison for input.

Delegation of Authority for Application Denial Reviews

MOTION EXAMPLE: to delegate authority to the Department's attorney supervisors to serve as the Board designee for purposes of reviewing and acting on requests for hearing as a result of a denial of a credential.

PURPOSE: When an application is denied, the applicant has a legal right to appeal the denial determination. Applicants must meet a specified legal standard in order to have an appeal granted. Additionally, Wisconsin law sets specific time frames for appeal decisions. This delegation permits Department attorney supervisors to independently review and efficiently act on requests for hearing as a result of a denial of a credential.

Delegation to Department Attorneys to Approve Duplicate Legal Issue

MOTION EXAMPLE: to delegate authority to Department attorneys to approve a legal matter in connection with a renewal application when that same/similar matter was already addressed by the Board and there are no new legal issues for that credential holder.

PURPOSE: The intent of this delegation is to be able to approve prior discipline by the Board for the renewal applicant. This delegation eliminates the need for a re-review of discipline that has already been considered and approved by the Board/Section/Liaison.

Delegation to Department Attorneys to Approve Prior Discipline

MOTION EXAMPLE: to delegate authority to Department attorneys to approve an applicant's prior professional discipline which resulted in a forfeiture/fine/other monetary penalty, remedial education, and/or reprimand, that is 10 years old or older, and the previously disciplined credential is currently in good standing.

PURPOSE: In order to continue improving processing application legal reviews in a timely matter, this delegation gives Department attorneys authority to approve prior professional discipline which meets all of the following criteria: (1) it is at least ten years old; (2) it resulted in a monetary penalty, remedial education, and/or reprimand; and (3) the previously disciplined credential is currently in good standing.

MONITORING DELEGATIONS

The overall purpose of monitoring delegations is to be able to enforce the Boards orders and limited licenses as efficiently and effectively as possible. Monitoring delegations have two categories: delegations to the Monitoring Liaison and delegations to the Department Monitor.

Delegation of Authority to Department Monitor

MOTION EXAMPLE: to delegate authority to the Department Monitor:

- a. to grant full reinstatement of licensure if education is the only limitation and credential holder has submitted the required proof of course completion.
- b. to suspend the credential if the credential holder has not completed Board ordered education, paid costs, paid forfeitures, within the time specified by the Board Order.
- c. to lift a suspension when compliance with education and costs provisions have been met.

PURPOSE: These delegations allow for the Department Monitor to automatically act on requests when certain criteria are met or not met without needing to burden the Monitoring Liaison. The Board can set their own criteria for what actions they would like to be handled by the Department, the Monitoring Liaison, and the full Board.

Delegation of Authority to Monitoring Liaison

MOTION EXAMPLE: to delegate authority to the Monitoring Liaison to approve or deny all requests received from the credential holder.

PURPOSE: These delegations allow the Board to set criteria for what decisions can be made by the Board member(s) serving as the Monitoring Liaison and what matters should be decided by the full Board.

Education and Examination Delegations

MOTION EXAMPLE: to delegate authority to the Education and Examination Liaison(s) to address all issues related to qualifying education, continuing education and examinations. Motion carried unanimously. (Differs by Board.)

PURPOSE: Some Boards are responsible for approving qualifying educational programs or continuing education courses. A delegation is executed in order for an Education and Examination Liaison to make these determinations on behalf of the Board and with assistance of the Department. Additionally, some Boards review examinations and individual scores to qualify for a credential.

MISCELLANEOUS DELEGATIONS

Document Signature

MOTION EXAMPLE: to delegate authority to the Chairperson (or in absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) to sign documents on behalf of the Board in order to carry out its duties. Motion carried unanimously.

MOTION EXAMPLE: in order to carry out duties of the Board, the Chairperson (or in absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) has the ability to delegate signature authority for purposes of facilitating the completion of assignments during or between meetings. The members of the Board hereby delegate to the

Executive Director, Board Counsel, or DPD Division Administrator, the authority to sign on behalf of a Board member as necessary. Motion carried unanimously.

PURPOSE: To take the action approved at Board meetings, the Department may need to draft correspondence and/or Orders after the meetings have adjourned. These actions then need to be signed by a Board Member. This interaction usually takes place over email and a Board member can authorize the use of their signature that is kept on file.

Urgent Matters

MOTION EXAMPLE: in order to facilitate the completion of urgent matters between meetings, the Board delegates its authority to the Chairperson (or, in the absence of the Chairperson, the highest-ranking officer or longest serving Board member in that succession), to appoint liaisons to the Department to act in urgent matters. Motion carried unanimously.

PURPOSE: Allows for quick responses to urgent matters that may need Board approval or for which the Department requires guidance from the Board.

Delegation to Chief Legal Counsel-Due to Loss of Quorum

MOTION EXAMPLE: to delegate the review and authority to act on disciplinary cases to the Department's Chief Legal Counsel due to lack of/loss of quorum after two consecutive meetings. Motion carried unanimously.

PURPOSE: Sometimes Boards can struggle to meet quorum necessary to conduct business. This happens for a multitude of reasons, but this delegation allows for the Boards to have disciplinary cases decided by Chief Legal Counsel if the Board fails to meet quorum for two consecutive meetings.

Delegation to Chief Legal Counsel-Stipulated Resolutions

MOTION EXAMPLE: to delegate to the Department's Chief Legal Counsel the authority to act on behalf of the Board concerning stipulated resolutions providing for a surrender, suspension, or revocation of a credential, where the underlying merits involve serious and dangerous behavior, and where the signed stipulation is received between Board meetings. The Board further requests that Chief Legal Counsel only act on such matters when the best interests of the Board, Department, and the Public are best served by acting upon the stipulated resolution at the time the signed stipulation is received versus waiting for the next Board meeting. Motion carried unanimously.

PURPOSE: For matters of public safety, it may be necessary to take immediate action on a stipulated agreement rather than allowing a credential holder to continue practicing unencumbered until the next scheduled meeting. This delegation allows Chief Legal Counsel to act on behalf of the Board when there is a stipulated agreement. A stipulated agreement is an agreement to which all relevant parties have consented to the terms.

Voluntary Surrenders

MOTION EXAMPLE: to delegate authority to the assigned case advisor to accept or refuse a request for voluntary surrender pursuant to Wis. Stat. § 440.19 for a credential holder who has a pending complaint or disciplinary matter.

MOTION EXAMPLE: to delegate authority to the Department to accept the voluntary surrender of a credential when there is no pending complaint or disciplinary matter with the Department pursuant to Wis. Stat. § 440.19.

PURPOSE: Credential holders can ask the Boards to accept surrender of their credentials at any time. These delegations are in place for the different situations that arise from those requests. If a credential holder is seeking to surrender their credential because they wish to leave the profession, that can be processed with this delegation by the Department if they have no pending disciplinary complaints. If the credential holder wishes to surrender while they have a pending disciplinary complaint, that request is reviewed by the individual Board member assigned to the case.

DLSC Pre-screening

MOTION EXAMPLE: to delegate pre-screening decision making authority to the DSPS screening attorney for opening cases where the credential holder has failed to respond to allegations contained in the complaint when requested by intake (case will be opened on failure to respond and the merits of the complaint).

PURPOSE: Pre-screening delegations exist so the Board can define specific parameters where the Department can review disciplinary complaints and open those cases if they meet certain criteria. Boards also have the authority to set certain criteria that would allow the Department to review and close a case if the criteria is met.

Delegation to Handle Administrative Rule Matters

MOTION EXAMPLE: to delegate authority to the Chairperson (or, in the absence of the Chairperson, the highest-ranking officer or longest serving Board member in that succession), to act on behalf of the Board regarding administrative rule matters between meetings. Motion carried unanimously.

PURPOSE: In order to advance the administrative rules process, action may need to occur between meetings. This allows for quick responses to urgent matters that may need Board approval or for which the Department requires guidance from the Board.

**PHYSICIAN ASSISTANT
AFFILIATED CREDENTIALING BOARD
FEBRUARY 20, 2025
2025 Delegations**

New Delegations for 2025

Delegation to Approve Opioid Abuse Report

MOTION: Jean Fischer moved, seconded by Emelle Holmes-Drammeh, to authorize the Chairperson (or, in the absence of the Chairperson, the highest-ranking officer or longest serving Board member in that succession) to review and approve the opioid abuse report required by Wis. Stat. § 440.035 (2m)(c)1., for filing with the Legislature. Motion carried unanimously.

Delegation to Department Attorneys to Approve Prior Discipline

MOTION: Clark Collins moved, seconded by Jean Fischer, to delegate authority to Department Attorneys to approve an applicant's prior professional discipline which resulted in a forfeiture/fine/other monetary penalty, remedial education, and/or reprimand, that is 10 years old or older, and the previously disciplined credential is currently in good standing. Motion carried unanimously.

Delegation to Handle Administrative Rule Matters

MOTION: Jean Fischer moved, seconded by Emelle Holmes-Drammeh, to delegate authority to the Chairperson (or, in the absence of the Chairperson, the highest-ranking officer or longest serving Board member in that succession), to act on behalf of the Board regarding administrative rule matters between meetings. Motion carried unanimously.

Review and Approval of 2024 Delegations including new modifications

MOTION: Jennifer Jarrett moved, seconded by Clark Collins, to reaffirm all delegation motions made in 2024, as reflected in the February 20, 2025, agenda materials, which were not otherwise modified or amended during the February 20, 2025, meeting. Motion carried unanimously.

All Combined Delegations for 2025

Review and Approval of 2024 Delegations including new modifications

MOTION: Jennifer Jarrett moved, seconded by Clark Collins, to reaffirm all delegation motions made in 2024, as reflected in the February 20, 2025,

agenda materials, which were not otherwise modified or amended during the February 20, 2025, meeting. Motion carried unanimously.

Document Signature Delegations

MOTION: Eric Elliot moved, seconded by Jacqueline Edwards to delegate authority to the Chairperson (or in absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) to sign documents on behalf of the Board in order to carry out its duties.

MOTION: Eric Elliott moved, seconded by Jean Fischer, in order to carry out duties of the Board, the Chairperson (or in absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) has the ability to delegate signature authority for purposes of facilitating the completion of assignments during or between meetings. The members of the Board hereby delegate to the Executive Director, Board Counsel or DPD Division Administrator, the authority to sign on behalf of a board member as necessary. Motion carried unanimously.

Delegated Authority for Urgent Matters

MOTION: Eric Elliott moved, seconded by Jennifer Jarrett, that in order to facilitate the completion of urgent matters between meetings, the Board delegates its authority to the Chairperson (or, in the absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession), to appoint liaisons to the Department to act in urgent matters. Motion carried unanimously.

Delegation to Chief Legal Counsel Due to Loss of Quorum

MOTION: Eric Elliott moved, seconded by Jacqueline Edwards, to delegate the review and authority to act on disciplinary cases to DSPS Chief Legal Counsel due to lack of/loss of quorum after two consecutive meetings. Motion carried unanimously.

Delegation to Chief Legal Counsel for Stipulated Resolutions

MOTION: Jennifer Jarrett moved, seconded by Eric Elliott, to delegate to DSPS Chief Legal Counsel (CLC) the authority to act on behalf of the Board concerning stipulated resolutions providing for a surrender, suspension, or revocation of a credential, where the underlying merits involve serious and dangerous behavior, and where the signed stipulation is received between Board meetings. The Board further requests that CLC only act on such

matters when the best interests of the Board, Department and the Public are best served by acting upon the stipulated resolution at the time the signed stipulation is received versus waiting for the next Board meeting. Motion carried unanimously.

Monitoring Delegations

Delegation to Monitoring Liaison

MOTION: Jennifer Jarrett moved, seconded by Jacqueline Edwards, to delegate authority to the Monitoring Liaison(s) to make any determination on Orders under monitoring and to refer to the Full Board any matter the Monitoring Liaison deems appropriate. Motion carried unanimously.

Delegation to Department Monitor

MOTION: Jean Fischer moved, seconded by Jacqueline Edwards, to delegate authority to the Department Monitor as outlined below:

1. to grant reinstatement of licensure if education and/or costs are the sole condition of the order and the credential holder has submitted the required proof of completion for approved courses and paid the costs.
2. to suspend the license if the credential holder has not completed Board ordered education and/or paid costs and forfeitures within the time specified by the Board order. The Department Monitor may remove the suspension and issue an order when proof of completion and/or payment has been received.
3. to suspend the license (or remove stay of suspension) if a credential holder fails to enroll and participate in an Approved Program for drug and alcohol testing within 30 days of the order, or if credential holder ceases participation in the Approved Program without Board approval. This delegated authority only pertains to respondents who must comply with drug and/or alcohol testing requirements.
4. to grant or deny approval when a credential holder proposes treatment providers, mentors, and supervisors unless the Order specifically requires full-Board or Board designee approval.
5. to grant a maximum of one 90-day extension, if warranted and requested in writing by a credential holder, to complete Board ordered continuing, disciplinary, or remedial education.
6. to grant a maximum of one 90-day extension or payment plan for proceeding costs and/or forfeitures if warranted and requested in writing by a credential holder.

7. to grant a maximum of one 90-day extension, if warranted and requested in writing by a credential holder, to complete a Board ordered evaluation or exam.
Motion carried unanimously.

Delegation of Authorities for Legal Counsel to Sign Monitoring Orders

MOTION: Jean Fischer moved, seconded by Eric Elliott, to delegate to Legal Counsel the authority to sign Monitoring orders that result from Board meetings on behalf of the Board Chairperson. Motion carried unanimously.

Credentialing Authority Delegations

Delegation of Authority to Credentialing Liaison

MOTION: Eric Elliott moved, seconded by Jennifer Jarrett, to delegate authority to the Credentialing Liaison(s) to serve as a liaison between the Department and the Board and to act on behalf of the Board in regard to credentialing applications or questions presented to them, including the signing of documents related to applications, except that potential denial decisions shall be referred to the full Board for final determination. Motion carried unanimously.

Delegation of Authority to DSPS When Credentialing Criteria is Met

MOTION: Jean Fischer moved, seconded by Jacqueline Edwards, to delegate credentialing authority to the Department to act upon applications that meet all credentialing statutory and regulatory requirements without Board or Board liaison review. Motion carried unanimously.

Delegation of Authority for Predetermination Reviews

MOTION: Jean Fischer moved, seconded by Eric Elliott, to delegate authority to the Department Attorneys to make decisions regarding predetermination applications pursuant to Wis. Stat. § 111.335(4)(f). Motion carried unanimously.

Delegation of Authority for Reciprocity/Endorsement Reviews

MOTION: Eric Elliott moved, seconded by Clark Collins, to delegate authority to the Department Attorneys to review and approve reciprocity applications in which the out of state license requirements are substantially equivalent to the Board's requirements. Motion carried unanimously.

Delegated Authority for Application Denial Reviews

MOTION: Eric Elliot moved, seconded by Jennifer Jarrett, to delegate authority to the Department's Attorney Supervisors to serve as the Board's designee for purposes of reviewing and acting on requests for hearing as a result of a denial of a credential. Motion carried unanimously.

Delegation to Department Attorneys to Approve Prior Discipline

MOTION: Clark Collins moved, seconded by Jean Fischer, to delegate authority to Department Attorneys to approve an applicant's prior professional discipline which resulted in a forfeiture/fine/other monetary penalty, remedial education, and/or reprimand, that is 10 years old or older, and the previously disciplined credential is currently in good standing. Motion carried unanimously.

Delegation of Authority for Conviction Reviews

MOTION: Eric Elliott moved, seconded by Jennifer Jarrett, to delegate authority to Department Attorneys to review and approve conviction records with up to 2 misdemeanors each more than 4 years old and which are not substantially related to the practice of physician assistants. Motion carried unanimously.

Delegation of Authority for Military Reciprocity Reviews

MOTION: Eric Elliott moved, seconded by Jennifer Jarrett, to delegate authority to the Department Attorneys to review and approve military reciprocity applications in which the individual meets the requirements of Wis. Stat. § 440.09. Motion carried unanimously.

Delegation to Department Attorneys to Approve Duplicate Legal Issue

MOTION: Jennifer Jarrett moved, seconded by Jacqueline Edwards, to delegate authority to Department Attorneys to approve a legal matter in connection with a renewal application when that same/similar matter was already addressed by the Board and there are no new legal issues. Motion carried unanimously.

Delegation to Department Attorneys to Approve Duplicate Legal Issue

MOTION: Jennifer Jarrett moved, seconded by Jacqueline Edwards, to delegate authority to Department Attorneys to approve a legal matter in connection

with a renewal application when that same/similar matter was already addressed by the Board and there are no new legal issues. Motion carried unanimously.

Delegation to Approve Opioid Abuse Report

MOTION: Jean Fischer moved, seconded by Emelle Holmes-Drammeh, to authorize the Chairperson (or, in the absence of the Chairperson, the highest-ranking officer or longest serving Board member in that succession) to review and approve the opioid abuse report required by Wis. Stat. § 440.035 (2m)(c)1., for filing with the Legislature. Motion carried unanimously.

Voluntary Surrenders

MOTION: Eric Elliott moved, seconded by Jennifer Jarrett, to delegate authority to the assigned case advisor to accept or refuse a request for voluntary surrender pursuant to Wis. Stat. § 440.19 for a credential holder who has a pending complaint or disciplinary matter. Motion carried unanimously.

MOTION: Jean Fischer moved, seconded by Jacqueline Edwards, to delegate authority to the Department to accept the voluntary surrender of a credential when there is no pending complaint or disciplinary matter with the Department pursuant to Wis. Stat. § 440.19. Motion carried unanimously.

Education and Examination Liaison(s) Delegation

MOTION: Eric Elliott moved, seconded by Jacqueline Edwards, to delegate authority to the Education and Examination Liaison(s) to address all issues related to continuing education and examinations. Motion carried unanimously.

Authorization for DSPS to Provide Board Member Contact Information to National Regulatory Related Bodies

MOTION: Jennifer Jarrett moved, seconded by Jean Fischer, to authorize the Department staff to provide national regulatory related bodies with all board member e-mail address information that the Department retains on file. Motion carried unanimously.

Optional Renewal Notice Insert Delegation

MOTION: Eric Elliott moved, seconded by Jennifer Jarrett, to designate the Chairperson (or, in the absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) to provide a

brief statement or link relating to board-related business within the license renewal notice at the Board's or Board designee's request. Motion carried unanimously.

Legislative Liaison Delegation

MOTION: Eric Elliott moved, seconded by Jacqueline Edwards, to delegate authority to the Legislative Liaisons to speak on behalf of the Board regarding legislative matters. Motion carried unanimously.

Travel Authorization Liaison Delegation

MOTION: Jean Fischer moved, seconded by Jacqueline Edwards, to delegate authority to the Travel Authorization Liaison to approve any board member travel to and/or participation in events germane to the board, and to designate representatives from the Board to speak and/or act on the Board's behalf at such events. Motion carried unanimously.

Website Liaison(s) Delegation

MOTION: Eric Elliott moved, seconded by Jacqueline Edwards, to authorize to the Website Liaison(s) to act on behalf of the Board in working with Department staff to identify and execute website updates. Motion carried unanimously.

Medical Examining Board Liaison(s) Delegation

MOTION: Jacqueline Edwards moved, seconded by Roberts Sanders, to designate the MEB Liaison to represent the Board before the Medical Examining Board and to confer with the Medical Examining Board on matters of joint interest. Motion carried unanimously.

Administrative Rules Liaison(s) Delegation

MOTION: Jennifer Jarrett moved, seconded by Eric Elliott, to delegate authority to the Administrative Rules Liaison(s) to address all rulemaking as related to drafting and making recommendations to the full Board. Motion carried unanimously.

Delegation to Handle Administrative Rule Matters

MOTION: Jean Fischer moved, seconded by Emelle Holmes-Drammeh, to delegate authority to the Chairperson (or, in the absence of the Chairperson, the highest-ranking officer or longest serving Board member in that

succession), to act on behalf of the Board regarding administrative rule matters between meetings. Motion carried unanimously.

Delegation of Authority to Credentialing Liaison

MOTION: [Board member name] moved, seconded by [Board member name], to delegate authority to the Credentialing Liaison(s) to serve as a liaison between the Department and the Board and to act on behalf of the Board in regard to credentialing applications or questions presented to them, including the signing of documents related to applications. Motion carried [].

OR IN THE ALTERNATIVE

Delegation of Authority for Predetermination Decisions

MOTION: [Board member name] moved, seconded by [Board member name], to delegate authority to the Department Attorneys to make decisions regarding predetermination applications pursuant to Wis. Stat. § 111.335(4)(f). For matters where the Department Attorney has indicated underlying convictions may result in a denial, the Credentialing Liaison(s) can act on behalf of the Board in regard to any denial due to predetermination decisions. Motion carried [].

Review and Approval of 2025 Delegations including new modifications

MOTION: [Board member name] moved, seconded by [Board member name], to reaffirm all delegation motions made in 2025, as reflected in the February 19, 2026 agenda materials, which were not otherwise modified or amended during the February 19, 2026 meeting. Motion carried [].

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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Jennifer Jarrett, Board Chair		2) Date when request submitted: 2/10/2026 <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: 2/19/2026	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? FSMB DRAFT Report, "Legislative Developments for Unmatched Medical Graduates in the United States" – Discussion	
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: Board Discussion.			
11) Authorization <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px 0;"> <i>Tom Ryan</i> 2/10/2026 </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding: 5px 0;"> Signature of person making this request Date </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding: 5px 0;"> Supervisor (Only required for post agenda deadline items) Date </div> <div style="display: flex; justify-content: space-between; padding: 5px 0;"> Executive Director signature (Indicates approval for post agenda deadline items) Date </div>			
Directions for including supporting documents: 1. This form should be saved with any other documents submitted to the Agenda Items folders. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

Legislative Developments for Unmatched Medical Graduates in the United States

Section 1. Introduction

This report is intended to provide helpful information to U.S. state and territorial medical and osteopathic boards and policy makers who may be considering legislation in their jurisdictions to enable additional licensure pathways for unmatched medical graduates who have not yet completed postgraduate training (also known as graduate medical education or GME). It is not intended to be an endorsement of such approaches, and it should be noted that current FSMB policy does not recognize nor endorse an additional licensure pathway for unmatched medical graduates.

Since 2014, 12 states have enacted legislation establishing additional pathways for U.S. and international medical graduates (USMGs and IMGs, respectively) who have not yet completed Accreditation Council for Graduate Medical Education- (ACGME) accredited postgraduate training nor passed the United States Medical Licensing Examination (USMLE) Step 3 or the Comprehensive Osteopathic Medical Licensing Examination of the United States (COMLEX) Level 3. These measures are ostensibly designed to address physician shortages, offer practice opportunities for unmatched graduates, and increase healthcare access in medically underserved regions. Although nine distinct titles exist for this licensure class (see table on p. 3), "assistant physician" (AP) is the most common colloquial designation for this type of licensure and is the one which will be used as a general term in this report. There are two primary licensure pathways for APs: a repeatedly renewable license that creates a permanent physician class without requiring completion of standardized exams or residency, and a time-limited "bridge" license for graduates awaiting residency placement. All APs under enacted legislation in the 12 states are expected to practice under supervision and/or under collaborative agreements with supervising physicians, and no states currently permit direct conversion from an AP to an unrestricted medical license. As of October 1, 2025, FSMB records show approximately 354 medical graduates held active AP licenses, with concentrations greatest in Missouri and Arizona, 88 percent of which are IMGs (compared to 23 percent of the overall physician population) and 58 percent are under the age of 40 (compared to 24 percent of the overall physician population).¹

Section 2. Background

FSMB policy currently states that the minimum requirements for full and unrestricted medical licensure for all physicians should include the completion of at least 36 months of progressive, accredited postgraduate medical training (also termed GME), as well as completion of USMLE Steps 1, 2, and 3

¹ Data accessed from FSMB's Physician Data Center (PDC).

or COMLEX Levels 1, 2, and 3,² among other requirements which are paramount to ensure that physicians have a baseline of skills and competence to ensure the safety of patients. More recently, an Advisory Commission on Additional Licensure Pathways that was co-chaired by FSMB, ACGME and Intealth advised completion of postgraduate training as a recommended requirement for internationally trained physicians seeking supervised employment leading to licensure eligibility.³

Context and Policy Drivers

The physician workforce shortage — projected in one widely-quoted estimate to reach up to 86,000 by 2036⁴ — has prompted legislators in some states to develop additional licensure pathways for medical graduates who do not match into residency programs. Advocates for AP licensure include the Association of Medical Doctor Assistant Physicians, the American Legislative Exchange Council (ALEC), and policy research organizations such as the Cato Institute and Heartland Institute. These organizations argue that restricted residency growth since the Balanced Budget Act of 1997 and limited federal funding for training make additional licensure pathways essential for meeting public health needs, especially in medically underserved communities.

In 2025, nearly 47,200 medical graduates sought to match with one of approximately 37,600 residency positions, leaving roughly 9,600 positions unmatched. Contributing factors for not matching included poor test performance and/or interviews, length of time since medical school graduation⁵, medical school reputation/ranking and location, competitive specialty selection, legislative caps on GME funding, and static residency slot growth. Data from the National Resident Matching Program (NRMP) demonstrate that there are significant disparities among the type of applicants and their acceptance rates (NRMP includes data about all residencies, regardless of funding source.⁶).

Breakdown of Residency Match Rate by Applicant Type			
Category	Number of Applicants	Number of Matches	Percent of Matching Applicants
U.S. MD Seniors	20,368	19,044	93.5%
U.S. DO Seniors	8,392	7,773	92.6%
U.S. MD Grads	1,751	803	45.9%
U.S. DO Grads	630	276	43.8%
U.S. IMGs	4,587	3,108	67.8%

² <https://www.fsmb.org/siteassets/advocacy/policies/guidelines-for-structure-function-of-state-medical-and-osteopathic-board-2024.pdf>

³ <https://www.fsmb.org/siteassets/communications/acalm-guidance.pdf>

⁴ <https://www.aamc.org/news/press-releases/new-aamc-report-shows-continuing-projected-physician-shortage>

⁵ <https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-025-07806-3>

⁶ <https://www.nrmp.org/policy/main-residency-match-all-in-policy/>

Non-U.S. IMGs	11,465	6,653	58.0%
Source: https://www.nrmp.org/match-data/2025/05/results-and-data-2025-main-residency-match/			

Both U.S. and non-U.S. IMGs have significantly lower match rates than active, domestic MD and DO applicants (called “U.S. MD Seniors” and “U.S. DO Seniors,” respectively), as do prior MD and DO graduates (called “U.S. MD Grads” and “U.S. DO Grads,” respectively). NRMP provides no further analysis on the duration of time between medical school graduation and successful matching for prior graduate cohorts. Unmatched graduates often face substantial educational debt and limited clinical opportunities as they typically wait another year to apply again. AP licensure may, in such circumstances, support interim participation in supervised clinical practice and is said to improve candidacy for a future residency match.

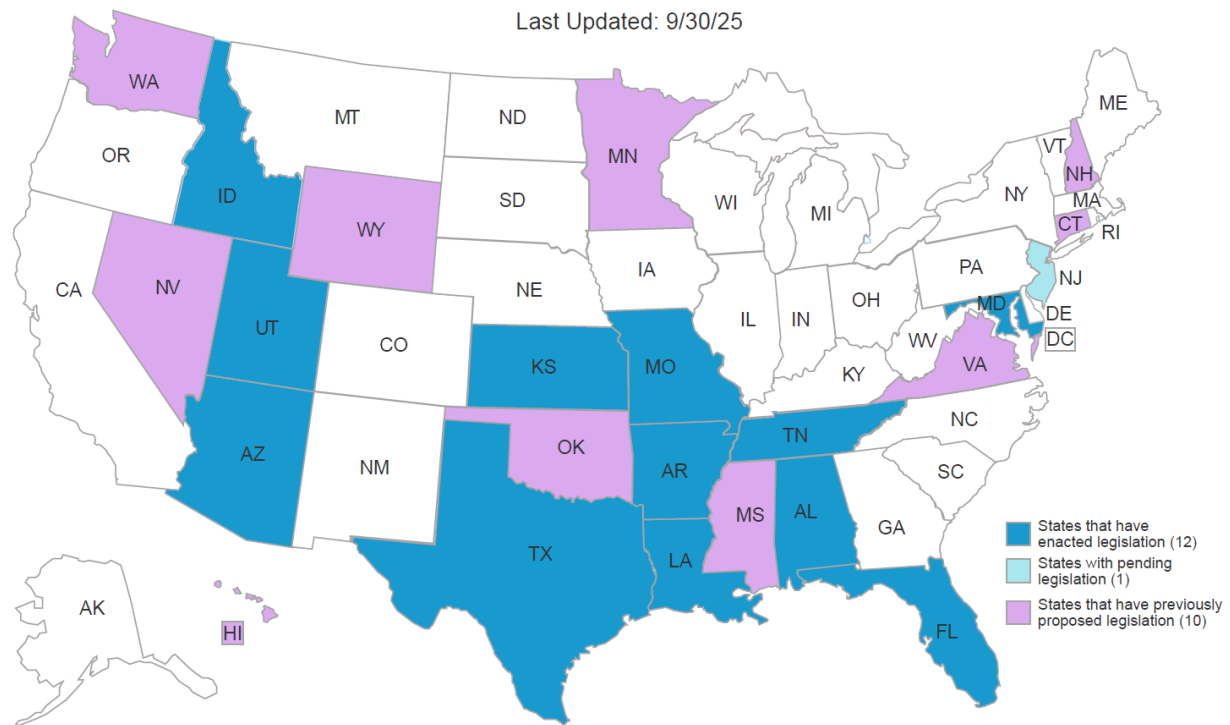
Between 2014 and 2025, 12 states enacted AP legislation, with eleven additional states introducing similar proposals that have not yet been enacted. Applicant requirements, scope of practice, and specific licensure titles vary by jurisdiction, but all share a core objective of permitting unmatched graduates to practice in supervised roles. Opposition from organizations such as the American Medical Association (AMA) and the Association of American Medical Colleges (AAMC) centers on concerns that bypassing residency training, especially if that bypass becomes enduring, undermines the training necessary for independent practice and may diminish support for federal GME funding.

Section 3. Components and Requirements of AP Licensure

Key Requirements

Each state's AP program has unique criteria; however, all require graduation from a recognized medical school, successful completion of USMLE Steps 1 and 2 (or COMLEX Levels 1 and 2), ongoing supervision, and absence of completion of ACGME-accredited residency training (although discrepancies exist on whether states will allow applicants who have ever been accepted into, or have begun, a residency). Applicants must typically apply for such a license within one to three years of their medical school graduation. Only some states limit AP practice to rural or medically underserved areas. Generally, AP licenses are designed to be time-limited.

States with AP Licensure



Components and Requirements of AP Licensure

State/ Component	Enacted	Title	Graduation from medical school (within _ years of application)	IMG eligibility	Require USMLE Steps 1+2 (time max after graduation, if applicable)	Allow COMLEX Levels 1 + 2	State residency requirement	In-state medical school requirement
Missouri + SB 718 ('18)	2014	Assistant physician	✓ (within last 3 years)	✓	✓ (3 years)	✓ (not specified)	✓	X
Arkansas	2015	Graduate registered physician	✓ (within last 2 years)	✓ (ECFMG certification)	✓ (2 years, within 3 attempts)	✓	X	X
Kansas	2015	Special permit(ee)	✓	X	*	X	X	✓
Utah	2017	Associate physician	✓ (within last 3 years)	X (LCME graduate)	✓ (2 years)	✓ (not specified)	X	X
Arizona	2021	Transitional training permit(ee)	✓ (within last 2 years)	✓	✓	X	X	X
Louisiana	2022	Bridge year graduate physician	✓ (within the previous year)	✓ (ECFMG certification)	*	X	X	X
Tennessee	2023	Graduate physician	✓ (within last 3 years)	✓	✓ (2 years)	✓	X	X
Alabama	2023	Bridge year graduate physician	✓ (within the previous year)	X (LCME/ COCA graduate)	✓	✓ (LMCC)	X	X
Idaho	2023	Bridge year physician	✓ (within the previous year)	✓	*	X	X	X
Florida	2024	Graduate assistant physician	✓ (within the previous year)	✓	✓ (Requires all Steps)	✓ (COMLEX – all Steps)	X	X
Maryland	2024	Supervised medical graduate	✓	✓	✓	✓	X	X
Texas	2025	Physician graduate	✓ (within last 2 years)	✓	✓	✓ (LMCC)	✓	X

State/ Component	Renewable license	Time limit, if applicable	Require collaborative practice agreement (CPA) and/or supervision	Practice in rural/ underserved area	Conversion to full license	SMB rulemaking authority	Issued rules	Licenses granted (active licenses)
Missouri + SB 718 ('18)	✓	Unlimited	✓	✓	X	✓	✓	838 (268)
Arkansas	✓	N/A	✓	X	X	✓	✓	14 (N/A)
Kansas	✓	2 years (1 year, 1 possible renewal)	✓	✓	X	✓	N/A	3 (N/A)
Utah	✓	6 years (2 years and 2 possible renewals)	✓	✓	X	✓	✓	11 (1)
Arizona	✓	3 years (1 year, 2 possible renewals)	✓	X	X	✓	✓ (MD) ✓ (DO)	N/A (85)
Louisiana	✓	3 years (1 year, 2 possible renewals)	✓	X	X	✓	✓	14 (N/A)
Tennessee	X	2 years	✓	✓	X	✓	✓ (MD) Not found (DO)	N/A
Alabama	✓	2 years (1 year and 1 possible renewal)	✓	X	X	✓	✓	0
Idaho	X	1 year	✓	X	X	✓	N/A	N/A
Florida	✓	3 years (2 years and 1 possible 1 year renewal)	✓	X	X	✓	✓ (MD) ✓ (DO)	N/A
Maryland	X	2 years	✓	X	X	✓	✓	0
Texas	✓	Unlimited	✓	✓	X	✓	✓	0

*: Indicates that the category was unstated or unaddressed in legislation or regulation.

N/A: Not available

Section 4. Regulatory Considerations

Pathways to Full Licensure

No state permits direct transition from AP licensure to full and unrestricted licensure without completion of postgraduate residency training and the successful completion of USMLE Step 3 or COMLEX Level 3. FSMB recognizes the importance of residency and examination completion in ensuring that physicians have the necessary skills to practice in an independent setting to enable them to provide quality healthcare to the patients they serve.

Licensure Structure: Time-Limited vs. Permanent Licenses

States vary in terms of offering time-limited versus permanent AP licenses, the level of regulatory oversight, supervision quality, and CME mandates. Time-limits imposed by states vary by duration of licensure, renewal cycles, and number of renewals possible; Missouri and Texas, unlike other jurisdictions, allow unlimited renewals.

Practice Setting

Five states require practice in rural or medically underserved areas. Some experts caution that APs practicing in these areas may risk contributing to the creation of a "second-class" of physician categories concentrated in socioeconomically disadvantaged or geographically isolated areas.⁷ Resource and preceptor/supervision deficits, as well as difficulty retaining experienced supervisors in rural or medically underserved areas, will also present challenges to AP competency enhancement.⁸

Supervision

All states that have enacted this type of licensure pathway recognize that robust supervision via a supervision agreement is essential. They require that supervising physicians should be licensed in the same physical location, without prior discipline, and be capable of effectively assessing an AP's competence. However, limited supervision capacity and retention may impede AP practice initiation; in one study, only 25 percent of APs secured necessary supervision.⁹

Section 5. Licensure and Disciplinary Data

AP Licenses Issued in U.S.

Since 2016, a total of 870 AP licenses have been issued by five states, with the number of licenses issued by year shown below:¹⁰

AP Licenses Issued in the U.S. by Year										
Year	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Number	1	107	119	166	168	115	66	54	67	7

⁷ <https://www.advisory.com/daily-briefing/2022/08/04/assistant-physicians>

⁸ <https://www.ruralhealthresearch.org/projects/1057>

⁹ <https://www.goldwaterinstitute.org/policy-report/removing-barriers-for-associate-physicians-to-expand-healthcare-access/#:~:text=States%20demonstrated%20significant%20variation%20in,holders%20since%20its%20program%20begin>

¹⁰ Data accessed from FSMB's Physician Data Center (PDC).

USMLE Performance

Comparative USMLE performance from 2010-2025 for MDs categorized as APs and licensed IMGs and USMGs are shown below:

	Assistant Physicians	IMGs	USMGs
Step 1			
Passing Rate on 1 st Attempt	75%	96%	97%
Step 2 CK			
Passing Rate on 1 st Attempt	65%	94%	98%
1 st Attempt Average Passing Score (Std Dev)	222 (13)	234 (17)	243 (16)

APs typically require more attempts for examination passage and tend to score lower on the USMLE, on average, than their non-AP peers.¹¹ These findings have implications for training and supervision and appear to be correlated with a lower likelihood that such medical school graduates match into residency training.

AP Matriculation into Residency

A study of current licenses for individuals issued an AP license from 2016-2025 found that 38 percent had ultimately achieved full licensure, meaning that they had matched and subsequently completed GME training; eight percent were in residency training and possessed an active training license; 27 percent had continued practicing with an AP license; 22 percent had no license; and 6 percent had an active, non-physician license.¹²

Section 6. Legislative Considerations

The ongoing physician workforce shortage has prompted some states to expand licensure options for unmatched graduates, particularly to serve underserved communities. Other policy initiatives such as increased federal funding of residencies, the embrace of telemedicine, and the enactment of licensure compacts (i.e., Interstate Medical Licensure Compact and the PA Licensure Compact) may be more sensible and effective. If a state wishes to create an AP licensure pathway, however, consideration should be made to protect both the interests of the unmatched medical graduate and the public at large. Legislation, when proposed, should consider the following points of concern:

¹¹ Ibid.

¹² Ibid. Total does not add up to 100 due to rounding.

- Creating new and unfunded licensure categories may sow confusion among the public and create a two-tiered system of health care delivery by physicians possessing mixed skills and competencies.
- Eligibility should be reserved for applicants who have successfully graduated from an Liaison Committee on Medical Education- (LCME) or Commission on Osteopathic College Accreditation- (COCA) accredited medical school within the last two years and who have successfully completed USMLE Steps 1 and 2, or COMLEX Levels 1 and 2, but have not yet matched into a residency program.
- AP licensure should preferentially serve as an interim bridge option, with time limits, rather than as a permanent or enduring substitute for traditional residency training.
- Legislation should specify active supervision through the requirement of a supervision agreement with fully licensed physicians in the same physical location who have not had any disciplinary action or licensure infractions within the previous five years (A supervision agreement is a formal, written contract that outlines the scope of practice, responsibilities, and procedures that the AP is authorized to perform under physician supervision).
- There should be ongoing evaluation of the AP during the licensure period by the supervising physician and shared with the state medical board, beginning at the start of their practice period, to identify areas of strength as well as areas where additional support may be needed.
- Rulemaking authority should be delegated, and resources allocated, to the state medical board to implement and evaluate any AP licensure pathway.
- To obtain full licensure, the AP should meet the state's existing licensure requirements related to GME requirements and medical licensure examination completion.
- State medical boards should collect information that will facilitate evaluation of AP licensure in their jurisdiction to ensure it is meeting its intended purpose, including the number of APs who matriculate into residencies, and then full licensure, as well as the specialization and location of AP practice.

**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: 2/6/26 <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: 2/19/26	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Administrative Rule Matters Discussion and Consideration 1. Preliminary Rule Draft: Pod 1 and 9, Relating to Supervision of Physician Assistants 2. Other Rule Updates: a. Med 21, Patient Health Care Records b. N 1 to 8, Relating to APRNs and Comprehensive Review c. Pod 1 and 9, Relating to Supervision of Physician Assistants 3. 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. Preliminary Rule – Pod 1 and 9 2. Other Rule Updates 3. 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 </td> <td style="width: 40%; border-bottom: 1px solid black; vertical-align: bottom; text-align: right;"> 2/6/26 </td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black; vertical-align: middle;"> Signature of person making this request </td> <td style="border-top: 1px solid black; border-bottom: 1px solid black; vertical-align: middle; text-align: right;"> Date </td> </tr> <tr> <td style="border-bottom: 1px solid black; vertical-align: bottom;"> Supervisor (if required) </td> <td style="border-bottom: 1px solid black; vertical-align: bottom; text-align: right;"> Date </td> </tr> <tr> <td colspan="2" style="border-top: 1px solid black; border-bottom: 1px solid black; vertical-align: middle;"> Executive Director signature (indicates approval to add post agenda deadline item to agenda) </td> </tr> <tr> <td colspan="2" style="border-top: 1px solid black; border-bottom: 1px solid black; vertical-align: middle; text-align: right;"> Date </td> </tr> </table>				11) Authorization 	2/6/26	Signature of person making this request	Date	Supervisor (if required)	Date	Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
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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.													

STATE OF WISCONSIN
PODIATRY AFFILIATED CREDENTIALING BOARD

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

PROPOSED ORDER

An order of the Podiatry Affiliated Credentialing Board to renumber and amend Pod 9.03; to amend Pod 1.03 (1) (Note), 1.08 (1) (a) (Note), 1.09 (1) (a) (Note), 1.10 (1) (b) (Note), 9.01 and 9.02; to repeal and recreate Pod 9.04; and to create Pod 1.02 (2r) and 9.03 (1) to (8), relating to supervision of physician assistants.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: Section 448.975 (2) (a) 2m., Stats.

Statutory authority: Sections 15.085 (5) (b) and 448.695 (2) and (4), Stats.

Explanation of agency authority:

Section 15.085 (5) (b), stats. states that “[each affiliated credentialing board] shall promulgate rules for its own guidance and for the guidance of the trader or profession to which it pertains, and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular trade or profession.”

Section 448.695 (2), Stats., provides that “the affiliated credentialing board may promulgate rules to carry out the purposes of this subchapter.”

Section 448.695 (4), Stats., provides that “the affiliated credentialing board shall promulgate rules establishing all of the following:

- (a) Practice standards for a physician assistant practicing podiatry as provided in s. 448.975 (2) (a) 2m.
- (b) Requirements for a podiatrist who is supervising a physician assistant as provided in s. 448.975 (2) (a) 2m.”

Related statute or rule: Wisc. Admin. Code Ch. PA 3

Plain language analysis:

The rule amends Pod 1 and 9 to align with 2021 Wisconsin Act 23. The following changes were made:

- A definition for “General supervision” was added to Pod 1.02.
- Various Notes in Pod 1 were updated to reflect current department procedures for applications.

- Various statutory and administrative code references were updated or removed from Pod 9.
- Practice standards for Physician Assistants were added to Pod 9.03.
- Requirements for Podiatrists supervising Physician Assistants were added to Pod 9.04.

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

Comparison with rules in adjacent states:

Illinois: In Illinois, the Podiatric Medical Act of 1987 contains the statutes and rules related to the practice of Podiatry. These regulations do not appear to contain requirements regarding the supervision of Physician Assistants by Podiatrists [225 Illinois Compiled Statutes 100 and 68 Illinois Administrative Code part 1360]. Similarly, the Illinois Physician Assistant Act of 1987 includes the statutes and rules related to the practice of Physician Assistant. These regulations outline the requirements for a Physician Assistant and their collaborating Physician. Podiatrists do not appear to be included in these rules [225 Illinois Compiled Statutes 95 and 68 Illinois Administrative Code part 1350].

Iowa: Chapter 149 of the Iowa Code includes the statutory requirements for the practice of Podiatry in Iowa. Related administrative rules in the Iowa Administrative Code also include requirements for licensure and practice of Podiatry. Neither section of the Iowa regulations on podiatry appear to include requirements for Podiatrist supervision of Physician Assistants [Iowa Code Title IV Chapter 149 and 481 Iowa Administrative Code Chapters 700 to 706]. The Iowa regulations for Physician Assistants include requirements relating to a Supervising Physician, but do not appear to include requirements for supervision of a Physician Assistant by a Podiatrist [Iowa Code Title IV Chapter 148C and 481 Iowa Administrative Code Chapters 780 to 784].

Michigan: In Michigan, Physician Assistants may practice pursuant to a practice agreement with a participating Podiatrist. This agreement must include a process for communication and decision making between the Physician Assistant and the Podiatrist when administering medical treatment, a protocol for designating an alternative Podiatrist if the participating Podiatrist is not available for consultation, and the duties and responsibilities of the Physician Assistant and the participating Podiatrist [Michigan Compiled Laws Chapter 333 Section 333.18047].

Minnesota: In Minnesota, the statutes and rules relating to the practice of Podiatry do not appear to address supervision of a Physician Assistant by a Podiatrist [Minnesota Statutes Chapter 153 and Minnesota Administrative Rules Chapter 6900]. Similarly, the statutes and rules for Physician Assistants also do not appear to include requirements for supervision of a Physician Assistant by a Podiatrist. However, the statutes do require a practice agreement between a Physician Assistant and licensed Physician [Minnesota Statutes Chapter 147A].

Summary of factual data and analytical methodologies:

The Board reviewed 2021 Wisconsin Act 23, as well as Wisconsin Administrative Code Chapter Med 8 that was repealed by Act 23, and made changes to Wisconsin Administrative Code Pod 9 as needed.

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 for public comment on the economic impact of the proposed rules, including how the proposed rules may affect businesses, local government units, and individuals.

Effect on small business:

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

Agency contact person:

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

Place where comments are to be submitted and deadline for submission:

Comments may be submitted to Nilajah Hardin, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, Wisconsin 53708-8366, or by email to DSPSAdminRules@wisconsin.gov. Comments must be received on or before the public hearing, held on a date to be determined, to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. Pod 1.02 (2r) is created to read:

Pod 1.02 (2r) "General supervision" means a podiatric physician has assumed responsibility for directing, supervising, and inspecting the work of the person being supervised. The supervising podiatric physician may be off-premises and indirectly supervising, with face-to-face contact or indirect telecommunication contact as necessary.

SECTION 2. Pod 1.03 (1) (Note) is amended to read:

Pod 1.03 (1) Note: ~~Applications are available upon request to the board office located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin, 53708, or from~~ Application instructions are available on the department of safety and professional services' website at <http://dsps.wi.gov>.

SECTION 3. Pod 1.08 (1) (a) (Note) is amended to read:

Pod 1.08 (1) (a) Note: ~~Applications are available upon request to the board office located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin, 53708, or from~~ Application instructions are available on the department

of safety and professional services' website at <http://dsps.wi.gov>.

SECTION 4. Pod 1.09 (1) (a) (Note) is amended to read:

Pod 1.09 (1) (a) Note: ~~Applications are available upon request to the board office located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin, 53708, or from~~ Application instructions are available on the department of safety and professional services' website at <http://dsps.wi.gov>.

SECTION 5. Pod 1.10 (1) (b) (Note) is amended to read:

Pod 1.10 (1) (b) Note: ~~Applications are available upon request to the board office located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin, 53708, or from~~ Application instructions are available on the department of safety and professional services' website at <http://dsps.wi.gov>.

SECTION 6. Pod 9.01 and 9.02 are amended to read:

Pod 9.01 Authority and scope. The rules in this chapter are adopted by the podiatry affiliated credentialing board pursuant to the authority delegated by ss. 15.085 (5) (b) and 448.695 (2) and (4), Stats., and establish practice standards for a physician assistant practicing podiatry as provided in s. ~~448.21 (4)~~ 448.965 (4) (a), Stats., and requirements for a podiatrist who is supervising a physician assistant as provided in s. ~~448.21 (4)~~ 448.695 (4) (b), Stats.

Pod 9.02 Definition. In this chapter, “nonsurgical patient services” means assisting in surgery, making patient rounds, recording patient progress notes, compiling and recording detailed narrative case summaries, writing orders, and other actions and procedures in accordance with s. ~~Med 8.07 this chapter~~, and the education, training, experience, and credentialing of the physician assistant.

SECTION 7. Pod 9.03 is renumbered to Pod 9.03 (Intro.) and amended to read:

Pod 9.03 Practice standards for a physician assistant practicing podiatry. The practice standards for a physician assistant practicing podiatry are as provided under s. ~~448.21 448.975 (1) (b) 2., Stats., and ss. Med 8.01 (2), 8.07, 8.09, and 8.10~~ PA 3.06 (1) (b) and 3.08. The medical care a physician assistant may provide when practicing podiatry includes assisting a supervising podiatrist in a hospital or facility, as defined in s. 50.01 (1m), Stats., by providing nonsurgical patient services, and any of the following:

SECTION 8. Pod 9.03 (1) to (8) are created to read:

- (1) Attending initially a patient of any age in any setting related to the practice of podiatry to obtain a personal medical history, perform any appropriate physical examinations, and record and present pertinent data concerning the patient.
- (2) Performing, or assisting in performing, routine diagnostic studies as appropriate for the practice of podiatry.
- (3) Performing routine therapeutic procedures, including, but not limited to, injections, immunizations, and the suturing and care of wounds.
- (4) Instructing and counseling a patient on physical and mental health, including diet, disease, treatment, and normal growth and development.

- (5) Assisting in the delivery of medical care to a patient by reviewing and monitoring treatment and therapy plans.
- (6) Performing independently evaluative and treatment procedures necessary to provide an appropriate response to life-threatening emergency situations.
- (7) Facilitating referral of patients to other appropriate community health-care facilities, agencies, and resources.
- (8) Issuing written prescription orders for drugs provided the physician assistant has had reviews under s. 9.04 (5).

SECTION 9. Pod 9.04 is repealed and recreated to read:

Pod 9.04 Requirements for a podiatrist supervising a physician assistant. The requirements for a podiatrist who is supervising a physician assistant include:

- (1) A supervising podiatrist shall provide general supervision to the physician assistant and be available at all times for consultation either in person or within 15 minutes of contact by telecommunication.
- (2) No podiatrist may supervise more than 4 on-duty physician assistants at any time unless a written plan to do so has been submitted to and approved by the board. Nothing herein shall limit the number of physician assistants for whom a podiatrist may provide supervision over time.
- (3) A physician assistant may be supervised by more than one podiatrist while on duty.
- (4) The podiatrist providing supervision must be readily identifiable by the physician assistant through procedures commonly employed in the physician assistant's practice.
- (5) A podiatrist shall initially and at least annually thereafter, review the physician assistant's prescriptive practices. Such reviews shall be documented in writing, signed by the supervising podiatrist and the physician assistant, and made available to the board for inspection upon request.

SECTION 10. 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)

Other Rule Updates (as of 2/6/26):

- **Med 21, Patient Health Care Records**
 - **Public Hearing held at 10/15/25 meeting**
 - **Next step is drafting Final Rule and Legislative Report**
- **N 1 to 8, Relating to APRNs and Comprehensive Review**
 - **Drafting discussion started at 1/26/26 Nursing Rules Committee meeting**
- **Pod 1 and 9, Relating to Supervision of Physician Assistants**
 - **Full Preliminary rule draft to be reviewed and approved at 2/10/26 meeting**
 - **Rule draft added to Physician Assistant Affiliated Credentialing Board 2/19/26 agenda for review and comment**

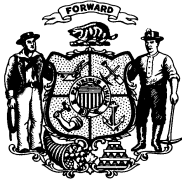
Physician Assistant Affiliated Credentialing Board
Rule Projects (updated 2/6/26)

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	Effective 1/1/26	N/A

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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Jennifer Jarrett, Board Chair		2) Date when request submitted: 2/10/2026 <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: 2/19/2026	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Wisconsin Assembly Bill 799, Relating to a Health Professional Assistance Program	
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: Board Discussion			
11) Authorization <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px 0;"> Tom Ryan 2/10/2026 </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding: 5px 0;"> Signature of person making this request Date </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding: 5px 0;"> Supervisor (Only required for post agenda deadline items) Date </div> <div style="display: flex; justify-content: space-between; padding: 5px 0;"> Executive Director signature (Indicates approval for post agenda deadline items) Date </div>			
Directions for including supporting documents: 1. This form should be saved with any other documents submitted to the Agenda Items folders. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			



2025 ASSEMBLY BILL 799

December 23, 2025 - Introduced by Representatives BROOKS, DITTRICH, KURTZ, DOYLE, JOHNSON, ORTIZ-VELEZ, SPAUDE, SUBECK, VINING and O'CONNOR, cosponsored by Senators FEYEN, JAMES, WANGGAARD and CABRAL-GUEVARA. Referred to Committee on Health, Aging and Long-Term Care.

1 **AN ACT** *to amend* 440.03 (9) (a) (intro.) and 448.115 (1) (intro.); *to create*
2 20.165 (1) (hr) and 440.10 of the statutes; **relating to:** a health professional
3 assistance program and making an appropriation.

Analysis by the Legislative Reference Bureau

This bill directs the Department of Safety and Professional Services to contract with an entity to establish and operate a health professional assistance program to coordinate detection, evaluation, treatment, and continuing care monitoring for health care providers who are suffering from a condition that could lead to impairment, which the bill defines as the inability of a health care provider to practice with reasonable skill or safety due to a health condition.

Under the bill, the entity selected by DSPS to provide the program must be sponsored by a health care provider professional association or society, be organized as a not-for-profit entity, contract with or employ a medical director who specializes or has training or expertise in addiction medicine, and contract with or employ health care providers as needed for the program's operation. In addition, the program must adopt certain procedures, including procedures for 1) determining eligibility for the program; 2) contracting or coordinating with a network of health care providers to provide care for participants; 3) monitoring the continuing care and support of participants; 4) intervening when participants violate any terms of program participation or when participants may require additional evaluation or treatment; and 5) safeguarding confidentiality.

ASSEMBLY BILL 799

The bill allows a credentialing board that regulates health care providers to participate in the program with respect to one or more credentials issued by that board. If a credentialing board participates in the program, the credentialing board is not required to participate in the program with respect to each credential issued by the board, but may limit its participation to one or more specified credentials.

The bill provides that the program must allow health care providers who are suffering from a condition that could lead to impairment to participate on a voluntary and confidential basis. The bill provides that voluntary participation in the program does not limit a credentialing board's authority to investigate or discipline the participating health care provider on the basis of conduct that is unrelated to the health care provider's participation in the program.

The bill permits health care providers and credentialing boards that have reason to believe that a health care provider has a condition that could lead to impairment to report the health care provider to the program. The bill requires the program to receive and assess the reports and determine whether the health care provider who is the subject of the report requires further screening, evaluation, treatment, or other action. If the program determines that a health care provider requires further screening, evaluation, treatment, or other action, the program must offer the health care provider the option to voluntarily participate in the program.

Under current law, a physician who has reason to believe that certain facts about another physician are true, including that the other physician is engaging or has engaged in acts that constitute a pattern of unprofessional conduct or that the other physician is or may be medically incompetent, must promptly submit a written report to the Medical Examining Board that includes facts relating to the conduct of the other physician. The bill provides that a physician can fulfill their reporting obligation by submitting a written report to the program, instead of the Medical Examining Board, if the Medical Examining Board is participating in the program with respect to physician credentials.

The bill provides that a health care provider's participation in the program, any treatment received through the program, and any information reported to the program shall remain confidential except as provided in the bill; that the program may disclose information about a health care provider to a credentialing board only in certain circumstances; and that no person may require that a health care provider disclose their participation in the program or any treatment received through the program. The bill further provides that information, interviews, reports, statements, memoranda, and other documents that are furnished to the program or produced by the program are privileged and confidential.

The bill provides immunity from civil liability as specified in the bill for the program and its employees, officers, and agents and reporting health care providers.

Finally, the bill directs DSPS to charge a fee of \$70 to each health care provider whose credential is served by the program to be paid at the time the health care provider is issued or renews their credential. The bill provides funding for the program costs using moneys collected from those fees.

ASSEMBLY BILL 799**SECTION 1**

For further information see the state fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1 **SECTION 1.** 20.165 (1) (hr) of the statutes is created to read:

2 20.165 (1) (hr) *Health professional assistance programs.* All moneys received
3 from fees under s. 440.10 (2) (d) for costs associated with the health professional
4 assistance program under s. 440.10.

5 **SECTION 2.** 440.03 (9) (a) (intro.) of the statutes, as affected by 2025
6 Wisconsin Act 20, is amended to read:

7 440.03 (9) (a) (intro.) Subject to pars. (b) and (c) and ~~ss. 440.10 (2) (d) and~~
8 458.33 (2) (b) and (5), the department shall, biennially, determine each fee for an
9 initial credential for which no examination is required, for a reciprocal credential,
10 and for a credential renewal and any fees imposed under ss. 447.51 (2), 448.986 (2),
11 448.9875 (2), 448.9885 (2), 448.9888 (2), 457.51 (2), and 459.71 (2) by doing all of the
12 following:

13 **SECTION 3.** 440.10 of the statutes is created to read:

14 **440.10 Health professional assistance program. (1) DEFINITIONS.** In
15 this section:

16 (a) “Impairment” means an inability of a health care provider to practice with
17 reasonable skill or safety due to a health condition.

18 (b) “Participant” means a holder of a participating credential who participates
19 in the program, as described in sub. (3) (b).

ASSEMBLY BILL 799**SECTION 3**

1 (c) "Participating credential" means a credential with respect to which a
2 credentialing board is participating in the program, as provided in sub. (2) (b).

3 (d) "Participating credentialing board" means a credentialing board that is
4 participating in the program with respect to one or more credentials, as provided in
5 sub. (2) (b).

6 (e) "Program" means the health professional assistance program operated by
7 an entity with which the department enters into a contract under sub. (2) (a).

8 **(2) CONTRACT; PARTICIPATION AND FEES.** (a) The department shall contract
9 with an entity to establish and operate a health professional assistance program to
10 coordinate detection, evaluation, treatment, and continuing care monitoring for
11 health care providers described in sub. (3) (b) who are suffering from a condition
12 that could lead to impairment. A contract under this paragraph shall establish the
13 specific services that the program may provide. The entity described under this
14 paragraph must meet all of the following requirements:

15 1. The entity is sponsored by one or more professional associations or societies
16 of health care providers.

17 2. The entity is an entity organized under the law of this state that is
18 described in section 501 (c) (3) of the Internal Revenue Code and that is exempt
19 from federal income tax under section 501 (a) of the Internal Revenue Code.

20 3. The entity contracts with or employs a medical director who holds a license
21 to practice medicine and surgery under subch. II ch. 448 and specializes or has
22 training and expertise in addiction medicine.

23 4. The entity contracts with or employs health care providers necessary for
24 the entity's operations.

ASSEMBLY BILL 799**SECTION 3**

1 (b) A credentialing board that regulates health care providers may participate
2 in the program with respect to one or more credentials issued by that board. If a
3 credentialing board participates in the program, the credentialing board is not
4 required to participate in the program with respect to each credential issued by the
5 board, but may limit its participation to one or more specified credentials.

6 (c) The program shall adopt procedures for all of the following:

- 7 1. Determining eligibility for the services of program.
- 8 2. Contracting or coordinating with a network of health care providers to
9 provide care for participants.
- 10 3. Receiving and assessing reports under sub. (5).
- 11 4. Safeguarding confidentiality as required under sub. (6).
- 12 5. Monitoring the continuing care and support of participants.
- 13 6. Intervening when participants violate any terms of program participation
14 or when participants may require additional evaluation or treatment.
- 15 7. Reporting to the participating credentialing board on the progress and
16 program compliance of participants who have consented to the disclosure of such
17 information under sub. (6) (a) 3.
- 18 8. Performing any other agreed upon activities.

19 (d) The department shall, in addition to the applicable fee determined under
20 s. 440.03 (9), charge a fee of \$70 to the holder of each participating credential, to be
21 paid at the time the health care provider is issued an initial credential and at the
22 time the health care provider renews their credential.

23 (e) The department shall ensure that the program is coordinated with the
24 procedure under s. 440.03 (1c).

ASSEMBLY BILL 799**SECTION 3**

1 (f) The department shall pay the costs associated with the contract under this
2 subsection from the appropriation under s. 20.165 (1) (hr).

3 **(3) HEALTH PROFESSIONAL ASSISTANCE PROGRAM.** All of the following apply to
4 the program:

5 (a) The program shall provide all services established under sub. (2) (a).

6 (b) The program shall allow holders of participating credentials who are
7 suffering from a condition that could lead to impairment to participate in the
8 program on a voluntary and confidential basis.

9 (c) The program and its employees, officers, and agents shall be immune from
10 civil liability for any damages that result from the provision of services described, or
11 the taking of any action authorized, under this section.

12 (d) The program shall base the scope of services provided to participants on
13 information that is science-based and published in peer-reviewed journals and
14 textbooks and accords with national standards.

15 **(4) VOLUNTARY ASSISTANCE.** (a) A health care provider who holds a
16 participating credential may voluntarily request participation in the program for a
17 condition that could lead to impairment if the health care provider believes that
18 their participation is necessary to prevent or reverse impairment.

19 (b) A participant's voluntary participation in the program or any treatment
20 received through the program shall not limit a credentialing board's authority to
21 investigate, discipline, or take action to suspend, limit, or revoke the credential of
22 the health care provider on the basis of violations based on conduct unrelated to the
23 health care provider's participation in the program.

24 **(5) REPORTS TO PROGRAM.** (a) 1. A health care provider who reasonably

ASSEMBLY BILL 799**SECTION 3**

1 believes that a colleague health care provider has a condition that could lead to
2 impairment may report the colleague health care provider to the program.

3 2. A participating credentialing board may report a health care provider who
4 holds a participating credential from that credentialing board to the program if the
5 credentialing board has reason to believe that the health care provider has a
6 condition that could lead to impairment.

7 3. No person that in good faith reports a health care provider to the program
8 under subd. 1. or 2. may be held civilly liable for any damages as a result of the
9 report.

10 (b) 1. Whenever the program receives a report under par. (a) 1. or 2., the
11 program shall, except as provided in subd. 2., assess the report to determine
12 whether the health care provider who is the subject of the report requires further
13 screening, evaluation, treatment, or other action. If the program determines that
14 the health care provider requires further screening, evaluation, treatment, or other
15 action, the program shall offer the health care provider the option to voluntarily
16 participate in the program under sub. (4) (a).

17 2. If the health care provider who is the subject of a report under par. (a) 1. or
18 2. does not hold a participating credential, the program may inform the health care
19 provider of that fact and may refer the health care provider to other resources that
20 may be available, including the procedure under s. 440.03 (1c).

21 **(6) CONFIDENTIALITY.** (a) A health care provider's participation in the
22 program, any treatment received by a health care provider through the program,
23 and any information received by the program under sub. (5) shall remain
24 confidential, except as follows:

ASSEMBLY BILL 799**SECTION 3**

1 1. The program may disclose a health care provider's participation in the
2 program, any treatment received by the health care provider through the program,
3 or any information received under sub. (5) to a law enforcement official if the
4 program reasonably believes that the health care provider poses an immediate
5 danger to themselves or the public.

6 2. The name of a reporting health care provider and any other identifying
7 information of a reporting health care provider may be disclosed with the consent of
8 the reporting health care provider.

9 3. For a health care provider who is a participant, any information that
10 documents the health care provider's participation in the program or any treatment
11 received through the program may be disclosed with the consent of the health care
12 provider.

13 (b) Except as provided in par. (a), the program may not disclose to a
14 credentialing board that regulates health care providers the name of a health care
15 provider or any records relating to a health care provider unless any of the following
16 occurs:

17 1. The health care provider is determined to be ineligible to participate in the
18 program.

19 2. The health care provider requests the disclosure.

20 3. The health care provider is unwilling or unable to comply with any term of
21 program participation.

22 4. The health care provider presents an imminent danger to themselves or the
23 public as a result of their impairment.

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5. The health care provider's impairment has not been substantially prevented or reversed by participation in the program.

(c) No person may require that a health care provider disclose their participation in the program under sub. (4) or any treatment received through the program.

(d) All information, interviews, reports, statements, memoranda, or other documents that are furnished by the credentialing board or other source to the program or that are produced by the program are declared to be privileged and confidential. All records of the program shall be confidential and may be used by the program and its employees and agents only in the exercise of the proper function of the program pursuant to its contract under sub. (2) (a). Such information, interviews, reports, statements, memoranda, or other documents furnished to or produced by the program and any findings, conclusions, recommendations, or reports resulting from the monitoring or rehabilitation of health care providers shall not be subject to subpoena and are not subject to discovery or admissible in evidence in any private civil action.

SECTION 4. 448.115 (1) (intro.) of the statutes is amended to read:

448.115 (1) (intro.) A physician who has reason to believe any of the following about another physician shall promptly submit a written report to the board, if the board is participating in the health professional assistance program with respect to physicians under s. 440.10 (2) (b), or to the health professional assistance program under s. 440.10 that shall include facts relating to the conduct of the other physician:

(END)

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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Tara Streit		2) Date when request submitted: 2/6/2026 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting									
3) Name of Board, Committee, Council, Sections: Physician Assistant Affiliated Credentialing Board											
4) Meeting Date: 2/19/2026	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Speaker(s) Request - 2026 Wisconsin Academy of Physician Assistants (WAPA) Spring Conference, April 15, Wisconsin Dells, WI – Consider Appointing Tara Streit and Jean Fischer									
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? (If yes, please complete Appearance Request for Non-DSPS Staff) <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: Tara Streit and Jean Fischer have been invited to speak at the WAPA Spring Conference about the business of the PAACB. The Board may consider the request and a motion to authorize.											
11) Authorization <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black;">Tom Ryan</td> <td style="width: 30%; border-bottom: 1px solid black; text-align: right;">2/6/2026</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>				Tom Ryan	2/6/2026	Signature of person making this request	Date	Supervisor (Only required for post agenda deadline items)	Date	Executive Director signature (Indicates approval for post agenda deadline items)	Date
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