



COUNCIL ON PHYSICIAN ASSISTANTS
Room 121A, 1400 East Washington Avenue, Madison
Contact: Tom Ryan (608) 266-2112
April 28, 2017

The following agenda describes the issues that the Council 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 Council.

AGENDA

9:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A) Adoption of Agenda (1-2)**
- B) Approval of Minutes of April 13, 2016 (3-5)**
- C) Conflicts of Interest**
- D) Administrative Updates (6-9)**
 - 1) **Election of Officers**
 - 2) **Liaison Appointments and Delegated Authorities**
 - 3) **Council Liaison Training and Appointment of Mentors**
 - 4) **Council Member Recusal**
 - 5) Department and Staff Updates
 - 6) Introductions, Announcements, and Recognition
 - 7) Appointments/Reappointments/Confirmations
 - 8) Council Members – Council Member Status
 - a) Jeremiah Barrett – 07/01/2020
 - b) Jennifer Jarrett – 07/01/2019
 - c) Nadine Miller – 7/1/2020
 - d) Mary Pangman Schmitt – 07/01/2008
 - e) Jody Wilkins – 07/01/2017
- E) Legislative/Administrative Rule Matters (10-18)**
 - 1) State Budget – Discussion
 - 2) Correspondence Received – Morgen Johnson, MSN, RN – Green Bay, WI – Physician Assistant Scope of Practice and Delegation - Discussion
 - 3) Proposed Recommendations to the Medical Examining Board Concerning Med 8 Relating to Physician Assistants
 - 4) Wisconsin Academy of Physician Assistants' Request for Discussion of Physician-Physician Assistant Relationship
 - 5) Update on Other Legislation and Pending or Possible Rulemaking Projects

- F) Items Added After Preparation of Agenda:
 - 1) Introductions, Announcements and Recognition
 - 2) Nominations, Elections, and Appointments
 - 3) Board Liaison Training and Appointment of Mentors
 - 4) Administrative Updates
 - 5) Education and Examination Matters
 - 6) Credentialing Matters
 - 7) Practice Matters
 - 8) Legislation/Administrative Rule Matters
 - 9) Liaison Report(s)
 - 10) Informational Item(s)
 - 11) Disciplinary Matters
 - 12) Appearances from Requests Received or Renewed
 - 13) Speaking Engagement(s), Travel, or Public Relation Request(s), and Reports

G) Public Comments

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

H) Council Liaison Training

- I) Deliberation of Items Added After Preparation of the Agenda
 - 1) Education and Examination Matters
 - 2) Credentialing Matters
 - 3) Disciplinary Matters
 - 4) Professional Assistance Procedure (PAP) Matters
 - 5) Appearances from Requests Received or Renewed

J) Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

- K) Open Session Items Noticed Above not Completed in the Initial Open Session
- L) Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate
- M) **Council Training Review – Public Records and Ethics and Lobbying – Discussion and Consideration (19-24)**

ADJOURNMENT

NEXT MEETING DATE: OCTOBER 26, 2017

**COUNCIL ON PHYSICIAN ASSISTANTS
MEETING MINUTES
April 13, 2016**

PRESENT: Jeremiah Barrett, Julie Doyle, Jennifer Jarrett, Jody Wilkins

EXCUSED: Mary Pangman Schmitt

STAFF: Tom Ryan, Executive Director; Nifty Lynn Dio, Bureau Assistant; and other Department staff

CALL TO ORDER

Julie Doyle, Chair, called the meeting to order at 9:00 a.m. A quorum of four (4) members was confirmed.

ADOPTION OF AGENDA

Amendments to the Agenda:

- *Item E: Correct to 'Report from FSMB Annual Conference 2015*

MOTION: Jeremiah Barrett moved, seconded by Jody Wilkins, to adopt the agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES

MOTION: Jody Wilkins moved, seconded by Jeremiah Barrett, to approve the minutes of February 19, 2015 as published. Motion carried unanimously.

ADMINISTRATIVE UPDATES

ELECTION OF OFFICERS

COUNCIL CHAIR

NOMINATION: Jody Wilkins nominated Jeremiah Barrett for the Office of Council Chair.

Tom Ryan called for other nominations three (3) times.

Jeremiah Barrett was elected as Chair by unanimous consent.

VICE CHAIR

NOMINATION: Jeremiah Barrett nominated Jennifer Jarrett for the Office of Vice Chair.

Tom Ryan called for other nominations three (3) times.

Jennifer Jarrett was elected as Vice Chair by unanimous consent.

SECRETARY

NOMINATION: Jeremiah Barrett nominated Jody Wilkins for the Office of Secretary.

Tom Ryan called for other nominations three (3) times.

Jody Wilkins was elected as Secretary by unanimous consent.

2016 ELECTION RESULTS	
Council Chair	Jeremiah Barrett
Vice Chair	Jennifer Jarrett
Secretary	Jody Wilkins

APPOINTMENT OF LIAISONS

2016 LIAISON APPOINTMENTS	
Representative at Medical Examining Board	Jeremiah Barrett <i>Alternate: Jennifer Jarrett</i>
Credentialing Liaison	Jody Wilkins <i>Alternate: Jeremiah Barrett, Jennifer Jarrett</i>
Legislative Liaison	Jeremiah Barrett <i>Alternate: Jennifer Jarrett</i>
Education and Exams Liaison	Jeremiah Barrett <i>Alternate: Jody Wilkins</i>
Examination Panel	Jeremiah Barrett, Jody Wilkins <i>Alternates: Jennifer Jarrett</i>
Practice Question Council Contact	Jeremiah Barrett <i>Alternate: Jody Wilkins</i>
Travel Liaison	Jeremiah Barrett <i>Alternate: Jody Wilkins</i>
Rules Liaison	Jeremiah Barrett <i>Alternate: Jennifer Jarrett</i>
Website Liaison	Jody Wilkins <i>Alternate: Jeremiah Barrett</i>
Prescription Drug Monitoring Program Liaison	Jennifer Jarrett <i>Alternate: Jeremiah Barrett</i>

MOTION: Jody Wilkins moved, seconded by Jennifer Jarrett, to affirm the Chair’s appointment of liaisons for 2015. Motion carried unanimously.

DELEGATION MOTIONS

Delegated Authority for Urgent Matters

MOTION: Jennifer Jarrett moved, seconded by Jeremiah Barrett, that, in order to facilitate the completion of assignments between meetings, the Council delegates its authority by order of succession to the Chair, highest ranking officer, or longest serving member of the Council, to appoint liaisons to the Department to act in urgent matters, make appointments to vacant liaison, panel and committee positions, and to act when knowledge or experience in the profession is required to carry out the duties of the Council in accordance with the law. Motion carried unanimously.

Document Signature Delegation

MOTION: Jody Wilkins moved, seconded by Jennifer Jarrett, to delegate authority to the Chair or chief presiding officer, or longest serving member of the Council, by order of succession, to sign documents on behalf of the Council. In order to carry out duties of the Council, the Chair, chief presiding officer, or longest serving member of the Council, has the ability to delegate this signature authority for purposes of facilitating the completion of assignments during or between meetings. The Chair, chief presiding officer, or longest serving member of the Council delegates the authority to Executive Director or designee to sign the name of any Council member on documents as necessary and appropriate. Motion carried unanimously.

Credentialing Authority Delegations

MOTION: Jennifer Jarrett moved, seconded by Jeremiah Barrett, to delegate authority to the Credentialing Liaisons to address all issues related to credentialing matters except potential denial decisions should be referred to the full Board for final determination. Motion carried unanimously.

MEB Councils Only

MOTION: Jennifer Jarrett moved, seconded by Jeremiah Barrett, to delegate authority to Council liaison(s) authority to advise the Department and the Council on all issues related to credentialing matters. Licenses that meet the criteria of Rule and Statute may be issued by DSPS under the delegated authority outlined by the Medical Examining Board regarding the Council's credentialing advisory authority. Potential denial decisions should be referred to the full Board for final determination. Motion carried unanimously.

Travel Delegation

MOTION: Jody Wilkins moved, seconded by Jennifer Jarrett, to authorize the travel liaison to approve all Council travel. Motion carried unanimously.

LEGISLATIVE/ADMINISTRATIVE RULE MATTERS

Consideration of Effect of 2013 Wisconsin Act 114 and 2015 Wisconsin Act 269 on Med 8

MOTION: Jody Wilkins moved, seconded by Jennifer Jarrett, to delegate Jeremiah Barrett as the Council contact for all matters relating to rule revisions under Wis. Admin. Code Med 8.05 and any related amendments that may be necessary. Motion carried unanimously.

ADJOURNMENT

MOTION: Jennifer Jarrett moved, seconded by Jeremiah Barrett, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 10:51 a.m.

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Nifty Lynn Dio, Bureau Assistant		2) Date When Request Submitted: 01/04/2017 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: Council on Physicians Assistants											
4) Meeting Date: 04/12/2017	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Administrative Updates 1. Election of Officers 2. Liaison Appointments and Delegated Authorities									
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <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: <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; text-align: center;"> <tr style="background-color: #cccccc;"> <th colspan="2">2016 ELECTION RESULTS</th> </tr> <tr> <td style="padding: 5px;">Council Chair</td> <td style="padding: 5px;">Jeremiah Barrett</td> </tr> <tr> <td style="padding: 5px;">Vice Chair</td> <td style="padding: 5px;">Jennifer Jarrett</td> </tr> <tr> <td style="padding: 5px;">Secretary</td> <td style="padding: 5px;">Jody Wilkins</td> </tr> </table>				2016 ELECTION RESULTS		Council Chair	Jeremiah Barrett	Vice Chair	Jennifer Jarrett	Secretary	Jody Wilkins
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11) Authorization <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black; padding-bottom: 5px;">Nifty Lynn Dio</td> <td style="width: 40%; border-bottom: 1px solid black; padding-bottom: 5px; text-align: right;">01/04/2017</td> </tr> <tr> <td style="padding-top: 5px;">Signature of person making this request</td> <td style="text-align: right; padding-top: 5px;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">Supervisor (if required)</td> <td style="border-bottom: 1px solid black; padding-bottom: 5px; text-align: right;">Date</td> </tr> <tr> <td colspan="2" style="padding-top: 5px;">Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date</td> </tr> </table>				Nifty Lynn Dio	01/04/2017	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.											

APRIL 13, 2016

ELECTION OF OFFICERS

2016 ELECTION RESULTS	
Council Chair	Jeremiah Barrett
Vice Chair	Jennifer Jarrett
Secretary	Jody Wilkins

APPOINTMENT OF LIAISONS

2016 LIAISON APPOINTMENTS	
Representative at Medical Examining Board	Jeremiah Barrett <i>Alternate: Jennifer Jarrett</i>
Credentialing Liaison	Jody Wilkins <i>Alternate: Jeremiah Barrett, Jennifer Jarrett</i>
Legislative Liaison	Jeremiah Barrett <i>Alternate: Jennifer Jarrett</i>
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MOTION: Jennifer Jarrett moved, seconded by Jeremiah Barrett, to delegate authority to Council liaison(s) authority to advise the Department and the Council on all issues related to credentialing matters. Licenses that meet the criteria of Rule and Statute may be issued by DSPS under the delegated authority outlined by the Medical Examining Board regarding the Council's credentialing advisory authority. Potential denial decisions should be referred to the full Board for final determination. Motion carried unanimously.

Travel Delegation

MOTION: Jody Wilkins moved, seconded by Jennifer Jarrett, to authorize the travel liaison to approve all Council travel. Motion carried unanimously.

Recusal

Board members are charged with making decisions that objectively represent the voice of the public, members of the profession, and those seeking entry into the profession. This means that as a board member you are not an advocate for a private interest group or professional association. As a public official, you are held to the highest standards of ethical and professional conduct, and should strive to avoid any relationship, activity or position that may influence the performance of your official duties as a board member.

It follows that you must recuse yourself from any conflict of interest that would compromise your neutrality in making decisions on the board. Ask yourself, “can I decide the issue, fairly and without bias, prejudice, or the impression or appearance of impropriety?” If not, you should recuse from the matter.

A conflict of interest is a type of interest that would result in some benefit, perceived benefit to you, or a bias or perceived bias in favor of or against a particular matter. Under any of the above circumstances, you may have an ethical duty to recuse. Factors to consider in deciding whether to recuse are whether the issue at hand involves a colleague, friend, family member or someone with a close business or social relationship. If yes, then it may be proper to recuse yourself from the matter. The more remote the relationship, professional association, or knowledge becomes, the further you may be removed from bias. You must consider whether you can render an impartial and unbiased decision.

Finally, when acting as a case advisor, you have a legal duty to recuse when the case involves a **contested matter** which is being deliberated and voted upon.

Examples include:

- Reviews of Administrative Warnings
- Petitions for Summary Suspension
- Complaints for Probable Cause (Med Board)
- Administrative Law Judge Proposed Decision and Orders (ALJ PDOs).

The Case Advisor **must** recuse him or herself and leave the room for any contested matter. Board Counsel should be present for contested cases to answer any legal questions and to provide information to the prosecutor should the case be remanded.

The Department of Safety and Professional Services greatly appreciates your willingness to serve the public and those in your profession. If there are any questions about whether a Board member should recuse, please contact Board Legal Counsel at Amber.Cardenas@wisconsin.gov or 608-266-9840.

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dale Kleven Administrative Rules Coordinator		2) Date When Request Submitted: 4/18/17 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Council on Physician Assistants			
4) Meeting Date: 4/28/17	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Legislative and Administrative Rule Matters – Discussion and Consideration 1. State Budget – Discussion 2. Physician Assistant Scope of Practice and Delegation - Discussion 3. Proposed Recommendations to the Medical Examining Board Concerning Med 8 Relating to Physician Assistants 4. Wisconsin Academy of Physician Assistants’ Request for Discussion of Physician-Physician Assistant Relationship 5. Update on Other Legislation and Pending or Possible Rulemaking Projects	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both		8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:
10) Describe the issue and action that should be addressed: 1. DSPS Budget Summary ; Full Budget Summary			
11) Authorization			
<i>Dale Kleven</i>		<i>April 18, 2017</i>	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Morgen Johnson, CNS, Bellin Health		2) Date When Request Submitted: Referred by Medical Examining Board at 12/21/2016 MEB meeting	
		Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Council on Physician Assistants			
4) Meeting Date: 4/19/2017	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? PA Scope of Practice and Delegation - Discussion	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: At its 12/21/2016 meeting, the Wisconsin Medical Examining Board reviewed this correspondence and decided to refer it to the PA Council for review. Attn: State of Wisconsin Medical Examining Board: The current revision of Chapter N6 specifies a "provider" as: "a physician, podiatrist, dentist, optometrist or advanced practice nurse provider". With the addition of "advanced practice nurse provider" I asked the Wisconsin Board of Nursing: 1. How does this effect physician assistant (PA) delegation to an RN, LPN or unlicensed assistive personnel (UAP) – i.e. medical assistants? 2. Did you intend with the update that the current N6 would read that PA's cannot delegate to RNs, LPNs, UAPs? The response that I received back from the WI Board of Nursing was (italicized below): <i>The Board intended to not include physician assistants in the definition of provider in order to not be in conflict with the Medical Examining Board rule. Med 8.07 Practice.(1) SCOPE AND LIMITATIONS. In providing medical care, the entire practice of any physician assistant shall be under the supervision of one or more licensed physicians or physicians exempt from licensure requirements pursuant to s. 448.03 (2) (b), Stats. The scope of practice is limited to providing medical care as specified in sub. (2). A physician assistant's practice may not exceed his or her educational training or experience and may not exceed the scope of practice of the physician providing supervision. A medical care task assigned by the supervising physician to a physician assistant may not be delegated by the physician assistant to another person. (emphasis added)</i> The Board of Nursing then directed me to the WI Medical Examining Board. Upon review of the above information, it is not clearly stated within the statutes, administrative codes, or position statements if/what a PA can delegate to RNs/LPNs/unlicensed assistive personnel (UAP) – i.e. medical assistants. Judging by what is currently provided in Chapter N6 and Chapter Med 8, the delegation from PA to RN/LPN/UAP is questionable. For some of us, this would be a great change in practice – so I have continued to seek clarification . I have attached copies of both Chapter N6 and Chapter Med 8 highlighting the recent changes or pieces in question. Can you please provide clarification on this matter? For Council Reference, please see: <Chapter Med 8 PA WI Admin Code.pdf>			

<Chapter N6 RN-LPN Oct2016.pdf>

Thank you for your time and attention, Morgen Johnson, MSN, RN

11) **Authorization**

Signature of person making this request

Date

Supervisor (if required)

Date

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

Proposed changes to Chapter Med 8

I would like to propose that the Physician Assistant Council and the Medical Examining Board of Wisconsin make updates to Chapter Med 8 in order to improve Physician Assistant (PA) practice in the state of Wisconsin.

Health care delivery has never been more important than it has been in the last few months. Physician Assistant's fulfill a vital role in health care delivery at a reasonable cost. Additional changes to Chapter Med 8 are needed to improve patient care delivery. These changes will also ensure more efficient and consistent care by enabling Physician Assistants to function to the full scope of their licensure and training. Currently there are numerous constraints on highly trained Physician Assistants preventing them from providing care to the all Wisconsin especially in rural communities where the availability of any health care practitioners is difficult. This is also creating an unnecessary restriction as Nurse Practitioner legislation is changing to liberalize their ability to deliver care. By making small improvements to Chapter Med 8, health care delivery to the citizens of Wisconsin would improve with no additional cost. With budget constraints and emphasis on all citizens having access to quality health care, these changes seem well timed and are necessary.

By making these proposed changes to Chapter Med 8, improvements would include:

- Improved care delivery and efficiency by allowing Physician Assistants to use the same treatment protocols as physicians
- Enable Physician Assistants to keep up with the legislative changes made to Nurse Practitioner practice in Wisconsin.
- Remove barriers to provide care to the neediest citizens of the state.

Proposed changes

Chapter Med 8: http://docs.legis.wisconsin.gov/code/admin_code/med/8.pdf

1. DELETE PORTION 8.01 (2)

Med 8.01 Authority and purpose. (1) The rules in this chapter are adopted by the medical examining board pursuant to authority in ss. 15.08 (5), 227.11, 448.04 (1) (f) and 448.40, Stats., and govern the licensure and regulation of physician assistants. (2) Physician assistants provide health care services as part of physician-led teams, the objectives of which include safe, efficient, and economical health care. The realities of the modern practice of medicine and surgery require supervising physicians and physician assistants to use discretion in delivering health care services, typically at the level of general supervision. The constant physical presence of a supervising physician is often unnecessary. The supervising physician and the physician assistant are jointly responsible for employing more intensive supervision when circumstances require direct observation ~~or hands-on assistance from the supervising physician.~~

Reason for deletion: It is not necessary for a physician to be “hands on” as Physician Assistants can practice without a physician being physically present. This is also inconsistent with other areas of Chapter Med 8 and limits the ability of a PA to meet patient care needs in remote areas.

2. DELETE PORTION 8.07 (1)

Med 8.07 Practice. (1) SCOPE AND LIMITATIONS. In providing medical care, the entire practice of any physician assistant shall be under the supervision of one or more licensed physicians or physicians exempt from licensure requirements pursuant to s. 448.03 (2) (b), Stats. The scope of practice is limited to providing medical care as specified in sub. (2). A physician assistant’s practice may not exceed his or her educational training or experience and may not exceed the scope of practice of the physician providing supervision. A medical care task assigned by the supervising physician to a physician assistant may not be delegated by the physician assistant to another person.

Reason for deletion: By eliminating this portion it will make it easier for Physician Assistants to use treatment protocols. For those institutions who do not allow to use treatment protocols, removing this wording will eliminate inconsistency in health care delivery, increasing care efficiency and eliminating two standards of care: one for physicians, one for Physician Assistants.

3. ADD to 8.07 (2)(b)
8.07

*(2) MEDICAL CARE. Medical care a physician assistant may provide include: (a) Attending initially a patient of any age in any setting to obtain a personal medical history, perform an appropriate physical examination, and record and present pertinent data concerning the patient. (b) **[Add: ORDERING]**, Performing, or assisting in performing, routine diagnostic studies as appropriate for a specific practice setting.*

Reason for addition: As health care providers, Physician Assistants are able to place orders. This needs to be more reflective of what we are actually doing every day.

4. Delete 8.07 (2)(i)

~~*(i) Issuing written prescription orders for drugs provided the physician assistant has had an initial and at least annual thereafter, review of the physician assistant’s prescriptive practices by a physician providing supervision. Such reviews shall be documented in writing, signed by the reviewing physician and physician assistant, and made available to the Board for inspection upon reasonable request.*~~

Reason for deletion: Physician Assistants have their own DEA number and are licensed prescribers. It is unnecessary for them to have a document that identifies what they can prescribe when they already have full prescriptive authority.

5. Delete 8.07 (3)

~~(3) IDENTIFYING SUPERVISING PHYSICIAN. The physician providing supervision must be readily identifiable by the physician assistant through procedures commonly employed in the physician assistant's practice.~~

Reason for deletion: Unnecessary. We already have an agreement to work with physicians as we are not independent practitioners.

6. Delete 8.10 (1)

~~Med 8.10 Physician to physician assistant ratio. (1) No physician 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 physician may provide supervision over time. A physician assistant may be supervised by more than one physician while on duty.~~

Reason for deletion: Limits the ability to provide care in high demand areas such as Urgent Care or Primary Care and also makes it more difficult to deliver care to the neediest communities, where provider demand is high and physician supply is low.

In conclusion, I propose the Physician Assistant Council and the Medical Examining Board of Wisconsin update to Chapter Med 8 in order to improve Physician Assistant (PA) practice in the state of Wisconsin. There is no cost to make these changes that will ensure quality care to the citizens of our state.

Respectfully submitted,

Jennifer Jarrett, MPAS, PA-C

Chapter Med 8

PHYSICIAN ASSISTANTS

<p>Med 8.01 Authority and purpose. Med 8.02 Definitions. Med 8.03 Council. Med 8.04 Educational program approval. Med 8.05 Panel review of applications; examinations required. Med 8.053 Examination review by applicant.</p>	<p>Med 8.056 Board review of examination error claim. Med 8.06 Temporary license. Med 8.07 Practice. Med 8.09 Employee status. Med 8.10 Physician to physician assistant ratio.</p>
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Note: Chapter Med 8 as it existed on October 31, 1976 was repealed and a new chapter Med 8 was created effective November 1, 1976. Sections Med 8.03 to 8.10 as they existed on July 31, 1984 were repealed and recreated effective August 1, 1984.

Med 8.01 Authority and purpose. (1) The rules in this chapter are adopted by the medical examining board pursuant to authority in ss. 15.08 (5), 227.11, 448.04 (1) (f) and 448.40, Stats., and govern the licensure and regulation of physician assistants.

(2) Physician assistants provide health care services as part of physician-led teams, the objectives of which include safe, efficient, and economical health care. The realities of the modern practice of medicine and surgery require supervising physicians and physician assistants to use discretion in delivering health care services, typically at the level of general supervision. The constant physical presence of a supervising physician is often unnecessary. The supervising physician and the physician assistant are jointly responsible for employing more intensive supervision when circumstances require direct observation or hands-on assistance from the supervising physician.

History: Cr. Register, October, 1976, No. 250, eff. 11-1-76; am. Register, April, 1981, No. 304, eff. 5-1-81; am. Register, July, 1984, No. 343, eff. 8-1-84; correction made under s. 13.93 (2m) (b) 7., Stats., Register, May, 1989, No. 401; am. Register, October, 1996, No. 490, eff. 11-1-96; am. Register, December, 1999, No. 528, eff. 1-1-00; CR 12-005; renum. to (1), cr. (2) Register February 2014 No. 698, eff. 3-1-14.

Med 8.02 Definitions. (1) “Board” means the medical examining board.

(2) “Council” means the council on physician assistants.

(3m) “DEA” means the United States drug enforcement administration.

(4) “Educational program” means a program for educating and preparing physician assistants which is approved by the board.

(5) “Individual” means a natural person, and does not include the terms firm, corporation, association, partnership, institution, public body, joint stock association, or any other group of individuals.

(5m) “License” means documentary evidence issued by the board to applicants for licensure as a physician assistant who meet all of the requirements of the board.

(6) “Supervision” means to coordinate, direct, and inspect the accomplishments of another, or to oversee with powers of direction and decision the implementation of one’s own or another’s intentions.

History: Cr. Register, October, 1976, No. 250, eff. 11-1-76; am. (6) and (7) (b) to (e), Register, June, 1980, No. 294, eff. 7-1-80; r. (7), Register, July, 1984, No. 343, eff. 8-1-84; am. (2), (3) and (4) and cr. (3m), Register, October, 1996, No. 490, eff. 11-1-96; renum. (3) to be (5m) and am., am. (6), Register, December, 1999, No. 528, eff. 1-1-00.

Med 8.03 Council. As specified in s. 15.407 (2), Stats., the council shall advise the board on the formulation of rules on the education, examination, licensure and practice of a physician assistant.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. Register, October, 1996, No. 490, eff. 11-1-96; am. Register, December, 1999, No. 528, eff. 1-1-00; correction made under s. 13.92 (4) (b) 7., Stats., Register August 2009 No. 644.

Med 8.04 Educational program approval. The board shall approve only educational programs accredited and approved by the committee on allied health education and accreditation of the American medical association, the commission for accreditation of allied health education programs, or its successor agency.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. Register, October, 1994, No. 466, eff. 11-1-94; am. Register, December, 1999, No. 528, eff. 1-1-00.

Med 8.05 Panel review of applications; examinations required. The board may use a written examination prepared, administered and scored by the national commission on certification of physician assistants or its successor agency, or a written examination from other professional testing services as approved by the board.

(1) APPLICATION. An applicant for examination for licensure as a physician assistant shall submit to the board:

(a) An application on a form prescribed by the board.

Note: An application form may be obtained upon request to the Department of Safety and Professional Services office located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

(b) After July 1, 1993, proof of successful completion of an educational program, as defined in ss. Med 8.02 (4) and 8.04.

(c) Proof of successful completion of the national certifying examination.

(cm) Proof that the applicant is currently certified by the national commission on certification of physician assistants or its successor agency.

(d) The fee specified in s. 440.05 (1), Stats.

(e) An unmounted photograph, approximately 8 by 12 cm., of the applicant taken no more than 60 days prior to the date of application which has on the reverse side a statement of a notary public that the photograph is a true likeness of the applicant.

(2) EXAMINATIONS, PANEL REVIEW OF APPLICATIONS. (a) All applicants shall complete the written examination under this section, and an open book examination on statutes and rules governing the practice of physician assistants in Wisconsin.

(b) An applicant may be required to complete an oral examination if the applicant:

1. Has a medical condition which in any way impairs or limits the applicant’s ability to practice as a physician assistant with reasonable skill and safety.

2. Uses chemical substances so as to impair in any way the applicant’s ability to practice as a physician assistant with reasonable skill and safety.

3. Has been disciplined or had certification denied by a licensing or regulatory authority in Wisconsin or another jurisdiction.

4. Has been convicted of a crime, the circumstances of which substantially relate to the practice of physician assistants.

5. Has not practiced as a physician assistant for a period of 3 years prior to application, unless the applicant has been graduated from an approved educational program for physician assistants within that period.

6. Has been found to have been negligent in the practice as a physician assistant or has been a party in a lawsuit in which it was

alleged that the applicant has been negligent in the practice of medicine.

7. Has been diagnosed with any condition that may create a risk of harm to a patient or the public.

8. Has within the past 2 years engaged in the illegal use of controlled substances.

9. Has been subject to adverse formal action during the course of physician assistant education, postgraduate training, hospital practice, or other physician assistant employment.

(c) An application filed under this chapter shall be reviewed by an application review panel of at least 2 council members designated by the chairperson of the board to determine whether an applicant is required to complete an oral examination or a personal appearance or both under par. (b). If the application review panel is not able to reach unanimous agreement on whether an applicant is eligible for licensure without completing an oral examination or a personal appearance or both, the application shall be referred to the board for a final determination.

(d) Where both written and oral examinations are required they shall be scored separately and the applicant shall achieve a passing grade on both examinations to qualify for a license.

(e) The board may require an applicant to complete a personal appearance for purposes of interview or review of credentials or both. An applicant's performance at a personal appearance is satisfactory if the applicant establishes to the board's satisfaction that the applicant has met requirements for licensure and is minimally competent to practice as a physician assistant.

(3) EXAMINATION FAILURE. An applicant who fails to receive a passing score on an examination may reapply by payment of the fee specified in sub. (1) (d). An applicant may reapply twice at not less than 4-month intervals. If an applicant fails the examination 3 times, he or she may not be admitted to an examination unless the applicant submits proof of having completed further professional training or education as the board may prescribe.

Note: There is no provision for waiver of examination nor reciprocity under rules in s. Med 8.05.

(4) LICENSURE; RENEWAL. At the time of licensure and each biennial registration of licensure thereafter, a physician assistant shall list with the board the name and address of the supervising physician and shall notify the board within 20 days of any change of a supervising physician.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. (intro.), r. and recr. (2), Register, October, 1989, No. 406, eff. 11-1-89; am. (1) (b), cr. (1) (cm), Register, July, 1993, No. 451, eff. 8-1-93; am. (intro.), (1) (intro), (cm), (2) (b) 4., 5., 6., (c) and (4), Register, October, 1996, No. 490, eff. 11-1-96; am. (2) (a), (b) (intro), and 3. to 5., r. and recr. (2) (b) 1. and 2., cr. (2) (b) 7. to 11., Register, February, 1997, No. 494, eff. 3-1-97; am. (intro.), (1) (intro.) and (cm), (2) (b) 5., (c), (d) and (4), r. (2) (b) 10. and 11., Register, December, 1999, No. 528, eff. 1-1-00; **CR 12-005: am. (2) (b) 7., (c), cr. (2) (e) Register February 2014 No. 698, eff. 3-1-14.**

Med 8.053 Examination review by applicant. (1) An applicant who fails the oral or statutes and rules examination may request a review of that examination by filing a written request and required fee with the board within 30 days of the date on which examination results were mailed.

(2) Examination reviews are by appointment only.

(3) An applicant may review the statutes and rules examination for not more than one hour.

(4) An applicant may review the oral examination for not more than 2 hours.

(5) The applicant may not be accompanied during the review by any person other than the proctor.

(6) At the beginning of the review, the applicant shall be provided with a copy of the questions, a copy of the applicant's answer sheet or oral tape and a copy of the master answer sheet.

(7) The applicant may review the examination in the presence of a proctor. The applicant shall be provided with a form on which to write comments, questions or claims of error regarding any items in the examination. Bound reference books shall be per-

mitted. Applicants shall not remove any notes from the area. Notes shall be retained by the proctor and made available to the applicant for use at a hearing, if desired. The proctor shall not defend the examination nor attempt to refute claims of error during the review.

(8) An applicant may not review the examination more than once.

History: Cr. Register, February, 1997, No. 494, eff. 3-1-97.

Med 8.056 Board review of examination error claim.

(1) An applicant claiming examination error shall file a written request for board review in the board office within 30 days of the date the examination was reviewed. The request shall include all of the following:

(a) The applicant's name and address.

(b) The type of license for which the applicant applied.

(c) A description of the mistakes the applicant believes were made in the examination content, procedures, or scoring, including the specific questions or procedures claimed to be in error.

(d) The facts which the applicant intends to prove, including reference text citations or other supporting evidence for the applicant's claim.

(2) The board shall review the claim, make a determination of the validity of the objections and notify the applicant in writing of the board's decision and any resulting grade changes.

(3) If the decision does not result in the applicant passing the examination, a notice of denial of license shall be issued. If the board issues a notice of denial following its review, the applicant may request a hearing under s. SPS 1.05.

Note: The board office is located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

History: Cr. Register, February, 1997, No. 494, eff. 3-1-97; correction in (3) made under s. 13.92 (4) (b) 7., Stats., Register November 2011 No. 671.

Med 8.06 Temporary license. (1) An applicant for licensure may apply to the board for a temporary license to practice as a physician assistant if the applicant:

(a) Remits the fee specified in s. 440.05 (6), Stats.

(b) Is a graduate of an approved school and is scheduled to take the examination for physician assistants required by s. Med 8.05 (1) or has taken the examination and is awaiting the results; or

(c) Submits proof of successful completion of the examination required by s. Med 8.05 (1) and applies for a temporary license no later than 30 days prior to the date scheduled for the next oral examination.

(2) (a) Except as specified in par. (b), a temporary license expires on the date the board grants or denies an applicant permanent licensure. Permanent licensure to practice as a physician assistant is deemed denied by the board on the date the applicant is sent notice from the board that he or she has failed the examination required by s. Med 8.05 (1) (c).

(b) A temporary license expires on the first day of the next regularly scheduled oral examination for permanent licensure if the applicant is required to take, but failed to apply for, the examination.

(3) A temporary license may not be renewed.

(4) An applicant holding a temporary license may apply for one transfer of supervising physician and location during the term of the temporary license.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. (1) (b) and (c), Register, October, 1989, No. 406, eff. 11-1-89; am. (2) (a), Register, January, 1994, No. 457, eff. 2-1-94; am. (1) (intro.) and (2) (a), Register, October, 1996, No. 490, eff. 11-1-96; am. (1) (intro.) and (b) to (3), cr. (4), Register, December, 1999, No. 528, eff. 1-1-00.

Med 8.07 Practice. (1) SCOPE AND LIMITATIONS. In providing medical care, the entire practice of any physician assistant shall be under the supervision of one or more licensed physicians or physicians exempt from licensure requirements pursuant to s. 448.03 (2) (b), Stats. The scope of practice is limited to providing

medical care as specified in sub. (2). A physician assistant's practice may not exceed his or her educational training or experience and may not exceed the scope of practice of the physician providing supervision. A medical care task assigned by the supervising physician to a physician assistant may not be delegated by the physician assistant to another person.

(2) MEDICAL CARE. Medical care a physician assistant may provide include:

(a) Attending initially a patient of any age in any setting to obtain a personal medical history, perform an appropriate physical examination, and record and present pertinent data concerning the patient.

(b) Performing, or assisting in performing, routine diagnostic studies as appropriate for a specific practice setting.

(c) Performing routine therapeutic procedures, including, but not limited to, injections, immunizations, and the suturing and care of wounds.

(d) Instructing and counseling a patient on physical and mental health, including diet, disease, treatment, and normal growth and development.

(e) Assisting the supervising physician in a hospital or facility, as defined in s. 50.01 (1m), Stats., by assisting in surgery, making patient rounds, recording patient progress notes, compiling and recording detailed narrative case summaries, and accurately writing or executing orders.

(f) Assisting in the delivery of medical care to a patient by reviewing and monitoring treatment and therapy plans.

(g) Performing independently evaluative and treatment procedures necessary to provide an appropriate response to life-threatening emergency situations.

(h) Facilitating referral of patients to other appropriate community health-care facilities, agencies and resources.

(i) Issuing written prescription orders for drugs provided the physician assistant has had an initial and at least annual thereafter,

review of the physician assistant's prescriptive practices by a physician providing supervision. Such reviews shall be documented in writing, signed by the reviewing physician and physician assistant, and made available to the Board for inspection upon reasonable request.

(3) IDENTIFYING SUPERVISING PHYSICIAN. The physician providing supervision must be readily identifiable by the physician assistant through procedures commonly employed in the physician assistant's practice.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. (2) (i), Register, July, 1994, No. 463, eff. 8-1-94; am. (1) and (2) (intro.), Register, October, 1996, No. 490, eff. 11-1-96; am. (1), (2) (intro.), (c), (e), (f) and (i), Register, December, 1999, No. 528, eff. 1-1-00; **CR 12-005:** am. (1), (2) (a), (e), (i), cr. (3) Register February 2014 No. 698, eff. 3-1-14.

Med 8.09 Employee status. No physician assistant may be self-employed. If the employer of a physician assistant is other than a licensed physician, the employer shall provide for, and may not interfere with, the supervisory responsibilities of the physician, as defined in s. Med 8.02 (6) and required in ss. Med 8.07 (1) and 8.10.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. Register, October, 1996, No. 490, eff. 11-1-96.

Med 8.10 Physician to physician assistant ratio.

(1) No physician 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 physician may provide supervision over time. A physician assistant may be supervised by more than one physician while on duty.

(2) A supervising physician shall be available to the physician assistant at all times for consultation either in person or within 15 minutes of contact by telecommunication or other means.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. (1), Register, December, 1999, No. 528, eff. 1-1-00; CR 09-006: am. (3) Register August 2009 No. 644, eff. 9-1-09; **CR 12-005:** r. and recr. Register February 2014 No. 698, eff. 3-1-14.

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Tom Ryan, Executive Director		2) Date When Request Submitted: 03/01/2017	
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: All Boards, Committees, Councils and Sections			
4) Meeting Date: 04/12/2017	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Board Training Review – Public Records and Ethics and Lobbying – Discussion and Consideration	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: Please review the materials previously emailed, and included herein, in preparation for discussion at the meeting. <ul style="list-style-type: none"> 1) Public Records and Ethics and Lobbying Training <ul style="list-style-type: none"> i. Email from 3/1/17 ii. Wisconsin Public Records Law Basics iii. DSPPS Public Records Information iv. Ethics and Lobbying Law One Pager 			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

Wood, Kimberly - DSPS

From: Wood, Kimberly - DSPS
Sent: Wednesday, March 01, 2017 3:27 PM
To: Boullion, James - DSPS
Cc: Lewin, Brittany - DSPS; Ryan, Thomas - DSPS; Williams, Dan - DSPS; Zadrzil, Chad J - DSPS
Subject: Completion Reminder: Public Records and Ethics and Lobbying Training
Attachments: WisconsinPublicRecordsLawBasics_PPT.pdf; Ethics and Lobbying Law One Pager.pdf; DSPS Public Records Information.pdf

DSPS Board, Council or Committee member,

For those of you that have not already done so, this is a reminder to review the training materials we sent you a few weeks ago regarding what you need to know about Wisconsin's ethics and lobbying laws and how to handle public records. You will have a chance to raise any questions and discuss these topics at your next board, council or committee meeting.

We have also included an additional document called "DSPS Public Records Information.pdf" that identifies who you should talk to at DSPS about public records questions. Some people had difficulty opening the public records training file, therefore we have also attached a PDF version of the training called "WisconsinPublicRecordsLawBasics_PPT.pdf".

Hello,

Below you will find information about two requirements recently communicated to state agencies.

All Board, Council, Section and Committee members are required to receive training in two separate areas: 1) Public Records, and; 2) Ethics and Lobbying. **These required trainings must be completed at your earliest opportunity. Please complete the web-based public records training and review the attached ethics and lobbying guidance document by March 1st.** At your next meeting, you will have the opportunity to discuss the public records training and we will review the ethics and lobby law training.

Background information and instructions for both trainings is included below.

1) Public Records

On March 11, 2016, the Governor issued [Executive Order #189](#) reaffirming the importance of transparency in state government. Specifically, the Governor asked agencies to implement best practices to promote the public's access to the records of their government under Wisconsin's Public Records Law. The Governor also directed each state agency to provide public records resources and training for all employees and members of all boards, councils, commissions and committees attached to the agency.

This training has been developed and is available online at the following web link:

http://dsps.wi.gov/Documents/Board%20Services/Other%20Resources/RecordsTraining/Wisconsin_Public_Records_Law_Basics.pdf

*Please note that this link will require Adobe Flash Player which may not be available for your hand held device. *If you are unable to open the training, you may view the attached PDF titled "WisconsinPublicRecordsLawBasics_PPT" instead.*

If you have difficulty in accessing this information please contact Kimberly Wood at Kimberly.Wood@wisconsin.gov and she will assist you.

2) **Ethics and Lobbying**

Recently the Wisconsin Ethics Commission withdrew a formal opinion that had created a pathway for agency officials to remove themselves from the prohibitions of the lobbying law. A number of questions were received in response to the action by the Ethics Commission.

A guidance document is attached in an effort to clarify the current status of the law. The attachment is a one-page overview of specific provisions in the state ethics and lobbying laws that apply to persons appointed by Governor Walker throughout state government.

While the ethics law provisions apply to all appointees of the Governor, the lobbying law only applies to members of boards, councils, or commissions and committees that are involved with rule writing.

If you have any questions, please feel free to reach out to your Executive Director or the Wisconsin Ethics Commission at any time.

Thank you,

Jim Boullion

Administrator, Division of Policy Development
Department of Safety and Professional Services

james.boullion@wisconsin.gov

Phone: (608) 266-8419

What Is a Public Record?

Anything paper or electronic with information about government business, with a few exceptions

Public records can be paper or electronic.

Examples of electronic public records:

- Emails
- Videos
- Audio files
- Database content
- Instant messages



Record Location

The location of the record does not matter!

Emails, text messages, or files about government business on your personal device are public records. You must keep them and turn them over upon request.



Public Records Responsibility 3

When you have a public record, understand how to properly retain it.

- If it **is** a public record, follow your agency's record retention schedule.
- Check with your agency's records officer(s) or records coordinator(s) to learn:
 - How long to keep records.
 - Where to send records when time expires.
- Before you get rid of a record, make sure there are no pending records requests, audits, or lawsuits that require you to hold on to it.



Key Points

Key points to remember:

- Don't delete emails or any other records unless you know that you don't need to keep them.
- Organize hard copy documents so you know where to find them if a member of the public requests them.
- Know how long you are required to keep your records and what to do with them when that time is up.



Key Points, Continued

- Keep all your emails in a place where someone can search them when requests come in.
- Manage your own emails. Don't rely on disaster recovery backup systems. If you run out of storage in your mailbox, ask your agency's help desk for assistance with .pst files or similar solutions.
- Text messages on your personal cell phone are public records if they pertain to government business.
- Emails in your personal email are public records if they pertain to government business.

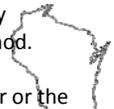


Public Records Responsibility 4

Recognize a public records request and handle the request appropriately.

A public records request:

- Is any request for government records.
- Does not require magic words or precise format.
- Can be submitted by email, by letter, by phone, in person, or by any other method.
- Can be written or verbal.
- Does not need to identify the requestor or the purpose of the request.



Department of Safety and Professional Services

Agency Specific Public Records Information

February 24, 2017

The purpose of this memo is to provide information on public records requests that is specific to the Department of Safety and Professional Services (DSPS).

DSPS receives public record requests in a number of ways. Most public record requests are received via US mail or by email. DSPS has a public records mailbox accessible from the DSPS website. In addition, the DSPS website contains a public records notice which sets out the procedure for making a request and information about fees. Here is the link to the public records notice: <http://dsps.wi.gov/other-services/open-records-notice-and-requests>

Records requests should always be considered a priority. If you are an employee of DSPS and you receive a request you should immediately notify your supervisor or a record custodian. Any records that may be covered by the request should be preserved. **If you are a member of a board or council and you receive a request you should immediately notify your primary contact at DSPS, normally the executive director of your board or council.** Again, any records that may be covered by the request should be preserved. The record request should be forwarded to the supervisor, custodian or executive director within one business day.

Deputy record custodians process the requests. The custodians will work in conjunction with the DSPS public information officer on requests involving media or legislative issues. The custodians will also work with the employees or board/council members if there is a need to search emails or other records in possession of the employee or board/council member. The goal is for the custodian to provide a response as soon as practicable. For this reason, cooperation with the custodians is essential.

The agency record custodian is Michael Berndt.

The following lists reflect deputy record custodians for each agency division:

DLSC
Meena Balasubramanian
Beth Cramton
Zach Hendrickson
Terri Rees

DPCP
Kris Hendrickson
DMS/Office of Sec.
Michael Berndt
Alicia Bork

DPD
Shawn Leatherwood
DIS/Field Offices
Peggy Thran

Public records are retained for periods of time set out in Record Destruction Authorizations, commonly called RDAs, or as required by the General Record Schedules. If you have questions about how long some record is supposed to be retained, please talk with you supervisor. Record officers update the agency RDAs and are familiar with the General Record Schedules. The agency record officers are Michael Berndt and Peggy Thran.

The guidance below provides a summary of the prohibitions on solicitation and acceptance of items of value under Wisconsin law. This guidance does not provide a comprehensive overview of the regulations that apply to state officials. For further information, please consult the Wisconsin Ethics Commission (<http://ethics.wi.gov/content/resources>) and Chapters 13 and 19 of the Wisconsin Statutes.

Lobbying law. Chapter 13, Wisconsin Statutes.

General Rule: Members of state agencies, boards, commissions, or councils that have rulemaking authority cannot **solicit** or **accept** anything of pecuniary value from a lobbyist or lobbying principal, even if they offer to pay for it. (§13.62, §13.625, 80 OAG 205). [Involvement in rulemaking is defined very broadly; you are likely considered to be involved in rulemaking just by virtue of the fact that you are appointed to a board, commission or council with rulemaking authority. §13.62(3)]. *Note that the Wisconsin Ethics Commission recently withdrew a formal opinion that allowed agency officials to remove themselves from the prohibitions of the lobbying law by refraining from engaging in rulemaking activities.*

Applies to members of boards with rule-making authority (“agency officials”). [Defined in §13.62(3)].

Exceptions:

- If the thing provided by a principal (not an individual lobbyist) is available to the general public on the same terms and conditions and is available to anyone who wants it and who meets the criteria for eligibility. [§13.625(2); 80 OAG 205]. For example, a member of the State Bar could attend a generally advertised continuing legal education conference put on by the State Bar (a lobbying principal) so long as it was available to anyone who wished to attend and met the criteria for eligibility, such as membership in the State Bar.
 - The criteria for eligibility must be:
 - Established and readily identifiable; and
 - Drawn without the purpose or effect of giving a preference to or conferring an advantage upon you.
 - There must be no offer or notice of availability directed to you that gives you an advantage.
- The lobbyist or principal is your employer and the thing provided does not exceed what the employer customarily provides to all employees (e.g., a paycheck). [§13.625(6r)]. (*Note that one’s status as a lobbyist does not prevent service as an agency official.*)
- The expense is provided as a benefit to the state, such as meals, transportation or lodging in connection with an event related to your state duties, which the state would otherwise pay. [§13.625(7); §19.56(3)(a)].
- Informational or educational materials. [§13.625(6t)].
- The lobbyist is a relative or resides in the same household [§13.625(6)].

*All lobbyists and lobbying principals are required to register here: <https://lobbying.wi.gov/Home/Welcome>.

Ethics Law. Chapter 19, Wisconsin Statutes.

General Rule: No state public official may use his or her public position or office to obtain financial gain or anything of substantial value for the private benefit of himself or herself or his or her immediate family, or for an organization with which he or she is associated. [§19.45(2); §19.42(2)].

Applies to individuals appointed by the governor, and other positions defined in Wis. Stat. 19.42(13).

Exceptions: (*Note that these exceptions are to the ethics code only. They are not exceptions to prohibitions under the lobbying code.*)

- The thing offered is unrelated to your state position (e.g. a family member or long-time friend).
- The expense is provided as a benefit to the state, such as meals, transportation or lodging in connection with an event related to your state duties which the state would otherwise pay. [§19.56(3)(a)].

**IF YOU HAVE ANY DOUBT IF SOMETHING IS PERMITTED,
ASK YOUR LEGAL OFFICE OR THE ETHICS COMMISSION**