



COUNCIL ON PHYSICIAN ASSISTANTS
Room 121C, 1400 East Washington Avenue, Madison
Contact: Tom Ryan (608) 266-2112
October 26, 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 28, 2017 (3-6)**
- C) Conflicts of Interest**
- D) Administrative Updates**
 - 1) Department and Staff Updates
 - 2) Introductions, Announcements, and Recognition
 - 3) Appointments/Reappointments/Confirmations
 - 4) Council Members – Council Member Status
 - a) Jeremiah Barrett – 7/1/2020
 - b) Jennifer Jarrett – 7/1/2019
 - c) Nadine Miller – 7/1/2020
 - d) Mary Pangman Schmitt – 7/1/2008
 - e) Jody Wilkins – 7/1/2017
 - 5) DSPP Website Re-Design (Launch Date: 11/12/2017)
- E) 9:00 A.M. APPEARANCE: Reid Bowers, WAPA – Presentation and Discussion of Proposed Physician Assistant Legislation (7-52)**
- F) Notification of DSPP Regarding Change in Supervising Physician – Discussion (53)**
- G) Prescribing of Buprenorphine for the Treatment of Addiction – Discussion of Correspondence Received from the American Academy of Physician Assistants, American Society of Addiction Medicine and the American Association of Nurse Practitioners (54-56)**
- H) Senate Bills 288 and 296 – Discussion (57)**

I) Legislative/Administrative Rule Matters

- 1) Update on Other Legislation and Pending or Possible Rulemaking Projects

J) Wisconsin Association of Physician Assistants (WAPA) Matters

- 1) WAPA Updates

K) 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

L) Public Comments

M) Discussion of Meeting Frequency (58)

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.).

N) 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

O) Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

P) Open Session Items Noticed Above not Completed in the Initial Open Session

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

ADJOURNMENT

NEXT MEETING DATE: APRIL 11, 2018

**COUNCIL ON PHYSICIAN ASSISTANTS
MEETING MINUTES
April 28, 2017**

PRESENT: Jeremiah Barrett, Jennifer Jarrett, Nadine Miller, Mary Pangman Schmitt, Jody Wilkins

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

CALL TO ORDER

Jeremiah Barrett, Chair, called the meeting to order at 9:00 a.m. A quorum of five (5) members was confirmed.

ADOPTION OF AGENDA

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

APPROVAL OF MINUTES

MOTION: Jody Wilkins moved, seconded by Mary Pangman Schmitt, to approve the minutes of April 13, 2016 as published. Motion carried unanimously.

ADMINISTRATIVE UPDATES

ELECTION OF OFFICERS

COUNCIL CHAIR

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

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

Jennifer Jarrett was elected as Chair by unanimous consent.

VICE CHAIR

NOMINATION: Jeremiah Barrett nominated Nadine Miller for the Office of Vice Chair.

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

Nadine Miller 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.

2017 ELECTION RESULTS

Council Chair	Jennifer Jarrett
Vice Chair	Nadine Miller
Secretary	Jody Wilkins

APPOINTMENT OF LIAISONS

2017 LIAISON APPOINTMENTS	
Representative at Medical Examining Board	Jennifer Jarrett <i>Alternate: Jeremiah Barrett</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 Jeremiah Barrett, to affirm the Chair's appointment of liaisons and screening panel for 2017. Motion carried unanimously.

DELEGATION MOTIONS

Delegated Authority for Urgent Matters

MOTION: Jeremiah Barrett moved, seconded by Jennifer Jarrett, that, in order to facilitate the completion of assignments between meetings, the Board delegates its authority by order of succession to the Chair, highest ranking officer, or longest serving member of the Board, 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 Board in accordance with the law. Motion carried unanimously.

Delegated Authority for Application Denial Reviews

MOTION: Jeremiah Barrett moved, seconded by Jennifer Jarrett, that the Board counsel or another department attorney is formally authorized to serve as the Board's designee for purposes of Wis. Admin Code § SPS 1.08(1). Motion carried unanimously.

Document Signature Delegation

MOTION: Jeremiah Barrett moved, seconded by Jennifer Jarrett, to delegate authority to the Chair or chief presiding officer, or longest serving member of the Board, by order of succession, to sign documents on behalf of the Board. In order to carry out duties of the Board, the Chair, chief presiding officer, or longest serving member of the Board, 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 Board delegates the authority to Executive Director or designee to sign the name of any Board member on documents as necessary and appropriate. Motion carried unanimously.

Credentialing Authority Delegations

MOTION: Jeremiah Barrett moved, seconded by Jennifer Jarrett, 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.

MOTION: Jeremiah Barrett moved, seconded by Jennifer Jarrett, to delegate credentialing authority to DSPS for those submitted applications that meet the criteria of Rule and Statute and thereby would not need further Board or Board liaison review. Motion carried unanimously.

Education Liaison Delegation

MOTION: Jeremiah Barrett moved, seconded by Jennifer Jarrett, to authorize the primary continuing education liaison or alternate to decide continuing education hardship requests in addition to all other continuing and examination matters delegated to the liaisons. Motion carried unanimously.

(For MEB Councils Only)

MOTION: Jeremiah Barrett moved, seconded by Jennifer Jarrett, to delegate authority to Council liaison(s) authority to advise the Department and the Board 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: Jeremiah Barrett moved, seconded by Jennifer Jarrett, to authorize the travel liaison to approve all Board travel. Motion carried unanimously.

LEGISLATIVE/ADMINISTRATIVE RULE MATTERS

- MOTION:** Jennifer Jarrett moved, seconded by Jody Wilkins, to recommend the Medical Examining Board amend Ch. Med 8.07(2)(b) to read “Ordering, Interpreting, Performing, or assisting in performing routine diagnostic studies as appropriate for a specific practice setting.” Motion carried unanimously.
- MOTION:** Jennifer Jarrett moved, seconded by Jeremiah Barrett, to recommend the Medical Examining Board delete “or hands-on assistance from the supervising physician” from Med 8.01(2). Motion carried unanimously.
- MOTION:** Jennifer Jarrett moved, seconded by Jody Wilkins, to recommend the Medical Examining Board delete “A medical care task assigned by the supervising physician to a physician assistant may not be delegated by the physician assistant to another person” from Med 807(1). Motion carried unanimously.
- MOTION:** Jennifer Jarrett moved, seconded by Nadine Miller, to recommend the Medical Examining Board delete Med 8.07(2)(i). Motion carried unanimously.
- MOTION:** Jennifer Jarrett moved, seconded by Jeremiah Barrett, to recommend the Medical Examining Board amend the first sentence of Med 8.10(1) to read “no physician may supervise more than 6 on-duty physician assistants at any time unless a written plan to do so has been submitted and approved by the Board.” Motion carried unanimously.
- MOTION:** Jody Wilkins moved, seconded by Nadine Miller, that the Council discussed elimination of Med 8.07(3) and determined no recommendation will be made at this time. Motion carried unanimously.
- MOTION:** Jeremiah Barrett moved, seconded by Nadine Miller, to authorize Jennifer Jarrett to present these motions as recommendations to the Medical Examining Board and to carry on active discussions with members of the public and any other stakeholders. Motion carried unanimously.
- MOTION:** Jeremiah Barrett moved, seconded by Jennifer Jarrett, that the Council acknowledges receipt of the letter from Morgen Johnson, M.S.N., R.N. Motion carried unanimously.

PUBLIC COMMENTS

A letter from the Wisconsin Academy of Physician Assistants regarding Med 8 was handed out at the meeting.

COUNCIL TRAINING REVIEW – PUBLIC RECORDS AND ETHICS AND LOBBYING

The Council reviewed training information relating to Public Records and Ethics and Lobbying requirements at this meeting.

ADJOURNMENT

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

The meeting adjourned at 12:01 p.m.

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Kimberly Wood, Program Assistant Supervisor – On behalf of Tom Ryan Executive Director		2) Date When Request Submitted: 10/18/17 <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: Council on Physician Assistants																	
4) Meeting Date: 10/26/2017	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? APPEARANCE: Reid Bowers, WAPA – Presentation and Discussion of Proposed Physician Assistant Legislation															
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 checked="" type="checkbox"/> Yes (<u>Reid Bowers</u> - WAPA) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A															
10) Describe the issue and action that should be addressed: The Council will receive a presentation from WAPA and will also review and discuss the preliminary draft legislation, LRB-17-2658-P3.																	
11) Authorization <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border-bottom: 1px solid black; text-align: center;"><i>Kimberly Wood</i></td> <td style="width: 40%; border-bottom: 1px solid black; text-align: center;">10/18/2017</td> </tr> <tr> <td style="text-align: center;">Signature of person making this request</td> <td style="text-align: center;">Date</td> </tr> <tr> <td colspan="2" style="border-top: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black; text-align: center;">Date</td> </tr> <tr> <td colspan="2" style="border-top: 1px solid black; height: 20px;"></td> </tr> <tr> <td colspan="2" style="border-top: 1px solid black;">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;">Date</td> </tr> </table>				<i>Kimberly Wood</i>	10/18/2017	Signature of person making this request	Date				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.																	

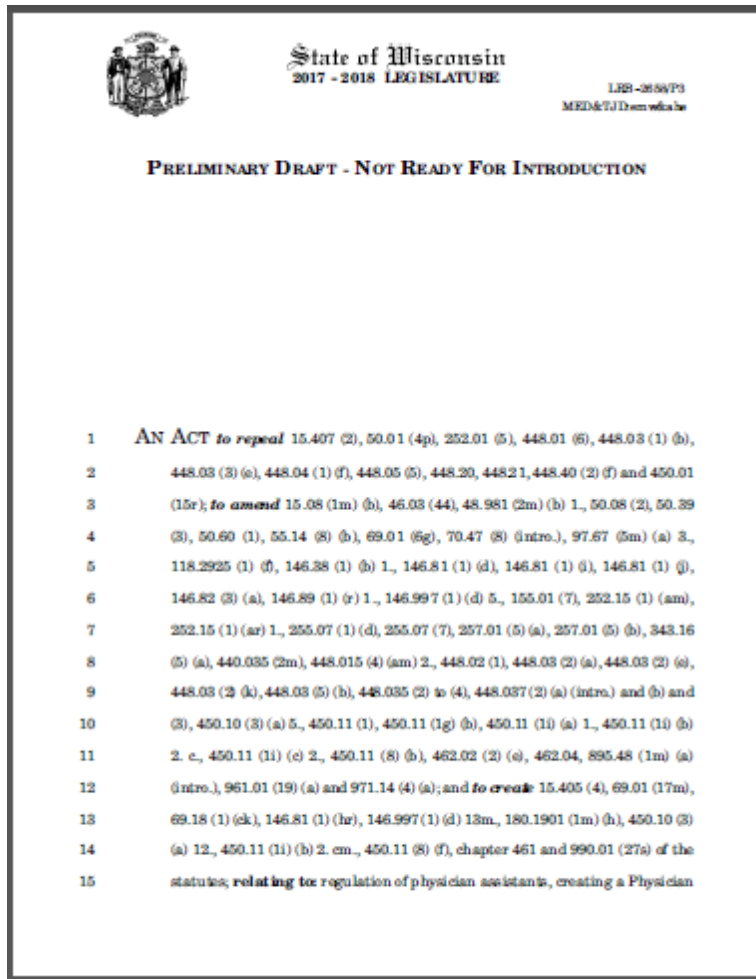
Guidelines for State Regulation of PAs

- This document was published after AAPA House of Delegates adopted Optimal Team Practice (OTP) as policy in May 2017.
- Its intent is to clarify key elements of regulation and to assist states as they pursue improvements in state governmental control of PAs.
- It does not contain specific language for direct incorporation into statutes or regulations, nor is it inclusive of all concepts generally contained in state practice acts or regulations
- It **IS** very readable and fairly brief at eight pages double spaced
 - http://news-center.aapa.org/wp-content/uploads/sites/2/2017/06/Guidelines_for_State_Regulation_2017-A-07-FINAL.pdf

Policy Areas Addressed by the Guideline

- Definition of a PA
- Qualifications for licensure & issuing licenses
- Collaboration, in lieu of physician supervision
- PA employment
- Disaster, emergency field response and volunteering
- Preserving our scope of practice
- Title and practice protection
- Regulatory authority & discipline of our own profession
- Inclusion of PAs in relevant statutes and regulation.

WAPA Draft PA Practice Legislation



- This bill updates current Wisconsin **statutes** and locates most laws pertaining to PAs into a new chapter 461.
- We have completed three drafts of this bill.
- The bill utilizes a lot of language from already existing statutes.
- Where necessary we have changed language to update policy.
- We feel we are at the point where other stakeholders need to formally join us in crafting language.

Definition of a PA

Guidelines for State Regulation of PAs

The legal definition of PA should mean a healthcare professional who meets the qualifications for licensure and is licensed to practice medicine.

WAPA Draft Bill

461.01

(3) “Physician assistant” means a person licensed under this chapter. [...]

Qualifications for licensure & Issuing licenses

- Qualifications for licensure should include graduation from an accredited PA program and passage of the PA National Certifying Examination (PANCE) administered by the National Commission on Certification of PAs (NCCPA).
- There are alternative qualifying circumstances for PAs who sat for the PANCE in 1986 or earlier.
- Applicants who meet the qualifications for licensure should be issued a license.
- States should not require employment or identification of a supervising, collaborating, or other specific relationship with a physician(s) as a condition or component of licensure.

461.07 License; renewal. (1) The board shall grant an initial license to practice as a physician assistant to any person who satisfies all of the following requirements, as determined by the board:

(a) The person submits an application on a form provided by the department and pays the initial credential fee determined by the department under s. 440.03 (9)(a).

(b) The person is at least 18 years of age.

(c) The person satisfies one of the following:

1. The person has successfully completed an educational program for physician assistants accredited by the Accreditation Review Commission on Education for the Physician Assistant or its successor or, prior to 2001, by the Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs.

2. If the person does not satisfy subd. 1., the person, prior to January 1, 1986, successfully passed the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants.

3. The person provides evidence that he or she is licensed as a physician assistant in another state, the District of Columbia, Puerto Rico, the United States Virgin Islands, or any territory or insular possession subject to the jurisdiction of the United States.

(d) The person passes an examination adopted by the board.

****NOTE: Just to be clear, someone licensed in another state would need to have passed this exam too.

Qualifications for licensure & Issuing licenses

- A category of inactive licensure should be available for PAs who are not currently in active practice in the state.

461.15 Return to practice. (1) In this section, “clinically inactive” means a person who was issued a license to practice as a physician assistant by any jurisdiction or was employed as a physician assistant by the federal government and who, within the past 24 months, has not done any of the following:

(a) Practiced as a physician assistant.

(b) Been employed by an accredited physician assistant educational program, as determined by the board by rule.

(2) A person who is clinically inactive and who wishes to return to practice or a person who has failed to renew his or her license under this chapter more than one year after the renewal date shall apply to the board to return to practice and shall, notwithstanding s.

440.08 (3) (b), do all of the following:

(a) Complete a reentry plan approved by the board.

(b) Comply with any practice conditions imposed by the board.

(c) Pay the late renewal fee under s. 440.08 (3) (a), if applicable.

(3) The board shall promulgate rules for reentry plans under sub. (2) (a).

Collaboration, in lieu of physician supervision

- Optimal team practice occurs when PAs have the ability to consult with a physician or other qualified medical professional, as indicated by the patient's condition and the standard of care, and in accordance with the PA's training, experience, and current competencies.
- Therefore, the manner in which PAs and physicians work together should be determined at the practice level.
- The degree of collaboration of the practicing PA should be determined at the practice level in accordance with the practice type and the experience and competencies of the practicing PA.
- State law should not require a specific relationship between a PA, physician, or any other entity in order for a PA to practice to the full extent of their education, training and experience.

461.01

- (2) "Collaboration" means a process in which a physician assistant and one or more physicians jointly contribute to the health care and medical treatment of a patient, with each collaborator performing actions that he or she is licensed or otherwise authorized to perform.

461. 10 (3)

- (b) An employer of a physician assistant shall assume legal responsibility for any medical care provided by the physician assistant during the employment. An employer of a physician assistant, if other than a licensed physician, shall provide for and not interfere with collaboration between the physician assistant and a licensed physician.

Disaster, emergency field response and volunteering

- PAs should be allowed to provide medical care in disaster and emergency situations.
- This may require the state to adopt language that permits PAs to respond to medical emergencies that occur outside the place of employment.
- This exemption should extend to PAs who are licensed in other states or who are federal employees.
- PAs should be granted Good Samaritan immunity to the same extent that it is available to other health professionals.
- PAs who are volunteering without compensation or remuneration should be permitted to provide medical care as indicated by the patient's condition and the standard of care, and in accordance with the PA's education, training, and experience.
- State law should not require a specific relationship between a PA, physician, or any other entity in order for a PA to volunteer.

Consistent with
provisions already
existing in Wisconsin
Statutes Chapters 146
& 257

Preserving our scope of practice

- State law should permit PA practice in all specialties and settings. In general, PAs should be permitted to provide any legal medical service that is within the PA's education, training and experience.

461.10 Practice; civil immunity. (1) (a) Except as provided in par. (b), a physician assistant may provide any medical service authorized in the rules promulgated under s. 461.05 (1) that is within his or her skill, education, and training.

(b) No physician assistant may provide medical care, except routine screening, in any of the following:

- 1. The practice of dentistry or dental hygiene within the meaning of ch. 447.*
- 2. The practice of optometry within the meaning of ch. 449.*
- 3. The practice of chiropractic within the meaning of ch. 446.*
- 4. The practice of podiatry within the meaning of s. 448.60 (4).*
- 5. The practice of acupuncture within the meaning of ch. 451.*

Preserving our scope of practice

- State law should permit PA practice in all specialties and settings. In general, PAs should be permitted to provide any legal medical service that is within the PA's education, training and experience.

461.10 (2) A physician assistant shall practice in a collaborative health care environment with one or more physicians and other healthcare professionals. This subsection does not require the physical presence of a physician at the time and place a physician assistant renders a service.

(3) (a) *It shall be the obligation of an employer of a physician assistant to ensure all of the following:*

1. That the scope of the practice of a physician assistant is identified and is appropriate with respect to his or her skill, education, and training.
2. That the relationship with and access to a physician by the physician assistant is defined.

(b) An employer of a physician assistant shall assume legal responsibility for any medical care provided by the physician assistant during the employment. An employer of a physician assistant, if other than a licensed physician, shall provide for and not interfere with collaboration between the physician assistant and a licensed physician.

Preserving our scope of practice

- Dispensing is also appropriate for PAs. The purpose of dispensing is not to replace pharmacy services, but rather to increase patient ability to receive needed medication when access to pharmacy services is limited.

461.10

(4) A physician assistant may order, prescribe, procure, dispense, and administer prescription drugs, subject to any limitations established in rules promulgated by the board.

Title and practice protection

- The ability to utilize the title of “PA” or “asociado médico” when the professional title is translated into Spanish should be limited to those who are authorized to practice by their state as a PA.
- The title may also be utilized by those who are exempted from state licensure but who are credentialed as a PA by a federal employer and by those who meet all of the qualifications for licensure in the state but are not currently licensed.
- A person who is not authorized to practice as a PA should not engage in PA practice unless similarly credentialed by a federal employer.
- The state should have the clear authority to impose penalties on individuals who violate these provisions.

461.03 License required; exceptions. (1) No person may do any of the following unless he or she is licensed by the board under s.

461.07:

- (a) Practice as a physician assistant.
- (b) Represent himself or herself as a “physician assistant” or “physician associate,” use or assume the title “physician assistant” or “physician associate,” or append to the person's name the words or letters “physician assistant,” “physician associate,” “PA,” “PA-C,” or any other titles, letters, or designation that represents or may tend to represent the person as a physician assistant.

(2) Subsection (1) does not apply with respect to any of the following:

- (a) A student enrolled in an accredited physician assistant educational program.
- (b) An individual employed by the federal government while performing duties incident to that employment, unless a license under this chapter is required by the federal government.
- (c) Any person lawfully practicing within the scope of a license, permit, registration, certificate, or certification granted under chs. 440 to 480.

(3) Subsection (1) (b) does not apply to a person who satisfies the requirement under s. 461.07 (1) (c) but who is not licensed under this chapter.

Regulatory authority & discipline of our own profession

- The preferable regulatory structure is a separate PA licensing board comprised of a majority of PAs, with other members who are knowledgeable about PA education, certification, and practice.
- If regulation is administered by a multidisciplinary healing arts or medical board, it is strongly recommended that PAs and physicians who practice with PAs be full voting members of the board.

SECTION 2. 15.405 (4) of the statutes is created to read:

15.405 (4) PHYSICIAN ASSISTANT EXAMINING BOARD. There is created in the department of safety and professional services a physician assistant examining board consisting of the following members appointed for staggered 4-year terms:

- (a) Four physician assistants licensed under ch. 461.
- (b) One public member.

461.05 Powers and duties of board. (1) The board shall promulgate rules establishing the scope of practice for physician assistants.

(2) The board shall promulgate rules implementing s. 461.40.

(3) The board may promulgate other rules to carry out the purposes of this subchapter, including rules defining what constitutes immoral or unprofessional conduct for physician assistants for purposes of s.

461.30 (2) (d).

(4) The board shall include in the register the board maintains under s. 440.035

(1m) (d) the names of all persons whose licenses issued under this chapter were suspended or revoked within the past 2 years. The register shall be available for purchase at cost.

(5) The board may join multistate regulator organizations.

Inclusion of PAs in relevant statutes and regulation

- The Draft Bill is 31 pages long.
- At least a third of that text makes sure that PAs continue to be included in laws in which we are already named.
- With PAs having a direct hand in writing administrative rules we would expect fewer rules to inadvertently leave out PAs.



State of Wisconsin
2017 - 2018 LEGISLATURE

LRB-2658/P3
MED&TJD:emw&ahe

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

1 **AN ACT *to repeal*** 15.407 (2), 50.01 (4p), 252.01 (5), 448.01 (6), 448.03 (1) (b),
2 448.03 (3) (e), 448.04 (1) (f), 448.05 (5), 448.20, 448.21, 448.40 (2) (f) and 450.01
3 (15r); ***to amend*** 15.08 (1m) (b), 46.03 (44), 48.981 (2m) (b) 1., 50.08 (2), 50.39
4 (3), 50.60 (1), 55.14 (8) (b), 69.01 (6g), 70.47 (8) (intro.), 97.67 (5m) (a) 3.,
5 118.2925 (1) (f), 146.38 (1) (b) 1., 146.81 (1) (d), 146.81 (1) (i), 146.81 (1) (j),
6 146.82 (3) (a), 146.89 (1) (r) 1., 146.997 (1) (d) 5., 155.01 (7), 252.15 (1) (am),
7 252.15 (1) (ar) 1., 255.07 (1) (d), 255.07 (7), 257.01 (5) (a), 257.01 (5) (b), 343.16
8 (5) (a), 440.035 (2m), 448.015 (4) (am) 2., 448.02 (1), 448.03 (2) (a), 448.03 (2) (e),
9 448.03 (2) (k), 448.03 (5) (b), 448.035 (2) to (4), 448.037 (2) (a) (intro.) and (b) and
10 (3), 450.10 (3) (a) 5., 450.11 (1), 450.11 (1g) (b), 450.11 (1i) (a) 1., 450.11 (1i) (b)
11 2. c., 450.11 (1i) (c) 2., 450.11 (8) (b), 462.02 (2) (e), 462.04, 895.48 (1m) (a)
12 (intro.), 961.01 (19) (a) and 971.14 (4) (a); and ***to create*** 15.405 (4), 69.01 (17m),
13 69.18 (1) (ck), 146.81 (1) (hr), 146.997 (1) (d) 13m., 180.1901 (1m) (h), 450.10 (3)
14 (a) 12., 450.11 (1i) (b) 2. cm., 450.11 (8) (f), chapter 461 and 990.01 (27s) of the
15 statutes; **relating to:** regulation of physician assistants, creating a Physician

Assistant Examining Board, granting rule-making authority, and providing a criminal penalty.

Analysis by the Legislative Reference Bureau

This is a preliminary draft. An analysis will be provided in a subsequent version of this draft.

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

SECTION 1. 15.08 (1m) (b) of the statutes is amended to read:

15.08 **(1m)** (b) The public members of the chiropractic examining board, the dentistry examining board, the hearing and speech examining board, the medical examining board, the physical therapy examining board, the perfusionists examining council, the respiratory care practitioners examining council ~~and council on, the physician assistants~~ assistant examining board, the board of nursing, the nursing home administrator examining board, the veterinary examining board, the optometry examining board, the pharmacy examining board, the marriage and family therapy, professional counseling, and social work examining board, the psychology examining board, and the radiography examining board shall not be engaged in any profession or occupation concerned with the delivery of physical or mental health care.

SECTION 2. 15.405 (4) of the statutes is created to read:

15.405 **(4)** PHYSICIAN ASSISTANT EXAMINING BOARD. There is created in the department of safety and professional services a physician assistant examining board consisting of the following members appointed for staggered 4-year terms:

(a) Four physician assistants licensed under ch. 461.

(b) One public member.

1 **SECTION 3.** 15.407 (2) of the statutes is repealed.

2 **SECTION 4.** 46.03 (44) of the statutes is amended to read:

3 46.03 **(44)** SEXUALLY TRANSMITTED DISEASE TREATMENT INFORMATION. Prepare and
4 keep current an information sheet to be distributed to a patient by a physician,
5 physician assistant, or certified advanced practice nurse prescriber providing
6 expedited partner therapy to that patient under s. 448.035 or 461.035. The
7 information sheet shall include information about sexually transmitted diseases and
8 their treatment and about the risk of drug allergies. The information sheet shall also
9 include a statement advising a person with questions about the information to
10 contact his or her physician, pharmacist, or local health department, as defined in
11 s. 250.01 (4).

12 **SECTION 5.** 48.981 (2m) (b) 1. of the statutes is amended to read:

13 48.981 **(2m)** (b) 1. "Health care provider" means a physician, as defined under
14 s. 448.01 (5), a physician assistant, as defined under s. 448.01 ~~(6)~~ 461.01 (3), or a
15 nurse holding a certificate of registration under s. 441.06 (1) or a license under s.
16 441.10.

17 **SECTION 6.** 50.01 (4p) of the statutes is repealed.

18 **SECTION 7.** 50.08 (2) of the statutes is amended to read:

19 50.08 **(2)** A physician, an advanced practice nurse prescriber certified under
20 s. 441.16 (2), or a physician assistant ~~licensed under ch. 448~~, who prescribes a
21 psychotropic medication to a nursing home resident who has degenerative brain
22 disorder shall notify the nursing home if the prescribed medication has a boxed
23 warning under 21 CFR 201.57.

24 **SECTION 8.** 50.39 (3) of the statutes is amended to read:

50.39 (3) Facilities governed by ss. 45.50, 48.62, 49.70, 49.72, 50.02, 51.09, and 252.10, juvenile correctional facilities as defined in s. 938.02 (10p), correctional institutions governed by the department of corrections under s. 301.02, and the offices and clinics of persons licensed to treat the sick under chs. 446, 447, and 448 are exempt from ss. 50.32 to 50.39. Sections 50.32 to 50.39 do not abridge the rights of the medical examining board, physician assistant examining board, physical therapy examining board, podiatry affiliated credentialing board, dentistry examining board, pharmacy examining board, chiropractic examining board, and board of nursing in carrying out their statutory duties and responsibilities.

SECTION 9. 50.60 (1) of the statutes is amended to read:

50.60 (1) "Health care provider" has the meaning given in s. 146.81 (1) (a) to ~~(hp)~~ (hr).

SECTION 10. 55.14 (8) (b) of the statutes is amended to read:

55.14 (8) (b) Order the individual to comply with the treatment plan under par. (a). The order shall provide that if the individual fails to comply with provisions of the treatment plan that require the individual to take psychotropic medications, the medications may be administered involuntarily with consent of the guardian. The order shall specify the methods of involuntary administration of psychotropic medication to which the guardian may consent. An order authorizing the forcible restraint of an individual shall specify that a person licensed under s. 441.06, 441.10, ~~or 448.05 (2) or (5)~~, or 461.07 shall be present at all times that psychotropic medication is administered in this manner and shall require the person or facility using forcible restraint to maintain records stating the date of each administration, the medication administered, and the method of forcible restraint utilized.

SECTION 11. 69.01 (6g) of the statutes is amended to read:

1 69.01 (6g) “Date of death” means the date that a person is pronounced dead by
2 a physician, coroner, deputy coroner, medical examiner, deputy medical examiner,
3 physician assistant, or hospice nurse.

4 **SECTION 12.** 69.01 (17m) of the statutes is created to read:

5 69.01 (17m) “Physician assistant” means a person licensed under s. 461.07.

6 **SECTION 13.** 69.18 (1) (ck) of the statutes is created to read:

7 69.18 (1) (ck) 1. For purposes of preparation of the certificate of death and in
8 accordance with accepted medical standards, a physician assistant who is directly
9 involved with the care of a patient who dies may pronounce the date, time, and place
10 of the patient’s death if the patient was generally under the care of a physician at the
11 time of death.

12 2. Subdivision 1. may not be construed to authorize a physician assistant to
13 certify under sub. (2) (b) the cause of the patient’s death.

 ****NOTE: This provision allows physician assistants to pronounce death but not
 certify the cause of death and is similar to a provision allowing hospice nurses to
 pronounce death of hospice patients.

14 **SECTION 14.** 70.47 (8) (intro.) of the statutes is amended to read:

15 70.47 (8) HEARING. (intro.) The board shall hear upon oath all persons who
16 appear before it in relation to the assessment. Instead of appearing in person at the
17 hearing, the board may allow the property owner, or the property owner’s
18 representative, at the request of either person, to appear before the board, under
19 oath, by telephone or to submit written statements, under oath, to the board. The
20 board shall hear upon oath, by telephone, all ill or disabled persons who present to
21 the board a letter from a physician, ~~osteopath~~, physician assistant, ~~as defined in s.~~
22 ~~448.01 (6)~~, or advanced practice nurse prescriber certified under s. 441.16 (2) that
23 confirms their illness or disability. At the request of the property owner or the

property owner's representative, the board may postpone and reschedule a hearing under this subsection, but may not postpone and reschedule a hearing more than once during the same session for the same property. The board at such hearing shall proceed as follows:

SECTION 15. 97.67 (5m) (a) 3. of the statutes is amended to read:

97.67 **(5m)** (a) 3. A physician assistant licensed under subch. II of ch. 448 461.

SECTION 16. 118.2925 (1) (f) of the statutes is amended to read:

118.2925 **(1)** (f) "Physician assistant" means a person licensed under s. 448.04 ~~(1)-(f)~~ 461.07.

SECTION 17. 146.38 (1) (b) 1. of the statutes is amended to read:

146.38 **(1)** (b) 1. A person specified in s. 146.81 (1) (a) to ~~(hp)~~ (hr), (r), or (s).

SECTION 18. 146.81 (1) (d) of the statutes is amended to read:

146.81 **(1)** (d) A physician, ~~physician assistant~~, perfusionist, or respiratory care practitioner licensed or certified under subch. II of ch. 448.

SECTION 19. 146.81 (1) (hr) of the statutes is created to read:

146.81 **(1)** (hr) A physician assistant licensed under ch. 461.

SECTION 20. 146.81 (1) (i) of the statutes is amended to read:

146.81 **(1)** (i) A partnership of any providers specified under pars. (a) to ~~(hp)~~ (hr).

SECTION 21. 146.81 (1) (j) of the statutes is amended to read:

146.81 **(1)** (j) A corporation or limited liability company of any providers specified under pars. (a) to ~~(hp)~~ (hr) that provides health care services.

SECTION 22. 146.82 (3) (a) of the statutes is amended to read:

146.82 **(3)** (a) Notwithstanding sub. (1), a physician, physician assistant, as defined in s. 448.01 ~~(6)~~, or advanced practice nurse prescriber certified under s.

1 441.16 (2) who treats a patient whose physical or mental condition in the physician's,
2 physician assistant's, or advanced practice nurse prescriber's judgment affects the
3 patient's ability to exercise reasonable and ordinary control over a motor vehicle may
4 report the patient's name and other information relevant to the condition to the
5 department of transportation without the informed consent of the patient.

6 **SECTION 23.** 146.89 (1) (r) 1. of the statutes is amended to read:

7 146.89 (1) (r) 1. Licensed as a physician under ch. 448, a dentist or dental
8 hygienist under ch. 447, a registered nurse, practical nurse, or nurse-midwife under
9 ch. 441, an optometrist under ch. 449, a physician assistant under ch. 448 461, a
10 pharmacist under ch. 450, a chiropractor under ch. 446, a podiatrist under subch. IV
11 of ch. 448, or a physical therapist under subch. III of ch. 448.

12 **SECTION 24.** 146.997 (1) (d) 5. of the statutes is amended to read:

13 146.997 (1) (d) 5. An occupational therapist, occupational therapy assistant,
14 ~~physician assistant~~ or respiratory care practitioner licensed or certified under ch.
15 448.

16 **SECTION 25.** 146.997 (1) (d) 13m. of the statutes is created to read:

17 146.997 (1) (d) 13m. A physician assistant licensed under ch. 461.

18 **SECTION 26.** 155.01 (7) of the statutes is amended to read:

19 155.01 (7) "Health care provider" means a nurse licensed or permitted under
20 ch. 441, a chiropractor licensed under ch. 446, a dentist licensed under ch. 447, a
21 physician, ~~physician assistant~~, perfusionist, podiatrist, physical therapist, physical
22 therapist assistant, occupational therapist, or occupational therapy assistant
23 licensed under ch. 448, a person practicing Christian Science treatment, an
24 optometrist licensed under ch. 449, a psychologist licensed under ch. 455, a physician
25 assistant licensed under ch. 461, a partnership thereof, a corporation or limited

1 liability company thereof that provides health care services, a cooperative health
2 care association organized under s. 185.981 that directly provides services through
3 salaried employees in its own facility, or a home health agency, as defined in s. 50.49
4 (1) (a).

5 **SECTION 27.** 180.1901 (1m) (h) of the statutes is created to read:

6 180.1901 (1m) (h) Physician assistant examining board under ch. 461.

7 **SECTION 28.** 252.01 (5) of the statutes is repealed.

8 **SECTION 29.** 252.15 (1) (am) of the statutes is amended to read:

9 252.15 (1) (am) "Health care professional" means a physician ~~or physician~~
10 ~~assistant who is licensed under ch. 448 or,~~ a registered nurse or licensed practical
11 ~~nurse who is licensed under ch. 441,~~ or a physician assistant licensed under ch. 461.

12 **SECTION 30.** 252.15 (1) (ar) 1. of the statutes is amended to read:

13 252.15 (1) (ar) 1. A person or entity that is specified in s. 146.81 (1) (a) to (hm),
14 (hr), and (i) to (p).

15 **SECTION 31.** 255.07 (1) (d) of the statutes is amended to read:

16 255.07 (1) (d) "Health care practitioner" means a physician, a physician
17 ~~assistant licensed under s. 448.04 (1) (f),~~ or an advanced practice nurse who is
18 certified to issue prescription orders under s. 441.16.

19 **SECTION 32.** 255.07 (7) of the statutes is amended to read:

20 255.07 (7) HEALTH CARE PROVIDERS. Nothing in this section prohibits a health
21 care provider, as defined in s. 146.81 (1) (a) to ~~(hp)~~ (hr) and (q) to (s), from acting
22 within the scope of practice of the health care provider's license, certificate, permit,
23 or registration.

24 **SECTION 33.** 257.01 (5) (a) of the statutes is amended to read:

1 257.01 (5) (a) An individual who is licensed as a physician,~~a physieian~~
2 ~~assistant~~, or a podiatrist under ch. 448, licensed as a registered nurse, licensed
3 practical nurse, or nurse-midwife under ch. 441, licensed as a dentist under ch. 447,
4 licensed as a pharmacist under ch. 450, licensed as a physician assistant under ch.
5 461, licensed as a veterinarian or certified as a veterinary technician under ch. 89,
6 or certified as a respiratory care practitioner under ch. 448.

7 **SECTION 34.** 257.01 (5) (b) of the statutes is amended to read:

8 257.01 (5) (b) An individual who was at any time within the previous 10 years,
9 but is not currently, licensed as a physician,~~a physician assistant~~, or a podiatrist
10 under ch. 448, licensed as a registered nurse, licensed practical nurse or
11 nurse-midwife, under ch. 441, licensed as a dentist under ch. 447, licensed as a
12 pharmacist under ch. 450, licensed as a physician assistant under ch. 461, licensed
13 as a veterinarian or certified as a veterinary technician under ch. 89, or certified as
14 a respiratory care practitioner under ch. 448, if the individual's license or
15 certification was never revoked, limited, suspended, or denied renewal.

16 **SECTION 35.** 343.16 (5) (a) of the statutes is amended to read:

17 343.16 (5) (a) The secretary may require any applicant for a license or any
18 licensed operator to submit to a special examination by such persons or agencies as
19 the secretary may direct to determine incompetency, physical or mental disability,
20 disease, or any other condition that might prevent such applicant or licensed person
21 from exercising reasonable and ordinary control over a motor vehicle. If the
22 department requires the applicant to submit to an examination, the applicant shall
23 pay for the examination. If the department receives an application for a renewal or
24 duplicate license after voluntary surrender under s. 343.265 or receives a report from
25 a physician, physician assistant, ~~as defined in s. 448.01 (6)~~, advanced practice nurse

1 prescriber certified under s. 441.16 (2), or optometrist under s. 146.82 (3), or if the
2 department has a report of 2 or more arrests within a one-year period for any
3 combination of violations of s. 346.63 (1) or (5) or a local ordinance in conformity with
4 s. 346.63 (1) or (5) or a law of a federally recognized American Indian tribe or band
5 in this state in conformity with s. 346.63 (1) or (5), or s. 346.63 (1m), 1985 stats., or
6 s. 346.63 (2) or (6) or 940.25, or s. 940.09 where the offense involved the use of a
7 vehicle, the department shall determine, by interview or otherwise, whether the
8 operator should submit to an examination under this section. The examination may
9 consist of an assessment. If the examination indicates that education or treatment
10 for a disability, disease or condition concerning the use of alcohol, a controlled
11 substance or a controlled substance analog is appropriate, the department may order
12 a driver safety plan in accordance with s. 343.30 (1q). If there is noncompliance with
13 assessment or the driver safety plan, the department shall revoke the person's
14 operating privilege in the manner specified in s. 343.30 (1q) (d).

15 **SECTION 36.** 440.035 (2m) of the statutes is amended to read:

16 440.035 (2m) The medical examining board, the physician assistant
17 examining board, the podiatry affiliated credentialing board, the board of nursing,
18 the dentistry examining board, or the optometry examining board may issue
19 guidelines regarding best practices in prescribing controlled substances, as defined
20 in s. 961.01 (4), for persons credentialed by that board who are authorized to
21 prescribe controlled substances.

22 **SECTION 37.** 448.01 (6) of the statutes is repealed.

23 **SECTION 38.** 448.015 (4) (am) 2. of the statutes is amended to read:

24 448.015 (4) (am) 2. Any act by a physician ~~or physician assistant~~ in violation
25 of ch. 450 or 961.

1 **SECTION 39.** 448.02 (1) of the statutes is amended to read:

2 448.02 (1) LICENSE. The board may grant licenses, including various classes
3 of temporary licenses, to practice medicine and surgery, to practice as an
4 administrative physician, to practice perfusion, and to practice as an
5 anesthesiologist assistant, ~~and to practice as a physician assistant.~~

6 **SECTION 40.** 448.03 (1) (b) of the statutes is repealed.

7 **SECTION 41.** 448.03 (2) (a) of the statutes is amended to read:

8 448.03 (2) (a) Any person lawfully practicing within the scope of a license,
9 permit, registration, certificate or certification granted to practice midwifery under
10 subch. XIII of ch. 440, to practice professional or practical nursing or
11 nurse-midwifery under ch. 441, to practice chiropractic under ch. 446, to practice
12 dentistry or dental hygiene under ch. 447, to practice optometry under ch. 449, to
13 practice acupuncture under ch. 451 or under any other statutory provision, to
14 practice as a physician assistant under ch. 461, or as otherwise provided by statute.

15 **SECTION 42.** 448.03 (2) (e) of the statutes is amended to read:

16 448.03 (2) (e) Any person other than ~~a physician assistant or an~~
17 ~~anesthesiologist assistant~~ who is providing patient services as directed, supervised
18 and inspected by a physician who has the power to direct, decide and oversee the
19 implementation of the patient services rendered.

20 **SECTION 43.** 448.03 (2) (k) of the statutes is amended to read:

21 448.03 (2) (k) Any persons, other than ~~physician assistants,~~ anesthesiologist
22 ~~assistants,~~ or perfusionists, who assist physicians.

23 **SECTION 44.** 448.03 (3) (e) of the statutes is repealed.

24 **SECTION 45.** 448.03 (5) (b) of the statutes is amended to read:

1 448.03 **(5)** (b) No physician ~~or physician assistant~~ shall be liable for any civil
2 damages for either of the following:

3 1. Reporting in good faith to the department of transportation under s. 146.82
4 (3) a patient's name and other information relevant to a physical or mental condition
5 of the patient which in the physician's ~~or physician assistant's~~ judgment impairs the
6 patient's ability to exercise reasonable and ordinary control over a motor vehicle.

7 2. In good faith, not reporting to the department of transportation under s.
8 146.82 (3) a patient's name and other information relevant to a physical or mental
9 condition of the patient which in the physician's ~~or physician assistant's~~ judgment
10 does not impair the patient's ability to exercise reasonable and ordinary control over
11 a motor vehicle.

12 **SECTION 46.** 448.035 (2) to (4) of the statutes are amended to read:

13 448.035 **(2)** Notwithstanding the requirements of s. 448.30, a physician,
14 ~~physician assistant~~, or certified advanced practice nurse prescriber may provide
15 expedited partner therapy if the patient is diagnosed as infected with a chlamydial
16 infection, gonorrhea, or trichomoniasis and the patient has had sexual contact with
17 a sexual partner during which the chlamydial infection, gonorrhea, or
18 trichomoniasis may have been transmitted to or from the sexual partner. The
19 physician, ~~physician assistant~~, or certified advanced practice nurse prescriber shall
20 attempt to obtain the name of the patient's sexual partner. A prescription order for
21 an antimicrobial drug prepared under this subsection shall include the name and
22 address of the patient's sexual partner, if known. If the physician, ~~physician~~
23 ~~assistant~~, or certified advanced practice nurse prescriber is unable to obtain the
24 name of the patient's sexual partner, the prescription order shall include, in ordinary

1 bold-faced capital letters, the words, “expedited partner therapy” or the letters
2 “EPT.”

3 (3) The physician, ~~physician assistant~~, or certified advanced practice nurse
4 prescriber shall provide the patient with a copy of the information sheet prepared by
5 the department of health services under s. 46.03 (44) and shall request that the
6 patient give the information sheet to the person with whom the patient had sexual
7 contact.

8 (4) (a) Except as provided in par. (b), a physician, ~~physician assistant~~, or
9 certified advanced practice nurse prescriber is immune from civil liability for injury
10 to or the death of a person who takes any antimicrobial drug if the antimicrobial drug
11 is prescribed, dispensed, or furnished under this section and if expedited partner
12 therapy is provided as specified under this section.

13 (b) The immunity under par. (a) does not extend to the donation, distribution,
14 furnishing, or dispensing of an antimicrobial drug by a physician, ~~physician~~
15 ~~assistant~~, or certified advanced practice nurse prescriber whose act or omission
16 involves reckless, wanton, or intentional misconduct.

17 **SECTION 47.** 448.037 (2) (a) (intro.) and (b) and (3) of the statutes are amended
18 to read:

19 448.037 (2) (a) (intro.) A physician ~~or physician assistant~~ may do any of the
20 following:

21 (b) A physician ~~or physician assistant~~ who prescribes or delivers an opioid
22 antagonist under par. (a) 1. shall ensure that the person to whom the opioid
23 antagonist is prescribed has or has the capacity to provide the knowledge and
24 training necessary to safely administer the opioid antagonist to an individual
25 undergoing an opioid-related overdose and that the person demonstrates the

1 capacity to ensure that any individual to whom the person further delivers the opioid
2 antagonist has or receives that knowledge and training.

3 **(3)** A physician ~~or physician assistant~~ who, acting in good faith, prescribes or
4 delivers an opioid antagonist in accordance with sub. (2), or who, acting in good faith,
5 otherwise lawfully prescribes or dispenses an opioid antagonist, shall be immune
6 from criminal or civil liability and may not be subject to professional discipline under
7 s. 448.02 for any outcomes resulting from prescribing, delivering, or dispensing the
8 opioid antagonist.

9 **SECTION 48.** 448.04 (1) (f) of the statutes is repealed.

10 **SECTION 49.** 448.05 (5) of the statutes is repealed.

11 **SECTION 50.** 448.20 of the statutes is repealed.

12 **SECTION 51.** 448.21 of the statutes is repealed.

13 **SECTION 52.** 448.40 (2) (f) of the statutes is repealed.

14 **SECTION 53.** 450.01 (15r) of the statutes is repealed.

15 **SECTION 54.** 450.10 (3) (a) 5. of the statutes is amended to read:

16 450.10 **(3)** (a) 5. A physician, ~~physician assistant~~, podiatrist, physical
17 therapist, physical therapist assistant, occupational therapist, or occupational
18 therapy assistant licensed under ch. 448.

19 **SECTION 55.** 450.10 (3) (a) 12. of the statutes is created to read:

20 450.10 **(3)** (a) 12. A physician assistant licensed under ch. 461.

21 **SECTION 56.** 450.11 (1) of the statutes, as affected by 2017 Wisconsin Act 18,
22 is amended to read:

23 450.11 **(1)** DISPENSING. Except as provided in sub. (1i) (b) 2., no person may
24 dispense any prescribed drug or device except upon the prescription order of a
25 practitioner. All prescription orders shall, except as provided in sub. (1a), specify the

1 date of issue, the name and address of the practitioner, the name and quantity of the
2 drug product or device prescribed, directions for the use of the drug product or device,
3 the symptom or purpose for which the drug is being prescribed if required under sub.
4 (4) (a) 8., and, if the order is written by the practitioner, the signature of the
5 practitioner. Except as provided in ss. 118.2925 (3), 255.07 (2), 441.18 (2) (a) 1.,
6 448.035 (2), and 448.037 (2) (a) 1., 461.035 (2), and 461.037 (2) (a) 1. and except for
7 standing orders issued under s. 441.18 (2) (a) 2. ~~or, 448.037 (2) (a) 2., or 461.037 (2)~~
8 (a) 2., all prescription orders shall also specify the name and address of the patient.
9 A prescription order issued under s. 118.2925 (3) shall specify the name and address
10 of the school. A prescription order issued under s. 255.07 (2) shall specify the name
11 and address of the authorized entity. Any oral prescription order shall be
12 immediately reduced to writing by the pharmacist and filed according to sub. (2).

13 **SECTION 57.** 450.11 (1g) (b) of the statutes is amended to read:

14 450.11 **(1g)** (b) A pharmacist may, upon the prescription order of a practitioner
15 providing expedited partner therapy, as specified in s. 448.035 or 461.035, that
16 complies with the requirements of sub. (1), dispense an antimicrobial drug as a
17 course of therapy for treatment of chlamydial infections, gonorrhea, or
18 trichomoniasis to the practitioner's patient or a person with whom the patient has
19 had sexual contact for use by the person with whom the patient has had sexual
20 contact. The pharmacist shall provide a consultation in accordance with rules
21 promulgated by the board for the dispensing of a prescription to the person to whom
22 the antimicrobial drug is dispensed. A pharmacist providing a consultation under
23 this paragraph shall ask whether the person for whom the antimicrobial drug has
24 been prescribed is allergic to the antimicrobial drug and advise that the person for
25 whom the antimicrobial drug has been prescribed must discontinue use of the

1 antimicrobial drug if the person is allergic to or develops signs of an allergic reaction
2 to the antimicrobial drug.

3 **SECTION 58.** 450.11 (1i) (a) 1. of the statutes is amended to read:

4 450.11 **(1i)** (a) 1. A pharmacist may, upon and in accordance with the
5 prescription order of an advanced practice nurse prescriber under s. 441.18 (2) (a) 1.,
6 ~~or of a physician or physician assistant under s. 448.037 (2) (a) 1.,~~ or of a physician
7 assistant under s. 461.037 (2) (a) 1. that complies with the requirements of sub. (1),
8 deliver an opioid antagonist to a person specified in the prescription order and may,
9 upon and in accordance with the standing order of an advanced practice nurse
10 prescriber under s. 441.18 (2) (a) 2., ~~or of a physician or physician assistant under~~
11 ~~s. 448.037 (2) (a) 2.,~~ or of a physician assistant under s. 461.037 (2) (a) 2. that complies
12 with the requirements of sub. (1), deliver an opioid antagonist to an individual in
13 accordance with the order. The pharmacist shall provide a consultation in
14 accordance with rules promulgated by the board for the delivery of a prescription to
15 the person to whom the opioid antagonist is delivered.

16 **SECTION 59.** 450.11 (1i) (b) 2. c. of the statutes is amended to read:

17 450.11 **(1i)** (b) 2. c. A physician ~~or physician assistant~~ may only deliver or
18 dispense an opioid antagonist in accordance with s. 448.037 (2) or in accordance with
19 his or her other legal authority to dispense prescription drugs.

20 **SECTION 60.** 450.11 (1i) (b) 2. cm. of the statutes is created to read:

21 450.11 **(1i)** (b) 2. cm. A physician assistant may only deliver or dispense an
22 opioid antagonist in accordance with s. 461.037 (2) or in accordance with his or her
23 other legal authority to dispense prescription drugs.

24 **SECTION 61.** 450.11 (1i) (c) 2. of the statutes is amended to read:

450.11 (1i) (c) 2. Subject to par. (a) 2. and ss. 441.18 (3) and, 448.037 (3), and 461.037 (3), any person who, acting in good faith, delivers or dispenses an opioid antagonist to another person shall be immune from civil or criminal liability for any outcomes resulting from delivering or dispensing the opioid antagonist.

SECTION 62. 450.11 (8) (b) of the statutes is amended to read:

450.11 **(8) (b)** The medical examining board, insofar as this section applies to physicians and physician assistants.

SECTION 63. 450.11 (8) (f) of the statutes is created to read:

450.11 **(8) (f)** The physician assistant examining board, insofar as this section applies to physician assistants.

SECTION 64. Chapter 461 of the statutes is created to read:

CHAPTER 461

PHYSICIAN ASSISTANTS

461.01 Definitions. In this chapter, unless the context requires otherwise:

(1) “Board” means the physician assistant examining board.

(2) “Collaboration” means a process in which a physician assistant and one or more physicians jointly contribute to the health care and medical treatment of a patient, with each collaborator performing actions that he or she is licensed or otherwise authorized to perform.

(3) “Physician assistant” means a person licensed under this chapter.

461.03 License required; exceptions. (1) No person may do any of the following unless he or she is licensed by the board under s. 461.07:

(a) Practice as a physician assistant.

(b) Represent himself or herself as a “physician assistant” or “physician associate,” use or assume the title “physician assistant” or “physician associate,” or

1 append to the person's name the words or letters "physician assistant," "physician
2 associate," "PA," "PA-C," or any other titles, letters, or designation that represents
3 or may tend to represent the person as a physician assistant.

4 (2) Subsection (1) does not apply with respect to any of the following:

5 (a) A student enrolled in an accredited physician assistant educational
6 program.

7 (b) An individual employed by the federal government while performing duties
8 incident to that employment, unless a license under this chapter is required by the
9 federal government.

10 (c) Any person lawfully practicing within the scope of a license, permit,
11 registration, certificate, or certification granted under chs. 440 to 480.

12 (3) Subsection (1) (b) does not apply to a person who satisfies the requirement
13 under s. 461.07 (1) (c) but who is not licensed under this chapter.

14 **461.035 Expedited partner therapy. (1)** In this section:

15 (b) "Antimicrobial drug" has the meaning given in s. 448.035 (1) (b).

16 (c) "Expedited partner therapy" has the meaning given in s. 448.035 (1) (c).

17 (2) Notwithstanding the requirements of s. 461.40, a physician assistant may
18 provide expedited partner therapy if a patient is diagnosed as infected with a
19 chlamydial infection, gonorrhea, or trichomoniasis and the patient has had sexual
20 contact with a sexual partner during which the chlamydial infection, gonorrhea, or
21 trichomoniasis may have been transmitted to or from the sexual partner. The
22 physician assistant shall attempt to obtain the name of the patient's sexual partner.
23 A prescription order for an antimicrobial drug prepared under this subsection shall
24 include the name and address of the patient's sexual partner, if known. If the
25 physician assistant is unable to obtain the name of the patient's sexual partner, the

1 prescription order shall include, in ordinary bold-faced capital letters, the words,
2 “expedited partner therapy” or the letters “EPT.”

3 (3) The physician assistant shall provide the patient with a copy of the
4 information sheet prepared by the department of health services under s. 46.03 (44)
5 and shall request that the patient give the information sheet to the person with
6 whom the patient had sexual contact.

7 (4) (a) Except as provided in par. (b), a physician assistant is immune from civil
8 liability for injury to or the death of a person who takes any antimicrobial drug if the
9 antimicrobial drug is prescribed, dispensed, or furnished under this section and if
10 expedited partner therapy is provided as specified under this section.

11 (b) The immunity under par. (a) does not extend to the donation, distribution,
12 furnishing, or dispensing of an antimicrobial drug by a physician assistant whose act
13 or omission involves reckless, wanton, or intentional misconduct.

14 **461.037 Prescriptions for and delivery of opioid antagonists. (1)** In this
15 section:

16 (a) “Administer” has the meaning given in s. 450.01 (1).

17 (b) “Deliver” has the meaning given in s. 450.01 (5).

18 (c) “Dispense” has the meaning given in s. 450.01 (7).

19 (d) “Opioid antagonist” has the meaning given in s. 450.01 (13v).

20 (e) “Opioid-related drug overdose” has the meaning given in s. 256.40 (1) (d).

21 (f) “Standing order” has the meaning given in s. 450.01 (21p).

22 (2) (a) A physician assistant may do any of the following:

23 1. Prescribe an opioid antagonist to a person in a position to assist an individual
24 at risk of undergoing an opioid-related drug overdose and may deliver the opioid
25 antagonist to that person. A prescription order under this subdivision need not

1 specify the name and address of the individual to whom the opioid antagonist will
2 be administered, but shall instead specify the name of the person to whom the opioid
3 antagonist is prescribed.

4 2. Issue a standing order to one or more persons authorizing the dispensing of
5 an opioid antagonist.

6 (b) A physician assistant who prescribes or delivers an opioid antagonist under
7 par. (a) 1. shall ensure that the person to whom the opioid antagonist is prescribed
8 has or has the capacity to provide the knowledge and training necessary to safely
9 administer the opioid antagonist to an individual undergoing an opioid-related
10 overdose and that the person demonstrates the capacity to ensure that any
11 individual to whom the person further delivers the opioid antagonist has or receives
12 that knowledge and training.

13 (3) A physician assistant who, acting in good faith, prescribes or delivers an
14 opioid antagonist in accordance with sub. (2), or who, acting in good faith, otherwise
15 lawfully prescribes or dispenses an opioid antagonist, shall be immune from criminal
16 or civil liability and may not be subject to professional discipline under s. 461.30 for
17 any outcomes resulting from prescribing, delivering, or dispensing the opioid
18 antagonist.

19 **461.05 Powers and duties of board.** (1) The board shall promulgate rules
20 establishing the scope of practice for physician assistants.

21 (2) The board shall promulgate rules implementing s. 461.40.

22 (3) The board may promulgate other rules to carry out the purposes of this
23 subchapter, including rules defining what constitutes immoral or unprofessional
24 conduct for physician assistants for purposes of s. 461.30 (2) (d).

1 (4) The board shall include in the register the board maintains under s. 440.035
2 (1m) (d) the names of all persons whose licenses issued under this chapter were
3 suspended or revoked within the past 2 years. The register shall be available for
4 purchase at cost.

5 (5) The board may join multistate regulator organizations.

6 **461.07 License; renewal.** (1) The board shall grant an initial license to
7 practice as a physician assistant to any person who satisfies all of the following
8 requirements, as determined by the board:

9 (a) The person submits an application on a form provided by the department
10 and pays the initial credential fee determined by the department under s. 440.03 (9)
11 (a).

12 (b) The person is at least 18 years of age.

13 (c) The person satisfies one of the following:

14 1. The person has successfully completed an educational program for physician
15 assistants accredited by the Accreditation Review Commission on Education for the
16 Physician Assistant or its successor or, prior to 2001, by the Committee on Allied
17 Health Education and Accreditation or the Commission on Accreditation of Allied
18 Health Education Programs.

19 2. If the person does not satisfy subd. 1., the person, prior to January 1, 1986,
20 successfully passed the Physician Assistant National Certifying Examination
21 administered by the National Commission on Certification of Physician Assistants.

22 3. The person provides evidence that he or she is licensed as a physician
23 assistant in another state, the District of Columbia, Puerto Rico, the United States
24 Virgin Islands, or any territory or insular possession subject to the jurisdiction of the
25 United States.

(d) The person passes an examination adopted by the board.

****NOTE: Just to be clear, someone licensed in another state would need to have passed this exam too.

(e) The person provides a listing with all employers, practice settings, internships, residencies, fellowships, and other employment for the past 7 years.

(f) The person provides a copy of the results of a self-query from the National Practitioner Data Bank.

(g) Subject to ss. 111.321, 111.322, and 111.335, the person does not have an arrest or conviction record.

(2) The renewal date for a license issued under this chapter is specified under s. 440.08 (2) (a), and the renewal fees for such licenses are determined by the department under s. 440.03 (9) (a). Renewal of a license is subject to s. 461.15.

(3) Notwithstanding sub. (1), an individual who, on the effective date of this subsection [LRB inserts date], was licensed by the medical examining board as a physician assistant under subch. II of ch. 448, 2015 stats., shall be considered to have been licensed under sub. (1) for purposes of this chapter.

461.10 Practice; civil immunity. (1) (a) Except as provided in par. (b), a physician assistant may provide any medical service authorized in the rules promulgated under s. 461.05 (1) that is within his or her skill, education, and training.

****NOTE: So I provided that the board could determine the scope of practice of a PA, and that a PA could do anything within that scope that is within his or her skill, education, and training. Is this correct?

(b) No physician assistant may provide medical care, except routine screening, in any of the following:

1. The practice of dentistry or dental hygiene within the meaning of ch. 447.
2. The practice of optometry within the meaning of ch. 449.

1 3. The practice of chiropractic within the meaning of ch. 446.

2 4. The practice of podiatry within the meaning of s. 448.60 (4).

3 5. The practice of acupuncture within the meaning of ch. 451.

4 **(2)** A physician assistant shall practice in a collaborative health care
5 environment with one or more physicians and other health care professionals. This
6 subsection does not require the physical presence of a physician at the time and place
7 a physician assistant renders a service.

8 **(3)** (a) It shall be the obligation of an employer of a physician assistant to ensure
9 all of the following:

10 1. That the scope of the practice of a physician assistant is identified and is
11 appropriate with respect to his or her skill, education, and training.

12 2. That the relationship with and access to a physician by the physician
13 assistant is defined.

14 (b) An employer of a physician assistant shall assume legal responsibility for
15 any medical care provided by the physician assistant during the employment. An
16 employer of a physician assistant, if other than a licensed physician, shall provide
17 for and not interfere with collaboration between the physician assistant and a
18 licensed physician.

19 **(4)** A physician assistant may order, prescribe, procure, dispense, and
20 administer prescription drugs, subject to any limitations established in rules
21 promulgated by the board.

22 **(5)** No physician assistant shall be liable for any civil damages for either of the
23 following:

24 (a) Reporting in good faith to the department of transportation under s. 146.82

25 (3) a patient's name and other information relevant to a physical or mental condition

1 of the patient which in the physician assistant's judgment impairs the patient's
2 ability to exercise reasonable and ordinary control over a motor vehicle.

3 (b) In good faith, not reporting to the department of transportation under s.
4 146.82 (3) a patient's name and other information relevant to a physical or mental
5 condition of the patient which in the physician assistant's judgment does not impair
6 the patient's ability to exercise reasonable and ordinary control over a motor vehicle.

7 **461.15 Return to practice.** (1) In this section, "clinically inactive" means
8 a person who was issued a license to practice as a physician assistant by any
9 jurisdiction or was employed as a physician assistant by the federal government and
10 who, within the past 24 months, has not done any of the following:

11 (a) Practiced as a physician assistant.

12 (b) Been employed by an accredited physician assistant educational program,
13 as determined by the board by rule.

14 (2) A person who is clinically inactive and who wishes to return to practice or
15 a person who has failed to renew his or her license under this chapter more than one
16 year after the renewal date shall apply to the board to return to practice and shall,
17 notwithstanding s. 440.08 (3) (b), do all of the following:

18 (a) Complete a reentry plan approved by the board.

19 (b) Comply with any practice conditions imposed by the board.

20 (c) Pay the late renewal fee under s. 440.08 (3) (a), if applicable.

21 (3) The board shall promulgate rules for reentry plans under sub. (2) (a).

22 **461.30 Professional discipline.** (1) Subject to the rules promulgated under
23 s. 440.03 (1), the board may conduct investigations and hearings to determine
24 whether a person has violated this chapter or a rule promulgated under this chapter.

1 **(2)** Subject to the rules promulgated under s. 440.03 (1), if a person who applies
2 for or holds a license issued under s. 461.07 does any of the following, the board may
3 reprimand the person or deny, limit, suspend, or revoke the person's license:

4 (a) Makes a material misstatement in an application for a license or an
5 application for renewal of a license under s. 461.07.

6 (b) Violates any law of this state or federal law that substantially relates to the
7 practice of a physician assistant, violates this chapter, or violates a rule promulgated
8 under this chapter.

9 (c) Advertises, practices, or attempts to practice under another person's name.

10 (d) Engages in immoral or unprofessional conduct. In this paragraph,
11 "unprofessional conduct" does not include any of the following:

12 1. Providing expedited partner therapy as described in s. 461.035.

13 2. Prescribing or delivering an opioid antagonist in accordance with s. 461.037

14 (2).

15 (e) Subject to ss. 111.321, 111.322, and 111.335, is arrested for or convicted of
16 a felony.

17 (f) Subject to ss. 111.321, 111.322, and 111.34, practices as a physician assistant
18 while his or her ability is impaired by alcohol or other drugs.

19 (g) Engages in fraud or deceit in obtaining or using his or her license.

20 (h) Is adjudicated mentally incompetent by a court.

21 (i) Demonstrates gross negligence, incompetence, or misconduct in practice.

22 (j) Violates patient confidentiality, except where required or authorized by law.

23 (k) Fails to cooperate with the board, or fails to timely respond to a request for
24 information by the board, in connection with an investigation under this section.

1 (L) Prescribes, sells, administers, distributes, orders, or provides a controlled
2 substance for a purpose other than a medical purpose.

3 (m) Demonstrates a lack of physical or mental ability to safely practice as a
4 physician assistant.

5 (n) Engages in any practice that is outside the scope of his or her skill,
6 education, or training.

***NOTE: I added this. OK?

7 (o) Is disciplined or has been disciplined by another state or jurisdiction based
8 upon acts or conduct similar to acts or conduct prohibited under pars. (a) to (n).

9 (3) In addition to or in lieu of a reprimand or limitation, suspension, or
10 revocation of a license under sub. (2), the board may assess against any person who
11 violates sub. (2) (a) to (o) a forfeiture of no more than \$1,000 for each violation.

12 **461.40 Informed consent.** Any physician assistant who treats a patient shall
13 inform the patient about the availability of reasonable alternate medical modes of
14 treatment and about the benefits and risks of these treatments. The reasonable
15 physician assistant standard is the standard for informing a patient under this
16 section. The reasonable physician assistant standard requires disclosure only of
17 information that a reasonable physician assistant in the same or a similar medical
18 specialty would know and disclose under the circumstances. The physician
19 assistant's duty to inform the patient under this section does not require disclosure
20 of any of the following:

21 (2) Detailed technical information that in all probability a patient would not
22 understand.

23 (3) Risks apparent or known to the patient.

1 (4) Extremely remote possibilities that might falsely or detrimentally alarm
2 the patient.

3 (5) Information in emergencies where failure to provide treatment would be
4 more harmful to the patient than treatment.

5 (6) Information in cases where the patient is incapable of consenting.

6 (7) Information about alternate medical modes of treatment for any condition
7 the physician assistant has not included in his or her diagnosis at the time the
8 physician informs the patient.

9 **461.50 Penalties.** Any person who violates this chapter is subject to a fine not
10 to exceed \$10,000 or imprisonment not to exceed 9 months, or both.

11 **SECTION 65.** 462.02 (2) (e) of the statutes is amended to read:

12 462.02 (2) (e) A physician assistant licensed under s. 448.04 (1) (f) 461.07.

13 **SECTION 66.** 462.04 of the statutes is amended to read:

14 **462.04 Prescription or order required.** A person who holds a license or
15 limited X-ray machine operator permit under this chapter may not use diagnostic
16 X-ray equipment on humans for diagnostic purposes unless authorized to do so by
17 prescription or order of a physician licensed under s. 448.04 (1) (a), a dentist licensed
18 under s. 447.04 (1), a podiatrist licensed under s. 448.63, a chiropractor licensed
19 under s. 446.02, an advanced practice nurse certified under s. 441.16 (2), a physician
20 assistant licensed under s. 448.04 (1) (f) 461.07, or, subject to s. 448.56 (7) (a), a
21 physical therapist licensed under s. 448.53.

22 **SECTION 67.** 895.48 (1m) (a) (intro.) of the statutes, as affected by 2017
23 Wisconsin Act 12, is amended to read:

24 895.48 (1m) (a) (intro.) Except as provided in par. (b), any physician, physician
25 assistant, podiatrist, or athletic trainer licensed under ch. 448, chiropractor licensed

1 under ch. 446, dentist licensed under ch. 447, physician assistant licensed under ch.
2 461, emergency medical services practitioner licensed under s. 256.15, emergency
3 medical responder certified under s. 256.15 (8), registered nurse licensed under ch.
4 441, or a massage therapist or bodywork therapist licensed under ch. 460 who
5 renders voluntary health care to a participant in an athletic event or contest
6 sponsored by a nonprofit corporation, as defined in s. 66.0129 (6) (b), a private school,
7 as defined in s. 115.001 (3r), a tribal school, as defined in s. 115.001 (15m), a public
8 agency, as defined in s. 46.856 (1) (b), or a school, as defined in s. 609.655 (1) (c), is
9 immune from civil liability for his or her acts or omissions in rendering that care if
10 all of the following conditions exist:

11 **SECTION 68.** 961.01 (19) (a) of the statutes is amended to read:

12 961.01 (19) (a) A physician, advanced practice nurse, dentist, veterinarian,
13 podiatrist, optometrist, scientific investigator or, ~~subject to s. 448.21 (3),~~ a physician
14 assistant, or other person licensed, registered, certified or otherwise permitted to
15 distribute, dispense, conduct research with respect to, administer or use in teaching
16 or chemical analysis a controlled substance in the course of professional practice or
17 research in this state.

18 **SECTION 69.** 971.14 (4) (a) of the statutes is amended to read:

19 971.14 (4) (a) The court shall cause copies of the report to be delivered forthwith
20 to the district attorney and the defense counsel, or the defendant personally if not
21 represented by counsel. Upon the request of the sheriff or jailer charged with care
22 and control of the jail in which the defendant is being held pending or during a trial
23 or sentencing proceeding, the court shall cause a copy of the report to be delivered
24 to the sheriff or jailer. The sheriff or jailer may provide a copy of the report to the
25 person who is responsible for maintaining medical records for inmates of the jail, or

1 to a nurse licensed under ch. 441, to a physician assistant licensed under ch. 461, or
2 to a physician ~~or physician assistant~~ licensed under subch. II of ch. 448 who is a
3 health care provider for the defendant or who is responsible for providing health care
4 services to inmates of the jail. The report shall not be otherwise disclosed prior to
5 the hearing under this subsection.

6 **SECTION 70.** 990.01 (27s) of the statutes is created to read:

7 990.01 (27s) PHYSICIAN ASSISTANT. "Physician assistant" means a person
8 licensed as a physician assistant under ch. 461.

9 **SECTION 71. Nonstatutory provisions.**

10 (1) BOARD; INITIAL TERMS. Notwithstanding the length of terms specified for the
11 members of the physician assistant examining board under section 15.405 (4) of the
12 statutes, as created by this act, 2 of the initial members shall be appointed for terms
13 expiring on July 1, 2019; 2 of the initial members shall be appointed for terms
14 expiring on July 1, 2020; and the remaining initial member shall be appointed for a
15 term expiring on July 1, 2021.

16 (2) BOARD; PROVISIONAL APPOINTMENTS. Notwithstanding section 15.08 (1) of the
17 statutes, the governor may provisionally appoint initial members of the physician
18 assistant examining board under section 15.405 (4) of the statutes, as created by this
19 act. Those provisional appointments remain in force until withdrawn by the
20 governor or acted upon by the senate, and if confirmed by the senate shall continue
21 for the remainder of the unexpired term, if any, of the member and until a successor
22 is chosen and qualifies. A provisional appointee may exercise all the powers and
23 duties of board membership to which the person is appointed during the time in
24 which the appointee qualifies.

1 (3) **EMERGENCY RULES.** Using the procedure under section 227.24 of the statutes,
2 the physician assistant examining board may promulgate emergency rules under
3 section 461.05 of the statutes, as created by this act. Notwithstanding section 227.24
4 (1) (c) and (2) of the statutes, emergency rules promulgated under this subsection
5 remain in effect for 2 years or until the date on which permanent rules take effect,
6 whichever is sooner. Notwithstanding section 227.24 (1) (a) and (3) of the statutes,
7 the board is not required to provide evidence that promulgating a rule under this
8 subsection as an emergency rule is necessary for the preservation of the public peace,
9 health, safety, or welfare and is not required to provide a finding of emergency for a
10 rule promulgated under this subsection.

11 (4) **BOARD; TRANSFERS.**

12 (a) *Tangible personal property.* On the effective date of this paragraph, all
13 tangible personal property, including records, of the medical examining board that
14 the secretary of safety and professional services determines to be primarily related
15 to the regulation of physician assistants is transferred to the physician assistant
16 examining board.

17 (b) *Pending matters.* Any matter pending with the medical examining board
18 on the effective date of this paragraph that is primarily related to the regulation of
19 physician assistants, as determined by the secretary of safety and professional
20 services, is transferred to the physician assistant examining board. All materials
21 submitted to or actions taken by the medical examining board with respect to the
22 pending matter are considered as having been submitted to or taken by the physician
23 assistant examining board.

24 (c) *Contracts.* All contracts entered into by the medical examining board in
25 effect on the effective date of this paragraph that are primarily related to the

1 regulation of physician assistants, as determined by the secretary of safety and
2 professional services, remain in effect and are transferred to the physician assistant
3 examining board. The physician assistant examining board shall carry out any
4 obligations under such a contract until the contract is modified or rescinded by the
5 physician assistant examining board to the extent allowed under the contract.

6 (d) *Assets and liabilities.* On the effective date of this paragraph, the assets and
7 liabilities of the medical examining board that are primarily related to the regulation
8 of physician assistants, as determined by the secretary of safety and professional
9 services, become the assets and liabilities of the physician assistant examining
10 board.

11 (e) *Rules and orders.* All rules promulgated by the medical examining board
12 in effect on the effective date of this paragraph that are primarily related to the
13 regulation of physician assistants remain in effect until their specified expiration
14 dates or until amended or repealed by the physician assistant examining board. All
15 orders issued by the medical examining board in effect on the effective date of this
16 paragraph that are primarily related to the regulation of physician assistants
17 remain in effect until their specified expiration dates or until modified or rescinded
18 by the physician assistant examining board.

19 **SECTION 72. Effective dates.** This act takes effect on the first day of the 13th
20 month beginning after publication, except as follows:

21 (1) **BOARD APPOINTMENT.** The treatment of section 15.405 (4) of the statutes and
22 SECTION 71 (1), (2), and (3) of this act takes effect on the day after publication.

23 (END)

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Gretchen Mrozinski		2) Date When Request Submitted: May 23, 2017 <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: Council on Physician Assistants									
4) Meeting Date: 10/26/2017	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Notification of DSPS Regarding Change in Supervising Physician - 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? <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: The Division of Professional Credential Processing within the Department notified the Division of Legal Services and Compliance that it is not uncommon for a physician assistant to notify the Credentialing Division of a change in supervising physician more than 20 days after the change takes place. Wis. Admin. Code s. MED 8.05 (4) requires notification within 20 days of any change of a supervising physician. Once the information is received by the Division, it is posted on the DSPS website for interested individuals to view. However, if the information is not received in a timely manner, the information contained on the website may reflect the wrong supervising physician.									
11) Authorization <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Signature of person making this request</td> <td style="width: 40%; border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Supervisor (if required)</td> <td style="width: 40%; border-bottom: 1px solid black;">Date</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date</td> </tr> </table>				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	
Signature of person making this request	Date								
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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: Kimberly Wood, Program Assistant Supervisor – On behalf of Tom Ryan Executive Director		2) Date When Request Submitted: 10/23/17 <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: Council on Physician Assistants			
4) Meeting Date: 10/26/2017	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Prescribing of Buprenorphine for the Treatment of Addiction – Discussion of Correspondence Received from the American Academy of Physician Assistants, American Society of Addition Medicine and the American Association of Nurse Practitioners	
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: The Council should review and discussed the attached letter sent to Jennifer Jarrett, Chair – Council on Physician Assistants.			
11) Authorization <div style="display: flex; justify-content: space-between; border-top: 1px solid black; padding-top: 5px;"> <div style="width: 60%;"> <i>Kimberly Wood</i> Signature of person making this request </div> <div style="width: 35%; text-align: right;"> 10/23/2017 Date </div> </div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; padding-top: 5px; margin-top: 10px;"> <div style="width: 60%;"> Supervisor (if required) </div> <div style="width: 35%; text-align: right;"> Date </div> </div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; padding-top: 5px; margin-top: 10px;"> <div style="width: 70%;"> Executive Director signature (indicates approval to add post agenda deadline item to agenda) </div> <div style="width: 30%; text-align: right;"> Date </div> </div>			
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.			



ASAM American Society of
Addiction Medicine

October 13, 2017

Jennifer L. Jarrett, PA-C
Wisconsin Council on Physician Assistants
Wisconsin Department of Safety and Professional Services
P.O. Box 8935
Madison, Wisconsin 53708

Dear PA Jarrett:

On behalf of the American Society of Addiction Medicine (ASAM), the American Association of Nurse Practitioners (AANP), and the American Academy of Physician Assistants (AAPA), who collectively represent over 350,000 clinicians, we would like to take this opportunity to discuss with you the matter of ensuring Nurse Practitioners (NPs) and Physician Assistants (PAs) are able to prescribe buprenorphine for the treatment of addiction. With the opioid addiction and overdose crisis continuing to significantly impact the country, ASAM, AANP, and AAPA encourage you to facilitate this important new Federal innovation.

ASAM, AANP, and AAPA are dedicated to increasing access to and improving the quality of addiction treatment for patients across the country. We are also committed to promoting the appropriate role of the clinician in the care of patients with addiction. We recognize that States, through laws, regulations, guidelines, and policies significantly impact how substance use disorder and addiction treatment is provided to its citizens.

As you are likely aware, last July President Obama signed the Comprehensive Addiction and Recovery Act (CARA) into law. CARA is a sweeping bill that came together over the course of several years with input from hundreds of addiction treatment advocates. Its provisions address the full continuum of care from primary prevention to recovery support, including significant changes to expand access to addiction treatment services and overdose reversal medications.

One major provision of CARA is the authorization of prescribing privileges to NPs and PAs for FDA approved opioid treatment medications containing buprenorphine, a Schedule III controlled substance. Under CARA, NPs and PAs must complete 24 hours of training to be eligible for a waiver to prescribe and must be supervised by or work in collaboration with a qualifying physician (defined under Federal law as a physician that is an addiction specialist or has taken the appropriate training), *if supervision or collaboration is required by state law*. It is important to realize that ASAM collaborated with the AANP and the AAPA to help develop the curriculum and the training to meet this training requirement.

This is a substantial change in practice, as it was when the Drug Addiction Treatment Act (DATA) of 2000 provided this authority to physicians, reversing a Federal prohibition that had been in place since 1914. As such, many of

our own NP and PA members, as well as those represented by allied stakeholders, have expressed uncertainty about State laws and regulations that may affect their ability to treat patients under this new paradigm.

As such, it would be helpful if the applicable State Boards could issue information to their respective NP or PA licensees to clarify the requirements that these health care professionals need to be aware of as they begin to consider treating patients. This important guidance could be in the form of a Dear Colleague letter, an update in a newsletter, or other methods. In so doing, we encourage regulatory boards to use the least restrictive language possible, and state that NPs and PAs who meet the qualifications, complete the required training, and receive a waiver from the Drug Enforcement Administration (DEA) may prescribe and/or provide buprenorphine for the treatment of opioid addiction as part of medication-assisted treatment (MAT).

Of note, the Substance Abuse and Mental Health Services Administration (SAMHSA) has indicated that if collaboration or supervision *is required by state law* it will interpret CARA in such a way that NPs and PAs will not be required to collaborate with or be supervised by a waived physician as a condition of their own waiver, as long as they and their associated physician otherwise meet the requirements of the program. We urge state regulators to follow this approach, and allow NPs and PAs to practice with an eligible, but unwaivered, qualified physician *if supervision or collaboration is required by state law*.

ASAM, AANP, and AAPA share the States' goal in increasing access to and improving the quality of comprehensive addiction treatment services for all patients, as well as promoting the appropriate role of the clinician in the care of patients with addiction. We are committed to working with you on promoting access to this high quality, evidence-based treatment that best meets the needs of the patient. If AANP, AAPA, and ASAM can be of any assistance passing on information from your state's Board to our members we would be happy to do so. Please do not hesitate to contact Brad Bachman, ASAM's Manager of State Government Relations, at (301) 547-4107 or bbachman@asam.org, if we can be of service to you. We look forward to working with you.

Sincerely,



Kelly J. Clark, MD, MBA, DFAPA, DFASAM
President, American Society of Addiction Medicine



L. Gail Curtis, MPAS, PA-C, DFAAPA
President, American Academy of Physician Assistants



Joyce M. Knestrick, PhD, C-FNP, FAANP
President, American Association of Nurse Practitioners

CONFIDENTIAL
APR 11 2017
11:00 AM

**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 On behalf of Tom Ryan, Executive Director		2) Date When Request Submitted: 09/07/2017 <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: Council on Physician Assistants															
4) Meeting Date: 10/26/2017	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Senate Bill 288 and 296 - 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? <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: Please click links below to view: Senate Bill 288 - https://docs.legis.wisconsin.gov/2017/related/proposals/sb288.pdf Senate Bill 296 - https://docs.legis.wisconsin.gov/2017/related/proposals/sb296.pdf															
11) Authorization <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Nifty Lynn Dio</td> <td style="width: 40%; text-align: right;">09/07/2017</td> </tr> <tr> <td>Signature of person making this request</td> <td style="text-align: right;">Date</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td>Supervisor (if required)</td> <td style="text-align: right;">Date</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td colspan="2">Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date</td> </tr> </table>				Nifty Lynn Dio	09/07/2017	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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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: Jennifer Jarrett		2) Date When Request Submitted: 10/3/2017 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: 10//26/2017	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Request for Additional PA Council Meetings	
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, who is appearing? <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: Jennifer Jarrett would like to discuss opportunities to meet as needed to discuss legislative matters during this legislative session.			
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	