



COUNCIL ON PHYSICIAN ASSISTANTS
Room N208, 4822 Madison Yards Way, Madison
Contact: Tom Ryan (608) 266-2112
November 15, 2018

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 (1-3)**
- B) Approval of Minutes of June 7, 2018 (4)**
- C) Conflicts of Interest**
- D) Administrative Updates**
 - 1. Department and Staff Updates
 - 2. Introductions, Announcements, and Recognition
 - 3. Council Members – Council Member Status
 - a. Jeremiah Barrett – 7/1/2020
 - b. Jennifer Jarrett – 7/1/2019
 - c. Nadine Miller – 7/1/2020
 - d. Jody Wilkins – 7/1/2017
 - e. Vacant - Public Member
- E) 9:00 A.M. APPEARANCE: Wisconsin Academy of Physician Assistants (WAPA) – Reid Bowers, WAPA Advocacy Committee (5)**
 - 1. Update on CARES Act
 - 2. Supervision of Physician Assistants by Podiatrists
- F) Legislative and Administrative Rule Matters – Discussion and Consideration (6)**
 - 1. Update on the Podiatry Affiliated Credentialing Board’s Rulemaking Project, Relating to Practice Standards for a Physician Assistant Practicing Podiatry
 - 2. Updated on Legislation and Pending or Possible Rulemaking Projects
- G) Prescription Drug Monitoring Program (PDMP) Update – Discussion and Consideration (7-20)**
- H) Wisconsin Fair Employment Act (21-33)**

I) Credentialing Matters – Discussion and Consideration (34-35)

1. Discuss Findings of Physician Assistants Self-Reporting National Practitioner Data Bank (NPDB) Information with Applications for Licensure
2. Review of Physician and Physician Assistant Licensing Matters
 - a. Impairment
 - b. Other

J) Medical Examining Board Meetings

1. Updates

K) Wisconsin Association of Physician Assistants (WAPA) Matters

1. WAPA Updates

L) American Association of Physician Assistants (AAPA) Matters

1. AAPA Updates

M) 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

N) Public Comments

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

O) Deliberation of Items Added After Preparation of the Agenda

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

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

P) Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

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

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

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

ADJOURNMENT

ORAL EXAMINATION OF CANDIDATES FOR LICENSURE

ROOM N207

10:30 A.M., OR IMMEDIATELY FOLLOWING THE FULL COUNCIL MEETING

CLOSED SESSION – Reviewing Applications and Conducting Oral Examination of One (1) Candidate(s) for Licensure, at time of agenda publication – Jeremiah Barrett, Nadine Miller, and Jennifer Jarrett.

NEXT MEETING DATE: APRIL 9, 2019

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

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held at 4822 Madison Yards Way, Madison, Wisconsin, unless otherwise noted. In order to confirm a meeting or to request a complete copy of the board's agenda, please call the listed contact person. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of disciplinary hearings may be changed by the examiner for the convenience of the parties. Interpreters for the hearing impaired provided upon request by contacting the Affirmative Action Officer, 608-266-2112.

**COUNCIL ON PHYSICIAN ASSISTANTS
MEETING MINUTES
June 7, 2018**

PRESENT: Jeremiah Barrett, Jennifer Jarrett, Nadine Miller, Jody Wilkins

STAFF: Tom Ryan, Executive Director; Kate Stolarzyk, Bureau Assistant; and other Department staff

CALL TO ORDER

Jennifer Jarrett, Chair, called the meeting to order at 8:59 a.m. A quorum of four (4) members was confirmed.

ADOPTION OF AGENDA

Amendments to the Agenda:

- *Under Item E, 2: Change “Updated” to “Updates”*

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

APPROVAL OF MINUTES

MOTION: Jody Wilkins moved, seconded by Nadine Miller, to approve the minutes of April 11, 2018 as published. Motion carried unanimously.

LEGISLATIVE AND ADMINISTRATIVE RULE MATTERS

Recommendations to the Podiatry Affiliated Credentialing Board – Practice Standards for a Physician Assistant Practicing Podiatry

MOTION: Jeremiah Barrett moved, seconded by Jody Wilkins, to recommend to the Podiatry Affiliated Credentialing Board that Podiatrists serve as physician assistant supervisors in accordance with statutes and Ch. Med 8. Motion carried unanimously.

ADJOURNMENT

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

The meeting adjourned at 10:09 a.m.

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Jennifer Jarrett, Chair		2) Date When Request Submitted: 10/26/2018 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: 11/15/2018	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Wisconsin Academy of Physician Assistants (WAPA) – Appearance – Reid Bowers, WAPA Advocacy Committee <ul style="list-style-type: none"> • Update on CARES Act and • Supervision of PAs by Podiatrists 	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? Yes. Reid Bowers, Wisconsin Academy of Physician Assistants	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Jennifer Jarrett has requested that WAPA representative Reid Bowers appear before the Board to address the CARES Act and supervision of PAs by podiatrists.			
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	

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dale Kleven Administrative Rules Coordinator		2) Date When Request Submitted: 11/5/18 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Council on Physician Assistants			
4) Meeting Date: 11/15/18	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Legislative and Administrative Rule Matters – Discussion and Consideration 1. Update on the Podiatry Affiliated Credentialing Board’s Rulemaking Project Relating to Practice Standards for a Physician Assistant Practicing Podiatry 2. Update on Legislation and Pending or Possible Rulemaking Projects	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both		8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:
10) Describe the issue and action that should be addressed: 			
11) Authorization			
<i>Dale Kleven</i>		<i>November 5, 2018</i>	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Andrea Magermans		2) Date When Request Submitted: 11/07/2018 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Council on Physician Assistants			
4) Meeting Date: 11/17/18	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Prescription Drug Monitoring Program (PDMP) Update – Discussion and Consideration	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input checked="" type="checkbox"/> Yes, by PDMP Staff <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: <ul style="list-style-type: none"> • Opioid prescribing report based on PDMP data provided to Medical Examining Board for potential referrals for investigation 			
11) Signature of person making this request Andrea Magermans 11/07/18		Authorization	Date
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)			
Executive Director Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			



WISCONSIN | ePDMP

Analysis of Monitored Prescription Drug Dispensings: MD/DO/PA

Prepared for:

Medical Examining Board October 2018 Meeting

The following report, prepared by the Wisconsin Department of Safety and Professional Services, is being provided as the result of the Controlled Substances Board Workgroup's effort to identify potentially suspicious or critically dangerous conduct or practices of a practitioner prescribing monitored prescription drugs. *An initial report provided to the Medical Examining Board in August of 2018 did not include PAs in the analysis. This amended report includes 2,581 PAs in the MD/DO analysis.*

Unless otherwise stated, the data in the report covers dispensing data submitted to the Wisconsin Prescription Drug Monitoring Program (PDMP) from December 1, 2017 – May 31, 2018.

Section 1: Prescribing of Opioids, MD/DO/PA

Profession: Physician - MD and DO, PA	
Total Number of Monitored Prescription Drugs Dispensed:	3,225,919
Total Number of Opioid Dispensings:	1,313,876
Total Number of Unique DEA Numbers Associated with Opioid Dispensings:	18,102

Figure 1: Opioid Prescribing Distribution - MD,DO and PA

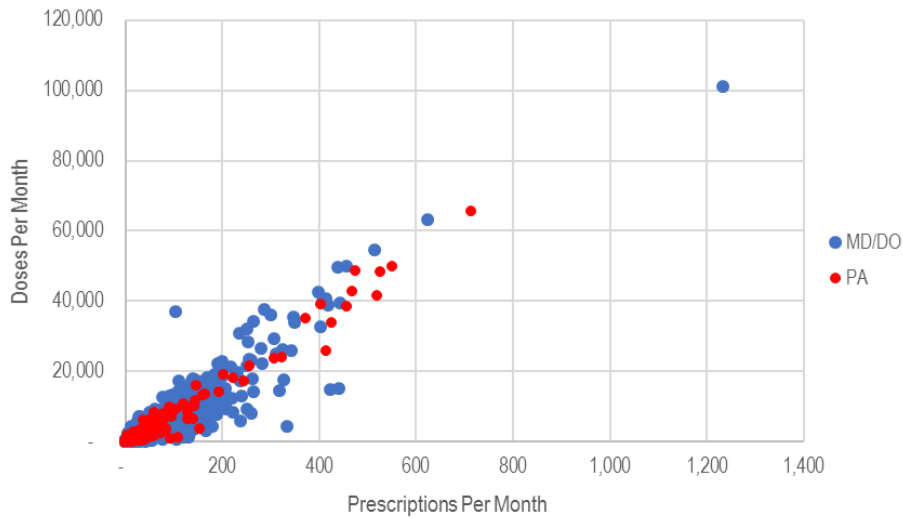
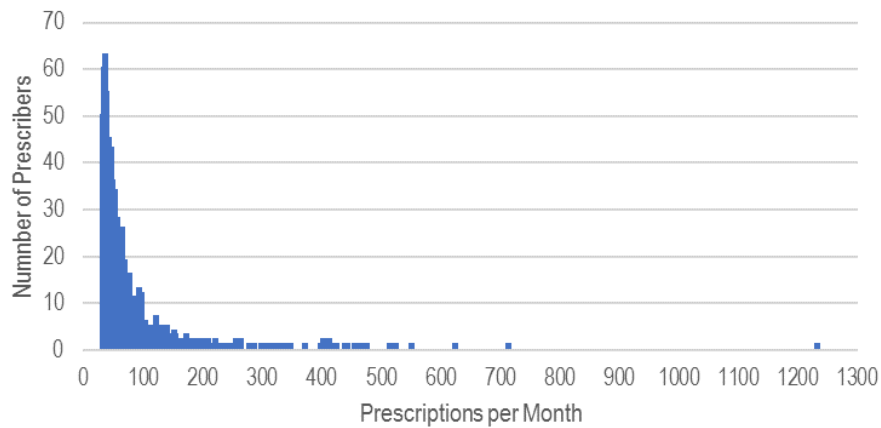


Figure 2: 90th Percentile Opioid Prescribing - MD,DO and PA*



*Top 10% of MD/DO/PA prescribers, based on average number of prescriptions filled/month. n = 1,809. Average of ≥ 31.5 opioid prescription dispensings/month.

Section 2: Detail on Top Percentile (MD/DO—previously provided)

Top 23 MD/DO prescribers based on opioid prescriptions filled per month, December 1st, 2017 to May 31st, 2018, cutoff at average of approximately 300 opioid prescription dispensings/month. Highlighted rows indicate prescriber referrals from August 2018 meeting.

Table 1: Top Percentile MD/DO							
	Prescriber Detail		Monthly Average				Avg Doses/ Opioid Script
	Profession	Specialty	Opioid Orders	Percentile	Opioid Doses	Percentile	
1.	MD	Anesthesiology	1,233.7	100.00%	101,137.5	100.00%	82.0
2.	MD	Physical Medicine/Rehabilitation	623.3	99.99%	63,150.2	99.99%	101.3
3.	MD	Pain Management	514.8	99.98%	54,592.2	99.98%	106.0
4.	MD	Pain Management	456.2	99.98%	50,098.5	99.98%	109.8
5.	MD	Pain Management	442.5	99.97%	39,627.3	99.94%	89.6
6.	MD	Family Practice	440.3	99.96%	15,348.2	99.60%	34.9
7.	MD	Physical Medicine/Rehabilitation	438.7	99.96%	49,663.7	99.97%	113.2
8.	DO	Pain Management	421.5	99.95%	15,055.2	99.56%	35.7
9.	MD	Pain Management	417.0	99.94%	38,839.7	99.94%	93.1
10.	MD	Surgery- Neurological	413.3	99.94%	40,682.0	99.96%	98.4
11.	MD	Family Practice	406.5	99.93%	39,923.8	99.95%	98.2
12.	MD	Orthopedics	402.2	99.92%	32,736.0	99.89%	81.4
13.	MD	Physical Medicine/Rehabilitation	398.3	99.92%	42,638.3	99.96%	107.0
14.	MD	Pain Management	348.3	99.91%	33,982.0	99.90%	97.6
15.	MD	Orthopedics	347.3	99.90%	35,618.5	99.91%	102.5
16.	MD	Internal Medicine	341.7	99.90%	25,854.2	99.85%	75.7
17.	MD	Internal Medicine	333.2	99.89%	4,552.5	95.93%	13.7
18.	MD	Addiction Medicine	326.8	99.89%	17,575.0	99.67%	53.8
19.	MD	Pain Management	324.2	99.88%	26,292.2	99.85%	81.1
20.	MD	Oncology (including radiation oncology)	316.7	99.87%	14,533.5	99.53%	45.9
21.	MD	Rheumatology	311.7	99.87%	25,119.7	99.84%	80.6
22.	MD	Pain Management	305.5	99.86%	29,228.7	99.87%	95.7
23.	MD	Physical Medicine/Rehabilitation	298.5	99.85%	36,065.5	99.92%	120.8

Section 2: Detail on Top Percentile (including PA)

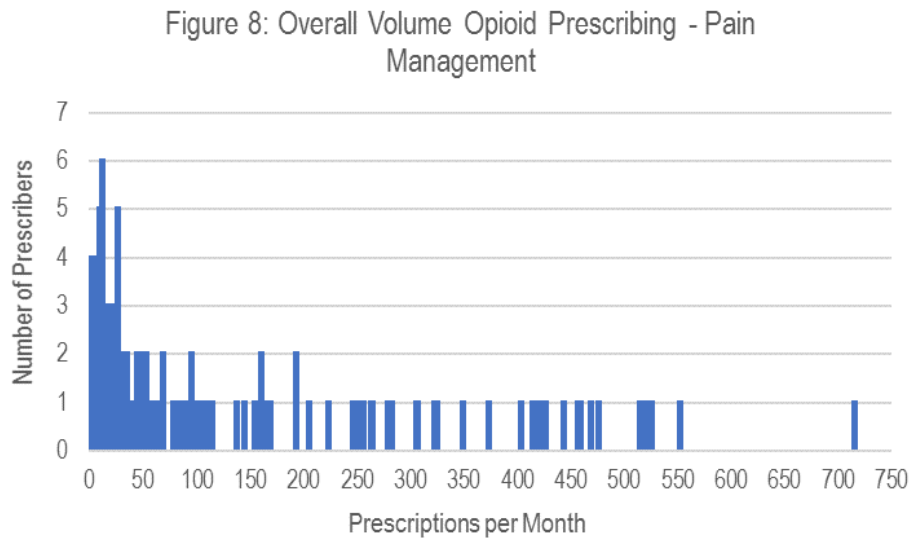
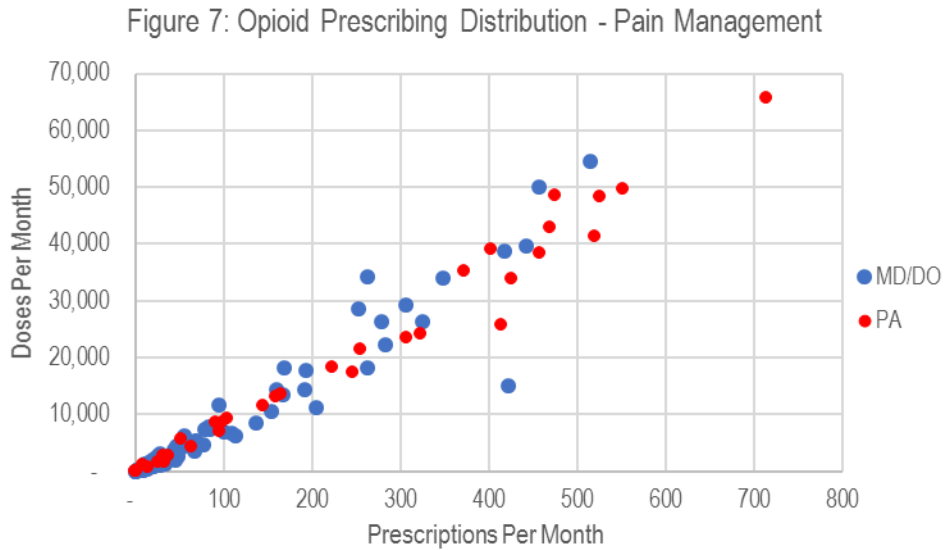
Top 36 MD/DO/PA prescribers based on opioid prescriptions filled per month, December 1st, 2017 to May 31st, 2018, cutoff at average of approximately 300 opioid prescription dispensings/month.

Highlighted rows indicate prescriber referrals from August 2018 meeting.

Table 1: Top Percentile MD/DO							
	Prescriber Detail		Monthly Average				Avg Doses/ Opioid Script
	Profession	Specialty	Opioid Orders	Percentile	Opioid Doses	Percentile	
1.	MD	Anesthesiology	1,233.7	100.00%	101,137.5	99.99%	82.0
2.	PA	Pain Management	714.3	99.99%	65,637.3	99.98%	91.9
3.	MD	Physical Medicine/Rehabilitation	623.3	99.98%	63,150.2	99.98%	101.3
4.	PA	Pain Management	551.3	99.98%	49,805.0	99.96%	90.3
5.	PA	Pain Management	525.3	99.97%	48,408.3	99.95%	92.1
6.	PA	Pain Management	519.3	99.97%	41,449.2	99.93%	79.8
7.	MD	Pain Management	514.8	99.96%	54,592.2	99.97%	106.0
8.	PA	Pain Management	475.0	99.96%	48,499.0	99.95%	102.1
9.	PA	Pain Management	468.8	99.95%	42,907.0	99.94%	91.5
10.	PA	Pain Management	458.0	99.95%	38,526.2	99.90%	84.1
11.	MD	Pain Management	456.2	99.94%	50,098.5	99.97%	109.8
12.	MD	Pain Management	442.5	99.93%	39,627.3	99.91%	89.6
13.	MD	Family Practice	440.3	99.93%	15,348.2	99.55%	34.9
14.	MD	Physical Medicine/Rehabilitation	438.7	99.92%	49,663.7	99.96%	113.2
15.	PA	Pain Management	425.3	99.92%	33,868.8	99.85%	79.6
16.	DO	Pain Management	421.5	99.91%	15,055.2	99.51%	35.7
17.	MD	Pain Management	417.0	99.91%	38,839.7	99.90%	93.1
18.	PA	Pain Management	413.7	99.90%	25,714.3	99.80%	62.2
19.	MD	Surgery- Neurological	413.3	99.90%	40,682.0	99.92%	98.4
20.	MD	Family Practice	406.5	99.89%	39,923.8	99.92%	98.2
21.	PA	Pain Management	402.5	99.88%	39,095.7	99.91%	97.1
22.	MD	Orthopedics	402.2	99.88%	32,736.0	99.85%	81.4
23.	MD	Physical Medicine/Rehabilitation	398.3	99.87%	42,638.3	99.93%	107.0
24.	PA	Pain Management	372.3	99.87%	35,174.8	99.87%	94.5
25.	MD	Pain Management	348.3	99.86%	33,982.0	99.86%	97.6
26.	MD	Orthopedics	347.3	99.86%	35,618.5	99.87%	102.5
27.	MD	Internal Medicine	341.7	99.85%	25,854.2	99.81%	75.7
28.	MD	Internal Medicine	333.2	99.85%	4,552.5	96.23%	13.7
29.	MD	Addiction Medicine	326.8	99.84%	17,575.0	99.62%	53.8
30.	MD	Pain Management	324.2	99.83%	26,292.2	99.81%	81.1
31.	PA	Pain Management	322.0	99.83%	24,108.5	99.79%	74.9
32.	MD	Oncology (including radiation oncology)	316.7	99.82%	14,533.5	99.49%	45.9
33.	MD	Rheumatology	311.7	99.82%	25,119.7	99.80%	80.6
34.	PA	Pain Management	306.5	99.81%	23,632.0	99.78%	77.1
35.	MD	Pain Management	305.5	99.81%	29,228.7	99.83%	95.7
36.	MD	Physical Medicine/Rehabilitation	298.5	99.80%	36,065.5	99.88%	120.8

Section 3: Pain Management Specialty Detail

MD/DO/PA opioid prescribers with Pain Management specialty, n = 132. State truncated mean for specialty = 120.1 prescriptions/month. State median for specialty = 45.8 prescriptions/month.



MD/DO/PA: Pain Management						
	Profession	Prescription/Month		Doses/Month		Doses/Prescription
State Median	MD/DO/PA	45.8		2,981.5		
State Mean Truncated	MD/DO/PA	120.1		10,017.2		
State-Level Dose/Prescription Ratio	MD/DO/PA					85.1
Prescriber Detail	Profession	Prescription/Month	Percentile	Doses/Month	Percentile	Doses/Prescription
1	PA	714.3	100.00%	65,637.3	100.00%	91.9
2	PA	551.3	99.23%	49,805.0	97.70%	90.3
3	PA	525.3	98.47%	48,408.3	96.18%	92.1
4	PA	519.3	97.70%	41,449.2	94.65%	79.8
5	MD	514.8	96.94%	54,592.2	99.23%	106.0
6	PA	475.0	96.18%	48,499.0	96.94%	102.1
7	PA	468.8	95.41%	42,907.0	95.41%	91.5
8	PA	458.0	94.65%	38,526.2	91.60%	84.1
9	MD	456.2	93.89%	50,098.5	98.47%	109.8
10	MD	442.5	93.12%	39,627.3	93.89%	89.6

NOTE: Including PAs in the analysis impacts the statewide comparison within specialty that was included in the August 2018 report. The table below summarizes the impact when PAs are included in the statewide analysis for Pain Management, and the tables on the following pages provide additional detail on the 7 PAs listed above.

Pain Management						
	MD/DO			MD/DO/PA		
	Prescription/ Month	Doses/ Month	Doses/ Prescription	Prescription/ Month	Doses/ Month	Doses/ Prescription
State Median	28.33	2,211.9		45.8	2,981.5	
State Mean Truncated	80.06	6,666.73		120.1	10,017.2	
State-Level Dose/Prescription Ratio			84.69			85.1

Prescriber 1					
Profession:	PA	Registered with the WI ePDMP:	Yes		
Specialty (self-reported):	Pain Management	Estimated ePDMP Usage:	62.3%		
Prescribing Summary: 12/1/2017 - 5/31/2018					
Dispensing Data	# of scripts	% of overall			
Opioids (includes buprenorphine)	4,526	90.16%	Number of Patients Prescribed Opioids by Prescriber:	1,617	
Stimulants	0	0%			
Benzodiazepines	45	0.90%			
Other	449	8.94%			
Opioid Dispensing	Prescriber	Peer %	State Median	State Mean (Truncated)	Doses/ Prescription
Avg. Opioid Orders/Month	714.3	100%	45.8	120.1	
Avg. Opioid Doses/Month	65,637.3	100%	2,981.5	10,017.2	
Avg. Doses/Prescription	91.9				85.1
	3 days or less	More than 3 days ≤ 10 days	More than 10 days ≤ 30 days	More than 30 days	
Days Supply Opioid Orders	3	23	4,493	7	
Top 5 Monitored Prescription Drugs Ordered by Prescriber (All Drug Classes)	Drug Name	Number of Dispensing		% of all Dispensing	
	Oxycodone HCl	2,830		56.37%	
	Morphine Sulfate	427		8.51%	
	Tramadol HCl	270		5.38%	
	Oxycodone w/ Acetaminophen	233		4.64%	
	Methadone HCl	212		4.22%	
Data Driven Alerts: As of 6/1/2018 (preceding 100 days)					
	Alert Type			Number of Alerts	
Concerning Patient History	Concurrent Opioid/Benzo			207	
	High MME			866	

Prescriber 2					
Profession:	PA	Registered with the WI ePDMP:	Yes		
Specialty (self-reported):	Pain Management	Estimated ePDMP Usage:	100%		
Prescribing Summary: 12/1/2017 - 5/31/2018					
Dispensing Data	# of scripts	% of overall			
Opioids (includes buprenorphine)	3,489	97.13%	Number of Patients Prescribed Opioids by Prescriber:	595	
Stimulants	0	0%			
Benzodiazepines	0	0%			
Other	103	2.87%			
Opioid Dispensing	Prescriber	Peer %	State Median	State Mean (Truncated)	Doses/ Prescription
Avg. Opioid Orders/Month	551.3	99.23%	45.8	120.1	
Avg. Opioid Doses/Month	49,805	97.70%	2,981.5	10,017.2	
Avg. Doses/Prescription	90.3				85.1
	3 days or less	More than 3 days ≤ 10 days	More than 10 days ≤ 30 days	More than 30 days	
Days Supply Opioid Orders	4	137	3,345	3	
Top 5 Monitored Prescription Drugs Ordered by Prescriber (All Drug Classes)	Drug Name		Number of Dispensing	% of all Dispensing	
	Oxycodone HCl		2,248	62.58%	
	Morphine Sulfate		376	10.47%	
	Oxycodone w/ Acetaminophen		344	9.58%	
	Hydrocodone-Acetaminophen		189	5.26%	
	Methadone HCl		125	3.48%	
Data Driven Alerts: As of 6/1/2018 (preceding 100 days)					
	Alert Type			Number of Alerts	
Concerning Patient History	Concurrent Opioid/Benzo			42	
	High MME			341	

Prescriber 3					
Profession:	PA	Registered with the WI ePDMP:	Yes		
Specialty (self-reported):	Pain Management	Estimated ePDMP Usage:	49.2%		
Prescribing Summary: 12/1/2017 - 5/31/2018					
Dispensing Data	# of scripts	% of overall			
Opioids (includes buprenorphine)	3,422	89.14%	Number of Patients Prescribed Opioids by Prescriber:	564	
Stimulants	45	1.17%			
Benzodiazepines	76	1.98%			
Other	296	7.71%			
Opioid Dispensing	Prescriber	Peer %	State Median	State Mean (Truncated)	Doses/ Prescription
Avg. Opioid Orders/Month	525.3	98.47%	45.8	120.1	
Avg. Opioid Doses/Month	48,408.3	96.18%	2,981.5	10,017.2	
Avg. Doses/Prescription	92.1				85.1
	3 days or less	More than 3 days ≤ 10 days	More than 10 days ≤ 30 days	More than 30 days	
Days Supply Opioid Orders	4	39	2,841	538	
Top 5 Monitored Prescription Drugs Ordered by Prescriber (All Drug Classes)	Drug Name		Number of Dispensing	% of all Dispensing	
	Oxycodone HCl		828	21.57%	
	Oxycodone w/ Acetaminophen		656	17.09%	
	Morphine Sulfate		543	14.14%	
	Hydrocodone-Acetaminophen		447	11.64%	
	Hydromorphone HCl		364	9.48%	
Data Driven Alerts: As of 6/1/2018 (preceding 100 days)					
	Alert Type			Number of Alerts	
Concerning Patient History	Concurrent Opioid/Benzo			142	
	High MME			217	

Prescriber 4					
Profession:	PA	Registered with the WI ePDMP:	Yes		
Specialty (self-reported):	Pain Management	Estimated ePDMP Usage:	100%		
Prescribing Summary: 12/1/2017 - 5/31/2018					
Dispensing Data	# of scripts	% of overall			
Opioids (includes buprenorphine)	3,364	90.72%	Number of Patients Prescribed Opioids by Prescriber:	683	
Stimulants	8	0.22%			
Benzodiazepines	151	4.07%			
Other	185	4.99%			
Opioid Dispensing	Prescriber	Peer %	State Median	State Mean (Truncated)	Doses/ Prescription
Avg. Opioid Orders/Month	519.3	97.70%	45.8	120.1	
Avg. Opioid Doses/Month	41,449.2	94.65%	2,981.5	10,017.2	
Avg. Doses/Prescription	79.8				85.1
	3 days or less	More than 3 days ≤ 10 days	More than 10 days ≤ 30 days	More than 30 days	
Days Supply Opioid Orders	24	470	2,815	55	
Top 5 Monitored Prescription Drugs Ordered by Prescriber (All Drug Classes)	Drug Name	Number of Dispensing	% of all Dispensing		
	Hydrocodone-Acetaminophen	842	22.71%		
	Morphine Sulfate	740	19.96%		
	Oxycodone HCl	567	15.29%		
	Oxycodone w/ Acetaminophen	396	10.68%		
	Tramadol HCl	256	6.90%		
Data Driven Alerts: As of 6/1/2018 (preceding 100 days)					
	Alert Type			Number of Alerts	
Concerning Patient History	Concurrent Opioid/Benzo			152	
	High MME			305	

Prescriber 6					
Profession:	PA	Registered with the WI ePDMP:	Yes		
Specialty (self-reported):	Pain Management	Estimated ePDMP Usage:	55.6%		
Prescribing Summary: 12/1/2017 - 5/31/2018					
Dispensing Data	# of scripts	% of overall			
Opioids (includes buprenorphine)	3,089	92.71%	Number of Patients Prescribed Opioids by Prescriber:	1,194	
Stimulants	1	0.03%			
Benzodiazepines	30	0.90%			
Other	212	6.36%			
Opioid Dispensing	Prescriber	Peer %	State Median	State Mean (Truncated)	Doses/ Prescription
Avg. Opioid Orders/Month	475.0	96.18%	45.8	120.1	
Avg. Opioid Doses/Month	48,499.0	96.94%	2,981.5	10,017.2	
Avg. Doses/Prescription	102.1				85.1
	3 days or less	More than 3 days ≤ 10 days	More than 10 days ≤ 30 days	More than 30 days	
Days Supply Opioid Orders	26	153	2,870	40	
Top 5 Monitored Prescription Drugs Ordered by Prescriber (All Drug Classes)	Drug Name		Number of Dispensing	% of all Dispensing	
	Oxycodone w/ Acetaminophen		923	27.70%	
	Hydrocodone-Acetaminophen		707	21.22%	
	Oxycodone HCl		484	14.53%	
	Morphine Sulfate		311	9.33%	
	Tramadol HCl		204	6.12%	
Data Driven Alerts: As of 6/1/2018 (preceding 100 days)					
	Alert Type			Number of Alerts	
Concerning Patient History	Concurrent Opioid/Benzo			190	
	High MME			242	

Prescriber 7					
Profession:	PA	Registered with the WI ePDMP:	Yes		
Specialty (self-reported):	Pain Management	Estimated ePDMP Usage:	27.4%		
Prescribing Summary: 12/1/2017 - 5/31/2018					
Dispensing Data	# of scripts	% of overall			
Opioids (includes buprenorphine)	3,041	92.77%	Number of Patients Prescribed Opioids by Prescriber:	1,248	
Stimulants	0	0%			
Benzodiazepines	4	0.12%			
Other	233	7.11%			
Opioid Dispensing	Prescriber	Peer %	State Median	State Mean (Truncated)	Doses/ Prescription
Avg. Opioid Orders/Month	468.8	95.41%	45.8	120.1	
Avg. Opioid Doses/Month	42,907.0	95.41%	2,981.5	10,017.2	
Avg. Doses/Prescription	91.5				85.1
	3 days or less	More than 3 days ≤ 10 days	More than 10 days ≤ 30 days	More than 30 days	
Days Supply Opioid Orders	0	3	3,030	8	
Top 5 Monitored Prescription Drugs Ordered by Prescriber (All Drug Classes)	Drug Name		Number of Dispensing	% of all Dispensing	
	Oxycodone HCl		1,965	59.95%	
	Morphine Sulfate		297	9.06%	
	Oxycodone w/ Acetaminophen		176	5.37%	
	Methadone HCl		160	4.88%	
	Tramadol HCl		139	4.24%	
Data Driven Alerts: As of 6/1/2018 (preceding 100 days)					
	Alert Type			Number of Alerts	
Concerning Patient History	Concurrent Opioid/Benzo			158	
	High MME			686	

Prescriber 8					
Profession:	PA	Registered with the WI ePDMP:	Yes		
Specialty (self-reported):	Pain Management	Estimated ePDMP Usage:	73.8%		
Prescribing Summary: 12/1/2017 - 5/31/2018					
Dispensing Data	# of scripts	% of overall			
Opioids (includes buprenorphine)	2,960	93.20%	Number of Patients Prescribed Opioids by Prescriber:	493	
Stimulants	12	0.38%			
Benzodiazepines	12	0.38%			
Other	192	6.05%			
Opioid Dispensing	Prescriber	Peer %	State Median	State Mean (Truncated)	Doses/ Prescription
Avg. Opioid Orders/Month	458.0	94.65%	45.8	120.1	
Avg. Opioid Doses/Month	38,526.2	91.60%	2,981.5	10,017.2	
Avg. Doses/Prescription	84.1				85.1
	3 days or less	More than 3 days ≤ 10 days	More than 10 days ≤ 30 days	More than 30 days	
Days Supply Opioid Orders	2	95	2,824	39	
Top 5 Monitored Prescription Drugs Ordered by Prescriber (All Drug Classes)	Drug Name		Number of Dispensing	% of all Dispensing	
	Oxycodone HCl		665	20.94%	
	Hydrocodone-Acetaminophen		584	18.39%	
	Oxycodone w/ Acetaminophen		531	16.72%	
	Morphine Sulfate		398	12.53%	
	Tramadol HCl		192	6.05%	
Data Driven Alerts: As of 6/1/2018 (preceding 100 days)					
	Alert Type			Number of Alerts	
Concerning Patient History	Concurrent Opioid/Benzo			126	
	High MME			182	

**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: 11/1/2018	
		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: 11/15/2018	5) Attachments: x Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Wisconsin Fair Employment Act	
7) Place Item in: x Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both		8) Is an appearance before the Board being scheduled? If yes, who is appearing? No	9) Name of Case Advisor(s), if required:
10) Describe the issue and action that should be addressed: Board Review of Powerpoint slides (attached) and 2017 Wisconsin Act 278: https://docs.legis.wisconsin.gov/2017/related/acts/278			
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

Fair Employment Act

Wis. Stat. §§ 111.31 – 111.395

Al. Rohmeyer
DSPS Chief Legal Counsel

Agenda

- General Considerations
- Exceptions for Arrest Records
- Exceptions for Conviction Records
- “Substantially Related” Charge/Conviction
- Requirements if Licensing Authority Intends to Deny Licensure
- Evidence of Rehabilitation and Fitness
- Predeterminations
- Other Exceptions to General Rule of not Discriminating Based on Arrest/Conviction Records
- Questions

Generally, it is a violation of the Fair Employment Act to not employ or license someone because of their arrest or conviction record.

Exceptions

Arrest Records –

- “. . . it is not employment discrimination because of an arrest record to refuse to employ or license, or to suspend from employment or licensing, any individual who is subject to pending charges if the circumstances of the charge substantially relate to the circumstances of the particular job or licensed activity, except as provided in sub. (4)(a).”

~Wis. Stat. § 111.335(2)(b)

Wis. Stat. § 111.335 (4)(a)

It is employment discrimination for a licensing agency to refuse to license an individual solely because of a pending charge unless –

- (1) the charge is an “exempt offense” or a “violent crime against a child,” *and*
- (2) the circumstances of the charge substantially relate to the circumstances of the particular licensed activity.

“Exempt Offense”

A violation specified in Wis. Stat. ch. 940 (Crimes against Bodily Security), which includes:

- Homicide (various forms)
- Mutilating or Hiding a Corpse
- Assisting Suicide
- Battery (various forms)
- Sexual Assault
- Injury by Intoxicated Use of a Vehicle
- False Imprisonment
- Human Trafficking
- Kidnapping
- Stalking
- Intimidation of Witnesses (various forms)

“Exempt Offense” (continued)

A violation of Wis. Stat. §§ –

- 948.02 - (Sexual Assault of a Child)
- 948.025 - (Engaging in Repeated Acts of Sexual Assault of Same Child)
- 948.03 - (Physical Abuse of a Child)
- 948.05 - (Sexual Exploitation of a Child)
- 948.051 - (Trafficking of a Child)
- 948.055 - (Causing a Child to View or Listen to Sexual Activity)
- 948.06 - (Incest with a Child)
- 948.07 - (Child Enticement)
- 948.075 - (Use of a Computer to Facilitate a Child Sex Crime)
- 948.08 - (Soliciting a Child for Prostitution)
- 948.085 - (Sexual Assault of a Child Placed in Substitute Care)
- 948.095 - (Sexual Assault of a Child by a School Staff Person or a Person who Works or Volunteers with Children)

“Violent Crime Against a Child”

A violation specified in Wis. Stat. §§ –

- 948.02 (1) or (2) - (Sexual Assault of a Child)
- 948.025 - (Engaging in Repeated Acts of Sexual Assault of Same Child)
- 948.03 (2) (a) or (c) or (5)(a)1., 2., 3., or 4. - (Physical Abuse of a Child)
- 948.05 - (Sexual Exploitation of a Child)
- 948.051 - (Trafficking of a Child)
- 948.055 - (Causing a Child to View or Listen to Sexual Activity)
- 948.07 - (Child Enticement)
- 948.08 - (Soliciting a Child for Prostitution)
- 948.085 - (Sexual Assault of a Child Placed in Substitute Care)
- 948.095 - (Sexual Assault of a Child by a School Staff Person or a Person who Works or Volunteers with Children)
- 948.30 (2) - (Abduction of Another’s Child; Constructive Custody)

Wis. Stat. § 111.335 (4)(a)

It is employment discrimination for a licensing agency to refuse to license an individual solely because of a pending charge unless –

- (1) the charge is an “exempt offense” or a “violent crime against a child,” *and*
- (2) the circumstances of the charge substantially relate to the circumstances of the particular licensed activity.

“Substantially Related”

Wisconsin Supreme Court cases –

- *Law Enforce. Stds. Bd. v. Lyndon Station*, 101 Wis. 2d 472, 305 N.W.2d 89 (1981)
- *Gibson v. Transp. Comm.*, 106 Wis. 2d 22, 315 N.W.2d 346 (1983)
- *County of Milwaukee v. Labor & Industry Review Comm’n*, 139 Wis.2d 805, 407 N.W. 2d 908 (1987)

Milwaukee County v. LIRC

Summary of Facts –

- Nov. 1979 - Stephen Serebin hired as a "crisis intervention specialist" under a program operated by MCW in conjunction with Milwaukee County Mental Health Complex (program transferred to Milwaukee County shortly thereafter)
- At time of hiring, Serebin faced criminal charges arising out of his prior employment as a nursing home administrator
- Nov. 1981 – Serebin found guilty of 1 felony and 12 misdemeanors
- 2 days after being convicted - terminated from employment

Milwaukee County v. LIRC

Procedural History –

- Mar. 1982 – Serebin files petition with LIRC alleging that Milwaukee County discriminated against him when they fired him because of his conviction record
- County petitions for review of hearing examiner's decision by Commission – Commission affirms
- County seeks judicial review pursuant to Wis. Stat. ch. 227

Milwaukee County v. LIRC

Issues –

- (1) What procedure is required in order that courts (and employers/licensing authorities) may assess the “circumstances” in a particular case to determine if the circumstances of the conviction are “substantially related” to the circumstances of a particular job or profession?
- (2) Could LIRC reasonably conclude that the circumstances of the offenses for which Serebin was convicted were not “substantially related” to the circumstances of the job as Crisis Intervention Specialist?

Milwaukee County v. LIRC

Decision (Procedure for assessing “circumstances”) –

- “We reject an interpretation of this test which would require, in all cases, a detailed inquiry into the facts of the offense and the job. Assessing whether the tendencies and inclinations to behave in a certain way in a particular context are likely to reappear in a related context, based on the traits revealed, is the purpose of the test.”
- “Is it the circumstances which foster criminal activity that are important, e.g., the opportunity for criminal behavior, the reaction to responsibility, or the character traits of the person.”
- “The full assessment of what may be termed the “fostering” circumstances may, at times, require some factual exposition.” “However, such factual inquiry would have as its purpose ascertaining relevant, general, character-related circumstances of the offense”

Milwaukee County v. LIRC

Decision (Did LIRC get it right?) –

- Commission could have looked to findings of fact by hearing examiner
- "... the 'circumstances' of the offense and the job are similar since in both contexts Serebin was in a position of exercising enormous responsibility for the safety, health, and life of a vulnerable, dependent segment of the population. The twelve misdemeanors indicate a pattern of neglect of duty for the welfare of people unable to protect themselves. The propensities and personal qualities exhibited are manifestly inconsistent with the expectations of responsibility associated with the job."

Milwaukee County v. LIRC

Other Take-Aways –

- Whether an individual can perform a job up to the employer's standards is irrelevant to the analysis regarding the "circumstances"

Exceptions

Conviction Records –

“... it is not employment discrimination because of a conviction record to refuse to employ or license, or to bar or terminate from employment or licensing, any individual if any of the following applies to the individual:”

- Subject to (4)(b) to (d), the individual has been convicted of any felony, misdemeanor, or other offense the circumstances of which substantially relate to the circumstances of a particular job or licensed activity
- Individual is not bondable where such bond is required by law or by employer business practice

~Wis. Stat. § 111.335(3)(a)

Refusal to License

(Wis. Stat. § 111.335(4)(c))

If the licensing authority intends to deny a license or revokes a license because of a conviction record, the licensing authority shall do all of the following:

- (1) State, in writing, the reasons for doing so, including a statement of how the circumstances of the offense relate to the particular licensed activity; and
- (2) Allow the individual to provide evidence of rehabilitation and fitness to engage in the licensed activity.
 - If the individual shows competent evidence of sufficient rehabilitation and fitness to perform the licensed activity, the licensing authority may not refuse to license or bar or terminate from licensing.

Note: The above requirements do not apply if conviction is for an "exempt offense."

Evidence of Sufficient Rehab and Fitness (Wis. Stat. § 111.335(4)(d))

Evidence of sufficient rehabilitation and fitness may be established by the production of any of the following:

- (1) A Department of Defense Form 214 (DD Form 214), which was issued post conviction and identifies service member as having received an Honorable or General (under honorable conditions) discharge; *or*
- (2) A copy of local, state, or federal release document and either (a) department of corrections document showing completion of probation, extended supervision, or parole; or (b) other evidence that at least one year has elapsed since release from any correctional institution without subsequent criminal conviction along with evidence showing compliance with all terms of probation, extended supervision, or parole.

Note: DD Form 214 not sufficient evidence if service member was discharged before misdemeanor or felony conviction occurred.

Other Evidence that Licensing Authority Must Consider

In addition to any evidence of successful rehab and fitness presented by the individual, the licensing authority must also consider evidence offered by the individual that pertains to —

- the nature and seriousness of the offense;
- mitigating circumstances or social circumstances surrounding the offense;
- the age of the individual;
- the length of time that has elapsed since the offense;
- letters of reference who have been in contact with individual since release from correctional institution; and
- all other relevant evidence of rehab and present fitness.

Predeterminations

(Wis. Stat. § 111.335(4)(f))

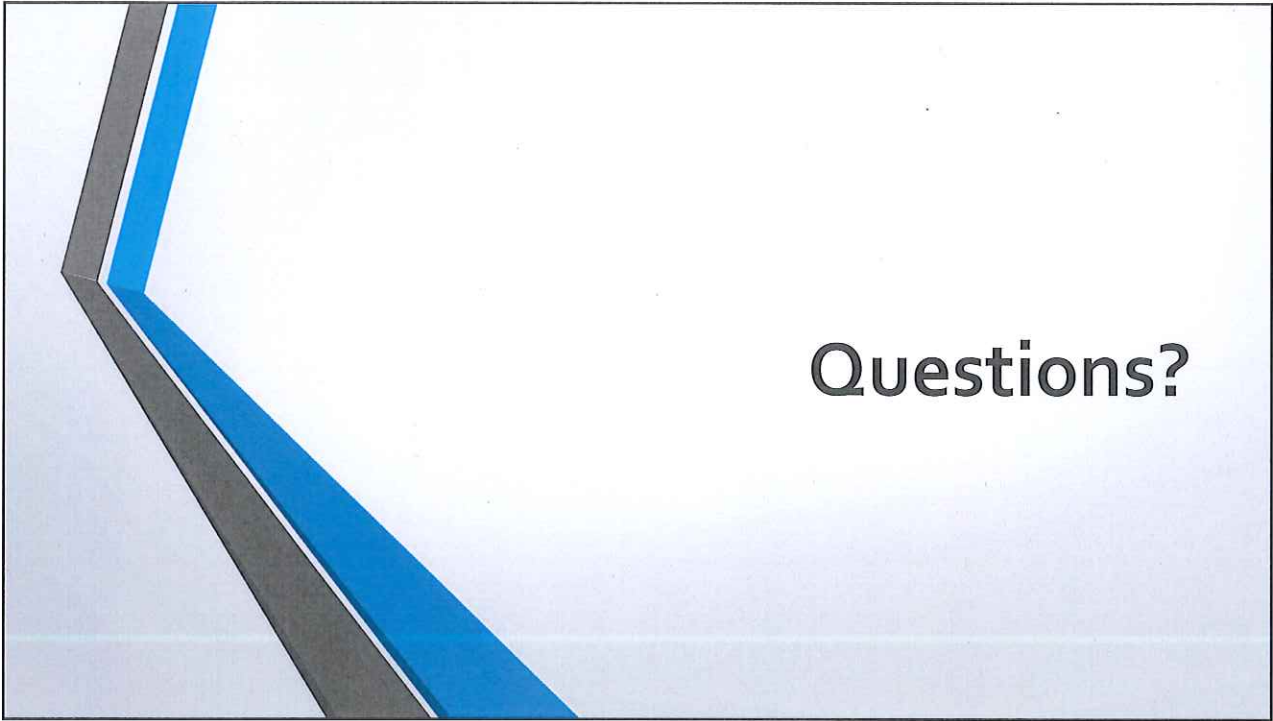
Individuals may apply to the licensing authority for a predetermination of whether the person would be disqualified from licensure due to a conviction record

- Applicant submits application and pays a fee
- Determination must be made within 30 days
- Determination is generally binding on licensing authority

Other Exceptions to General Rule

It is not employment discrimination because of a conviction record –

- to deny, refuse to renew, or revoke a license or permit for private security personnel who have been convicted of a felony and not pardoned for that felony; *or*
- for the Board of Nursing to refuse to issue a multistate license under the Enhanced Nurse Licensure Compact if an individual has been convicted or found guilty, or has entered into an agreed disposition related to a felony offense, or a misdemeanor offense which is related to the practice of nursing.



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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Zack Hendrickson, Records Management Program Supervisor		2) Date When Request Submitted: 6/28/2018	
Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting			
3) Name of Board, Committee, Council, Sections: Physician Assistants Council			
4) Meeting Date: 11/15/2018	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Discuss findings of Physician Assistants self-reporting NPDB information with applications	
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: Currently, DPCP does not ask PA applicants to submit a self-query of their NPDB report. Discuss whether the Council shall direct DSPS/DPCP to collect NPDB reports for PAs during the application/licensing process.			
11) Authorization			
Zack Hendrickson		6/28/2018	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Jennifer Jarrett, Chair		2) Date When Request Submitted: 10/26/2018 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: 11/15/2018	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Review of Physician and Physician Assistant Licensing Matters, Including: <ul style="list-style-type: none"> • Impairment • Other 	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Jennifer Jarrett would like to discuss licensing of physicians and physician assistants, including impairment of practitioners and other matters.			
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	