



**VIRTUAL/TELECONFERENCE
COUNCIL ON PHYSICIAN ASSISTANTS
Virtual, 4822 Madison Yards Way, Madison
Contact: Valerie Payne (608) 266-2112
October 22, 2020**

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

1. April 7, 2020 **(4-8)**
2. May 27, 2020 **(9)**

C. Conflicts of Interest

D. Administrative Updates – Discussion and Consideration

1. Department, Staff and Council Updates
2. Council Members – Council Member Status

E. Administrative Rule Matters – Discussion and Consideration (10)

1. Pending or Possible Rulemaking Projects
 - a) Pod 9, Relating to Physician Assistants
 - b) Reciprocal Credentials for Service Members, Former Service Members, and Their Spouses

F. Wisconsin Academy of Physician Assistants (WAPA) Matters – Discussion and Consideration

G. American Academy of Physician Assistants (AAPA) Matters – Discussion and Consideration

1. PAs and NPs: Similarities and Differences **(11)**
2. What is a PA? Infographic **(12-13)**

H. COVID-19 – Discussion and Consideration (14)

1. Emergency Order 2 **(15-19)**
2. Wisconsin Emergency Assistance Volunteer Registry (WEAVR)

- I. Discussion and Consideration of 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 and Policy Matters
 - 9. Administrative Rule Matters
 - 10. Liaison Report(s)
 - 11. Informational Item(s)
 - 12. Division of Legal Services and Compliance (DLSC) Matters
 - 13. Appearances from Requests Received or Renewed
 - 14. Speaking Engagement(s), Travel, or Public Relation Request(s), and Reports
- J. 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 § 448.02(8), Stats.); to consider individual histories or disciplinary data (§ 19.85(1)(f), Stats.); and to confer with legal counsel (§ 19.85(1)(g), Stats.).

- K. 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

- L. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

- M. Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate
- N. Open Session Items Noticed Above Not Completed in the Initial Open Session
- O. Delegation of Ratification of Examination Results and Ratification of Licenses and Certificates

ADJOURNMENT

NEXT MEETING: TBD

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 deaf or hard of hearing impaired provided upon request by contacting the Affirmative Action Officer, 608-266-2112 or the Meeting Staff at 608-261-5439.

**TELECONFERENCE/VIRTUAL
COUNCIL ON PHYSICIAN ASSISTANTS
MEETING MINUTES
APRIL 7, 2020**

PRESENT: Jeremiah Barrett (*in person*), Jennifer Jarrett (*in person*), Nadine Miller, Jody Wilkins

STAFF: Valerie Payne, Executive Director; Jameson Whitney, Legal Counsel; Dale Kleven, Rules Coordinator; Megan Glaeser, Bureau Assistant; and other Department staff

CALL TO ORDER

Jennifer Jarrett, Chairperson, called the meeting to order at 9:00 a.m. A quorum was confirmed with four (4) board members present.

ADOPTION OF AGENDA

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

APPROVAL OF MINUTES OF OCTOBER 31, 2019

MOTION: Jeremiah Barrett moved, seconded by Nadine Miller, to approve the minutes of October 31, 2019 as published. Motion carried unanimously.

ADMINISTRATIVE UPDATES

Election of Officers

Chairperson

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

Valerie Payne, Executive Director, called for nominations three (3) times.

Jennifer Jarrett was elected as Chairperson by unanimous voice vote.

Vice Chairperson

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

Valerie Payne, Executive Director, called for nominations three (3) times.

Jeremiah Barrett was elected as Vice Chairperson by unanimous voice vote.

Secretary

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

Valerie Payne, Executive Director, called for nominations three (3) times.

Nadine Miller was elected as Secretary by unanimous voice vote.

2020 ELECTION RESULTS	
Chairperson	Jennifer Jarrett
Vice Chairperson	Jeremiah Barrett
Secretary	Nadine Miller

Delegation Motions

2020 LIAISON APPOINTMENTS	
Representative at Medical Examining Board	Jennifer Jarrett <i>Alternate: Jeremiah Barrett</i>
Credentialing Liaison	Nadine Miller <i>Alternate: Jeremiah Barrett, Jennifer Jarrett</i>
Legislative Liaison	Jennifer Jarrett <i>Alternate: Jeremiah Barrett</i>
Education and Exams Liaison	Jeremiah Barrett <i>Alternate: Nadine Miller</i>
Examination Panel	Jeremiah Barrett, Nadine Miller <i>Alternates: Jennifer Jarrett</i>
Practice Question Council Contact	Jeremiah Barrett <i>Alternate: Nadine Miller</i>
Travel Liaison	Jennifer Jarrett <i>Alternate: Nadine Miller</i>
Rules Liaison	Jennifer Jarrett <i>Alternate: Jeremiah Barrett</i>
Website Liaison	Nadine Miller <i>Alternate: Jeremiah Barrett</i>
Prescription Drug Monitoring Program Liaison	Jennifer Jarrett <i>Alternate: Jeremiah Barrett</i>

Delegation Motions

Document Signature Delegations

MOTION: Jeremiah Barrett moved, seconded by Nadine Miller, to delegate authority to the Chairperson (or in absence of the Chairperson, the highest-ranking officer or longest serving council member in that succession) to sign documents on behalf of the Council in order to carry out its duties. Motion carried unanimously.

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

Delegated Authority for Urgent Matters

MOTION: Jeremiah Barrett moved, seconded by Nadine Miller, that in order to facilitate the completion of urgent matters between meetings, the Council delegates its authority to the Chairperson (or, in the absence of the Chairperson, the highest-ranking officer or longest serving council member in that succession), to appoint liaisons to the Department to act in urgent matters. Motion carried unanimously.

Delegation to Chief Legal Counsel Due to Loss of Quorum

MOTION: Jeremiah Barrett moved, seconded by Nadine Miller, to delegate the review of disciplinary cases to the Department's Chief Legal Counsel due to lack of/loss of quorum. Motion carried unanimously.

Credentialing Authority Delegations

Delegation of Authority to Credentialing Liaison

MOTION: Jeremiah Barrett moved, seconded by Nadine Miller, to delegate authority to the Credentialing Liaison(s) to serve as a liaison between DSPS and the Council and to act on behalf of the Council in regard to credentialing applications or questions presented to them except that potential denial decisions shall be referred to the full Council for final determination. Motion carried unanimously.

Delegation of Authority to DSPS When Credentialing Criteria is Met

MOTION: Nadine Miller moved, seconded by Jeremiah Barrett, to delegate credentialing authority to DSPS to act upon applications that meet all credentialing statutory and regulatory requirements without Council or Council liaison review. Motion carried unanimously.

Delegated Authority for Application Denial Reviews

MOTION: Jeremiah Barrett moved, seconded by Nadine Miller, that the Department's Attorney Supervisors, DLSC Administrator, or their designee are authorized to

serve as the Council's designee for purposes of reviewing and acting on requests for hearing as a result of a denial of a credential. Motion carried unanimously.

Pre-Screening Delegation to Open Cases

MOTION: Jeremiah Barrett moved, seconded by Nadine Miller, to delegate pre-screening decision making authority to the DSPS screening attorney for opening cases as outlined below:

1. OWIs of 3 or more that occurred in the last 5 years.
2. Reciprocal discipline cases.
3. Impairment and/or diversion at work that includes a positive drug/alcohol test or admission by respondent.
4. Conviction of a misdemeanor or felony that the attorney believes is substantially related and is not otherwise excluded from consideration via Wis. Stat. ch. 111.
5. No response from the respondent after intake requested a response (case would be opened for the failure to respond issue as well as the merits).

Motion carried unanimously.

Pre-Screening Delegation to Close Cases

MOTION: Jeremiah Barrett moved, seconded by Nadine Miller, to delegate pre-screening decision making authority to the DSPS screening attorney for closing cases as outlined below:

1. One OWI that is non-work related and if AODA assessment completed, assessment does not indicate dependency.
2. Complaints that even if allegations are true, do not amount to a violation of law or rules.

Motion carried unanimously.

Voluntary Surrenders

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

Education, Continuing Education and/or Examination Delegation(s)

MOTION: Jennifer Jarrett moved, seconded by Nadine Miller, to delegate authority to the Education, Continuing Education and/or Examination Liaison(s) to address all issues related to education, continuing education, and examinations. Motion carried unanimously.

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

MOTION: Jeremiah Barrett moved, seconded by Jennifer Jarrett, to authorize DSPS staff to provide national regulatory related bodies with all council member contact information that DSPS retains on file. Motion carried unanimously.

Optional Renewal Notice Insert Delegation

MOTION: Jennifer Jarrett moved, seconded by Jeremiah Barrett to designate the Chairperson (or, in the absence of the Chairperson, the highest-ranking officer or longest serving council member in that succession) to provide a brief statement or link relating to council-related business within the license renewal notice at the Council's or Council designee's request. Motion carried unanimously.

Legislative Liaison Delegation

MOTION: Jeremiah Barrett moved, seconded by Nadine Miller, to delegate authority to the Legislative Liaisons to speak on behalf of the Council regarding legislative matters. Motion carried unanimously.

Travel Delegation

MOTION: Jeremiah Barrett moved, seconded by Jennifer Jarrett, to delegate authority to the Travel Liaison to approve any council member travel. Motion carried unanimously.

COVID-19

MOTION: Jeremiah Barrett moved, seconded by Nadine Miller, to designate the Chairperson to write a letter regarding suspension of Wisconsin Administrative Code MED 8.05(4), 8.06(2)(a), 8.07(1), 8.10(1) and 8.10(2) as part of an amendment to the emergency order. Furthermore, the council requests a written explanation of denial from the parties issuing the denial as soon as possible. Motion carried unanimously.

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

MOTION: Jeremiah Barrett moved, seconded by Nadine Miller, to delegate ratification of examination results to DSPS staff. Motion carried unanimously.

ADJOURNMENT

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

The meeting adjourned at 10:38 a.m.

**TELECONFERENCE/VIRTUAL
COUNCIL ON PHYSICIAN ASSISTANTS
MEETING MINUTES
MAY 27, 2020**

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

STAFF: Valerie Payne, Executive Director; Yolanda McGowan, Legal Counsel; Dale Kleven, Rules Coordinator; Megan Glaeser, Bureau Assistant; and other Department staff

CALL TO ORDER

Jennifer Jarrett, Chairperson, called the meeting to order at 9:01 a.m. A quorum was confirmed with four (4) board members present.

ADOPTION OF AGENDA

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

EMERGENCY RULES

MOTION: Jeremiah Barrett moved, seconded by Jody Wilkins, to authorize the Chairperson or longest serving member, in that succession, to act on the Council's behalf to advocate changes outlined in the document referenced as Administrative Code and Statute Recommended Actions previously submitted by the Council on March 19, 2020 and provided as additional materials at the May 27, 2020 Council on Physician Assistants meeting. Motion carried unanimously.

ADJOURNMENT

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

The meeting adjourned at 9:57 a.m.

**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: 10/12/20 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: 10/22/20	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Administrative Rule Matters – Discussion and Consideration 1. Pending or Possible Rulemaking Projects a. Pod 9, Relating to Physician Assistants b. Reciprocal Credentials for Service Members, Former Service Members, and Their Spouses	
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: Reciprocal Credentials for Service Members, Former Service Members, and Their Spouses: Under prior law, the spouse of a service member could obtain a temporary reciprocal credential granted by DSPS or a board attached to DSPS. 2019 Wisconsin Act 143 expanded the availability of a reciprocal credential to include service members, former service members, and the spouses of former service members. The Act also provides that a reciprocal credential granted to a service member, former service member, or the spouse of a service member or former service member expires on the same renewal date as the credential that corresponds to the reciprocal credential, and that the reciprocal credential may be renewed by paying the applicable fee and satisfying the requirements that apply to renewing the corresponding credential. Also, under the Act, DSPS or a board attached to DSPS may promulgate rules necessary to implement the Act.			
11) Authorization			
Signature of person making this request <i>Dale Kleven</i>		Date <i>October 12, 2020</i>	
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.			

PA's & NP's:

Similarities & Differences



Both [PA's](#) and nurse practitioners (NPs) play an increasingly vital role as front-line healthcare providers. Although there are some significant differences in training and maintenance of certification requirements, the similarities between PAs and NPs far outweigh the differences. What is important for patients to know is that, regardless of whether they see a PA or an NP, they are being treated by a highly educated, well-trained healthcare provider who places the patient at the center of their care. The following highlights some of the key differences between PAs and NPs.

	PA's	NPs
What is a PA/NP?	PAs are medical professionals who diagnose illness, develop and manage treatment plans, prescribe medication, and often serve as a patient's principal healthcare provider. With thousands of hours of medical training, PAs are versatile and collaborative. PAs practice in every state and in every medical setting and specialty, improving healthcare access and quality.	NPs are nurse clinicians who blend clinical expertise in diagnosing and treating health conditions with an emphasis on disease prevention and health management.
How are PA's/NPs educated?	<ul style="list-style-type: none"> • Earn a master's degree and may obtain advanced degrees. • Curriculum is modeled on the medical school curriculum. • Students complete 2,000 hours of clinical rotations in family medicine, internal medicine, general surgery, pediatrics, obstetrics and gynecology, emergency medicine, and psychiatry. • Trained as medical generalists, which provides them diagnostic and treatment skills in all areas of medicine and for all patients, regardless of age or gender. 	<ul style="list-style-type: none"> • Earn a master's degree; may obtain a doctor of nursing practice degree. • Trained in the advanced practice of nursing. • Students must complete 1,000 hours of supervised clinical practice. • Trained in a chosen health population focus area: Family, Adult/Gerontology, Neonatal, Pediatrics, Women's Health, or Psychiatric/Mental Health.
How are PA's/NPs regulated?	<ul style="list-style-type: none"> • Regulated by state medical boards or, in five states, by separate PA boards. 	<ul style="list-style-type: none"> • Regulated by state nursing boards (in five states the medical board has some role in NP regulation).
How do PA's/NPs currently practice?	<ul style="list-style-type: none"> • PAs, physicians, and other healthcare professionals work together to provide quality care. 	<ul style="list-style-type: none"> • NPs are pursuing full practice authority, which 22 states and the District of Columbia have already approved.
How do PAs maintain certification?	<ul style="list-style-type: none"> • 100 hours of continuing medical education (CME) every two years. • Recertify every 10 years through an exam that evaluates general medical knowledge. • PAs have one certifying body. 	<ul style="list-style-type: none"> • 100 hours of continuing education (CE) and 1,000 clinical hours every five years. • No recertifying test required; may take an exam as an alternative to 1,000 hours of clinical practice every five years. • NPs have six certifying bodies from which to choose.



What is a PA?

PAs are medical providers who diagnose illness, develop and manage treatment plans, prescribe medications, and often serve as a patient's principal healthcare professional.

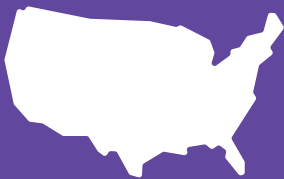
With thousands of hours of medical training, PAs are versatile and collaborative.

PAs practice in every state and in every medical setting and specialty, improving healthcare access and quality.

AT A GLANCE

PA profession
established in

1967 



139,650
PAs in the U.S.

NCCPA, 2019



2,600+
PAs in Wisconsin

NCCPA, 2019

PAs have more than

400
MILLION



patient interactions
per year

2019 AAPA Salary Survey,
All data based on clinically practicing PAs in the U.S.

EDUCATION BY THE NUMBERS



250 PA Programs in the U.S.

The Accreditation Review Commission on Education for
the Physician Assistant (ARC-PA), 2019



2,000 hours of
clinical rotations



Programs are **27 months or 3
academic years** (bachelor's degree
is required for acceptance)



Educated at
**MASTER'S
DEGREE** level

To obtain a license, PAs must:



Graduate from an
accredited PA program



Pass a **certification exam**

To maintain their certification, PAs must complete:



100 hours of continuing
medical education (CME
after every two years)

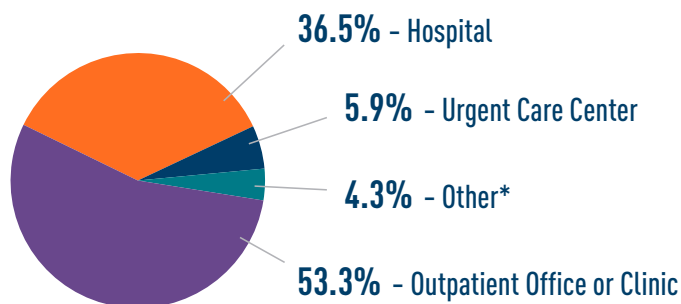


A **recertification exam**
every 10 years

CERTIFICATION & LICENSING



PAs practice in every work setting

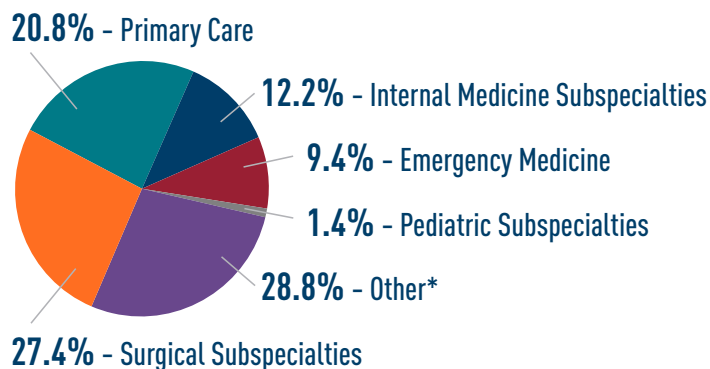


2019 AAPA Salary Survey,
All data based on clinically practicing PAs in the U.S.

*Other refers to a variety of work settings including but not limited to schools/universities, rehabilitation facilities, nursing homes and correctional facilities.



PAs practice medicine in all specialties



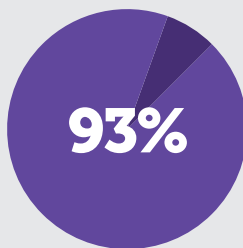
2019 AAPA Salary Survey,
All data based on clinically practicing PAs in the U.S.

*Other refers to a variety of healthcare settings including but not limited to psychiatry, hospice and palliative care, obstetrics and gynecology, addiction medicine, pain management, public health and dermatology.

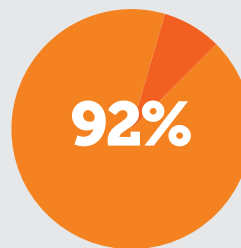
What Patients Say About PAs



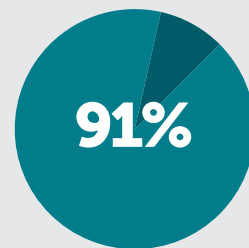
2014 Harris Poll*



PAs are trusted healthcare providers



Having a PA makes it easier to get medical appointments



PAs improve the quality of healthcare

PA Profession in the News



#3 Best 100 Jobs List
US News & World Report
2020



#2 Best Healthcare Jobs List
US News & World Report
2020



#7 Highest Paying Jobs In America
Forbes
2019



#5 Fastest Growing Jobs In America
Bureau of Labor Statistics
2019



AAPA | aapa.org

*"Attitudes Toward PAs: A 2014 Survey by the American Academy of PAs." The Harris online survey was conducted September 15–22, 2014 among 1,544 adults age 18 and older living in the US, including an oversample of 680 adults who have seen a PA and/or have accompanied a loved one to see a PA in the past 12 months. For full methodology visit aapa.org/media.

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

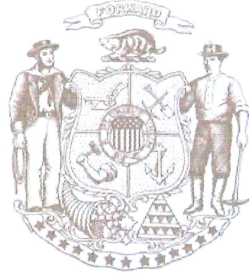
AGENDA REQUEST FORM

1) Name and title of person submitting the request: Valerie Payne, Executive Director on behalf of Jennifer Jarrett, Chair		2) Date when request submitted: 10/15/2020 <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: 10/15/2020	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Under COVID-19 – Discussion and Consideration <ul style="list-style-type: none"> Emergency Order 2 Wisconsin Emergency Assistance Volunteer Registry (WEAVR) 	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: <ul style="list-style-type: none"> The attached Governor Evers issued Emergency Order 2 contains provisions related to licensed health care professionals. Individual licensee/provider temporary license forms as well as health care facility temporary license forms can be found here: https://dsps.wi.gov/pages/Home.aspx Health care providers who wish to assist the COVID-19 response can register in the state's volunteer program. The Wisconsin Emergency Assistance Volunteer Registry (WEAVR), is a secure, password-protected, web-based volunteer registration system for health care and behavioral health professionals. Volunteers interested in filling critical response and recovery roles following a major public health emergency self-register and are the only ones that can update their information. <p>Based on the information collected from each volunteer, public health officials identify those professionals willing to fill the specific volunteer roles needed in an emergency. Public health officials use the WEAVR registry to generate a list of volunteers to be contacted.</p>			
11) Authorization			
<i>Valerie Payne</i>		10/15/2020	
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: <ol style="list-style-type: none"> This form should be attached to any documents submitted to the agenda. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting. 			

State of Wisconsin

Governor Tony Evers

Office of the Governor
PO Box 7863
Madison, WI 53707
(608)-266-1212
Evers.wi.gov



Secretary-designee Andrea Palm

Department of Health Services
PO Box 7850
Madison, WI 53707
(608)-266-9622
DHS.wi.gov

Emergency Order #2

Order to Aid our Healthcare Facilities to Provide Treatment to Wisconsinites Impacted by COVID-19

SARS-CoV-2 is a deadly respiratory virus. The immediate and long-term health impacts are still being identified by victims and medical experts. COVID-19, the disease that is caused by SARS-CoV-2, is widespread in Wisconsin.

Make no mistake – COVID-19 is not the flu. During the 2019-2020 flu season, there were 36,175 cases of influenza in Wisconsin, which led to 4,425 flu-related hospitalizations, and 183 deaths. Approximately 0.1% of people infected with seasonal influenza die. COVID-19, the disease that is caused by SARS-CoV-2, has been far more prolific and deadly. Since the start of this pandemic less than 10 months ago, Wisconsin has seen 122,747 confirmed COVID-19 cases, 7,300 COVID-19 related hospitalizations, and 683 COVID-19 related deaths. The fall and winter months – which bring more severe respiratory illnesses – are expected to cause a rise in COVID-19 cases and deaths.

As we head into these colder months, hospital capacity in this state is already increasingly strained in certain areas. The State of Wisconsin is divided into seven healthcare emergency readiness coalition regions (HERC regions), which coordinate how public health, healthcare institutions, and first responder agencies respond to health emergencies and catastrophic events. Today, every HERC region in the state has a high disease activity level.

The following data describes the current situation in three of the HERC regions of the state—all experiencing surges:

- North Central has tripled the number of patients with COVID-19 in the past two weeks with 94 total patients with COVID-19 currently hospitalized and 38 of those patients in the Intensive Care Unit; 4 of 17 hospitals reporting critical staffing shortages;
- North East has increased the number of patients with COVID-19 by 2.5 times with 113 total patients with COVID-19 currently hospitalized and 38 of those patients in the Intensive Care Unit; 3 of 10 hospitals reporting critical staffing shortages; and
- Fox Valley has doubled the number of patients with COVID-19 in the past two weeks with 112 total patients with COVID-19 currently hospitalized and 38 of those patients in the Intensive Care Unit; 3 of 13 hospitals reporting critical staffing shortages.

In the remaining four HERC regions, the number of patients with COVID-19 has also begun to rise in the past week and these regions are likewise experiencing critical staffing shortages—largely due to staff members experiencing infection or exposure to COVID-19.

Because of the increasing magnitude of the COVID-19 pandemic in Wisconsin, there may soon be too little space and too few healthcare professionals to treat everyone who needs medical care.

Healthcare capacity will increasingly be strained as long as the virus spreads. Even before COVID-19, more than half of Wisconsin counties had a shortage of physicians, and many other types of healthcare workers were in short supply. Now, as our efforts against the COVID-19 pandemic strains our healthcare systems, we must swiftly act to do all that we can to make sure those systems are able to provide medical aid. This means welcoming the help of as many skilled healthcare providers as possible and working to establish an agile workforce.

As such, I, Tony Evers, Governor of the State of Wisconsin, and I, Andrea Palm, Secretary-designee of the Department of Health Services, by the authority vested in us by the Constitution and laws of this State, including but not limited to Article I, Section I of the Wisconsin Constitution, Section 252.02(2) of the Wisconsin Statutes, and Section 15.001(2) of the Wisconsin Statutes, direct the following:

I. Increasing our credentialed workforce

1. Definitions

For purposes of this Order, the following definitions control:

“Healthcare provider” has the meaning given in Wis. Stat. § 146.81(1)(a) through (hp).

“Healthcare facility” refers to any system, care clinic, care provider, long-term care facility, alternative care facility, or any other healthcare facility where medical services are or may be provided.

“Interstate reciprocity temporary license” refers to temporary licensure issued under Section I-2.

“Emergency declaration” refers to the public health emergency declared pursuant to Section 319 of the Public Health Service Act, last declared July 23, 2020, and including any renewals.

2. Interstate Reciprocity

Any healthcare provider with a valid and current license or credential issued by another state may practice under that license and within the scope of that license in Wisconsin, including via telehealth/telemedicine technology, without first obtaining a

license or credential from the Department of Safety and Professional Services (DSPS), so long as the following conditions are met:

1. The practice is necessary for an identified healthcare facility to ensure the continued and safe delivery of healthcare services;
2. The healthcare provider is not currently under investigation and does not currently have any restrictions or limitations placed on their license by their credentialing state or any other jurisdiction;
3. The healthcare facility's needs reasonably prevented in-state credentialing in advance of practice;
4. Except as provided in Section I-5, the healthcare provider must apply for an interstate reciprocity temporary license, or another form of temporary or permanent license provided for by Wisconsin law, within 30 days of first working at a healthcare facility in reliance on this Section;
5. The healthcare facility must notify DSPS at dsps@wisconsin.gov within 10 days of a healthcare provider practicing at its facility, including via telehealth/telemedicine technology, in reliance on this Section.

For a healthcare provider who possessed a temporary interstate license under Emergency Order 16, as modified in Emergency Order 20, or 2019 Wis. Act 185 and is seeking reinstatement, the provider may attest that the information contained in the original application is the same. The healthcare provider need not submit a new application form.

DSPS shall make the application form, notification form, and reinstatement attestation form readily available as soon as practicably possible on its website: <https://dsps.wi.gov/pages/Home.aspx>.

DSPS may withdraw an individual's authority to practice pursuant to this Section for good cause as determined by DSPS.

The Office of the Commissioner of Insurance (OCI) is directed to work with healthcare providers practicing under this provision to ensure they have the proper liability insurance coverage.

3. Expiring Credentials

A temporary interstate license provided under Section I-2, or any otherwise valid healthcare provider license that expires during the emergency declaration, shall remain valid for 30 days after the conclusion of the emergency declaration.

4. Reinstatement of Recently Lapsed Credentials

Any healthcare provider with a license that has recently lapsed (meaning within 5 years of expiration) who applies to DSPS for reinstatement shall not be required to pay any late renewal fees, and shall not be required to fulfill lapsed continuing education requirements.

5. Telemedicine

Except for as provided in Section I-2, a physician providing telemedicine in the diagnosis and treatment of a patient located in this state must have a valid and current license issued by this State, another state, or Canada. Where a requirement in Wis. Admin. Med. Ch. 24 applies to physicians licensed to practice by the medical examining board, such requirements extend to any physician practicing telemedicine in this state.

A physician practicing under this section must not currently be under investigation and must not currently have any restrictions or limitations placed on their license by their credentialing state or any other jurisdiction.

Insured patients are encouraged to continue to work with their insurance providers to ensure they are selecting providers in-network, if applicable and where possible.

An out-of-state physician who provides telemedicine in the diagnosis and treatment of a patient in Wisconsin pursuant to this Section who does not hold a valid interstate reciprocity temporary license as provided for in Section I-2, or another form of temporary or permanent license provided for by Wisconsin law, must provide notice that they have provided healthcare to a Wisconsin resident within 10-days to DSPS at dsps@wisconsin.gov. Such notice must include verification of credentials. Notice need only be provided once.

DSPS shall make the notification form readily available as soon as practicably possible on its website: <https://dsps.wi.gov/pages/Home.aspx>

OCI is directed to continue working with malpractice insurance carriers to facilitate coverage outside of the traditional healthcare facility settings and to continue working with health insurers to minimize out-of-network barriers for insured patients seeking telemedicine services.

II. Maximizing existing workforce resources

Practice and training flexibility for certain healthcare professions that were implemented previously have been identified by our healthcare partners as tools to help maximize available workforce resources during times of high volume COVID-19 care. As such, Sections IV and V of Emergency Order #16 issued March 27, 2020 are incorporated here by reference.

III. Other Provisions

Nothing in this Order should be construed to facilitate the practice by a credential-holder who has unmet disciplinary requirements, or whose credential has been suspended, revoked, or rescinded. Nothing in this Order should be construed to prevent civil or criminal action against a person or entity who falsely reports required information to DSPS or who otherwise violates the terms of this Order.

If any provision of this Order or its application to any person or circumstance is held to be invalid, then the remainder of the Order, including the application of such part or provision to other persons or circumstances, shall not be affected and shall continue in full force and effect. To this end, the provisions of this Order are severable.

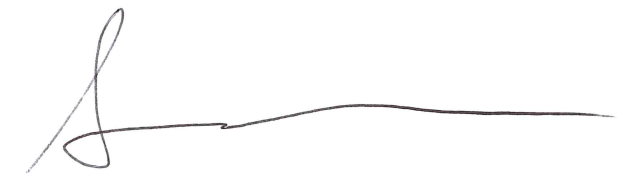
This Order is effective immediately and shall remain in effect for the duration of the federal public health emergency declared July 23, 2020 pursuant to Section 319 of the Public Health Service Act, including any renewals, or until a superseding order is issued by either the Governor or the Secretary of the Department of Health Services.



10/1/2020

Tony Evers
Governor
State of Wisconsin

Date



Andrea Palm
Secretary-designee
State of Wisconsin Department of Health Services

10/01/2020

Date