



VIRTUAL/TELECONFERENCE
PODIATRY AFFILIATED CREDENTIALING BOARD
Virtual, 4822 Madison Yards Way, Madison
Contact: Tom Ryan (608) 266-2112
June 8, 2023

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

AGENDA

9:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A. Adoption of Agenda (1-3)**
- B. Approval of Minutes of February 22, 2023 (4-11)**
- C. Introductions, Announcements and Recognition**
 - 1) Recognition: Robert Sage, Podiatrist (Resigned: 3/19/2023)
 - 2) Introduction: James Whelan, Podiatrist (Succeeds: Sage)
- D. Reminders: Conflicts of Interest, Scheduling Concerns**
- E. Administrative Matters – Discussion and Consideration**
 - 1) Board, Department and Staff Updates
 - 2) Election of Officers and Appointment of Liaisons and Alternates (12-13)
 - 3) Board Members – Term Expiration Dates
 - a. Hutter, Jack – 7/1/2023
 - b. Kittleson, Randal – 7/1/2023
 - c. Whelan, James – 7/1/2024
 - 4) Wis. Stat. § 15.085(3)(b) Biannual Meeting with the Medical Examining Board
- F. Legislative and Policy Matters – Discussion and Consideration**
- G. Administrative Rule Matters – Discussion and Consideration (14)**
 - 1) Adoption Order: Pod 1 and 1, relating to Licensure ad Unprofessional Conduct (15-17)
 - 2) Scope Statement Request: Pod 9, relating to References to Physician Assistants (18-34)
 - 3) Pending and Possible Rulemaking Projects (35)
- H. Prescription Drug Monitoring Program (PDMP) Overview and Updates (36-38)**
- I. Discussion and Consideration of Items Added After Preparation of Agenda:**
 - 1) Introductions, Announcements and Recognition

- 2) Administrative Matters
- 3) Election of Officers
- 4) Appointment of Liaisons and Alternates
- 5) Delegation of Authorities
- 6) Education and Examination Matters
- 7) Credentialing Matters
- 8) Practice Matters
- 9) Legislation and Policy Matters
- 10) Administrative Rule Matters
- 11) Public Health Emergencies
- 12) Liaison Reports
- 13) Board Liaison Training and Appointment of Mentor
- 14) Informational Items
- 15) Division of Legal Services and Compliance (DLSC) Matters
- 16) Presentations of Petitions for Summary Suspension
- 17) Petitions for Designation of Hearing Examiner
- 18) Presentation of Proposed Stipulations, Final Decisions and Orders
- 19) Presentation of Proposed Final Decisions and Orders
- 20) Presentation of Interim Orders
- 21) Petitions for Re-Hearing
- 22) Petitions for Assessments
- 23) Petitions to Vacate Orders
- 24) Requests for Disciplinary Proceeding Presentations
- 25) Motions
- 26) Petitions
- 27) Appearances from Requests Received or Renewed
- 28) Speaking Engagement(s), Travel, or Public Relation Request(s)

J. Public Comments

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

K. Deliberation on Division of Legal Services and Compliance (DLSC) Matters

L. Deliberation of Items Added After Preparation of the Agenda

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

- 14) Proposed Interim Orders
- 15) Petitions for Assessments and Evaluations
- 16) Petitions to Vacate Orders
- 17) Remedial Education Cases
- 18) Motions
- 19) Petitions for Re-Hearing
- 20) Appearances from Requests Received or Renewed

M. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

N. Open Session Items Noticed Above Not Completed in the Initial Open Session

O. Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate

P. Delegation of Ratification of Examination Results and Ratification of Licenses and Certificates

ADJOURNMENT

NEXT MEETING: OCTOBER 12, 2023

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

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held virtually unless otherwise indicated. In-person meetings are typically conducted at 4822 Madison Yards Way, Madison, Wisconsin, unless an alternative location is listed on the meeting notice. In order to confirm a meeting or to request a complete copy of the board’s agenda, please visit the Department website at <https://dps.wi.gov>. 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. Requests for interpreters for the hard of hearing, or other accommodations, are considered upon request by contacting the Affirmative Action Officer, or the Meeting Staff at 608-267-7213.

**VIRTUAL/TELECONFERENCE
PODIATRY AFFILIATED CREDENTIALING BOARD
MEETING MINUTES
FEBRUARY 22, 2023**

PRESENT: Jack Hutter, DPM; Randal Kittleson, DPM; Robert Sage, DPM

STAFF: Tom Ryan, Executive Director; Jameson Whitney, Legal Counsel; Nilajah Hardin, Administrative Rules Coordinator; Katlin Schwartz, Bureau Assistant; and other Department staff

CALL TO ORDER

Robert Sage, Chairperson, called the meeting to order at 9:00 a.m. A quorum was confirmed with three (3) members present.

ADOPTION OF AGENDA

MOTION: Jack Hutter moved, seconded by Randal Kittleson, to adopt the Agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF JUNE 9, 2022

MOTION: Jack Hutter moved, seconded by Randal Kittleson, to approve the Minutes of June 9, 2022 as published. Motion carried unanimously.

ADMINISTRATIVE MATTERS

Election of Officers

Chairperson

NOMINATION: Jack Hutter nominated Randal Kittleson for the Office of Chairperson. Randal Kittleson declined the nomination.

NOMINATION: Jack Hutter nominated Robert Sage for the Office of Chairperson. Robert Sage accepted the nomination.

Tom Ryan, Executive Director, called for nominations three (3) times.

Robert Sage was elected as Chairperson by unanimous voice vote.

Vice Chairperson

NOMINATION: Robert Sage nominated Jack Hutter for the Office of Vice Chairperson. Jack Hutter accepted the nomination.

Tom Ryan, Executive Director, called for nominations three (3) times.

Jack Hutter was elected as Vice Chairperson by unanimous voice vote.

Secretary

NOMINATION: Robert Sage nominated Randal Kittleson for the Office of Secretary. Randal Kittleson accepted the nomination.

Tom Ryan, Executive Director, called for nominations three (3) times.

Randal Kittleson was elected as Secretary by unanimous voice vote.

ELECTION RESULTS	
Chairperson	Robert Sage
Vice Chairperson	Jack Hutter
Secretary	Randal Kittleson

Appointment of Liaisons

LIAISON APPOINTMENTS	
Credentialing Liaison	Robert Sage <i>Alternate: Jack Hutter</i>
Education and Exams Liaison	Jack Hutter <i>Alternate: Randal Kittleson</i>
Monitoring Liaison	Jack Hutter <i>Alternate: Robert Sage</i>
Professional Assistance Procedure Liaison	Randal Kittleson <i>Alternate: Robert Sage</i>
Legislative Liaison	Robert Sage <i>Alternate: Randal Kittleson</i>
Travel Liaison	Jack Hutter <i>Alternate: Robert Sage</i>
Screening Panel	Jack Hutter, Robert Sage, Randal Kittleson

Delegation of Authorities

Document Signature Delegations

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

MOTION: Robert Sage moved, seconded by Jack Hutter, in order to carry out duties of the Board, the Chairperson (or in absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) has the ability to delegate signature authority for purposes of facilitating the completion of assignments during or between meetings. The members of the Board hereby delegate to the Executive Director 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: Robert Sage moved, seconded by Jack Hutter, that in order to facilitate the completion of urgent matters between meetings, the Board delegates its authority to the Chairperson (or, in the absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession), to appoint liaisons to the Department to act in urgent matters. Motion carried unanimously.

Delegation to Chief Legal Counsel Due to Loss of Quorum

MOTION: Robert Sage moved, seconded by Jack Hutter, to delegate the review and authority to act on disciplinary cases to the Department's Chief Legal Counsel due to lack of/loss of quorum after two consecutive meetings. Motion carried unanimously.

Delegation to Chief Legal Counsel for Stipulated Resolutions

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

Monitoring Delegations

Delegation of Authorities for Monitoring

MOTION: Jack Hutter moved, seconded by Robert Sage, to adopt the "Roles and Authorities Delegated for Monitoring" document as presented in the February 22, 2023 agenda materials on pages 18-20. Motion carried unanimously.

Delegation of Authorities for Legal Counsel to Sign Monitoring Orders

MOTION: Randal Kittleson moved, seconded by Jack Hutter, to delegate to Legal Counsel the authority to sign Monitoring orders that result from Board meetings on behalf of the Board Chairperson. Motion carried unanimously.

Credentialing Authority Delegations

Delegation of Authority to Credentialing Liaison

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

Delegation of Authority to DSPS When Credentialing Criteria is Met

MOTION: Robert Sage moved, seconded by Jack Hutter, to delegate credentialing authority to the Department to act upon applications that meet all credentialing statutory and regulatory requirements without Board or Board liaison review. Motion carried unanimously.

Delegation of Authority for Predetermination Reviews

MOTION: Robert Sage moved, seconded by Randal Kittleson, to delegate authority to the Department Attorneys to make decisions regarding predetermination applications pursuant to Wis. Stat. § 111.335(4)(f). Motion carried unanimously.

Delegation of Authority for Conviction Reviews

MOTION: Jack Hutter moved, seconded by Robert Sage, to delegate authority to the Department Attorneys to review and approve applications with convictions which are not substantially related to the practice of podiatry. Motion carried unanimously.

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

MOTION: Robert Sage moved, seconded by Randal Kittleson, to delegate authority to Department staff to approve applications where Applicant's prior discipline has been approved for a previous podiatry credential and there is no new discipline. Motion carried unanimously.

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

MOTION: Robert Sage moved, seconded by Jack Hutter, to delegate authority to Department staff to approve applications where criminal background checks have been approved for a previous podiatry credential and there is no new conviction record. Motion carried unanimously.

Delegated Authority for Application Denial Reviews

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

Delegation of Authority for Military Reciprocity Reviews

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

Pre-Screening Delegation to Open Cases

MOTION: Robert Sage moved, seconded by Jack Hutter, to delegate pre-screening decision making authority to the Department 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: Jack Hutter moved, seconded by Randal Kittleson, to delegate pre-screening decision making authority to the Department 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: Robert Sage moved, seconded by Randal Kittleson, to delegate authority to the assigned case advisor to accept or refuse a request for voluntary surrender pursuant to Wis. Stat. § 440.19 for a credential holder who has a pending complaint or disciplinary matter. Motion carried unanimously.

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

Education and Examination Liaison(s) Delegation

MOTION: Robert Sage moved, seconded by Jack Hutter, to delegate authority to the Education and Examination Liaison(s) to address all issues related to education and examinations. Motion carried unanimously.

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

MOTION: Robert Sage moved, seconded by Jack Hutter, to authorize the Department staff to provide national regulatory related bodies with all board member contact information that the Department retains on file. Motion carried unanimously.

Optional Renewal Notice Insert Delegation

MOTION: Robert Sage moved, seconded by Jack Hutter, to designate the Chairperson (or, in the absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) to provide a brief statement or link relating to board-related business within the license renewal notice at the Board's or Board designee's request. Motion carried unanimously.

Legislative Liaison Delegation

MOTION: Robert Sage moved, seconded by Jack Hutter, to delegate authority to the Legislative Liaisons to speak on behalf of the Board regarding legislative matters. Motion carried unanimously.

Travel Authorization Liaison Delegation

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

**WISCONSIN MEDICAL EXAMINING BOARD AMENDED OPIOID PRESCRIBING
GUIDELINE – BOARD REVIEW FOR ADOPTION**

MOTION: Robert Sage moved, seconded by Randal Kittleson, to adopt the Wisconsin Medical Examining Board Opioid Prescribing Guideline, updated by the Medical Examining Board on December 21, 2022. Motion carried unanimously.

CLOSED SESSION

MOTION: Jack Hutter moved, seconded by Randal Kittleson, to convene to Closed Session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85 (1)(b), and 448.02(8), Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.). Robert Sage, Chairperson, read the language of the motion aloud for the record. The vote of each member was ascertained by voice vote. Roll Call Vote: Jack Hutter-yes; Randal Kittleson-yes; and Robert Sage-yes. Motion carried unanimously.

The Board convened into Closed Session at 9:56 a.m.

CREDENTIALING MATTERS

Application Reviews

Kevin Denis – Initial Application by Exam

MOTION: Robert Sage moved, seconded by Jack Hutter, to table the Initial Application by Exam application of Kevin Denis and to return this matter to the credentialing liaison(s) for further determination. Motion carried unanimously.

DIVISION OF LEGAL SERVICES AND COMPLIANCE (DLSC) MATTERS

Case Closings

MOTION: Robert Sage moved, seconded by Jack Hutter, to close the following DLSC Cases for the reasons outlined below:

1. 21 POD 018 – T.N.C. – No Violation
2. 21 POD 020 – R.E.H. – No Violation
3. 22 POD 006 – R.D.M. – No Violation

Motion carried unanimously.

RECONVENE TO OPEN SESSION

MOTION: Randal Kittleson moved, seconded by Robert Sage, to reconvene in Open Session. Motion carried unanimously.

The Board reconvened into Open Session at 10:21 a.m.

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION, IF VOTING IS APPROPRIATE

MOTION: Robert Sage moved, seconded by Randal Kittleson, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

(Be advised that any recusals or abstentions reflected in the closed session motions stand for the purposes of the affirmation vote.)

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

MOTION: Robert Sage moved, seconded by Jack Hutter, to delegate ratification of examination results to DSPS staff and to ratify all licenses and certificates as issued. Motion carried unanimously.

ADJOURNMENT

MOTION: Robert Sage moved, seconded by Jack Hutter, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 10:22 a.m.

DRAFT

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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Dialah Azam, Bureau Assistant		2) Date when request submitted: 5/31/2023 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: Podiatry Affiliated Credentialing Board											
4) Meeting Date: 6/8/2023	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Administrative Matters <ul style="list-style-type: none"> • Election of Officers and Appointment of Liaisons and Alternates 									
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 applicable: N/A									
10) Describe the issue and action that should be addressed: <ol style="list-style-type: none"> 1) The Board, Council or Section should conduct Election Officers: Chairperson, Vice Chairperson & Secretary 2) The newly elected Chairperson should review and appoint/reappoint Liaisons and Alternates as appropriate 											
11) <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%; border-bottom: 1px solid black; padding-bottom: 5px;"><i>Dialah Azam</i></td> <td style="width: 40%; border-bottom: 1px solid black; padding-bottom: 5px; text-align: right;">5/31/2023</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">Signature of person making this request</td> <td style="border-bottom: 1px solid black; padding-bottom: 5px; text-align: right;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">Supervisor (Only required for post agenda deadline items)</td> <td style="border-bottom: 1px solid black; padding-bottom: 5px; text-align: right;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">Executive Director signature (Indicates approval for post agenda deadline items)</td> <td style="border-bottom: 1px solid black; padding-bottom: 5px; text-align: right;">Date</td> </tr> </table>				<i>Dialah Azam</i>	5/31/2023	Signature of person making this request	Date	Supervisor (Only required for post agenda deadline items)	Date	Executive Director signature (Indicates approval for post agenda deadline items)	Date
<i>Dialah Azam</i>	5/31/2023										
Signature of person making this request	Date										
Supervisor (Only required for post agenda deadline items)	Date										
Executive Director signature (Indicates approval for post agenda deadline items)	Date										
Directions for including supporting documents: <ol style="list-style-type: none"> 1. This form should be saved with any other documents submitted to the Agenda Items folders. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting. 											

PODIATRY AFFILIATED CREDENTIALING BOARD

2023 Elections, Liaisons and Delegations

ELECTION RESULTS	
Chairperson	Robert Sage
Vice Chairperson	Jack Hutter
Secretary	Randal Kittleson

Appointment of Liaisons

LIAISON APPOINTMENTS	
Credentialing Liaison	Robert Sage <i>Alternate: Jack Hutter</i>
Education and Exams Liaison	Jack Hutter <i>Alternate: Randal Kittleson</i>
Monitoring Liaison	Jack Hutter <i>Alternate: Robert Sage</i>
Professional Assistance Procedure Liaison	Randal Kittleson <i>Alternate: Robert Sage</i>
Legislative Liaison	Robert Sage <i>Alternate: Randal Kittleson</i>
Travel Liaison	Jack Hutter <i>Alternate: Robert Sage</i>
Screening Panel	Jack Hutter, Robert Sage, Randal Kittleson

Delegation of Authorities

Document Signature Delegations

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

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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Nilajah Hardin Administrative Rules Coordinator		2) Date when request submitted: 05/26/23 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: Podiatry Affiliated Credentialing Board			
4) Meeting Date: 06/08/23	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Administrative Rule Matters Discussion and Considerations 1. Adoption Order: Pod 1 and 2, Relating to Licensure and Unprofessional Conduct 2. Scope Statement Request: Pod 9, Relating to References to Physician Assistants 3. Pending or Possible Rulemaking Projects	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: Attachments: 1. Pod 1 and 2 Adoption Order 2. 2021 WI Act 23 3. Wisc. Admin. Code Chapter Pod 9 4. 2023 Podiatry Affiliated Credentialing Board Report on Opioid Abuse 5. Rule Project Chart			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

STATE OF WISCONSIN
PODIATRY AFFILIATED CREDENTIALING BOARD

IN THE MATTER OF RULEMAKING	:	ORDER OF THE
PROCEEDINGS BEFORE THE	:	PODIATRY AFFILIATED
PODIATRY AFFILIATED	:	CREDENTIALING BOARD
CREDENTIALING BOARD	:	ADOPTING RULES
	:	(CLEARINGHOUSE RULE 22-018)

ORDER

An order of the Podiatry Affiliated Credentialing Board to amend Pod 1.03 (2) and 2.01 (21), relating to licensure and professional conduct.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: Section 448.695 (1) (a) and (2), Stats.

Statutory authority: Sections 15.085 (5) (b) and 448.695 (1) (a) and (2), Stats.

Explanation of agency authority:

Section 15.085 (5) (b), Stats., provides an affiliated credentialing board “[s]hall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains. . .”

Section 448.695 (1) (a), Stats., requires the Podiatry Affiliated Credentialing Board to promulgate rules which “defin[e] the acts or attempted acts of commission or omission that constitute unprofessional conduct under s. 448.60 (5).”

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

Related statute or rule: None.

Plain language analysis:

The rule updates ss. Pod 1.03 (2) and 2.01 (21) to reflect that the Council on Education has been renamed the Council on Podiatric Medical Education, and that the American Board of Foot and Ankle Surgery and American Board of Podiatric Medicine are the recognized specialty boards in the podiatric medical profession.

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

Summary of public comments received on statement of scope and a description of how and to what extent those comments and feedback were taken into account in drafting the proposed rule: N/A

Comparison with rules in adjacent states:

Illinois: The Illinois administrative rules reflect that the Council on Education is now referred to as the Council on Podiatric Medical Education of the American Podiatric Medical Association (68 Ill. Admin. Code s. 1360.20 (b)). The Illinois code does not list the specialty boards that are approved by the department (68 Ill. Admin. Code s. 1360.85 (d)).

Iowa: Iowa administrative rules reflect that the Council on Education is now referred to as the Council on Podiatric Medical Education of the American Podiatric Medical Association (645 IAC 220.4 (1)). Iowa provides that false or misleading advertising is grounds for disciplinary action, but it does not expressly require the podiatrist to provide the name of the specialty board in the advertisement (See 645 IAC 224.2 (5)).

Michigan: Michigan administrative rules reflect that the Council on Education is now referred to as the Council on Podiatric Medical Education of the American Podiatric Medical Association (Mich. Admin Code s. R 338.8113). The code does not appear to expressly regulate podiatrist advertising.

Minnesota: Minnesota administrative rules reflect that the Council on Education is now referred to as the Council on Podiatric Medical Education of the American Podiatric Medical Association (Minn. Admin Code s. 6900.0020 (2)). Minnesota code does not provide grounds for disciplinary action. Minnesota statute does provide that false or misleading advertising is grounds for disciplinary action, however it does not expressly require the podiatrist to provide the name of the specialty board in the advertisement (See Minnesota Statutes, Section 153.19 (1))

Summary of factual data and analytical methodologies:

The proposed rules are needed to reflect a name change to the council which approves podiatry education programs, as well as to reflect the names of the currently recognized specialty boards in the podiatric medicine profession.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact report:

The proposed rules were posted for a period of 14 days for public comment on the economic impact of the proposed rules, including how the proposed rules may affect businesses, local government units, and individuals. No comments were received.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis is attached.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Jennifer.Garrett@wisconsin.gov, or by calling (608) 266-6795.

Agency contact person:

Nilajah Hardin, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, Wisconsin 53708-8366; telephone 608-267-7139; email at DSPSAdminRules@wisconsin.gov.

TEXT OF RULE

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

Pod 1.03 (2) Verified documentary evidence of graduation from a school of podiatric medicine and surgery approved by the board and a verified photographic copy of the diploma conferring the degree of doctor of podiatric medicine or its equivalent as determined by the board granted to the applicant by the school. The board shall approve the podiatric medical schools recognized and approved at the time of the applicant's graduation by the ~~council on education of the American podiatric association~~ Council on Podiatric Medical Education of the American Podiatric Medical Association.

SECTION 2. Pod 2.01 (21) is amended to read:

Pod 2.01 (21) Using in advertising the term "board certified" or a similar phrase of like meaning by a licensee unless certified by the ~~council on podiatric medicine of the American podiatric medical association~~ American Board of Foot and Ankle Surgery or the American Board of Podiatric Medicine, and unless disclosure is made in the advertising of the complete name of the board which conferred the certification.

SECTION 3. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

Dated _____

Agency _____

Chairperson
Podiatry Affiliated Credentialing Board

State of Wisconsin



2021 Assembly Bill 125

Date of enactment: **March 26, 2021**

Date of publication*: **March 27, 2021**

2021 WISCONSIN ACT 23

AN ACT to repeal 15.407 (2), 50.01 (4p), 252.01 (5), 448.01 (6), 448.03 (1) (b), 448.03 (3) (e), 448.04 (1) (f), 448.05 (5), 448.20, 448.21, 448.40 (2) (f) and 450.01 (15r); **to renumber** 448.970, subchapter VIII of chapter 448 [precedes 448.980] and subchapter IX of chapter 448 [precedes 448.985]; **to amend** 15.08 (1m) (b), 15.085 (1m) (b), 16.417 (1) (e) 3m., 46.03 (44), 48.981 (2m) (b) 1., 49.45 (9r) (a) 7. a., 50.08 (2), 50.39 (3), 55.14 (8) (b), 69.01 (6g), 70.47 (8) (intro.), 97.67 (5m) (a) 3., 118.2925 (1) (f), 146.81 (1) (d), 146.82 (3) (a), 146.89 (1) (r) 1., 146.997 (1) (d) 5., 154.01 (3) (intro.), 154.03 (2), 154.07 (1) (a) (intro.), 165.77 (1) (a), 255.07 (1) (d), 343.16 (5) (a), 440.035 (2m) (b), 440.035 (2m) (c) 1. (intro.), 448.015 (4) (am) 2., 448.02 (1), 448.03 (2) (a), 448.03 (2) (e), 448.03 (2) (k), 448.03 (5) (b), 448.035 (2) to (4), 448.037 (2) (a) (intro.) and (b) and (3), 448.62 (7), 448.695 (4) (a) and (b), 450.01 (16) (hm) 3., 450.11 (1), 450.11 (1g) (b), 450.11 (1i) (a) 1., 450.11 (1i) (b) 2. c., 450.11 (1i) (c) 2., 450.11 (8) (b), 462.02 (2) (e), 462.04, 961.01 (19) (a) and 971.14 (4) (a); **and to create** 15.406 (7), 49.45 (9r) (a) 7. e., 69.18 (1) (ck), 146.81 (1) (eu), subchapter VIII of chapter 448 [precedes 448.971], 450.11 (1i) (b) 2. cm., 450.11 (8) (f) and 990.01 (27s) of the statutes; **relating to:** regulation of physician assistants, creating a Physician Assistant Affiliated Credentialing Board, extending the time limit for emergency rule procedures, providing an exemption from emergency rule procedures, granting rule-making authority, and providing a penalty.

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 physician assistants, 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. 15.085 (1m) (b) of the statutes is amended to read:

15.085 (1m) (b) The public members of the podiatry affiliated credentialing board ~~or the occupational therapists affiliated credentialing board~~, and the physician assistant affiliated credentialing board shall not be engaged in any profession or occupation concerned with the delivery of physical or mental health care.

SECTION 3. 15.406 (7) of the statutes is created to read:

* Section 991.11, WISCONSIN STATUTES: Effective date of acts. "Every act and every portion of an act enacted by the legislature over the governor's partial veto which does not expressly prescribe the time when it takes effect shall take effect on the day after its date of publication."

15.406 (7) PHYSICIAN ASSISTANT AFFILIATED CREDENTIALING BOARD. There is created in the department of safety and professional services, attached to the medical examining board, a physician assistant affiliated credentialing board consisting of the following members appointed for staggered 4-year terms:

(a) Eight physician assistants licensed under subch. VIII of ch. 448.

(b) One public member.

SECTION 4. 15.407 (2) of the statutes is repealed.

SECTION 5. 16.417 (1) (e) 3m. of the statutes is amended to read:

16.417 (1) (e) 3m. A physician assistant who is licensed under s. 448.04 (1) (f) ~~448.974~~.

SECTION 6. 46.03 (44) of the statutes is amended to read:

46.03 (44) SEXUALLY TRANSMITTED DISEASE TREATMENT INFORMATION. Prepare and keep current an information sheet to be distributed to a patient by a physician, physician assistant, or certified advanced practice nurse prescriber providing expedited partner therapy to that patient under s. 448.035 ~~or 448.9725~~. The information sheet shall include information about sexually transmitted diseases and their treatment and about the risk of drug allergies. The information sheet shall also include a statement advising a person with questions about the information to contact his or her physician, pharmacist, or local health department, as defined in s. 250.01 (4).

SECTION 7. 48.981 (2m) (b) 1. of the statutes is amended to read:

48.981 (2m) (b) 1. "Health care provider" means a physician, as defined under s. 448.01 (5), a physician assistant, as defined under s. 448.01 (6) ~~448.971 (2)~~, or a nurse holding a license under s. 441.06 (1) or a license under s. 441.10.

SECTION 8. 49.45 (9r) (a) 7. a. of the statutes is amended to read:

49.45 (9r) (a) 7. a. A physician ~~or physician assistant~~ licensed under subch. II of ch. 448.

SECTION 9. 49.45 (9r) (a) 7. e. of the statutes is created to read:

49.45 (9r) (a) 7. e. A physician assistant licensed under subch. VIII of ch. 448.

SECTION 10. 50.01 (4p) of the statutes is repealed.

SECTION 11. 50.08 (2) of the statutes is amended to read:

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

SECTION 12. 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 affiliated credentialing 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 13. 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 448.974~~ 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 14. 69.01 (6g) of the statutes is amended to read:

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

SECTION 15. 69.18 (1) (ck) of the statutes is created to read:

69.18 (1) (ck) For purposes of preparation of the certificate of death and in accordance with accepted medical standards, a physician assistant who is directly involved with the care of a patient who dies may pronounce the date, time, and place of the patient's death.

SECTION 16. 70.47 (8) (intro.) of the statutes is amended to read:

70.47 (8) HEARING. (intro.) The board shall hear upon oath all persons who appear before it in relation to the assessment. Instead of appearing in person at the hearing, the board may allow the property owner, or the property owner's representative, at the request of either person, to appear before the board, under oath, by telephone or to submit written statements, under oath, to the

board. The board shall hear upon oath, by telephone, all ill or disabled persons who present to the board a letter from a physician, ~~osteopath~~, physician assistant, as defined in s. 448.01 (6), or advanced practice nurse prescriber certified under s. 441.16 (2) that 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 17. 97.67 (5m) (a) 3. of the statutes is amended to read:

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

SECTION 18. 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)~~ 448.974.

SECTION 19. 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 20. 146.81 (1) (eu) of the statutes is created to read:

146.81 (1) (eu) A physician assistant licensed under subch. VIII of ch. 448.

SECTION 21. 146.82 (3) (a) of the statutes is amended to read:

146.82 (3) (a) Notwithstanding sub. (1), a physician, a physician assistant, ~~as defined in s. 448.01 (6)~~, or an advanced practice nurse prescriber certified under s. 441.16 (2) who treats a patient whose physical or mental condition in the physician's, physician assistant's, or advanced practice nurse prescriber's judgment affects the patient's ability to exercise reasonable and ordinary control over a motor vehicle may report the patient's name and other information relevant to the condition to the department of transportation without the informed consent of the patient.

SECTION 22. 146.89 (1) (r) 1. of the statutes is amended to read:

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

SECTION 23. 146.997 (1) (d) 5. of the statutes is amended to read:

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

SECTION 24. 154.01 (3) (intro.) of the statutes is amended to read:

154.01 (3) (intro.) "Health care professional" means ~~who is, or who holds a compact privilege under subch. IX of ch. 448~~ any of the following:

SECTION 25. 154.03 (2) of the statutes is amended to read:

154.03 (2) The department shall prepare and provide copies of the declaration and accompanying information for distribution in quantities to persons licensed, certified, or registered under ch. 441, 448, or 455, persons who hold a compact privilege under subch. X of ch. 448, hospitals, nursing homes, county clerks and local bar associations and individually to private persons. The department shall include, in information accompanying the declaration, at least the statutory definitions of terms used in the declaration, statutory restrictions on who may be witnesses to a valid declaration, a statement explaining that valid witnesses acting in good faith are statutorily immune from civil or criminal liability, an instruction to potential declarants to read and understand the information before completing the declaration and a statement explaining that an instrument may, but need not be, filed with the register in probate of the declarant's county of residence. The department may charge a reasonable fee for the cost of preparation and distribution. The declaration distributed by the department of health services shall be easy to read, the type size may be no smaller than 10 point, and the declaration shall be in the following form, setting forth on the first page the wording before the ATTENTION statement and setting forth on the 2nd page the ATTENTION statement and remaining wording:

DECLARATION TO HEALTH CARE PROFESSIONALS
(WISCONSIN LIVING WILL)

I,....., being of sound mind, voluntarily state my desire that my dying not be prolonged under the circumstances specified in this document. Under those circumstances, I direct that I be permitted to die naturally. If I am unable to give directions regarding the use of life-sustaining procedures or feeding tubes, I intend that my family and physician, physician assistant, or advanced practice registered nurse honor this document as the final expression of my legal right to refuse medical or surgical treatment.

1. If I have a TERMINAL CONDITION, as determined by a physician, physician assistant, or advanced practice registered nurse who has personally examined me, and if a physician who has also personally examined me agrees with that determination, I do not want my dying to be artificially prolonged and I do not want life-sustaining procedures to be used. In addition, the following are my directions regarding the use of feeding tubes:

.... YES, I want feeding tubes used if I have a terminal condition.

.... NO, I do not want feeding tubes used if I have a terminal condition.

If you have not checked either box, feeding tubes will be used.

2. If I am in a PERSISTENT VEGETATIVE STATE, as determined by a physician, physician assistant, or advanced practice registered nurse who has personally examined me, and if a physician who has also personally examined me agrees with that determination, the following are my directions regarding the use of life-sustaining procedures:

.... YES, I want life-sustaining procedures used if I am in a persistent vegetative state.

.... NO, I do not want life-sustaining procedures used if I am in a persistent vegetative state.

If you have not checked either box, life-sustaining procedures will be used.

3. If I am in a PERSISTENT VEGETATIVE STATE, as determined by a physician, physician assistant, or advanced practice registered nurse who has personally examined me, and if a physician who has also personally examined me agrees with that determination, the following are my directions regarding the use of feeding tubes:

.... YES, I want feeding tubes used if I am in a persistent vegetative state.

.... NO, I do not want feeding tubes used if I am in a persistent vegetative state.

If you have not checked either box, feeding tubes will be used.

If you are interested in more information about the significant terms used in this document, see section 154.01 of the Wisconsin Statutes or the information accompanying this document.

ATTENTION: You and the 2 witnesses must sign the document at the same time.

Signed Date

Address Date of birth

I believe that the person signing this document is of sound mind. I am an adult and am not related to the person signing this document by blood, marriage or adoption. I am not entitled to and do not have a claim on any portion of the person's estate and am not otherwise restricted by law from being a witness.

Witness signature Date signed

Print name

Witness signature Date signed

Print name

DIRECTIVES TO ATTENDING PHYSICIAN, PHYSICIAN ASSISTANT, OR ADVANCED PRACTICE REGISTERED NURSE

1. This document authorizes the withholding or withdrawal of life-sustaining procedures or of feeding tubes when a physician and another physician, physician assistant, or advanced practice registered nurse, one of whom is the attending health care professional, have personally examined and certified in writing that the patient has a terminal condition or is in a persistent vegetative state.

2. The choices in this document were made by a competent adult. Under the law, the patient's stated desires must be followed unless you believe that withholding or withdrawing life-sustaining procedures or feeding tubes would cause the patient pain or reduced comfort and that the pain or discomfort cannot be alleviated through pain relief measures. If the patient's stated desires are that life-sustaining procedures or feeding tubes be used, this directive must be followed.

3. If you feel that you cannot comply with this document, you must make a good faith attempt to transfer the patient to another physician, physician assistant, or advanced practice registered nurse who will comply. Refusal or failure to make a good faith attempt to do so constitutes unprofessional conduct.

4. If you know that the patient is pregnant, this document has no effect during her pregnancy.

* * * * *

The person making this living will may use the following space to record the names of those individuals and health care providers to whom he or she has given copies of this document:

.....
.....
.....

SECTION 26. 154.07 (1) (a) (intro.) of the statutes is amended to read:

154.07 (1) (a) (intro.) No health care professional, inpatient health care facility or person licensed, certified, or registered under ch. 441, 448, or 455, or a person who holds a compact privilege under subch. X of ch. 448 acting under the direction of a health care professional may be held criminally or civilly liable, or charged with unprofessional conduct, for any of the following:

SECTION 27. 165.77 (1) (a) of the statutes is amended to read:

165.77 (1) (a) "Health care professional" means a person licensed, certified, or registered under ch. 441, 448, or 455 or a person who holds a compact privilege under subch. X of ch. 448.

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

SECTION 29. 255.07 (1) (d) of the statutes is amended to read:

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

SECTION 30. 343.16 (5) (a) of the statutes is amended to read:

343.16 (5) (a) The secretary may require any applicant for a license or any licensed operator to submit to a special examination by such persons or agencies as the secretary may direct to determine incompetency, physical or mental disability, disease, or any other condition that might prevent such applicant or licensed person from exercising reasonable and ordinary control over a motor

vehicle. If the department requires the applicant to submit to an examination, the applicant shall pay for the examination. If the department receives an application for a renewal or duplicate license after voluntary surrender under s. 343.265 or receives a report from a physician, physician assistant, as defined in s. 448.01 (6), advanced practice nurse prescriber certified under s. 441.16 (2), or optometrist under s. 146.82 (3), or if the department has a report of 2 or more arrests within a one-year period for any combination of violations of s. 346.63 (1) or (5) or a local ordinance in conformity with s. 346.63 (1) or (5) or a law of a federally recognized American Indian tribe or band in this state in conformity with s. 346.63 (1) or (5), or s. 346.63 (1m), 1985 stats., or s. 346.63 (2) or (6) or 940.25, or s. 940.09 where the offense involved the use of a vehicle, the department shall determine, by interview or otherwise, whether the operator should submit to an examination under this section. The examination may consist of an assessment. If the examination indicates that education or treatment for a disability, disease or condition concerning the use of alcohol, a controlled substance or a controlled substance analog is appropriate, the department may order a driver safety plan in accordance with s. 343.30 (1q). If there is non-compliance with assessment or the driver safety plan, the department shall revoke the person's operating privilege in the manner specified in s. 343.30 (1q) (d).

SECTION 31. 440.035 (2m) (b) of the statutes is amended to read:

440.035 (2m) (b) The medical examining board, the physician assistant affiliated credentialing board, the podiatry affiliated credentialing board, the board of nursing, the dentistry examining board, or the optometry examining board may issue guidelines regarding best practices in prescribing controlled substances for persons credentialed by that board who are authorized to prescribe controlled substances.

SECTION 32. 440.035 (2m) (c) 1. (intro.) of the statutes is amended to read:

440.035 (2m) (c) 1. (intro.) The medical examining board, the physician assistant affiliated credentialing board, the podiatry affiliated credentialing board, the board of nursing, the dentistry examining board, and the optometry examining board shall, by November 1, 2018, and annually thereafter of each year, submit a report to the persons specified in subd. 2. that does all of the following:

SECTION 33. 448.01 (6) of the statutes is repealed.

SECTION 34. 448.015 (4) (am) 2. of the statutes is amended to read:

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

SECTION 35. 448.02 (1) of the statutes is amended to read:

448.02 (1) LICENSE. The board may grant licenses, including various classes of temporary licenses, to prac-

tice medicine and surgery, to practice as an administrative physician, to practice perfusion, and to practice as an anesthesiologist assistant, ~~and to practice as a physician assistant.~~

SECTION 36. 448.03 (1) (b) of the statutes is repealed.

SECTION 37. 448.03 (2) (a) of the statutes is amended to read:

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

SECTION 38. 448.03 (2) (e) of the statutes is amended to read:

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

SECTION 39. 448.03 (2) (k) of the statutes is amended to read:

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

SECTION 40. 448.03 (3) (e) of the statutes is repealed.

SECTION 41. 448.03 (5) (b) of the statutes is amended to read:

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

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

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

SECTION 42. 448.035 (2) to (4) of the statutes are amended to read:

448.035 (2) Notwithstanding the requirements of s. 448.30, a physician, ~~physician assistant~~, or certified advanced practice nurse prescriber may provide expedited partner therapy if the patient is diagnosed as infected with a chlamydial infection, gonorrhea, or tri-

chomoniasis and the patient has had sexual contact with a sexual partner during which the chlamydial infection, gonorrhea, or trichomoniasis may have been transmitted to or from the sexual partner. The physician, ~~physician assistant~~, or certified advanced practice nurse prescriber shall attempt to obtain the name of the patient's sexual partner. A prescription order for an antimicrobial drug prepared under this subsection shall include the name and address of the patient's sexual partner, if known. If the physician, ~~physician assistant~~, or certified advanced practice nurse prescriber is unable to obtain the name of the patient's sexual partner, the prescription order shall include, in ordinary bold-faced capital letters, the words, "expedited partner therapy" or the letters "EPT."

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

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

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

SECTION 43. 448.037 (2) (a) (intro.) and (b) and (3) of the statutes are amended to read:

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

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

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

SECTION 44. 448.04 (1) (f) of the statutes is repealed.

SECTION 45. 448.05 (5) of the statutes is repealed.

SECTION 46. 448.20 of the statutes is repealed.

SECTION 47. 448.21 of the statutes is repealed.

SECTION 48. 448.40 (2) (f) of the statutes is repealed.

SECTION 49. 448.62 (7) of the statutes is amended to read:

448.62 (7) A physician assistant who is acting under the supervision and direction of a podiatrist, subject to s. 448.21 (4) ~~448.975 (2) (a) 2m.~~, or an individual to whom the physician assistant delegates a task or order under s. 448.975 (4).

SECTION 50. 448.695 (4) (a) and (b) of the statutes are amended to read:

448.695 (4) (a) Practice standards for a physician assistant practicing podiatry as provided in s. 448.21 (4) ~~448.975 (2) (a) 2m.~~

(b) Requirements for a podiatrist who is supervising a physician assistant as provided in s. 448.21 (4) ~~448.975 (2) (a) 2m.~~

SECTION 51. 448.970 of the statutes is renumbered 448.9695.

SECTION 52. Subchapter VIII of chapter 448 [precedes 448.971] of the statutes is created to read:

CHAPTER 448

SUBCHAPTER VIII

PHYSICIAN ASSISTANT AFFILIATED CREDENTIALING BOARD

448.971 Definitions. In this subchapter, unless the context requires otherwise:

(1) "Board" means the physician assistant affiliated credentialing board.

(2) "Physician assistant" means a person licensed under this subchapter.

(3) "Podiatrist" has the meaning given in s. 448.60 (3).

(4) "Podiatry" has the meaning given in s. 448.60 (4).

448.972 License required; exceptions. (1) Except as provided in subs. (2) and (3), no person may represent himself or herself as a "PA" or "physician assistant," use or assume the title "PA" or "physician assistant," or append to the person's name the words or letters "physician assistant," "PA," "PA-C," or any other titles, letters, or designation that represents or may tend to represent the person as a physician assistant, unless he or she is licensed by the board under this subchapter.

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

(a) An individual employed and duly credentialed as a physician assistant or physician associate by the federal government while performing duties incident to that employment, unless a license under this subchapter is required by the federal government.

(b) A person who satisfies the requirement under s. 448.974 (1) (a) 3. but who is not licensed under this subchapter. This paragraph does not allow such a person to

practice medicine and surgery in violation of s. 448.03 (1) (a) or to practice podiatry in violation of s. 448.61.

(3) A student who is enrolled in an accredited physician assistant educational program may use the title “physician assistant student,” “PA student,” or “PA-S.”

448.9725 Expedited partner therapy. (1) In this section:

(b) “Antimicrobial drug” has the meaning given in s. 448.035 (1) (b).

(c) “Expedited partner therapy” has the meaning given in s. 448.035 (1) (c).

(2) Notwithstanding the requirements of s. 448.9785, a physician assistant may provide expedited partner therapy if a patient is diagnosed as infected with a chlamydial infection, gonorrhea, or trichomoniasis and the patient has had sexual contact with a sexual partner during which the chlamydial infection, gonorrhea, or trichomoniasis may have been transmitted to or from the sexual partner. The physician assistant shall attempt to obtain the name of the patient’s sexual partner. A prescription order for an antimicrobial drug prepared under this subsection shall include the name and address of the patient’s sexual partner, if known. If the physician assistant is unable to obtain the name of the patient’s sexual partner, the prescription order shall include, in ordinary, bold-faced capital letters, the words, “expedited partner therapy” or the letters “EPT.”

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

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

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

448.9727 Prescriptions for and delivery of opioid antagonists. (1) In this section:

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

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

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

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

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

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

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

1. Prescribe an opioid antagonist to a person in a position to assist an individual at risk of undergoing an opioid-related drug overdose and may deliver the opioid antagonist to that person. A prescription order under this subdivision need not specify the name and address of the individual to whom the opioid antagonist will be administered, but shall instead specify the name of the person to whom the opioid antagonist is prescribed.

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

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

(3) A physician assistant who, acting in good faith, prescribes or delivers an opioid antagonist in accordance with sub. (2) or who, acting in good faith, otherwise lawfully prescribes or dispenses an opioid antagonist shall be immune from criminal or civil liability and may not be subject to professional discipline under s. 448.978 for any outcomes resulting from prescribing, delivering, or dispensing the opioid antagonist.

448.973 Powers and duties of board. (1) (a) The board shall promulgate rules implementing s. 448.9785.

(b) The board shall promulgate rules establishing continuing education requirements for physician assistants.

(c) The board may promulgate other rules to carry out the purposes of this subchapter, including any of the following:

1. Rules defining what constitutes unprofessional conduct for physician assistants for purposes of s. 448.978 (2) (d).

2. Rules under s. 448.977 (2).

(2) 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 subchapter were suspended or revoked within the past 2 years. The register shall be available for purchase at cost.

448.974 License; renewal. (1) (a) Except as provided in par. (b), the board shall grant an initial license to practice as a physician assistant to any applicant who is found qualified by three-fourths of the members of the board and satisfies all of the following requirements, as determined by the board:

1. The applicant 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).

2. The applicant is at least 18 years of age.

3. The applicant provides evidence of one of the following:

a. That the applicant has successfully completed an educational program for physician assistants or physician associates that is 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.

b. If the applicant does not satisfy subd. 3. a., that the applicant, prior to January 1, 1986, successfully passed the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants.

4. The applicant passes the National Commission on Certification of Physician Assistants examination or an equivalent national examination adopted by the board.

5. The applicant provides a listing with all employers, practice settings, internships, residencies, fellowships, and other employment for the past 7 years.

6. Subject to ss. 111.321, 111.322, and 111.335, the applicant does not have an arrest or conviction record.

(b) Paragraph (a) 3. does not apply to an applicant if the applicant provides evidence that he or she is licensed as a physician assistant or physician associate 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 and the board determines that the requirements for obtaining the license in that state or territory are substantially equivalent to the requirements under par. (a).

(2) (a) The renewal date for a license issued under this subchapter 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 par. (b).

(b) An applicant for the renewal of a license under this subchapter shall submit with his or her application for renewal proof of having satisfied the continuing education requirements imposed by the board under s. 448.973 (1) (b). This paragraph does not apply to an applicant for renewal of a license that expires on the first renewal date after the date on which the board initially granted the license.

(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, 2019 stats., shall be considered to have been licensed under sub. (1) for purposes of this subchapter.

448.975 Practice and employment. (1) (a) Subject to the limitations and requirements under sub. (2); the physician assistant's experience, education, and training;

and any rules promulgated under sub. (5), a physician assistant may do any of the following:

1. Examine into the fact, condition, or cause of human health or disease, or treat, operate, prescribe, or advise for the same, by any means or instrumentality.

2. Apply principles or techniques of medical sciences in the diagnosis or prevention of any of the conditions described in subd. 1. and in s. 448.971 (2).

3. Penetrate, pierce, or sever the tissues of a human being.

4. Offer, undertake, attempt, or hold himself or herself out in any manner as able to do any of the acts described in this paragraph.

(b) 1. Subject to subd. 2. and any rules promulgated by the board and consistent with his or her experience, education, and training, a physician assistant may order, prescribe, procure, dispense, and administer prescription drugs, medical devices, services, and supplies.

2. A physician assistant practicing under the supervision and direction of a podiatrist under sub. (2) (a) 2m. may issue a prescription order for a drug or device in accordance with guidelines established by the supervising podiatrist and the physician assistant and with rules promulgated by the board. If any conflict exists between the guidelines and the rules, the rules shall control.

(c) A physician assistant may practice in ambulatory care, acute care, long-term care, home care, or other settings as a primary, specialty, or surgical care provider who may serve as a patient's primary care provider or specialty care provider.

(2) (a) 1. Except as provided in subds. 2m. and 3. and sub. (5) (a) 1. a. or b., a physician assistant who provides care to patients shall maintain and provide to the board upon request one of the following:

a. Evidence that, pursuant to the physician assistant's employment, there is a physician who is primarily responsible for the overall direction and management of the physician assistant's professional activities and for assuring that the services provided by the physician assistant are medically appropriate. In this subd. 1. a., "employment" includes an arrangement between the physician assistant and a 3rd party in which the 3rd party receives payment for services provided by the physician assistant.

b. A written collaborative agreement with a physician that, subject to subd. 1m., describes the physician assistant's individual scope of practice, that includes a protocol for identifying an alternative collaborating physician for situations in which the collaborating physician or the physician's designee is not available for consultation, and that includes other information as required by the board.

1m. All of the following apply to a written collaborative agreement between a physician and physician assistant under subd. 1. b.:

a. The agreement may be terminated by either party by providing written notice at least 30 days prior to the date of termination, or as otherwise agreed to by the physician and physician assistant.

b. The agreement shall specify that the collaborating physician shall remain reasonably available to the physician assistant through the use of telecommunications or other electronic means within a medically appropriate time frame and that the collaborating physician may designate an alternate collaborator during periods of unavailability.

c. The agreement shall specify an arrangement for physician consultation with the patient within a medically appropriate time frame for consultation, if requested by the patient or the physician assistant.

d. The agreement shall be signed by the physician assistant and the collaborating physician.

2. Subdivision 1. does not require the physical presence of a physician at the time and place a physician assistant renders a service.

2m. A physician assistant may practice under the supervision and direction of a podiatrist. A physician assistant who is practicing under the supervision and direction of a podiatrist shall be limited to providing non-surgical patient services. Subdivision 1. does not apply to a physician assistant who is practicing under the supervision and direction of a podiatrist.

3. Subdivision 1. does not apply with respect to a physician assistant who is employed by the federal government as a civilian or member of the uniformed services while performing duties incident to that employment or service.

(b) A physician assistant shall limit his or her practice to the scope of his or her experience, education, and training.

(c) No physician assistant may provide medical care, except routine screening and emergency care, 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 acupuncture within the meaning of ch. 451.
- 5. The practice of podiatry, except when the physician assistant is acting under the supervision and direction of a podiatrist, subject to par. (a) 2m. and the rules promulgated under s. 448.695 (4).

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

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

2. For purposes of sub. (2) (a) 1. b., that the relationship with and access to a collaborating physician by the physician assistant is defined.

3. That the requirements and standards of licensure under this subchapter are complied with.

4. That consultation with or referral to other licensed health care providers with a scope of practice appropriate for a patient's care needs occurs when the patient's care needs exceed the physician assistant's experience, education, or training. A physician assistant shall ensure that he or she has awareness of options for the management of situations that are beyond the physician assistant's expertise.

(b) A physician assistant is individually and independently responsible for the quality of the care he or she renders.

(4) A physician assistant may delegate a care task or order to another clinically trained health care worker if the physician assistant is competent to perform the delegated task or order and has reasonable evidence that the clinically trained health care worker is minimally competent to perform the task or issue the order under the circumstances.

(5) (a) 1. The board shall, subject to subd. 2. and s. 448.695 (4), promulgate any rules necessary to implement this section, including rules to do any of the following:

a. Allow for temporary practice, specifically defined and actively monitored by the board, in the event of an interruption of a collaborative relationship under sub. (2) (a) 1. b.

b. Allow a physician assistant, in the absence of an employment or collaborative relationship under sub. (2) (a) 1., to provide medical care at the scene of an emergency, during a declared state of emergency or other disaster, or when volunteering at sporting events or at camps.

2. Rules promulgated by the board may not permit a broader scope of practice than that which may be exercised in accordance with subs. (1) and (2). Notwithstanding s. 15.085 (5) (b) 2., if the Medical Examining Board reasonably determines that a rule submitted to it by the Physician Assistant Affiliated Credentialing Board under s. 15.085 (5) (b) 1. permits a broader scope of practice than that which may be exercised in accordance with subs. (1) and (2), then the Physician Assistant Examining Board shall, prior to submitting the proposed rule to the legislative council staff under s. 227.15 (1), revise the proposed rule so that it does not exceed or permit a broader scope of practice than that which may be exercised in accordance with subs. (1) and (2).

(b) The board shall develop and recommend to the podiatry affiliated credentialing board practice standards for physician assistants practicing under podiatrists under sub. (2) (a) 2m.

(6) The practice permissions provided in this section are permissions granted by the state authorizing the licensed practice of physician assistants. Nothing in this section prohibits an employer, hospital, health plan, or other similar entity employing or with a relationship with a physician assistant from establishing additional requirements for a physician assistant as a condition of employment or relationship.

448.976 Civil liability. No physician assistant shall be liable for any civil damages for either of the following:

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

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

448.977 Malpractice liability insurance. (1) Except as provided in subs. (2) and (3), no physician assistant may practice as authorized under s. 448.975 unless he or she has in effect malpractice liability insurance coverage evidenced by one of the following:

(a) Personal liability coverage in the amounts specified for health care providers under s. 655.23 (4).

(b) Coverage under a group liability policy providing individual coverage for the physician assistant in the amounts under s. 655.23 (4).

(2) The board may promulgate rules requiring a practicing physician assistant to have in effect malpractice liability insurance coverage in amounts greater than those specified in sub. (1) (a) or (b) or (4). If the board promulgates rules under this subsection, no physician assistant may practice as authorized under s. 448.975 unless he or she has in effect malpractice liability insurance coverage as required under those rules, except as provided in sub. (3).

(3) A physician assistant who is a state, county, or municipal employee, or federal employee or contractor covered under the federal tort claims act, as amended, and who is acting within the scope of his or her employment or contractual duties is not required to maintain in effect malpractice insurance coverage.

(4) Except as provided in subs. (2) and (3), a physician assistant may comply with sub. (1) if the physician assistant's employer has in effect malpractice liability insurance that is at least the minimum amount specified under s. 655.23 (4) and that provides coverage for claims against the physician assistant.

448.978 Professional discipline. (1) Subject to the rules promulgated under s. 440.03 (1), the board may conduct investigations and hearings to determine

whether a person has violated this subchapter or a rule promulgated under this subchapter.

(2) Subject to the rules promulgated under s. 440.03 (1), if a person who applies for or holds a license issued under s. 448.974 does any of the following, the board may reprimand the person or deny, limit, suspend, or revoke the person's license:

(a) Makes a material misstatement in an application for a license or an application for renewal of a license under s. 448.974.

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

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

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

1. Providing expedited partner therapy as described in s. 448.9725.

2. Prescribing or delivering an opioid antagonist in accordance with s. 448.9727 (2).

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

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

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

(h) Is adjudicated mentally incompetent by a court.

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

(j) Knowingly, recklessly, or negligently divulges a privileged communication or other confidential patient health care information except as required or permitted by state or federal law.

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

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

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

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

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

448.9785 Informed consent. Any physician assistant who treats a patient shall inform the patient about the availability of reasonable alternate medical modes of treatment and about the benefits and risks of these treatments. The reasonable physician assistant standard is the standard for informing a patient under this section. The

reasonable physician assistant standard requires disclosure only of information that a reasonable physician assistant in the same or a similar medical specialty would know and disclose under the circumstances. The physician assistant's duty to inform the patient under this section does not require disclosure of any of the following:

- (1) Detailed technical information that in all probability a patient would not understand.
- (2) Risks apparent or known to the patient.
- (3) Extremely remote possibilities that might falsely or detrimentally alarm the patient.
- (4) Information in emergencies where failure to provide treatment would be more harmful to the patient than treatment.
- (5) Information in cases where the patient is incapable of consenting.
- (6) Information about alternate medical modes of treatment for any condition the physician assistant has not included in his or her diagnosis at the time the physician informs the patient.

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

448.9793 Injunction. If it appears upon complaint to the board by any person or if it is known to the board that any person is violating this subchapter, or rules adopted by the board under this subchapter, the board or the attorney general may investigate and may, in addition to any other remedies, bring action in the name and on behalf of the state against any such person to enjoin such person from such violation. The attorney general shall represent the board in all proceedings.

448.9795 Duty to report. (1) A physician assistant who has reason to believe any of the following about another physician assistant shall promptly submit a written report to the board that includes facts relating to the conduct of the other physician assistant:

- (a) The other physician assistant is engaging or has engaged in acts that constitute a pattern of unprofessional conduct.
- (b) The other physician assistant is engaging or has engaged in an act that creates an immediate or continuing danger to one or more patients or to the public.
- (c) The other physician assistant is or may be medically incompetent.
- (d) The other physician assistant is or may be mentally or physically unable safely to engage in the practice of a physician assistant.

(2) No physician assistant who reports to the board under sub. (1) may be held civilly or criminally liable or be found guilty of unprofessional conduct for reporting in good faith.

SECTION 53. Subchapter VIII of chapter 448 [precedes 448.980] of the statutes is renumbered subchapter IX of chapter 448 [precedes 448.980].

SECTION 54. Subchapter IX of chapter 448 [precedes 448.985] of the statutes is renumbered subchapter X of chapter 448 [precedes 448.985].

SECTION 55. 450.01 (15r) of the statutes is repealed.

SECTION 56. 450.01 (16) (hm) 3. of the statutes is amended to read:

450.01 (16) (hm) 3. The patient's physician assistant, ~~if the physician assistant is under the supervision of the patient's personal attending physician.~~

SECTION 57. 450.11 (1) of the statutes is amended to read:

450.11 (1) DISPENSING. Except as provided in sub. (1i) (b) 2., no person may dispense any prescribed drug or device except upon the prescription order of a practitioner. All prescription orders shall, except as provided in sub. (1a), specify the date of issue, the name and address of the practitioner, the name and quantity of the drug product or device prescribed, directions for the use of the drug product or device, the symptom or purpose for which the drug is being prescribed if required under sub. (4) (a) 8., and, if the order is written by the practitioner, the signature of the practitioner. Except as provided in ss. 118.2925 (3), 255.07 (2), 441.18 (2) (a) 1., 448.035 (2), ~~and 448.037 (2) (a) 1., 448.9725 (2), and 448.9727 (2) (a) 1.~~ and except for standing orders issued under s. 441.18 (2) (a) 2. ~~or 448.037 (2) (a) 2., or 448.9727 (2) (a) 2.,~~ all prescription orders shall also specify the name and address of the patient. A prescription order issued under s. 118.2925 (3) shall specify the name and address of the school. A prescription order issued under s. 255.07 (2) shall specify the name and address of the authorized entity or authorized individual. Any oral prescription order shall be immediately reduced to writing by the pharmacist and filed according to sub. (2).

SECTION 58. 450.11 (1g) (b) of the statutes is amended to read:

450.11 (1g) (b) A pharmacist may, upon the prescription order of a practitioner providing expedited partner therapy, as specified in s. 448.035 ~~or 448.9725~~, that complies with the requirements of sub. (1), dispense an antimicrobial drug as a course of therapy for treatment of chlamydial infections, gonorrhea, or trichomoniasis to the practitioner's patient or a person with whom the patient has had sexual contact for use by the person with whom the patient has had sexual contact. The pharmacist shall provide a consultation in accordance with rules promulgated by the board for the dispensing of a prescription to the person to whom the antimicrobial drug is dispensed. A pharmacist providing a consultation under this paragraph shall ask whether the person for whom the antimicrobial drug has been prescribed is allergic to the antimicrobial drug and advise that the person for whom the antimicrobial drug has been prescribed must discontinue use of the antimicrobial drug if the person is allergic

to or develops signs of an allergic reaction to the antimicrobial drug.

SECTION 59. 450.11 (1i) (a) 1. of the statutes is amended to read:

450.11 (1i) (a) 1. A pharmacist may, upon and in accordance with the prescription order of an advanced practice nurse prescriber under s. 441.18 (2) (a) 1., ~~or of a physician or physician assistant under s. 448.037 (2) (a) 1., or of a physician assistant under s. 448.9727 (2) (a) 1.~~ that complies with the requirements of sub. (1), deliver an opioid antagonist to a person specified in the prescription order and may, upon and in accordance with the standing order of an advanced practice nurse prescriber under s. 441.18 (2) (a) 2., ~~or of a physician or physician assistant under s. 448.037 (2) (a) 2., or of a physician assistant under s. 448.9727 (2) (a) 2.~~ that complies with the requirements of sub. (1), deliver an opioid antagonist to an individual in accordance with the order. The pharmacist shall provide a consultation in accordance with rules promulgated by the board for the delivery of a prescription to the person to whom the opioid antagonist is delivered.

SECTION 60. 450.11 (1i) (b) 2. c. of the statutes is amended to read:

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

SECTION 61. 450.11 (1i) (b) 2. cm. of the statutes is created to read:

450.11 (1i) (b) 2. cm. A physician assistant may only deliver or dispense an opioid antagonist in accordance with s. 448.9727 (2) or in accordance with his or her other legal authority to dispense prescription drugs.

SECTION 62. 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 448.9727 (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 63. 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 64. 450.11 (8) (f) of the statutes is created to read:

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

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

462.02 (2) (e) A physician assistant licensed under s. 448.04 (1) (f) ~~448.974~~.

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

462.04 Prescription or order required. A person who holds a license or limited X-ray machine operator permit under this chapter may not use diagnostic X-ray equipment on humans for diagnostic purposes unless authorized to do so by prescription or order of a physician licensed under s. 448.04 (1) (a), a dentist licensed under s. 447.04 (1), a podiatrist licensed under s. 448.63, a chiropractor licensed under s. 446.02, an advanced practice nurse certified under s. 441.16 (2), a physician assistant licensed under s. 448.04 (1) (f) ~~448.974~~, or, subject to s. 448.56 (7) (a), a physical therapist who is licensed under s. 448.53 or who holds a compact privilege under subch. ~~IX~~ X of ch. 448.

SECTION 67. 961.01 (19) (a) of the statutes is amended to read:

961.01 (19) (a) A physician, advanced practice nurse, dentist, veterinarian, podiatrist, optometrist, scientific investigator or, subject to s. 448.21 (3) ~~448.975 (1) (b)~~, a physician assistant, or other person licensed, registered, certified or otherwise permitted to distribute, dispense, conduct research with respect to, administer or use in teaching or chemical analysis a controlled substance in the course of professional practice or research in this state.

SECTION 68. 971.14 (4) (a) of the statutes is amended to read:

971.14 (4) (a) The court shall cause copies of the report to be delivered forthwith to the district attorney and the defense counsel, or the defendant personally if not represented by counsel. Upon the request of the sheriff or jailer charged with care and control of the jail in which the defendant is being held pending or during a trial or sentencing proceeding, the court shall cause a copy of the report to be delivered to the sheriff or jailer. The sheriff or jailer may provide a copy of the report to the person who is responsible for maintaining medical records for inmates of the jail, or to a nurse licensed under ch. 441, ~~or to a physician or physician assistant licensed under subch. II of ch. 448, or to a physician assistant licensed under subch. VIII of ch. 448~~ who is a health care provider for the defendant or who is responsible for providing health care services to inmates of the jail. The report shall not be otherwise disclosed prior to the hearing under this subsection.

SECTION 69. 990.01 (27s) of the statutes is created to read:

990.01 (27s) PHYSICIAN ASSISTANT. "Physician assistant" means a person licensed as a physician assistant under subch. VIII of ch. 448.

SECTION 70. Chapter Med 8 of the administrative code is repealed.

SECTION 71. Cross-reference changes. In ss. 49.45 (9r) (a) 7. b., 146.81 (1) (dg), 146.997 (1) (d) 4., 155.01 (7), 252.14 (1) (ar) 4e., 446.01 (1v) (d), 448.956 (1m) and (4), 450.10 (3) (a) 5., and 451.02 (1), the cross-references to “subch. IX of ch. 448” are changed to “subch. X of ch. 448.”

SECTION 72. Nonstatutory provisions.

(1) BOARD; APPOINTMENTS.

(a) Notwithstanding the length of terms specified for the members of the physician assistant affiliated credentialing board under s. 15.406 (7), 4 of the initial members under s. 15.406 (7) (a) shall be appointed for terms expiring on July 1, 2023; 3 of the initial members under s. 15.406 (7) (a) and the initial member under s. 15.406 (7) (b) shall be appointed for terms expiring on July 1, 2024; and the remaining initial member under s. 15.406 (7) (a) shall be appointed for a term expiring on July 1, 2025.

(b) Notwithstanding s. 15.08 (1), the governor may provisionally appoint initial members of the physician assistant affiliated credentialing board under s. 15.406 (7). Those provisional appointments remain in force until withdrawn by the governor or acted upon by the senate and if confirmed by the senate, shall continue for the remainder of the unexpired term, if any, of the member and until a successor is chosen and qualifies. A provisional appointee may exercise all the powers and duties of board membership to which the person is appointed during the time in which the appointee qualifies.

(c) Notwithstanding s. 15.406 (7) (a), for purposes of an initial appointment to the physician assistant affiliated credentialing board made before the date specified in SECTION 73 (intro.) of this act, including any provisional appointment made under par. (b), the governor may appoint physician assistants licensed under subch. II of ch. 448 to the positions on the board specified under s. 15.406 (7) (a).

(2) EMERGENCY RULES.

(a) Using the procedure under s. 227.24, the physician assistant affiliated credentialing board may promulgate initial rules under ss. 448.973 (1) and 448.975 (5) (a) as emergency rules under s. 227.24 to allow for the licensure, discipline, and practice of physician assistants. The authority granted under this subsection applies only to rules described in this paragraph, and any other emergency rules promulgated by the board shall be as provided in, and subject to, s. 227.24.

(b) Notwithstanding s. 227.24 (1) (a) and (3), the physician assistant affiliated credentialing board is not required to provide evidence that promulgating a rule under this subsection as an emergency rule is necessary for the preservation of the public peace, health, safety, or welfare and is not required to provide a finding of emergency for a rule promulgated under this subsection.

(c) Emergency rules promulgated under this subsection may not take effect prior to the date specified in SECTION 73 (intro.) of this act.

(d) Notwithstanding s. 227.24 (1) (c), emergency rules promulgated under this subsection remain in effect for one year, subject to extension under par. (e), or until

the date on which permanent rules take effect, whichever is sooner.

(e) Notwithstanding s. 227.24 (2) (a), the joint committee for review of administrative rules may, at any time prior to the expiration date of the emergency rule promulgated under this subsection, extend the effective period of the emergency rule at the request of the physician assistant affiliated credentialing board for a period specified by the committee not to exceed 180 days. Any number of extensions may be granted under this paragraph, but the total period for all extensions may not extend beyond the expiration date of the emergency rule’s statement of scope under s. 227.135 (5). Notwithstanding s. 227.24 (2) (b) 1., the physician assistant affiliated credentialing board is not required to provide evidence that there is a threat to the public peace, health, safety, or welfare that can be avoided only by extension of the emergency rule when making a request for an extension under this subsection, but s. 227.24 (2) (am) to (c) shall otherwise apply to extensions under this paragraph.

(f) If the physician assistant affiliated credentialing board promulgates emergency rules under this subsection, the board shall submit a single statement of scope for both permanent and emergency rules.

(3) BOARD; TRANSFERS.

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

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

(c) *Contracts.* All contracts entered into by the medical examining board in effect on the effective date of this paragraph that are primarily related to the regulation of physician assistants, as determined by the secretary of safety and professional services, remain in effect and are transferred to the physician assistant affiliated credentialing board. The physician assistant affiliated credentialing board shall carry out any obligations under such a contract until the contract is modified or rescinded by the physician assistant affiliated credentialing board to the extent allowed under the contract.

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

(e) *Orders.* All orders issued by the medical examining board in effect on the effective date of this paragraph that are primarily related to the regulation of physician assistants remain in effect until their specified expiration

dates or until modified or rescinded by the physician assistant affiliated credentialing board.

SECTION 73. Effective dates. This act takes effect on the first day of the 13th month beginning after publication, except as follows:

(1) The treatment of s. 15.406 (7) and SECTION 72 (1) and (2) of this act take effect on the day after publication.

(2) Notwithstanding s. 227.265, the treatment of ch. Med 8 of the administrative code takes effect on the first day of the 13th month beginning after publication.

Chapter Pod 9

PHYSICIAN ASSISTANTS

Pod 9.01 Authority and scope.
Pod 9.02 Definition.

Pod 9.03 Practice standards for a physician assistant practicing podiatry.
Pod 9.04 Requirements for a podiatrist supervising a physician assistant.

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

History: CR 20–040: cr. Register November 2021 No. 791, eff. 12–1–21.

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

History: CR 20–040: cr. Register November 2021 No. 791, eff. 12–1–21.

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

History: CR 20–040: cr. Register November 2021 No. 791, eff. 12–1–21.

Pod 9.04 Requirements for a podiatrist supervising a physician assistant. The requirements for a podiatrist who is supervising a physician assistant are as provided under s. 448.21, Stats., and ss. Med 8.01 (2), 8.07, 8.09, and 8.10.

History: CR 20–040: cr. Register November 2021 No. 791, eff. 12–1–21.

Jack Hutter
Vice Chairperson
Randall Kittleson
Secretary

PODIATRY AFFILIATED CREDENTIALING BOARD

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March 20, 2023

Senator Stephen Nass, Senate Co-Chairperson
Joint Committee for Review of Administrative Rules
Room 10 South, State Capitol
Madison, WI 53702

Representative Adam Neylon, Assembly Co-Chairperson
Joint Committee for Review of Administrative Rules
Room 204 North, State Capitol
Madison, WI 53702

RE: Report Submitted in Compliance with s. 227.29 (1), Stats.

Dear Senator Nass and Representative Neylon:

This report has been prepared and submitted in compliance with s. 227.29 (1), Stats.

I. Unauthorized rules, as defined in s. 227.26 (4) (a), Stats.:

After careful review of the Board’s administrative rules, the Board has determined that no promulgated rules are unauthorized.

II. Rules for which the authority to promulgate has been restricted:

After careful review of the Board’s administrative rules, the Board has determined that no promulgated rules have restricted authority.

III. Rules that are obsolete or that have been rendered unnecessary:

After careful review of the Board’s administrative rules, the Board has determined that no promulgated rules have been rendered unnecessary.

IV. Rules that are duplicative of, superseded by, or in conflict with another rule, a state statute, a federal statute or regulation, or a ruling of a court of competent jurisdiction:

Rule	Description	Status of action taken to address
Pod 9	This subsection includes references to ss. Med 8.01 (2), 8.07, 8.09, 8.10. Chapter Med 8 was repealed and replaced with the authority of the Physician Assistant Affiliated Credentialing Board to create separate rules pursuant to 2021 Wisconsin Act 23	A rule project will be started to amend Pod 9 to correctly reference Physician Assistants under their new rules.

V. Rules that are economically burdensome:

After careful review of the Board’s administrative rules, the Board has determined that no promulgated rules are economically burdensome.

VI. Status of rules identified in the Board’s previous report:

Rule	Description of the legislation that restricted the Board’s authority	Status of action taken
Pod 3.04	The Board’s authority to request verification of compliance with continuing education requirements has been restricted by 2017 Act 59, s. 1929.	The Board implemented rule updates to Pod 3 and 4, relating to continuing education. Rule effective date was 12/01/21 (CR 20-017).
Pod 1.03 (2)	This section contains an obsolete reference to the Council on Education of the American Podiatric Association.	A final draft rule (CR 22-018) that reflects that the Council on Education has been renamed the Council on Podiatric Medical Education, and that the American Board of Foot and Ankle Surgery and American Board of Podiatric Medicine are the recognized specialty boards in the podiatric medical profession has been submitted to the Legislature for approval.
Pod 2.01 (21)	This section contains an obsolete reference to the Council on Podiatric Medicine of the American Podiatric Medical Association.	A final draft rule (CR 22-018) that reflects that the Council on Education has been renamed the Council on Podiatric Medical Education, and that the American Board of Foot and Ankle Surgery and American Board of Podiatric Medicine are the recognized specialty boards in the podiatric medical profession has been submitted to the Legislature for approval.

Thank you.

Sincerely,

Jack Hutter
Vice Chairperson
Podiatry Affiliated Credentialing Board

**Podiatry Affiliated Credentialing Board
Rule Projects (updated 05/26/23)**

Clearinghouse Rule Number	Scope #	Scope Expiration	Code Chapter Affected	Relating clause	Current Stage	Next Step
22-018	034-21	09/29/2023	Pod 1 and 2	Licensure and Unprofessional Conduct	Adoption Order Reviewed at 06/08/23 Meeting	Adoption Order Submitted for Publication in the Administrative Register; Rule Anticipated Effective Date of 08/01/23
Not Assigned Yet	Note Assigned Yet	Not Assigned Yet	Pod 9	References to Physician Assistants	Scope Statement Request Reviewed at 06/08/23 Meeting	Drafting Scope Statement

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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Marjorie Liu Program Lead, PDMP		2) Date when request submitted: 05/25/2023 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: Podiatry Affiliated Credentialing Board													
4) Meeting Date: 06/08/2023	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) Overview and Updates											
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-DSPP 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: 1. WI PDMP Overview <ul style="list-style-type: none"> a. Recent and Upcoming Enhancement b. Gabapentin and Upcoming NPI Requirement 2. PDMP Data Updates: Podiatry													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">11) Authorization</td> <td style="width: 40%;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"><i>Marjorie Liu</i></td> <td style="border-bottom: 1px solid black; text-align: right;">5/25/3023</td> </tr> <tr> <td>Signature of person making this request</td> <td style="text-align: right;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Supervisor (if required)</td> <td style="border-bottom: 1px solid black; text-align: right;">Date</td> </tr> <tr> <td colspan="2">Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date</td> </tr> </table>				11) Authorization		<i>Marjorie Liu</i>	5/25/3023	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	
11) Authorization													
<i>Marjorie Liu</i>	5/25/3023												
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.													



WISCONSIN | ePDMP

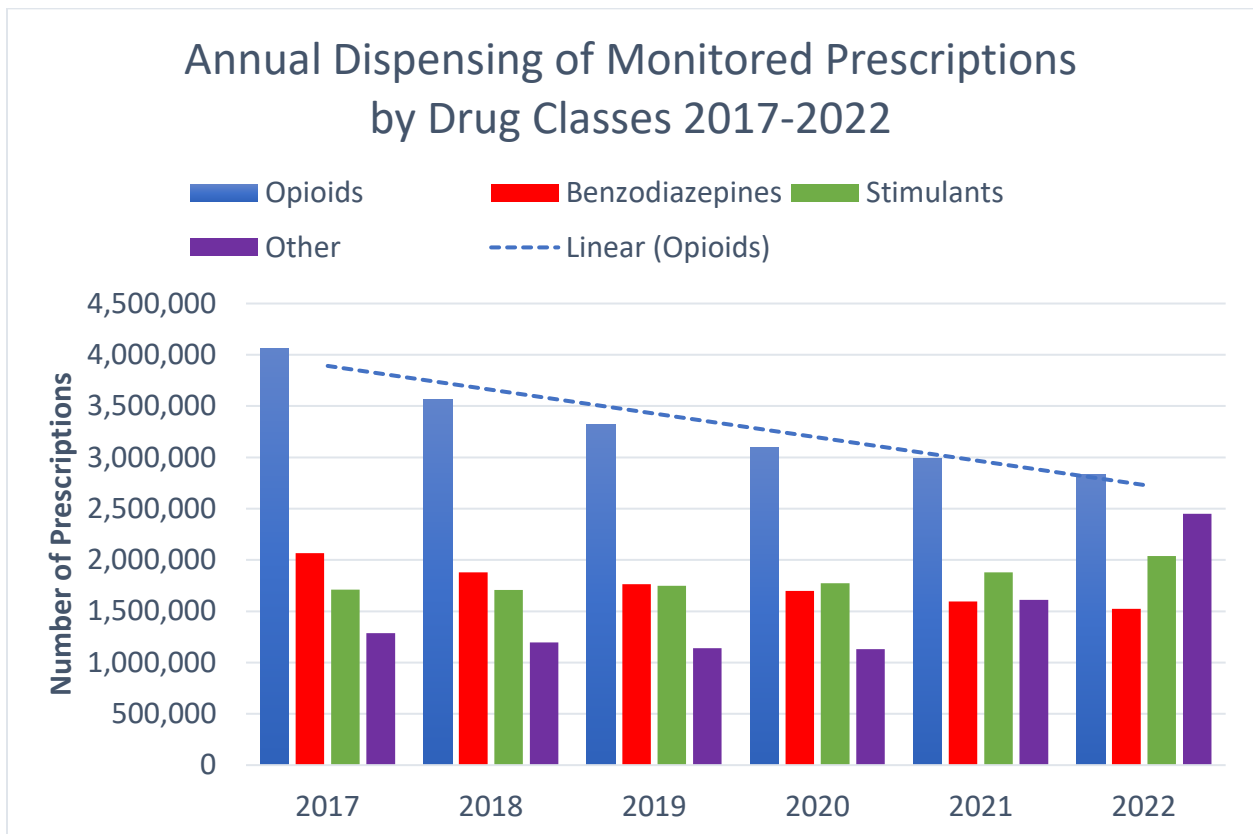
Wisconsin Prescription Drug Monitoring Program (PDMP) Overview

738,000 Dispensing Records Submitted per Month

80,800 Data-Driven Patient History Alerts per Month

30,000 Active Healthcare Professional Users

786,000 Patient Queries per Month





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Wisconsin Prescription Drug Monitoring Program (PDMP) Updates- Podiatry

ePDMP Registration (As of 3/31/2023)

Total Number of Licensed Podiatrists	466
Total Number of Podiatrists Registered with the WI ePDMP	296
Number of Podiatrists who have logged in to the ePDMP in the past 12 months	177

ePDMP Usage (Q1 2023)

Number of Podiatrists with Rx required of PDMP review	183	
Total Queries by Podiatrists (including delegates)	3,804	
ePDMP Usage/Prescriber Compliance Rate	ePDMP Usage	Number of Podiatrists
	100%	66
	99-50%	36
	49-1%	42
	0%	39

Prescribing of Monitored Prescription Drugs Q1 2023

	Total Unique Prescribers	Total Prescriptions
Podiatrists who have issued Monitored Prescription Drugs	194	6,959
Podiatrists with Opioid Prescriptions	189	5,284
Podiatrists with Benzo Prescriptions	54	122

Opioid Prescribing Trend 2022-2023 – Podiatry

	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023
Opioid Prescriptions/ Number of Podiatrists	5,144/174	4,910/192	4,654/185	5,914/193	5,284/189
Change from prev. Q	-16.5%	-4.5%	-5.2%	27.1%	-10.7%