



VIRTUAL/TELECONFERENCE
PODIATRY AFFILIATED CREDENTIALING BOARD
Virtual, 4822 Madison Yards Way, Madison
Contact: Tom Ryan (608) 266-2112
June 5, 2024

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 14, 2024 (4-7)**
- C. Introductions, Announcements and Recognition
- D. Reminders: Conflicts of Interest, Scheduling Concerns
- E. Administrative Matters – Discussion and Consideration**
 - 1) Board, Department and Staff Updates
 - 2) Board Members – Term Expiration Dates
 - a. Hutter, Jack – 7/1/2027
 - b. Kittleson, Randal – 7/1/2027
 - c. Whelan, James – 7/1/2024
- F. Legislative and Policy Matters – Discussion and Consideration
- G. Administrative Rule Matters – Discussion and Consideration (8-17)**
 - 1) Drafting Proposals: Pod 9, Relating to References to Physician Assistants (9-16)
 - 2) Pending and Possible Rulemaking Projects (17)
- H. Prescription Drug Monitoring Program (PDMP) Overview and Updates (18-20)**
- I. Review of 2025 Board Goals to Address Opioid Abuse and Delegate Department to File Wis. Stat. s. 440.035 (2m) Report to Legislature (21-22)**
- J. 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)

K. 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.).

L. Credentialing Matters

- 1) **Application Review**
 - a. Daniel J. Walters D.P.M. – Requesting Licensure (**23-64**)
 1. Credentialing – Acceptable Certificate of Completion when Education Verification is Unavailable – Discussion and Consideration (**65**)

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

- 1) **Proposed Stipulation and Final Decision and Order**
 - a. 20 POD 003 – James P. Rosso (**66-74**)

N. 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

O. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

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

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

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

ADJOURNMENT

NEXT MEETING: OCTOBER 23, 2024

 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 14, 2024**

PRESENT: Jack Hutter; Randal Kittleson; James Whelan

STAFF: Tom Ryan, Executive Director; Jameson Whitney, Legal Counsel; Nilajah Hardin, Administrative Rules Coordinator; Dialah Azam, Board Administrative Specialist; and other Department staff

CALL TO ORDER

Jack Hutter, Chairperson, called the meeting to order at 9:12 a.m. A quorum was confirmed with three (3) members present.

ADOPTION OF AGENDA

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

APPROVAL OF MINUTES OF OCTOBER 12, 2023

MOTION: Randal Kittleson moved, seconded by James Whelan, to approve the Minutes of October 12, 2023 as published. Motion carried unanimously.

ADMINISTRATIVE MATTERS

Election of Officers, Appointment of Liaisons and Alternates, Delegation of Authorities

Slate of Officers

NOMINATION: Jack Hutter nominated the 2023 slate of officers to continue in 2024. All officers accepted their nominations.

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

The Slate of Officers was elected by unanimous voice vote.

ELECTION RESULTS	
Chairperson	Jack Hutter
Vice Chairperson	Randi Kittleson
Secretary	James Whelan

Appointment of Liaisons

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

Delegation of Authorities

Review and Approval of 2023 Delegations

MOTION: Jack Hutter moved, seconded by James Whelan, to reaffirm all delegation motions from 2023 as reflected in the agenda materials. Motion carried unanimously.

Document Signature Delegations

MOTION: Jack Hutter moved, seconded by Randal Kittleson, 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, Board Counsel or DPD Division Administrator, the authority to sign on behalf of a board member as necessary. Motion carried unanimously.

Monitoring Delegations

Delegation of Authorities for Monitoring

MOTION: Jack Hutter moved, seconded by Randal Kittleson, to adopt the “Roles and Authorities Delegated for Monitoring” document as presented in the February 14, 2024 agenda materials. Motion carried unanimously.

Delegation to Department Attorneys to Approve Duplicate Legal Issue

MOTION: Jack Hutter moved, seconded by Randal Kittleson, to delegate authority to Department Attorneys to approve a legal matter in connection with a renewal application when that same/similar matter was already addressed by the Board and there are no new legal issues. Motion carried unanimously.

ADMINISTRATIVE RULE MATTERS

Scope Statement: Pod 9, relating to References to Physician Assistants

MOTION: Jack Hutter moved, seconded by Randal Kittleson, to approve the Scope Statement revising Pod 9, relating to References to Physician Assistants, for submission to the Department of Administration and Governor's Office and for publication. Additionally, the Board authorizes the Chairperson to approve the Scope Statement for implementation no less than 10 days after publication. If the Board is directed to hold a preliminary public hearing on the Scope Statement, the Chairperson is authorized to approve the required notice of hearing. Motion carried unanimously.

CLOSED SESSION

MOTION: James Whelan 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.). Jack Hutter, 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 James Whelan-yes. Motion carried unanimously.

The Board convened into Closed Session at 9:41 a.m.

DELIBERATION ON DIVISION OF LEGAL SERVICES AND COMPLIANCE (DLSC) MATTERS

Case Closings

22 POD 004 – S.J.M.

MOTION: Jack Hutter moved, seconded by Randal Kittleson, to close DLSC Case Number 22 POD 004, against S.J.M., for no violation. Motion carried unanimously.

22 POD 011 – J.K.

MOTION: Jack Hutter moved, seconded by Randal Kittleson, to close DLSC Case Number 22 POD 011, against J.K., for no violation. Motion carried unanimously.

RECONVENE TO OPEN SESSION

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

The Board reconvened into Open Session at 9:53 a.m.

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

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


ADJOURNMENT

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

The meeting adjourned at 9:55 a.m.

**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: 05/22/24 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: 06/05/24	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. Drafting Proposals: Pod 9, Relating to References to Physician Assistants 2. 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: Discuss drafting proposals for Pod 9 Rule Attachments: 1. Pod 9 Draft Text of Rule 2. Wisc. Admin. Code Chapter Pod 9 3. Wisc. Admin. Code Chapter Med 8 (repealed by 2021 WI Act 23) 4. Wisc. Admin. Code Chapter PA 3 5. Rule Project Chart Wis. Stats. Ch. 448 Subch. IV: Wisconsin Legislature: subch. IV of ch. 448 (Podiatry) Wis. Stats. Ch. 448 Subch. IX: Wisconsin Legislature: subch. IX of ch. 448 (Physician Assistants) Pending Rule Project Page: https://dsps.wi.gov/Pages/RulesStatutes/PendingRules.aspx			
11) Authorization			
 Signature of person making this request		05/22/24 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.			

Pod 9, Relating to References to Physician Assistants
Draft Text of Rule

TEXT OF RULE

SECTION 1. Pod 9.01 through 9.03 are amended to read:

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)~~ 448.965 (4) (a), Stats., and requirements for a podiatrist who is supervising a physician assistant as provided in s. ~~448.21 (4)~~ 448.695 (4) (b), Stats.

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~~ 448.975 (1) (b) 2., Stats., and the education, training, experience, and credentialing of the physician assistant.

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~~ 448.975 (1) (b) 2., Stats., and ss. ~~Med 8.01 (2), 8.07, 8.09, and 8.10~~ PA 3.06 (1) (b) and 3.08. 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.

SECTION 2. Pod 9.04 is repealed and recreated to read:

Pod 9.04 Requirements for a podiatrist supervising a physician assistant. The requirements for a podiatrist who is supervising a physician assistant include:

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)

Commented [HND1]: PA 3.06 (1) A physician assistant practicing under the supervision and direction of a podiatrist may issue a prescription order for a drug or device in accordance with guidelines established by the supervising podiatrist and the physician assistant.
PA 3.08 - Telehealth standards
Specify anything else?

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.

Chapter Med 8

PHYSICIAN ASSISTANTS

<p>Med 8.01 Authority and purpose. Med 8.02 Definitions. Med 8.03 Council. Med 8.04 Educational program approval. Med 8.05 Panel review of applications; examinations required. Med 8.053 Examination review by applicant.</p>	<p>Med 8.056 Board review of examination error claim. Med 8.06 Temporary license. Med 8.07 Practice. Med 8.09 Employee status. Med 8.10 Physician or podiatrist to physician assistant ratio.</p>
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Note: Chapter Med 8 as it existed on October 31, 1976 was repealed and a new chapter Med 8 was created effective November 1, 1976. Sections Med 8.03 to 8.10 as they existed on July 31, 1984 were repealed and recreated effective August 1, 1984. **Chapter Med 8 is repealed effective April 1, 2022, by 2021 Wis. Act 23.**

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

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

History: Cr. Register, October, 1976, No. 250, eff. 11-1-76; am. Register, April, 1981, No. 304, eff. 5-1-81; am. Register, July, 1984, No. 343, eff. 8-1-84; correction made under s. 13.93 (2m) (b) 7., Stats., Register, May, 1989, No. 401; am. Register, October, 1996, No. 490, eff. 11-1-96; am. Register, December, 1999, No. 528, eff. 1-1-00; CR 12-005; renum. to (1), cr. (2) Register February 2014 No. 698, eff. 3-1-14; 2017 Wis. Act 227; am. (2) Register April 2018 No. 748, eff. 5-1-18.

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

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

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

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

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

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

(5x) “Podiatrist” has the meaning given in s. 448.60 (3), Stats.

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

History: Cr. Register, October, 1976, No. 250, eff. 11-1-76; am. (6) and (7) (b) to (e), Register, June, 1980, No. 294, eff. 7-1-80; r. (7), Register, July, 1984, No. 343, eff. 8-1-84; am. (2), (3) and (4) and cr. (3m), Register, October, 1996, No. 490, eff. 11-1-96; renum. (3) to be (5m) and am., am. (6), Register, December, 1999, No. 528, eff. 1-1-00; 2017 Wis. Act 227; cr. (5x) Register April 2018 No. 748, eff. 5-1-18.

Med 8.03 Council. As specified in s. 15.407 (2), Stats., the council shall advise the board on the formulation of rules on the

education, examination, licensure and practice of a physician assistant.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. (intro.), r. and recr. (2), Register, October, 1989, No. 406, eff. 11-1-89; am. (1) (b), cr. (1) (cm), Register, July, 1993, No. 451, eff. 8-1-93; am. (intro.), (1) (intro), (cm), (2) (b) 4., 5., 6., (c) and (4), Register, October, 1996, No. 490, eff. 11-1-96; am. (2) (a), (b) (intro.) and 3. to 5., r. and recr. (2) (b) 1. and 2., cr. (2) (b) 7. to 11., Register, February, 1997, No. 494, eff. 3-1-97; am. (intro.), (1) (intro.) and (cm), (2) (b) 5., (c), (d) and (4), r. (2) (b) 10. and 11., Register, December, 1999, No. 528, eff. 1-1-00; CR 12-005: am. (2) (b) 7., (c), cr. (2) (e) Register February 2014 No. 698, eff. 3-1-14; 2017 Wis. Act 227: am. (4) Register April 2018 No. 748, eff. 5-1-18.

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

(2) Examination reviews are by appointment only.

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

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

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

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

(7) The applicant may review the examination in the presence of a proctor. The applicant shall be provided with a form on which to write comments, questions or claims of error regarding any items in the examination. Bound reference books shall be permitted. Applicants shall not remove any notes from the area. Notes shall be retained by the proctor and made available to the applicant for use at a hearing, if desired. The proctor shall not defend the examination nor attempt to refute claims of error during the review.

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

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

Med 8.056 Board review of examination error claim.

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

(a) The applicant's name and address.

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

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

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

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

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

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

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

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

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

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

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

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

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

(3) A temporary license may not be renewed.

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

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

11-1-96; am. (1) (intro.) and (b) to (3), cr. (4), Register, December, 1999, No. 528, eff. 1-1-00.

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

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

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

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

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

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

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

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

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

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

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

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

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. (2) (i), Register, July, 1994, No. 463, eff. 8-1-94; am. (1) and (2) (intro.), Register, October, 1996, No. 490, eff. 11-1-96; am. (1), (2) (intro.), (c), (e), (f) and (i), Register, December, 1999, No. 528, eff. 1-1-00; CR 12-005: am. (1), (2) (a), (e), (i), cr. (3) Register February 2014 No. 698, eff. 3-1-14; 2017 Wis. Act 227: am. (1), (2) (i), (3) Register April 2018 No. 748, eff. 5-1-18.

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

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. Register, October, 1996, No. 490, eff. 11-1-96; 2017 Wis. Act 227: am. Register April 2018 No. 748, eff. 5-1-18.

Med 8.10 Physician or podiatrist to physician assistant ratio. (1) No physician or podiatrist may supervise more than 4 on-duty physician assistants at any time unless a written plan to do so has been submitted to and approved by the board. Nothing herein shall limit the number of physician assistants for whom a physician or podiatrist may provide supervision over time. A physician assistant may be supervised by more than one physician or podiatrist while on duty.

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

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. (1), Register, December, 1999, No. 528, eff. 1-1-00; CR 09-006: am. (3) Register August 2009 No. 644, eff. 9-1-09; CR 12-005: r. and recr. Register February 2014 No. 698, eff. 3-1-14; 2017 Wis. Act 227: am. Register April 2018 No. 748, eff. 5-1-18.

Chapter PA 3

PRACTICE

PA 3.01	Practice standards.	PA 3.05	Minimum standards for patient health care records.
PA 3.02	Practice of podiatry.	PA 3.06	Standards for dispensing and prescribing drugs.
PA 3.03	Emergency, disaster, and volunteer practice.	PA 3.07	Informed consent.
PA 3.04	Practice during interruption in collaboration.	PA 3.08	Telemedicine and telehealth practice.

PA 3.01 Practice standards. (1) Except as provided in sub. (2) and ss. PA 3.02, 3.03, and 3.04, a physician assistant shall maintain and practice in accordance with a written collaborative agreement with a physician as specified in s. 448.975 (2) (a), Stats.

(2) (a) A physician assistant may practice without a written collaborative agreement specified in s. 448.975 (2) (a), Stats., if the physician assistant's practice is pursuant to an employment arrangement specified in s. 448.975 (2) (a) 1. a., Stats.

(b) The requirement specified in s. 448.975 (2) (a) 1. a., Stats., is met if the physician assistant or his or her employer maintains and can provide to the board upon request a position description, policy document, organizational chart, or other document from the employer indicating that an administrator for the employing organization who is a physician has managerial responsibility for overseeing the overall direction, management, and clinical care delivered in the organization or clinical department in which the physician assistant is a clinical employee. Such document is not the exclusive means for a physician assistant to comply with s. 448.975 (2) (a) 1. a., Stats.

(3) As provided by s. 448.975 (2) (a) 2. Stats., subs. (1) and (2) do not require the physical presence of a physician at the time and place a physician assistant renders a service.

History: EmR2206: cr., eff. 4-1-22; CR 22-064: cr. Register July 2023 No. 811, eff. 8-1-23; correction in (1), (2) (b), (3) made under s. 35.17, Stats., Register July 2023 No. 811.

PA 3.02 Practice of podiatry. A physician assistant may practice with the supervision and direction of a podiatrist pursuant to ss. 448.695 (4) (b) and 448.975 (1) (b) 2., Stats.

History: EmR2206: cr., eff. 4-1-22; CR 22-064: cr. Register July 2023 No. 811, eff. 8-1-23.

PA 3.03 Emergency, disaster, and volunteer practice. (1) A physician assistant licensed under ch. PA 2 may perform any of the following:

(a) Render such emergency medical care that they are able to provide at the scene of an accident or emergency situation, not to be defined as an emergency situation that occurs in the place of one's employment, in the absence of an employment or collaborative agreement entered into under s. PA 3.01.

(b) Render such medical care that they are able to provide during a declared state of emergency or other disaster, notwithstanding an employment or collaborative agreement entered into under s. PA 3.01.

(c) Provide volunteer medical care at camps or sporting events, notwithstanding an employment or collaborative agreement entered into under s. PA 3.01.

(2) Pursuant to ss. 257.03 (3) and 448.975 (5) (a) b 1., Stats., a physician assistant who voluntarily and gratuitously renders emergency, disaster, or volunteer care pursuant to sub. (1) is not liable for civil damages for any personal injuries that result from acts or omissions which may constitute ordinary negligence. The

immunity granted by this section shall not apply to acts or omissions constituting reckless, wanton, or intentional misconduct.

History: EmR2206: cr., eff. 4-1-22; CR 22-064: cr. Register July 2023 No. 811, eff. 8-1-23; correction in (2) made under s. 35.17, Stats., Register July 2023 No. 811.

PA 3.04 Practice during interruption in collaboration. If a physician assistant's collaborating physician under s. PA 3.01 (2) is unable to collaborate as specified in that section due to an interruption in licensed practice, a leave of absence of 30 days or longer such that the physician is unreachable, change in employment, change in license or privileges, or death, then the following requirements apply:

(1) When the interruption is temporary, and an alternate has not been identified in the current agreement, or is otherwise not available, a new alternate physician may provide temporary collaboration to the physician assistant. An interim collaborative agreement shall be documented within and maintained at the site of practice in accordance with s. PA 3.01 (2).

(2) If the collaborating physician will be unavailable for more than 90 business days due to an interruption in licensure or privileges, employment, extended leave of absence or death, the physician assistant shall secure a new collaborating physician and document the agreement in accordance with s. PA 3.01 (2).

(3) If no physician is available to collaborate with the physician assistant, then either of the following apply:

(a) A physician assistant possessing at least 2,080 hours of practice experience in the same specialty or concentration shall notify the board within 3 business days of the collaborating physician's absence and attest to active search for replacement. The physician assistant may continue to practice under the current terms of the physician assistant's collaboration agreement without physician collaboration for up to 120 business days, at which time the physician assistant may petition the board to extend practice under the same terms. The board shall consider the practice setting, experience, and qualifications of the physician assistant, and potential availability of collaborating physicians when reviewing requests to extend practice under this paragraph; or

(b) A physician assistant possessing less than 2,080 hours of practice experience in the same specialty or concentration shall enter into a written interim collaborative agreement with a physician assistant possessing at least 10,000 hours of practice experience in the same specialty or concentration; and shall notify the board within 3 business days of the collaborating physician's absence, provide a copy of the interim written collaborative agreement and, attest to active search for replacement of the collaborating physician. The physician assistant may continue to practice under the current terms of the physician assistant's interim collaboration agreement with physician assistant collaboration for up to 120 business days, at which time the physician assistant may petition the board to extend practice under the same terms. The board shall consider the practice setting, experience, and qualifications of the physician assistant, the collaborating physician assistant

and potential availability of collaborating physicians when reviewing requests to extend practice under this paragraph. This interim collaborative agreement may not exceed 270 consecutive days.

(4) The board may audit and review the practice of a physician assistant temporarily practicing without a collaborating physician under sub. (3) at any time during or after the collaborating physician's absence.

History: EmR2206: cr., eff. 4-1-22; CR 22-064: cr. Register July 2023 No. 811, eff. 8-1-23; correction in (2), (3) (a), (b), (4) made under s. 35.17, Stats., Register July 2023 No. 811.

PA 3.05 Minimum standards for patient health care records. (1) When patient healthcare records are not maintained by a separate entity, a physician assistant shall ensure patient health care records are maintained on every patient for a period of not less than 5 years after the date of the last entry, or for a longer period as may be otherwise required by law.

(2) A patient health care record shall contain all of the following clinical health care information which applies to the patient's medical condition:

- (a) Pertinent patient history.
- (b) Pertinent objective findings related to examination and test results.
- (c) Assessment or diagnosis.
- (d) Plan of treatment for the patient.

(3) Each patient health care record entry shall be dated, shall identify the physician assistant, and shall be sufficiently legible to allow interpretation by other health care practitioners.

History: EmR2206: cr., eff. 4-1-22; CR 22-064: cr. Register July 2023 No. 811, eff. 8-1-23.

PA 3.06 Standards for dispensing and prescribing drugs. (1) PRESCRIPTIVE AUTHORITY. (a) A physician assistant may order, prescribe, procure, dispense, and administer prescription drugs, medical devices, services, and supplies.

(b) A physician assistant practicing under the supervision and direction of a podiatrist may issue a prescription order for a drug or device in accordance with guidelines established by the supervising podiatrist and the physician assistant.

(2) PACKAGING. A prescription drug dispensed by a physician assistant shall be dispensed in a child-resistant container if it is a substance requiring special packaging under 16 CFR 1700.14 (1982) of the federal regulations for the federal poison packaging act of 1970.

(3) LABELING. A prescription drug dispensed by a physician assistant shall contain a legible label affixed to the immediate container disclosing all of the following:

- (a) The name and address of the facility from which the prescribed drug is dispensed.
- (b) The date on which the prescription is dispensed.
- (c) The name of the physician assistant who prescribed the drug.
- (d) The full name of the patient.
- (e) The generic name and strength of the prescription drug dispensed unless the prescribing physician assistant requests omission of the name and strength of the drug dispensed.
- (f) Directions for the use of the prescribed drug and cautionary statements, if any, contained in the prescription or required by law.

(4) RECORDKEEPING. (a) Unless otherwise maintained by an organization, a physician assistant shall maintain complete and accurate records of each prescription drug received, dispensed, or disposed of in any other manner.

(b) Records for controlled substances shall be maintained as required by the federal controlled substances act and ch. 961, Stats.

History: EmR2206: cr., eff. 4-1-22; CR 22-064: cr. Register July 2023 No. 811, eff. 8-1-23.

PA 3.07 Informed consent. (1) Pursuant to s. 448.9785, Stats., a physician assistant shall communicate alternate modes of treatment to a patient.

(2) Any physician assistant who treats a patient shall inform the patient about the availability of reasonable alternative 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.

(3) The physician assistant's duty to inform the patient under this section does not require disclosure of any of the following:

- (a) Detailed technical information that in all probability a patient would not understand.
- (b) Risks apparent or known to the patient.
- (c) Extremely remote possibilities that might falsely or detrimentally alarm the patient.
- (d) Information in emergencies where failure to provide treatment would be more harmful to the patient than treatment.
- (e) Information in cases where the patient is incapable of consenting.

(f) Information about alternate modes of treatment for any condition the physician assistant has not included in the physician assistant's diagnosis at the time the physician assistant informs the patient.

(4) A physician assistant's record shall include documentation that alternate modes of treatment have been communicated to the patient and informed consent has been obtained from the patient.

History: EmR2206: cr., eff. 4-1-22; CR 22-064: cr. Register July 2023 No. 811, eff. 8-1-23.

PA 3.08 Telemedicine and telehealth practice. (1) In this section:

(a) "Emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity that the absence of immediate medical attention will result in serious jeopardy to patient health, serious impairment of bodily functions, or serious dysfunction of a body organ or part.

(b) "Telehealth" has the meaning given in s. 440.01 (1) (hm), Stats.

(c) "Telemedicine" is analogous to and has the same meaning as "telehealth" in par. (b).

(2) The rules in this section do not prohibit any of the following:

(a) Consultations between physician assistants, or between physician assistants and other medical professionals, or the transmission and review of digital images, pathology specimens, test results, or other medical data related to the care of patients in this state.

(b) Patient care in consultations with another healthcare provider who has an established provider-patient relationship with the patient.

(c) Patient care in on-call or cross-coverage situations in which the physician assistant has access to patient records.

(d) Treating a patient with an emergency medical condition.

(3) A physician assistant-patient relationship may be established via telehealth.

(4) A physician assistant who uses telemedicine in the diagnosis and treatment of a patient located in this state shall be licensed to practice as a physician assistant by the board.

(5) A physician assistant shall be held to the same standards of practice and conduct including patient confidentiality and recordkeeping, regardless of whether health care services are provided in person or by telemedicine.

(6) A physician assistant who provides health care services by telehealth is responsible for the quality and safe use of equipment and technology that is integral to patient diagnosis and treatment.

(7) The equipment and technology used by a physician assistant to provide health care services by telehealth shall provide, at a minimum, information that will enable the physician assistant to meet or exceed the standard of minimally competent physician assistant practice.

History: [EmR2206](#): cr., eff. 4-1-22; [CR 22-064](#): cr. [Register July 2023 No. 811](#), eff. 8-1-23; corrections in (4) to (6) made under s. 13.92 (4) (b) 12., Stats., [Register July 2023 No. 811](#).

**Podiatry Affiliated Credentialing Board
Rule Projects (updated 05/22/24)**

Clearinghouse Rule Number	Scope #	Scope Expiration	Code Chapter Affected	Relating clause	Current Stage	Next Step
Not Assigned Yet	035-24	09/25/2026	Pod 9	References to Physician Assistants	Drafting Rule	Board Review and Approval of Preliminary Rule Draft for EIA Comment and Clearinghouse Review

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

AGENDA REQUEST FORM

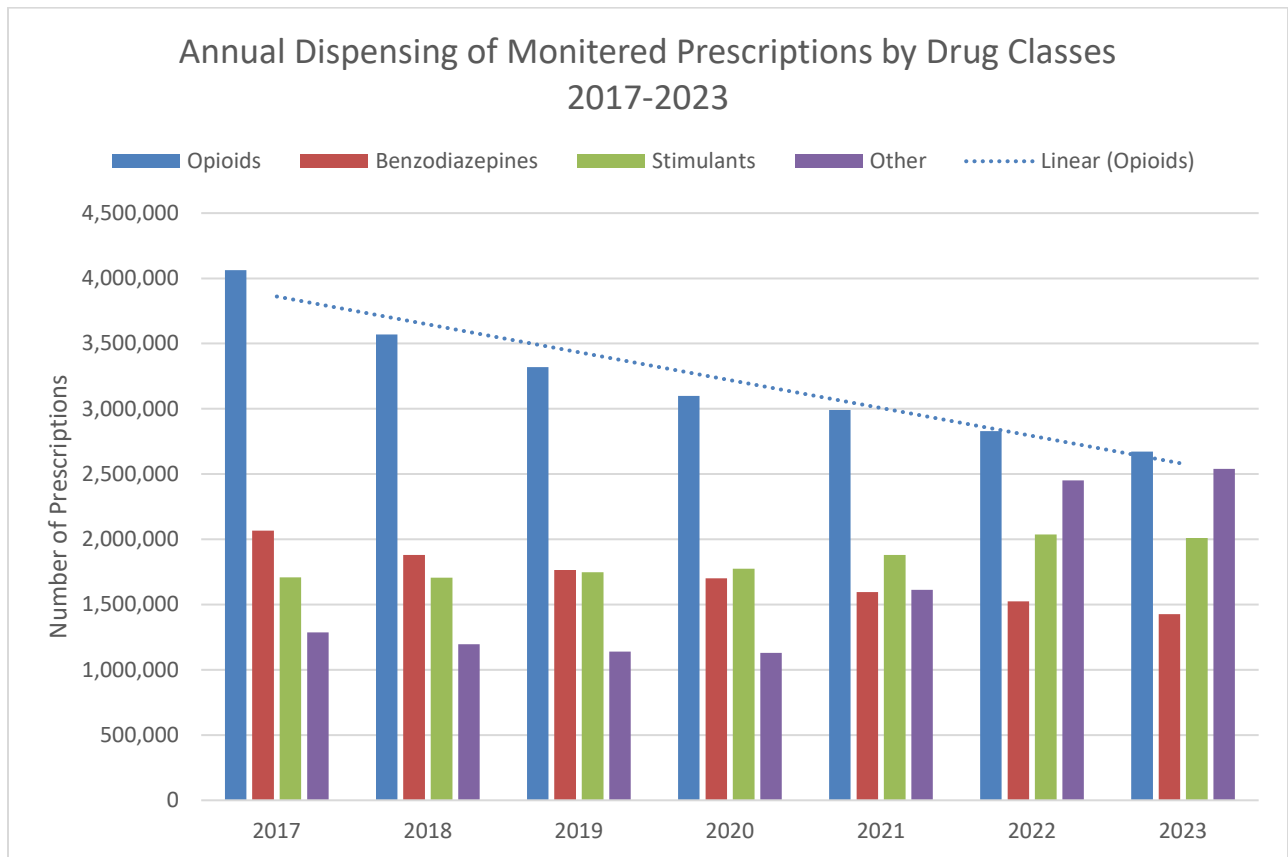
1) Name and title of person submitting the request: Marjorie Liu Program Lead, PDMP		2) Date when request submitted: 05/24/2024 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>																	
3) Name of Board, Committee, Council, Sections: Podiatry Affiliated Credentialing Board																			
4) Meeting Date: 06/05/2024	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-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:																	
10) Describe the issue and action that should be addressed: 1. PDMP Overview & Updates a. Recent Enhancement b. Upcoming NPI Requirement 2. PDMP Participation Updates: Podiatry																			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">11)</td> <td style="width: 60%;"><i>Marjorie Liu</i></td> <td style="width: 20%; text-align: center;">Authorization</td> <td style="width: 10%; text-align: center;">05/24/2024</td> </tr> <tr> <td colspan="3" style="border-top: 1px solid black;">Signature of person making this request</td> <td style="border-top: 1px solid black; text-align: center;">Date</td> </tr> <tr> <td colspan="3" style="border-top: 1px solid black;">Supervisor (if required)</td> <td style="border-top: 1px solid black; text-align: center;">Date</td> </tr> <tr> <td colspan="4" style="border-top: 1px solid black;">Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date</td> </tr> </table>				11)	<i>Marjorie Liu</i>	Authorization	05/24/2024	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)	<i>Marjorie Liu</i>	Authorization	05/24/2024																
Signature of person making this request			Date																
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Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.																			



WISCONSIN | ePDMP

Wisconsin Prescription Drug Monitoring Program (PDMP) Overview

- 721,000 Dispensing Records Submitted per Month in 2023
- 82,000 Data-Driven Patient History Alerts per Month in 2023
- 50,000 Active Healthcare Professional Users
- 487,000 Patient Queries per Month in 2023





WISCONSIN | ePDMP

Wisconsin Prescription Drug Monitoring Program (PDMP) Updates- Podiatry

ePDMP Registration (As of 3/31/2024)

Total Number of Licensed Podiatrists - Active Only	407
Total Number of Licensed Podiatrists Registered with the WI ePDMP	309
Number of Licensed Podiatrists who have logged in to the ePDMP in the past 12 months	152

ePDMP Usage (Q1 2024)

Number of Podiatrists with Rx Required of PDMP Review	211	
Total Queries by Podiatrists (Including Delegates)	3,665	
ePDMP Usage/Prescribing Compliance Rate	ePDMP Usage	Number of Prescribers
	100%	65
	99-75%	17
	74-51%	14
	50-26%	19
	25-1%	23
	0%	73

Prescribing of Monitored Prescription Drugs Q1 2024

	Total Unique Prescribers	Total Prescriptions
Podiatrists with Monitored Drug Prescriptions	193	7,268
Podiatrists with Opioid Prescriptions	192	5,539
Podiatrists with Benzo Prescriptions	55	137

Opioid Prescribing Trend 2023-2024 - Podiatry

	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024
Opioid Prescriptions	5,284	5,463	5,101	6,387	5,539
Change from Prev. Q	-10.7%	3.3%	-7.1%	20.1%	-15.3%

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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: DSPS		2) Date when request submitted: 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: 6/5/2024	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Review of 2025 Board Goals to Address Opioid Abuse and Delegate Department to File Wis. Stat. s. 440.035 (2m) Report to Legislature	
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 applicable: N/A
10) Describe the issue and action that should be addressed: <p>The Board will review the following proposed goals to address opioid abuse and if acceptable, make a motion to adopt them for 2025, and delegate the Department to file the report to the Legislature.</p> <p>Goal 1: Take Enforcement Action When Appropriate The Board's goal is to continue to proactively investigate podiatrists whose prescriptive practices with opioids may be inconsistent with the standard of minimally competent podiatric medical practice. In addition, the Board will continue to exercise its disciplinary authority to hold practitioners accountable for opioid diversion and abuse.</p> <p>Goal 2: Track and Monitor Podiatrist Prescribing of Controlled Substances The PACB will continue to explore ways to leverage the expertise of the ePDMP to effectively track and monitor podiatrist prescribing of controlled substances and to identify opioid abuse trends. This may include discussions at Board meetings with ePDMP staff and/or review of the ePDMP and CSB data and reports.</p> <p>Goal 3: Review for Adoption Amendments to the Wisconsin Medical Examining Board Opioid Prescribing Guideline The Board will review as needed, and, as appropriate, adopt updates to its Opioid Prescribing Guideline..</p> <p>Goal 4: Educate Licensees Registered with the ePDMP The PACB will work with ePDMP staff as necessary to explore possible ways to educate opioid prescribers, including the relatively small number of podiatry licensees statewide on how to effectively use the PDMP as part of their prescribing practice. The Board will continue to rely on the PACB's website and other DSPS website resources.</p>			
11) Authorization			
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	

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

Directions for including supporting documents:

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.