



VIRTUAL/TELECONFERENCE
PODIATRY AFFILIATED CREDENTIALING BOARD
Virtual, 4822 Madison Yards Way, Madison
Contact: Tom Ryan (608) 266-2112
June 10, 2026

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 10, 2026 (4-6)**
- 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. Elmes, Daniel F. – 7/1/2027
 - b. Paloian, Robyn W. – 7/1/2027
 - c. Whelan, James – 7/1/2028
 - 3. **Wis. Stat. § 15.083(3)(b) Biannual Meeting with the Medical Examining Board to Consider Matters of Joint Interest – Update**
- F. 9:00 A.M. Public Hearing – Clearinghouse Rule 26-029 on Pod 1 and 10, Relating to Podiatrists and Telehealth (7-10)**
 - 1. Review Public Hearing Comments and Respond to Clearinghouse Report
- G. Administrative Rule Matters – Discussion and Consideration (11-25)**
 - 1. APPEARANCE: Chairperson Jennifer Jarrett and Vice Chairperson Tara Streit, Physician Assistant Affiliated Credentialing Board – Preliminary Rule Draft: Pod 1 and 9, Relating to Supervision of Physician Assistants (12-24)
 - 2. Pending and Possible Rulemaking Projects (25)
- H. Prescription Drug Monitoring Program (PDMP) Updates (26-27)**
- I. Review for Adoption 2027 Board Goals to Address Opioid Abuse (28)**
- J. Liaison Reports**

K. Federation of Podiatric Medical Boards (FPMB) Matters – Discussion and Consideration

L. Legislative and Policy Matters – Discussion and Consideration

M. 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)

N. 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.).

O. Division of Legal Services and Compliance (DLSC) Matters

P. 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

Q. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

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

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

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

ADJOURNMENT

NEXT MEETING: OCTOBER 28, 2026

 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://dsps.wi.gov>. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of any agenda item may be changed by the board for the convenience of the parties. The person credentialed by the board has the right to demand that the meeting at which final action may be taken against the credential be held in open session. Requests for interpreters for the hard of hearing, or other accommodations, are considered upon request by contacting the Affirmative Action Officer or reach the Meeting Staff by calling 608-267-7213.

**VIRTUAL/TELECONFERENCE
PODIATRY AFFILIATED CREDENTIALING BOARD
MEETING MINUTES
FEBRUARY 10, 2026**

PRESENT: Daniel Elmes; Robyn Paloian; James Whelan

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

CALL TO ORDER

James Whelan, Chairperson, called the meeting to order at 9:01 a.m. A quorum was confirmed with three (3) members present.

ADOPTION OF AGENDA

MOTION: Robyn Paoloian moved, seconded by Daniel Elmes, to adopt the Agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF OCTOBER 22, 2025

MOTION: Robyn Paolian moved, seconded by Daniel Elmes, to approve the Minutes of October 22, 2025, as published. Motion carried unanimously.

ADMINISTRATIVE MATTERS

Election of Officers

Chairperson

NOMINATION: Robyn Paloian nominated James Whelan for the Office of Chairperson. James Whelan accepted the nomination.

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

James Whelan was elected as Chairperson by unanimous voice vote.

Vice Chairperson

NOMINATION: James Whelan nominated Robyn Paloian for the Office of Vice Chairperson. Robyn Paloian accepted the nomination.

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

Robyn Paloian was elected as Vice Chairperson by unanimous voice vote.

Secretary

NOMINATION: James Whelan nominated Daniel Elmes for the Office of Secretary. Daniel Elmes accepted the nomination.

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

Daniel Elmes was elected as Secretary by unanimous voice vote.

2026 ELECTION RESULTS	
Chairperson	James Whelan
Vice Chairperson	Robyn Paloian
Secretary	Daniel Elmes

Appointment of Liaisons and Alternates

LIAISON APPOINTMENTS	
Credentialing Liaison	Robyn Paloian <i>Alternate: Daniel Elmes</i>
Education and Exams Liaison	Robyn Paloian <i>Alternate: Daniel Elmes</i>
Monitoring Liaison	Robyn Paloian <i>Alternate: James Whelan</i>
Professional Assistance Procedure Liaison	Daniel Elmes <i>Alternate: James Whelan</i>
Legislative Liaison	James Whelan <i>Alternate: Daniel Elmes</i>
Travel Liaison	Robyn Paloian <i>Alternate: Daniel Elmes</i>
Screening Panel	James Whelan, Robyn Paloian

Delegation of Authorities

Delegation of Authority to Credentialing Liaison

MOTION: James Whelan moved, seconded by Robyn Paloian, 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. carried unanimously.

Review and Approval of 2025 Delegations including new modifications

MOTION: James Whelan moved, seconded by Robyn Paloian, to reaffirm all delegation motions made in 2025, as reflected in the February 10, 2026, agenda materials, which were not otherwise modified or amended during the February 10, 2026, meeting. Motion carried unanimously.

ADMINISTRATIVE RULE MATTERS

Preliminary Rule Draft: Pod 1 and 10, Relating to Podiatrists and Telehealth

MOTION: James Whelan moved, seconded by Robyn Paloian, to approve the preliminary rule draft of Pod 1 and 9, Relating to Supervision of Physician Assistants, for posting for economic impact comments and submission to the Clearinghouse. Motion carried unanimously.

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

MOTION: Robyn Paloian moved, seconded by Daniel Elmes, to delegate ratification of examination results to DSPS staff and to ratify all licenses and certificates as issued. Motion carried unanimously.


ADJOURNMENT

MOTION: Robyn Paloian moved, seconded by James Whelan, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 9:32 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: 5/29/26 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: 6/10/26	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? 9:00 A.M. Public Hearing – Clearinghouse Rule 26-029 on Pod 1 and 10, Relating to Podiatrists and Telehealth 1. Review Public Hearing Comments and Respond to Clearinghouse Report	
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: The Board will hold a Public Hearing on this rule as required by the rulemaking process.			
11) Authorization			
 Signature of person making this request		5/29/26 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 : PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE : PODIATRY AFFILIATED
PODIATRY AFFILIATED : CREDENTIALING BOARD
CREDENTIALING BOARD : ADOPTING RULES
: (CLEARINGHOUSE RULE)

PROPOSED ORDER

An order of the Podiatry Affiliated Credentialing Board to amend Pod 1.01 and 1.02 (intro.) and create Pod 1.02 (9) and chapter Pod 10, relating to podiatrists and telehealth.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: Section 448.695 (2), Stats.

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

Explanation of agency authority:

Section 15.085 (5) (b), stats. states that “[each affiliated credentialing board] shall promulgate rules for its own guidance and for the guidance of the trader or profession to which it pertains, and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular trade or profession.”

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

Related statute or rule: s. 440.01 (1) (hm), Stats.

Plain language analysis:

The rule updates Pod 1.01 to include chapters Pod 9 and 10. Section Pod 1.02 was updated to add a definition for “Telehealth.” Chapter Pod 10 was created which outlines telehealth practice for podiatrists.

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

Comparison with rules in adjacent states:

Illinois: The Illinois statutes and administrative rules do not appear to specifically address telehealth practice by podiatrists [225 Illinois Compiled Statutes Chapter 100 and 68 Illinois Administrative Code Chapter VII Part 1360]. Illinois Public Act 100-0317, or the Telehealth Act, does apply to health care professionals. However, in this instance “health care professional” does not include podiatrists [Illinois General Assembly Public Act 100-0317].

Iowa: Iowa statutes and administrative rules do not appear to specifically address telehealth practice by podiatrists [Iowa Code Title IV Chapter 149 and 481 Iowa Administrative Code Chapter 703].

Michigan: In Michigan, a licensed podiatrist must get consent before providing treatment via telehealth to a patient and keep a record of such consent in the patient’s medical record. Licensed podiatrists may prescribe drugs via telehealth services if they refer a patient to a provider accessible to the patient locally if needed and the licensee makes themselves available for follow up. The same standard of care that applies to traditional in-person care also applies to telehealth services [Michigan Administrative Code R 338.8105].

Minnesota: Minnesota statutes and administrative rules do not appear to specifically address telehealth practice by podiatrists [Minnesota Statutes Chapter 153 and Minnesota Administrative Code Chapter 6900].

Summary of factual data and analytical methodologies:

While promulgating this rule, the Podiatry Affiliated Credentialing Board referenced Wisconsin Administrative Code Chapter Med 24.

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

The proposed rule was 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.

Effect on small business:

These rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department’s Regulatory Review Coordinator, Jennifer Garrett, may be contacted by calling (608) 266-2112.

Agency contact person:

Nilajah Hardin, Administrative Rules Coordinator, Department of Safety and Professional Services, Office of Chief Legal Counsel, P.O. Box 14497, Madison, Wisconsin 53708-0497; email at DSPSAdminRules@wisconsin.gov.

Place where comments are to be submitted and deadline for submission:

Comments may be submitted to Nilajah Hardin, Administrative Rules Coordinator, Department of Safety and Professional Services, Office of Chief Legal Counsel, P.O. Box 14497, Madison, Wisconsin 53708-0497, or by email to DSPSAdminRules@wisconsin.gov. Comments must be received on or before the public hearing, held on June 10, 2026, at 9:00 a.m., to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. Pod 1.01 is amended to read:

Pod 1.01 Authority and purpose. Chapters Pod 1 to §10 are adopted by the podiatry affiliated credentialing board under ss. 15.085 (5) (b), 227.11 (2) and 448.695, Stats., and govern the practice of podiatric medicine and surgery under subch. IV of ch. 448, Stats.

SECTION 2. Pod 1.02 (intro.) is amended to read:

Pod 1.02 Definitions. As used in chs. Pod 1 to §10:

SECTION 3. Pod 1.02 (9) is created to read:

Pod 1.02 (9) “Telehealth” has the meaning given in s. 440.01 (1) (hm), Stats.

SECTION 4. Chapter Pod 10 is created to read:

Chapter Pod 10 TELEHEALTH

Pod 10.01 Equipment and Technology. A podiatrist licensed to practice podiatric medicine and surgery by the podiatry affiliated credentialing board 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. The equipment and technology used by the podiatrist to provide health care services by telehealth shall provide, at a minimum, information that will enable the podiatrist to meet or exceed the standard of minimally competent podiatric medical practice.

Pod 10.02 Practice Standards. A podiatrist licensed to practice podiatric medicine and surgery by the podiatry affiliated credentialing board 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 telehealth. A podiatrist-patient relationship may be established through telehealth.

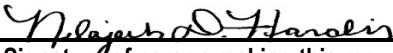
Pod 10.03 Wisconsin License Required. A podiatrist who uses telehealth in the diagnosis and treatment of a patient located in this state shall be licensed to practice podiatric medicine and surgery by the podiatry affiliated credentialing board.

SECTION 5. 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)

**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: 5/29/26 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: 6/10/26	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. APPEARANCE: Chairperson Jennifer Jarrett and Vice Chairperson Tara Streit, Physician Assistant Affiliated Credentialing Board - Preliminary Rule Draft: Pod 1 and 9, Relating to Supervision of 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 checked="" type="checkbox"/> Yes <input 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 1 and 9 Proposed Draft from the Physician Assistants 2. Pod 1 and 9 Preliminary Rule Draft 3. Rule Project Chart Wis. Stats. Ch. 448 Subch. IV: Wisconsin Legislature: subch. IV of ch. 448 (Podiatry) Pending Rule Project Page: https://dsps.wi.gov/Pages/RulesStatutes/PendingRules.aspx			
11) Authorization			
 Signature of person making this request		5/29/26 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 : PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE : PODIATRY AFFILIATED
PODIATRY AFFILIATED : CREDENTIALING BOARD
CREDENTIALING BOARD : ADOPTING RULES
: (CLEARINGHOUSE RULE)

PROPOSED ORDER

An order of the Podiatry Affiliated Credentialing Board to ~~renumber and amend~~ [replace](#) Pod 9.03; to amend Pod 1.03 (1) (Note), 1.08 (1) (a) (Note), 1.09 (1) (a) (Note), 1.10 (1) (b) (Note), 9.01 and 9.02; to repeal and recreate Pod 9.04; and to create Pod 1.02 (2r) [\(2s\)](#), [\(2t\)](#) and 9.03 (1) to ~~(8)~~ [\(3\)](#), relating to supervision of physician assistants.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: Section 448.975 (2) (a) 2m., Stats.

Statutory authority: Sections 15.085 (5) (b) and 448.695 (2) and (4), Stats.

Explanation of agency authority:

Section 15.085 (5) (b), stats. states that “[each affiliated credentialing board] shall promulgate rules for its own guidance and for the guidance of the trader or profession to which it pertains, and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular trade or profession.”

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

Section 448.695 (4), Stats., provides that “the affiliated credentialing board shall promulgate rules establishing all of the following:

- (a) Practice standards for a physician assistant practicing podiatry as provided in s. 448.975 (2) (a) 2m.
- (b) Requirements for a podiatrist who is supervising a physician assistant as provided in s. 448.975 (2) (a) 2m.”

Related statute or rule: Wisc. Admin. Code Ch. PA 3

Plain language analysis:

The rule amends Pod 1 and 9 to align with 2021 Wisconsin Act 23. The following changes were made:

- A definition for “General supervision” was added to Pod 1.02.
- Various Notes in Pod 1 were updated to reflect current department procedures for applications.

Page 1

- Various statutory and administrative code references were updated or removed from Pod 9.
- Practice standards for Physician Assistants were added to Pod 9.03.
- Requirements for Podiatrists supervising Physician Assistants were added to Pod 9.04.

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

Comparison with rules in adjacent states:

Illinois: In Illinois, the Podiatric Medical Act of 1987 contains the statutes and rules related to the practice of Podiatry. These regulations do not appear to contain requirements regarding the supervision of Physician Assistants by Podiatrists [225 Illinois Compiled Statutes 100 and 68 Illinois Administrative Code part 1360]. Similarly, the Illinois Physician Assistant Act of 1987 includes the statutes and rules related to the practice of Physician Assistant. These regulations outline the requirements for a Physician Assistant and their collaborating Physician. Podiatrists do not appear to be included in these rules [225 Illinois Compiled Statutes 95 and 68 Illinois Administrative Code part 1350].

Illinois: [Illinois regulates physician assistant practice under the Physician Assistant Practice Act of 1987 \(225 ILCS 95\) and its implementing rules \(68 Ill. Admin. Code Part 1350\). These provisions define the “collaborating physician” as a physician licensed under the Medical Practice Act and require a written collaborative agreement within that framework. The Illinois Podiatric Medical Practice Act of 1987 \(225 ILCS 100\) and related rules \(68 Ill. Admin. Code Part 1360\) govern podiatry practice but do not establish a separate physician-assistant collaboration/supervision framework within the podiatry act; rather, physician assistant collaboration requirements are addressed within the physician assistant statute and rules. This means while a PA may work in a podiatry setting, the supervising physician named in the PA’s supervision agreement must be a physician licensed to practice medicine, not a podiatric physician.](#)

Iowa: Chapter 149 of the Iowa Code includes the statutory requirements for the practice of Podiatry in Iowa. Related administrative rules in the Iowa Administrative Code also include requirements for licensure and practice of Podiatry. Neither section of the Iowa regulations on podiatry appear to include requirements for Podiatrist supervision of Physician Assistants [Iowa Code Title IV Chapter 149 and 481 Iowa Administrative Code Chapters 700 to 706]. The Iowa regulations for Physician Assistants include requirements relating to a Supervising Physician, but do not appear to include requirements for supervision of a Physician Assistant by a Podiatrist. [Iowa Code Title IV Chapter 148C and 481 Iowa Administrative Code Chapters 780 to 784].

Commented [EEDP1]: The draft paragraph accurately notes that Illinois podiatry law does not specify podiatrist supervision of physician assistants, but it omits the key structural point that Illinois physician assistant law defines collaboration through a “collaborating physician” framework (as defined in the PA act and rules). The replacement clarifies where collaboration requirements are actually established and avoids implying that the absence of podiatry-specific language reflects a regulatory gap rather than Illinois’s statutory structure.

Commented [EEDP2]: The existing paragraph characterizes Iowa law as lacking podiatrist-specific supervision requirements but does not accurately describe Iowa’s statutory structure. Under Iowa Code Chapter 148C, supervision and collaboration standards for Physician Assistants are established uniformly at the profession level and are not specialty-specific. Iowa law includes a structured, graduated supervision requirement leading to independent practice for certain physician assistants during their first two years of practice and expressly provides that supervision does not require the personal presence of a physician unless otherwise specified. The absence of podiatry-specific supervisory language reflects intentional statutory design rather than a regulatory omission. The proposed revision ensures the comparison accurately reflects Iowa’s unified, competency-based regulatory framework.

Iowa: Iowa: Physician assistants are regulated under Iowa Code Chapter 148C and Iowa Administrative Code 481—Chapter 780. Iowa law establishes a competency-based scope of practice and provides that the degree of collaboration required is determined at the practice level (Iowa Code § 148C.4). “Supervising physician” is defined in § 148C.1 as a physician licensed to practice medicine and surgery or osteopathic medicine and surgery in Iowa. Podiatrists are licensed under Iowa Code Chapter 149 and are not included in that statutory definition of supervising physician. Accordingly, where supervision is required under Chapter 148C or the administrative rules, the supervising physician must be an MD or DO. However, in practice settings where PAs are independent and supervision is not required, a physician assistant may practice autonomously and may work collaboratively with a podiatrist within their respective scopes of practice. Iowa law does not create podiatry-specific supervision standards for physician assistants; rather, practice requirements are governed uniformly under Chapter 148C and the corresponding administrative rules.

Michigan: In Michigan, Physician Assistants may practice pursuant to a practice agreement with a participating Podiatrist. This agreement must include a process for communication and decision making between the Physician Assistant and the Podiatrist when administering medical treatment, a protocol for designating an alternative Podiatrist if the participating Podiatrist is not available for consultation, and the duties and responsibilities of the Physician Assistant and the participating Podiatrist [Michigan Compiled Laws Chapter 333 Section 333.18047].

Michigan: Michigan law requires physician assistants practicing with a participating podiatrist to have a written practice agreement under MCL 333.18047. The statute specifies that the practice agreement must include a process for communication and decision-making regarding medical treatment, a protocol for designating an alternative participating podiatrist when the participating podiatrist is unavailable for consultation, and the respective duties and responsibilities of the physician assistant and participating podiatrist.

Minnesota: In Minnesota, the statutes and rules relating to the practice of Podiatry do not appear to address supervision of a Physician Assistant by a Podiatrist [Minnesota Statutes Chapter 153 and Minnesota Administrative Rules Chapter 6900]. Similarly, the statutes and rules for Physician Assistants also do not appear to include requirements for supervision of a Physician Assistant by a Podiatrist. However, the statutes do require a practice agreement between a Physician Assistant and licensed Physician [Minnesota Statutes Chapter 147A].

Minnesota: Physician Assistants are regulated under Minnesota Statutes Chapter 147A, which establishes profession-wide scope of practice and collaboration requirements. Under Minnesota Statutes §147A.02(c), a physician assistant must complete 2,080 hours of collaborative practice within a hospital or integrated clinical setting before transitioning to a practice agreement model under §147A.20. After completion of that requirement, Minnesota law does not mandate a designated supervising physician, specialty-specific supervision standards, or a podiatry-specific supervisory framework.

Commented [EEDP3]: The draft paragraph is generally accurate but can be strengthened by tracking the statute’s required elements more precisely and neutrally, without suggesting additional supervisory requirements beyond what MCL 333.18047 expressly mandates. The replacement aligns the description to the statutory text and supports a clean, apples-to-apples comparison across states.

Commented [EEDP4]: The revised version is preferable because it more precisely tracks the statutory language of MCL 333.18047 and avoids interpretive embellishment. The original podiatry board version states that physician assistants “may practice pursuant to a practice agreement,” which could be read as a permissive or optional arrangement rather than a statutory requirement when practicing with a participating podiatrist. The updated version accurately reflects that Michigan law *requires* a written practice agreement in that context and clearly identifies the specific elements mandated by statute. By using neutral, statute-aligned phrasing and eliminating unnecessary characterization, the revised language improves legal accuracy, strengthens credibility, and reduces the risk of misinterpretation or challenge.

Commented [EEDP5]: The draft paragraph’s focus on whether Minnesota podiatry statutes contain podiatrist-specific supervision requirements may imply that the absence of such language reflects incomplete regulation. In Minnesota, however, physician assistant supervision and collaboration are established through a unified statutory framework in Chapter 147A. The podiatry statute does not create independent or heightened supervision requirements for physician assistants. The proposed revision clarifies that Minnesota regulates physician assistant collaboration at the profession level and avoids suggesting that specialty-specific supervision is the normative model in that state.

Minnesota Statutes Chapter 153, governing podiatrists, addresses the licensure and practice of podiatry but does not establish separate supervisory standards for physician assistants practicing with podiatrists. Accordingly, physician assistant collaboration and practice requirements in Minnesota are governed uniformly under Chapter 147A rather than through specialty-specific regulation. After satisfying the 2,080-hour collaborative practice requirement, a physician assistant practicing under a practice agreement may practice without a designated supervising physician under a practice agreement and may work collaboratively within a podiatry practice, provided each professional practices within their respective statutory scopes of practice.

Summary of factual data and analytical methodologies:

Page 2

The Board reviewed 2021 Wisconsin Act 23, as well as Wisconsin Administrative Code Chapter Med 8 that was repealed by Act 23, and made changes to Wisconsin Administrative Code Pod 9 as needed.

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

The proposed rules will be 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.

Effect on small business:

These rules do not have an significant economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department’s Regulatory Review Coordinator, Jennifer Garrett, may be contacted by calling (608) 266-2112.

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; email at DSPSAdminRules@wisconsin.gov.

Place where comments are to be submitted and deadline for submission:

Comments may be submitted to Nilajah Hardin, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, Wisconsin 53708-8366, or by email to

Commented [EEDP6]: The revised language more accurately reflects Minnesota’s statutory framework and avoids oversimplification present in the original podiatry board version. The initial draft suggested that Minnesota uniformly requires a collaboration agreement between a physician assistant and a physician without acknowledging the 2,080-hour graduated practice requirement under Minn. Stat. § 147A.02(c) and the subsequent transition to a practice agreement model under § 147A.20. The updated version clarifies this structured transition, accurately distinguishes between early-career collaborative practice and post-threshold functional autonomy under a practice agreement, and confirms that Minnesota does not create specialty-specific supervisory standards within the podiatry statute (Chapter 153). By grounding the description directly in the statutory scheme and recognizing the uniform profession-wide regulation of physician assistants under Chapter 147A, the revised paragraph improves legal precision, enhances credibility, and reduces vulnerability to factual challenge

Commented [EEDP7]: Given the plain text of §227.114: It would be difficult to argue that adding new supervision caps, mandatory response times, and annual documentation requirements have zero economic effect. Even modest compliance costs are still effects. “no economic impact” is a strong absolute claim. **However, with the changes recommended in edits throughout this document a claim of no significant impact is better supported. It is recommended that this be changed to no sign**

DSPSAdminRules@wisconsin.gov. Comments must be received on or before the public hearing, held on a date to be determined, to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. Pod 1.02 (2r), (2s) and (2t) is are created to read:

Pod 1.02 (2r) “General supervision” means a podiatric physician has assumed responsibility for directing, supervising, and inspecting the work of the person being supervised. The supervising podiatric physician may be off-premises and indirectly supervising, with face-to-face contact or indirect telecommunication contact as necessary.

“Supervision and direction” means oversight and collaboration provided by a supervising podiatrist under s. 448.975 (2) (a) 2m., Stats., consistent with the physician assistant practice requirements in chs. PA 1 to 4. Evidence of Supervision and direction may be satisfied through employment, practice group affiliation, credentialing, or other documented practice arrangements demonstrating that a podiatrist has responsibility for overseeing the overall direction and clinical care delivered in the practice setting. Supervision and direction do not require the physical presence of the supervising podiatrist unless otherwise required by statute.

(2s) “Physician assistant” means a person licensed under s. 448.974, Stats.

(2t) “Physician associate” is analogous to and has the same meaning as “physician assistant.”

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

Pod 1.03 (1) Note: Applications are available upon request to the board office located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin, 53708, or from Application instructions are available on the department of safety and professional services’ website at <http://dps.wi.gov>.

SECTION 3. Pod 1.08 (1) (a) (Note) is amended to read:

Pod 1.08 (1) (a) Note: Applications are available upon request to the board office located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin, 53708, or from Application instructions are available on the department

Commented [EEDP8]: The proposed definition of “general supervision” is problematic because the governing statute, s. 448.975 (2) (a) 2m., Stats., uses the phrase “supervision and direction” and does not reference or define “general supervision.” Former Med Ch. 8 did define “general supervision,” but it did so within a regulatory framework that expressly interpreted the enabling statutory term “supervision.” In contrast, the current proposal introduces “general supervision” without grounding that term in the operative statutory language or explaining how it derives from “supervision and direction” as used in § 448.975. Creating a new supervisory category not reflected in statute risks exceeding delegated authority and adding structural requirements beyond those contemplated by the Legislature. A more appropriate approach is to begin with a definition of “supervision and direction” that mirrors the statutory language and aligns with the competency-based, organizational responsibility model already established in chs. PA 1–4.

Commented [EEDP9]: Adding definitions for “physician assistant” and “physician associate” ensures clarity and consistency in the chapter by explicitly acknowledging that these terms are analogous and synonymous across state law, credentialing documentation, and professional practice standards. This is important because while the profession’s official national designation is evolving to physician associate to better reflect PAs’ advanced clinical role, both terms are still used in statutes, rules, payer policies, and credentialing systems; defining them prevents confusion and supports consistent licensure, compliance, and recognition of the PA role.

Page 3

of safety and professional services’ website at <http://dps.wi.gov>.

SECTION 4. Pod 1.09 (1) (a) (Note) is amended to read:

Pod 1.09 (1) (a) Note: Applications are available upon request to the board office located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin, 53708, or from

Application instructions are available on the department of safety and professional services' website at <http://dps.wi.gov>.

SECTION 5. Pod 1.10 (1) (b) (Note) is amended to read:

~~Pod 1.10 (1) (b) Note: Applications are available upon request to the board office located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin, 53708, or from Application instructions are available on the department of safety and professional services' website at <http://dps.wi.gov>.~~

SECTION 6. Pod 9.01 and 9.02 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, **performing minor office-based procedures that do not constitute operative podiatric 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 this chapter, and the education, training, experience, and credentialing of the physician assistant.

~~SECTION 7. Pod 9.03 is renumbered to Pod 9.03 (Intro.) and amended to read:~~

~~**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, and any of the following:~~

~~SECTION 8. Pod 9.03 (1) to (8) and created to read:~~

- ~~(1) **Attending initially a patient of any age in any setting related to the practice of podiatry to obtain a personal medical history, perform any appropriate physical examinations, and record and present pertinent data concerning the patient.**~~
- ~~(2) **Performing, or assisting in performing, routine diagnostic studies as appropriate for the practice of podiatry.**~~
- ~~(3) **Performing routine therapeutic procedures, including, but not limited to, injections, immunizations, and the suturing and care of wounds.**~~
- ~~(4) **Instructing and counseling a patient on physical and mental health, including diet, disease, treatment, and normal growth and development.**~~

Commented [EEDP10]: Without clearly defining "nonsurgical patient services" to include assisting in surgery and also include **minor office-based procedures (minor surgical procedures)**, the permitted scope for PAs in podiatry would remain vague, which would *markedly diminish* the practical benefit of adding PAs to podiatric teams by limiting their ability to contribute meaningfully to care delivery efficiency and patient access.

Commented [EEDP11]: This language relies on outdated statutory and administrative citations, including references to repealed provisions of Med Ch. 8, and frames physician assistant practice in a task-based, subordinate manner that is inconsistent with the current statutory framework in s. 448.975, Stats. The Legislature has adopted a competency-based model of PA practice tied to education, training, and experience, rather than an enumerated list of discrete duties. By attempting to restate specific clinical tasks and referencing obsolete rules, the proposed section creates redundancy, risks inconsistency with chs. PA 1–4, and departs from the modernized structure implemented after Act 23. Replacing this section ensures that practice standards are grounded directly in current law, avoid unnecessary duplication, and accurately reflect the professional role of physician assistants practicing under podiatric supervision.

- (5) Assisting in the delivery of medical care to a patient by reviewing and monitoring treatment and therapy plans.
- (6) Performing independently evaluative and treatment procedures necessary to provide an appropriate response to life-threatening emergency situations.
- (7) Facilitating referral of patients to other appropriate community health-care facilities, agencies, and resources.
- (8) Issuing written prescription orders for drugs provided the physician assistant has had reviews under s. 9.04 (5).

SECTION 7. Pod 9.03 is repealed and recreated to read:

Pod 9.03 Practice standards for a physician assistant practicing podiatry. The practice standards for a physician assistant practicing under the supervision and direction of a podiatrist pursuant to s. 448.975 (2) (a) 2m., Stats., are governed by s. 448.975, Stats., and chs. PA 1 to 4.

(1) A physician assistant practicing under the supervision and direction of a podiatrist shall be limited to providing nonsurgical patient services as defined in Pod 9.02 and consistent with the physician assistant's education, training, experience, and credentialing.

(2) A physician assistant may issue prescription orders under s. 448.975 (1) (b), Stats., and shall do so in compliance with chs. PA 1 to 4 of the Wisconsin Administrative Code. The supervising podiatrist and the physician assistant may jointly establish prescribing guidelines applicable to their practice relationship; however, such guidelines shall be consistent with, and shall not conflict with, s. 448.975, Stats., or chs. PA 1 to 4. In the event of any conflict between jointly established guidelines and rules promulgated by the Physician Assistant Affiliated Credentialing Board, the PA Board rules shall control.

(3) Nothing in this section shall be interpreted to expand, restrict, or condition the statutory authority of a physician assistant under s. 448.975, Stats. Pod 9.04 Supervision and Collaboration of a Physician Assistant Practicing Podiatry.

SECTION 9. 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:

- (1) A supervising podiatrist shall provide general supervision to the physician assistant and be available at all times for consultation either in person or within 15 minutes of contact by telecommunication.
- (2) No 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.

Commented [EEDP12]: The recommended replacement for Pod 9.03 is superior because it faithfully tracks the statutory framework in s. 448.975, Stats., and defers appropriately to chs. PA 1 to 4, ensuring consistency with existing physician assistant practice law. Rather than creating an unnecessary task-based list, the revised language anchors practice standards in the competency-based model adopted by the Legislature, limiting practice to nonsurgical patient services while preserving flexibility for services performed within the physician assistant's education, training, and experience. It also clearly maintains the statutory hierarchy governing prescribing authority, confirming that PA Board rules control in the event of any conflict. By eliminating duplication, aligning with legislative modernization, and reinforcing professional accountability within a collaborative supervisory structure, the replacement provides clarity, legal coherence, and operational flexibility that better serves physician assistants, podiatrists, and patients alike.

Nothing herein shall limit the number of physician assistants for whom a podiatrist may provide supervision over time.

- (3) A physician assistant may be supervised by more than one podiatrist while on duty.
- (4) The podiatrist providing supervision must be readily identifiable by the physician assistant through procedures commonly employed in the physician assistant's practice.
- (5) A podiatrist shall initially and at least annually thereafter, review the physician assistant's prescriptive practices. Such reviews shall be documented in writing, signed by the supervising podiatrist and the physician assistant, and made available to the board for inspection upon request.

(1) A podiatrist who supervises a physician assistant shall collaborate with the physician assistant in a manner appropriate to the services provided, the practice setting, and the physician assistant's education, training, and experience.

(2) The supervising podiatrist shall be available for consultation consistent with the needs of the patient and the complexity of care provided. Supervision does not require personal presence unless otherwise required by statute.

(3) The supervising podiatrist and physician assistant shall mutually determine the scope of delegated clinical services within the practice of podiatry, consistent with s. 448.975, Stats., and chs. PA 1-4.

(5) Nothing in this section shall be interpreted to expand, restrict, or condition a physician assistant's statutory authority under s. 448.975, Stats., including prescribing authority governed by chs. PA 1-4.

SECTION 10. 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 [EEDP13]: The original proposed Pod 9.04 imposes rigid supervisory mechanics that extend beyond the statutory framework established in s. 448.975, Stats., and risk reintroducing structural requirements similar to those repealed under Act 23 with the elimination of Med Ch. 8. Fixed response-time mandates, numerical supervision caps, and mandatory documented prescriptive reviews create operational and administrative burdens not expressly required by statute and potentially interfere with the competency-based model governing physician assistant practice. By layering specialty-specific structural controls onto a statutory scheme that already defines supervision, responsibility, and prescribing authority, the proposal risks exceeding the podiatry board's delegated authority and creating inconsistency with chs. PA 1-4. Such provisions shift the model from collaborative professional oversight to prescriptive operational micromanagement, which is neither required by law nor reflective of current PA practice standards.

Commented [EEDP14]: The proposed replacement better aligns with s. 448.975, Stats., by preserving the statutory requirement of supervision and direction while framing it within a modern, collaborative practice model grounded in professional judgment, patient safety, and individual competency. It respects the legislative intent of Act 23 by avoiding rigid structural mandates and instead anchors supervision to the physician assistant's education, training, and experience, consistent with existing PA administrative rules. The replacement preserves the physician assistant's statutory responsibility for care provided and maintains clear deference to PA Board rules governing prescribing authority. By eliminating unnecessary operational constraints and reinforcing shared professional accountability, the revised language supports efficient practice models, reduces regulatory friction, and advances the best interests of podiatrists, physician assistants, and, most importantly, patients.

STATE OF WISCONSIN
PODIATRY AFFILIATED CREDENTIALING BOARD

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

PROPOSED ORDER

An order of the Podiatry Affiliated Credentialing Board to renumber and amend Pod 9.03; to amend Pod 1.03 (1) (Note), 1.08 (1) (a) (Note), 1.09 (1) (a) (Note), 1.10 (1) (b) (Note), 9.01 and 9.02; to repeal and recreate Pod 9.04; and to create Pod 1.02 (2r) and 9.03 (1) to (8), relating to supervision of physician assistants.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: Section 448.975 (2) (a) 2m., Stats.

Statutory authority: Sections 15.085 (5) (b) and 448.695 (2) and (4), Stats.

Explanation of agency authority:

Section 15.085 (5) (b), stats. states that “[each affiliated credentialing board] shall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains, and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular trade or profession.”

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

Section 448.695 (4), Stats., provides that “the affiliated credentialing board shall promulgate rules establishing all of the following:

- (a) Practice standards for a physician assistant practicing podiatry as provided in s. 448.975 (2) (a) 2m.
- (b) Requirements for a podiatrist who is supervising a physician assistant as provided in s. 448.975 (2) (a) 2m.”

Related statute or rule: Wisc. Admin. Code Ch. PA 3

Plain language analysis:

The rule amends Pod 1 and 9 to align with 2021 Wisconsin Act 23. The following changes were made:

- A definition for “General supervision” was added to Pod 1.02.
- Various Notes in Pod 1 were updated to reflect current department procedures for applications.

- Various statutory and administrative code references were updated or removed from Pod 9.
- Practice standards for Physician Assistants were added to Pod 9.03.
- Requirements for Podiatrists supervising Physician Assistants were added to Pod 9.04.

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

Comparison with rules in adjacent states:

Illinois: In Illinois, the Podiatric Medical Act of 1987 contains the statutes and rules related to the practice of Podiatry. These regulations do not appear to contain requirements regarding the supervision of Physician Assistants by Podiatrists [225 Illinois Compiled Statutes 100 and 68 Illinois Administrative Code part 1360]. Similarly, the Illinois Physician Assistant Act of 1987 includes the statutes and rules related to the practice of Physician Assistant. These regulations outline the requirements for a Physician Assistant and their collaborating Physician. Podiatrists do not appear to be included in these rules [225 Illinois Compiled Statutes 95 and 68 Illinois Administrative Code part 1350].

Iowa: Chapter 149 of the Iowa Code includes the statutory requirements for the practice of Podiatry in Iowa. Related administrative rules in the Iowa Administrative Code also include requirements for licensure and practice of Podiatry. Neither section of the Iowa regulations on podiatry appear to include requirements for Podiatrist supervision of Physician Assistants [Iowa Code Title IV Chapter 149 and 481 Iowa Administrative Code Chapters 700 to 706]. The Iowa regulations for Physician Assistants include requirements relating to a Supervising Physician, but do not appear to include requirements for supervision of a Physician Assistant by a Podiatrist [Iowa Code Title IV Chapter 148C and 481 Iowa Administrative Code Chapters 780 to 784].

Michigan: In Michigan, Physician Assistants may practice pursuant to a practice agreement with a participating Podiatrist. This agreement must include a process for communication and decision making between the Physician Assistant and the Podiatrist when administering medical treatment, a protocol for designating an alternative Podiatrist if the participating Podiatrist is not available for consultation, and the duties and responsibilities of the Physician Assistant and the participating Podiatrist [Michigan Compiled Laws Chapter 333 Section 333.18047].

Minnesota: In Minnesota, the statutes and rules relating to the practice of Podiatry do not appear to address supervision of a Physician Assistant by a Podiatrist [Minnesota Statutes Chapter 153 and Minnesota Administrative Rules Chapter 6900]. Similarly, the statutes and rules for Physician Assistants also do not appear to include requirements for supervision of a Physician Assistant by a Podiatrist. However, the statutes do require a practice agreement between a Physician Assistant and licensed Physician [Minnesota Statutes Chapter 147A].

Summary of factual data and analytical methodologies:

The Board reviewed 2021 Wisconsin Act 23, as well as Wisconsin Administrative Code Chapter Med 8 that was repealed by Act 23, and made changes to Wisconsin Administrative Code Pod 9 as needed.

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

The proposed rules will be 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.

Effect on small business:

These rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator, Jennifer Garrett, may be contacted by calling (608) 266-2112.

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; email at DSPSAdminRules@wisconsin.gov.

Place where comments are to be submitted and deadline for submission:

Comments may be submitted to Nilajah Hardin, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, Wisconsin 53708-8366, or by email to DSPSAdminRules@wisconsin.gov. Comments must be received on or before the public hearing, held on a date to be determined, to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. Pod 1.02 (2r) is created to read:

Pod 1.02 (2r) "General supervision" means a podiatric physician has assumed responsibility for directing, supervising, and inspecting the work of the person being supervised. The supervising podiatric physician may be off-premises and indirectly supervising, with face-to-face contact or indirect telecommunication contact as necessary.

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

Pod 1.03 (1) Note: ~~Applications are available upon request to the board office located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin, 53708, or from~~ Application instructions are available on the department of safety and professional services' website at <http://dsps.wi.gov>.

SECTION 3. Pod 1.08 (1) (a) (Note) is amended to read:

Pod 1.08 (1) (a) Note: ~~Applications are available upon request to the board office located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin, 53708, or from~~ Application instructions are available on the department

of safety and professional services' website at <http://dsps.wi.gov>.

SECTION 4. Pod 1.09 (1) (a) (Note) is amended to read:

Pod 1.09 (1) (a) Note: ~~Applications are available upon request to the board office located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin, 53708, or from~~ Application instructions are available on the department of safety and professional services' website at <http://dsps.wi.gov>.

SECTION 5. Pod 1.10 (1) (b) (Note) is amended to read:

Pod 1.10 (1) (b) Note: ~~Applications are available upon request to the board office located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin, 53708, or from~~ Application instructions are available on the department of safety and professional services' website at <http://dsps.wi.gov>.

SECTION 6. Pod 9.01 and 9.02 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 this chapter~~, and the education, training, experience, and credentialing of the physician assistant.

SECTION 7. Pod 9.03 is renumbered to Pod 9.03 (Intro.) and amended to read:

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, and any of the following:

SECTION 8. Pod 9.03 (1) to (8) are created to read:

- (1) Attending initially a patient of any age in any setting related to the practice of podiatry to obtain a personal medical history, perform any appropriate physical examinations, and record and present pertinent data concerning the patient.
- (2) Performing, or assisting in performing, routine diagnostic studies as appropriate for the practice of podiatry.
- (3) Performing routine therapeutic procedures, including, but not limited to, injections, immunizations, and the suturing and care of wounds.
- (4) Instructing and counseling a patient on physical and mental health, including diet, disease, treatment, and normal growth and development.

- (5) Assisting in the delivery of medical care to a patient by reviewing and monitoring treatment and therapy plans.
- (6) Performing independently evaluative and treatment procedures necessary to provide an appropriate response to life-threatening emergency situations.
- (7) Facilitating referral of patients to other appropriate community health-care facilities, agencies, and resources.
- (8) Issuing written prescription orders for drugs provided the physician assistant has had reviews under s. 9.04 (5).

SECTION 9. 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:

- (1) A supervising podiatrist shall provide general supervision to the physician assistant and be available at all times for consultation either in person or within 15 minutes of contact by telecommunication.
- (2) No 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 podiatrist may provide supervision over time.
- (3) A physician assistant may be supervised by more than one podiatrist while on duty.
- (4) The podiatrist providing supervision must be readily identifiable by the physician assistant through procedures commonly employed in the physician assistant's practice.
- (5) A podiatrist shall initially and at least annually thereafter, review the physician assistant's prescriptive practices. Such reviews shall be documented in writing, signed by the supervising podiatrist and the physician assistant, and made available to the board for inspection upon request.

SECTION 10. 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)

**Podiatry Affiliated Credentialing Board
Rule Projects (updated 5/29/26)**

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	Project Stopped	N/A
Not Assigned Yet	024-25	10/14/2027	Pod 1 and 9	Supervision of Physician Assistants	Appearance from Physician Assistants to Discuss Changes to the Preliminary Rule at 6/10/26 Meeting	Medical Examining Board Review of Preliminary Rule Draft
26-029	023-25	10/14/2027	Pod 1 and 10	Podiatrists and Telehealth	Public Hearing held at 6/10/26 Meeting	Drafting Final Rule and Legislative Report

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

AGENDA REQUEST FORM

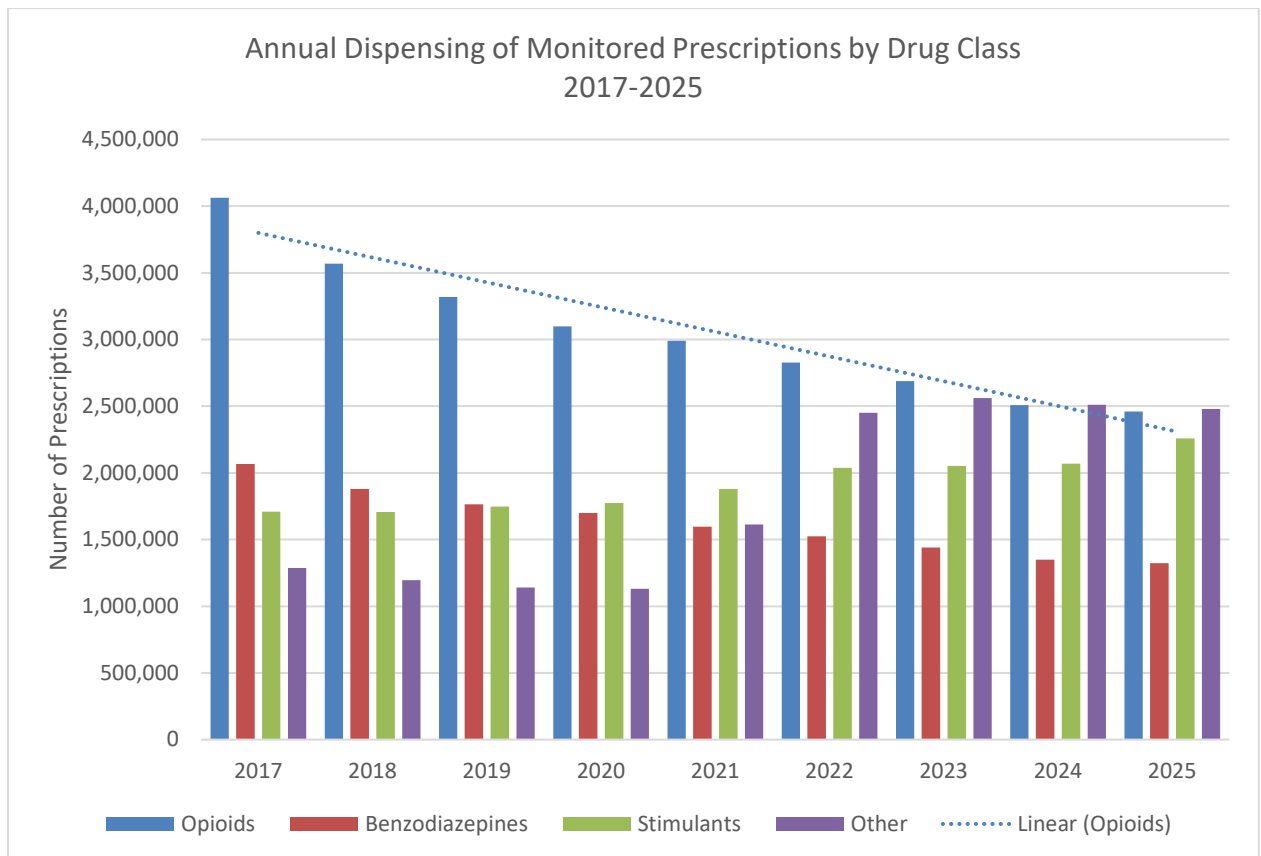
1) Name and title of person submitting the request: Marjorie Liu Program Lead, PDMP		2) Date when request submitted: <p style="text-align: center;">05/29/2026</p> <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>														
3) Name of Board, Committee, Council, Sections: Podiatry Affiliated Credentialing Board																
4) Meeting Date: 06/10/2026	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) 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: <ol style="list-style-type: none"> 1. PDMP Updates <ol style="list-style-type: none"> a. Recent & Upcoming Enhancement 2. PDMP Data: 2025 Overview 																
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; vertical-align: top;">11)</td> <td style="width: 60%; text-align: center; vertical-align: top;"> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <i>Marjorie Liu</i> </div> Authorization </td> <td style="width: 30%; text-align: center; vertical-align: top;"> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> May 29, 2026 </div> Date </td> </tr> <tr> <td></td> <td style="border-top: 1px solid black; padding-top: 5px;"> Signature of person making this request </td> <td style="border-top: 1px solid black; padding-top: 5px;"> Date </td> </tr> <tr> <td></td> <td style="border-top: 1px solid black; padding-top: 5px;"> Supervisor (if required) </td> <td style="border-top: 1px solid black; padding-top: 5px;"> Date </td> </tr> <tr> <td></td> <td colspan="2" style="border-top: 1px solid black; padding-top: 5px;"> Executive Director signature (indicates approval to add post agenda deadline item to agenda) </td> <td style="border-top: 1px solid black; padding-top: 5px;"> Date </td> </tr> </table>				11)	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <i>Marjorie Liu</i> </div> Authorization	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> May 29, 2026 </div> Date		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)	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <i>Marjorie Liu</i> </div> Authorization	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> May 29, 2026 </div> Date														
	Signature of person making this request	Date														
	Supervisor (if required)	Date														
	Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date													
Directions for including supporting documents: <ol style="list-style-type: none"> 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

- 977,000 Dispensing Records Submitted per Month in 2025
- 69,300 Data-Driven Patient History Alerts per Month in 2025
- 57,200 Active Healthcare Professional Users
- 606,900 Patient Queries per Month by Prescribers and Delegates in 2025



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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Tom Ryan		2) Date when request submitted: 12/22/2025 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: 6/10/2026	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Review for Adoption, 2027 Board Goals to Address Opioid Abuse	
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 consider a motion to adopt them.</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>			