

STATE OF WISCONSIN
MEDICAL EXAMINING BOARD

IN THE MATTER OF RULEMAKING	:	NOTICE OF TIME PERIOD
PROCEEDINGS BEFORE THE	:	FOR COMMENTS FOR THE
MEDICAL EXAMINING BOARD	:	ECONOMIC IMPACT ANALYSIS

NOTICE IS HEREBY GIVEN of the time period for public comment on the economic impact of this proposed rule of the Medical Examining Board on Med 1, relating to Licensure Requirements, including how this proposed rule may affect businesses, local government units and individuals. The comments will be considered when the Department of Safety and Professional Services prepares the Economic Impact Analysis pursuant to § 227.137. Written comments may be submitted to:

Nilajah Hardin, Administrative Rules Coordinator
Division of Policy Development
Department of Safety and Professional Services
PO Box 8366
Madison, WI 53708-8935
DSPSAdminRules@wisconsin.gov

The deadline for submitting economic impact comments is May 16, 2025.

PROPOSED ORDER

An order of the Medical Examining Board to create Med 1.02 (7) and amend Med 1.06 (4) (a) and (b), 1.08 (Note), and 1.10 (3) (Note), relating to Licensure Requirements.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: ss. 448.03 (1) (a), Stats.

Statutory authority: ss. 15.08 (5) (b) and 448.40 (1), Stats.

Explanation of agency authority:

Section 15.08 (5) (b), Stats. states that “The 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 448.40 (1), Stats., provides that “[t]he board may promulgate rules to carry out the purposes of this subchapter, including rules requiring the completion of continuing

education, professional development, and maintenance of certification or performance improvement or continuing medical education programs for renewal of a license to practice medicine and surgery.”

Related statute or rule: None.

Plain language analysis: The objective of the proposed rules is to update the initial licensure requirements for physicians by adding specific requirements for what is to be submitted as proof of previous medical employment and updating the oral examination to be scored either pass or fail.

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

Comparison with rules in adjacent states:

Illinois: The Illinois Department of Financial and Professional Regulation is responsible for the licensure and regulation of the practice of medicine in Illinois, with input from the Illinois State Medical Board. The Illinois Department is also responsible for the promulgation of rules to implement certain sections of the Illinois Medical Practice Act of 1987. This Act contains requirements for applications, licensure, and discipline for physicians. As outlined in Section 9, each applicant for a license needs to submit evidence that they are professionally capable of practicing medicine with reasonable skill and safety, among other requirements. Professional capacity may be determined through additional testing or training and the Illinois Medical Board may consider medical research, specialized training, publication in medical journals, and other professional activities when making a determination on professional capacity [225 Illinois Compiled Statutes ch. 60 s. 9]. Additionally, the Illinois Administrative Code outlines requirements for determining professional capacity for those applicants who have graduated more than two years prior to submitting an application. Those requirements include that the Illinois Board may consider experience in human clinical research, specialized clinical training or education, and publication of original clinical medical work in a medical or scientific journal, among other activities [Illinois Administrative Code Title 68 Chapter VII Part 1285 Section 1285.95].

Iowa: The Iowa Board of Medicine is responsible for the licensure and regulation of medicine and surgery in Iowa. Chapter 148 of the Iowa Code includes statutory requirements for licensure, composition and powers of the Iowa Board, and discipline for physicians. An applicant for an Iowa license to practice medicine and surgery needs to submit evidence of a diploma issued by a medical college, of having passed an examination required by the Iowa Board, and of successful completion of one year of post graduate resident training in an Iowa board approved hospital [Iowa Code ch. 148 s. 148.3]. The Iowa Administrative Code includes further requirements for medical licensure including verification of an applicant’s professional experience for the past five years if requested by the Iowa Board [Iowa Administrative Code 653 Ch. 9 s. 953.9.4].

Michigan: The Michigan Board of Medicine is responsible for the licensure and

regulation of medical practice in Michigan. Act 368 Article 15 Part 170 of the Michigan Compiled Laws includes the regulations for medicine in Michigan, among several other occupations. Some of the requirements in this part include those for licensure, informed consent, and duties of the Michigan Board [Michigan Compiled Laws ss. 333.17001-333.17097]. Together with the Michigan Department of Licensing and Regulatory Affairs, the Michigan Board also promulgates rules regarding certain aspects of medical practice. According to those rules, an applicant for medical licensure in Michigan who is a United States or Canadian medical school graduate needs to submit proof of completion of a degree from a medical school that satisfies the standards under Michigan statutes, proof of passing scores for all steps of the USMLE, and proof of at least 1 year of postgraduate clinical training that satisfies the requirements under Michigan statutes. An applicant with a medical degree from outside of the United States or Canada must submit proof of certification from ECFMG that the applicant's medical school is included in the World Directory of Medical Schools [Michigan Administrative Rules R 338.2421-338.2437].

Minnesota: The Minnesota Board of Medical Practice is responsible for the licensure and regulation of medicine in Minnesota. Part 5600 of the Minnesota Administrative Code includes requirements for licensure, continuing education, and hearings before the Minnesota Board. According to those rules and requirements, an applicant for licensure needs to submit an original or certified copy of their diploma from the medical school the graduated from or if the applicant is enrolled in their final year at an approved medical school, a transcript of their credits and evidence that the applicant has completed the course of study in medicine prior to the final year. Applicants must also submit a "certificate of good moral character" signed by two licensed physicians and an unmounted recent photograph. [Minnesota Administrative Rules part 5600 section 5600.0200]. Chapter 147 of the Minnesota Statutes, or the Minnesota Medical Practice Act, also includes requirements for licensure. According to this chapter, in addition to the items described above, applicants must also have passed a comprehensive examination for initial licensure, such as the all three steps of the USMLE or COMLEX-USA. Applicants must also submit evidence of completion of one year of graduate clinical medical training [Minnesota Statutes chapter 147 section 147.02].

Summary of factual data and analytical methodologies:

The Medical Examining Board reviewed Wisconsin Administrative Code Chapter Med 1 and made changes based on feedback from Department staff on the licensure process and to be consistent with a recent rule project based on 2023 Wisconsin Act 214 that creates a provisional license for international physicians.

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

The rule will be posted for 14 days on the Department of Safety and Professional Services website to solicit economic impact comments, including how the proposed rules may affect businesses, local municipalities, and private citizens.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis will be attached upon completion.

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, Dan Hereth, may be contacted by email at Jennifer.Garrett@wisconsin.gov, or 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; telephone 608-267-7139; 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. Med 1.02 (7) is created to read:

Med 1.02 (7) Evidence of any medical employment in the last 3 years before the application was submitted. Such evidence may include:

- (a) A completed employment verification form provided by the department.
Note: Employment verification forms can be found on the department's website at <http://dps.wi.gov>.
- (b) A letter from an employer that includes all of the following:
 - 1. Dates of employment.
 - 2. Job title and description.
 - 3. A summary of any adverse action or discipline, if applicable.
 - 4. Employer or their representative's signature.
- (c) A paystub.
- (d) A W-2 or an equivalent tax document that indicates the name of an employer and the applicant's annual income.
- (e) Any other documentation approved by the Board.

SECTION 2. Med 1.06 (4) (a) and (b), 1.08 (Note), and 1.10 (3) (Note) are amended to read:

Med 1.06 (4)(a) An oral examination of an applicant is conducted by ~~one or more~~ at least two physician members of the board. The purpose of an oral exam is to evaluate the applicant's eligibility for a regular license under the applicable circumstances specified in s. Med 1.06 (1) (a) 1. to 11. The ~~passing grade for an~~ oral exam under this paragraph is ~~90 percent~~ scored either pass or fail.

(b) Any applicant who fails the oral examination under par. (a) shall be examined by the full board. The grade of an exam under this paragraph shall be the applicant's final grade for the oral examination under this subsection. The oral passing grade for an exam under this paragraph is 90 percent scored either pass or fail. The board may deny an application when an applicant fails a full board oral examination pursuant to s. 448.06 (2), Stats.

Med 1.08 (Note) ~~Application forms are available on request to the board office, 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708~~ Instructions for applications are available on the department of safety and professional services' website at <http://dsps.wi.gov>.

Med 1.10 (3) (Note) The board office is located at ~~1400 East Washington Avenue~~ 4822 Madison Yards Way, P.O. Box 8935, Madison, Wisconsin ~~53708~~ 53705.

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)
