

STATE OF WISCONSIN
MEDICAL EXAMINING BOARD

IN THE MATTER OF RULEMAKING	:	ORDER OF THE
PROCEEDINGS BEFORE THE	:	MEDICAL EXAMINING BOARD
MEDICAL EXAMINING BOARD	:	ADOPTING RULES
	:	(CLEARINGHOUSE RULE 25-070)

ORDER

An order of the Medical Examining Board to amend Med 21.01, 21.02 (2), 21.03 (1) and (2), relating to Patient Health Care Records.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: s 448.40 (1), 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 rule is to revise chapter Med 21 to remove references to “physician assistant,” as the Physician Assistant Affiliated Credentialing Board has their own chapters in the Wisconsin Administrative Code that govern their profession. This was achieved by removing the references to “physician assistant” from sections Med 21.01, 21.02 (2), 21.03 (1) and (2).

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

Summary of public comments received on statement of scope and a description of how and to what extent those comments and feedback were taken into account in drafting the proposed rule: The Medical Examining Board held a Preliminary Hearing on Statement of Scope for this project on May 21, 2025. No comments were received.

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 [225 Illinois Compiled Statutes ch. 60]. The rules of the Illinois Department include that it is unprofessional conduct if a physician fails to generate records for patients care as specified by accepted medical standards [Illinois Administrative Code Title 68 Part 1285 Section 1285.240].

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 [Iowa Code ch. 148]. The Iowa Administrative Code includes rules relating to medical practice, including the transfer and retention of medical records. In Iowa, a physician must provide medical records to a patient, or another physician specified by the patient when requested. Physicians also need to maintain medical records for at least seven years from the last date of service for each patient [481 Iowa Administrative Code ch. 655 ss. 655.5 (7) and (8)].

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]. The requirements for patient health care records are listed under health facilities and agencies in Part 201 of the same act. A health facility or agency must maintain a record for each patient for at least seven years unless a longer period is required by other state or federal laws [Michigan Compiled Laws s. 333.20175].

Minnesota: The Minnesota Board of Medical Practice is responsible for the licensure and regulation of medicine in Minnesota. Part 6800 of the Minnesota Administrative Code includes requirements for licensure, continuing education, and hearings before the Minnesota Board. [Minnesota Administrative Rules part 5600]. Chapter 147 of the Minnesota Statutes, or the Minnesota Medical Practice Act, also includes requirements for licensure, practice, and discipline for physicians [Minnesota Statutes ch. 147]. The requirements for patient health care records in Minnesota are outlined in Chapter 144 of the Minnesota Statutes, under the Department of Health in the Minnesota Health Records Act. This Act includes requirements for patient rights, release or disclosure of health

records, and health records for specific areas such as mental health, reproductive health care, and research. The health care provider, such as a physician, may be disciplined by their licensing board or agency for violations of this Act [Minnesota Statutes ch. 144 ss. 144.291 to 144.298].

Summary of factual data and analytical methodologies:

The Board reviewed Wisconsin Administrative Code Chapter Med 21 and made updates where needed.

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

The rule was 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. No comments were received.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis is attached.

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.

TEXT OF RULE

SECTION 1. Med 21.01 is amended to read:

Med 21.01 Authority and purpose. The rules in this chapter are adopted under the authority of ss. 15.08 (5) (b), 227.11 (2), and 448.40 (1), Stats., to govern the practice of physicians ~~and physician assistants~~ in the preparation and retention of patient health care records.

SECTION 2. Med 21.02 (2) is amended to read:

Med 21.02 (2) "Patient" means a person who receives health care services from a physician ~~or physician assistant~~.

SECTION 3. Med 21.03 (1) and (2) are amended to read:

Med 21.03 (1) A physician ~~or physician assistant~~ shall maintain patient health care records on every patient administered to for a period of not less than 5 years after the date of the last entry, or for such longer period as may be otherwise required by law.

(2) A patient health care record prepared by a physician ~~or physician assistant~~ shall contain the following clinical health care information which applies to the patient's medical condition:

SECTION 4. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

Dated 3/25/26

Agency _____
Chairperson
Medical Examining Board