



**VIRTUAL/TELECONFERENCE
MEDICAL EXAMINING BOARD**
Virtual, 4822 Madison Yards Way, Madison
Contact: Valerie Payne (608) 266-2112
April 21, 2021

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

8:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A. Adoption of Agenda (1-5)**
- B. Approval of Minutes of March 17, 2021 (6-10)**
- C. Introductions, Announcements and Recognition
- D. Reminders: Conflicts of Interest, Scheduling Concerns
- E. 8:00 A.M. Public Hearing: CR 21-030 – Med 10, Relating to Unprofessional Conduct**
 - 1) Review and Respond to Public Comments and Clearinghouse Report **(11-18)**
- F. Administrative Matters – Discussion and Consideration**
 - 1) Board, Department and Staff Updates
 - 2) Board Members – Term Expiration Dates
 - a. Milton Bond, Jr. – 7/1/2023
 - b. David A. Bryce – 7/1/2021
 - c. Clarence Chou – 7/1/2023
 - d. Padmaja Doniparthi – 7/1/2021
 - e. Diane Gerlach – 7/1/2024
 - f. Sumeet Goel – 7/1/2023
 - g. Carmen Lerma – 7/1/2024
 - h. Michael Parish – 7/1/2023
 - i. David Roelke – 7/1/2021
 - j. Rachel Sattler – 7/1/2024
 - k. Sheldon Wasserman – 7/1/2023
 - l. Lemuel Yerby – 7/1/2024
 - m. Emily Yu – 7/1/2024
 - 3) Appointments, Reappointments, Confirmations, and Committee, Panel and Liaison Appointments
 - 4) Assignment of Screening Panel and Examination Panel Liaisons

- 5) Wis. Stat. § 15.085 (3)(b) – Affiliated Credentialing Boards’ Biannual Meeting with the Medical Examining Board to Consider Matters of Joint Interest

G. Legislative and Policy Matters – Discussion and Consideration

- 1) 2021 Wisconsin Act 23 (19-33)

H. Administrative Rule Matters – Discussion and Consideration

- 1) Draft Med 10, Relating to Performance of Physical Examinations (34-40)
- 2) Pending or Possible Rulemaking Projects

I. CE Broker – Discussion and Consideration

J. Credentialing Matters – Discussion and Consideration

- 1) 2021-2023 Licensure Fee and Credential Schedule (41-49)

K. COVID-19 – Discussion and Consideration

L. Federation of State Medical Boards (FSMB) Matters – Discussion and Consideration

M. Controlled Substances Board Report

N. Interstate Medical Licensure Compact Commission (IMLCC) – Report from Wisconsin’s Commissioners – Discussion and Consideration

O. Newsletter Matters – Discussion and Consideration

P. MED-PA Collaboration Committee Report

Q. Screening Panel Report

R. Future Agenda Items

S. Discussion and Consideration of Items Added After Preparation of Agenda:

- 1) Introductions, Announcements and Recognition
- 2) Elections, Appointments, Reappointments, Confirmations, and Committee, Panel and Liaison Appointments
- 3) Administrative Matters
- 4) Election of Officers
- 5) Appointment of Liaisons and Alternates
- 6) Delegation of Authorities
- 7) Education and Examination Matters
- 8) Credentialing Matters
- 9) Practice Matters
- 10) Legislative and Policy Matters
- 11) Administrative Rule Matters
- 12) Liaison Reports
- 13) Board Liaison Training and Appointment of Mentors
- 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 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 Engagements, Travel, or Public Relation Requests, and Reports

T. 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 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.).

U. Deliberation on DLSC Matters

- 1) **Monitoring Matters**
 - a. Edward Muellerleile, M.D. – Requesting Reinstatement of Full Licensure **(47-94)**
- 2) **Proposed Stipulations, Final Decisions and Orders**
 - a. 18 MED 189 – Trung T. Tran, D.O. **(95-100)**
 - b. 18 MED 252 – Neville W. Duncan, M.D. **(101-107)**
 - c. 18 MED 421 – Bradley M. Hulten, M.D. **(108-113)**
 - d. 19 MED 046 – Nebojsa Stevanovic, M.D. **(114-120)**
 - e. 19 MED 079 – Ann E. Ruscher, M.D. **(121-127)**
 - f. 19 MEB 088 and 20 MED 219 – Annah C. Houk, P.A. **(128-133)**
 - g. 19 MED 093 – Annette Stokes, M.D. **(134-140)**
 - h. 19 MED 312 – John M. Twelmeyer, M.D. **(141-147)**
 - i. 19 MED 336 – Aristeidie M. Diveris, M.D. **(148-153)**
 - j. 19 MED 513 – Glenn A. Toth, M.D. **(154-161)**
 - k. 20 MED 462 – Richard W. Rapp, D.O. **(162-168)**
 - l. 20 MED 500 – Steven J. McIntyer, M.D. **(169-173)**
- 3) **Petition for Authorization to Request Extension of Time**
 - a. 18 MED 161 – D.D.R. **(174-207)**
- 4) **Complaints**
 - a. 18 MED 161 – D.D.R. **(208-238)**
 - b. 18 MED 432 – B.K. **(239-242)**
 - c. 18 MED 464 – N.M. **(243-245)**
 - d. 19 MED 092 – B.S.W. **(246-248)**
 - e. 20 MED 287 – S.N.C. **(249-251)**
 - f. 20 MED 440 – M.J.T. **(252-269)**
- 5) **Administrative Warnings**
 - a. 19 MED 020 – K.L. **(270-271)**
 - b. 19 MED 208 – C.F.A. **(272-273)**
 - c. 19 MED 214 – D.C.S. **(274-275)**

- d. 19 MED 477 – J.M. **(276-278)**
- e. 20 MED 231 – R.D.H. **(279-280)**
- f. 20 MED 417 – T.M.H. **(281-282)**

6) Case Closings

- a. 18 MED 160 – T.K. **(283-299)**
- b. 18 MED 470 – L.M. **(300-302)**
- c. 19 MED 057 – P.H. **(303-306)**
- d. 19 MED 147 – D.A.L. **(307-317)**
- e. 19 MED 174 – Unknown **(318-322)**
- f. 19 MED 265 – J.V. **(323-333)**
- g. 19 MED 390 – J.L.H. **(334-369)**
- h. 19 MED 417 – P.A.S. **(370-390)**
- i. 19 MED 430 – L.V.H.T. **(391-396)**
- j. 19 MED 485 – M.S.A., M.J.M. **(397-402)**
- k. 19 MED 537 – M.J.M. **(403-411)**
- l. 20 MED 062 – N.T.M. **(412-415)**
- m. 20 MED 102 – J.B.M. **(416-423)**
- n. 20 MED 195 – E.A.B., A.R.G. **(424-432)**
- o. 20 MED 355 – M.J.H. **(433-443)**
- p. 20 MED 376 – G.A.B. **(444-458)**
- q. 20 MED 447 – D.C.T. **(449-454)**
- r. 21 MED 005 – K.J.P. **(455-458)**

V. Deliberation on Proposed Final Decision and Order

- 1) Irene Gurvits, M.D. (DHA Case Number SPS-20-0034/DLSC Case Number 20 MED 216) **(459-469)**

W. Credentialing Matters (470-524)

- 1) **Consideration of Waiver of 24 Months of ACGME/AOA Approved Post-Graduate Training**
 - a. Fady Youssef
- 2) **Application Review**
 - a. Fady Youssef

X. Deliberation of Items Added After Preparation of the Agenda

- 1) Education and Examination Matters
- 2) Credentialing Matters
- 3) DLSC 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 Order
- 9) Proposed Interim Orders
- 10) Administrative Warnings
- 11) Review of Administrative Warnings
- 12) Proposed Final Decisions and Orders

- 13) Matters Relating to Costs/Orders Fixing Costs
- 14) Complaints
- 15) Case Closings
- 16) Board Liaison Training
- 17) Petitions for Extension of Time
- 18) Petitions for Assessments and Evaluations
- 19) Petitions to Vacate Orders
- 20) Remedial Education Cases
- 21) Motions
- 22) Petitions for Re-Hearing
- 23) Appearances from Requests Received or Renewed

Y. Open Cases

Z. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

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

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

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

ADJOURNMENT

ORAL EXAMINATION OF CANDIDATES FOR LICENSURE

VIRTUAL/TELECONFERENCE

10:00 A.M. OR IMMEDIATELY FOLLOWING THE FULL BOARD MEETING

CLOSED SESSION – Reviewing Applications and Conducting Oral Examination of **three (3)** (at time of agenda publication) Candidates for Licensure – **Dr. Chou** and **Dr. Yerby**

NEXT MEETING: MAY 19, 2021

 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 at 4822 Madison Yards Way, Madison, Wisconsin, unless otherwise noted. In order to confirm a meeting or to request a complete copy of the board’s agenda, please call the listed contact person. 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 deaf or hard of hearing, or other accommodations, are considered upon request by contacting the Affirmative Action Officer, 608-266-2112, or the Meeting Staff at 608-266-5439.

**VIRTUAL/TELECONFERENCE
MEDICAL EXAMINING BOARD
MEETING MINUTES
MARCH 17, 2021**

PRESENT: Milton Bond, Jr.; David Bryce, M.D.; Clarence Chou, M.D.; Padmaja Doniparthi, M.D.; Diane Gerlach, D.O.; Sumeet Goel, D.O.; Carmen Lerma; Michael Parish, M.D.; David Roelke, M.D.; Sheldon Wasserman, M.D.; Lemuel Yerby, M.D.; Emily Yu, M.D.

EXCUSED: Rachel Sattler

STAFF: Valerie Payne, Executive Director; Jameson Whitney, Legal Counsel; Dale Kleven, Administrative Rules Coordinator; Cassandra Walbrun, Administrative Rules Coordinator; Megan Glaeser, Bureau Assistant; and other Department staff

CALL TO ORDER

Sheldon Wasserman, Chairperson, called the meeting to order at 8:00 a.m. A quorum was confirmed with eleven (11) members present.

ADOPTION OF AGENDA

Amendment to the Agenda

- Under item “D. Introductions, Announcements and Recognition”, **ADD:**
 1. Carmen Lerma, Public Member (7/1/2024)
- Under item “F. Administrative Matters; 2) Board Members – Term Expiration Dates”, **ADD:**
 1. Carmen Lerma – 7/1/2024

MOTION: Michael Parish moved, seconded by Sumeet Goel, to adopt the Agenda as amended. Motion carried unanimously.

APPROVAL OF MINUTES OF FEBRUARY 17, 2021

MOTION: Diane Gerlach moved, seconded by Lemuel Yerby, to approve the Minutes of February 17, 2021 as published. Motion carried unanimously.

PUBLIC HEARING: CR 21-017 – MED 13, RELATING TO CONTINUING MEDICAL EDUCATION FOR PHYSICIANS

Review and Respond to Public Hearing Comments and Clearinghouse Report

MOTION: Clarence Chou moved, seconded by Michael Parish, to authorize the Chairperson to approve the Legislative Report and Draft for Clearinghouse Rule CR 21-017, relating to continuing medical education for physicians, for submission to the Governor’s Office and Legislature. Motion carried unanimously.

ADMINISTRATIVE RULE MATTERS

Proposals for Med 10, Relating to Performance of Physical Examinations

MOTION: Milton Bond, Jr. moved, seconded by Diane Gerlach, to designate the Chairperson to serve as liaison to DSPS staff for drafting Med 10, relating to performance of physical examinations. Motion carried unanimously.

MOTION: David Bryce moved, seconded by David Roelke, to recognize and thank Dale Kleven for his years of dedicated service to the Medical Examining Board and the State of Wisconsin. Motion carried unanimously.

COVID-19

MOTION: Carmen Lerma moved, seconded by Michael Parish, to express the support and encouragement of the Board for its licensees to receive a COVID-19 vaccine as soon as they are eligible to do so and the vaccine is available to them. Motion carried unanimously.

CLOSED SESSION

MOTION: Diane Gerlach moved, seconded by Sumeet Goel, to convene to Closed Session to deliberate on cases following hearing (§ 19.85(1)(a), Stats.); to consider licensure or certification of individuals (§ 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (§ 19.85(1)(b), Stats. and § 448.02(8), Stats.); to consider individual histories or disciplinary data (§ 19.85(1)(f), Stats.); and to confer with legal counsel (§ 19.85(1)(g), Stats.). Sheldon Wasserman, Chairperson, read the language of the motion aloud for the record. The vote of each member was ascertained by voice vote. Roll Call Vote: Milton Bond, Jr.-yes; David Bryce-yes; Clarence Chou-yes; Padmaja Doniparthi-yes; Diane Gerlach-yes; Sumeet Goel-yes; Carmen Lerma-yes; Michael Parish-yes; David Roelke-yes; Sheldon Wasserman-yes; Lemuel Yerby-yes; and Emily Yu-yes. Motion carried unanimously.

The Board convened into Closed Session at 8:55 a.m.

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

Stipulations, Final Decisions and Orders

16 MED 207 – Jay C. Lick, D.O.

MOTION: David Roelke moved, seconded by Milton Bond, Jr., to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Jay C. Lick, D.O., DLSC Case Number 16 MED 207. Motion carried unanimously.

18 MED 366 – Christopher N. Deyo, M.D.

MOTION: Michael Parish moved, seconded by Milton Bond, Jr., to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Christopher N. Deyo, M.D., DLSC Case Number 18 MED 366. Motion carried unanimously.

18 MED 502 – Adnan I. Qureshi, M.D.

MOTION: David Bryce moved, seconded by Clarence Chou, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Adnan I. Qureshi, M.D., DLSC Case Number 18 MED 502. Motion carried unanimously.

19 MED 079 – Ann E. Ruscher, M.D.

MOTION: Michael Parish moved, seconded by Sumeet Goel, to reject the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Ann E. Ruscher, M.D., DLSC Case Number 19 MED 079. Motion carried unanimously.

19 MED 345 – Michael D. Hazelbert, D.O.

MOTION: David Roelke moved, seconded by Lemuel Yerby, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Michael D. Hazelbert, D.O., DLSC Case Number 19 MED 345. Motion carried unanimously.

Stipulations and Interim Orders

19 MED 007 and 19 MED 346 – John D. Whelan, M.D.

MOTION: David Roelke moved, seconded by Michael Parish, to adopt the Findings of Fact, Conclusions of Law and Interim Order in the matter of disciplinary proceedings against John D. Whelan, M.D., DLSC Case Numbers 19 MED 007 and 19 MED 346. Motion carried unanimously.

Administrative Warnings

19 MED 493 – B.M.H.

MOTION: Michael Parish moved, seconded by David Roelke, to issue an Administrative Warning in the matter of B.M.H., DLSC Case Number 19 MED 493. Motion carried unanimously.

20 MED 322 – J.H.M.

MOTION: David Roelke moved, seconded by Lemuel Yerby, to issue an Administrative Warning in the matter of J.H.M., DLSC Case Number 20 MED 322. Motion carried unanimously.

Case Closings

MOTION: Michael Parish moved, seconded by Milton Bond, Jr., to close the following DLSC Cases for the reasons outlined below:

1. 18 MED 311 – D.J.R. – Prosecutorial Discretion (P5)
2. 19 MED 035 – A.T. – Insufficient Evidence
3. 19 MED 079 – M.R.C. – Prosecutorial Discretion (P3)
4. 19 MED 518 – J.S.H. – Prosecutorial Discretion (P2)
5. 19 MED 559 – W.D.P. – Insufficient Evidence
6. 20 MED 162 – E.S.Y. – No Violation
7. 20 MED 217 – K.E.A. – No Violation
8. 20 MED 459 – B.N.H. – No Violation

Motion carried unanimously.

19 MED 192 – C.B.

MOTION: Michael Parish moved, seconded by Milton Bond, Jr., to close DLSC Case Number 19 MED 192, against C.B., for No Violation. Motion carried unanimously.

Monitoring Matters

Roy Ozanne, M.D. – Requesting Reinstatement of Full Licensure

MOTION: Lemuel Yerby moved, seconded by David Bryce, to grant the request of Roy Ozanne, M.D. for Full Licensure. Motion carried unanimously.

Farid Ahmad, M.D. – Requesting Reinstatement of Full Licensure

MOTION: Michael Parish moved, seconded by David Roelke, to grant the request of Farid Ahmad, M.D. for Full Licensure. Motion carried unanimously.

CREENTIALING MATTERS

Full Board Oral Exam

Tiffany Brown

MOTION: David Roelke moved, seconded by Milton Bond, Jr., to find that Tiffany Brown achieved a passing score on the Full Board Oral Examination pursuant to Wis. Admin Code § Med 1.06(4)(b), contingent upon receipt of a favorable report from her current employer. The Board delegates authority to the Chairperson to review any letters from applicant's current employer. Motion carried unanimously.

RECONVENE TO OPEN SESSION

MOTION: Clarence Chou moved, seconded by David Roelke, to reconvene to Open Session. Motion carried unanimously.

The Board reconvened to Open Session at 10:43 a.m.

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

MOTION: Michael Parish moved, seconded by Milton Bond, Jr., 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: David Roelke moved, seconded by Sumeet Goel, to delegate ratification of examination results to DSPS staff and to ratify all licenses and certificates as issued. Motion carried unanimously.

ADJOURNMENT

MOTION: Sumeet Goel moved, seconded by Lemuel Yerby, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 10:44 a.m.

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Kassandra Walbrun Administrative Rules Coordinator		2) Date When Request Submitted: 4/6/2021 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 4/6/21	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? 8:00 A.M. Public Hearing: CR 21-030 – Med 10, Relating to Unprofessional Conduct 1. Review and Respond to Public Comments and Clearinghouse Report	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: 1. Clearinghouse Report, Public Hearing Draft and EIA, (pdfs)			
11) Authorization Kassandra Walbrun April 6, 2021			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

STATE OF WISCONSIN
MEDICAL EXAMINING BOARD

IN THE MATTER OF RULEMAKING : PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE : MEDICAL EXAMINING BOARD
MEDICAL EXAMINING BOARD : ADOPTING RULES
: (CLEARINGHOUSE RULE 21-030)

PROPOSED ORDER

An order of the Medical Examining Board to amend Med 10.03 (3) (h), relating to unprofessional conduct.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted:

Section 448.015 (4) (am) 1., Stats.

Statutory authority:

Section 15.08 (5) (b), Stats.

Explanation of agency authority:

Section 15.08 (5) (b), Stats., provides an examining board “shall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains. . .”

Related statute or rule:

Section SPS 4.09 sets forth provisions related to credential holder charges and convictions.

Plain language analysis:

The proposed rule revises the Board’s rules related to professional conduct. Specifically, s. Med 10.03 (3) (h) is revised to clarify a licensee is required to comply with the reporting requirement under s. SPS 4.09 (2).

Summary of, and comparison with, existing or proposed federal regulation:

None.

Comparison with rules in adjacent states:

Illinois: The Illinois Statutes authorize the Illinois Department of Financial Regulation to take disciplinary or non-disciplinary action against a physician’s license. Grounds for action include failure to report to the Department any adverse final action taken against a physician by any law enforcement agency or any court, for acts or conduct similar to acts or conduct that would constitute grounds for action against the physician’s license [225 ILCS 60/22 (A) (34)].

Iowa:

Rules of the Iowa Board of Medicine provide the Board with authority to impose disciplinary sanctions for certain acts and offenses (653 IAC 23.1). The rules do not specifically provide that a physician may be subject to a disciplinary sanction for failure to report a conviction.

Michigan:

The Michigan Public Health Code requires a licensee or registrant to notify the Michigan Department of Licensing and Regulatory Affairs of any criminal conviction within 30 days after the date of the conviction. Failure of a licensee or registrant to notify the Department under this subsection shall result in administrative action against the license or registration [MCL 333.16222 (3)].

Minnesota:

The Minnesota Statutes require a physician to self-report to the Minnesota Board of Medical Practice within 30 days of any judgement or other determination of a court of competent jurisdiction that adjudges or includes a finding that a physician is guilty of a felony or a violation of a federal or state narcotics law or controlled substances act (2020 Minnesota Statutes, Section 147.111).

Summary of factual data and analytical methodologies:

The proposed rules were developed by obtaining input and feedback from the Medical Examining Board.

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

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

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis document is attached.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Daniel.Hereth@wisconsin.gov, or by calling (608) 267-2435.

Agency contact person:

Dale Kleven, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, Wisconsin 53708-8366; telephone 608-261-4472; email at DSPSAdminRules@wisconsin.gov.

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

Comments may be submitted to Dale Kleven, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, WI 53708-8366, or by email to DSPSAdminRules@wisconsin.gov. Comments must be received at or before the public hearing to be held at 8:00 a.m. on April 21, 2021, to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. Med 10.03 (3) (h) is amended to read:

Med 10.03 (3) (h) Failing, within 48 hours of the entry of judgement of conviction of any crime, to provide notice as required under s. SPS 4.09 (2), or failing, within 30 days of conviction of any crime, to provide the board with certified copies of the criminal complaint and judgment of conviction.

SECTION 2. 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)

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

1. Type of Estimate and Analysis <input checked="" type="checkbox"/> Original <input type="checkbox"/> Updated <input type="checkbox"/> Corrected	2. Date March 10, 2021
3. Administrative Rule Chapter, Title and Number (and Clearinghouse Number if applicable) Med 10	
4. Subject Unprofessional conduct	
5. Fund Sources Affected <input type="checkbox"/> GPR <input type="checkbox"/> FED <input type="checkbox"/> PRO <input type="checkbox"/> PRS <input type="checkbox"/> SEG <input type="checkbox"/> SEG-S	6. Chapter 20, Stats. Appropriations Affected
7. Fiscal Effect of Implementing the Rule <input checked="" type="checkbox"/> No Fiscal Effect <input type="checkbox"/> Increase Existing Revenues <input type="checkbox"/> Increase Costs <input type="checkbox"/> Decrease Costs <input type="checkbox"/> Indeterminate <input type="checkbox"/> Decrease Existing Revenues <input type="checkbox"/> Could Absorb Within Agency's Budget	
8. The Rule Will Impact the Following (Check All That Apply) <input type="checkbox"/> State's Economy <input type="checkbox"/> Specific Businesses/Sectors <input type="checkbox"/> Local Government Units <input type="checkbox"/> Public Utility Rate Payers <input type="checkbox"/> Small Businesses (if checked, complete Attachment A)	
9. Estimate of Implementation and Compliance to Businesses, Local Governmental Units and Individuals, per s. 227.137(3)(b)(1). \$0	
10. Would Implementation and Compliance Costs Businesses, Local Governmental Units and Individuals Be \$10 Million or more Over Any 2-year Period, per s. 227.137(3)(b)(2)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11. Policy Problem Addressed by the Rule The proposed rule revises the Board's rules related to professional conduct. Specifically, s. Med 10.03 (3) (h) is revised to <u>clarify a licensee is required to comply with the reporting requirement under s. SPS 4.09 (2).</u>	
12. Summary of the Businesses, Business Sectors, Associations Representing Business, Local Governmental Units, and Individuals that may be Affected by the Proposed Rule that were Contacted for Comments. The proposed rule was posted on the Department of Safety and Professional Services' website for 14 days in order to solicit comments from businesses, representative associations, local governmental units, and individuals that may be affected by the rule. No comments were received.	
13. Identify the Local Governmental Units that Participated in the Development of this EIA. No local governmental units participated in the development of this EIA.	
14. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred) The proposed rule will not have a significant impact on specific businesses, business sectors, public utility rate payers, local governmental units, or the state's economy as a whole.	
15. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule The benefit to implementing the rule is clarity concerning a physician's requirements to report conviction of a crime.	
16. Long Range Implications of Implementing the Rule The long range implication of implementing the rule is clarity concerning a physician's requirements to report conviction of a crime.	
17. Compare With Approaches Being Used by Federal Government None	
18. Compare With Approaches Being Used by Neighboring States (Illinois, Iowa, Michigan and Minnesota)	

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

Illinois:

The Illinois Statutes authorize the Illinois Department of Financial Regulation to take disciplinary or non-disciplinary action against a physician's license. Grounds for action include failure to report to the Department any adverse final action taken against a physician by any law enforcement agency or any court, for acts or conduct similar to acts or conduct that would constitute grounds for action against the physician's license [225 ILCS 60/22 (A) (34)].

Iowa:

Rules of the Iowa Board of Medicine provide the Board with authority to impose disciplinary sanctions for certain acts and offenses (653 IAC 23.1). The rules do not specifically provide that a physician may be subject to a disciplinary sanction for failure to report a conviction.

Michigan:

The Michigan Public Health Code requires a licensee or registrant to notify the Michigan Department of Licensing and Regulatory Affairs of any criminal conviction within 30 days after the date of the conviction. Failure of a licensee or registrant to notify the Department under this subsection shall result in administrative action against the license or registration [MCL 333.16222 (3)].

Minnesota:

The Minnesota Statutes require a physician to self-report to the Minnesota Board of Medical Practice within 30 days of any judgement or other determination of a court of competent jurisdiction that adjudges or includes a finding that a physician is guilty of a felony or a violation of a federal or state narcotics law or controlled substances act (2020 Minnesota Statutes, Section 147.111).

19. Contact Name Dale Kleven	20. Contact Phone Number (608) 261-4472
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This document can be made available in alternate formats to individuals with disabilities upon request.

ADMINISTRATIVE RULES
Fiscal Estimate & Economic Impact Analysis

ATTACHMENT A

1. Summary of Rule's Economic and Fiscal Impact on Small Businesses (Separately for each Small Business Sector, Include Implementation and Compliance Costs Expected to be Incurred)

2. Summary of the data sources used to measure the Rule's impact on Small Businesses

3. Did the agency consider the following methods to reduce the impact of the Rule on Small Businesses?

- Less Stringent Compliance or Reporting Requirements
- Less Stringent Schedules or Deadlines for Compliance or Reporting
- Consolidation or Simplification of Reporting Requirements
- Establishment of performance standards in lieu of Design or Operational Standards
- Exemption of Small Businesses from some or all requirements
- Other, describe:

4. Describe the methods incorporated into the Rule that will reduce its impact on Small Businesses

5. Describe the Rule's Enforcement Provisions

6. Did the Agency prepare a Cost Benefit Analysis (if Yes, attach to form)

- Yes No
-



Wisconsin Legislative Council

RULES CLEARINGHOUSE

Scott Grosz
Clearinghouse Director

Anne Sappenfield
Legislative Council Director

Margit Kelley
Clearinghouse Assistant Director

CLEARINGHOUSE RULE 21-030

Comments

[NOTE: All citations to “Manual” in the comments below are to the Administrative Rules Procedures Manual, prepared by the Legislative Council Staff and the Legislative Reference Bureau, dated November 2020.]

4. Adequacy of References to Related Statutes, Rules and Forms

In s. Med 10.03 (3) (h), for clarity, consider specifying that s. SPS 4.09 (2) requires a person to “provide notice to the department of safety and professional services...”.

5. Clarity, Grammar, Punctuation and Use of Plain Language

In s. Med 10.03 (3) (h), the spelling for the word “judgement” should be revised to “judgment”.

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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Valerie Payne, Executive Director on behalf of Dr. Sheldon Wasserman, Board Chair		2) Date when request submitted: 4/14/2021 <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: Medical Examining Board			
4) Meeting Date: 4/21/2021	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Under Legislative and Policy Matters – Discussion and Consideration 2021 Wisconsin Act 23	
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: Discuss next steps for 2021 Wisconsin Act 23 relating to: regulation of physician assistants, creating a Physician Assistant Affiliated Credentialing Board, extending the time limit for emergency rule procedures, providing an exemption from emergency rule procedures, granting rule-making authority, and providing a penalty.			
11) Authorization			
<i>Valerie Payne</i>		4/21/2021	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

State of Wisconsin



2021 Assembly Bill 125

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

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

2021 WISCONSIN ACT 23

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

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 15.08 (1m) (b) of the statutes is amended to read:

15.08 (1m) (b) The public members of the chiropractic examining board, the dentistry examining board, the hearing and speech examining board, the medical examining board, the physical therapy examining board, the perfusionists examining council, the respiratory care practitioners examining council and council on physician assistants, the board of nursing, the nursing home administrator examining board, the veterinary examining board, the optometry examining board, the pharmacy examining board, the marriage and family therapy, professional counseling, and social work examining board,

the psychology examining board, and the radiography examining board shall not be engaged in any profession or occupation concerned with the delivery of physical or mental health care.

SECTION 2. 15.085 (1m) (b) of the statutes is amended to read:

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

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

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

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

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

(b) One public member.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SECTION 12. 50.39 (3) of the statutes is amended to read:

50.39 (3) Facilities governed by ss. 45.50, 48.62, 49.70, 49.72, 50.02, 51.09, and 252.10, juvenile correctional facilities as defined in s. 938.02 (10p), correctional institutions governed by the department of corrections under s. 301.02, and the offices and clinics of persons licensed to treat the sick under chs. 446, 447, and 448 are exempt from ss. 50.32 to 50.39. Sections 50.32 to 50.39 do not abridge the rights of the medical examining board, physician assistant affiliated credentialing board, physical therapy examining board, podiatry affiliated credentialing board, dentistry examining board, pharmacy examining board, chiropractic examining board, and board of nursing in carrying out their statutory duties and responsibilities.

SECTION 13. 55.14 (8) (b) of the statutes is amended to read:

55.14 (8) (b) Order the individual to comply with the treatment plan under par. (a). The order shall provide that if the individual fails to comply with provisions of the treatment plan that require the individual to take psychotropic medications, the medications may be administered involuntarily with consent of the guardian. The order shall specify the methods of involuntary administration of psychotropic medication to which the guardian may consent. An order authorizing the forcible restraint of an individual shall specify that a person licensed under s. 441.06, 441.10, ~~or 448.05 (2) or (5)~~, ~~or 448.974~~ shall be present at all times that psychotropic medication is administered in this manner and shall require the person or facility using forcible restraint to maintain records stating the date of each administration, the medication administered, and the method of forcible restraint utilized.

SECTION 14. 69.01 (6g) of the statutes is amended to read:

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

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

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

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

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

board. The board shall hear upon oath, by telephone, all ill or disabled persons who present to the board a letter from a physician, ~~osteopath~~, physician assistant, as defined in s. 448.01 (6), or advanced practice nurse prescriber certified under s. 441.16 (2) that confirms their illness or disability. At the request of the property owner or the property owner's representative, the board may postpone and reschedule a hearing under this subsection, but may not postpone and reschedule a hearing more than once during the same session for the same property. The board at such hearing shall proceed as follows:

SECTION 17. 97.67 (5m) (a) 3. of the statutes is amended to read:

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

SECTION 18. 118.2925 (1) (f) of the statutes is amended to read:

118.2925 (1) (f) "Physician assistant" means a person licensed under s. 448.04 (1) ~~(f)~~ 448.974.

SECTION 19. 146.81 (1) (d) of the statutes is amended to read:

146.81 (1) (d) A physician, ~~physician assistant~~, perfusionist, or respiratory care practitioner licensed or certified under subch. II of ch. 448.

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

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

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

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

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

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

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

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

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

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

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

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

DECLARATION TO HEALTH CARE PROFESSIONALS
(WISCONSIN LIVING WILL)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Signed Date

Address Date of birth

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

Witness signature Date signed

Print name

Witness signature Date signed

Print name

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

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

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

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

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

* * * * *

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SECTION 46. 448.20 of the statutes is repealed.

SECTION 47. 448.21 of the statutes is repealed.

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

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

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

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

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

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

SECTION 51. 448.970 of the statutes is renumbered 448.9695.

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

CHAPTER 448

SUBCHAPTER VIII

PHYSICIAN ASSISTANT AFFILIATED CREDENTIALING BOARD

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2. Rules under s. 448.977 (2).

(2) The board shall include in the register the board maintains under s. 440.035 (1m) (d) the names of all persons whose licenses issued under this subchapter were suspended or revoked within the past 2 years. The register shall be available for purchase at cost.

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

1. The applicant submits an application on a form provided by the department and pays the initial credential fee determined by the department under s. 440.03 (9) (a).

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

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

a. That the applicant has successfully completed an educational program for physician assistants or physician associates that is accredited by the Accreditation Review Commission on Education for the Physician Assistant or its successor or, prior to 2001, by the Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs.

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

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

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

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

(b) Paragraph (a) 3. does not apply to an applicant if the applicant provides evidence that he or she is licensed as a physician assistant or physician associate in another state, the District of Columbia, Puerto Rico, the United States Virgin Islands, or any territory or insular possession subject to the jurisdiction of the United States and the board determines that the requirements for obtaining the license in that state or territory are substantially equivalent to the requirements under par. (a).

(2) (a) The renewal date for a license issued under this subchapter is specified under s. 440.08 (2) (a), and the renewal fees for such licenses are determined by the department under s. 440.03 (9) (a). Renewal of a license is subject to par. (b).

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

(3) Notwithstanding sub. (1), an individual who, on the effective date of this subsection [LRB inserts date], was licensed by the medical examining board as a physician assistant under subch. II of ch. 448, 2019 stats., shall be considered to have been licensed under sub. (1) for purposes of this subchapter.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(c) No physician assistant may provide medical care, except routine screening and emergency care, in any of the following:

1. The practice of dentistry or dental hygiene within the meaning of ch. 447.

2. The practice of optometry within the meaning of ch. 449.

3. The practice of chiropractic within the meaning of ch. 446.

4. The practice of acupuncture within the meaning of ch. 451.

5. The practice of podiatry, except when the physician assistant is acting under the supervision and direction of a podiatrist, subject to par. (a) 2m. and the rules promulgated under s. 448.695 (4).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(h) Is adjudicated mentally incompetent by a court.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SECTION 62. 450.11 (1i) (c) 2. of the statutes is amended to read:

450.11 (1i) (c) 2. Subject to par. (a) 2. and ss. 441.18 (3) ~~and~~ 448.037 (3), ~~and 448.9727 (3)~~, any person who, acting in good faith, delivers or dispenses an opioid antagonist to another person shall be immune from civil or criminal liability for any outcomes resulting from delivering or dispensing the opioid antagonist.

SECTION 63. 450.11 (8) (b) of the statutes is amended to read:

450.11 (8) (b) The medical examining board, insofar as this section applies to physicians ~~and physician assistants~~.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SECTION 72. Nonstatutory provisions.

(1) BOARD; APPOINTMENTS.

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

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

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

(2) EMERGENCY RULES.

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

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

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

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

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

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

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

(3) BOARD; TRANSFERS.

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

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

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

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

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

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

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

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

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

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Cassandra Walbrun Administrative Rules Coordinator		2) Date When Request Submitted: 4/9/21 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting									
3) Name of Board, Committee, Council, Sections: Medical Examining Board											
4) Meeting Date: 04/21/21	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 Consideration 1. Draft Med 10, Relating to Performance of Physical Examinations 2. Pending or Possible Rulemaking Projects									
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:									
10) Describe the issue and action that should be addressed: 1. Agenda items - current Med 10, draft revised language (pdfs) 2. Update on ongoing rule projects. (no attachments)											
11) Authorization <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 60%;">Kassandra Walbrun</td> <td style="border: none; width: 40%; text-align: right;">March 5, 2021</td> </tr> <tr> <td style="border: none; border-top: 1px solid black;">Signature of person making this request</td> <td style="border: none; border-top: 1px solid black; text-align: right;">Date</td> </tr> <tr> <td style="border: none; border-top: 1px solid black;">Supervisor (if required)</td> <td style="border: none; border-top: 1px solid black; text-align: right;">Date</td> </tr> <tr> <td style="border: none; border-top: 1px solid black;">Executive Director signature (indicates approval to add post agenda deadline item to agenda)</td> <td style="border: none; border-top: 1px solid black; text-align: right;">Date</td> </tr> </table>				Kassandra Walbrun	March 5, 2021	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
Kassandra Walbrun	March 5, 2021										
Signature of person making this request	Date										
Supervisor (if required)	Date										
Executive Director signature (indicates approval to add post agenda deadline item to agenda)	Date										
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.											

Chapter Med 10

UNPROFESSIONAL CONDUCT

Med 10.01 Authority and intent.
Med 10.02 Definitions.

Med 10.03 Unprofessional conduct.

Note: Chapter Med 16 as it existed on October 31, 1976 was repealed and a new Chapter Med 10 was created effective November 1, 1976.

Med 10.01 Authority and intent. (1) The definitions of this chapter are adopted by the medical examining board pursuant to the authority delegated by ss. 15.08 (5) 227.11, and 448.40, Stats., for the purposes of ch. 448, Stats.

(2) Physicians act with a high level of independence and responsibility, often in emergencies. Every physician represents the medical profession in the community and must do so in a manner worthy of the trust bestowed upon the physician and the profession. The minimally competent practice of medicine and surgery require that care of the patient is paramount. Physicians must therefore act with honesty, respect for the law, reasonable judgment, competence, and respect for patient boundaries.

History: Cr. Register, October, 1976, No. 250, eff. 11-1-76; correction made under s. 13.93 (2m) (b) 7., Stats., Register, May, 1989, No. 401; CR 13-008: am. (title), renum. to (1), cr. (2) Register September 2013 No. 693 eff. 10-1-13.

Med 10.02 Definitions. For the purposes of this chapter:

(1) "Adequate supervision" means a physician should be competent to perform the delegated medical act, and must have reasonable evidence that the supervised individual is minimally competent to perform the act under the circumstances.

(2) "Board" means the medical examining board.

(3) "Intimate parts" has the meaning given in s. 939.22 (19), Stats.

(4) "License" means any license, permit, certificate, or registration issued by the board or by any other credentialing jurisdiction with the authority to grant credentials to practice medicine and surgery, or any other practice authorized within ch. 448, Stats.

(5) "Patient health care records" has the meaning given in s. 146.81 (4), Stats.

(6) "Sexual contact" has the meaning given in s. 948.01 (5), Stats.

(7) "Sexually explicit conduct" has the meaning given in s. 948.01 (7), Stats.

History: Cr. Register, October, 1976, No. 250, eff. 11-1-76; cr. (2)(s), Register, October, 1977, No. 262, eff. 11-1-77; am. (2) (m), Register, April, 1978, No. 268, eff. 5-1-78; am. (2) (s), Register, May, 1978, No. 269, eff. 6-1-78; reprinted to correct History note, Register, June, 1980, No. 294; r. and recr. (2) (o), cr. (2) (t), Register, September, 1985, No. 357, eff. 10-1-85; cr. (2) (u), Register, April, 1987, No. 376, eff. 5-1-87; cr. (2) (v), Register, January, 1988, No. 385, eff. 2-1-88; am. (2) (s), Register, March, 1990, No. 411, eff. 3-1-90; cr. (2) (x), Register, September, 1990, No. 417, eff. 10-1-90; cr. (2) (w), Register, October, 1990, No. 418, eff. 11-1-90; am. (2) (q), Register, August, 1992, No. 440, eff. 9-1-92; cr. (2) (y), Register, September, 1992, No. 441, eff. 10-1-92; cr. (2) (z), Register, May, 1995, No. 473, eff. 6-1-95; cr. (2) (za), Register, April, 1996, No. 484, eff. 5-1-96; am. (2) (q), Register, September, 1996, No. 489, eff. 10-1-96; corrections made under s. 13.93 (2m) (b) 7., Stats., Register, February, 1997, No. 494; cr. (2) (zb), Register, May, 1998, No. 509, eff. 6-1-98; r. (2) (v) and (y), am. (2) (za), Register, December, 1999, No. 528, eff. 1-1-00; CR 01-031: am. (2) (s) (intro.) and (zb) (intro.), Register October 2001 No. 550, eff. 11-1-01; CR 02-008: cr. (2) (zc), CR 02-055: cr. (2) (zd), Register November 2002 No. 563, eff. 12-1-02; CR 13-008: r. and recr. Register September 2013 No. 693, eff. 10-1-13.

Med 10.03 Unprofessional conduct. "Unprofessional conduct" includes the following, or aiding or abetting the same:

(1) DISHONESTY AND CHARACTER. (a) Violating or attempting to violate ch. 448, Stats., or any provision, condition, or term of a valid rule or order of the board.

(b) Knowingly engaging in fraud or misrepresentation or dishonesty in applying, for or procuring a medical license, by exami-

nation for a medical license, or in connection with applying for or procuring periodic renewal of a medical license, or in otherwise maintaining such licensure.

(c) Knowingly giving false, fraudulent, or deceptive testimony while serving as an expert witness.

(d) Employing illegal or unethical business practices.

(e) Knowingly, negligently, or recklessly making any false statement, written or oral, in the practice of medicine and surgery which creates an unacceptable risk of harm to a patient, the public, or both.

(f) Engaging in any act of fraud, deceit, or misrepresentation, including acts of omission to the board or any person acting on the board's behalf.

(g) Obtaining any fee by fraud, deceit, or misrepresentation.

(h) Directly or indirectly giving or receiving any fee, commission, rebate, or other compensation for professional services not actually and personally rendered, unless allowed by law. This prohibition does not preclude the legal functioning of lawful professional partnerships, corporations, or associations.

(i) Representing or claiming as true the appearance that a physician possesses a medical specialty certification by a board recognized certifying organization, such as the American Board of Medical Specialties, or the American Osteopathic Association, if it is not true.

(j) Engaging in uninvited in-person solicitation of actual or potential patients who, because of their particular circumstances, may be vulnerable to undue influence.

(k) Engaging in false, misleading, or deceptive advertising.

(L) Failure to adequately supervise delegated medical acts performed by licensed or unlicensed personnel.

(2) DIRECT PATIENT CARE VIOLATIONS. (a) Practicing or attempting to practice under any license when unable or unwilling to do so with reasonable skill and safety. A certified copy of an order issued by a court of competent jurisdiction finding that a person is mentally incompetent is conclusive evidence that the physician was, for any period covered by the order, unable to practice medicine and surgery with reasonable skill and safety.

(b) Departing from or failing to conform to the standard of minimally competent medical practice which creates an unacceptable risk of harm to a patient or the public whether or not the act or omission resulted in actual harm to any person.

(c) Prescribing, ordering, dispensing, administering, supplying, selling, giving, or obtaining any prescription medication in any manner that is inconsistent with the standard of minimal competence.

(d) Performing or attempting to perform any surgical or invasive procedure on the wrong patient, or at the wrong anatomical site, or performing the wrong procedure on any patient.

(e) Administering, dispensing, prescribing, supplying, or obtaining a controlled substance as defined in s. 961.01 (4), Stats., other than in the course of legitimate professional practice, or as otherwise permitted by law.

1. Except as otherwise provided by law, a certified copy of a relevant finding, order, or judgment by a state or federal court or

agency charged with making legal determinations shall be conclusive evidence of its findings of facts and conclusions of law.

2. A certified copy of a finding, order, or judgment demonstrating the entry of a guilty plea, nolo contendere plea or deferred adjudication, with or without expungement, of a crime substantially related to the practice of medicine and surgery is conclusive evidence of a violation of this paragraph.

(f) Engaging in sexually explicit conduct, sexual contact, exposure, gratification, or other sexual behavior with or in the presence of a patient, a patient's immediate family, or a person responsible for the patient's welfare.

1. Sexual motivation may be determined from the totality of the circumstances and shall be presumed when the physician has contact with a patient's intimate parts without legitimate medical justification for doing so.

2. For the purpose of this paragraph, an adult receiving treatment shall be considered a patient for 2 years after the termination of professional services.

3. If the person receiving treatment is a child, the person shall be considered a patient for the purposes of this paragraph for 2 years after termination of services or for 2 years after the patient reaches the age of majority, whichever is longer.

(g) Engaging in any sexual contact or conduct with or in the presence of a patient or a former patient who lacks the ability to consent for any reason, including medication or psychological or cognitive disability.

(h) Engaging in repeated or significant disruptive behavior or interaction with physicians, hospital personnel, patients, family members, or others that interferes with patient care or could reasonably be expected to adversely impact the quality of care rendered.

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

(j) Performing an act constituting the practice of medicine and surgery without required informed consent under s. 448.30, Stats.

(k) Aiding or abetting the practice of medicine by an unlicensed, incompetent, or impaired person or allowing another person or organization to use his or her license to practice medicine. This provision does not prohibit a Wisconsin physician or any other practitioner subject to this chapter from providing outpatient services ordered by a physician licensed in another state, if the physician who wrote the order saw the patient in the state in which the physician is licensed and the physician who wrote the order remains responsible for the patient.

(L) Violating the practice standards under s. Cos 2.03 to practice medicine and surgery while serving as a medical director or physician who delegates and supervises services performed by non-physicians, including aiding or abetting any person's violation of s. Cos 2.03.

(m) Prescribing a controlled substance to oneself as described in s. 961.38 (5), Stats.

(n) Practicing medicine in another state or jurisdiction without appropriate licensure. A physician has not violated this paragraph if, after issuing an order for services that complies with the laws of Wisconsin, his or her patient requests that the services ordered be provided in another state or jurisdiction.

(o) Patient abandonment occurs when a physician without reasonable justification unilaterally withdraws from a physician-patient relationship by discontinuing a patient's treatment regimen when further treatment is medically indicated and any of the following occur:

1. The physician fails to give the patient at least 30 days notice in advance of the date on which the physician's withdrawal becomes effective.

2. The physician fails to allow for patient access to or transfer of the patient's health record as required by law.

3. The physician fails to provide for continuity of prescription medications between the notice of intent to withdraw from the physician-patient relationship and the date on which the physician-patient relationship ends, if the prescription medications are necessary to avoid unacceptable risk of harm.

4. The physician fails to provide for emergency care during the period between the notice of intent to withdraw from the physician-patient relationship and the date on which the physician-patient relationship ends. Nothing in this section shall be interpreted to impose upon the physician a greater duty to provide emergency care to a patient than otherwise required by law.

(3) LAW VIOLATIONS, ADVERSE ACTION, AND REQUIRED REPORTS TO THE BOARD. (a) Failing, within 30 days, to report to the board any final adverse action taken against the licensee's authority to practice medicine and surgery by another licensing jurisdiction concerned with the practice of medicine and surgery.

(b) Failing, within 30 days, to report to the board any adverse action taken by the Drug Enforcement Administration against the licensee's authority to prescribe controlled substances.

(c) Having any credential pertaining to the practice of medicine and surgery or any act constituting the practice of medicine and surgery become subject to adverse determination by any agency of this or another state, or by any federal agency or authority.

(d) Failing to comply with state and federal laws regarding access to patient health care records.

(e) Failing to establish and maintain timely patient health care records, including records of prescription orders, under s. Med 21.03, or as otherwise required by law.

(f) Violating the duty to report under s. 448.115, Stats.

(g) After a request by the board, failing to cooperate in a timely manner with the board's investigation of a complaint filed against a license holder. There is a rebuttable presumption that a credential holder who takes longer than 30 days to respond to a request of the board has not acted in a timely manner.

(h) Failing, within 30 days of conviction of any crime, to provide the board with certified copies of the criminal complaint and judgment of conviction.

(i) Except as provided in par. (j), a violation or conviction of any laws or rules of this state, or of any other state, or any federal law or regulation that is substantially related to the practice of medicine and surgery.

1. Except as otherwise provided by law, a certified copy of a relevant decision by a state or federal court or agency charged with determining whether a person has violated a law or rule relevant to this paragraph is conclusive evidence of findings of facts and conclusions of law contained therein.

2. The department has the burden of proving that the circumstances of the crime are substantially related to the practice of medicine and surgery.

(j) Violating or being convicted of any of the conduct listed in Table 10.03, any successor statute criminalizing the same conduct, or if in another jurisdiction, any act which, if committed in Wisconsin would constitute a violation of any statute listed in Table 10.03:

Table 10.03
Violations or Convictions Cited by Statute

Statute Section	Description of Violation or Conviction
940.01	First degree intentional homicide
940.02	First degree reckless homicide
940.03	Felony murder
940.05	Second degree intentional homicide
940.12	Assisting suicide
940.19 (2), (4), (5), or (6)	Battery, substantial battery, or aggravated battery
940.22 (2) or (3)	Sexual exploitation by therapist; duty to report
940.225 (1), (2), or (3)	First, second, or third degree sexual assault
940.285 (2)	Abuse of individuals at risk
940.29	Abuse of residents of penal facilities
940.295	Abuse and neglect of patients and residents
948.02 (1) or (2)	First and second degree sexual assault of a child
948.03 (2)	Physical abuse of a child, intentional causation of bodily harm
948.05	Sexual exploitation of a child
948.051	Trafficking of a child
948.055	Causing a child to view or listen to sexual activity
948.06	Incest with a child
948.07	Child enticement
948.08	Soliciting a child for prostitution
948.085	Sexual assault of a child placed in substitute care

History: CR 13-008: cr. Register September 2013 No. 693, eff. 10-1-13.

STATE OF WISCONSIN
MEDICAL EXAMINING BOARD

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

PROPOSED ORDER

An order of the Medical Examining Board to create Med 10.02 (2m) and 10.03 (2M), relating to performance of physical examinations.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted:

Section 448.015 (4) (am) 1., Stats.

Statutory authority:

Section 15.08 (5) (b) and 448.40 (1), Stats.

Explanation of agency authority:

Section 15.08 (5) (b), Stats., provides each examining board “[s]hall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains. . .”

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:

Chapter Med 21 provides minimum standards for patient health care records.

Plain language analysis:

The proposed rule expands unprofessional conduct to include, with limited exceptions, failure to provide a chaperone during a breast, genital, or rectal examination, and failure to document in a patient’s health care record the rationale for an unchaperoned breast, genital, or rectal examination. “Chaperone” is defined to mean a clinical staff member who is present as a third person during a breast, genital, or rectal examination; is trained in the requirements of best clinical practices in the setting where the examination takes place; and is empowered to report concerning behavior through a process independent of the health care provider being chaperoned.

Summary of, and comparison with, existing or proposed federal regulation:

None.

Comparison with rules in adjacent states:

Illinois:

Rules of the Illinois Department of Financial and Professional Regulation establish standards of conduct for physicians licensed in Illinois [68 Ill. Adm. Code 1285.110]. The rules do not require the use of chaperones during physical examinations.

Iowa:

Rules of the Iowa Board of Medicine provide the Board with authority to impose disciplinary sanctions for certain acts and offenses (653 IAC 23.1). The rules do not require the use of chaperones during physical examinations.

Michigan:

The Michigan Public Health Code establishes grounds for discipline of licensees and registrants (MCL 333.16221). The Code does not require the use of chaperones during physical examinations.

Minnesota:

The Minnesota Statutes provide the grounds for disciplinary action against a physician (2020 Minnesota Statutes, Section 147.091). These provisions do not require the use of chaperones during physical examinations.

Summary of factual data and analytical methodologies:

The proposed rules were developed by obtaining input and feedback from the Medical Examining Board.

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 to solicit public comment on economic impact, including how the proposed rules may affect businesses, local government units, and individuals.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Daniel.Hereth@wisconsin.gov, or by calling (608) 267-2435.

Agency contact person:

Kassandra Walbrun, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, Wisconsin 53708-8366; telephone 608-261-4463; email at DSPSAdminRules@wisconsin.gov.

TEXT OF RULE

SECTION 1. Med 10.02 (2m) is created to read:

Med 10.02 (2m) “Chaperone” means a clinical staff member as a third person present during a breast, genital, or rectal examination who is trained in the responsibility to protect patient privacy, the confidentiality of health information, and the requirements of best clinical practices in the setting where the examination takes place; and is empowered to report concerning behavior through a process independent of the health care provider being chaperoned. Medical students, residents or fellows may serve in the role of the chaperone. A patient’s family member may not serve as a chaperone.

SECTION 2. Med 10.03 (2M) is created to read:

Med 10.03 (2M) (a) Regardless of the setting in which the examination takes place, or the sex or gender of the person performing the examination, failure to provide a chaperone during all breast, genital, or rectal examinations, unless one of the following applies:

1. Failure to examine the patient would likely result in significant and imminent harm to the patient, including during a medical emergency.
2. After being adequately counseled on the use of a chaperone, the patient refuses a chaperoned examination. Any concerns a patient has may be elicited and addressed by the physician, where feasible.
3. If, after counseling, the patient refuses a chaperone, physicians are to respect the patient’s decision and document the details of the counseling, decision, and detailed reasons in the patient’s medical record.

(b) Failure to document in a patient’s medical record the rationale for performing an unchaperoned breast, genital, or rectal examination.

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)

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Kimberly Wood, Program Assistant Supervisor-Adv. on behalf of Valerie Payne, Executive Director		2) Date When Request Submitted: 3/30/2021 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: All Boards, Sections and Councils			
4) Meeting Date:	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? 2021-2023 Licensure Fee and Credential Schedule	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: Please review the attached occupational licensure fee report which outlines new licensure and renewal fees effective as of 7/1/2021.			
11) Authorization			
<i>Kimberly Wood</i>		3/30/2021	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

Board Project Code	Project	Project Name	21-23							Fee Set/Limited by Statute or Rule
			Current Initial_Fee	Current Renewal_Fee	21-23 Initial Fee	21-23 Renewal Fee	Initial Fee_Change	Renewal Fee_Change		
16500P1ACBD000	16500P1ACBD001	Accountant CPA	\$ 43.00	\$ 43.00	\$ 43.00	\$ 43.00	\$ -	\$ -		
16500P1ACBD000	16500P1ACBD003	Accounting Firm	\$ 43.00	\$ 43.00	\$ 43.00	\$ 43.00	\$ -	\$ -		
16500P1ADLD000	16500P1ADLD055	Acupuncturist	\$ 75.00	\$ 75.00	\$ 55.00	\$ 55.00	\$ (20.00)	\$ (20.00)		
16500P1AESD000	16500P1ARCD005	Architect	\$ 68.00	\$ 68.00	\$ 55.00	\$ 55.00	\$ (13.00)	\$ (13.00)		
16500P1AESD000	16500P1ARCD011	Architectural or Engineer Corp	\$ 68.00	\$ 68.00	\$ 55.00	\$ 55.00	\$ (13.00)	\$ (13.00)		
16500P1AESD000	16500P1DSND007	Designer Engineering Systems	\$ 68.00	\$ 68.00	\$ 55.00	\$ 55.00	\$ (13.00)	\$ (13.00)		
16500P1AESD000	16500P1ENGD006	Engineer Professional	\$ 68.00	\$ 68.00	\$ 55.00	\$ 55.00	\$ (13.00)	\$ (13.00)		
16500P1AESD000	16500P1ENGD500	Engineer Training	\$ 68.00	\$ -	\$ 55.00	\$ -	\$ (13.00)	\$ -		
16500P1AESD000	16500P1LSAD014	Landscape Architect	\$ 68.00	\$ 68.00	\$ 55.00	\$ 55.00	\$ (13.00)	\$ (13.00)		
16500P1AESD000	16500P1LSRD008	Land Surveyor Professional	\$ 68.00	\$ 68.00	\$ 55.00	\$ 55.00	\$ (13.00)	\$ (13.00)		
16500P1APPD000	16500P1APPD004	Appraiser Licensed	\$ 16.00	\$ 16.00	\$ 16.00	\$ 16.00	\$ -	\$ -		
16500P1APPD000	16500P1APPD009	Appraiser Residential Cert	\$ 16.00	\$ 16.00	\$ 16.00	\$ 16.00	\$ -	\$ -		
16500P1APPD000	16500P1APPD010	Appraiser General Cert	\$ 16.00	\$ 16.00	\$ 16.00	\$ 16.00	\$ -	\$ -		
16500P1APPD000	16500P1APPD900	Appraisal Management Company	\$ 4,000.00	\$ 2,000.00	\$ 4,000.00	\$ 2,000.00	\$ -	\$ -	Maximum fee Set by Wis. Stat. 458.33 (2) (b) - currently at the maximum	
16500P1ATHD000	16500P1ATHD097	Athletic Agent	\$ 38.00	\$ 38.00	\$ 38.00	\$ 38.00	\$ -	\$ -		
16500P1AUBD000	16500P1AUBD052	Auctioneer	\$ 47.00	\$ 47.00	\$ 47.00	\$ 47.00	\$ -	\$ -		
16500P1AUBD000	16500P1AUBD053	Auction Company	\$ 47.00	\$ 47.00	\$ 47.00	\$ 47.00	\$ -	\$ -		
16500P1BRBD000	16500P1BRBD180	Barber Establishment	\$ 63.00	\$ 63.00	\$ 60.00	\$ 60.00	\$ (3.00)	\$ (3.00)		
16500P1BRBD000	16500P1BRBD182	Barber	\$ 63.00	\$ 63.00	\$ 60.00	\$ 60.00	\$ (3.00)	\$ (3.00)		
16500P1BRBD000	16500P1BRBD183	Barber Instructor	\$ 63.00	\$ 63.00	\$ 60.00	\$ 60.00	\$ (3.00)	\$ (3.00)		
16500P1BRBD000	16500P1BRBD187	Barber School	\$ 63.00	\$ 63.00	\$ 60.00	\$ 60.00	\$ (3.00)	\$ (3.00)		
16500P1BRBD000	16500P1BRBD601	Barber Apprentice	\$ 10.00	\$ -	\$ 10.00	\$ -	\$ -	\$ -		
16500P1BXMA000	16500P1BXMA263	Boxing Contestant	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	\$ -	\$ -	Fee set by Wis. Stat. Ch. 444	
16500P1BXMA000	16500P1BXMA264	Boxing Contest Professional	\$ 300.00	\$ 300.00	\$ 300.00	\$ 300.00	\$ -	\$ -	Fee set by Wis. Stat. Ch. 444	
16500P1BXMA000	16500P1BXMA265	Second	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	\$ -	\$ -	Fee set by Wis. Stat. Ch. 444	
16500P1BXMA000	16500P1BXMA266	Boxing Promoter Professional	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ -	\$ -	Fee set by Wis. Stat. Ch. 444	
16500P1BXMA000	16500P1BXMA267	Mix Martial Arts Judge	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ -	\$ -	Fee set by Wis. Stat. Ch. 444	
16500P1BXMA000	16500P1BXMA268	Mix Martial Arts Referee	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ -	\$ -	Fee set by Wis. Stat. Ch. 444	
16500P1BXMA000	16500P1BXMA270	Matchmaker	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ -	\$ -	Fee set by Wis. Stat. Ch. 444	
16500P1BXMA000	16500P1BXMA271	Physician Ringside	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ -	\$ -	Fee set by Wis. Stat. Ch. 444	
16500P1BXMA000	16500P1BXMA272	Timekeeper	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ -	\$ -	Fee set by Wis. Stat. Ch. 444	
16500P1BXMA000	16500P1BXMA274	Boxing Judge	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ -	\$ -	Fee set by Wis. Stat. Ch. 444	
16500P1BXMA000	16500P1BXMA275	Boxing Referee	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ -	\$ -	Fee set by Wis. Stat. Ch. 444	
16500P1BXMA000	16500P1BXMA276	Mix Martial Arts Amateur Conte	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	\$ -	\$ -	Fee set by Wis. Stat. Ch. 444	
16500P1BXMA000	16500P1BXMA277	Mix Martial Arts Contestant Pr	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	\$ -	\$ -	Fee set by Wis. Stat. Ch. 444	
16500P1BXMA000	16500P1BXMA278	Mix Martial Arts Prof Club	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ -	\$ -	Fee set by Wis. Stat. Ch. 444	

Board Project Code	Project	Project Name	21-23						Fee Set/Limited by Statute or Rule
			Current Initial_Fee	Current Renewal_Fee	21-23 Initial Fee	21-23 Renewal Fee	Initial Fee_Change	Renewal Fee_Change	
16500P1BXMA000	16500P1BXMA279	Mix Martial Arts Contest Prof	\$ 300.00	\$ 300.00	\$ 300.00	\$ 300.00	\$ -	\$ -	Fee set by Wis. Stat. Ch. 444
16500P1BXMA000	16500P1BXMA280	Mix Martial Arts Promoter Prof	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ -	\$ -	Fee set by Wis. Stat. Ch. 444
16500P1BXMA000	16500P1BXMA281	Unarmed Combat Promoter	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ -	\$ -	Fee set by Wis. Stat. Ch. 444
16500P1BXMA000	16500P1BXMA282	Unarmed Combat Contest	\$ 300.00	\$ 300.00	\$ 300.00	\$ 300.00	\$ -	\$ -	Fee set by Wis. Stat. Ch. 444
16500P1BXMA000	16500P1BXMA283	Kickboxing Contestant Amateur	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	\$ -	\$ -	Fee set by Wis. Stat. Ch. 444
16500P1BXMA000	16500P1BXMA284	Kickboxing Contestant Prof	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	\$ -	\$ -	Fee set by Wis. Stat. Ch. 444
16500P1BXMA000	16500P1BXMA285	Muay Thai Contestant Amateur	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	\$ -	\$ -	Fee set by Wis. Stat. Ch. 444
16500P1BXMA000	16500P1BXMA287	Kickboxing Judge	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ -	\$ -	Fee set by Wis. Stat. Ch. 444
16500P1BXMA000	16500P1BXMA288	Muay Thai Judge	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ -	\$ -	Fee set by Wis. Stat. Ch. 444
16500P1BXMA000	16500P1BXMA289	Kickboxing Referee	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ -	\$ -	Fee set by Wis. Stat. Ch. 444
16500P1BXMA000	16500P1BXMA290	Muay Thai Referee	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ -	\$ -	Fee set by Wis. Stat. Ch. 444
16500P1CACD000	16500P1CACD098	Crematory Authority	\$ 75.00	\$ 75.00	\$ 53.00	\$ 53.00	\$ (22.00)	\$ (22.00)	
16500P1CEMD000	16500P1CEMD095	Cemetery Authority Licensed	\$ 75.00	\$ 75.00	\$ 60.00	\$ 60.00	\$ (15.00)	\$ (15.00)	
16500P1CEMD000	16500P1CEMD096	Cemetery Salesperson	\$ 75.00	\$ 75.00	\$ 60.00	\$ 60.00	\$ (15.00)	\$ (15.00)	
16500P1CEMD000	16500P1CEMD101	Cemetery Preneed Seller	\$ 75.00	\$ 75.00	\$ 60.00	\$ 60.00	\$ (15.00)	\$ (15.00)	
16500P1CEMD000	16500P1CEMD102	Cemetery Authority Religious	\$ 75.00	\$ -	\$ 60.00	\$ -	\$ (15.00)	\$ -	
16500P1CEMD000	16500P1CEMD195	Cemetery Authority Registered	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ -	\$ -	
16500P1CHID000	16500P1CHID012	Chiropractor	\$ 75.00	\$ 75.00	\$ 60.00	\$ 60.00	\$ (15.00)	\$ (15.00)	
16500P1CHID000	16500P1CHID113	Chiropractic Radiological Tech	\$ 53.00	\$ 53.00	\$ 53.00	\$ 53.00	\$ -	\$ -	
16500P1CHID000	16500P1CHID114	Chiropractic Tech	\$ 53.00	\$ 53.00	\$ 53.00	\$ 53.00	\$ -	\$ -	
16500P1COSD000	16500P1COSD069	Aesthetics Establishment	\$ 11.00	\$ 11.00	\$ 11.00	\$ 11.00	\$ -	\$ -	
16500P1COSD000	16500P1COSD070	Electrology Establishment	\$ 11.00	\$ 11.00	\$ 11.00	\$ 11.00	\$ -	\$ -	
16500P1COSD000	16500P1COSD071	Manicuring Establishment	\$ 11.00	\$ 11.00	\$ 11.00	\$ 11.00	\$ -	\$ -	
16500P1COSD000	16500P1COSD072	Aesthetics Instructor	\$ 11.00	\$ 11.00	\$ 11.00	\$ 11.00	\$ -	\$ -	
16500P1COSD000	16500P1COSD073	Electrology Instructor	\$ 11.00	\$ 11.00	\$ 11.00	\$ 11.00	\$ -	\$ -	
16500P1COSD000	16500P1COSD074	Manicuring Instructor	\$ 11.00	\$ 11.00	\$ 11.00	\$ 11.00	\$ -	\$ -	
16500P1COSD000	16500P1COSD080	Cosmetology Establishment	\$ 11.00	\$ 11.00	\$ 11.00	\$ 11.00	\$ -	\$ -	
16500P1COSD000	16500P1COSD082	Cosmetologist	\$ 11.00	\$ 11.00	\$ 11.00	\$ 11.00	\$ -	\$ -	
16500P1COSD000	16500P1COSD083	Cosmetology Instructor	\$ 11.00	\$ 11.00	\$ 11.00	\$ 11.00	\$ -	\$ -	
16500P1COSD000	16500P1COSD084	Electrologist	\$ 11.00	\$ 11.00	\$ 11.00	\$ 11.00	\$ -	\$ -	
16500P1COSD000	16500P1COSD085	Manicurist	\$ 11.00	\$ 11.00	\$ 11.00	\$ 11.00	\$ -	\$ -	
16500P1COSD000	16500P1COSD086	Aesthetician	\$ 11.00	\$ 11.00	\$ 11.00	\$ 11.00	\$ -	\$ -	
16500P1COSD000	16500P1COSD087	Cosmetology School	\$ 11.00	\$ 11.00	\$ 11.00	\$ 11.00	\$ -	\$ -	
16500P1COSD000	16500P1COSD088	Electrology School	\$ 11.00	\$ 11.00	\$ 11.00	\$ 11.00	\$ -	\$ -	
16500P1COSD000	16500P1COSD089	Manicuring School	\$ 11.00	\$ 11.00	\$ 11.00	\$ 11.00	\$ -	\$ -	
16500P1COSD000	16500P1COSD600	Cosmetology Apprentice	\$ 10.00	\$ -	\$ 10.00	\$ -	\$ -	\$ -	
16500P1DEND000	16500P1DEND015	Dentist	\$ 74.00	\$ 74.00	\$ 60.00	\$ 60.00	\$ (14.00)	\$ (14.00)	

Board Project Code	Project	Project Name	Current		21-23		21-23		Fee Set/Limited by Statute or Rule
			Initial_Fee	Renewal_Fee	Initial Fee	Renewal Fee	Initial Fee_Change	Renewal Fee_Change	
16500P1DEND000	16500P1DEND016	Dental Hygienist	\$ 74.00	\$ 74.00	\$ 60.00	\$ 60.00	\$ (14.00)	\$ (14.00)	
16500P1DEND000	16500P1DEND115	Dentistry Mobile Progr Registr	\$ 74.00	\$ 74.00	\$ 60.00	\$ 60.00	\$ (14.00)	\$ (14.00)	
16500P1DSPS000	16500P1DSPS049	DSPS Licensed Midwife	\$ 59.00	\$ 59.00	\$ 59.00	\$ 59.00	\$ -	\$ -	
16500P1DSPS000	16500P1DSPS064	DSPS Firearms Certifier	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
16500P1DSPS000	16500P1DSPS109	DSPS WI Regis Interior Design	\$ 59.00	\$ 59.00	\$ 59.00	\$ 59.00	\$ -	\$ -	
16500P1DSPS000	16500P1DSPS118	Juvenile Martial Arts Instruct	\$ 59.00	\$ 59.00	\$ 59.00	\$ 59.00	\$ -	\$ -	
16500P1DSPS000	16500P1DSPS140	DSPS Behavior Analyst	\$ 59.00	\$ 59.00	\$ 59.00	\$ 59.00	\$ -	\$ -	
16500P1DSPS000	16500P1DSPS184	DSPS Transportation Network Co	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00	\$ -	\$ -	Maximum fee Set by Wis. Stat. 440.415 - currently at the maximum
16500P1DSPS000	16500P1DSPS850	DSPS Temp Educ Training Permit	\$ 10.00	\$ -	\$ 10.00	\$ -	\$ -	\$ -	
16500P1DSPS000	16500P1DSPS876	DSPS Special License	\$ 59.00	\$ -	\$ 59.00	\$ -	\$ -	\$ -	
16500P1FDRD000	16500P1FDRD075	Funeral Dir Excl Embalm	\$ 75.00	\$ 75.00	\$ 60.00	\$ 60.00	\$ (15.00)	\$ (15.00)	
16500P1FDRD000	16500P1FDRD076	Funeral Dir Good Standing	\$ 75.00	\$ 75.00	\$ 60.00	\$ 60.00	\$ (15.00)	\$ (15.00)	
16500P1FDRD000	16500P1FDRD077	Funeral Director	\$ 75.00	\$ 75.00	\$ 60.00	\$ 60.00	\$ (15.00)	\$ (15.00)	
16500P1FDRD000	16500P1FDRD078	Funeral Establishment	\$ 75.00	\$ 75.00	\$ 60.00	\$ 60.00	\$ (15.00)	\$ (15.00)	
16500P1FDRD000	16500P1FDRD107	Agent Burial Agreements	\$ 75.00	\$ -	\$ 60.00	\$ -	\$ (15.00)	\$ -	
16500P1FDRD000	16500P1FDRD700	Funeral Dir Apprentice	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ -	\$ -	
16500P1GHSD000	16500P1GEOD013	Geologist Professional	\$ 56.00	\$ 56.00	\$ 56.00	\$ 56.00	\$ -	\$ -	
16500P1GHSD000	16500P1GEOD201	Geology Firm	\$ 56.00	\$ 56.00	\$ 56.00	\$ 56.00	\$ -	\$ -	
16500P1GHSD000	16500P1HYDD111	Hydrologist Professional	\$ 56.00	\$ 56.00	\$ 56.00	\$ 56.00	\$ -	\$ -	
16500P1GHSD000	16500P1HYDD202	Hydrology Firm	\$ 56.00	\$ 56.00	\$ 56.00	\$ 56.00	\$ -	\$ -	
16500P1GHSD000	16500P1SSCD112	Soil Scientist Professional	\$ 56.00	\$ 56.00	\$ 56.00	\$ 56.00	\$ -	\$ -	
16500P1GHSD000	16500P1SSCD203	Soil Scientist Firm	\$ 56.00	\$ 56.00	\$ 56.00	\$ 56.00	\$ -	\$ -	
16500P1HADD000	16500P1HADD060	Hearing Instrument Spec	\$ 75.00	\$ 75.00	\$ 60.00	\$ 60.00	\$ (15.00)	\$ (15.00)	
16500P1HADD000	16500P1HADD154	Speech Language Pathologist	\$ 75.00	\$ 75.00	\$ 60.00	\$ 60.00	\$ (15.00)	\$ (15.00)	
16500P1HADD000	16500P1HADD156	Audiologist	\$ 75.00	\$ 75.00	\$ 60.00	\$ 60.00	\$ (15.00)	\$ (15.00)	
16500P1MADD000	16500P1MADD036	Art Therapist	\$ 68.00	\$ 68.00	\$ 51.00	\$ 51.00	\$ (17.00)	\$ (17.00)	
16500P1MADD000	16500P1MADD037	Dance Therapist	\$ 68.00	\$ 68.00	\$ 51.00	\$ 51.00	\$ (17.00)	\$ (17.00)	
16500P1MADD000	16500P1MADD038	Music Therapist	\$ 68.00	\$ 68.00	\$ 51.00	\$ 51.00	\$ (17.00)	\$ (17.00)	
16500P1MEDD000	16500P1ANS017	Anesthesiology Assist	\$ 75.00	\$ 75.00	\$ 60.00	\$ 60.00	\$ (15.00)	\$ (15.00)	
16500P1MEDD000	16500P1ATBD039	Athletic Trainer	\$ 75.00	\$ 75.00	\$ 60.00	\$ 60.00	\$ (15.00)	\$ (15.00)	
16500P1MEDD000	16500P1DABD029	Dietician Certified	\$ 75.00	\$ 75.00	\$ 60.00	\$ 60.00	\$ (15.00)	\$ (15.00)	
16500P1MEDD000	16500P1DSPS851	DSPS Resident Educ License	\$ 10.00	\$ -	\$ 10.00	\$ -	\$ -	\$ -	
16500P1MEDD000	16500P1DSPS875	DSPS Special Permit	\$ 75.00	\$ -	\$ 60.00	\$ -	\$ (15.00)	\$ -	
16500P1MEDD000	16500P1HMOP048	Home Med Oxygen Provider	\$ 59.00	\$ 59.00	\$ 59.00	\$ 59.00	\$ -	\$ -	
16500P1MEDD000	16500P1MEDD020	Medicine Surgery MD	\$ 75.00	\$ 75.00	\$ 60.00	\$ 60.00	\$ (15.00)	\$ (15.00)	
16500P1MEDD000	16500P1MEDD021	Medicine Surgery OD	\$ 75.00	\$ 75.00	\$ 60.00	\$ 60.00	\$ (15.00)	\$ (15.00)	

Board Project Code	Project	Project Name	21-23						Fee Set/Limited by Statute or Rule
			Current Initial_Fee	Current Renewal_Fee	21-23 Initial Fee	21-23 Renewal Fee	Initial Fee_Change	Renewal Fee_Change	
16500P1MEDD000	16500P1MEDD220	Administrative Physician MD	\$ 75.00	\$ 75.00	\$ 60.00	\$ 60.00	\$ (15.00)	\$ (15.00)	
16500P1MEDD000	16500P1MEDD221	Administrative Physician OD	\$ 75.00	\$ 75.00	\$ 60.00	\$ 60.00	\$ (15.00)	\$ (15.00)	
16500P1MEDD000	16500P1MEDD320	Medicine Surgery MD Compact	\$ 75.00	\$ 75.00	\$ 60.00	\$ 60.00	\$ (15.00)	\$ (15.00)	
16500P1MEDD000	16500P1MEDD321	Medicine Surgery OD Compact	\$ 75.00	\$ 75.00	\$ 60.00	\$ 60.00	\$ (15.00)	\$ (15.00)	
16500P1MEDD000	16500P1MTBD146	Massage Therapy Bodyworker	\$ 75.00	\$ 75.00	\$ 60.00	\$ 60.00	\$ (15.00)	\$ (15.00)	
16500P1MEDD000	16500P1OTBD026	Occupational Therapist	\$ 75.00	\$ 75.00	\$ 60.00	\$ 60.00	\$ (15.00)	\$ (15.00)	
16500P1MEDD000	16500P1OTBD027	Occupational Therapist Assist	\$ 75.00	\$ 75.00	\$ 60.00	\$ 60.00	\$ (15.00)	\$ (15.00)	
16500P1MEDD000	16500P1PHAD023	Physician Assistant	\$ 75.00	\$ 75.00	\$ 60.00	\$ 60.00	\$ (15.00)	\$ (15.00)	
16500P1MEDD000	16500P1PODD025	Podiatrist	\$ 75.00	\$ 75.00	\$ 60.00	\$ 60.00	\$ (15.00)	\$ (15.00)	
16500P1MEDD000	16500P1PRFD018	Perfusionist	\$ 75.00	\$ 75.00	\$ 60.00	\$ 60.00	\$ (15.00)	\$ (15.00)	
16500P1MEDD000	16500P1RSPD028	Respiratory Care Practitioner	\$ 75.00	\$ 75.00	\$ 60.00	\$ 60.00	\$ (15.00)	\$ (15.00)	
16500P1MFTD000	16500P1CPCD125	Counselor Professional Licen	\$ 62.00	\$ 62.00	\$ 60.00	\$ 60.00	\$ (2.00)	\$ (2.00)	
16500P1MFTD000	16500P1CPCD226	Counselor Professional Trn	\$ 62.00	\$ -	\$ 60.00	\$ -	\$ (2.00)	\$ -	
16500P1MFTD000	16500P1MFTD124	Marriage Family Therapist	\$ 62.00	\$ 62.00	\$ 60.00	\$ 60.00	\$ (2.00)	\$ (2.00)	
16500P1MFTD000	16500P1MFTD228	Marriage Family Therapist Trn	\$ 62.00	\$ -	\$ 60.00	\$ -	\$ (2.00)	\$ -	
16500P1MFTD000	16500P1SOCD120	Social Worker	\$ 62.00	\$ 62.00	\$ 60.00	\$ 60.00	\$ (2.00)	\$ (2.00)	
16500P1MFTD000	16500P1SOCD121	Social Worker Adv Practice	\$ 62.00	\$ 62.00	\$ 60.00	\$ 60.00	\$ (2.00)	\$ (2.00)	
16500P1MFTD000	16500P1SOCD122	Social Worker Independent	\$ 62.00	\$ 62.00	\$ 60.00	\$ 60.00	\$ (2.00)	\$ (2.00)	
16500P1MFTD000	16500P1SOCD123	Social Worker Lic Clinical	\$ 62.00	\$ 62.00	\$ 60.00	\$ 60.00	\$ (2.00)	\$ (2.00)	
16500P1MFTD000	16500P1SOCD127	Social Worker Training	\$ 62.00	\$ -	\$ 60.00	\$ -	\$ (2.00)	\$ -	
16500P1NHAD000	16500P1NHAD065	Nursing Home Administrator	\$ 75.00	\$ 75.00	\$ 60.00	\$ 60.00	\$ (15.00)	\$ (15.00)	
16500P1NURD000	16500P1NURD030	Nurse Registered	\$ 73.00	\$ 73.00	\$ 57.00	\$ 57.00	\$ (16.00)	\$ (16.00)	
16500P1NURD000	16500P1NURD031	Nurse Licensed Practical	\$ 73.00	\$ 73.00	\$ 57.00	\$ 57.00	\$ (16.00)	\$ (16.00)	
16500P1NURD000	16500P1NURD032	Nurse Midwife	\$ 73.00	\$ 73.00	\$ 57.00	\$ 57.00	\$ (16.00)	\$ (16.00)	
16500P1NURD000	16500P1NURD033	Nurse Adv Practice Prescriber	\$ 73.00	\$ 73.00	\$ 57.00	\$ 57.00	\$ (16.00)	\$ (16.00)	
16500P1OPTD000	16500P1OPTD035	Optometrist	\$ 75.00	\$ 75.00	\$ 60.00	\$ 60.00	\$ (15.00)	\$ (15.00)	
16500P1PDET000	16500P1PDET062	Private Detective Agency	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00	\$ -	\$ -	
16500P1PDET000	16500P1PDET063	Private Detective	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00	\$ -	\$ -	
16500P1PHMD000	16500P1PHMD040	Pharmacist	\$ 74.00	\$ 74.00	\$ 60.00	\$ 60.00	\$ (14.00)	\$ (14.00)	
16500P1PHMD000	16500P1PHMD042	Pharmacy In State	\$ 74.00	\$ 74.00	\$ 60.00	\$ 60.00	\$ (14.00)	\$ (14.00)	
16500P1PHMD000	16500P1PHMD043	Pharmacy Out of State	\$ 74.00	\$ 74.00	\$ 60.00	\$ 60.00	\$ (14.00)	\$ (14.00)	
16500P1PHMD000	16500P1PHMD044	Drug Device Manufacturer	\$ 74.00	\$ 74.00	\$ 60.00	\$ 60.00	\$ (14.00)	\$ (14.00)	
16500P1PHMD000	16500P1PHMD045	Wholesale Distrib Presc Drugs	\$ 74.00	\$ 74.00	\$ 60.00	\$ 60.00	\$ (14.00)	\$ (14.00)	
16500P1PHTD000	16500P1PHTD019	Physical Therapist Assistant	\$ 68.00	\$ 68.00	\$ 56.00	\$ 56.00	\$ (12.00)	\$ (12.00)	
16500P1PHTD000	16500P1PHTD024	Physical Therapist	\$ 68.00	\$ 68.00	\$ 56.00	\$ 56.00	\$ (12.00)	\$ (12.00)	
16500P1PSEC000	16500P1PSEC108	Private Security Person	\$ 27.00	\$ 27.00	\$ 27.00	\$ 27.00	\$ -	\$ -	
16500P1PSYD000	16500P1PSYD057	Psychologist	\$ 66.00	\$ 66.00	\$ 60.00	\$ 60.00	\$ (6.00)	\$ (6.00)	

Board Project Code	Project	Project Name	21-23						Fee Set/Limited by Statute or Rule
			Current Initial_Fee	Current Renewal_Fee	21-23 Initial Fee	21-23 Renewal Fee	Initial Fee_Change	Renewal Fee_Change	
16500P1PSYD000	16500P1PSYD058	School Psychologist Priv Prac	\$ 66.00	\$ 66.00	\$ 60.00	\$ 60.00	\$ (6.00)	\$ (6.00)	
16500P1RADD000	16500P1RADD142	Radiographer Licensed	\$ 65.00	\$ 65.00	\$ 54.00	\$ 54.00	\$ (11.00)	\$ (11.00)	
16500P1RADD000	16500P1RADD144	Ltd Xray Machine Oper Permit	\$ 65.00	\$ 65.00	\$ 54.00	\$ 54.00	\$ (11.00)	\$ (11.00)	
16500P1REBD000	16500P1REBD090	Real Estate Broker	\$ 75.00	\$ 75.00	\$ 60.00	\$ 60.00	\$ (15.00)	\$ (15.00)	
16500P1REBD000	16500P1REBD091	Real Estate Business Entity	\$ 75.00	\$ 75.00	\$ 60.00	\$ 60.00	\$ (15.00)	\$ (15.00)	
16500P1REBD000	16500P1REBD093	Timeshare Salesperson	\$ 75.00	\$ 75.00	\$ 60.00	\$ 60.00	\$ (15.00)	\$ (15.00)	
16500P1REBD000	16500P1REBD094	Real Estate Salesperson	\$ 75.00	\$ 75.00	\$ 60.00	\$ 60.00	\$ (15.00)	\$ (15.00)	
16500P1RHID000	16500P1RHID106	Home Inspector	\$ 51.00	\$ 51.00	\$ 51.00	\$ 51.00	\$ -	\$ -	
16500P1SAAC000	16500P1SAAC130	Subst Abuse Counselor Training	\$ 75.00	\$ 75.00	\$ 60.00	\$ 60.00	\$ (15.00)	\$ (15.00)	
16500P1SAAC000	16500P1SAAC131	Subst Abuse Counselor	\$ 75.00	\$ 75.00	\$ 60.00	\$ 60.00	\$ (15.00)	\$ (15.00)	
16500P1SAAC000	16500P1SAAC132	Subst Abuse Counselor Clinical	\$ 75.00	\$ 75.00	\$ 60.00	\$ 60.00	\$ (15.00)	\$ (15.00)	
16500P1SAAC000	16500P1SAAC133	Subst Abuse Clin Sup Training	\$ 75.00	\$ 75.00	\$ 60.00	\$ 60.00	\$ (15.00)	\$ (15.00)	
16500P1SAAC000	16500P1SAAC134	Subst Abuse Intermed Clin Sup	\$ 75.00	\$ 75.00	\$ 60.00	\$ 60.00	\$ (15.00)	\$ (15.00)	
16500P1SAAC000	16500P1SAAC135	Subst Abuse Indep Clin Sup	\$ 75.00	\$ 75.00	\$ 60.00	\$ 60.00	\$ (15.00)	\$ (15.00)	
16500P1SAAC000	16500P1SAAC136	Subst Abuse Prev Specialist Tr	\$ 75.00	\$ 75.00	\$ 60.00	\$ 60.00	\$ (15.00)	\$ (15.00)	
16500P1SAAC000	16500P1SAAC137	Subst Abuse Prevent Specialist	\$ 75.00	\$ 75.00	\$ 60.00	\$ 60.00	\$ (15.00)	\$ (15.00)	
16500P1SAND000	16500P1SAND197	Sanitarians Registered	\$ 75.00	\$ 75.00	\$ 51.00	\$ 51.00	\$ (24.00)	\$ (24.00)	
16500P1SLID000	16500P1SLID150	Sign Language Interp	\$ 75.00	\$ 75.00	\$ 60.00	\$ 60.00	\$ (15.00)	\$ (15.00)	
16500P1SLID000	16500P1SLID151	Sign Lanugage Interpr Restrict	\$ 75.00	\$ 75.00	\$ 60.00	\$ 60.00	\$ (15.00)	\$ (15.00)	
16500P1TANE000	16500P1TANE401	Tanning Establishments	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ -	\$ -	
16500P1TBAP000	16500P1TBAP402	Tattoo Body Art Piercing Estab	\$ 135.00	\$ 220.00	\$ 135.00	\$ 220.00	\$ -	\$ -	Set by Wis. Admin. Code SPS 221.05 - \$135 for tattoo OR body art establishment; \$220 for tattoo AND body art establishment
16500P1TBAP000	16500P1TBAP403	Tattoo Body Art Piercing Pract	\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ -	\$ -	
16500P1TBAP000	16500P1TBAP404	Body Piercing	\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ -	\$ -	