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**VIRTUAL/TELECONFERENCE**  
**PHYSICIAN ASSISTANT AFFILIATED CREDENTIALING BOARD**  
**Virtual, 4822 Madison Yards Way, Madison**  
**Contact: Tom Ryan (608) 266-2112**  
**February 24, 2022**

*The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a record of the actions of the Board.*

**AGENDA**

**9:00 A.M.**

**OPEN SESSION – CALL TO ORDER – ROLL CALL**

- A. Adoption of Agenda (1-3)**
- B. Approval of Minutes of January 27, 2022 (4-9)**
- C. Reminders: Conflicts of Interest, Scheduling Concerns
- D. Introductions, Announcements and Recognition
- E. Administrative Matters – Discussion and Consideration**
  - 1. Department, Staff and Board Updates
  - 2. Delegation of Authorities
  - 3. Board Members – Term Expiration Dates
    - a) Collins, Clark A. – 7/1/2023
    - b) Edwards, Jacqueline K. – 7/1/2025
    - c) Elliot, Eric M. – 7/1/2024
    - d) Fischer, Jean M. – 7/1/2023
    - e) Holmes-Drammeh, Emelle S. – 7/1/2024
    - f) Jarrett, Jennifer L. – 7/1/2024
    - g) Martin, Cynthia S. – 7/1/2023
    - h) Sanders, Robert W. – 7/1/2024
    - i) Streit, Tara E. – 7/1/2023
  - 4. Wis. Stat. s 15.085 (3)(b) – Biannual Meeting with the Medical Examining Board
- F. Legislation and Policy Matters – Discussion and Consideration**
- G. Administrative Rule Matters – Discussion and Consideration (10)**
  - 1. PA 1 to 4, Relating to Physician Assistants **(11-28)**
  - 2. Update on Med 10, Relating to Performance of Physical Examinations
  - 3. Pending & Possible Rulemaking Projects

**H. Newsletter Matters – Discussion and Consideration**

1. Collaborative Agreement Article – Board Review for Approval (29)

**I. Speaking Engagements, Travel, or Public Relation Requests, and Reports – Discussion and Consideration**

1. Federation of State Medical Boards (FSMB) 2022 Annual Meeting Reminder
2. Briefing Points, Website Updates, and PowerPoint Review Regarding Act 23

**J. COVID-19 – Discussion and Consideration**

**K. DSPS Board SharePoint Site Overview**

**L. Discussion and Consideration of Items Added After Preparation of Agenda:**

1. Introductions, Announcements and Recognition
2. Nominations, Elections, and 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

**M) Public Comments**

**ADJOURNMENT**

**NEXT MEETING: MARCH 24, 2022**

**VIRTUAL/TELECONFERENCE**  
**PHYSICIAN ASSISTANT AFFILIATED CREDENTIALING BOARD**  
**Virtual, 4822 Madison Yards Way, Madison**  
**Contact: Tom Ryan (608) 266-2112**  
**February 24, 2022**

**PHYSICIAN ASSISTANT AFFILIATED CREDENTIALING BOARD**  
**2021 WISCONSIN PUBLIC RECORDS LAW FACILITATED TRAINING**  
**12:00 P.M. OR IMMEDIATELY FOLLOWING THE FULL BOARD MEETING**

A quorum of the Physician Assistant Affiliated Credentialing Board may be present; however, no board business will be conducted.

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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  
PHYSICIAN ASSISTANT  
AFFILIATED CREDENTIALING BOARD  
JANUARY 27, 2022**

**PRESENT:** Clark Collins, Eric Elliot, Jean Fischer, Emelle Holmes-Drammeh, Jennifer Jarrett, Cynthia Martin (*excused at 12:38 p.m.*), Robert Sanders (*arrived at 10:50 a.m.*), Tara Streit

**EXCUSED:** Jacqueline Edwards

**STAFF:** Tom Ryan, Executive Director; Jon Derenne, Legal Counsel; Nilajah Hardin, Administrative Rules Coordinator; Megan Glaeser, Bureau Assistant; and other Department Staff

**CALL TO ORDER**

Jennifer Jarrett, Chairperson, called the meeting to order at 9:00 a.m. A quorum was confirmed with seven (7) members present.

**ADOPTION OF AGENDA**

**MOTION:** Eric Elliot moved, seconded by Cynthia Martin, to adopt the Agenda as published. Motion carried unanimously.

**APPROVAL OF MINUTES OF DECEMBER 10, 2021**

**MOTION:** Tara Streit moved, seconded by Eric Elliot, to approve the Minutes of December 10, 2021 as published. Motion carried unanimously.

**ADMINISTRATIVE MATTERS**

**Election of Officers**

*Chairperson*

**NOMINATION:** Eric Elliot nominated Jennifer Jarrett for the Office of Chairperson. Jennifer Jarrett accepted the nomination.

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

Jennifer was elected as Chairperson by unanimous voice vote.

*Slate of Officers*

**NOMINATION:** Tara Streit nominated the 2021 Vice Chairperson and Secretary to continue in 2022. All officers accepted their nominations.

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

The Slate of Officers were elected by unanimous voice vote.

<b>ELECTION RESULTS</b>	
<b>Chairperson</b>	Jennifer Jarrett
<b>Vice Chairperson</b>	Eric Elliot
<b>Secretary</b>	Jacqueline Edwards

**Appointment of Liaisons and Alternates**

<b>LIAISON APPOINTMENTS</b>	
<b>*Credentialing Liaison(s)</b>	Jean Fischer <i>Alternate: Clark Collins</i>
<b>Legislative Liaison(s)</b>	Jennifer Jarrett <i>Alternate: Eric Elliot</i>
<b>*Education, Continuing Education, and Examinations Liaison(s)</b>	Eric Elliot <i>Alternate: Emelle Holmes-Drammeh</i>
<b>*Monitoring Liaison(s)</b>	Jennifer Jarrett <i>Alternate: Eric Elliot</i>
<b>*Professional Assistance Procedure Liaison(s)</b>	Clark Collins <i>Alternate: Tara Streit</i>
<b>MEB Liaison(s)</b>	Jennifer Jarrett <i>Alternate: Eric Elliot</i>
<b>Administrative Rules Liaison(s)</b>	Eric Elliot <i>Alternate: Tara Streit</i>
<b>Travel Authorization Liaison(s)</b>	Jennifer Jarrett <i>Alternate: Eric Elliot</i>
<b>Website Liaison(s)</b>	Tara Streit <i>Alternate: Clark Collins</i>
<b>*Screening Panel</b>	Jean Fischer, Robert Sanders, Cynthia Martin <i>Alternate: Emelle Holmes Drammeh</i>

\*Liaison appointments effective April 1, 2022

**Delegation of Authorities**

***Document Signature Delegations***

**MOTION:** Eric Elliot moved, seconded by Jean Fischer, to delegate authority to the Chairperson (or in absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) to sign documents on behalf of the Board in order to carry out its duties. Motion carried unanimously.

**MOTION:** Jennifer Jarrett moved, seconded by Jean Fischer, in order to carry out duties of the Board, the Chairperson (or in absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) has the ability to delegate signature authority for purposes of facilitating the completion of assignments during or between meetings. The members of the Board hereby delegate to the Executive Director or DPD Division Administrator, the authority to sign on behalf of a board member as necessary. Motion carried unanimously.

#### *Delegated Authority for Urgent Matters*

**MOTION:** Eric Elliot moved, seconded by Clark Collins, that in order to facilitate the completion of urgent matters between meetings, the Board delegates its authority to the Chairperson (or, in the absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession), to appoint liaisons to the Department to act in urgent matters. Motion carried unanimously.

#### *Delegation to Chief Legal Counsel Due to Loss of Quorum*

**MOTION:** Cynthia Martin moved, seconded by Emelle Holmes-Drammeh, to delegate the review and authority to act on disciplinary cases to the Department's Chief Legal Counsel due to lack of/loss of quorum after two consecutive meetings, effective April 1, 2022. Motion carried unanimously.

#### *Monitoring Delegations*

##### **Delegation of Authorities for Monitoring**

**MOTION:** Jennifer Jarrett moved, seconded by Eric Elliot, to adopt the "Roles and Authorities Delegated for Monitoring" document as presented in the January 27, 2022 agenda materials on pages 13-14, effective April 1, 2022. Motion carried unanimously.

##### **Delegation of Authorities for Legal Counsel to Sign Monitoring Orders**

**MOTION:** Clark Collins moved, seconded by Jean Fischer, to delegate to Legal Counsel the authority to sign Monitoring orders that result from Board meetings on behalf of the Board Chairperson, effective April 1, 2022. Motion carried unanimously.

#### *Credentialing Authority Delegations*

##### **Delegation of Authority to Credentialing Liaison**

**MOTION:** Eric Elliot moved, seconded by Emelle Holmes-Drammeh, to delegate authority to the Credentialing Liaison(s) to serve as a liaison between the Department and the Board and to act on behalf of the Board in regard to credentialing applications or questions presented to them, including the signing of documents related to applications, except that potential denial decisions shall be referred to the full Board for final determination, effective April 1, 2022. Motion carried unanimously.

**Delegation of Authority to DSPS When Credentialing Criteria is Met**

**MOTION:** Jean Fischer moved, seconded by Eric Elliot, to delegate credentialing authority to the Department to act upon applications that meet all credentialing statutory and regulatory requirements without Board or Board liaison review, effective April 1, 2022. Motion carried unanimously.

**Delegation of Authority for Predetermination Reviews**

**MOTION:** Jennifer Jarrett moved, seconded by Jean Fischer, to delegate authority to the Department Attorneys to make decisions regarding predetermination applications pursuant to Wis. Stat. § 111.335(4)(f), effective April 1, 2022. Motion carried unanimously.

**Delegation of Authority for Reciprocity/Endorsement Reviews**

**MOTION:** Cynthia Martin moved, seconded by Jean Fischer, to delegate authority to the Department Attorneys to review and approve reciprocity/endorsement applications in which the out of state license requirements are substantially equivalent to the Board's requirements for licensure, effective April 1, 2022. Motion carried unanimously.

**Delegated Authority for Application Denial Reviews**

**MOTION:** Jennifer Jarrett moved, seconded by Eric Elliot, to delegate authority to the Department's Attorney Supervisors to serve as the Board's designee for purposes of reviewing and acting on requests for hearing as a result of a denial of a credential, effective April 1, 2022. Motion carried unanimously.

***Education and Examination Liaison(s) Delegation***

**MOTION:** Eric Elliot moved, seconded by Jennifer Jarrett, to delegate authority to the Education and Examination Liaison(s) to address all issues related to continuing education and examinations, effective April 1, 2022. Motion carried unanimously.

***Authorization for DSPS to Provide Board Member Contact Information to National Regulatory Related Bodies***

**MOTION:** Cynthia Martin moved, seconded by Jean Fischer, to authorize the Department staff to provide national regulatory related bodies with all board member e-mail address information that the Department retains on file. Motion carried unanimously.

***Optional Renewal Notice Insert Delegation***

**MOTION:** Eric Elliot moved, seconded by Clark Collins, to designate the Chairperson (or, in the absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) to provide a brief statement or link relating to board-related business within the license renewal notice at the Board's or Board designee's request, effective April 1, 2022. Motion carried unanimously.

***Legislative Liaison Delegation***

**MOTION:** Jean Fischer moved, seconded by Cynthia Martin, to delegate authority to the Legislative Liaisons to speak on behalf of the Board regarding legislative matters. Motion carried unanimously.

***Travel Authorization Liaison Delegation***

**MOTION:** Jean Fischer moved, seconded by Eric Elliot, to delegate authority to the Travel Authorization Liaison to approve any board member travel to and/or participation in events germane to the board, and to designate representatives from the Board to speak and/or act on the Board's behalf at such events. Motion carried unanimously.

***Website Liaison(s) Delegation***

**MOTION:** Jennifer Jarrett moved, seconded by Clark Collins, to authorize to the Website Liaison(s) to act on behalf of the Board in working with Department staff to identify and execute website updates. Motion carried unanimously.

***Medical Examining Board Liaison(s) Delegation***

**MOTION:** Jean Fischer moved, seconded by Jennifer Jarrett, to designate the MEB Liaison to represent the Board before the Medical Examining Board and to confer with the Medical Examining Board on matters of joint interest. Motion carried unanimously.

***Administrative Rules Liaison(s) Delegation***

**MOTION:** Jennifer Jarrett moved, seconded by Jean Fischer, to delegate authority to the Administrative Rules Liaison(s) to address all rulemaking as related to drafting and making recommendations to the full Board. Motion carried unanimously.



*(Robert Sanders arrived at 10:50 a.m.)*

*(Cynthia Martin was excused at 12:38 p.m.)*

### **ADJOURNMENT**

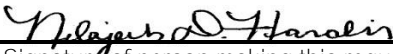
**MOTION:** Tara Streit moved, seconded by Robert Sanders, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 3:13 p.m.

DRAFT

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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: <b>Nilajah Hardin Administrative Rules Coordinator</b>		2) Date when request submitted: <b>02/14/22</b> <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: <b>Physician Assistant Affiliated Credentialing Board</b>			
4) Meeting Date: <b>02/24/22</b>	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? <b>Administrative Rule Matters Discussion and Consideration</b> <b>1. PA 1 to 4, relating to Physician Assistants</b> <b>2. Pending or Possible Rulemaking Projects</b>	
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 <a href="#">Appearance Request</a> for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: <b>N/A</b>	
10) Describe the issue and action that should be addressed: <b>Review Emergency Rule Draft for PA 1 to 4</b> <b>Attachments:</b> <b>1. Draft Rule Text</b> <b>2. Emergency Rule Draft Template</b>			
11) Authorization			
 Signature of person making this request		02/14/22 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 PA 1  
AUTHORITY AND DEFINITIONS

**PA 1.01 Authority.** The rules in chapters PA 1 to 4 are adopted by the Physician Assistant Affiliated Credentialing Board pursuant to the authority delegated by ss. 15.085 (5) (b) and 448.973 (1), stats.

**PA 1.02 Definitions.** As used in chapters PA 1 to 4:

- (1) “Board” means the Physician Assistant Affiliated Credentialing Board.
- (2) “DEA” means the United States Drug Enforcement Agency.
- (3) “Department” means the Department of Safety and Professional Services
- (4) “Educational Program” means a program for educating and preparing physician assistants which is approved by the board.
- (5) “Physician” has the meaning giving in s. 448.01 (5), stats.
- (6) “Physician Assistant” means a person licensed under s. 448.974, stats.
- (7) “Physician Associate” is analogous to and has the same meaning as “physician assistant”.
- (8) “Podiatry” or “Podiatric Medicine and Surgery” has the meaning given in s. 448.60 (4), stats.
- (9) “Podiatrist” has the meaning given in s. 448.60 (3), stats.

CHAPTER PA 2  
LICENSE TO PRACTICE AS A PHYSICIAN ASSISTANT

**PA 2.01 Initial Licensure.** Except as provided under sub. (3), the board shall grant an initial license to practice as a physician assistant to any applicant who has been 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 shall submit all of the following:
  - (a) A completed application form.  
Note: Application forms are available from the department of safety and professional services’ website at <http://dsps.wi.gov>.
  - (b) The fee determined by the Department under s. 448.07 (2), stats.
  - (c) Verified evidence of graduation from an educational program approved under PA 2.02.
  - (d) Evidence of having successfully passed the National Commission on Certification of Physician Assistants (NCCPA) Certification Examination or an equivalent national examination approved by the board.
  - (e) A listing of all employers, practice settings, internships, residencies, fellowships, and other employment for the past 7 years.
- (2) Subject to ss. 111.321, 111.322, and 111.335, stats., the applicant does not have an arrest or conviction record.

- (3) Subsection (1) (c) of this section does not apply to an applicant who provides evidence that the applicant is a licensed 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 sub. (1) (c) of this section.
- (4) The board may require an applicant to complete a personal appearance for purposes of an interview, or review of credentials, or both. An applicant's performance at a personal appearance is satisfactory if the applicant establishes to the board's satisfaction that the applicant has met requirements for licensure and is minimally competent to practice as a physician assistant.
- (5) Notwithstanding sub. (1) of this section, an individual who, as of April 1, 2022, was licensed by the medical examining board as a physician assistant under subchapter II of chapter 448, 2017 stats., shall be considered to have been licensed as a physician assistant for the purposes of these rules, and, upon the license's expiration, shall renew in accordance with the provisions of PA 2.05.
- (6) If any of the documents required under this chapter are in a language other than English, the applicant shall also submit a verified English translation and the cost of that translation shall be borne by the applicant.
- (7) An applicant who fails to receive a passing score on the examination required under subsection (1) (d) may reapply by payment of the fee specified in subsection (1) (b). An applicant may reapply twice at not less than 4-month intervals. If an applicant fails the examination 3 times, he or she may not be admitted to an examination unless the applicant submits proof of having completed further professional training or education as the board may prescribe.

**PA 2.02 Education Program Approval.** The board shall approve only education programs for physician assistants or physician associates that are 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. If the applicant does not satisfy this requirement, the applicant may show that, prior to January 1, 1986, the applicant successfully passed the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants.

**PA 2.03 Oral Interviews and Personal Appearances. (1)** Each applicant shall complete an oral interview or personal appearance before the board, if any of the following circumstances apply:

- (a) Has a medical condition which in any way impairs or limits the applicant's ability to practice as a physician assistant with reasonable skill and safety.
- (b) Uses chemical substances that impair in any way the applicant's ability to practice as a physician assistant with reasonable skill and safety.

- (c) Has been disciplined or had certification denied by a licensing or regulatory authority in Wisconsin or another jurisdiction.
- (d) Has been convicted of a crime, the circumstances of which substantially relate to the practice of physician assistants.
- (e) Has not practiced as a physician assistant for a period of 3 years prior to application, unless the applicant has graduated from an approved educational program in the last 3 years under PA 2.02.
- (f) Has been found to have been negligent in the practice as a physician assistant or has been a party in a lawsuit in which it was alleged that the applicant has been negligent in the practice of medicine.
- (g) Has been diagnosed with any condition that may create a risk of harm to a patient or the public.
- (h) Has within the last 2 years engaged in the illegal use of controlled substances.
- (i) Has been subject to adverse formal action during the course of physician assistant education, postgraduate training, hospital practice, or other physician assistant employment.

(2) An application filed under this chapter shall be reviewed by an application review panel, designated by the chairperson of the board, to determine whether an applicant is required to complete an oral interview or a personal appearance or both under sub. (1) of this section. If the application review panel is not able to reach unanimous agreement on whether an applicant is eligible for licensure without completing an oral interview or a personal appearance or both, the application shall be referred to the board for a final determination.

(3) The board shall notify each applicant requiring an oral interview of the time and place scheduled for that applicant's interview or appearance. Unless prior scheduling arrangements have been made with the board by the applicant, failure of an applicant to appear for an interview or appearance as scheduled shall void that applicant's application and require the applicant to reapply for licensure.

(4) Otherwise qualified applicants with disabilities, as defined by the Americans with Disabilities Act, shall be provided with reasonable accommodations.

**PA 2.04 Renewal and Continuing Medical Education.** (1) Each licensee shall renew their license biennially. The renewal date and fee are specified by s. 440.08 (2) (a) and s. 440.03 (9) (a), Stats.

(2) Every even-numbered year, each licensee shall complete a renewal application and return it with the required fee prior to March 1 of that year.

Note: Instructions for renewal applications can be found on the department of safety and professional services' website at <http://dsps.wi.gov>.

(3) Each licensee shall attest to the completion of NCCPA continuing education for the biennium. If the licensee is not certified by the NCCPA, then they shall complete the following:

- (a) At least 50 continuing medical education credits in Category I approved by any of the following organizations:

**Commented [HN-D1]:** Appropriate for an interview or appearance?

**Commented [HN-D2R1]:** From Board Counsel: "I don't think that's defensible"

**Commented [HN-D3]:** From: [Continuing Medical Education \(CME\) - NCCPA](#)

1. American Academy of Physician Assistants
  2. Accreditation Council for Continuing Medical Education
  3. European Accreditation Council for Continuing Medical Education
  4. American Academy of Family Physicians
  5. Royal College of Physicians and Surgeons of Canada
  6. College of Family Physicians of Canada
  7. Physician Assistant Certification Council of Canada
- (b) At least 50 continuing medical education credits in Category I or II approved by the organizations listed in subsection (3) (a). Category II credit includes any educational activity that relates to medicine, patient care, or the role of a physician assistant not designated as Category I.
- (4) Licensees shall retain certificates of continuing medical education attendance for a minimum of four years.

**PA 2.05 Reinstatement.** (1) A licensee who fails for any reason to be licensed as required under this chapter shall not exercise the rights or privileges conferred by any license granted by the board.

(2) Failure to renew a license as specified in s. 440.08 (2) (a), stats. shall cause the license to lapse. A licensee who allows the license to lapse may apply for reinstatement of the license by the board, subject to 440.08 (4), Stats., as follows:

(a) If the licensee applies for renewal of the license less than five years after its expiration, the license shall be renewed upon payment of the renewal fee and fulfillment of the continuing education requirements.

(b) If the licensee applies for renewal of the license more than five years after its expiration, the board shall make an inquiry to determine whether the applicant is competent to practice under the license in this state and shall impose any reasonable conditions on the renewal of the license. This paragraph does not apply to licensees who have unmet disciplinary requirements or whose licenses have been surrendered or revoked.

(3) A licensee who has unmet disciplinary requirements and failed to renew a license within five years of the renewal date or whose license has been surrendered or revoked may apply to have a license reinstated if the applicant provides all of the following:

(a) Evidence of completion of requirements under PA 2.06 (2) (b) if the licensee has not held an active Wisconsin license in the last five years.

(b) Evidence of completion of disciplinary requirements, if applicable.

(c) Evidence of rehabilitation or a change in circumstances, warranting reinstatement of the license.

**PA 2.06 Reciprocal Credentials for Service Members, Former Service Members, and their Spouses.** A reciprocal license shall be granted to a service member, former service member, or the spouse of a service member or former service member who the board determines meets all of

the requirements under s. 440.09 (2), Stats. subject to s. 440.09 (2m), Stats. The board may request verification necessary to make a determination under this section.

**PA 2.07 Title Protection.** No person may designate himself or herself as a “physician assistant” or “physician associate” or use or assume the title “physician assistant” or “physician associate” or append to the person’s name the words or letters “physician assistant”, “physician associate” or “P.A.” or any other titles, letters, or designation which represents or may tend to represent that person as a physician assistant or physician associate unless that person is a physician assistant licensed by the board or a federally credentialed physician assistant or physician associate.

### CHAPTER PA 3 COLLABORATION AND PRACTICE

**PA 3.01 Collaboration Standards. (1)** A physician assistant shall practice in collaboration with a physician by either:

- (a) In an agreed upon manner, subject to the following in accordance with s. 448.975 (2) (a) 1.:
  1. The physician assistant may be an employee, or an independent contractor or may be otherwise self-employed so long as services are provided under an arrangement between the physician assistant and a third party in which the third party receives payment for services provided by the physician assistant. This relationship is, by definition, collaborative in scope and does not, in and of itself, constitute a supervisory or employer-employee relationship or a behavioral or financial control of employment.
  2. A collaborating physician is not required to be physically present at the location where the physician assistant practices or renders care.
  3. The designated collaborating physician shall provide overall direction and management of the physician assistant's professional activities and assurance of medically appropriate services by ensuring that the following conditions are met:
    - a. The physician assistant’s professional activities occur within an environment of collaboration and collegiality.
    - b. The designated collaborating physician shall ensure that the physician assistant’s duties and assignments do not exceed those reasonably required of a physician assistant with a similar of degree clinical autonomy which is commensurate with the physician assistant’s experience, education, and training.
    - c. Sufficient guidance and clinical mentorship are provided to ensure that the physician assistant expresses understanding of individual limitations and the physician assistant thereby confines activities of practice to those which are medically appropriate.
    - d. In accordance with s. 448.975 (3)(b), stats. a physician assistant remains individually and independently responsible for the quality of the care he or she renders.

- (b) The physician assistant enters into a written collaborative agreement with a physician pursuant to s. 448.975 (2) (b), Stats. and sub. (3) of this section.
- (2) Physician assistants who engage in collaboration pursuant to sub. (1) (a) of this section are not required to enter into a written collaborative agreement with a physician.
- (3) If a physician assistant practices pursuant to a collaboration agreement under sub. (1) (b) of this section, the agreement must be kept on file at the practice site. The agreement must include, at a minimum:
- (a) A statement that the collaborating physician shall remain reasonably available to the physician assistant for consultation via telecommunications or other electronic means and that consultation shall occur within a medically reasonable time;
  - (b) A statement that the collaborating physician may designate an alternative collaborator to be consulted when the collaborating physician is temporarily unavailable.
  - (c) A statement that if the patient requests a physician consultation, arrangements must be made for such a consult within a medically appropriate time;
  - (d) A clause specifying that either party may terminate the collaborative agreement by providing written notice at least 30 days prior to the date of termination, or in a manner otherwise specified by the collaborating physician and the physician assistant;
  - (e) The signature of both the collaborating physician and the physician assistant.

**Commented [HN-D4]:** Per Board Counsel: Alternative Collaborator cannot be a PA, must be a Physician (s. 448.975 (2) (a) 1. b)

**PA 3.02 Practice of Podiatry.** A physician assistant may practice with the supervision and direction of a podiatrist pursuant to s. 448.975(1) (b) (2), stats. and the rules promulgated under s. 448.695 (4) (b), Stats.

**PA 3.03 Emergency, Disaster, and Volunteer Practice. (1)** A physician assistant licensed under s. PA 2 may perform any of the following:

- (a) Render such emergency medical care that they are able to provide at the scene of an accident or emergency situation, not to be defined as an emergency situation that occurs in the place of one's employment, in the absence of an employment or collaborative agreement entered into under PA 3.01 (1).
  - (b) Render such emergency medical care that they are able to provide during a state or local disaster, notwithstanding an employment or collaborative agreement entered into under PA 3.01 (1).
  - (c) Provide volunteer care at camps or sporting events.
- (2) Physician assistants who voluntarily and gratuitously render emergency, disaster, or volunteer care pursuant to sub. (1) of this section shall not be liable for civil damages for any personal injuries that result from acts or omissions which may constitute ordinary negligence. The immunity granted by this section shall not apply to acts or omissions constituting gross, willful, or wanton negligence.

**Commented [s5]:** Should this cite governing statute?

**PA 3.04 Practice During Interruption in Collaboration. (1)** If a designated physician under PA 3.01 (1) (a) is unable to collaborate as specified in that section due to a leave of absence of

**Commented [HN-D6R5]:** s. 448.975 (5) (a) 1. b. allows for promulgation of rules during an emergency or while volunteering. Is that sufficient?



30 days or longer such that the physician is unreachable, change in employment, change in license or privileges, or death:

- (a) Within two business days, an alternate physician shall be designated provide interim collaboration to the physician assistant in accordance with s. 448.975 (2) (a), stats and s. PA 3.01 (1) (a). **The two business days starts when a physician assistant receives notice or reasonably should know that their collaborating physician is unavailable.**
  - (b) If no physician within the same practice setting as the collaborating physician is available to collaborate with the physician assistant, either:
    - 1. A Physician Assistant possessing at least 2,080 hours of practice experience in the same specialty or concentration shall notify the board within 3 business days of the designated physician's absence along with the employer's attestation to an active search for replacement of designated or collaborative physician. The physician assistant may continue to practice in the same practice setting for up to 90 business days, at which time the physician assistant may petition the board to extend practice under the same terms. The board shall consider the practice setting, experience, and qualifications of the physician assistant, and the potential availability of collaborating physicians when reviewing requests to extend practice under this subsection; or
    - 2. A Physician Assistant possessing less than 2,080 hours of practice experience in the same specialty or concentration shall enter into an interim collaborative agreement with a physician assistant possessing at least 10,000 hours of practice experience in the same specialty or concentration; and shall notify the board within 3 business days of the collaborating physician's absence along with employer's attestation to active search for replacement of designated or collaborating physician. The physician assistant may continue to practice in the same practice setting with the interim physician assistant collaboration agreement for up to 30 business days, at which time the physician assistant may petition the board to extend practice under the same terms. The board shall consider the practice setting, experience, and qualifications of the physician assistant, the interim collaborating physician assistant and potential availability of collaborating physicians when reviewing requests to extend practice under this subsection.
  - (c) The board may audit and review the practice of a physician assistant temporarily practicing without a collaborating physician under sub. (b) of this section at any time during or after the designated collaborating physician's absence.
  - (d) Physician assistants temporarily practicing without a collaborating physician under sub. (b) of this section shall not practice outside of their education, training, and experience and shall refer patients to another provider when appropriate to the patient's condition and the standard of care.
- (2) If a physician assistant's collaborating physician under PA 3.01 (1) (b) is unable to collaborate as specified in that section due to an interruption in licensed practice, a leave of absence of 30 days or longer such that the physician is unreachable, change in employment, change in license or privileges, or death:
- (a) When the interruption is temporary, and an alternate has not been identified in the current agreement, or is otherwise not available, a new alternate physician may provide temporary collaboration to the physician assistant. An interim collaborative agreement shall be documented within and maintained at the site of practice in accordance with s. PA 3.01 (1) (b).

- (b) If the collaborating physician will be unavailable for more than 90 business days due to an interruption in licensure or privileges, employment extended leave of absence or death, the physician assistant shall secure a new collaborating physician and document the agreement in accordance with s. PA 3.01 (1) (b).
- (c) If no physician is available to collaborate with the physician assistant, either:
  - 1. A Physician Assistant possessing at least 2,080 hours of practice experience in the same specialty or concentration shall notify the board within 3 business days of the collaborating physician's absence and attestation to active search for replacement. The physician assistant may continue to practice under the current terms of the physician assistant's collaboration agreement without physician collaboration for up to 90 business days, at which time the physician assistant may petition the board to extend practice under the same terms. The board shall consider the practice setting, experience, and qualifications of the physician assistant, and potential availability of collaborating physicians when reviewing requests to extend practice under this subsection; or
  - 2. A Physician Assistant possessing less than 2,080 hours of practice experience in the same specialty or concentration shall enter into a written interim collaborative agreement with a physician assistant possessing at least 10,000 hours of practice experience in the same specialty or concentration; and shall notify the board within 3 business days of the collaborating physician's absence,, provide a copy of the interim written collaborative agreement and, an attestation to active search for replacement of the Collaborating Physician. The physician assistant may continue to practice under the current terms of the physician assistant's interim collaboration agreement with physician assistant collaboration for up to 30 business days, at which time the physician assistant may petition the board to extend practice under the same terms. The board shall consider the practice setting, experience, and qualifications of the physician assistant, the collaborating physician assistant and potential availability of collaborating physicians when reviewing requests to extend practice under this subsection. This interim collaborative agreement may not exceed 180 consecutive days or 180 days in any calendar year.
- (d) The board may audit and review the practice of a physician assistant temporarily practicing without a collaborating physician under sub. (c) of this section at any time during or after the collaborating physician's absence.
- (e) Physician assistants temporarily practicing without a collaborating physician under sub. (c) of this section shall not practice outside of their education, training, and experience and shall refer patients to another provider when appropriate to the patient's condition and the standard of care.

**PA 3.05 Minimum Standards for Patient Health Care Records. (1)** When patient healthcare records are not maintained by a separate entity, a physician assistant shall maintain patient health

care records on every patient for a period of not less than 5 years after the date of the last entry, or for a longer period as may be otherwise required by law.

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

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

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

**PA 3.06 Standards for Dispensing and Prescribing Drugs. (1) PRESCRIPTIVE AUTHORITY.**

(a) A physician assistant may order, prescribe, procure, dispense, and administer prescription drugs, medical devices, services, and supplies.

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

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

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

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

(4) RECORDKEEPING. A physician assistant shall maintain complete and accurate records of each prescription drug received, dispensed, or disposed of in any other manner.

(a) Records required by the federal controlled substances act and ch. 961, Stats., shall be maintained at the location where the drug is received, distributed, or dispensed and be available for inspection by authorized persons for at least 5 years from the date of the record.

(b) Controlled substances dispensed by a physician assistant shall be recorded on a separate log, in a separate bound logbook in which each schedule of controlled substances dispensed is recorded separately and in chronological order with the following information:

- 1. The name of the substance.

2. Dosage form and strength of the substance.
3. Name and address of the person for whom dispensed.
4. Date of dispensing
5. Quantity Dispensed.
6. Name or initials of physician assistant who dispensed the substance.

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

(2) Any physician assistant who treats a patient shall inform the patient about the availability of reasonable alternative modes of treatment and about the benefits and risks of these treatments. The reasonable physician assistant standard is the standard for informing a patient under this section. The reasonable physician assistant standard requires disclosure only of information that a reasonable physician assistant in the same or a similar medical specialty would know and disclose under the circumstances.

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

- (a) Detailed technical information that in all probability a patient would not understand.
- (b) Risks apparent or known to the patient.
- (c) Extremely remote possibilities that might falsely or detrimentally alarm the patient.
- (d) Information in emergencies where failure to provide treatment would be more harmful to the patient than treatment.
- (e) Information in cases where the patient is incapable of consenting.
- (f) Information about alternate modes of treatment for any condition the physician assistant has not included in the physician assistant's diagnosis at the time the physician assistant informs the patient.

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

#### CHAPTER PA 4 UNPROFESSIONAL CONDUCT

**PA 4.01 Unprofessional Conduct.** "Unprofessional conduct" includes, but is not limited to the following, or aiding or abetting the same:

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

- (b) Violating or attempting to violate any term, provision, or condition of any order of the board.

Commented [HN-D7]: Modelled after Med 10.03

Commented [HN-D8]: Not in Med 10

- (c) Knowingly engaging in fraud or misrepresentation or dishonesty in applying, for or procuring a physician assistant license, by examination for a physician assistant license, or in connection with applying for or procuring periodic renewal of a physician assistant license, or in otherwise maintaining such licensure.
  - (d) Knowingly giving false, fraudulent, or deceptive testimony while serving as an expert witness.
  - (e) Employing illegal or unethical business practices.
  - (f) Knowingly, negligently, or recklessly making any false statement, written or oral, as a physician assistant which creates an unacceptable risk of harm to a patient, the public, or both.
  - (g) 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.
  - (h) Obtaining any fee by fraud, deceit or misrepresentation.
  - (i) 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.
  - (j) Engaging in uninvited in-person solicitation of actual or potential patients who, because of their circumstances, may be vulnerable to undue influence.
  - (k) Engaging in false, misleading, or deceptive advertising.
  - (l) Offering, undertaking, or agreeing to treat or cure a disease or condition by a secret means, method, device, or instrumentality; or refusing to divulge to the board upon demand the means, method, device, or instrumentality used in the treatment of a disease or condition.
- (2) DIRECT PATIENT CARE VIOLATIONS. (a) Practicing or attempting to practice under any license when unable 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 assistant was, for any period covered by the order, unable to practice with reasonable skill and safety.
- (b) Departing from or failing to conform to the standard of minimally competent 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 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 controlled substances as defined in s. 961.01 (4), Stats., other than in the course of legitimate professional practice, or as otherwise prohibited by law.

Commented [HN-D9]: Not in Med 10

1. Except as otherwise provided by law, a certified copy of a relevant finding, order, or judgement by a state or federal court or agency charged with making legal determinations shall be conclusive evidence of its findings of fact and conclusions of law.
  2. A certificate copy of a finding, order, or judgement demonstrating that entry of a guilty plea, nolo contendere plea or deferred adjudication, with or without expungement, of a crime substantially related to the practice of a physician assistant 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 assistant 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 conduct with or in the presence of a patient or 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 physician assistants, 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 physician assistant services without required informed consent under s. 448.9785, Stats. or PA 3.07.
- (k) Aiding or abetting the practice of an unlicensed, incompetent, or impaired person or allowing another person or organization to use his or her license to practice as a physician assistant. This provision does not prohibit a Wisconsin licensed physician assistant 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) Prescribing a controlled substance to oneself as described in s. 961.38 (5), Stats.
- (m) Practicing as a physician assistant in another state or jurisdiction without appropriate licensure. A physician assistant has not violated this paragraph if, after issuing an order

for services that complies with the laws of Wisconsin, their patient requests that the services ordered be provided in another state or jurisdiction.

- (n) Patient abandonment occurs when a physician without reasonable justification unilaterally withdraws from a physician assistant-patient relationship by discontinuing a patient's treatment regimen when further treatment is medically indicated and any of the following occur:
  1. The physician assistant 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 assistant fails to allow for patient access to or transfer of the patient's health record as required by law.
  3. The physician assistant fails to provide for continuity of prescription medications between the notice of intent to withdraw from the physician assistant-patient relationship and the date on which the physician assistant-patient relationship ends, if the prescription medications are necessary to avoid unacceptable risk of harm.
  4. The physician assistant fails to provide for emergency care during the period between the notice of intent to withdraw from the physician assistant-patient relationship and the date on which the physician assistant-patient relationship ends. Nothing in this section shall be interpreted to impose upon the physician assistant 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 by another licensing jurisdiction.
- (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) Failing to comply with state and federal laws regarding access to patient health care records.
- (d) Failure by a licensee to establish and maintain patient health care records consistent with the requirements of ss. PA 3.05 and 3.06 (4), or as otherwise required by law.
- (e) Violating the duty to report under s. 448.9795, Stats.
- (f) After a request by the board, failing to cooperate in a timely manner with the board's investigation of a complaint filed against a credential 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 within a timely manner.
- (g) Failing, within 48 hours of the entry of judgement of conviction of any crime, to provide notice to the department of safety and professional services 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 judgement of conviction.

- (h) Except as provided under (i), 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 a physician assistant.
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 therein.
  2. The department of safety and professional services has the burden of proving that the circumstances of the crime are substantially related to the practice of a physician assistant.
- (i) Violating or being convicted of any the conduct listed under in Table PA 4.01, 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 PA 4.01:

**Table PA 4.01**  
**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 at 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

**PA 4.02 Discipline.** (1) The board may conduct investigations and hearings to determine whether a licensee has violated PA 4.01 or has violated any state or federal law that substantially relates to the practice of a physician assistant.



(2) The board may reprimand a physician assistant or deny, limit, suspend, or revoke a physician assistant's license if the physician assistant has violated PA 4.01.

DRAFT

STATE OF WISCONSIN  
PHYSICIAN ASSISTANT AFFILIATED CREDENTIALING BOARD

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IN THE MATTER OF RULEMAKING	:	ORDER OF THE
PROCEEDINGS BEFORE THE	:	PHYSICIAN ASSISTANT AFFILIATED
PHYSICIAN ASSISTANT AFFILIATED	:	CREDENTIALING BOARD
CREDENTIALING BOARD	:	ADOPTING EMERGENCY RULES

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The statement of scope for this rule, SS 110-21, was approved by the Governor on December 10, 2021, published in Register 792A3 on December 20, 2021, and approved by the Physician Assistant Affiliated Credentialing Board on January 3, 2022. This emergency rule as approved by the Governor on (date).

ORDER

An order of the Physician Assistant Affiliated Credentialing Board to create PA 1 to 4 relating to Physician Assistants.

Analysis prepared by the Department of Safety and Professional Services.

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EXEMPTION FROM FINDING OF EMERGENCY

The Legislature by 2021 Wisconsin Act 23 Section 72 (2) provides an exemption from a finding of emergency for the adoption of the rule.

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ANALYSIS

**Statutes interpreted:** s. 448.973 (1), Stats.

**Statutory authority:** ss. 15.085 (5) (b) and 448.973 (1), Stats., 2021 Wisconsin Act 23

**Explanation of agency authority:**

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

Section 448.973 (1) states that: “

- (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).”

2021 WI Act 23, Section 72 (2) (a) states that “Using the procedure under s. 227.24, the physician assistant affiliated credentialing board may promulgate rules under ss. 448.973 (1) and 448.975 (5) (a) as emergency rules under s. 227.24 to allow for licensure, discipline, and practice of physician assistants.”

**Related statute or rule:** Wisconsin Administrative Code Chapters PA 1 to 4

**Plain language analysis:**

The objective of the proposed rules is to implement the statutory changes from 2021 Wisconsin Act 23.

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

**Comparison with rules in adjacent states:**

**Illinois:**

**Iowa:**

**Michigan:**

**Minnesota:**

**Summary of factual data and analytical methodologies:**

The Board reviewed the statutory changes from 2021 Wisconsin Act 23 and promulgated rules as needed for the profession. While promulgating these rules, the Board referenced Wisconsin Administrative Code ss. Med 8 and Med 10.03, among other sources.

**Fiscal Estimate:** The fiscal estimate will be attached upon completion.

**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:**

Nilajah Hardin, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, Wisconsin 53708-8306; telephone 608-267-7139; email at DSPSAdminRules@wisconsin.gov.

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

Comments may be submitted to Nilajah Hardin, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 4822 Madison Yards Way, P.O. Box 8366, Madison, WI 53708-8366, or by email to [DSPSAdminRules@wisconsin.gov](mailto:DSPSAdminRules@wisconsin.gov). Comments must be received on or before the public hearing, held on a date to be determined, to be included in the record of rule-making proceedings.

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TEXT OF RULE

SECTION This emergency rule shall take effect

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(END OF TEXT OF RULE)  
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Dated \_\_\_\_\_ Agency \_\_\_\_\_  
Chairperson  
Physician Assistant Affiliated  
Credentialing Board

## PHYSICIAN ASSISTANT PRACTICE - A COLLABORATIVE MODEL

Decades of change in health care delivery, the steady advancement of Physician Assistant (PA) education and, the need to remove unnecessary barriers to the full utilization of PAs culminated in the passage of [2021 Wisconsin Act 23](#). Act 23 illustrates both the maturing of the PA profession and the importance of the PA-Physician relationship in the future of team-based health care. A fundamental change provided by Act 23 is the elimination of physician supervised PA practice in lieu of a model in which PA's practice collaboratively with physicians in accordance with a scope dictated by their individual experience, education and training. While historic practice laws have assigned responsibility for a PAs entire practice to a supervising physician, the collaborative model in Act 23 specifies that a physician assistant is individually and independently responsible for the quality of the care he or she renders.

Beginning on April 1, 2022, Physician Assistant medical practice must follow one of two collaboration options:

Collaboration Option 1: Pursuant to a PA's employment, a collaborating physician is designated as being 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. An example of this could be utilizing a physician already serving in a leadership capacity such as chief of staff, department director or clinical lead and officially designating that physician to serve as the collaborator for PAs within the hospital, practice or department. Evidence of the designated physician must be made available to the PA Affiliated Credentialing Board upon request.

Collaboration Option 2: A PA and an individual physician enter into a collaborative agreement describing the physician assistant's individual scope of practice based upon the PA's experience, education and training. The agreement must include 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. The agreement must contain additional provisions such as right of either party to terminate the agreement with notice, reasonable access to the collaborating physician or alternate collaborator, an arrangement for referring a patient for physician consultation and, other information as required by the Board. An example of this could be a PA opening a rural practice in a medically under-served community or a PA providing mobile medical care to homeless patients by entering a written collaborative agreement. This allows for the PA to deliver care outside of a traditional practice setting as in Option 1. The agreement must be made available to the PA Affiliated Credentialing Board upon request.

1. 2021 Wisconsin Act 23:  
<https://docs.legis.wisconsin.gov/2021/related/acts/23>
2. 2021 Wisconsin Act 23 summary memo:  
<https://docs.legis.wisconsin.gov/2021/related/lcactmemo/act023.pdf>