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**VIRTUAL/TELECONFERENCE**  
**PHYSICIAN ASSISTANT AFFILIATED CREDENTIALING BOARD**  
**Virtual 4822 Madison Yards Way, Madison**  
**Contact: Tom Ryan (608) 266-2112**  
**January 11, 2024**

*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 (1-4)**
- B) Approval of Minutes of November 16, 2023 (5-6)**
- 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) Annual Policy Review **(7-10)**
  - 3) Election of Officers, Appointments of Liaisons and Alternates, Delegation of Authorities
  - 4) Board Members – Term Expiration Dates
    - a. Collins, Clark A. – 7/1/2027
    - b. Edwards, Jacqueline K. – 7/1/2025
    - c. Elliot, Eric M. – 7/1/2024
    - d. Fischer, Jean M. – 7/1/2027
    - e. Holmes-Drammeh, Emelle S. – 7/1/2024
    - f. Jarrett, Jennifer L. – 7/1/2024
    - g. Martin, Cynthia S. – 7/1/2027
    - h. Sanders, Robert W. – 7/1/2024
    - i. Streit, Tara E. – 7/1/2027
  - 5) Wis. Stat. § 15.085 (3)(b) – Affiliated Credentialing Boards’ Biannual Meeting with the Medical Examining Board to Consider Matters of Joint Interest – Update
- F) Administrative Rule Matters – Discussion and Consideration (11-37)**
  - 1) Scope Statement: PA 1 to 4, Relating to Implementation of the Physician Assistant Licensure Compact **(12-28)**
  - 2) Possible Rule Project: PA 4, Relating to Physical Examinations **(29-37)**
  - 3) Update:
    - a) Med 26, relating to Military Medical Personnel

- b) Med 24, relating to Telemedicine and Telehealth
- c) N 6, relating to Delegated Acts
- 4) Pending & Possible Rulemaking Projects

**G) Legislative and Policy Matters – Discussion and Consideration (38-46)**

- 1) Preliminary Draft – Amend 15.405 (5g) LRB-4118, Public Agenda Request – PA Board Representation on Controlled Substances Board (38-40)
- 2) Draft of LRB-5150/1 & LRB-5474/1, provisional licenses to practice medicine and surgery for internationally trained Physicians and Physician Assistants (41-46)
- 3) Update on Senate Bill 145

**H) Medical Examining Board Opioid Prescribing Guideline – Consideration by PAACB as Standard of Care for Physician Assistants (47-51)**

- I) Controlled Substances Board Update and Meeting Attendance – Discussion and Consideration

**J) Physician Assistant Interstate Compact Update – Discussion and Consideration**

- 1) PA Compact 2023 WI ACT 81 (52-67)

**K) Federation of State Medical Board (FSMB) Matters – Discussion and Consideration**

- 1) Federation of State Medical Boards (FSMB) Annual Meeting April 18-20, 2024

**L) Professional Assistance Procedure (PAP) Discussion of Expansion to Include Mental Health Disorders Update – Discussion and Consideration**

**M) Items Added After Preparation of Agenda:**

- 1) Introductions, Announcements and Recognition
- 2) Administrative Matters
- 3) Election of Officers
- 4) Appointment of Liaisons and Alternates
- 5) Delegation of Authorities
- 6) Education and Examination Matters
- 7) Credentialing Matters
- 8) Practice Matters
- 9) Administrative Rule Matters
- 10) Public Health Emergencies
- 11) Legislative and Policy 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 Decision and Orders
- 19) Presentation of Proposed Final Decision 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

**N) Public Comments**

**CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85(1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85(1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.).**

**O) Deliberation on DLSC Matters**

- 1) Case Closing (68-78)**
  - a) 23 PAB 001 – K.A.H.

**P) 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 Orders
- 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) Case Closings
- 15) Board Liaison Training
- 16) Petitions for Assessments and Evaluations
- 17) Petitions to Vacate Orders
- 18) Remedial Education Cases
- 19) Motions
- 20) Petitions for Re-Hearing
- 21) Appearances from Requests Received or Renewed

**Q) Consulting with Legal Counsel**

**RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION**

**R) Open Session Items Noticed Above Not Completed in the Initial Open Session**

**S) Vote on Items Considered or Deliberated Upon in Closed Session if Voting is Appropriate**

**T) Delegation of Ratification of Examination Results and Ratification of Licenses and Certificates**

**ADJOURNMENT**

**VIRTUAL/TELECONFERENCE**

**ORAL INTERVIEW OF CANDIDATES FOR LICENSURE**

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

**CLOSED SESSION** – Reviewing Applications and Conducting Oral Interview of **Zero (0)** (at time of agenda publication) Candidates for Licensure – **Jean Fischer** and **Clark Collins**.

**NEXT MEETING: MARCH 7, 2024**

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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 virtually unless otherwise indicated. In-person meetings are typically conducted at 4822 Madison Yards Way, Madison, Wisconsin, unless an alternative location is listed on the meeting notice. In order to confirm a meeting or to request a complete copy of the board's agenda, please visit the Department website at <https://dps.wi.gov>. 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 hard of hearing, or other accommodations, are considered upon request by contacting the Affirmative Action Officer, or reach the Meeting Staff by calling 608-267-7213.

**VIRTUAL/TELECONFERENCE  
PHYSICIAN ASSISTANT  
AFFILIATED CREDENTIALING BOARD  
NOVEMBER 16, 2023**

**PRESENT:** Clark Collins, Jacqueline Edwards (*arrived 9:01 a.m.*), Eric Elliot, Jean Fischer, Emelle Holmes-Drammeh (*arrived 9:21 a.m.*), Jennifer Jarrett, Cynthia Martin, Tara Streit

**EXCUSED:** Robert Sanders

**STAFF:** Tom Ryan, Executive Director; Jameson Whitney, Legal Counsel; Nilajah Hardin, Administrative Rules Coordinator; Dialah Azam, Board Administrative Specialist; Brenda Taylor, Board Services Supervisor; 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 six (6) members present.

(*Jacqueline Edwards arrived 9:01 a.m.*)

**ADOPTION OF AGENDA**

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

**APPROVAL OF MINUTES OF OCTOBER 19, 2023**

**MOTION:** Jacqueline Edwards moved, seconded by Clark Collins, to approve the Minutes of October 19, 2023 as published. Motion carried unanimously.

(*Emelle Holmes-Drammeh arrived 9:21a.m.*)

**CLOSED SESSION**

**MOTION:** Jacqueline Edwards moved, seconded by Jean Fischer, to convene to closed session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85(1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85(1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.). Jennifer Jarrett, Chairperson read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Clark Collins-yes; Jacqueline Edwards-yes; Eric Elliot-yes; Jean Fischer-yes; Emelle Holmes-Drammeh-yes; Jennifer Jarrett-yes; Cynthia Martin-yes; and Tara Streit-yes. Motion carried unanimously.

The Board convened into Closed Session at 10:07 a.m.

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

**Proposed Stipulations, Final Decisions and Orders**

*23 PAB 013 – Robert S. Dill, P.A.-C.*

**MOTION:** Eric Elliot moved, seconded by Jennifer Jarrett, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Robert S. Dill, P.A.-C., DLSC Case Number 23 PAB 013. Motion carried unanimously.

**RECONVENE TO OPEN SESSION**

**MOTION:** Cynthia Martin moved, seconded by Jacqueline Edwards, to reconvene in Open Session. Motion carried unanimously.

The Board reconvened to Open Session at 10:12 a.m.

**VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION**

**MOTION:** Tara Streit moved, seconded by Eric Elliot, 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:** Tara Streit moved, seconded by Clark Collins, to delegate ratification of examination results to DSPS staff and to ratify all licenses and certificates as issued. Motion carried unanimously.

**ADJOURNMENT**

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

The meeting adjourned at 10:17 a.m.

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

**AGENDA REQUEST FORM**

1) Name and title of person submitting the request: Brenda Taylor, Board Services Supervisor		2) Date when request submitted: 12/14/2023	
3) Name of Board, Committee, Council, Sections: All Boards			
4) Meeting Date: First Meeting of 2024	5) Attachments: <input checked="" type="checkbox"/> Yes	6) How should the item be titled on the agenda page? Annual Policy Review	
7) Place Item in: <input checked="" type="checkbox"/> Open Session	8) Is an appearance before the Board being scheduled? <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if applicable: N/A	
10) Describe the issue and action that should be addressed:			
<p><b>Please be advised of the following Policy Items:</b></p> <ol style="list-style-type: none"> <li>1. <b>In-Person Meeting Policy:</b> Depending on the frequency of Board meetings, a Board may be allowed a certain number of in-person meetings. <ul style="list-style-type: none"> <li>• 4-5 Meetings per year = 1 in-person opportunity</li> <li>• 6-8 Meetings per year = 2 in-person opportunities</li> <li>• 12 Meetings per year = 4 in-person opportunities</li> </ul> </li> <li>2. <b>Attendance/Quorum:</b> Thank you for your service and commitment to meeting attendance. If you cannot attend a meeting or have scheduling conflicts impacting your attendance, please let us know as soon as possible. Timely notification is appreciated as a quorum is required for Boards, Sections, and Councils to meet pursuant to Open Meetings Law.</li> <li>3. <b>Walking Quorum:</b> Board/Section/Council members must not collectively discuss the body's business outside a properly noticed meeting. Should several members of a body do so, the members could be violating the open meetings law.</li> <li>4. <b>Mandatory Training:</b> All Board Members must complete Public Records and Ethics Training, annually.</li> <li>5. <b>Agenda Deadlines:</b> Please communicate agenda topics to your Executive Director before the agenda submission deadline at 12:00 pm, 8 business days prior to a meeting. (Attachment: Timeline of a Meeting)</li> <li>6. <b>Travel Voucher and Per Diem Submissions:</b> Please submit all Per Diem and Reimbursement claims to DSPS within 30 days of the close of each month in which expenses are incurred. (Attachments: Per Diem Example, Travel Voucher Example)</li> <li>7. <b>Lodging Accommodations/Hotel Cancellation Policy:</b> Lodging accommodations are available to eligible members. Standard eligibility: the member must leave home before 6:00 am to attend a meeting by the scheduled start time. <ol style="list-style-type: none"> <li>a. If a member cannot attend a meeting it is their responsibility to cancel their reservation within the applicable cancellation timeframe.</li> <li>b. If a meeting is changed to occur remotely, is canceled, or rescheduled, DSPS staff will cancel or modify reservations as appropriate.</li> </ol> </li> <li>8. <b>Inclement Weather Policy:</b> In the event of inclement weather, the DSPS may change a meeting from an in-person venue to hosted as virtual/teleconference only.</li> </ol>			
11)		<b>Authorization</b>	
<i>Brenda Taylor</i>		<i>12/14/2023</i>	
<p><b>Directions for including supporting documents:</b></p> <ol style="list-style-type: none"> <li>1. This form should be saved with any other documents submitted to the <a href="#">Agenda Items</a> folders.</li> <li>2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director</li> </ol>			

**PHYSICIAN ASSISTANT AFFILIATED CREDENTIALING BOARD**  
**2024 Meeting Dates**

<b>Meeting Date</b>		<b><i>Start time</i></b>	<b>Agenda item deadline</b>
Thursday, January 11, 2024	Virtual	9:00	<b>12/19/2023</b>
Thursday, March 7, 2024	In person	9:00	<b>2/26/2024</b>
Thursday, June 27, 2024	Virtual	9:00	<b>6/17/2024</b>
Thursday August 22, 2024	Virtual	9:00	<b>8/12/2024</b>
Thursday October 10, 2024	Virtual	9:00	<b>9/30/2024</b>
Thursday December 19, 2024	Virtual	9:00	<b>12/9/2024</b>



## Timeline of a Meeting

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**8 business days prior to the meeting:** All agenda materials are due to the Department by 12:00 pm, 8 business days prior to the meeting date.

**7 business days prior to the meeting:** The draft agenda page is due to the Executive Director. The Executive Director transmits to the Chair for review and approval.

**5 business days prior to the meeting:** The approved agenda is returned to the Board Administration Specialist for agenda packet production and compilation.

**4 business days prior to the meeting:** Agenda packets are posted on the DSPS Board SharePoint site and on the Department website.

### Agenda Item Examples:

- Approval of the Agenda and previous meeting Minutes
- Open Session Items
  - Public Hearings (relating to Administrative Rules)
  - Administrative Matters
  - Legislation and Policy Matters
  - Administrative Rules Matters
  - Credentialing Matters
  - Education and Exam Issues
  - Public Agenda Requests
  - Current Issues Affecting the Profession
  - Public Comments
- Closed Session items
  - Deliberations on Proposed Disciplinary Actions
    - Stipulations
    - Administrative Warnings
    - Case Closings
    - Monitoring Matters
    - Professional Assistance Procedure (PAP) Issues
  - Proposed Final Decisions and Orders
  - Orders Fixing Costs/Matters Relating to Costs
  - Credentialing Matters
  - Education and Exam Issues

**Thursday of the Week Prior to the Meeting:** Agendas are published for public notice on the Public Notices and Meeting Minutes website: [publicmeetings.wi.gov](http://publicmeetings.wi.gov).

**1 business day after the Meeting:** "Action" lists are distributed by staff detailing board actions on closed session business.

**5 business days after the Meeting:** "To Do" lists are distributed to staff to ensure that board decisions are acted on and/or implemented within the appropriate divisions in the Department. Minutes approved by the board are published on the the Public Notices and Meeting Minutes website: [publicmeetings.wi.gov](http://publicmeetings.wi.gov).

# Department of Safety and Professional Services

## PER DIEM REPORT

**INSTRUCTIONS:** Claimant records board-related activities by entering the date of an activity, the duration of time spent in that activity, the relevant purpose code (see purpose code descriptions below), where the activity is conducted, and the type of activity performed. Only one (1) \$25.00 per diem payment can be issued on any given calendar day.

**Purpose Codes:**

- A. Official meetings including video/teleconference calls** (automatic day of per diem): i.e., board, committee, board training or screening panels; **Hearings**, i.e., Senate Confirmation, legislative, disciplinary or informal settlement conferences; **Examinations and Test Development Sessions**, i.e., test administration, test review or analysis events, national testing events, tour of test facilities, etc.)
- B. Other** (One (1) per diem will be issued for every five (5) hours spent in category B, per calendar month): i.e., review of disciplinary cases, consultation on cases, review of meeting materials, board liaison work e.g., contacts regarding Monitoring, Professional Assistance Procedure, Credentialing, Education and Examinations


NAME OF EXAMINING BOARD OR COUNCIL <b>EXAMPLE EXAMINING BOARD</b>			BOARD OR COUNCIL MEMBER'S NAME <b>MARY SUNSHINE</b>	
Activity Date MM/DD/YY	Duration of Activity Hours/Minutes	Purpose Code A or B	Where Performed City/Location (Home, Work, DSPS)	Activity Describe Activity Performed (see purpose codes)
12/2/20	2 hrs	B	Pleasant Prairie/Home	Review of screening panel materials
12/3/20	2 hr / 30 mins	B	Pleasant Prairie/Home	Review of screening panel materials
12/10/20	1 hr	A	Pleasant Prairie/Home	Screening Panel Meeting - Teleconference
12/12/20	1 hr / 30 mins	B	Pleasant Prairie/Home	Case consultation
12/13/20	1 hr	B	Pleasant Prairie/Home	Liaison: Application Review
12/16/20	6 hrs	A	Madison/DSPS	Board Member Training
				<p><b>The 5-hour rule applies to "B" code activities. Add the 'B' codes within the calendar month and then divide by five (5) hours to calculate your per diem payment. In this case the total is seven (7) hours which equals one (1) day of per diem.</b></p> <p><b>Each 'A' code is an automatic day of per diem regardless of time spent in that activity. Ms. Sunshine is eligible for two (2) additional days of payment.</b></p> <p><b>Department staff completes the fields titled "Total Days Claimed".</b></p>
<b>CLAIMANT'S CERTIFICATION</b>			Comments:	
The undersigned certifies, in accordance with § 16.53, Wis. Stats., that this account for per diem, is just and correct; and that this claim is for service necessarily incurred in the performance of duties required by the State, as authorized by law.			<div style="text-align: center; font-size: 2em; color: #ff9900;">↓</div>	
<i>Mary Sunshine</i> Claimant's Signature		1/4/2021 Date		
			Supervisor	Date

EMPL ID: 100012345-0

**To be completed by Department staff:** TOTAL DAYS CLAIMED: 3 @ \$25.00 = 75.00

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

**AGENDA REQUEST FORM**

<b>1) Name and title of person submitting the request:</b> Nilajah Hardin Administrative Rules Coordinator		<b>2) Date when request submitted:</b> 12/19/23 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
<b>3) Name of Board, Committee, Council, Sections:</b> Physician Assistant Affiliated Credentialing Board			
<b>4) Meeting Date:</b> 1/11/24	<b>5) Attachments:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>6) How should the item be titled on the agenda page?</b> Administrative Rule Matters Discussion and Consideration 1. <b>Scope Statement: PA 1 to 4, Relating to Implementation of the Physician Assistant Licensure Compact</b> 2. <b>Possible Rule Project: PA 4, Relating to Physical Examinations</b> 3. <b>Update:</b> a. <b>Med 26, Relating to Military Medical Personnel</b> b. <b>Med 24, Relating to Telemedicine and Telehealth</b> c. <b>N 6, Relating to Delegated Acts</b> 4. <b>Pending or Possible Rulemaking Projects</b>	
<b>7) Place Item in:</b> <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	<b>8) Is an appearance before the Board being scheduled?</b> <i>(If yes, please complete <a href="#">Appearance Request</a> for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>9) Name of Case Advisor(s), if required:</b> N/A	
<b>10) Describe the issue and action that should be addressed</b> Attachments: 1. Scope Statement – PA 1 to 4 2. 2023 Wisconsin Act 81 3. Wisc. Admin. Code Chapter PA 4 4. Wisc. Admin. Code Chapter Med 10 5. Clearinghouse Rule 22-063 (Med 10, Relating to Physical Examinations)  Pending Rule Project Page: <a href="https://dsps.wi.gov/Pages/RulesStatutes/PendingRules.aspx">https://dsps.wi.gov/Pages/RulesStatutes/PendingRules.aspx</a>			
<b>11) Authorization</b>			
 Signature of person making this request		12/19/23 Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)    Date			
<b>Directions for including supporting documents:</b> 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.			

# STATEMENT OF SCOPE

## PHYSICIAN ASSISTANT AFFILIATED CREDENTIALING BOARD

Rule No.: PA 1 to 4

Relating to: Implementation of the Physician Assistant Licensure Compact

Rule Type: Permanent

**1. Finding/nature of emergency (Emergency Rule only): N/A**

**2. Detailed description of the objective of the proposed rule:**

The objective of the proposed rules is to implement the statutory changes from 2023 Wisconsin Act 81. This will be achieved by updating the PA chapters of the Administrative Code to allow for a licensee to receive compact privileges.

**3. Description of the existing policies relevant to the rule, new policies proposed to be included in the rule, and an analysis of policy alternatives:**

Wisconsin Administrative Code Chapters PA 1 to 4 currently outlines requirements for Physician Assistants. As written, these chapters do not allow for a licensee to apply for or exercise compact privileges in Wisconsin. If these new rules are not implemented, then the Administrative Code will continue to be silent on the issue of compact licensure and licensees will need to look to the statute for guidance.

**4. Detailed explanation of statutory authority for the rule (including the statutory citation and language):**

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).”

Section 448.9885 (3) (b) as quoted in 2023 Wisconsin Act 81, states: “Subject to s. 448.988 and any rules promulgated thereunder, ss. 440.20 to 440.22 and the rules promulgated under s. 440.03 (1) shall apply to an individual who holds a compact privilege in the same manner that they apply to holders of licenses issued under subch. IX.”

**5. Estimate of amount of time that state employees will spend developing the rule and of other resources necessary to develop the rule:**

80 hours

**6. List with description of all entities that may be affected by the proposed rule:**

Rev. 3/6/2012

Physician Assistant credential holders and those looking to enter the profession in Wisconsin.

**7. Summary and preliminary comparison with any existing or proposed federal regulation that is intended to address the activities to be regulated by the proposed rule:**

None.

**8. Anticipated economic impact of implementing the rule (note if the rule is likely to have a significant economic impact on small businesses):**

The proposed rule is likely to have minimal or no economic impact on small businesses and the state's economy as a whole.

**Contact Person:** Nilajah Hardin, (608) 267-7139, [DSPSAdminRules@wisconsin.gov](mailto:DSPSAdminRules@wisconsin.gov)

Approved for publication:

Approved for implementation:

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Date Submitted

# State of Wisconsin



2023 Senate Bill 400

Date of enactment: **December 6, 2023**

Date of publication\*: **December 7, 2023**

## 2023 WISCONSIN ACT 81

AN ACT *to renumber* 252.14 (1) (ar) 14., 448.978 (1) and 448.978 (2) (d) 1. and 2.; *to renumber and amend* 440.03 (13) (c), 448.015 (4) (am) 2m., 448.974 (2) and 448.978 (2) (d) (intro.); *to amend* 49.45 (9r) (a) 7. e., 97.67 (5m) (a) 3., 118.2925 (1) (f), 146.81 (1) (eu), 146.997 (1) (d) 4., 154.01 (3) (b), 155.01 (1g) (c), 155.01 (7), 440.03 (9) (a) (intro.), 440.03 (9) (a) 2., 440.03 (13) (b) (intro.), 440.094 (1) (c) 4., 440.15, 448.971 (2), 448.972 (1), 448.973 (2), 448.974 (title), 448.978 (2) (intro.), 448.978 (2) (a), 448.978 (2) (g), 450.10 (3) (a) 5., 462.02 (2) (e), 462.04, 895.48 (1m) (a) (intro.), 971.14 (4) (a) and 990.01 (27s); *to repeal and recreate* 16.417 (1) (e) 3m. and 252.15 (1) (am); and *to create* 14.835, 111.335 (4) (jm), 440.03 (11m) (c) 2c., 440.03 (13) (c) 1. i., 440.094 (1) (c) 9m., 448.971 (1L), 448.971 (1m), 448.974 (1m), 448.974 (2) (bm) and subchapter XIII of chapter 448 [precedes 448.988] of the statutes; **relating to:** ratification of the PA Licensure Compact.

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

**SECTION 1.** 14.835 of the statutes is created to read:

**14.835 PA licensure compact.** There is created a PA licensure compact commission as specified in s. 448.988. The delegate on the commission representing this state shall be appointed by the physician assistant affiliated credentialing board as provided in s. 448.988 (7) (b) 1. and shall be an individual described in s. 448.988 (7) (b) 2. a. or b. The commission has the powers and duties granted and imposed under s. 448.988.

**SECTION 2.** 16.417 (1) (e) 3m. of the statutes is repealed and recreated to read:

16.417 (1) (e) 3m. A physician assistant who is licensed under subch. IX of ch. 448 or who holds a compact privilege under subch. XIII of ch. 448.

**SECTION 3.** 49.45 (9r) (a) 7. e. of the statutes is amended to read:

49.45 (9r) (a) 7. e. A physician assistant who is licensed under subch. IX of ch. 448 or who holds a compact privilege under subch. XIII of ch. 448.

**SECTION 4.** 97.67 (5m) (a) 3. of the statutes is amended to read:

97.67 (5m) (a) 3. A physician assistant who is licensed under subch. IX of ch. 448 or who holds a compact privilege under subch. XIII of ch. 448.

**SECTION 5.** 111.335 (4) (jm) of the statutes is created to read:

111.335 (4) (jm) Notwithstanding s. 111.322, it is not employment discrimination because of conviction record for the physician assistant affiliated credentialing board to refuse to grant to an individual a compact privilege, as defined in s. 448.988 (2) (b), in accordance with s. 448.988 (4) (a) 3.

**SECTION 6.** 118.2925 (1) (f) of the statutes is amended 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."

118.2925 (1) (f) “Physician assistant” means a person who is licensed under s. 448.974 subch. IX of ch. 448 or who holds a compact privilege under subch. XIII of ch. 448.

**SECTION 7.** 146.81 (1) (eu) of the statutes is amended to read:

146.81 (1) (eu) A physician assistant who is licensed under subch. IX of ch. 448 or who holds a compact privilege under subch. XIII of ch. 448.

**SECTION 8.** 146.997 (1) (d) 4. of the statutes, as affected by 2021 Wisconsin Act 251, is amended to read:

146.997 (1) (d) 4. A physician, physician assistant, podiatrist, perfusionist, physical therapist, physical therapist assistant, occupational therapist, occupational therapy assistant, or genetic counselor licensed under ch. 448; a physical therapist or physical therapist assistant who holds a compact privilege under subch. XI of ch. 448; ~~or an occupational therapist or occupational therapy assistant who holds a compact privilege under subch. XII of ch. 448;~~ or a physician assistant who holds a compact privilege under subch. XIII of ch. 448.

**SECTION 9.** 154.01 (3) (b) of the statutes is amended to read:

154.01 (3) (b) A physician assistant ~~licensed under ch. 448.~~

**SECTION 10.** 155.01 (1g) (c) of the statutes is amended to read:

155.01 (1g) (c) A physician assistant ~~licensed under ch. 448~~ who a physician responsible for overseeing the physician assistant’s practice affirms is competent to conduct evaluations of the capacity of patients to manage health care decisions.

**SECTION 11.** 155.01 (7) of the statutes, as affected by 2021 Wisconsin Act 251, is amended to read:

155.01 (7) “Health care provider” means a nurse licensed or permitted under ch. 441, a chiropractor licensed under ch. 446, a dentist licensed under ch. 447, a physician, physician assistant, perfusionist, podiatrist, physical therapist, physical therapist assistant, occupational therapist, occupational therapy assistant, or genetic counselor licensed under ch. 448, a naturopathic doctor licensed under ch. 466, a person practicing Christian Science treatment, an optometrist licensed under ch. 449, a psychologist who is licensed under ch. 455, who is exercising the temporary authorization to practice, as defined in s. 455.50 (2) (o), in this state, or who is practicing under the authority to practice interjurisdictional telepsychology, as defined in s. 455.50 (2) (b), a physical therapist or physical therapist assistant who holds a compact privilege under subch. XI of ch. 448, an occupational therapist or occupational therapy assistant who holds a compact privilege under subch. XII of ch. 448, a physician assistant who holds a compact privilege under subch. XIII of ch. 448, a partnership thereof, a corporation or limited liability company thereof that provides health care services, a cooperative health care association

organized under s. 185.981 that directly provides services through salaried employees in its own facility, or a home health agency, as defined in s. 50.49 (1) (a).

**SECTION 12.** 252.14 (1) (ar) 14. of the statutes is renumbered 252.14 (1) (ar) 4rm.

**SECTION 13.** 252.15 (1) (am) of the statutes is repealed and recreated to read:

252.15 (1) (am) “Health care professional” means a physician, physician assistant, or nurse.

**SECTION 14.** 440.03 (9) (a) (intro.) of the statutes is amended to read:

440.03 (9) (a) (intro.) Subject to pars. (b) and (c) and s. 458.33 (2) (b) and (5), the department shall, biennially, determine each fee for an initial credential for which no examination is required, for a reciprocal credential, and for a credential renewal and any fees imposed under ss. 448.986 (2) ~~and~~ 448.9875 (2), ~~and~~ 448.9885 (2) by doing all of the following:

**SECTION 15.** 440.03 (9) (a) 2. of the statutes is amended to read:

440.03 (9) (a) 2. Not later than January 31 of each odd-numbered year, adjusting for the succeeding fiscal biennium each fee for an initial credential for which an examination is not required, for a reciprocal credential, and, subject to s. 440.08 (2) (a), for a credential renewal, and any fees imposed under ss. 448.986 (2) ~~and~~ 448.9875 (2), ~~and~~ 448.9885 (2), if an adjustment is necessary to reflect the approximate administrative and enforcement costs of the department that are attributable to the regulation of the particular occupation or business during the period in which the initial or reciprocal credential, credential renewal, or compact privilege is in effect and, for purposes of each fee for a credential renewal, to reflect an estimate of any additional moneys available for the department’s general program operations as a result of appropriation transfers that have been or are estimated to be made under s. 20.165 (1) (i) during the fiscal biennium in progress at the time of the deadline for an adjustment under this subdivision or during the fiscal biennium beginning on the July 1 immediately following the deadline for an adjustment under this subdivision.

**SECTION 16.** 440.03 (11m) (c) 2c. of the statutes is created to read:

440.03 (11m) (c) 2c. The coordinated data and reporting system under s. 448.988 (8), if such disclosure is required under the PA licensure compact under s. 448.988.

**SECTION 17.** 440.03 (13) (b) (intro.) of the statutes is amended to read:

440.03 (13) (b) (intro.) The department may investigate whether an applicant for or holder of any of the following credentials has been charged with or convicted of a crime only pursuant to rules promulgated by the department under this paragraph, including rules that establish the criteria that the department will use to determine

whether an investigation under this paragraph is necessary, except as provided in par. (c) and ss. 441.51 (5) (a) 5., 448.980 (5) (b) 3., 448.985 (3) (a) 4., 448.987 (3) (a) 5. a. and (5) (b) 2. a., ~~448.988 (3) (a) 5.,~~ and 455.50 (3) (e) 4. and (f) 4.:

**SECTION 18.** 440.03 (13) (c) of the statutes is renumbered 440.03 (13) (c) 1. (intro.) and amended to read:

440.03 (13) (c) 1. (intro.) The department shall require an all of the following to be photographed and fingerprinted on 2 fingerprint cards, each bearing a complete set of the person's fingerprints:

a. An applicant for a private detective license or a private security permit under s. 440.26, ~~an.~~

b. An applicant for a juvenile martial arts instructor permit under sub. (17), ~~an.~~

c. An applicant for a real estate appraiser certification under s. 458.06 or license under s. 458.08, ~~an.~~

d. An applicant for a multistate license under s. 441.06 (1c) or 441.10 (1c), ~~an.~~

e. An applicant for a compact license under s. 448.05 (2) (f), ~~an.~~

f. An applicant for a physical therapist license under s. 448.53 or physical therapist assistant license under s. 448.535, ~~an.~~

g. An applicant for an occupational therapist or occupational therapy assistant compact privilege under s. 448.987 (4); and an applicant for an occupational therapist or occupational therapy assistant license described in s. 448.987 (5) (b) 2. a., ~~an.~~

h. An applicant for a psychologist license under s. 455.04, ~~and a.~~

z. A person for whom the department conducts an investigation under par. (b), ~~to be photographed and fingerprinted on 2 fingerprint cards, each bearing a complete set of the person's fingerprints.~~

2. The department of justice may submit the fingerprint cards, and the department of justice shall submit the fingerprint cards of all applicants ~~for a real estate appraiser certification under s. 458.06 or license under s. 458.08, of all applicants for a multistate license under s. 441.06 (1c) or 441.10 (1c), of all applicants for a compact license under s. 448.05 (2) (f), of all applicants for a physical therapist license under s. 448.53 or a physical therapist assistant license under s. 448.535, and of all applicants for a psychologist license under s. 455.04 identified in subd. 1. c. to i.,~~ to the federal bureau of investigation for the purpose of verifying the identity of the persons fingerprinted and obtaining records of their criminal arrests and convictions.

3. Information obtained from the federal bureau of investigation may be shared with the department or the appropriate credentialing board, but shall otherwise be kept confidential and is not subject to disclosure under s. 19.35.

**SECTION 19.** 440.03 (13) (c) 1. i. of the statutes is created to read:

440.03 (13) (c) 1. i. An applicant for a physician assistant license or compact privilege under s. 448.974 when required pursuant to the PA licensure compact under s. 448.988.

**SECTION 20.** 440.094 (1) (c) 4. of the statutes is amended to read:

440.094 (1) (c) 4. A physician, ~~physician assistant,~~ perfusionist, or respiratory care practitioner licensed or certified under subch. II of ch. 448.

**SECTION 21.** 440.094 (1) (c) 9m. of the statutes is created to read:

440.094 (1) (c) 9m. A physician assistant licensed under subch. IX of ch. 448.

**SECTION 22.** 440.15 of the statutes is amended to read:

**440.15 No fingerprinting.** Except as provided under ss. 440.03 (13) (c), 441.51 (5) (a) 5., 448.980 (5) (b) 3., 448.985 (3) (a) 4., 448.987 (3) (a) 5. a. and (5) (b) 2. a., ~~448.988 (3) (a) 5.,~~ 450.071 (3) (c) 9., 450.075 (3) (c) 9., and 455.50 (3) (e) 4. and (f) 4., the department or a credentialing board may not require that an applicant for a credential or a credential holder be fingerprinted or submit fingerprints in connection with the department's or the credentialing board's credentialing.

**SECTION 23.** 448.015 (4) (am) 2m. of the statutes is renumbered 448.978 (1g) (a) and amended to read:

448.978 (1g) (a) ~~A~~ "Unprofessional conduct" includes a determination made by a physician assistant under ch. 154 or 155 if the physician assistant does not have sufficient education, training, and experience to make the determination.

**SECTION 24.** 448.971 (1L) of the statutes is created to read:

448.971 (1L) "Compact" means the PA licensure compact under s. 448.988.

**SECTION 25.** 448.971 (1m) of the statutes is created to read:

448.971 (1m) "Compact privilege" means a compact privilege, as defined in s. 448.988 (2) (b), that is granted under the compact to an individual to practice in this state.

**SECTION 26.** 448.971 (2) of the statutes is amended to read:

448.971 (2) "Physician assistant" means a person who is licensed under this subchapter or who holds a compact privilege.

**SECTION 27.** 448.972 (1) of the statutes is amended to read:

448.972 (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 or holds a compact privilege.

**SECTION 29.** 448.973 (2) of the statutes is amended to read:

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

**SECTION 30.** 448.974 (title) of the statutes is amended to read:

**448.974** (title) **License; compact privilege; renewal.**

**SECTION 31.** 448.974 (1m) of the statutes is created to read:

448.974 (1m) The board shall grant a compact privilege to any applicant who satisfies all of the following:

(a) The applicant holds a qualifying license, as defined in s. 448.988 (2) (r), in another state that is a party to the compact and satisfies all other requirements under s. 448.988 (4).

(b) The individual applies for the compact privilege in the manner prescribed by the department.

(c) The individual pays any fee established by the department under s. 448.9885 (2).

**SECTION 32.** 448.974 (2) of the statutes is renumbered 448.974 (2) (am) and amended to read:

448.974 (2) (am) 1. 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) subd. 2.~~

2. 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~~ subdivision 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.

**SECTION 33.** 448.974 (2) (bm) of the statutes is created to read:

448.974 (2) (bm) Renewal of a compact privilege shall be governed by s. 448.988 (4) (b), except that the board may impose requirements for prescribing controlled substances in accordance with s. 448.988 (4) (d).

**SECTION 34.** 448.978 (1) of the statutes is renumbered 448.978 (1r).

**SECTION 35.** 448.978 (2) (intro.) of the statutes is amended to read:

448.978 (2) (intro.) Subject to the rules promulgated under s. 440.03 (1), if a person who applies for or holds a license or compact privilege 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 or compact privilege:

**SECTION 36.** 448.978 (2) (a) of the statutes is amended to read:

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

**SECTION 37.** 448.978 (2) (d) (intro.) of the statutes is renumbered 448.978 (2) (d) and amended to read:

448.978 (2) (d) Engages in unprofessional conduct. **(1g)** In this paragraph, "unprofessional section;" **(b)** "Unprofessional conduct" does not include any of the following:

**SECTION 38.** 448.978 (2) (d) 1. and 2. of the statutes are renumbered 448.978 (1g) (b) 1. and 2.

**SECTION 39.** 448.978 (2) (g) of the statutes is amended to read:

448.978 (2) (g) Engages in fraud or deceit in obtaining or using his or her license or compact privilege.

**SECTION 40.** Subchapter XIII of chapter 448 [precedes 448.988] of the statutes is created to read:

#### **CHAPTER 448**

##### **SUBCHAPTER XIII**

##### **PA LICENSURE COMPACT**

**448.988 PA licensure compact. (1) PURPOSE.** In order to strengthen access to medical services, and in recognition of the advances in the delivery of medical services, the participating states of the PA licensure compact have allied in common purpose to develop a comprehensive process that complements the existing authority of state licensing boards to license and discipline PAs and seeks to enhance the portability of a license to practice as a PA while safeguarding the safety of patients. This compact allows medical services to be provided by PAs, via the mutual recognition of the licensee's qualifying license by other compact participating states. This compact also adopts the prevailing standard for PA licensure and affirms that the practice and delivery of medical services by the PA occurs where the patient is located at the time of the patient encounter, and therefore requires the PA to be under the jurisdiction of the state licensing board where the patient is located. State licensing boards that participate in this compact retain the jurisdiction to impose adverse action against a compact privilege in that state issued to a PA through the procedures of this compact. The PA licensure compact will alleviate burdens for military families by allowing active duty military personnel and their spouses to obtain a compact privilege based on having an unrestricted license in good standing from a participating state.

**(2) DEFINITIONS.** In this compact:

(a) "Adverse action" means any administrative, civil, equitable, or criminal action permitted by a state's laws which is imposed by a licensing board or other authority

against a PA license or license application or compact privilege such as license denial, censure, revocation, suspension, probation, monitoring of the licensee, or restriction on the licensee’s practice.

(b) “Compact privilege” means the authorization granted by a remote state to allow a licensee from another participating state to practice as a PA to provide medical services and other licensed activity to a patient located in the remote state under the remote state’s laws and regulations.

(c) “Conviction” means a finding by a court that an individual is guilty of a felony or misdemeanor offense through adjudication or entry of a plea of guilt or no contest to the charge by the offender

(d) “Criminal background check” means the submission of fingerprints or other biometric-based information for a license applicant for the purpose of obtaining that applicant’s criminal history record information, as defined in 28 CFR 20.3 (d), from the state’s criminal history record repository, as defined in 28 CFR 20.3 (f).

(e) “Data system” means the repository of information about licensees, including but not limited to license status and adverse actions, which is created and administered under the terms of this compact.

(f) “Executive committee” means a group of directors and ex officio individuals elected or appointed pursuant to sub. (7) (f) 2.

(g) “Impaired practitioner” means a PA whose practice is adversely affected by health-related condition(s) that impact their ability to practice.

(h) “Investigative information” means information, records, or documents received or generated by a licensing board pursuant to an investigation.

(i) “Jurisprudence requirement” means the assessment of an individual’s knowledge of the laws and rules governing the practice of a PA in a state.

(j) “License” means current authorization by a state, other than authorization pursuant to a compact privilege, for a PA to provide medical services, which would be unlawful without current authorization.

(k) “Licensee” means an individual who holds a license from a state to provide medical services as a PA.

(L) “Licensing board” means any state entity authorized to license and otherwise regulate PAs.

(m) “Medical services” means health care services provided for the diagnosis, prevention, treatment, cure or relief of a health condition, injury, or disease, as defined by a state’s laws and regulations.

(n) “Model compact” means the model for the PA licensure compact on file with the Council of State Governments or other entity as designated by the commission.

(o) “Participating state” means a state that has enacted this compact.

(p) “PA” means an individual who is licensed as a physician assistant in a state. For purposes of this com-

act, any other title or status adopted by a state to replace the term “physician assistant” shall be deemed synonymous with “physician assistant” and shall confer the same rights and responsibilities to the licensee under the provisions of this compact at the time of its enactment.

(q) “PA licensure compact commission,” “compact commission,” or “commission” mean the national administrative body created pursuant to sub. (7) (a).

(r) “Qualifying license” means an unrestricted license issued by a participating state to provide medical services as a PA.

(s) “Remote state” means a participating state where a licensee who is not licensed as a PA is exercising or seeking to exercise the compact privilege.

(t) “Rule” means a regulation promulgated by an entity that has the force and effect of law.

(u) “Significant investigative information” means investigative information that a licensing board, after an inquiry or investigation that includes notification and an opportunity for the PA to respond if required by state law, has reason to believe is not groundless and, if proven true, would indicate more than a minor infraction.

(v) “State” means any state, commonwealth, district, or territory of the United States.

(3) STATE PARTICIPATION IN THIS COMPACT. (a) To participate in this compact, a participating state shall:

1. License PAs.
2. Participate in the compact commission’s data system.
3. Have a mechanism in place for receiving and investigating complaints against licensees and license applicants.
4. Notify the commission, in compliance with the terms of this compact and commission rules, of any adverse action against a licensee or license applicant and the existence of significant investigative information regarding a licensee or license applicant.
5. Fully implement a criminal background check requirement, within a time frame established by commission rule, by its licensing board receiving the results of a criminal background check and reporting to the commission whether the license applicant has been granted a license.
6. Comply with the rules of the compact commission.
7. Utilize passage of a recognized national exam such as the NCCPA PANCE as a requirement for PA licensure.
8. Grant the compact privilege to a holder of a qualifying license in a participating state.

(b) Nothing in this compact prohibits a participating state from charging a fee for granting the compact privilege.

(4) COMPACT PRIVILEGE. (a) To exercise the compact privilege, a licensee must:

1. Have graduated from a PA program accredited by the Accreditation Review Commission on Education for

the Physician Assistant, Inc. or other programs authorized by commission rule.

2. Hold current NCCPA certification.
3. Have no felony or misdemeanor conviction.
4. Have never had a controlled substance license, permit, or registration suspended or revoked by a state or by the United States drug enforcement administration.
5. Have a unique identifier as determined by commission rule.
6. Hold a qualifying license.
7. Have had no revocation of a license or limitation or restriction on any license currently held due to an adverse action.
8. If a licensee has had a limitation or restriction on a license or compact privilege due to an adverse action, two years must have elapsed from the date on which the license or compact privilege is no longer limited or restricted due to the adverse action.
9. If a compact privilege has been revoked or is limited or restricted in a participating state for conduct that would not be a basis for disciplinary action in a participating state in which the licensee is practicing or applying to practice under a compact privilege, that participating state shall have the discretion not to consider such action as an adverse action requiring the denial or removal of a compact privilege in that state.
10. Notify the compact commission that the licensee is seeking the compact privilege in a remote state.
11. Meet any jurisprudence requirement of a remote state in which the licensee is seeking to practice under the compact privilege and pay any fees applicable to satisfying the jurisprudence requirement.
12. Report to the commission any adverse action taken by a nonparticipating state within thirty (30) days after the action is taken.

(b) The compact privilege is valid until the expiration or revocation of the qualifying license unless terminated pursuant to an adverse action. The licensee must also comply with all of the requirements of par. (a) above to maintain the compact privilege in a remote state. If the participating state takes adverse action against a qualifying license, the licensee shall lose the compact privilege in any remote state in which the licensee has a compact privilege until all of the following occur:

1. The license is no longer limited or restricted; and
2. Two (2) years have elapsed from the date on which the license is no longer limited or restricted due to the adverse action.

(c) Once a restricted or limited license satisfies the requirements of par. (b) 1. and 2., the licensee must meet the requirements of par. (a) to obtain a compact privilege in any remote state.

(d) For each remote state in which a PA seeks authority to prescribe controlled substances, the PA shall satisfy all requirements imposed by such state in granting or renewing such authority.

(5) DESIGNATION OF THE STATE FROM WHICH LICENSEE IS APPLYING FOR A COMPACT PRIVILEGE. Upon a licensee's application for a compact privilege, the licensee shall identify to the commission the participating state from which the licensee is applying, in accordance with applicable rules adopted by the commission, and subject to the following requirements:

(a) When applying for a compact privilege, the licensee shall provide the commission with the address of the licensee's primary residence and thereafter shall immediately report to the commission any change in the address of the licensee's primary residence.

(b) When applying for a compact privilege, the licensee is required to consent to accept service of process by mail at the licensee's primary residence on file with the commission with respect to any action brought against the licensee by the commission or a participating state, including a subpoena, with respect to any action brought or investigation conducted by the commission or a participating state.

(6) ADVERSE ACTIONS. (a) A participating state in which a licensee is licensed shall have exclusive power to impose adverse action against the qualifying license issued by that participating state.

(b) In addition to the other powers conferred by state law, a remote state shall have the authority, in accordance with existing state due process law, to do all of the following:

1. Take adverse action against a PA's compact privilege within that state to remove a licensee's compact privilege or take other action necessary under applicable law to protect the health and safety of its citizens.

2. Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses as well as the production of evidence. Subpoenas issued by a licensing board in a participating state for the attendance and testimony of witnesses or the production of evidence from another participating state shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state in which the witnesses or evidence are located.

3. Notwithstanding subd. 2., subpoenas may not be issued by a participating state to gather evidence of conduct in another state that is lawful in that other state for the purpose of taking adverse action against a licensee's compact privilege or application for a compact privilege in that participating state.

4. Nothing in this compact authorizes a participating state to impose discipline against a PA's compact privilege or to deny an application for a compact privilege in that participating state for the individual's otherwise lawful practice in another state.

(c) For purposes of taking adverse action, the participating state which issued the qualifying license shall give the same priority and effect to reported conduct received from any other participating state as it would if the conduct had occurred within the participating state which issued the qualifying license. In so doing, that participating state shall apply its own state laws to determine appropriate action.

(d) A participating state, if otherwise permitted by state law, may recover from the affected PA the costs of investigations and disposition of cases resulting from any adverse action taken against that PA.

(e) A participating state may take adverse action based on the factual findings of a remote state, provided that the participating state follows its own procedures for taking the adverse action.

(f) *Joint investigations.* 1. In addition to the authority granted to a participating state by its respective state PA laws and regulations or other applicable state law, any participating state may participate with other participating states in joint investigations of licensees.

2. Participating states shall share any investigative, litigation, or compliance materials in furtherance of any joint or individual investigation initiated under this compact.

(g) If an adverse action is taken against a PA's qualifying license, the PA's compact privilege in all remote states shall be deactivated until two (2) years have elapsed after all restrictions have been removed from the state license. All disciplinary orders by the participating state which issued the qualifying license that impose adverse action against a PA's license shall include a statement that the PA's compact privilege is deactivated in all participating states during the pendency of the order.

(h) If any participating state takes adverse action, it promptly shall notify the administrator of the data system.

(7) ESTABLISHMENT OF THE PA LICENSURE COMPACT COMMISSION. (a) The participating states hereby create and establish a joint government agency and national administrative body known as the PA licensure compact commission. The commission is an instrumentality of the compact states acting jointly and not an instrumentality of any one state. The commission shall come into existence on or after the effective date of the compact as set forth in sub. (11) (a).

(b) *Membership, voting, and meetings.* 1. Each participating state shall have and be limited to one (1) delegate selected by that participating state's licensing board or, if the state has more than one licensing board, selected collectively by the participating state's licensing boards.

2. The delegate shall be either:

- a. A current PA, physician or public member of a licensing board or PA council/committee; or
- b. An administrator of a licensing board.

3. Any delegate may be removed or suspended from office as provided by the laws of the state from which the delegate is appointed.

4. The participating state licensing board shall fill any vacancy occurring in the commission within sixty (60) days.

5. Each delegate shall be entitled to one (1) vote on all matters voted on by the commission and shall otherwise have an opportunity to participate in the business and affairs of the commission. A delegate shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for delegates' participation in meetings by telecommunications, video conference, or other means of communication.

6. The commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in this compact and the bylaws.

7. The commission shall establish by rule a term of office for delegates.

(c) The commission shall have the following powers and duties:

1. Establish a code of ethics for the commission;
2. Establish the fiscal year of the commission;
3. Establish fees;
4. Establish bylaws;
5. Maintain its financial records in accordance with the bylaws;
6. Meet and take such actions as are consistent with the provisions of this compact and the bylaws;
7. Promulgate rules to facilitate and coordinate implementation and administration of this compact. The rules shall have the force and effect of law and shall be binding in all participating states;
8. Bring and prosecute legal proceedings or actions in the name of the commission, provided that the standing of any state licensing board to sue or be sued under applicable law shall not be affected;
9. Purchase and maintain insurance and bonds;
10. Borrow, accept, or contract for services of personnel, including, but not limited to, employees of a participating state;
11. Hire employees and engage contractors, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of this compact, and establish the commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;
12. Accept any and all appropriate donations and grants of money, equipment, supplies, materials and services, and receive, utilize and dispose of the same; provided that at all times the commission shall avoid any appearance of impropriety or conflict of interest;
13. Lease, purchase, accept appropriate gifts or donations of, or otherwise own, hold, improve or use, any

property, real, personal or mixed; provided that at all times the commission shall avoid any appearance of impropriety;

14. Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property real, personal, or mixed;

15. Establish a budget and make expenditures;

16. Borrow money;

17. Appoint committees, including standing committees composed of members, state regulators, state legislators or their representatives, and consumer representatives, and such other interested persons as may be designated in this compact and the bylaws;

18. Provide and receive information from, and cooperate with, law enforcement agencies;

19. Elect a chair, vice chair, secretary and treasurer and such other officers of the commission as provided in the commission's bylaws.

20. Reserve for itself, in addition to those reserved exclusively to the commission under the compact, powers that the executive committee may not exercise;

21. Approve or disapprove a state's participation in the compact based upon its determination as to whether the state's compact legislation departs in a material manner from the model compact language;

22. Prepare and provide to the participating states an annual report; and

23. Perform such other functions as may be necessary or appropriate to achieve the purposes of this compact consistent with the state regulation of PA licensure and practice.

(d) *Meetings of the commission.* 1. All meetings of the commission that are not closed pursuant to this paragraph shall be open to the public. Notice of public meetings shall be posted on the commission's website at least thirty (30) days prior to the public meeting.

2. Notwithstanding subd. 1., the commission may convene a public meeting by providing at least twenty-four (24) hours prior notice on the commission's website, and any other means as provided in the commission's rules, for any of the reasons it may dispense with notice of proposed rulemaking under sub. (9) (L).

3. The commission may convene in a closed, non-public meeting or nonpublic part of a public meeting to receive legal advice or to discuss:

a. Noncompliance of a participating state with its obligations under this compact;

b. The employment, compensation, discipline or other matters, practices or procedures related to specific employees or other matters related to the commission's internal personnel practices and procedures;

c. Current, threatened, or reasonably anticipated litigation;

d. Negotiation of contracts for the purchase, lease, or sale of goods, services, or real estate;

e. Accusing any person of a crime or formally censuring any person;

f. Disclosure of trade secrets or commercial or financial information that is privileged or confidential;

g. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

h. Disclosure of investigative records compiled for law enforcement purposes;

i. Disclosure of information related to any investigative reports prepared by or on behalf of or for use of the commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to this compact;

j. Legal advice; or

k. Matters specifically exempted from disclosure by federal or participating states' statutes.

4. If a meeting, or portion of a meeting, is closed pursuant to this provision, the chair of the meeting or the chair's designee shall certify that the meeting or portion of the meeting may be closed and shall reference each relevant exempting provision.

5. The commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the commission or order of a court of competent jurisdiction.

(e) *Financing of the commission.* 1. The commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities.

2. The commission may accept any and all appropriate revenue sources, donations, and grants of money, equipment, supplies, materials, and services.

3. The commission may levy on and collect an annual assessment from each participating state and may impose compact privilege fees on licensees of participating states to whom a compact privilege is granted to cover the cost of the operations and activities of the commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved by the commission each year for which revenue is not provided by other sources. The aggregate annual assessment amount levied on participating states shall be allocated based upon a formula to be determined by commission rule.

a. A compact privilege expires when the licensee's qualifying license in the participating state from which the licensee applied for the compact privilege expires.

b. If the licensee terminates the qualifying license through which the licensee applied for the compact privilege before its scheduled expiration, and the licensee has

a qualifying license in another participating state, the licensee shall inform the commission that it is changing to that participating state the participating state through which it applies for a compact privilege and pay to the commission any compact privilege fee required by commission rule.

4. The commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the commission pledge the credit of any of the participating states, except by and with the authority of the participating state.

5. The commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the commission shall be subject to the financial review and accounting procedures established under its bylaws. All receipts and disbursements of funds handled by the commission shall be subject to an annual financial review by a certified or licensed public accountant, and the report of the financial review shall be included in and become part of the annual report of the commission.

(f) *The executive committee.* 1. The executive committee shall have the power to act on behalf of the commission according to the terms of this compact and commission rules.

2. The executive committee shall be composed of nine (9) members:

a. Seven voting members who are elected by the commission from the current membership of the commission;

b. One ex officio, nonvoting member from a recognized national PA professional association; and

c. One ex officio, nonvoting member from a recognized national PA certification organization.

3. The ex officio members will be selected by their respective organizations.

4. The commission may remove any member of the executive committee as provided in its bylaws.

5. The executive committee shall meet at least annually.

6. The executive committee shall have the following duties and responsibilities:

a. Recommend to the commission changes to the commission's rules or bylaws, changes to this compact legislation, fees to be paid by compact participating states such as annual dues, and any commission compact fee charged to licensees for the compact privilege;

b. Ensure compact administration services are appropriately provided, contractual or otherwise;

c. Prepare and recommend the budget;

d. Maintain financial records on behalf of the commission;

e. Monitor compact compliance of participating states and provide compliance reports to the commission;

f. Establish additional committees as necessary;

g. Exercise the powers and duties of the commission during the interim between commission meetings, except for issuing proposed rule making or adopting commission rules or bylaws, or exercising any other powers and duties exclusively reserved to the commission by the commission's rules; and

h. Perform other duties as provided in the commission's rules or bylaws.

7. All meeting of the executive committee at which it votes or plans to vote on matters in exercising the powers and duties of the commission shall be open to the public and public notice of such meetings shall be given as public meetings of the commission are given.

8. The executive committee may convene in a closed, nonpublic meeting for the same reasons that the commission may convene in a nonpublic meeting as set forth in par. (d) 3. and shall announce the closed meeting as the commission is required to under par. (d) 4. and keep minutes of the closed meeting as the commission is required to under par. (d) 5.

(g) *Qualified immunity, defense, and indemnification.* 1. The members, officers, executive director, employees and representatives of the commission shall be immune from suit and liability, both personally and in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error, or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of commission employment, duties or responsibilities; provided that nothing in this subdivision shall be construed to protect any such person from suit or liability for any damage, loss, injury, or liability caused by the intentional or willful or wanton misconduct of that person. The procurement of insurance of any type by the commission shall not in any way compromise or limit the immunity granted hereunder.

2. The commission shall defend any member, officer, executive director, employee, and representative of the commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission that occurred within the scope of commission employment, duties, or responsibilities, or as determined by the commission that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of commission employment, duties, or responsibilities; provided that nothing herein shall be construed to prohibit that person from retaining their own counsel at their own expense; and provided further, that the actual or alleged act, error, or omission did not result from that person's intentional or willful or wanton misconduct.

3. The commission shall indemnify and hold harmless any member, officer, executive director, employee,

and representative of the commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error, or omission that occurred within the scope of commission employment, duties, or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from the intentional or willful or wanton misconduct of that person.

4. Venue is proper and judicial proceedings by or against the commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the commission is located. The commission may waive venue and jurisdictional defenses in any proceedings as authorized by commission rules.

5. Nothing herein shall be construed as a limitation on the liability of any licensee for professional malpractice or misconduct, which shall be governed solely by any other applicable state laws.

6. Nothing herein shall be construed to designate the venue or jurisdiction to bring actions for alleged acts of malpractice, professional misconduct, negligence, or other such civil action pertaining to the practice of a PA. All such matters shall be determined exclusively by state law other than this compact.

7. Nothing in this compact shall be interpreted to waive or otherwise abrogate a participating state's state action immunity or state action affirmative defense with respect to antitrust claims under the Sherman Act, Clayton Act, or any other state or federal antitrust or anticompetitive law or regulation.

8. Nothing in this compact shall be construed to be a waiver of sovereign immunity by the participating states or by the commission.

**(8) DATA SYSTEM.** (a) The commission shall provide for the development, maintenance, operation, and utilization of a coordinated data and reporting system containing licensure, adverse action, and the reporting of the existence of significant investigative information on all licensed PAs and applicants denied a license in participating states.

(b) Notwithstanding any other state law to the contrary, a participating state shall submit a uniform data set to the data system on all PAs to whom this compact is applicable (utilizing a unique identifier) as required by the rules of the commission, including:

1. Identifying information;
2. Licensure data;
3. Adverse actions against a license or compact privilege;
4. Any denial of application for licensure, and the reason(s) for such denial (excluding the reporting of any criminal history record information where prohibited by law);

5. The existence of significant investigative information; and

6. Other information that may facilitate the administration of this compact, as determined by the rules of the commission.

(c) Significant investigative information pertaining to a licensee in any participating state shall only be available to other participating states.

(d) The commission shall promptly notify all participating states of any adverse action taken against a licensee or an individual applying for a license that has been reported to it. This adverse action information shall be available to any other participating state.

(e) Participating states contributing information to the data system may, in accordance with state or federal law, designate information that may not be shared with the public without the express permission of the contributing state. Notwithstanding any such designation, such information shall be reported to the commission through the data system.

(f) Any information submitted to the data system that is subsequently expunged pursuant to federal law or the laws of the participating state contributing the information shall be removed from the data system upon reporting of such by the participating state to the commission.

(g) The records and information provided to a participating state pursuant to this compact or through the data system, when certified by the commission or an agent thereof, shall constitute the authenticated business records of the commission, and shall be entitled to any associated hearsay exception in any relevant judicial, quasi-judicial or administrative proceedings in a participating state.

**(9) RULE MAKING.** (a) The commission shall exercise its rule-making powers pursuant to the criteria set forth in this subsection and the rules adopted thereunder. Commission rules shall become binding as of the date specified by the commission for each rule.

(b) The commission shall promulgate reasonable rules in order to effectively and efficiently implement and administer this compact and achieve its purposes. A commission rule shall be invalid and have not force or effect only if a court of competent jurisdiction holds that the rule is invalid because the commission exercised its rule-making authority in a manner that is beyond the scope of the purposes of this compact, or the powers granted hereunder, or based upon another applicable standard of review.

(c) The rules of the commission shall have the force of law in each participating state, provided however that where the rules of the commission conflict with the laws of the participating state that establish the medical services a PA may perform in the participating state, as held by a court of competent jurisdiction, the rules of the com-

mission shall be ineffective in that state to the extent of the conflict.

(d) If a majority of the legislatures of the participating states rejects a commission rule, by enactment of a statute or resolution in the same manner used to adopt this compact within four (4) years of the date of adoption of the rule, then such rule shall have no further force and effect in any participating state or to any state applying to participate in the compact.

(e) Commission rules shall be adopted at a regular or special meeting of the commission.

(f) Prior to promulgation and adoption of a final rule or rules by the commission, and at least thirty (30) days in advance of the meeting at which the rule will be considered and voted upon, the commission shall file a notice of proposed rule making:

1. On the website of the commission or other publicly accessible platform; and
2. To persons who have requested notice of the commission's notices of proposed rule making, and
3. In such other way(s) as the commission may by rule specify.

(g) The notice of proposed rule making shall include:

1. The time, date, and location of the public hearing on the proposed rule and the proposed time, date and location of the meeting in which the proposed rule will be considered and voted upon;
2. The text of the proposed rule and the reason for the proposed rule;
3. A request for comments on the proposed rule from any interested person and the date by which written comments must be received; and
4. The manner in which interested persons may submit notice to the commission of their intention to attend the public hearing or provide any written comments.

(h) Prior to adoption of a proposed rule, the commission shall allow persons to submit written data, facts, opinions, and arguments, which shall be made available to the public.

(i) If the hearing is to be held via electronic means, the commission shall publish the mechanism for access to the electronic hearing.

1. All persons wishing to be heard at the hearing shall as directed in the notice of proposed rule making, not less than five (5) business days before the scheduled date of the hearing, notify the commission of their desire to appear and testify at the hearing.

2. Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.

3. All hearings shall be recorded. A copy of the recording and the written comments, data, facts, opinions, and arguments received in response to the proposed rule making shall be made available to a person upon request.

4. Nothing in this subsection shall be construed as requiring a separate hearing on each proposed rule. Proposed rules may be grouped for the convenience of the commission at hearings required by this subsection.

(j) Following the public hearing the commission shall consider all written and oral comments timely received.

(k) The commission shall, by majority vote of all delegates, take final action on the proposed rule and shall determine the effective date of the rule, if adopted, based on the rule-making record and the full text of the rule.

1. If adopted, the rule shall be posted on the commission's website.

2. The commission may adopt changes to the proposed rule provided the changes do not enlarge the original purpose of the proposed rule.

3. The commission shall provide on its website an explanation of the reasons for substantive changes made to the proposed rule as well as reasons for substantive changes not made that were recommended by commenters.

4. The commission shall determine a reasonable effective date for the rule. Except for an emergency as provided in par. (L), the effective date of the rule shall be no sooner than thirty (30) days after the commission issued the notice that it adopted the rule.

(L) Upon determination that an emergency exists, the commission may consider and adopt an emergency rule with twenty-four (24) hours prior notice, without the opportunity for comment, or hearing, provided that the usual rule-making procedures provided in this compact and in this subsection shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety (90) days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately by the commission in order to:

1. Meet an imminent threat to public health, safety, or welfare;
2. Prevent a loss of commission or participating state funds;
3. Meet a deadline for the promulgation of a commission rule that is established by federal law or rule; or
4. Protect public health and safety.

(m) The commission or an authorized committee of the commission may direct revisions to a previously adopted commission rule for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the commission. The revision shall be subject to challenge by any person for a period of thirty (30) days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made as set forth in the notice of revisions and deliv-



ered to the commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the commission.

(n) No participating state’s rule-making requirements shall apply under this compact.

**(10) OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT.** (a) *Oversight.* 1. The executive and judicial branches of state government in each participating state shall enforce this compact and take all actions necessary and appropriate to implement the compact.

2. Venue is proper and judicial proceedings by or against the commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the commission is located. The commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings. Nothing herein shall affect or limit the selection or propriety of venue in any action against a licensee for professional malpractice, misconduct or any such similar matter.

3. The commission shall be entitled to receive service of process in any proceeding regarding the enforcement or interpretation of the compact or the commission’s rules and shall have standing to intervene in such a proceeding for all purposes. Failure to provide the commission with service of process shall render a judgment or order in such proceeding void as to the commission, this compact, or commission rules.

(b) *Default, technical assistance, and termination.*

1. If the commission determines that a participating state has defaulted in the performance of its obligations or responsibilities under this compact or the commission rules, the commission shall provide written notice to the defaulting state and other participating states. The notice shall describe the default, the proposed means of curing the default and any other action that the commission may take and shall offer remedial training and specific technical assistance regarding the default.

2. If a state in default fails to cure the default, the defaulting state may be terminated from this compact upon an affirmative vote of a majority of the delegates of the participating states, and all rights, privileges and benefits conferred by this compact upon such state may be terminated on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.

3. Termination of participation in this compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the commission to the governor, the majority and minority leaders of the defaulting state’s legislature, and to the licensing board(s) of each of the participating states.

4. A state that has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.

5. The commission shall not bear any costs related to a state that is found to be in default or that has been terminated from this compact, unless agreed upon in writing between the commission and the defaulting state.

6. The defaulting state may appeal its termination from the compact by the commission by petitioning the U.S. District Court for the District of Columbia or the federal district where the commission has its principal offices. The prevailing member shall be awarded all costs of such litigation, including reasonable attorney’s fees.

7. Upon the termination of a state’s participation in the compact, the state shall immediately provide notice to all licensees within that state of such termination:

a. Licensees who have been granted a compact privilege in that state shall retain the compact privilege for one hundred eighty (180) days following the effective date of such termination.

b. Licensees who are licensed in that state who have been granted a compact privilege in a participating state shall retain the compact privilege for one hundred eighty (180) days unless the licensee also has a qualifying license in a participating state or obtains a qualifying license in a participating state before the one hundred eighty (180)-day period ends, in which case the compact privilege shall continue.

(c) *Dispute resolution.* 1. Upon request by a participating state, the commission shall attempt to resolve disputes related to this compact that arise among participating states and between participating and nonparticipating states.

2. The commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes as appropriate.

(d) *Enforcement.* 1. The commission, in the reasonable exercise of its discretion, shall enforce the provisions of this compact and rules of the commission.

2. If compliance is not secured after all means to secure compliance have been exhausted, by majority vote, the commission may initiate legal action in the United States District Court for the District of Columbia or the federal district where the commission has its principal offices, against a participating state in default to enforce compliance with the provisions of this compact and the commission’s promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation, including reasonable attorney’s fees.

3. The remedies herein shall not be the exclusive remedies of the commission. The commission may pursue any other remedies available under federal or state law.

(e) *Legal action against the commission.* 1. A participating state may initiate legal action against the commission in the U.S. District Court for the District of Columbia or the federal district where the commission has its principal offices to enforce compliance with the provisions of the compact and its rules. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation, including reasonable attorney’s fees.

2. No person other than a participating state shall enforce this compact against the commission.

**(11) DATE OF IMPLEMENTATION OF THE PA LICENSURE COMPACT COMMISSION.** (a) This compact shall come into effect on the date on which this compact statute is enacted into law in the seventh participating state.

1. On or after the effective date of the compact, the commission shall convene and review the enactment of each of the states that enacted the compact prior to the commission convening (“charter participating states”) to determine if the statute enacted by each such charter participating state is materially different than the model compact.

a. A charter participating state whose enactment is found to be materially different from the model compact shall be entitled to the default process set forth in sub. (10) (b).

b. If any participating state later withdraws from the compact or its participation is terminated, the commission shall remain in existence and the compact shall remain in effect even if the number of participating states should be less than seven. Participating states enacting the compact subsequent to the commission convening shall be subject to the process set forth in sub. (7) (c) 21. to determine if their enactments are materially different from the model compact and whether they qualify for participation in the compact.

2. Participating states enacting the compact subsequent to the seven initial charter participating states shall be subject to the process set forth in sub. (7) (c) 21. to determine if their enactments are materially different from the model compact and whether they qualify for participation in the compact.

3. All actions taken for the benefit of the commission or in furtherance of the purposes of the administration of the compact prior to the effective date of the compact or the commission coming into existence shall be considered to be actions of the commission unless specifically repudiated by the commission.

(b) Any state that joins this compact shall be subject to the commission’s rules and bylaws as they exist on the date on which this compact becomes law in that state.

Any rule that has been previously adopted by the commission shall have the full force and effect of law on the day this compact becomes law in that state.

(c) Any participating state may withdraw from this compact by enacting a statute repealing the same.

1. A participating state’s withdrawal shall not take effect until one hundred eighty (180) days after enactment of the repealing statute. During this one hundred eighty (180) day–period, all compact privileges that were in effect in the withdrawing state and were granted to licensees licensed in the withdrawing state shall remain in effect. If any licensee licensed in the withdrawing state is also licensed in another participating state or obtains a license in another participating state within the one hundred eighty (180) days, the licensee’s compact privileges in other participating states shall not be affected by the passage of the one hundred eighty (180) days.

2. Withdrawal shall not affect the continuing requirement of the state licensing board(s) of the withdrawing state to comply with the investigative, and adverse action reporting requirements of this compact prior to the effective date of withdrawal.

3. Upon the enactment of a statute withdrawing a state from this compact, the state shall immediately provide notice of such withdrawal to all licensees within that state. Such withdrawing state shall continue to recognize all licenses granted pursuant to this compact for a minimum of one hundred eighty (180) days after the date of such notice of withdrawal.

(d) Nothing contained in this compact shall be construed to invalidate or prevent any PA licensure agreement or other cooperative arrangement between participating states and between a participating state and nonparticipating state that does not conflict with the provisions of this compact.

(e) This compact may be amended by the participating states. No amendment to this compact shall become effective and binding upon any participating state until it is enacted materially in the same manner into the laws of all participating states as determined by the commission.

**(12) CONSTRUCTION AND SEVERABILITY.** (a) This compact and the commission’s rule–making authority shall be liberally construed so as to effectuate the purposes, and the implementation and administration of the compact. Provisions of the compact expressly authorizing or requiring the promulgation of rules shall not be construed to limit the commission’s rule–making authority solely for those purposes.

(b) The provisions of this compact shall be severable and if any phrase, clause, sentence or provision of this compact is held by a court of competent jurisdiction to be contrary to the constitution of any participating state, a state seeking participation in the compact, or of the United States, or the applicability thereof to any government, agency, person or circumstance is held to be unconstitutional by a court of competent jurisdiction, the valid-

ity of the remainder of this compact and the applicability thereof to any other government, agency, person or circumstance shall not be affected thereby.

(c) Notwithstanding par. (b) or this subsection, the commission may deny a state's participation in the compact or, in accordance with the requirements of sub. (10) (b), terminate a participating state's participation in the compact, if it determines that a constitutional requirement of a participating state is, or would be with respect to a state seeking to participate in the compact, a material departure from the compact. Otherwise, if this compact shall be held to be contrary to the constitution of any participating state, the compact shall remain in full force and effect as to the remaining participating states and in full force and effect as to the participating state affected as to all severable matters.

**(13) BINDING EFFECT OF COMPACT.** (a) Nothing herein prevents the enforcement of any other law of a participating state that is not inconsistent with this compact.

(b) Any laws in a participating state in conflict with this compact are superseded to the extent of the conflict.

(c) All agreements between the commission and the participating states are binding in accordance with their terms.

**448.9885 Implementation of the PA licensure compact.** (1) In this section:

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

(b) "Compact" means the PA licensure compact under s. 448.988.

(c) "Compact privilege" means a compact privilege, as defined in s. 448.988 (2) (b), that is granted under the compact to an individual to practice in this state.

(2) The department may impose a fee for an individual to receive a compact privilege as provided in s. 448.988 (3) (b).

(3) (a) An individual who holds a compact privilege shall comply with s. 440.03 (13) (am).

(b) Subject to s. 448.988 and any rules promulgated thereunder, ss. 440.20 to 440.22 and the rules promulgated under s. 440.03 (1) shall apply to an individual who holds a compact privilege in the same manner that they apply to holders of licenses issued under subch. IX.

**SECTION 41.** 450.10 (3) (a) 5. of the statutes, as affected by 2021 Wisconsin Act 251, is amended to read:

450.10 (3) (a) 5. A physician, physician assistant, podiatrist, physical therapist, physical therapist assistant, occupational therapist, occupational therapy assistant, or genetic counselor licensed under ch. 448, a physical therapist or physical therapist assistant who holds a compact privilege under subch. XI of ch. 448, ~~or an occupational therapist or occupational therapy assistant who holds a compact privilege under subch. XII of ch. 448,~~ or a physician assistant who holds a compact privilege under subch. XIII of ch. 448.

**SECTION 42.** 462.02 (2) (e) of the statutes is amended to read:

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

**SECTION 43.** 462.04 of the statutes, as affected by 2021 Wisconsin Act 251, 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 naturopathic doctor licensed under s. 466.04 (1), 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 ~~who is licensed under s. 448.974 or who holds a compact privilege under subch. XIII of ch. 448,~~ 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. XI of ch. 448.

**SECTION 44.** 895.48 (1m) (a) (intro.) of the statutes is amended to read:

895.48 (1m) (a) (intro.) Except as provided in par. (b), any physician, ~~naturopathic doctor, physician assistant,~~ podiatrist, or athletic trainer licensed under ch. 448, physician assistant who is licensed under subch. IX of ch. 448 or who holds a compact privilege under subch. XIII of ch. 448, chiropractor licensed under ch. 446, dentist licensed under ch. 447, emergency medical services practitioner licensed under s. 256.15, emergency medical responder certified under s. 256.15 (8), registered nurse licensed under ch. 441, ~~or a~~ massage therapist or bodywork therapist licensed under ch. 460, or naturopathic doctor licensed under ch. 466 who renders voluntary health care to a participant in an athletic event or contest sponsored by a nonprofit corporation, as defined in s. 66.0129 (6) (b), a private school, as defined in s. 115.001 (3r), a tribal school, as defined in s. 115.001 (15m), a public agency, as defined in s. 46.856 (1) (b), or a school, as defined in s. 609.655 (1) (c), is immune from civil liability for his or her acts or omissions in rendering that care if all of the following conditions exist:

**SECTION 45.** 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, to a physician licensed under subch. II of ch. 448, or to a physician assistant licensed under subch. IX 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.

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**SECTION 47.** 990.01 (27s) of the statutes is amended to read:

990.01 (27s) PHYSICIAN ASSISTANT. “Physician assistant” means a person who is licensed as a physician assistant under subch. IX of ch. 448 or who holds a compact privilege under subch. XIII of ch. 448.

## Chapter PA 4

### UNPROFESSIONAL CONDUCT

PA 4.01 Unprofessional conduct.

PA 4.02 Discipline.

**PA 4.01 Unprofessional conduct.** “Unprofessional conduct” includes the following, or aiding or abetting the same:

**(1) DISHONESTY AND CHARACTER.** (a) Violating or attempting to violate any provision or term of subch. IX 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.

(c) Knowingly engaging in fraud or misrepresentation or dishonesty in applying, for or procuring 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.

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 certified 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 s. 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.

(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 assistant 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 assistant'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 continuity of 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 imposed upon the physician assistant a greater duty to provide continuity 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 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 licensee. There is a rebuttable presumption that a licensee 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 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 par. (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 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

History: EmR2206: cr., eff. 4-1-22; CR 22-064: cr. Register July 2023 No. 811, eff. 8-1-23; correction in (1) (a) made under s. 13.92 (4) (b) 1., Stats., correction in (3) (g), (h) 2. made under s. 13.92 (4) (b) 12., Stats., and correction in (2) (e) 2., (j) made under s. 35.17, Stats., Register July 2023 No. 811.

**PA 4.02 Discipline.** (1) The board may conduct investigations and hearings to determine whether a licensee has violated s. PA 4.01 or has violated any state or federal law or any other jurisdiction 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 s. PA 4.01.

History: EmR2206: cr., eff. 4-1-22; CR 22-064: cr. Register July 2023 No. 811, eff. 8-1-23.



## 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.

**(2m)** “Chaperone” means an individual whom a physician requests to be present during a clinical examination that exposes the breasts, genitals, or rectal area, and who can serve as a witness to the examination taking place should there be any misunderstanding or concern for sexual misconduct.

**(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.

**(4m)** “Observer” means an individual chosen by the patient to be present during an examination or inspection that exposes the breasts, genitals, or rectal area. A patient’s adult family member, legal guardian, or legal custodian is presumed to be able to act as an observer if the patient is twelve years of age or under.

**(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; CR 22-063: cr. (2m), (4m) Register September 2023 No. 813, eff. 10-1-23.

**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 examination 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.

(fm) 1. If a physician who practices in a hospital or works for any other employer fails to comply with the rules established by their hospital or employer regarding chaperones or other observers in patient examinations, then the failure to follow such rules during an exam in which a violation of par. (f) is alleged may be considered by the board in determining whether the alleged misconduct occurred.

2. Physicians who are self-employed or in other practice settings that do not involve hospitals or employers shall establish written procedures for the use of chaperones or other observers in patient examinations and shall comply with these procedures once established.

3. A copy of any rules and procedures, or summary thereof, regarding the physician's use of chaperones or other observers shall be made available and accessible to all patients who are likely to receive a non-emergency examination of the breasts, genitals, or rectal area.

4. A physician shall not be found in violation of this section because of the failure of a third-party to create a policy regarding chaperones, or to allow posting or notification of any policy regarding chaperones.

(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 48 hours of the entry of judgment of conviction of any crime, to provide notice to the department of safety and professional services 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.

(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; CR 21-030: am. (3) (h) Register January 2022 No. 793, eff. 2-1-22; CR 22-063: cr. (2) (fm) Register September 2023 No. 813, eff. 10-1-23; correction in (2) (fm) 1. made under s. 35.17, Stats., Register September 2023 No. 813.

STATE OF WISCONSIN  
MEDICAL EXAMINING BOARD

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IN THE MATTER OF RULEMAKING	:	ORDER OF THE
PROCEEDINGS BEFORE THE	:	MEDICAL EXAMINING BOARD
MEDICAL EXAMINING BOARD	:	ADOPTING RULES
	:	(CLEARINGHOUSE RULE 22-063)

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ORDER

An order of the Medical Examining Board to create Med 10.02 (2m), (4m), and 10.03 (2) (fm), relating to performance of physical examinations.

Analysis prepared by the Department of Safety and Professional Services.

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ANALYSIS

**Statutes interpreted:** s. 448.015 (4) (am) 1., Stats.

**Statutory authority:** ss. 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.”

The board expressly does not intend to impose or attempt to impose requirements upon any person or entity that does not fall under the board’s jurisdiction through this project.

**Related statute or rule:**

Chapter Med 21 provides minimum standards for patient health care records. The proposed changes to chapter Med 10 are related in that they involve actions and decisions that a physician will need to properly document.

**Plain language analysis:**

The proposed rule expands unprofessional conduct to require that physicians either follow the policies established by their employers for the use of chaperones during physical examinations, or that physicians establish policies and follow them. Physicians will also be required to make their policy regarding the use of chaperones accessible to all patients. “Chaperone” is defined to mean an individual whom a physician requests to be present during a clinical examination who can serve as a witness to the examination taking place. “Observer” is defined to mean an individual chosen by the patient to be present during an examination, and is presumed to include an adult family member, legal guardian, or legal custodian if the patient is twelve years of age or under. The distinction between the two is that a chaperone is arranged for or requested by the physician on the patient’s behalf and must be able to serve as a witness, whereas an observer is directly chosen by the patient.

Nothing under this rule is intended to impose a requirement upon any person or entity that the board does not have jurisdiction over.

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

**Summary of public comments received on statement of scope and a description of how and to what extent those comments and feedback were taken into account in drafting the proposed rule:** N/A

**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 report:**

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.

**Fiscal Estimate and Economic Impact Analysis:**

The Fiscal Estimate and Economic Impact Analysis 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 Jennifer.Garrett@wisconsin.gov, or by calling (608) 266-6795.

**Agency contact person:**

Jameson R. Whitney, Attorney, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, Wisconsin 53708-8366; telephone 608-266-8098; email at DSPSAdminRules@wisconsin.gov.

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TEXT OF RULE

SECTION 1. Med 10.02 (2m) and (4m) are created to read:

**Med 10.02 (2m)** "Chaperone" means an individual whom a physician requests to be present during a clinical examination that exposes the breasts, genitals, or rectal area, and who can serve as a witness to the examination taking place should there be any misunderstanding or concern for sexual misconduct.

**(4m)** "Observer" means an individual chosen by the patient to be present during an examination or inspection that exposes the breasts, genitals, or rectal area. A patient's adult family member, legal guardian, or legal custodian is presumed to be able to act as an observer if the patient is twelve years of age or under.

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

**Med 10.03 (2) (fm)** 1. If a physician who practices in a hospital or works for any other employer fails to comply with the rules established by their hospital or employer regarding chaperones or other observers in patient examinations, then the failure to follow such rules during an exam in which a violation of par. (f) is alleged may be considered by the board in determining whether the alleged misconduct occurred.

2. Physicians who are self-employed or in other practice settings that do not involve hospitals or employers shall establish written procedures for the use of chaperones or other observers in patient examinations and shall comply with these procedures once established.

3. A copy of any rules and procedures, or summary thereof, regarding the physician's use of chaperones or other observers shall be made available and accessible to all patients who are likely to receive a non-emergency examination of the breasts, genitals, or rectal area.

4. A physician shall not be found in violation of this section because of the failure of a third-party to create a policy regarding chaperones, or to allow posting or notification of any policy regarding chaperones.

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.

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(END OF TEXT OF RULE)  
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Dated 8/16/23

Agency *Stephan A. Wasserman, MD*  
Chairperson  
Medical Examining Board



## PUBLIC AGENDA REQUEST FORM

### **Instructions:**

1. Fill out this form, and then save to your device.
2. Return to the "[Suggest an Agenda Item](#)" page and select the appropriate Board or Council from the Board/Council list.
3. Attach your completed "Public Agenda Request" form and send.

First Name: R.J.

Last Name: Pirlot

Association/Organization: Wisconsin Academy of Physician Assistants

Subject: PA Board representation on Controlled Substances Board

Issue to Address:

Review and discussion of LRB 4118/P1.



**PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION**

1     **AN ACT to amend** 15.405 (5g) of the statutes; **relating to:** the membership of the  
2           Controlled Substances Board.

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***Analysis by the Legislative Reference Bureau***

Under current law, the Controlled Substances Board, which performs various functions with regards to the scheduling and regulation of controlled substances and the Prescription Drug Monitoring Program, consists of nine members, including the chairpersons of the Pharmacy Examining Board, the Medical Examining Board, the Dentistry Examining Board, and the Board of Nursing. This bill adds the chairperson of the Physician Assistant Affiliated Credentialing Board to the membership of the board.

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

3           **SECTION 1.** 15.405 (5g) of the statutes is amended to read:  
4           15.405 (**5g**) CONTROLLED SUBSTANCES BOARD. There is created in the department  
5           of safety and professional services a controlled substances board consisting of the  
6           attorney general, the secretary of health services, and the secretary of agriculture,  
7           trade and consumer protection, or their designees; the chairperson of the pharmacy

1 examining board, the chairperson of the medical examining board, the chairperson  
2 of the physician assistant affiliated credentialing board, the chairperson of the  
3 dentistry examining board, and the chairperson of the board of nursing, or a  
4 designee; and one psychiatrist and one pharmacologist appointed for 3-year terms.

5

(END)





## 2023 BILL

1     **AN ACT to amend** 448.05 (2) (a) (intro.), 448.05 (2) (b) (intro.) and 448.974 (1) (a)  
2             (intro.); and **to create** 448.01 (3), 448.02 (4m), 448.04 (1) (br), 448.05 (2m),  
3             448.971 (5) and 448.974 (1) (c) of the statutes; **relating to:** provisional licenses  
4             to practice medicine and surgery for internationally trained physicians and  
5             physician assistants and granting rule-making authority.

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### *Analysis by the Legislative Reference Bureau*

This bill creates provisional licenses for certain internationally trained physicians to practice as a physician in this state and provides that certain physician assistants or physician associates who are licensed to practice in certain qualifying countries may apply for and receive a license to practice as a physician assistant in this state without having to satisfy certain educational requirements provided under current law. Under the bill, provisional licenses to practice as a physician are automatically converted into permanent licenses after the provisional license holder practices in this state and maintains good standing for three consecutive years.

Under current law, the Medical Examining Board licenses and regulates physicians. This bill provides that the Medical Examining Board may issue a provisional license to practice as a physician to an applicant who meets certain requirements, including: (1) the applicant has an offer for employment as a physician in this state; (2) the applicant has been granted a medical doctorate or a substantially similar degree by an international medical program; (3) the applicant has completed a residency program or a postgraduate medical training program that is

**BILL**

substantially similar to a residency program; (4) the applicant has practiced as a fully licensed physician in his or her country of practice for at least five years after completing a residency program or a postgraduate medical training program that is substantially similar to a residency program; (5) the applicant has been in good standing with the medical licensing or regulatory agency of his or her country of practice for the five years preceding the individual's application and does not have any pending disciplinary action before the medical licensing or regulatory agency; (6) the applicant has passed all steps of the United States Medical Licensing Examination administered by the National Board of Medical Examiners and the Federation of State Medical Boards, or their successor organizations; (7) the applicant has, or will have prior to working as a physician in this state, a federal immigration status and employment authorization that enables the applicant to work as a physician in this state; and (8) the applicant possesses basic fluency in the English language. Under the bill, "international medical program" is defined to mean any medical school, residency program, medical internship program, or other program that is approved by the Educational Commission for Foreign Medical Graduates or provides individuals with a medical education or training outside the United States that is substantially similar to the training required to qualify to practice medicine and surgery in this state.

Under current law, the Physician Assistant Affiliated Credentialing Board is attached to the Medical Examining Board and is responsible for the licensing and regulation of physician assistants. The Physician Assistant Affiliated Credentialing Board must issue licenses to practice as a physician assistant to any applicant who is found qualified by three-fourths of the members of the board and who satisfies certain requirements including that the applicant has successfully completed an educational program for physician assistants or physician associates that is described under current law or has successfully passed the Physician Assistant National Certifying Examination prior to January 1, 1986. This bill provides that an applicant for a license as a physician assistant does not have to complete the educational program described under current law if the applicant provides evidence satisfactory to the Physician Assistant Affiliated Credentialing Board that the applicant is licensed as a physician assistant or physician associate in a qualified country, that the applicant is in good standing with the licensing or regulatory institution in the qualified country, that the applicant can speak fluently in the English language, and that the applicant is lawfully admitted to work as a physician assistant in the United States. Under the bill, "qualified country" is defined to mean a country that the Physician Assistant Affiliated Credentialing Board determines by rule has set educational requirements for obtaining a license to practice as a physician assistant or physician associate in that country that are substantially equivalent to the educational requirements for licensure as a physician assistant in this state.

**BILL**

For further information see the state fiscal estimate, which will be printed as an appendix to this bill.

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

1           **SECTION 1.** 448.01 (3) of the statutes is created to read:

2           448.01 (3) “International medical program” means any medical school,  
3           residency program, medical internship program, or other program that is approved  
4           by the Educational Commission for Foreign Medical Graduates or provides  
5           individuals with a medical education or training outside the United States that is  
6           substantially similar to the training required to qualify to practice medicine and  
7           surgery in this state.

8           **SECTION 2.** 448.02 (4m) of the statutes is created to read:

9           448.02 (4m) INTERNATIONAL PHYSICIANS. The board may suspend or revoke a  
10          license granted under s. 448.04 (1) (br) if a majority of the board determines that the  
11          holder of the license is no longer employed as a physician in this state. The holder  
12          of the license shall be granted an opportunity to be heard prior to the board’s  
13          determination.

14          **SECTION 3.** 448.04 (1) (br) of the statutes is created to read:

15          448.04 (1) (br) *Provisional license to practice medicine and surgery for*  
16          *international physicians.* The board may grant a provisional license to practice  
17          medicine and surgery for international physicians to an applicant who satisfies the  
18          requirements under s. 448.05 (2m). A provisional license to practice medicine and  
19          surgery under this paragraph shall be converted into a license to practice medicine  
20          and surgery under par. (a) after the provisional license holder practices medicine and  
21          surgery full-time in this state and maintains good standing for 3 consecutive years.

**BILL**

1           **SECTION 4.** 448.05 (2) (a) (intro.) of the statutes is amended to read:

2           448.05 **(2)** (a) (intro.) Except as provided in pars. (b) to (f) and sub. (2m), an  
3 applicant for any class of license to practice medicine and surgery must supply  
4 evidence satisfactory to the board of all of the following:

5           **SECTION 5.** 448.05 (2) (b) (intro.) of the statutes is amended to read:

6           448.05 **(2)** (b) (intro.) Except as provided in pars. (c) to (f) and sub. (2m), an  
7 applicant for a license to practice medicine and surgery who is a graduate of a foreign  
8 medical college must supply evidence satisfactory to the board of all of the following:

9           **SECTION 6.** 448.05 (2m) of the statutes is created to read:

10          448.05 **(2m)** PROVISIONAL LICENSE TO PRACTICE MEDICINE AND SURGERY FOR  
11 INTERNATIONAL PHYSICIANS. An applicant for a provisional license to practice medicine  
12 and surgery for international physicians must supply evidence to the board that the  
13 applicant satisfies all of the following:

14          (a) The applicant has an offer for employment as a physician in this state.

15          (b) The applicant has been granted a medical doctorate or a substantially  
16 similar degree by an international medical program.

17          (c) The applicant has completed a residency program or a postgraduate medical  
18 training program that is substantially similar to a residency program.

19          (d) The applicant has practiced as a fully licensed physician in his or her  
20 country of practice for at least 5 years after completing a residency program or a  
21 postgraduate medical training program that is substantially similar to a residency  
22 program.

23          (e) The applicant has been in good standing with the medical licensing or  
24 regulatory agency of his or her country of practice for the 5 years preceding the

**BILL**

1 individual's application and does not have any pending disciplinary action before the  
2 medical licensing or regulatory agency.

3 (f) The applicant has passed all steps of the United States Medical Licensing  
4 Examination administered by the National Board of Medical Examiners and the  
5 Federation of State Medical Boards, or their successor organizations.

6 (g) The applicant has, or will have prior to working as a physician in this state,  
7 a federal immigration status and employment authorization that enables the  
8 applicant to work as a physician in this state.

9 (h) The applicant possesses basic fluency in the English language.

10 **SECTION 7.** 448.971 (5) of the statutes is created to read:

11 448.971 (5) "Qualified country" means a country that the board determines by  
12 rule has set educational requirements for obtaining a license to practice as a  
13 physician assistant or physician associate in that country that are substantially  
14 equivalent to the educational requirements for licensure as a physician assistant  
15 under s. 448.974 (1) (a) 3. a.

16 **SECTION 8.** 448.974 (1) (a) (intro.) of the statutes is amended to read:

17 448.974 (1) (a) (intro.) Except as provided in ~~par.~~ pars. (b) and (c), the board  
18 shall grant an initial license to practice as a physician assistant to any applicant who  
19 is found qualified by three-fourths of the members of the board and satisfies all of  
20 the following requirements, as determined by the board:

21 **SECTION 9.** 448.974 (1) (c) of the statutes is created to read:

22 448.974 (1) (c) Paragraph (a) 3. does not apply to an applicant who provides  
23 evidence satisfactory to the board that the applicant is licensed as a physician  
24 assistant or physician associate in a qualified country, that the applicant is in good  
25 standing with the licensing or regulatory institution in the qualified country, that the

**BILL**

1 applicant can speak fluently in the English language, and that the applicant is  
2 lawfully admitted to work as a physician assistant in the United States.

3 **SECTION 10. Effective date.**

4 (1) This act takes effect on January 1, 2025.

5 (END)

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

**AGENDA REQUEST FORM**

1) Name and title of person submitting the request: <b>PAB</b>		2) Date when request submitted: Carry over 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: <b>Physician Assistant Affiliated Credentialing Board</b>			
4) Meeting Date: <b>1/11/2024</b>	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? <b>Medical Examining Board Opioid Prescribing Guideline – Consideration by PAACB as Standard of Care for Physician Assistants</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 applicable: <b>N/A</b>	
10) Describe the issue and action that should be addressed: <b>Board Review</b>			
11) <b>Authorization</b>			
<i>Name</i>		<i>Date</i>	
Signature of person making this request		Date	
Supervisor (Only required for post agenda deadline items)		Date	
Executive Director signature (Indicates approval for post agenda deadline items)		Date	
Directions for including supporting documents: 1. This form should be saved with any other documents submitted to the <a href="#">Agenda Items</a> folders. 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.			



On January 11, 2024, the Physician Assistant Affiliated Credentialing Board adopted the Wisconsin Medical Examining Board Opioid Prescribing Guideline, amended December, 2022

## **Wisconsin Medical Examining Board Opioid Prescribing Guideline Amended 12/2022**

### **Guideline Scope and Purpose**

To help providers make informed decisions about acute and chronic pain treatment -- pain lasting longer than three months or past the time of normal tissue healing.

Opioids pose a potential risk to all patients. The Guideline encourages providers to implement safe practices for responsible prescribing which includes prescribing the lowest effective dose for the shortest possible duration for post-operative care and acutely injured patients.

### **Guideline Core Principles Identify and treat the cause of the pain, use non-opioid therapies**

Use non-pharmacologic therapies (such as yoga, exercise, cognitive behavioral therapy and complementary/alternative medical therapies) and non-opioid pharmacologic therapies (such as acetaminophen and anti-inflammatories) for acute and chronic pain. Don't use opioids routinely for chronic pain. When opioids are used, combine them with non-pharmacologic or non-opioid pharmacologic therapy, as appropriate, to provide greater benefits.

### **Start low and go slow**

When opioids are used, prescribe the lowest possible effective dosage and start with immediate release opioids instead of extended-release/long-acting opioids. Only provide the quantity needed for the expected duration of pain.

### **Close follow-up**

Regularly monitor patients to make sure opioids are improving pain and function without causing harm. If benefits do not outweigh harms, optimize other therapies and work with patients to taper or discontinue opioids, if needed.

### **Guideline Focus Areas**

The Guideline addresses patient-centered clinical practices including conducting thorough assessments, considering all possible treatments, treating the cause of the pain, closely monitoring risks, and safely discontinuing opioids. The three main focus areas in the Guideline include:

#### **Determining when to initiate or continue opioids**

- Selection of non-pharmacologic therapy, non-opioid pharmacologic therapy, opioid therapy
- Establishment of treatment goals
- Discussion of risks and benefits of therapy with patients

#### **Opioid selection, dosage, duration, follow up and discontinuation**

- Selection of immediate-release or extended-release and long-acting opioids
- Dosage considerations
- Duration of treatment
- Considerations for follow-up and discontinuation of opioid therapy



## Assessing risk and addressing harms of opioid use

- Evaluation of risk factors for opioid-related harms and ways to mitigate/reduce patient risk
  - Review of prescription drug monitoring program (PDMP) data
- Use of urine drug testing
- Considerations for co-prescribing benzodiazepines
- Arrangement of treatment for opioid use disorder

### Opioid Prescribing Guideline

1. **The guideline is not intended for patients who are in active cancer treatment, palliative care, sickle cell or end-of-life care.** Although not specifically designed for pediatric pain, many of the principles upon which they are based could be applied there, as well.
2. In treating acute pain, non-opioids should be considered first. If non-opioids are not efficacious, opioid therapy may be considered if benefits are anticipated to outweigh the risks. Before prescribing opioid therapy for acute pain, realistic benefits and known risks of opioid therapy should be discussed. Consultation should be considered if diagnosis and treatment is outside the scope of the prescribing practitioner. If a practitioner is not familiar with safe opioid prescribing, they are not required to prescribe.
3. Nonopioid therapy is preferred for subacute and chronic pain (pain greater than 3 months). If non-opioids are not adequate and expected benefits for pain and function outweigh risks, opioids may be acceptable. Risks and benefits should be discussed. The goal is to establish treatment goals and functional improvement and how opioid therapy will be discontinued. Therapies such as physical therapy, behavioral health, yoga etc. should be considered. If pain is beyond the expected healing period of surgery or trauma or etiology of pain is unclear, a consultation with a pain specialist (completed an ACGME fellowship) should be placed. A patient should have at least 30% improvement in pain scores, functional improvement, no signs of abuse or aberrant behavior and side effects screened for such as sedation or constipation.
4. Patients should not receive opioid prescriptions from multiple physicians. There should be a dedicated provider such as a primary care or pain specialist to provide all opioids used in treating any patient's chronic pain, with existing pain contracts being honored.
5. Physicians are encouraged to review the patient's history of controlled substance prescriptions using the Wisconsin Prescription Drug Monitoring Program (PDMP) data to determine whether the patient is receiving opioid dosages or dangerous combinations that put him or her at high risk for overdose. As of April 2017, Wisconsin state law requires prescribers to review the PDMP before prescribing any controlled substance for greater than a three-day supply.
6. Prescribing of opioids is strongly discouraged in patients taking benzodiazepines or other respiratory depressants (gabapentin, lyrica, muscle relaxants, sleep aids). Benzodiazepines triple the already high increases in respiratory depression and annual mortality rates from opioids. If they are used concurrently, clear clinical rationale must exist.
7. Patients presenting for chronic pain treatment should have a thorough evaluation, which may include the following:

- a. Medical history and physical examination targeted to the pain condition.
  - b. Nature and intensity of the pain.
  - c. Current and past treatments, with response to each treatment.
  - d. Underlying or co-existing diseases or conditions, including those which could complicate treatment (i.e., renal disease, sleep apnea, chronic obstructive pulmonary disease (COPD), etc.).
  - e. Effect of pain on physical and psychological functioning.
  - f. Personal and family history of substance abuse.
  - g. History of psychiatric disorders associated with opioid abuse (bipolar, attention deficit disorders (ADD/ADHD), sociopathic, borderline, untreated/severe depression).
  - h. Medical indication(s) for use of opioids.
  - i. Use of an opioid risk tool
8. Components of ongoing assessment of risk include:
- a. Review of the Prescription Drug Monitoring Program (PDMP) information.
  - b. Periodic urine drug testing (including chromatography) – at least yearly in lowrisk cases, more frequently with evidence of increased risk.
  - c. Violations of the opioid agreement.
  - d. Periodic pill counts may also be considered for high-risk patients.
9. All patients on chronic opioid therapy should have informed consent consisting of:
- a. Specifically detailing significant possible adverse effects of opioids, including (but not limited to) addiction, overdose, and death. It is also recommended practitioners discuss with patients the effect opioid use may have on the ability to safely operate machinery or a vehicle in any mode of transportation.
  - b. Treatment agreement, documenting the behaviors required of the patient by the prescribing practitioner to ensure that they are remaining safe from these adverse effects.
10. Opioids should be prescribed in the lowest effective dose. Literature shows diminished returns for doses above 50 morphine equivalents. This includes prescribing the lowest effective dose for the shortest possible duration for post-operative care and acutely injured patients. Given that there is no evidence base to support efficacy of doses over 90 MMEs, with dramatically increased risks, dosing above this level is discouraged, and appropriate documentation to support such dosing should be present on the chart. It is understood there is variation in response to opioid doses.
11. Prescribing of opioids is strongly discouraged for patients abusing illicit drugs. These patients are at extremely high risk for abuse, overdose, and death. If opioids are prescribed to such patients, a clear and compelling justification should be present.
12. During initial opioid titration, practitioners should re-evaluate patients every 1-4 weeks. During chronic therapy, patients should be seen at least every 3 months, more frequently if they demonstrate higher risk.

13. Practitioners should consider prescribing naloxone for home use in case of overdose for patients at higher risk, including:

- a. History of overdose (a relative contraindication to chronic opioid therapy).
- b. Opioid doses over 50 MMEs/day.
- c. Clinical depression.
- d. Evidence of increased risk by other measures (behaviors, family history, PDMP, UDS, risk questionnaires, etc.).

The recommended dose is 0.4 mg for intramuscular or intranasal use, with a second dose available if the first is ineffective or wears off before Emergency Medical Services (EMS) arrives. Family members can be prescribed naloxone for use with the patient.

14. All practitioners are expected to provide care for potential complications of the treatments they provide, including opioid use disorder. As a result, if a patient receiving opioids develops behaviors indicative of opioid use disorder, the practitioner, when possible, should assist the patient in obtaining addiction treatment, either by providing it directly (buprenorphine, naltrexone, etc. plus behavioral therapy) or referring them to an appropriate treatment center or provider willing to accept the patient. Discharging a patient from the provider's practice solely due to an opioid use disorder is not considered acceptable.

15. If a patient has had chronic pain and has not been evaluated by a pain specialist (completed an ACGME fellowship) in the last 5 years, a referral should be placed.

# State of Wisconsin



2023 Senate Bill 400

Date of enactment: **December 6, 2023**  
Date of publication\*: **December 7, 2023**

## 2023 WISCONSIN ACT 81

**AN ACT** to renumber 252.14 (1) (ar) 14., 448.978 (1) and 448.978 (2) (d) 1. and 2.; to renumber and amend 440.03

(13) (c), 448.015 (4) (am) 2m., 448.974 (2) and 448.978 (2) (d) (intro.); to amend 49.45 (9r) (a) 7. e., 97.67 (5m) (a) 3., 118.2925 (1) (f), 146.81 (1) (eu), 146.997 (1) (d) 4., 154.01 (3) (b), 155.01 (1g) (c), 155.01 (7), 440.03 (9) (a) (intro.), 440.03 (9) (a) 2., 440.03 (13) (b) (intro.), 440.094 (1) (c) 4., 440.15, 448.971 (2), 448.972 (1), 448.973 (2), 448.974 (title), 448.978 (2) (intro.), 448.978 (2) (a), 448.978 (2) (g), 450.10 (3) (a) 5., 462.02 (2) (e), 462.04, 895.48 (1m) (a) (intro.), 971.14 (4) (a) and 990.01 (27s); to repeal and recreate 16.417 (1) (e) 3m. and 252.15 (1) (am); and to create 14.835, 111.335 (4) (jm), 440.03 (11m) (c) 2c., 440.03 (13) (c) 1. i., 440.094 (1) (c) 9m., 448.971 (1L), 448.971 (1m), 448.974 (1m), 448.974 (2) (bm) and subchapter XIII of chapter 448 [precedes 448.988] of the statutes; relating to: ratification of the PA Licensure Compact.

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

**SECTION 1.** 14.835 of the statutes is created to read:

**14.835 PA licensure compact.** There is created a PA licensure compact commission as specified in s. 448.988. The delegate on the commission representing this state shall be appointed by the physician assistant affiliated credentialing board as provided in s. 448.988 (7) (b) 1. and shall be an individual described in s. 448.988 (7) (b) 2. a. or b. The commission has the powers and duties granted and imposed under s. 448.988.

**SECTION 2.** 16.417 (1) (e) 3m. of the statutes is repealed and recreated to read:

16.417 (1) (e) 3m. A physician assistant who is licensed under subch. IX of ch. 448 or who holds a compact privilege under subch. XIII of ch. 448.

**SECTION 3.** 49.45 (9r) (a) 7. e. of the statutes is amended to read:

49.45 (9r) (a) 7. e. A physician assistant who is licensed under subch. IX of ch. 448 or who holds a compact privilege under subch. XIII of ch. 448.

**SECTION 4.** 97.67 (5m) (a) 3. of the statutes is amended to read:

97.67 (5m) (a) 3. A physician assistant who is licensed under subch. IX of ch. 448 or who holds a compact privilege under subch. XIII of ch. 448.

**SECTION 5.** 111.335 (4) (jm) of the statutes is created to read:

111.335 (4) (jm) Notwithstanding s. 111.322, it is not employment discrimination because of conviction record for the physician assistant affiliated credentialing board to refuse to grant to an individual a compact privilege, as defined in s. 448.988 (2) (b), in accordance with s. 448.988 (4) (a) 3.

\* 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."

**SECTION 6.** 118.2925 (1) (f) of the statutes is amended to read:

118.2925 (1) (f) “Physician assistant” means a person who is licensed under s. 448.974 subch. IX of ch. 448 or who holds a compact privilege under subch. XIII of ch. 448.

**SECTION 7.** 146.81 (1) (eu) of the statutes is amended to read:

146.81 (1) (eu) A physician assistant who is licensed under subch. IX of ch. 448 or who holds a compact privilege under subch. XIII of ch. 448.

**SECTION 8.** 146.997 (1) (d) 4. of the statutes, as affected by 2021 Wisconsin Act 251, is amended to read:

146.997 (1) (d) 4. A physician, physician assistant, podiatrist, perfusionist, physical therapist, physical therapist assistant, occupational therapist, occupational therapy assistant, or genetic counselor licensed under ch. 448; a physical therapist or physical therapist assistant who holds a compact privilege under subch. XI of ch. 448; ~~or~~ an occupational therapist or occupational therapy assistant who holds a compact privilege under subch. XII of ch. 448; or a physician assistant who holds a compact privilege under subch. XIII of ch. 448.

**SECTION 9.** 154.01 (3) (b) of the statutes is amended to read:

154.01 (3) (b) A physician assistant ~~licensed under ch. 448.~~

**SECTION 10.** 155.01 (1g) (c) of the statutes is amended to read:

155.01 (1g) (c) A physician assistant ~~licensed under ch. 448~~ who a physician responsible for overseeing the physician assistant’s practice affirms is competent to conduct evaluations of the capacity of patients to manage health care decisions.

**SECTION 11.** 155.01 (7) of the statutes, as affected by 2021 Wisconsin Act 251, is amended to read:

155.01 (7) “Health care provider” means a nurse licensed or permitted under ch. 441, a chiropractor licensed under ch. 446, a dentist licensed under ch. 447, a physician, physician assistant, perfusionist, podiatrist, physical therapist, physical therapist assistant, occupational therapist, occupational therapy assistant, or genetic counselor licensed under ch. 448, a naturopathic doctor licensed under ch. 466, a person practicing Christian Science treatment, an optometrist licensed under ch. 449, a psychologist who is licensed under ch. 455, who is exercising the temporary authorization to practice, as defined in s. 455.50 (2) (o), in this state, or who is practicing under the authority to practice interjurisdictional telepsychology, as defined in s. 455.50 (2) (b), a physical therapist or physical therapist assistant who holds a compact privilege under

subch. XI of ch. 448, an occupational therapist or occupational therapy assistant who holds a compact privilege under subch. XII of ch. 448, a physician assistant who holds a compact privilege under subch. XIII of ch. 448, a partnership thereof, a corporation or limited liability company thereof that provides health care services, a cooperative health care association organized under s. 185.981 that directly provides services through salaried employees in its own facility, or a home health agency, as defined in s. 50.49 (1) (a).

**SECTION 12.** 252.14 (1) (ar) 14. of the statutes is renumbered 252.14 (1) (ar) 4rm.

**SECTION 13.** 252.15 (1) (am) of the statutes is repealed and recreated to read:

252.15 (1) (am) “Health care professional” means a physician, physician assistant, or nurse.

**SECTION 14.** 440.03 (9) (a) (intro.) of the statutes is amended to read:

440.03 (9) (a) (intro.) Subject to pars. (b) and (c) and s. 458.33 (2) (b) and (5), the department shall, biennially, determine each fee for an initial credential for which no examination is required, for a reciprocal credential, and for a credential renewal and any fees imposed under ss. 448.986 (2) ~~and~~, 448.9875 (2), ~~and~~ 448.9885 (2) by doing all of the following:

**SECTION 15.** 440.03 (9) (a) 2. of the statutes is amended to read:

440.03 (9) (a) 2. Not later than January 31 of each odd-numbered year, adjusting for the succeeding fiscal biennium each fee for an initial credential for which an examination is not required, for a reciprocal credential, and, subject to s. 440.08 (2) (a), for a credential renewal, and any fees imposed under ss. 448.986 (2) ~~and~~, 448.9875 (2), ~~and~~ 448.9885 (2), if an adjustment is necessary to reflect the approximate administrative and enforcement costs of the department that are attributable to the regulation of the particular occupation or business during the period in which the initial or reciprocal credential, credential renewal, or compact privilege is in effect and, for purposes of each fee for a credential renewal, to reflect an estimate of any additional moneys available for the department’s general program operations as a result of appropriation transfers that have been or are estimated to be made under s. 20.165 (1) (i) during the fiscal biennium in progress at the time of the deadline for an adjustment under this subdivision or during the fiscal biennium beginning on the July 1 immediately following the deadline for an adjustment under this subdivision.

**SECTION 16.** 440.03 (11m) (c) 2c. of the statutes is created to read:

440.03 (11m) (c) 2c. The coordinated data and reporting system under s. 448.988 (8), if such disclosure

is required under the PA licensure compact under s. 448.988.

**SECTION 17.** 440.03 (13) (b) (intro.) of the statutes is amended to read:

440.03 (13) (b) (intro.) The department may investigate whether an applicant for or holder of any of the following credentials has been charged with or convicted of a crime only pursuant to rules promulgated by the department under this paragraph, including rules that establish the criteria that the department will use to determine whether an investigation under this paragraph is necessary, except as provided in par. (c) and ss. 441.51 (5) (a)

5., 448.980 (5) (b) 3., 448.985 (3) (a) 4., 448.987 (3) (a) 5. a. and (5) (b) 2. a., ~~448.988 (3) (a) 5.,~~ and 455.50 (3) (e) 4. and (f) 4.:

**SECTION 18.** 440.03 (13) (c) of the statutes is renumbered 440.03 (13) (c) 1. (intro.) and amended to read:

440.03 (13) (c) 1. (intro.) The department shall require ~~an~~ all of the following to be photographed and fingerprinted on 2 fingerprint cards, each bearing a complete set of the person's fingerprints:

a. An applicant for a private detective license or a private security permit under s. 440.26, ~~an~~

b. An applicant for a juvenile martial arts instructor permit under sub. (17), ~~an~~

c. An applicant for a real estate appraiser certification under s. 458.06 or license under s. 458.08, ~~an~~

d. An applicant for a multistate license under s. 441.06 (1c) or 441.10 (1c), ~~an~~

e. An applicant for a compact license under s. 448.05 (2) (f), ~~an~~

f. An applicant for a physical therapist license under s. 448.53 or physical therapist assistant license under s. 448.535, ~~an~~

g. An applicant for an occupational therapist or occupational therapy assistant compact privilege under s. 448.987 (4), and an applicant for an occupational therapist or occupational therapy assistant license described in s. 448.987 (5) (b) 2. a., ~~an~~

h. An applicant for a psychologist license under s. 455.04, ~~and a~~

i. A person for whom the department conducts an investigation under par. (b), ~~to be photographed and fingerprinted on 2 fingerprint cards, each bearing a complete set of the person's fingerprints.~~

2. The department of justice may submit the fingerprint cards, and the department of justice shall

submit the fingerprint cards of all applicants ~~for a real estate appraiser certification under s. 458.06 or license under s. 458.08, of all applicants for a multistate license under s. 441.06 (1c) or 441.10 (1c), of all applicants for a compact license under s. 448.05 (2) (f), of all applicants for a physical therapist license under s. 448.53 or a physical therapist assistant license under s. 448.535, and of all applicants for a psychologist license under s. 455.04~~ identified in subd. 1. c. to i., to the federal bureau of investigation for the purpose of verifying the identity of the persons fingerprinted and obtaining records of their criminal arrests and convictions.

3. Information obtained from the federal bureau of investigation may be shared with the department or the appropriate credentialing board, but shall otherwise be kept confidential and is not subject to disclosure under s. 19.35.

**SECTION 19.** 440.03 (13) (c) 1. i. of the statutes is created to read:

440.03 (13) (c) 1. i. An applicant for a physician assistant license or compact privilege under s. 448.974 when required pursuant to the PA licensure compact under s. 448.988.

**SECTION 20.** 440.094 (1) (c) 4. of the statutes is amended to read:

440.094 (1) (c) 4. A physician, ~~physician assistant,~~ perfusionist, or respiratory care practitioner licensed or certified under subch. II of ch. 448.

**SECTION 21.** 440.094 (1) (c) 9m. of the statutes is created to read:

440.094 (1) (c) 9m. A physician assistant licensed under subch. IX of ch. 448.

**SECTION 22.** 440.15 of the statutes is amended to read:

**440.15 No fingerprinting.** Except as provided under ss. 440.03 (13) (c), 441.51 (5) (a) 5., 448.980 (5) (b) 3., 448.985 (3) (a) 4., 448.987 (3) (a) 5. a. and (5) (b)

2. a., ~~448.988 (3) (a) 5.,~~ 450.071 (3) (c) 9., 450.075 (3) (c) 9., and 455.50 (3) (e) 4. and (f) 4., the department or a credentialing board may not require that an applicant for a credential or a credential holder be fingerprinted or submit fingerprints in connection with the department's or the credentialing board's credentialing.

**SECTION 23.** 448.015 (4) (am) 2m. of the statutes is renumbered 448.978 (1g) (a) and amended to read:

448.978 (1g) (a) ~~A~~ "Unprofessional conduct" includes a determination made by a physician assistant under ch. 154 or 155 if the physician assistant does not have sufficient education, training, and experience to make the determination.

**SECTION 24.** 448.971 (1L) of the statutes is created to read:

448.971 (1L) “Compact” means the PA licensure compact under s. 448.988.

**SECTION 25.** 448.971 (1m) of the statutes is created to read:

448.971 (1m) “Compact privilege” means a compact privilege, as defined in s. 448.988 (2) (b), that is granted under the compact to an individual to practice in this state.

**SECTION 26.** 448.971 (2) of the statutes is amended to read:

448.971 (2) “Physician assistant” means a person who is licensed under this subchapter or who holds a compact privilege.

**SECTION 27.** 448.972 (1) of the statutes is amended to read:

448.972 (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 or holds a compact privilege.

**SECTION 29.** 448.973 (2) of the statutes is amended to read:

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

**SECTION 30.** 448.974 (title) of the statutes is amended to read:

448.974 (title) **License; compact privilege; renewal.**

**SECTION 31.** 448.974 (1m) of the statutes is created to read:

448.974 (1m) The board shall grant a compact privilege to any applicant who satisfies all of the following:

(a) The applicant holds a qualifying license, as defined in s. 448.988 (2) (r), in another state that is a party to the compact and satisfies all other requirements under s. 448.988 (4).

(b) The individual applies for the compact privilege in the manner prescribed by the department.

(c) The individual pays any fee established by the department under s. 448.9885 (2).

**SECTION 32.** 448.974 (2) of the statutes is renumbered 448.974 (2) (am) and amended to read:

448.974 (2) (am) 1. 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)~~ subd. 2.

2. 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~~ subdivision 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.

**SECTION 33.** 448.974 (2) (bm) of the statutes is created to read:

448.974 (2) (bm) Renewal of a compact privilege shall be governed by s. 448.988 (4) (b), except that the board may impose requirements for prescribing controlled substances in accordance with s. 448.988 (4) (d). **SECTION 34.** 448.978 (1) of the statutes is renumbered 448.978 (1r).

**SECTION 35.** 448.978 (2) (intro.) of the statutes is amended to read:

448.978 (2) (intro.) Subject to the rules promulgated under s. 440.03 (1), if a person who applies for or holds a license or compact privilege 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 or compact privilege:

**SECTION 36.** 448.978 (2) (a) of the statutes is amended to read:

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

**SECTION 37.** 448.978 (2) (d) (intro.) of the statutes is renumbered 448.978 (2) (d) and amended to read:

448.978 (2) (d) Engages in unprofessional conduct. **(1g)** In this ~~paragraph~~, “unprofessional section: (b) “Unprofessional conduct” does not include any of the following:

**SECTION 38.** 448.978 (2) (d) 1. and 2. of the statutes are renumbered 448.978 (1g) (b) 1. and 2.

**SECTION 39.** 448.978 (2) (g) of the statutes is amended to read:

448.978 (2) (g) Engages in fraud or deceit in obtaining or using his or her license or compact privilege.

**SECTION 40.** Subchapter XIII of chapter 448 [precedes 448.988] of the statutes is created to read:

**CHAPTER 448**  
**SUBCHAPTER XIII**  
**PA LICENSURE COMPACT**

**448.988 PA licensure compact. (1) PURPOSE.** In order to strengthen access to medical services, and in recognition of the advances in the delivery of medical services, the participating states of the PA licensure compact have allied in common purpose to develop a comprehensive process that complements the existing authority of state licensing boards to license and discipline PAs and seeks to enhance the portability of a license to practice as a PA while safeguarding the safety of patients. This compact allows medical services to be provided by PAs, via the mutual recognition of the licensee's qualifying license by other compact participating states. This compact also adopts the prevailing standard for PA licensure and affirms that the practice and delivery of medical services by the PA occurs where the patient is located at the time of the patient encounter, and therefore requires the PA to be under the jurisdiction of the state licensing board where the patient is located. State licensing boards that participate in this compact retain the jurisdiction to impose adverse action against a compact privilege in that state issued to a PA through the procedures of this compact. The PA licensure compact will alleviate burdens for military families by allowing active duty military personnel and their spouses to obtain a compact privilege based on having an unrestricted license in good standing from a participating state.

**(2) DEFINITIONS.** In this compact:

(a) "Adverse action" means any administrative, civil, equitable, or criminal action permitted by a state's laws which is imposed by a licensing board or other authority against a PA license or license application or compact privilege such as license denial, censure, revocation, suspension, probation, monitoring of the licensee, or restriction on the licensee's practice.

(b) "Compact privilege" means the authorization granted by a remote state to allow a licensee from another participating state to practice as a PA to provide medical services and other licensed activity to a patient located in the remote state under the remote state's laws and regulations.

(c) "Conviction" means a finding by a court that an individual is guilty of a felony or misdemeanor offense through adjudication or entry of a plea of guilt or no contest to the charge by the offender.

(d) "Criminal background check" means the submission of fingerprints or other biometric-based information for a license applicant for the purpose of obtaining that applicant's criminal history record information, as defined in 28 CFR 20.3 (d), from the state's criminal history record repository, as defined in 28 CFR 20.3 (f).

(e) "Data system" means the repository of information about licensees, including but not limited

to license status and adverse actions, which is created and administered under the terms of this compact.

(f) "Executive committee" means a group of directors and ex officio individuals elected or appointed pursuant to sub. (7) (f) 2.

(g) "Impaired practitioner" means a PA whose practice is adversely affected by health-related condition(s) that impact their ability to practice.

(h) "Investigative information" means information, records, or documents received or generated by a licensing board pursuant to an investigation.

(i) "Jurisprudence requirement" means the assessment of an individual's knowledge of the laws and rules governing the practice of a PA in a state.

(j) "License" means current authorization by a state, other than authorization pursuant to a compact privilege, for a PA to provide medical services, which would be unlawful without current authorization.

(k) "Licensee" means an individual who holds a license from a state to provide medical services as a PA.

(L) "Licensing board" means any state entity authorized to license and otherwise regulate PAs.

(m) "Medical services" means health care services provided for the diagnosis, prevention, treatment, cure or relief of a health condition, injury, or disease, as defined by a state's laws and regulations.

(n) "Model compact" means the model for the PA licensure compact on file with the Council of State Governments or other entity as designated by the commission.

(o) "Participating state" means a state that has enacted this compact.

(p) "PA" means an individual who is licensed as a physician assistant in a state. For purposes of this compact, any other title or status adopted by a state to replace the term "physician assistant" shall be deemed synonymous with "physician assistant" and shall confer the same rights and responsibilities to the licensee under the provisions of this compact at the time of its enactment.

(q) "PA licensure compact commission," "compact commission," or "commission" mean the national administrative body created pursuant to sub. (7) (a).

(r) "Qualifying license" means an unrestricted license issued by a participating state to provide medical services as a PA.

(s) "Remote state" means a participating state where a licensee who is not licensed as a



PA is exercising or seeking to exercise the compact privilege.

(t) "Rule" means a regulation promulgated by an entity that has the force and effect of law.

(u) "Significant investigative information" means investigative information that a licensing board, after an inquiry or investigation that includes notification and an opportunity for the PA to respond if required by state law, has reason to believe is not groundless and, if proven true, would indicate more than a minor infraction.

(v) "State" means any state, commonwealth, district, or territory of the United States.

**(3) STATE PARTICIPATION IN THIS COMPACT.** (a) To participate in this compact, a participating state shall:

1. License PAs.
2. Participate in the compact commission's data system.
3. Have a mechanism in place for receiving and investigating complaints against licensees and license applicants.
4. Notify the commission, in compliance with the terms of this compact and commission rules, of any adverse action against a licensee or license applicant and the existence of significant investigative information regarding a licensee or license applicant.
5. Fully implement a criminal background check requirement, within a time frame established by commission rule, by its licensing board receiving the results of a criminal background check and reporting to the commission whether the license applicant has been granted a license.
6. Comply with the rules of the compact commission.
7. Utilize passage of a recognized national exam such as the NCCPA PANCE as a requirement for PA licensure.
8. Grant the compact privilege to a holder of a qualifying license in a participating state.

(b) Nothing in this compact prohibits a participating state from charging a fee for granting the compact privilege.

**(4) COMPACT PRIVILEGE.** (a) To exercise the compact privilege, a licensee must:

1. Have graduated from a PA program accredited by the Accreditation Review Commission on Education

for the Physician Assistant, Inc. or other programs authorized by commission rule.

2. Hold current NCCPA certification.
  3. Have no felony or misdemeanor conviction.
  4. Have never had a controlled substance license, permit, or registration suspended or revoked by a state or by the United States drug enforcement administration.
  5. Have a unique identifier as determined by commission rule.
  6. Hold a qualifying license.
  7. Have had no revocation of a license or limitation or restriction on any license currently held due to an adverse action.
  8. If a licensee has had a limitation or restriction on a license or compact privilege due to an adverse action, two years must have elapsed from the date on which the license or compact privilege is no longer limited or restricted due to the adverse action.
  9. If a compact privilege has been revoked or is limited or restricted in a participating state for conduct that would not be a basis for disciplinary action in a participating state in which the licensee is practicing or applying to practice under a compact privilege, that participating state shall have the discretion not to consider such action as an adverse action requiring the denial or removal of a compact privilege in that state.
  10. Notify the compact commission that the licensee is seeking the compact privilege in a remote state.
  11. Meet any jurisprudence requirement of a remote state in which the licensee is seeking to practice under the compact privilege and pay any fees applicable to satisfying the jurisprudence requirement.
  12. Report to the commission any adverse action taken by a nonparticipating state within thirty (30) days after the action is taken.
- (b) The compact privilege is valid until the expiration or revocation of the qualifying license unless terminated pursuant to an adverse action. The licensee must also comply with all of the requirements of par. (a) above to maintain the compact privilege in a remote state. If the participating state takes adverse action against a qualifying license, the licensee shall lose the compact privilege in any remote state in which the licensee has a compact privilege until all of the following occur:
1. The license is no longer limited or restricted; and
  2. Two (2) years have elapsed from the date on which the license is no longer limited or restricted due to the adverse action.

(c) Once a restricted or limited license satisfies the requirements of par. (b) 1. and 2., the licensee must meet the requirements of par. (a) to obtain a compact privilege in any remote state.

(d) For each remote state in which a PA seeks authority to prescribe controlled substances, the PA shall satisfy all requirements imposed by such state in granting or renewing such authority.

**(5) DESIGNATION OF THE STATE FROM WHICH LICENSEE IS APPLYING FOR A COMPACT PRIVILEGE.** Upon a licensee's application for a compact privilege, the licensee shall identify to the commission the participating state from which the licensee is applying, in accordance with applicable rules adopted by the commission, and subject to the following requirements:

(a) When applying for a compact privilege, the licensee shall provide the commission with the address of the licensee's primary residence and thereafter shall immediately report to the commission any change in the address of the licensee's primary residence.

(b) When applying for a compact privilege, the licensee is required to consent to accept service of process by mail at the licensee's primary residence on file with the commission with respect to any action brought against the licensee by the commission or a participating state, including a subpoena, with respect to any action brought or investigation conducted by the commission or a participating state.

**(6) ADVERSE ACTIONS.** (a) A participating state in which a licensee is licensed shall have exclusive power to impose adverse action against the qualifying license issued by that participating state.

(b) In addition to the other powers conferred by state law, a remote state shall have the authority, in accordance with existing state due process law, to do all of the following:

1. Take adverse action against a PA's compact privilege within that state to remove a licensee's compact privilege or take other action necessary under applicable law to protect the health and safety of its citizens.

2. Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses as well as the production of evidence. Subpoenas issued by a licensing board in a participating state for the attendance and testimony of witnesses or the production of evidence from another participating state shall be enforced in the latter state by any court of competent

jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state in which the witnesses or evidence are located.

3. Notwithstanding subd. 2., subpoenas may not be issued by a participating state to gather evidence of conduct in another state that is lawful in that other state for the purpose of taking adverse action against a licensee's compact privilege or application for a compact privilege in that participating state.

4. Nothing in this compact authorizes a participating state to impose discipline against a PA's compact privilege or to deny an application for a compact privilege in that participating state for the individual's otherwise lawful practice in another state.

(c) For purposes of taking adverse action, the participating state which issued the qualifying license shall give the same priority and effect to reported conduct received from any other participating state as it would if the conduct had occurred within the participating state which issued the qualifying license. In so doing, that participating state shall apply its own state laws to determine appropriate action.

(d) A participating state, if otherwise permitted by state law, may recover from the affected PA the costs of investigations and disposition of cases resulting from any adverse action taken against that PA.

(e) A participating state may take adverse action based on the factual findings of a remote state, provided that the participating state follows its own procedures for taking the adverse action.

(f) *Joint investigations.* 1. In addition to the authority granted to a participating state by its respective state PA laws and regulations or other applicable state law, any participating state may participate with other participating states in joint investigations of licensees.

2. Participating states shall share any investigative, litigation, or compliance materials in furtherance of any joint or individual investigation initiated under this compact.

(g) If an adverse action is taken against a PA's qualifying license, the PA's compact privilege in all remote states shall be deactivated until two (2) years have elapsed after all restrictions have been removed from the state license. All disciplinary orders by the participating state which issued the qualifying license that impose adverse action against a PA's license shall

include a statement that the PA's compact privilege is deactivated in all participating states during the pendency of the order.

(h) If any participating state takes adverse action, it promptly shall notify the administrator of the data system.

(7) ESTABLISHMENT OF THE PA LICENSURE COMPACT COMMISSION. (a) The participating states hereby create and establish a joint government agency and national administrative body known as the PA licensure compact commission. The commission is an instrumentality of the compact states acting jointly and not an instrumentality of any one state. The commission shall come into existence on or after the effective date of the compact as set forth in sub. (11) (a).

(b) *Membership, voting, and meetings.* 1. Each participating state shall have and be limited to one (1) delegate selected by that participating state's licensing board or, if the state has more than one licensing board, selected collectively by the participating state's licensing boards. 2. The delegate shall be either:

- a. A current PA, physician or public member of a licensing board or PA council/committee; or
- b. An administrator of a licensing board.

3. Any delegate may be removed or suspended from office as provided by the laws of the state from which the delegate is appointed.

4. The participating state licensing board shall fill any vacancy occurring in the commission within sixty (60) days.

5. Each delegate shall be entitled to one (1) vote on all matters voted on by the commission and shall otherwise have an opportunity to participate in the business and affairs of the commission. A delegate shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for delegates' participation in meetings by telecommunications, video conference, or other means of communication.

6. The commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in this compact and the bylaws.

7. The commission shall establish by rule a term of office for delegates.

(c) The commission shall have the following powers and duties:

1. Establish a code of ethics for the commission;
2. Establish the fiscal year of the commission;
3. Establish fees;
4. Establish bylaws;
5. Maintain its financial records in accordance with the bylaws;

6. Meet and take such actions as are consistent with the provisions of this compact and the bylaws;

7. Promulgate rules to facilitate and coordinate implementation and administration of this compact. The rules shall have the force and effect of law and shall be binding in all participating states;

8. Bring and prosecute legal proceedings or actions in the name of the commission, provided that the standing of any state licensing board to sue or be sued under applicable law shall not be affected;

9. Purchase and maintain insurance and bonds;

10. Borrow, accept, or contract for services of personnel, including, but not limited to, employees of a participating state;

11. Hire employees and engage contractors, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of this compact, and establish the commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;

12. Accept any and all appropriate donations and grants of money, equipment, supplies, materials and services, and receive, utilize and dispose of the same; provided that at all times the commission shall avoid any appearance of impropriety or conflict of interest;

13. Lease, purchase, accept appropriate gifts or donations of, or otherwise own, hold, improve or use, any property, real, personal or mixed; provided that at all times the commission shall avoid any appearance of impropriety;

14. Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property real, personal, or mixed;

15. Establish a budget and make expenditures;

16. Borrow money;

17. Appoint committees, including standing committees composed of members, state regulators, state legislators or their representatives, and consumer representatives, and such other interested persons as may be designated in this compact and the bylaws;

18. Provide and receive information from, and cooperate with, law enforcement agencies;

19. Elect a chair, vice chair, secretary and treasurer and such other officers of the commission as provided in the commission's bylaws.

20. Reserve for itself, in addition to those reserved exclusively to the commission under the compact, powers that the executive committee may not exercise;

21. Approve or disapprove a state's participation in the compact based upon its determination as to whether the state's compact legislation departs in a material manner from the model compact language;

22. Prepare and provide to the participating states an annual report; and

23. Perform such other functions as may be necessary or appropriate to achieve the purposes of this compact consistent with the state regulation of PA licensure and practice.

(d) *Meetings of the commission.* 1. All meetings of the commission that are not closed pursuant to this paragraph shall be open to the public. Notice of public meetings shall be posted on the commission's website at least thirty (30) days prior to the public meeting.

2. Notwithstanding subd. 1., the commission may convene a public meeting by providing at least twenty-four (24) hours prior notice on the commission's website, and any other means as provided in the commission's rules, for any of the reasons it may dispense with notice of proposed rulemaking under sub. (9) (L).

3. The commission may convene in a closed, nonpublic meeting or nonpublic part of a public meeting to receive legal advice or to discuss:

a. Noncompliance of a participating state with its obligations under this compact;

b. The employment, compensation, discipline or other matters, practices or procedures related to specific employees or other matters related to the commission's internal personnel practices and procedures;

c. Current, threatened, or reasonably anticipated litigation;

d. Negotiation of contracts for the purchase, lease, or sale of goods, services, or real estate;

e. Accusing any person of a crime or formally censuring any person;

f. Disclosure of trade secrets or commercial or financial information that is privileged or confidential;

g. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

h. Disclosure of investigative records compiled for law enforcement purposes;

i. Disclosure of information related to any investigative reports prepared by or on behalf of or for use of the commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to this compact;

j. Legal advice; or

k. Matters specifically exempted from disclosure by

federal or participating states' statutes.

4. If a meeting, or portion of a meeting, is closed pursuant to this provision, the chair of the meeting or the chair's designee shall certify that the meeting or portion of the meeting may be closed and shall reference each relevant exempting provision.

5. The commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the commission or order of a court of competent jurisdiction.

(e) *Financing of the commission.* 1. The commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities.

2. The commission may accept any and all appropriate revenue sources, donations, and grants of money, equipment, supplies, materials, and services.

3. The commission may levy on and collect an annual assessment from each participating state and may impose compact privilege fees on licensees of participating states to whom a compact privilege is granted to cover the cost of the operations and activities of the commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved by the commission each year for which revenue is not provided by other sources. The aggregate annual assessment amount levied on participating states shall be allocated based upon a formula to be determined by commission rule.

a. A compact privilege expires when the licensee's qualifying license in the participating state from which the licensee applied for the compact privilege expires.

b. If the licensee terminates the qualifying licensethrough which the licensee applied for the compact privilege before its scheduled expiration, and the licensee has a qualifying license in another participating state, the licensee shall inform the commission that it is changing to that participating state the participating state through which it applies for a compact privilege and pay to the commission any compact privilege fee required by commission rule.

4. The commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the commission pledge the credit of any of the participating states, except by and with the authority of the participating state.

5. The commission shall keep accurate accounts of all receipts and disbursements. The receipts and

disbursements of the commission shall be subject to the financial review and accounting procedures established under its bylaws. All receipts and disbursements of funds handled by the commission shall be subject to an annual financial review by a certified or licensed public accountant, and the report of the financial review shall be included in and become part of the annual report of the commission.

(f) *The executive committee.* 1. The executive committee shall have the power to act on behalf of the commission according to the terms of this compact and commission rules.

2. The executive committee shall be composed of nine (9) members:

- a. Seven voting members who are elected by the commission from the current membership of the commission;
- b. One ex officio, nonvoting member from a recognized national PA professional association; and
- c. One ex officio, nonvoting member from a recognized national PA certification organization.

3. The ex officio members will be selected by their respective organizations.

4. The commission may remove any member of the executive committee as provided in its bylaws.

5. The executive committee shall meet at least annually.

6. The executive committee shall have the following duties and responsibilities:

- a. Recommend to the commission changes to the commission's rules or bylaws, changes to this compact legislation, fees to be paid by compact participating states such as annual dues, and any commission compact fee charged to licensees for the compact privilege;
- b. Ensure compact administration services are appropriately provided, contractual or otherwise;
- c. Prepare and recommend the budget;
- d. Maintain financial records on behalf of the commission;
- e. Monitor compact compliance of participating states and provide compliance reports to the commission;
- f. Establish additional committees as necessary;
- g. Exercise the powers and duties of the commission during the interim between commission meetings, except for issuing proposed rule making or adopting commission rules or bylaws, or exercising any other powers and duties exclusively reserved to the commission by the commission's rules; and

h. Perform other duties as provided in the commission's rules or bylaws.

7. All meeting of the executive committee at which it votes or plans to vote on matters in exercising the powers and duties of the commission shall be open to the public and public notice of such meetings shall be given as public meetings of the commission are given.

8. The executive committee may convene in a closed, nonpublic meeting for the same reasons that the commission may convene in a nonpublic meeting as set forth in par. (d) 3. and shall announce the closed meeting as the commission is required to under par. (d) 4. and keep minutes of the closed meeting as the commission is required to under par. (d) 5.

(g) *Qualified immunity, defense, and indemnification.*  
1. The members, officers, executive director, employees and representatives of the commission shall be immune from suit and liability, both personally and in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error, or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of commission employment, duties or responsibilities; provided that nothing in this subdivision shall be construed to protect any such person from suit or liability for any damage, loss, injury, or liability caused by the intentional or willful or wanton misconduct of that person. The procurement of insurance of any type by the commission shall not in any way compromise or limit the immunity granted hereunder.

2. The commission shall defend any member, officer, executive director, employee, and representative of the commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission that occurred within the scope of commission employment, duties, or responsibilities, or as determined by the commission that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of commission employment, duties, or responsibilities; provided that nothing herein shall be construed to prohibit that person from retaining their own counsel at their own expense; and provided further, that the actual or alleged act, error, or omission did not result from that person's intentional or willful or wanton misconduct.

3. The commission shall indemnify and hold harmless any member, officer, executive director, employee, and representative of the commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error, or omission that occurred within the scope of commission employment, duties, or responsibilities, or

that such person had a reasonable basis for believing occurred within the scope of commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from the intentional or willful or wanton misconduct of that person.

4. Venue is proper and judicial proceedings brought against the commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the commission is located. The commission may waive venue and jurisdictional defenses in any proceedings as authorized by commission rules.

5. Nothing herein shall be construed as a limitation on the liability of any licensee for professional malpractice or misconduct, which shall be governed solely by any other applicable state laws.

6. Nothing herein shall be construed to designate the venue or jurisdiction to bring actions for alleged acts of malpractice, professional misconduct, negligence, or other such civil action pertaining to the practice of a PA. All such matters shall be determined exclusively by state law other than this compact.

7. Nothing in this compact shall be interpreted to waive or otherwise abrogate a participating state's state action immunity or state action affirmative defense with respect to antitrust claims under the Sherman Act, Clayton Act, or any other state or federal antitrust or anticompetitive law or regulation.

8. Nothing in this compact shall be construed to be a waiver of sovereign immunity by the participating states or by the commission.

**(8) DATA SYSTEM.** (a) The commission shall provide for the development, maintenance, operation, and utilization of a coordinated data and reporting system containing licensure, adverse action, and the reporting of the existence of significant investigative information on all licensed PAs and applicants denied a license in participating states.

(b) Notwithstanding any other state law to the contrary, a participating state shall submit a uniform data set to the data system on all PAs to whom this compact is applicable (utilizing a unique identifier) as required by the rules of the commission, including:

1. Identifying information;
2. Licensure data;
3. Adverse actions against a license or compact privilege;
4. Any denial of application for licensure, and the reason(s) for such denial (excluding the reporting of any criminal history record information where prohibited by law);
5. The existence of significant investigative information; and

6. Other information that may facilitate the administration of this compact, as determined by the rules of the commission.

(c) Significant investigative information pertaining to a licensee in any participating state shall only be available to other participating states.

(d) The commission shall promptly notify all participating states of any adverse action taken against a licensee or an individual applying for a license that has been reported to it. This adverse action information shall be available to any other participating state.

(e) Participating states contributing information to the data system may, in accordance with state or federal law, designate information that may not be shared with the public without the express permission of the contributing state. Notwithstanding any such designation, such information shall be reported to the commission through the data system.

(f) Any information submitted to the data system that is subsequently expunged pursuant to federal law or the laws of the participating state contributing the information shall be removed from the data system upon reporting of such by the participating state to the commission.

(g) The records and information provided to a participating state pursuant to this compact or through the data system, when certified by the commission or an agent thereof, shall constitute the authenticated business records of the commission, and shall be entitled to any associated hearsay exception in any relevant judicial, quasi-judicial or administrative proceedings in a participating state.

**(9) RULE MAKING.** (a) The commission shall exercise its rule-making powers pursuant to the criteria set forth in this subsection and the rules adopted thereunder. Commission rules shall become binding as of the date specified by the commission for each rule.

(b) The commission shall promulgate reasonable rules in order to effectively and efficiently implement and administer this compact and achieve its purposes. A commission rule shall be invalid and have not force or effect only if a court of competent jurisdiction holds that the rule is invalid because the commission exercised its rule-making authority in a manner that is beyond the scope of the purposes of this compact, or the powers granted hereunder, or based upon another applicable standard of review.

(c) The rules of the commission shall have the force of law in each participating state, provided however that where the rules of the commission conflict with the laws of the participating state that establish the medical services a PA may perform in the participating state, as held by a court of competent

jurisdiction, the rules of the commission shall be ineffective in that state to the extent of the conflict.

(d) If a majority of the legislatures of the participating states rejects a commission rule, by enactment of a statute or resolution in the same manner used to adopt this compact within four (4) years of the date of adoption of the rule, then such rule shall have no further force and effect in any participating state or to any state applying to participate in the compact.

(e) Commission rules shall be adopted at a regular or special meeting of the commission.

(f) Prior to promulgation and adoption of a final rule or rules by the commission, and at least thirty (30) days in advance of the meeting at which the rule will be considered and voted upon, the commission shall file a notice of proposed rule making:

1. On the website of the commission or other publicly accessible platform; and
2. To persons who have requested notice of the commission's notices of proposed rule making, and
3. In such other way(s) as the commission may by rule specify.

(g) The notice of proposed rule making shall include:

1. The time, date, and location of the public hearing on the proposed rule and the proposed time, date and location of the meeting in which the proposed rule will be considered and voted upon;
2. The text of the proposed rule and the reason for the proposed rule;
3. A request for comments on the proposed rule from any interested person and the date by which written comments must be received; and
4. The manner in which interested persons may submit notice to the commission of their intention to attend the public hearing or provide any written comments.

(h) Prior to adoption of a proposed rule, the commission shall allow persons to submit written data, facts, opinions, and arguments, which shall be made available to the public.

(i) If the hearing is to be held via electronic means, the commission shall publish the mechanism for access to the electronic hearing.

1. All persons wishing to be heard at the hearing shall as directed in the notice of proposed rule making, not less than five (5) business days before the scheduled date of the hearing, notify the commission of their desire to appear and testify at the hearing.

2. Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.

3. All hearings shall be recorded. A copy of the recording and the written comments, data, facts,

opinions, and arguments received in response to the proposed rule making shall be made available to a person upon request.

4. Nothing in this subsection shall be construed as requiring a separate hearing on each proposed rule. Proposed rules may be grouped for the convenience of the commission at hearings required by this subsection.

(j) Following the public hearing the commission shall consider all written and oral comments timely received.

(k) The commission shall, by majority vote of all delegates, take final action on the proposed rule and shall determine the effective date of the rule, if adopted, based on the rule-making record and the full text of the rule.

1. If adopted, the rule shall be posted on the commission's website.

2. The commission may adopt changes to the proposed rule provided the changes do not enlarge the original purpose of the proposed rule.

3. The commission shall provide on its website an explanation of the reasons for substantive changes made to the proposed rule as well as reasons for substantive changes not made that were recommended by commenters.

4. The commission shall determine a reasonable effective date for the rule. Except for an emergency as provided in par. (L), the effective date of the rule shall be no sooner than thirty (30) days after the commission issued the notice that it adopted the rule.

(L) Upon determination that an emergency exists, the commission may consider and adopt an emergency rule with twenty-four (24) hours prior notice, without the opportunity for comment, or hearing, provided that the usual rule-making procedures provided in this compact and in this subsection shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety (90) days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately by the commission in order to:

1. Meet an imminent threat to public health, safety, or welfare;
2. Prevent a loss of commission or participating state funds;
3. Meet a deadline for the promulgation of a commission rule that is established by federal law or rule; or
4. Protect public health and safety.

(m) The commission or an authorized committee of the commission may direct revisions to a previously adopted commission rule for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the

commission. The revision shall be subject to challenge by any person for a period of thirty (30) days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made as set forth in the notice of revisions and delivered to the commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the commission.

(n) No participating state's rule-making requirements shall apply under this compact.

**(10) OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT.** (a) *Oversight.* 1. The executive and judicial branches of state government in each participating state shall enforce this compact and take all actions necessary and appropriate to implement the compact.

2. Venue is proper and judicial proceedings by or against the commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the commission is located. The commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings. Nothing herein shall affect or limit the selection or propriety of venue in any action against a licensee for professional malpractice, misconduct or any such similar matter.

3. The commission shall be entitled to receive service of process in any proceeding regarding the enforcement or interpretation of the compact or the commission's rules and shall have standing to intervene in such a proceeding for all purposes. Failure to provide the commission with service of process shall render a judgment or order in such proceeding void as to the commission, this compact, or commission rules.

(b) *Default, technical assistance, and termination.*

1. If the commission determines that a participating state has defaulted in the performance of its obligations or responsibilities under this compact or the commission rules, the commission shall provide written notice to the defaulting state and other participating states. The notice shall describe the default, the proposed means of curing the default and any other action that the commission may take and shall offer remedial training and specific technical assistance regarding the default.

2. If a state in default fails to cure the default, the defaulting state may be terminated from this compact upon an affirmative vote of a majority of the delegates of the participating states, and all rights, privileges and benefits conferred by this compact upon such state may be terminated on the effective date of termination. A cure

of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.

3. Termination of participation in this compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the commission to the governor, the majority and minority leaders of the defaulting state's legislature, and to the licensing board(s) of each of the participating states.

4. A state that has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.

5. The commission shall not bear any costs related to a state that is found to be in default or that has been terminated from this compact, unless agreed upon in writing between the commission and the defaulting state.

6. The defaulting state may appeal its termination from the compact by the commission by petitioning the U.S. District Court for the District of Columbia or the federal district where the commission has its principal offices. The prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.

7. Upon the termination of a state's participation in the compact, the state shall immediately provide notice to all licensees within that state of such termination:

a. Licensees who have been granted a compact privilege in that state shall retain the compact privilege for one hundred eighty (180) days following the effective date of such termination.

b. Licensees who are licensed in that state who have been granted a compact privilege in a participating state shall retain the compact privilege for one hundred eighty (180) days unless the licensee also has a qualifying license in a participating state or obtains a qualifying license in a participating state before the one hundred eighty (180)-day period ends, in which case the compact privilege shall continue.

(c) *Dispute resolution.* 1. Upon request by a participating state, the commission shall attempt to resolve disputes related to this compact that arise among participating states and between participating and nonparticipating states.

2. The commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes as appropriate.

(d) *Enforcement.* 1. The commission, in the reasonable exercise of its discretion, shall enforce the provisions of this compact and rules of the commission.

2. If compliance is not secured after all means to secure compliance have been exhausted, by majority



vote, the commission may initiate legal action in the United States District Court for the District of Columbia or the federal district where the commission has its principal offices, against a participating state in default to enforce compliance with the provisions of this compact and the commission's promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation, including reasonable attorney's fees.

3. The remedies herein shall not be the exclusiveremedies of the commission. The commission may pursue any other remedies available under federal or state law.

(e) *Legal action against the commission.* 1. A participating state may initiate legal action against the commission in the U.S. District Court for the District of Columbia or the federal district where the commission has its principal offices to enforce compliance with the provisions of the compact and its rules. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation, including reasonable attorney's fees.

2. No person other than a participating state shall enforce this compact against the commission.

**(11) DATE OF IMPLEMENTATION OF THE PA LICENSURE COMPACT COMMISSION.** (a) This compact shall come into effect on the date on which this compact statute is enacted into law in the seventh participating state.

1. On or after the effective date of the compact, the commission shall convene and review the enactment of each of the states that enacted the compact prior to the commission convening ("charter participating states") to determine if the statute enacted by each such charter participating state is materially different than the model compact.

a. A charter participating state whose enactment is found to be materially different from the model compact shall be entitled to the default process set forth in sub. (10) (b).

b. If any participating state later withdraws from the compact or its participation is terminated, the commission shall remain in existence and the compact shall remain in effect even if the number of participating states should be less than seven. Participating states enacting the compact subsequent to the commission convening shall be subject to the process set forth in sub. (7) (c) 21. to determine if their enactments are materially different from the model compact and whether they qualify for participation in the compact.

2. Participating states enacting the compact subsequent to the seven initial charter participating states shall be subject to the process set forth in sub. (7) (c) 21. to determine if their enactments are materially different from the model compact and whether they qualify for participation in the compact.

3. All actions taken for the benefit of the commissioner in furtherance of the purposes of the administration of the compact prior to the effective date of the compact or the commission coming into existence shall be considered to be actions of the commission unless specifically repudiated by the commission.

(b) Any state that joins this compact shall be subject to the commission's rules and bylaws as they exist on the date on which this compact becomes law in that state.

Any rule that has been previously adopted by the commission shall have the full force and effect of law on the day this compact becomes law in that state.

(c) Any participating state may withdraw from this compact by enacting a statute repealing the same.

1. A participating state's withdrawal shall not take effect until one hundred eighty (180) days after enactment of the repealing statute. During this one hundred eighty (180) day-period, all compact privileges that were in effect in the withdrawing state and were granted to licensees licensed in the withdrawing state shall remain in effect. If any licensee licensed in the withdrawing state is also licensed in another participating state or obtains a license in another participating state within the one hundred eighty (180) days, the licensee's compact privileges in other participating states shall not be affected by the passage of the one hundred eighty (180) days.

2. Withdrawal shall not affect the continuing requirement of the state licensing board(s) of the withdrawing state to comply with the investigative, and adverse action reporting requirements of this compact prior to the effective date of withdrawal.

3. Upon the enactment of a statute withdrawing a state from this compact, the state shall immediately provide notice of such withdrawal to all licensees within that state. Such withdrawing state shall continue to recognize all licenses granted pursuant to this compact for a minimum of one hundred eighty (180) days after the date of such notice of withdrawal.

(d) Nothing contained in this compact shall be construed to invalidate or prevent any PA licensure agreement or other cooperative arrangement between participating states and between a participating state and nonparticipating state that does not conflict with the provisions of this compact.

(e) This compact may be amended by the participating states. No amendment to this compact shall become effective and binding upon any participating state until it is enacted materially in the same manner into the laws of all participating states as determined by the commission.

**(12) CONSTRUCTION AND SEVERABILITY.** (a) This compact and the commission's rule-making authority shall be liberally construed so as to effectuate the purposes, and the implementation and administration of the compact. Provisions of the compact expressly authorizing or requiring the promulgation of rules shall not be construed to limit the commission's rule-making authority solely for those purposes.

(b) The provisions of this compact shall be severable and if any phrase, clause, sentence or provision of this compact is held by a court of competent jurisdiction to be contrary to the constitution of any participating state, a state seeking participation in the compact, or of the United States, or the applicability thereof to any government, agency, person or circumstance is held to be unconstitutional by a court of competent jurisdiction, the validity of the remainder of this compact and the applicability thereof to any other government, agency, person or circumstance shall not be affected thereby.

(c) Notwithstanding par. (b) or this subsection, the commission may deny a state's participation in the compact or, in accordance with the requirements of sub. (10) (b), terminate a participating state's participation in the compact, if it determines that a constitutional requirement of a participating state is, or would be with respect to a state seeking to participate in the compact, a material departure from the compact. Otherwise, if this compact shall be held to be contrary to the constitution of any participating state, the compact shall remain in full force and effect as to the remaining participating states and in full force and effect as to the participating state affected as to all severable matters.

**(13) BINDING EFFECT OF COMPACT.** (a) Nothing herein prevents the enforcement of any other law of a participating state that is not inconsistent with this compact.

(b) Any laws in a participating state in conflict with this compact are superseded to the extent of the conflict.

(c) All agreements between the commission and the participating states are binding in accordance with their terms.

**448.9885 Implementation of the PA licensure compact.** (1) In this section:

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

(b) "Compact" means the PA licensure compact under s. 448.988.

(c) "Compact privilege" means a compact privilege, as defined in s. 448.988 (2) (b), that is granted under the compact to an individual to practice in this state.

(2) The department may impose a fee for an individual to receive a compact privilege as provided in s. 448.988 (3) (b).

(3) (a) An individual who holds a compact privilege shall comply with s. 440.03 (13) (am).

(b) Subject to s. 448.988 and any rules promulgated thereunder, ss. 440.20 to 440.22 and the rules promulgated under s. 440.03 (1) shall apply to an individual who holds a compact privilege in the same manner that they apply to holders of licenses issued under subch. IX.

**SECTION 41.** 450.10 (3) (a) 5. of the statutes, as affected by 2021 Wisconsin Act 251, is amended to read:

450.10 (3) (a) 5. A physician, physician assistant, podiatrist, physical therapist, physical therapist assistant, occupational therapist, occupational therapy assistant, or genetic counselor licensed under ch. 448, a physical therapist or physical therapist assistant who holds a compact privilege under subch. XI of ch. 448, ~~or~~ an occupational therapist or occupational therapy assistant who holds a compact privilege under subch. XII of ch. 448, or a physician assistant who holds a compact privilege under subch. XIII of ch. 448.

**SECTION 42.** 462.02 (2) (e) of the statutes is amended to read:

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

**SECTION 43.** 462.04 of the statutes, as affected by 2021 Wisconsin Act 251, 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 naturopathic doctor licensed under s. 466.04 (1), 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 who is licensed under s. 448.974 or who holds a compact privilege under subch. XIII of ch. 448, 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. XI of ch. 448.

**SECTION 44.** 895.48 (1m) (a) (intro.) of the statutes is amended to read:

895.48 **(1m)** (a) (intro.) Except as provided in par. (b), any physician, ~~naturopathic doctor, physician assistant,~~ podiatrist, or athletic trainer licensed under ch. 448, physician assistant who is licensed under subch. IX of ch. 448 or who holds a compact privilege under subch. XIII of ch. 448, chiropractor licensed under ch. 446, dentist licensed under ch. 447, emergency medical services practitioner licensed under s. 256.15, emergency medical responder certified under s. 256.15 (8), registered nurse licensed under ch. 441, ~~or a~~ massage therapist or bodywork therapist licensed under ch. 460, or naturopathic doctor licensed under ch. 466 who renders voluntary health care to a participant in an athletic event or contest sponsored by a nonprofit corporation, as defined in s. 66.0129 (6) (b), a private school, as defined in s. 115.001 (3r), a tribal school, as defined in s. 115.001 (15m), a public agency, as defined in s. 46.856 (1) (b), or a school, as defined in s. 609.655 (1) (c), is immune from civil liability for his or her acts or omissions in rendering that care if all of the following conditions exist:

**SECTION 45.** 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,~~ ~~to a~~ physician ~~licensed under subch. II of ch. 448,~~ or ~~to a~~ physician assistant ~~licensed under subch. IX 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 47.** 990.01 (27s) of the statutes is amended to read:

990.01 **(27s)** PHYSICIAN ASSISTANT. “Physician assistant” means a person who is licensed as a physician assistant under subch. IX of ch. 448 or who holds a compact privilege under subch. XIII of ch. 448.