



STATE OF WISCONSIN

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MEDICAL EXAMINING BOARD MEETING
Room 121A, 1400 E. Washington Avenue, Madison
DRL Contact: Tom Ryan (608) 261-2378
April 18, 2012

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 summary of the actions and deliberations of the Board.

8:00 A.M.

OPEN SESSION

- 1. Call to Order – Roll Call**
- 2. Declaration of Quorum**
- 3. Introduction of New Board Members**
- 4. Adoption of the Agenda (insert) (1-4)**
- 5. Approval of Minutes of March 21, 2012 (insert) (5-16)**
- 6. Case Presentations**

Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s) in the Matter of:

- a. David D. Kim, MD - 09 MED 122 **(167-172)**
 - Attorney Arthur Thexton
 - Case Advisor – Kenneth Simons
- b. William G. Sybesma, MD – 09 MED 249 **(173-180)**
 - Attorney Kim Kluck
 - Case Advisor – Raymond Mager
- c. Karen L. Butler, MD – 11 MED 117 **(181-186)**
 - Attorney Kim Kluck
 - Case Advisor – LaMarr Franklin
- d. Michael West, MD – 10 MED 147 **(157-196)**
 - Attorney Pamela Stach
 - Case Advisor – Sheldon Wasserman
- e. Syed G. Mohiuddin, MD – 10 MED 425 **(197-204)**
 - Attorney Pamela Stach
 - Case Advisor – Gene Musser

- f. Susan A. Watson, MD – 11 MED 096 **(205-210)**
 - Attorney Pamela Stach
 - Case Advisor – Kenneth Simons
- g. Michael T. Plante, MD – 11 MED 328 **(211-216)**
 - Attorney Pamela Stach
 - Case Advisor – Jude Genereaux

7. Executive Director Matters

- a. Medical Board Annual Report **(insert) (17-38)**
- b. Other

8. Items Received After Mailing of Agenda

- a. Presentation of Proposed Stipulations and Final Decisions and Orders
- b. Presentation of Proposed Decisions
- c. Presentation of Interim Orders
- d. Petitions for Re-hearing
- e. Petitions for Summary Suspension
- f. Petitions for Extension of Time
- g. Petitions for Assessments
- h. Petitions to Vacate Orders
- i. Requests for Disciplinary Proceeding Presentations
- j. Motions
- k. Appearances from Requests Received or Renewed
- l. Speaking Engagement, Travel and Public Relation Requests
- m. Application Issues
- n. Examination Issues
- o. Continuing Education Issues
- p. Practice Questions

9. Items for Board Discussion

- a. Prescription Drug Monitoring Program
- b. Maintenance of Licensure
- c. FSMB Matters
- d. Chapter MED 8 Update
- e. Chapter MED 10 Update
- f. Medical Board Newsletter
- g. Upcoming Outreach Opportunities
 - 1. WHA Wisconsin Rural Health Conference, June 28, 2012 – Gene Musser **(insert) (39-40)**
 - 2. Other

10. Legislative Report

- a. Review Legislation Signed Into Law and Review for Rule-Making **(insert) (41-56)**

11. Screening Panel Report

12. Informational Item(s) (insert) (57-64)

13. Public Comment(s)

14. Other Business

CLOSED SESSION

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (Wis. Stat. § 19.85 (1) (a)); consider closing disciplinary investigation(s) with administrative warning(s) (Wis. Stat. § 19.85 (1) (b), and Wis. Stat. § 440.205); consider individual histories or disciplinary data (Wis. Stat. § 19.85 (1) (f)); and to confer with legal counsel (Wis. Stat. § 19.85 (1) (g)).

CS-1 Full Board Oral Examination – 9:45 a.m. – Abedulnaasseer Mohammedlamien, MD (insert) (65-102)

CS-2 Oral Interview for Visiting Professor License – 10:05 a.m. – Aeyal Raz, MD (insert) (103-166)

CS-3 Deliberation of Stipulation(s), Final Decision(s) and Order(s) in the Matter of:

- a. David D. Kim, MD - 09 MED 122 **(insert) (167-172)**
 - Attorney Arthur Thexton
- b. William G. Sybesma, MD – 09 MED 249 **(insert) (173-180)**
 - Attorney Kim Kluck
- c. Karen L. Butler, MD – 11 MED 117 **(insert) (181-186)**
 - Attorney Kim Kluck
- d. Michael West, MD – 10 MED 147 **(insert) (187-196)**
 - Attorney Pamela Stach
- e. Syed G. Mohiuddin, MD – 10 MED 425 **(insert) (197-204)**
 - Attorney Pamela Stach
- f. Susan A. Watson, MD – 11 MED 096 **(insert) (205-210)**
 - Attorney Pamela Stach
- g. Michael T. Plante, MD – 11 MED 328 **(insert) (211-216)**
 - Attorney Pamela Stach

CS-4 Deliberation of Proposed Administrative Warning(s)

- a. 11 MED 247 (J.L.K., DO) **(insert) (217-220)**
 - Attorney Arthur Thexton
 - Case Advisor – Raymond Mager

CS-5 Monitoring

- a. Joel Jacobson, MD – Request for Modifications **(insert) (221-242)**

CS-6 Case Closings (insert) (243-244)

CS-7 Consulting with Legal Counsel

Deliberation of Items Received in the Bureau after Preparation of Agenda

- a. Proposed Stipulations
- b. Proposed Decisions and Orders
- c. Proposed Interim Orders
- d. Objections and Responses to Objections
- e. Complaints
- f. Petitions for Summary Suspension
- g. Remedial Education Cases
- h. Petitions for Extension of Time
- i. Petitions for Assessments
- j. Petitions to Vacate Orders
- k. Motions
- l. Administrative Warnings
- m. Matters Relating to Costs
- n. Appearances from Requests Received or Renewed
- o. Examination Issues
- p. Continuing Education Issues
- q. Application Issues
- r. Monitoring Cases
- s. Professional Assistance Procedure Cases

Division of Enforcement – Meeting with Individual Board Members

Division of Enforcement – Case Status Reports and Case Closings

Ratifying Licenses and Certificates

RECONVENE INTO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

Voting on Items Considered or Deliberated on in Closed Session if Voting is Appropriate

Other Business

ADJOURNMENT

12:30 PM

CLOSED SESSION

Examination of 4 Candidates for Licensure – Drs. Musser, Simons, Swan and Wasserman

**MEDICAL EXAMINING BOARD
MINUTES
FEBRUARY 15, 2012**

PRESENT: Carolyn Bronston; LaMarr Franklin; Jude Genereaux; Sujatha Kailas, MD (arrived 8:04 a.m.); Raymond Mager, DO; Suresh Misra, MD; Gene Musser, MD; Sandra Osborn, MD; Kenneth Simons, MD; Timothy Swan, MD (arrived 8:13 a.m.); Sridhar Vasudevan, MD; Sheldon Wasserman, MD

EXCUSED: Rodney Erickson, MD

STAFF: Tom Ryan, Executive Director; Sandy Nowack, Legal Counsel; Karen Rude-Evans, Bureau Assistant; other DSPS staff

GUESTS: Mark Grapentine, Wisconsin Medical Society; Eric Jensen, WAPA; Jeremy Levin, RWHC; Judy Warmuth, WHA; Tim Stumm, WHN

CALL TO ORDER

Dr. Sheldon Wasserman, Chair, called the meeting to order at 8:00 a.m. A quorum of ten (10) members was confirmed.

ADOPTION OF AGENDA

Amendments:

- Item 6b, under EXECUTIVE DIRECTOR MATTERS, add:
 - Updated Screening and Exams Assignments
- Item 8h – WMS ANNUAL MEETING AND RESOLUTIONS, insert additional information after page 44:
- Item CS-3 – REVIEW OF ADMINISTRATIVE WARNING, insert two additional items after page 224.
- Case Status Report – insert at the end of the agenda in closed session

Dr. Wasserman thanked DSPS staff for updating the agenda page to include the additional items.

MOTION: Suresh Misra moved, seconded by Kenneth Simons, to adopt the agenda as amended. Motion carried unanimously.

APPROVAL OF MINUTES OF FEBRUARY 15, 2012

Correction:

- On page 5, under EXECUTIVE DIRECTOR MATTERS, in the third line, delete “anesthesiologist/pain” and insert “physical medicine and rehabilitation”

Sheldon Wasserman welcomed Dr. Sridhar Vasudevan to the Board.

MOTION: Sandra Osborn moved, seconded by Suresh Misra, to approve the minutes of February 15, 2012 as corrected. Motion carried unanimously.

PRESENTATION OF PROPOSED STIPULATIONS, FINAL DECISIONS AND ORDERS

DOE Attorneys presented Proposed Stipulations, Final Decisions and Orders in the following disciplinary proceedings:

Warren A. Olson, MD	11 MED 114
William H. Shuler, MD	11 MED 278
William J. Washington MD	10 MED 423
Raju Fatehchand, MD	11 MED 423
Gurcharan S. Randhawa, MD	11 MED 126
Nicholas Caro, MD	10 MED 124
Cindy L. Gile, PA	10 MED 229
Mirian Organ, MD	10 MED 368
Karen Butler, MD	11 MED 117
David Buchanan, MD	10 MED 121
Eugene C. Rigstad, MD	10 MED 211
Kenneth E. Sparr, MD	11 MED 172
Gregory Goetz, MD	11 MED 308

These items will be deliberated in closed session.

EXECUTIVE DIRECTOR MATTERS

Resignation of Christopher Magiera, MD

Dr. Christopher Magiera has resigned from the Medical Examining Board. Dr. Rodney Erickson has been appointed to replace Dr. Magiera.

MOTION: Sheldon Wasserman moved, seconded by Suresh Misra, to send a letter to Dr. Magiera thanking him for his service on the Board. Motion carried unanimously.

Dr. Timothy Swan introduced himself and gave a brief history of his background.

Updated Screening and Exams Assignments

This item was informational.

ITEMS FOR BOARD DISCUSSION

Prescription Drug Monitoring Program (PDMP) Report

Gene Musser presented testimony at the Pharmacy Examining Board's public hearing on the PDMP. Questions were raised regarding access to information. The Pharmacy Examining Board is in the process of rule writing. Sandra Osborn is the MEB liaison for the PDMP; Tim Swan and Sridhar Vasudevan were asked to work with Dr. Osborn on this assignment.

Report from the Maintenance of Licensure Workgroup

Tom Ryan reported on the February 23, 2012 meeting of the MOL workgroup. The workgroup includes Sujatha Kailas, Raymond Mager, Kenneth Simons, and Tom Ryan. Sandy Waters from the FSMB also joined this meeting. This is a long term project.

MOTION: Sridhar Vasudevan moved, seconded by LaMarr Franklin, to approve Kenneth Simons to attend the FSMB meeting on the April 26, 2012 to participate in the MOL discussions and to work with the FSMB to assign pilot projects to Wisconsin. Motion carried unanimously.

The pilot projects the Board is interested in participating in are the State Board Readiness Inventory and the State Board License Renewal Process Integration. Carolyn Bronston expressed disappointment that Tom Ryan will not be attending the FSMB Annual Meeting due to travel restrictions.

FSMB Matters

The FSMB Annual Meeting will be held April 26-28, 2011, in Fort Worth, Texas. Sheldon Wasserman will attend as the Board's delegate. LaMarr Franklin received a FSMB public member scholarship for this meeting. Kenneth Simons will be attending the MOL workshop.

Wisconsin Medical Society Annual Meeting and Resolutions

Sandy Osborn reported on the MOL discussions from the Wisconsin Medical Society House of Delegates meeting.

MOTION: Sujatha Kailas moved, seconded by Kenneth Simons, to authorize Sandra Osborn to speak on behalf of the Board at the meeting of the Reference Committee of the Wisconsin Medical Society on April 20, 2012. Motion carried unanimously.

Review of Wis. Admin. Code Med 8

Gene Musser updated the Board on the discussions on Med 8. The workgroup continues to work on this rule.

Wis Admin. Code Chapter MED 10 Update

Sandy Nowack reported to the Board on the current status of MED 10.

Report from the DSPS Website Improvement Workgroup

Tom Ryan updated the board on the website improvement efforts at DSPS. Board member comments were forwarded to DPSP staff assigned to revamp the website. The workgroup will not meet at this time as this has turned into a long term project.

Medical Examining Board Newsletter

Topics for the next Newsletter should be submitted by the end of May.

Upcoming Outreach Opportunities

Sandra Osborn spoke to the Aurora Healthcare Group on March 3, 2012, and will give a presentation to the Patient, Doctor and Society (PDS) class next week at the U.W. School of Medicine.

Sheldon Wasserman will speak to the graduating class at the Medical College of Wisconsin on May 3, 2012.

Guidelines for Meeting Procedures and Conflicts

Sandy Nowack reviewed this information with the Board.

LEGISLATIVE REPORT

AB 547, SB 383, SB 421 and SB450

Tom Ryan reviewed the status of legislation with the Board.

Senate Bill 464/Assembly Bill 615 – Committee Testimony

The Board noted Dr. Musser’s testimony on Senate Bill 464/Assembly Bill 615.

SCREENING PANEL REPORT

Jude Genereaux reported forty three (43) cases were screened. Nineteen (19) cases were opened and ten (10) ten-day letters were sent.

INFORMATIONAL ITEMS

The informational items were noted.

PUBLIC COMMENTS

None.

OTHER BUSINESS

None.

RECESS TO CLOSED SESSION

MOTION: Kenneth Simons moved, seconded by Sandra Osborn, to convene to closed session to deliberate on cases following hearing (Wis. Stat. § 19.85 (1) (a)); consider closing disciplinary investigation(s) with administrative warning(s) (Wis. Stat. § 19.85 (1) (b), and Wis. Stat. § 440.205); consider individual histories or disciplinary data (Wis. Stat. § 19.85 (1) (f)); and to confer with legal counsel (Wis. Stat. § 19.85 (1) (g)). Roll call: Carolyn Bronston-yes; LaMarr Franklin-yes; Jude Genereaux-yes; Sujatha Kailas-yes; Raymond Mager-yes; Suresh Misra-yes; Gene Musser-yes; Sandra Osborn-yes; Kenneth Simons-yes; Timothy Swan-yes; Sridhar Vasudevan-yes; Sheldon Wasserman-yes. Motion carried unanimously.

Open session recessed at 10:05 a.m.

RECONVENE IN OPEN SESSION

MOTION: Kenneth Simons moved, seconded by LaMarr Franklin, to reconvene in open session. Motion carried unanimously.

Open session reconvened at 1 p.m.

VOTING ON ITEMS CONSIDERED/DELIBERATED IN CLOSED SESSION

MOTION: LaMarr Franklin moved, seconded by Sandra Osborn, to reaffirm all motions made in closed session. Motion carried unanimously.

PROPOSED STIPULATIONS, FINAL DECISIONS AND ORDERS

**WARREN A OLSON MD
11 MED 114**

MOTION: Carolyn Bronston moved, seconded by Kenneth Simons, to adopt the Findings of Fact, Conclusions of Law, Final Decision and Order in the disciplinary proceedings against Warren A. Olson, MD. Motion carried unanimously.

WILLIAM H SHULER, MD
11 MED 278

MOTION: Sujatha Kailas moved, seconded by Suresh Misra, to adopt the Findings of Fact, Conclusions of Law, Final Decision and Order in the disciplinary proceedings against William H. Shuler, MD. Motion carried unanimously.

WILLIAM J WASHINGTON, MD
10 MED 423

MOTION: Kenneth Simons moved, seconded by Sandra Osborn, to adopt the Findings of Fact, Conclusions of Law, Final Decision and Order in the disciplinary proceedings against William J. Washington, MD. Motion carried unanimously.

RAJU FATEHCHAND, MD
11 MED 276

MOTION: Sujatha Kailas moved, seconded by Suresh Misra, to adopt the Findings of Fact, Conclusions of Law, Final Decision and Order in the disciplinary proceedings against Raju Fatehchand, MD. Motion carried unanimously.

GURCHARAN S RANDHAWA, MD
11 MED 126

MOTION: Suresh Misra moved, seconded by LaMarr Franklin, to adopt the Findings of Fact, Conclusions of Law, Final Decision and Order in the disciplinary proceedings against Gurcharan S. Randhawa, MD. Motion carried unanimously.

NICHOLAS CARO, MD
10 MED 124

MOTION: Carolyn Bronston moved, seconded by Kenneth Simons, to adopt the Findings of Fact, Conclusions of Law, Final Decision and Order in the disciplinary proceedings against Nicholas Caro, MD. Motion carried unanimously.

**CINDY L GILE, PA
10 MED 229**

MOTION: Sujatha Kailas moved, seconded by Suresh Misra, to adopt the Findings of Fact, Conclusions of Law, Final Decision and Order in the disciplinary proceedings against Cindy L. Gile, PA. Motion carried unanimously.

**MIRIAN ORGAN, MD
10 MED 368**

MOTION: LaMarr Franklin moved, seconded by Kenneth Simons, to adopt the Findings of Fact, Conclusions of Law, Final Decision and Order in the disciplinary proceedings against Mirian Organ, MD. Motion carried unanimously.

**KAREN BUTLER, MD
11 MED 117**

MOTION: Carolyn Bronston moved, seconded by Kenneth Simons, to reject the Findings of Fact, Conclusions of Law, Final Decision and Order in the disciplinary proceedings against Karen Butler, MD. Motion carried unanimously.

**DAVID BUCHANAN, MD
10 MED 121**

MOTION: Raymond Mager moved, seconded by Suresh Misra, to adopt the Findings of Fact, Conclusions of Law, Final Decision and Order in the disciplinary proceedings against David Buchanan, MD. Motion carried unanimously.

**EUGENE C RIGSTAD, MD
10 MED 211**

MOTION: Sujatha Kailas moved, seconded by Sridhar Vasudevan, to adopt the Findings of Fact, Conclusions of Law, Final Decision and Order in the disciplinary proceedings against Eugene C. Rigstad, MD. Motion carried unanimously.

KENNETH E SPARR, MD
11 MED 172

MOTION: Suresh Misra moved, seconded by LaMarr Franklin, to adopt the Findings of Fact, Conclusions of Law, Final Decision and Order in the disciplinary proceedings against Kenneth E. Sparr, MD. Motion carried. Sandra Osborn and Sujatha Kailas opposed.

GREGORY GOETZ, MD
11 MED 308

MOTION: Carolyn Bronston moved, seconded by Kenneth Simons, to adopt the Findings of Fact, Conclusions of Law, Final Decision and Order in the disciplinary proceedings against Gregory Goetz, MD. Motion carried unanimously.

PROPOSED ADMINISTRATIVE WARNING(S)

MOTION: Raymond Mager moved, seconded by Sandra Osborn, to issue the Administrative Warning in case **10 MED 153 against respondent J.C.H., MD.** Motion carried unanimously.

REVIEW OF ADMINISTRATIVE WARNING

DOE Attorney Pamela Stach, respondent's Attorney Steven Sager and the respondent, appeared before the Board.

MOTION: Sujatha Kailas moved, seconded by Kenneth Simons, to uphold the Administrative Warning in case **10 MED 188 against respondent E.S.J, MD.** Motion failed. Gene Musser was excused during deliberation and abstained from voting.

MOTION: Carolyn Bronston moved, seconded by Raymond Mager, to rescind the Administrative Warning in case **10 MED 188 against respondent E.S.J, MD.** Motion carried. Sujatha Kailas and Kenneth Simons opposed. Gene Musser was excused during deliberation and abstained from voting.

CONSIDERATION OF COMPLAINT(S)

MOTION: Carolyn Bronston moved, seconded by Sridhar Vasudevan, to find probable cause to issue a complaint in the matter of **11 MED 325.** Motion carried unanimously.

MOTION: Carolyn Bronston moved, seconded by Suresh Misra, to find probable cause to issue a complaint in the matter of **10 MED 299**. Motion carried. Sandra Osborn was excused during deliberation and abstained from voting.

MOTION: Kenneth Simons moved, seconded by LaMarr Franklin, to find probable cause to issue a complaint in the matter of **11 MED 340**. Motion carried. Carolyn Bronston was excused during deliberation and abstained from voting.

MOTION: Kenneth Simons moved, seconded by Gene Musser, to find probable cause to issue a complaint in the matter of **11 MED 390**. Motion carried. Sridhar Vasudevan was excused during deliberation and abstained from voting.

REQUEST FOR EQUIVALENCY OF ACGME APPROVED POST-GRADUATE TRAINING

AHMED MANSOUR ELKENANY, MD

MOTION: Carolyn Bronston moved, seconded by Sandra Osborn, to grant the request from Ahmed Mansour Elkenany, MD, for equivalency of the ACGME approved post-graduate training. Motion carried 5 to 3. Kenneth Simons abstained.

HARI KORSAPATI, MD

MOTION: Sujatha Kailas moved, seconded by Timothy Swan, to deny the request from Hari Korsapati, MD, for equivalency of the ACGME approved post-graduate training. Motion carried. Sandra Osborn and Carolyn Bronston opposed. Kenneth Simons abstained.

LUIS ANTONIO SOSA LOZANO, MD

MOTION: Gene Musser moved, seconded by Sandra Osborn, to grant the request from Luis Antonio Sosa Lozano, MD, for equivalency of the ACGME approved post-graduate training. Motion carried. Kenneth Simons abstained.

RECONSIDERATION OF REQUEST FOR EQUIVALENCY OF ACGME APPROVED POST-GRADUATE TRAINING

DENIS M JONES, MD

MOTION: Timothy Swan moved, seconded by Sridhar Vasudevan, to deny reconsideration for equivalency of the ACGME approved post-graduate

training for Denis M. Jones, MD. Motion carried. Sujatha Kailas opposed. Kenneth Simons abstained.

REQUEST(S) FOR WAIVER/EXTENSION OF TIME FOR CME REQUIREMENT

MOTION: Carolyn Bronston moved, seconded by Kenneth Simons, to deny the request from **W.G.S., DO**, for a waiver of the CME requirement. Motion carried. Sujatha Kailas opposed. Raymond Mager abstained.

MOTION: Sandra Osborn moved, seconded by Gene Musser, to deny the request from **M.A.M., DO**, for an extension of time to complete the CME requirement. Motion carried. Sujatha Kailas opposed.

MOTION: LaMarr Franklin moved, seconded by Carolyn Bronston, to deny the request from **T.C.R., DO**, for an extension of time to complete the CME requirement. Motion carried. Sujatha Kailas opposed.

MONITORING

MILAN JORDAN, MD

MOTION: Raymond Mager moved, seconded by Carolyn Bronston, to grant the request from Milan Jordan, MD, for full licensure. Motion carried unanimously.

CASE CLOSINGS

MOTION: Kenneth Simons moved, seconded by Suresh Misra, to close case **11 MED 430** for prosecutorial discretion (P7). Motion carried unanimously.

MOTION: Sujatha Kailas moved, seconded by LaMarr Franklin, to close case **11 MED 195** for no violation. Motion carried unanimously.

MOTION: Raymond Mager, moved, seconded Sandra Osborn, to close case **11 MED 075** for insufficient evidence. Motion carried unanimously.

MOTION: Suresh Misra, moved, seconded LaMarr Franklin, to close case **11 MED 110** for no violation. Motion carried unanimously.

MOTION: Carolyn Bronston moved, seconded by Sujatha Kailas, to close case **11 MED 213** for insufficient evidence. Motion carried unanimously.

MOTION: Kenneth Simons moved, seconded by Suresh Misra, to close case **09 MED 422** for insufficient evidence. Motion carried. Timothy Swan and Sridhar Vasudevan abstained.

MOTION: Suresh Misra moved, seconded by LaMarr Franklin, to close case **10 MED 121 against respondent T.D.W., MD**, for no violation. Motion carried unanimously.

MOTION: Kenneth Simons moved, seconded by Suresh Misra, to close case **10 MED 121 against respondent G.D.B., MD**, for no violation. Motion carried unanimously.

MOTION: Sujatha Kailas moved, seconded by Sandra Osborn, to close case **11 MED 327** for prosecutorial discretion (P1). Motion carried unanimously.

RATIFY ALL LICENSES AND CERTIFICATES

MOTION: Suresh Misra moved, seconded by Sujatha Kailas, to ratify all licenses and certificates as issued. Motion carried unanimously.

OTHER BUSINESS

None.

ADJOURNMENT

MOTION: Sujatha Kailas moved, seconded by Kenneth Simons to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 1:16 p.m.

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

AGENDA REQUEST FORM

Name and Title of Person Submitting the Request: David Carlson-Communications Specialist		Date When Request Submitted: 4/5/2012	
Items will be considered late if submitted after 5 p.m. and less than:			
<ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before meeting for all other boards 			
Name of Board, Committee, Council: Medical Examining Board			
Board Meeting Date: April 18, 2012	Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	How should the item be titled on the agenda page? Review of Medical Examining Board Annual Report	
Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	Is an appearance before the Board being scheduled? If yes, by whom? <input type="checkbox"/> Yes by _____ (name) <input type="checkbox"/> No	Name of Case Advisor(s), if required:	
Describe the issue and action the Board should address: This is the final draft of the 2011 Medical Examining Board Annual Report, submitted for Board approval.			
If this is a "Late Add" provide a justification utilizing the Agenda Request Policy:			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Late Adds must be authorized by a Supervisor, DOE Division Administrator, and Bureau Director. 3. Provide original documents needing Board Chairperson signature to the Bureau Director or Program Assistant prior to the start of a meeting.			
Authorization:			
 Signature of person making this request		4/5/12 Date	
Supervisor (if required)		Date	
Division Administrator (if required)		Date	
Bureau Director signature (indicates approval to add late items to agenda)		Date	

Wisconsin Medical Examining Board

Annual Report



January 1 – December 31, 2011

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Board Membership and Department Personnel

The Medical Examining Board (**MEB**) consists of 13 members who are all appointed by the Governor and approved by the Senate.

2011 MEB Members

Sujatha Kailias, MD MBA, Chair (Fond du Lac)

Sandra Osborn, MD Vice-Chair (Madison)

Sheldon Wasserman, MD Secretary (Milwaukee)

Ian Munro, MD (Green Bay)

Carolyn Bronston, Public Member (Wausau)

James P. Conterato, MD (Marshfield)

LaMarr Franklin, Public Member (Glendale)

Jude Genereau, Public Member (Ellison Bay)

Azita Hamedani, MD (Verona)

Christopher Magiera, MD (Wausau)

Raymond Mager, DO (Bayside)

Suresh Misra, MD (Milwaukee)

Gene Musser, MD (Madison)

Ken Simons, MD (Milwaukee)

2011 Executive Staff

Dave Ross, Secretary

John Scocos, Deputy Secretary

Bill Wendle, Deputy Secretary

John Murray, Executive Assistant

Greg Gasper, Executive Assistant

Administrative Staff

Tom Ryan, Executive Director

Sandra Nowack, Legal Counsel

Michael Berndt, Legal Counsel

Shawn Leatherwood, Advanced Paralegal

Karen Rude-Evans, Bureau Assistant

Executive Summary

2011 marked another year of innovation, progress and outreach for the Wisconsin Medical Examining Board.

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Dave Ross was appointed Secretary of the newly constituted Department of Safety and Professional Services. Born and raised in Superior, Wisconsin, Secretary Ross graduated from Superior Senior High School in 1970 and received a Bachelor of Science degree in Communication Arts from the University of Wisconsin-Superior. Secretary Ross grew up in a small business family and was self-employed for more than 20 years in an upholstery business.

The Board welcomed two new members in 2011. Dr. Christopher Magiera, a gastroenterologist with the Ministry Medical Group in Marshfield, and Dr. Kenneth Simons, the Associate Dean for Graduate Education and a Professor of Ophthalmology at the Medical College of Wisconsin in Milwaukee. Dr. Sheldon Wasserman, an obstetrician/gynecologist with the Medical College of Wisconsin and former state legislator, was elected Chair for 2012.

The Board continued to amend its rule governing physician assistants to expand the physician to physician assistant supervision ratio. A workgroup has met several times to discuss the Board's rule relating to professional conduct, which has not been updated in years. In February, the Board passed a motion in favor of serving as a pilot state for Maintenance of Licensure, a program of continuous professional development that encourages physicians to demonstrate continuing competence. Work continued on the Board's American Reinvestment and Recovery Act (ARRA) portability grant, which included a criminal background check requirement for all new licensees.

The Division of Enforcement resolved 78 percent more complaints than it did in 2010, significantly reduced the number of open cases, and met its goal of resolving cases within the timelines and statutory deadlines. The Division of Professional Credential Processing completed the MD license renewal in November, which included a voluntary survey measuring the current MD workforce in Wisconsin.

Two MEB Newsletters were sent to the Board's licensees and subscribers. The Newsletters provide a message from the Board Chair, guidance on areas of clinical practice, and summarize disciplinary actions taken by the Board. In addition, Board members and Department staff visited with several stakeholder groups to address Board related matters, and participated actively in Federation of State Medical Boards (FSMB) committees.

Division of Board Services

The Board passed a motion in February to serve as a pilot state for the Federation of State Medical Board's Maintenance of Licensure initiative and is carefully considering options. The Board also began the rule writing process to modify Wisconsin Administrative Code Chapters 8 and 10. Chapter 8 addresses the supervision of physician assistants. The Board seeks to increase the current physician to physician assistant supervision ratio of 1:2 to 1:4. Chapter 10 is the unprofessional conduct rule, and the Board will make needed updates. The Board also entered a partnership with the Wisconsin Health Workforce Data Collaborative to pilot a voluntary workforce survey that was sent out with license renewals in the fall. The survey data will be used to identify health professional shortage areas and to project workforce needs into the future.

The Board continued with an active educational outreach program. Two Newsletters were sent by e-mail to all license holders, one in the spring and one in the fall. In addition to the discipline summaries and updates from the Board Chair, the Newsletters provided guidance for prescribing opioids, the duty to report a physician colleague's unsafe practice, sexual boundaries and chaperones, tips on avoiding boundary issues, recent changes to the Professional Assistance Program (formerly the Impaired Professionals Procedure), and an update regarding the Board's decision to be a pilot state for Maintenance of Licensure.

In addition, Board members and Department staff delivered presentations to stakeholder groups and members of the public. Tom Ryan met with the Wisconsin Medical Society to discuss its quality data initiatives in January and presented information about physician credentialing and Maintenance of Licensure to the Wisconsin Hospital Association in November. Board member Sandra Osborn and Division of Enforcement staff spoke to the University of Wisconsin School of Medicine and Public Health's (UWSMPH) "Patient, Doctors and Society" class about physician impairment and recovery in March. Sheldon Wasserman spoke to the Medical College of Wisconsin's graduating class in May, the leadership of the Wisconsin Hospital Association in Elkhart Lake in June, and to surgical residents at the Medical College of Wisconsin in November. Gene Musser spoke to the Dane County Chapter of the Wisconsin Medical Society in January about the physician duty to report and to the Wisconsin Psychiatric Association regarding Maintenance of Licensure in October. Carolyn Bronston provided an overview of the Medical Board's structure and function to the Wausau Kiwanis Club in April and to the Metro Club of Wausau in November.

Ray Mager attended the American Association of Osteopathic Examiners Summit meeting in January in Las Vegas, which focused on telemedicine, maintenance of licensure, physician re-entry, professional assistance programs and prescription drug monitoring programs. Tom Ryan and Board member Sandra Osborn attended the UWSMPH Physician Assessment Center's Comprehensive and Individualized Physician Assessment Conference in Madison in June, following a presentation to the Board in April by Dr. Robert Steele, the Medical Director for Physician Assessment Services at UWSMPH. The conference focused on the most common reasons why licensed physicians leave the practice of medicine and options for re-entering the profession. Sandra Osborn attended a meeting

of the United States Medical Licensing Examination (USMLE) Step 3 Committee in Eulless, TX in August. Drs. Kailas and Musser, Tom Ryan and two Department staff members attended the Federation of State Medical Board's annual meeting in Seattle in April. Board legal counsel Sandra Nowack and Division of Enforcement Attorney Aaron Konkel attended a conference in August sponsored by the Colorado Center for Personalized Education of Physicians (CPEP) in Denver.

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Gene Musser continued to serve on the Federation of State Medical Board's (FSMB) Special Committee on Re-Entry to Practice and its Education Committee, Sandra Osborn was on the Editorial Committee of the FSMB Journal of Medical Regulation and was a member of the United States Medical Licensing Examination (USMLE) Item Writing and Standard Setting Committee. Sujatha Kailas is serving a 3 year term on the USMLE Step 3 Committee, and Tom Ryan served as a member of the FSMB Bylaws Committee.

The Board continued to make progress on its license portability project, which is funded by an American Reinvestment and Recovery Act (ARRA) grant that will conclude at the end of February, 2012. Information Technology staff have neared completion on the electronic license verification portion of the project, which will eliminate paper-based license verifications and provide a national platform for electronic verification. In addition, eight Midwestern states comprise a task force that is currently considering a finalized Declaration of Cooperation, which moves the states closer to standardization of licensing procedures for certain physicians who apply for a license in one of the task force states.

ENFORCEMENT ACTIVITY

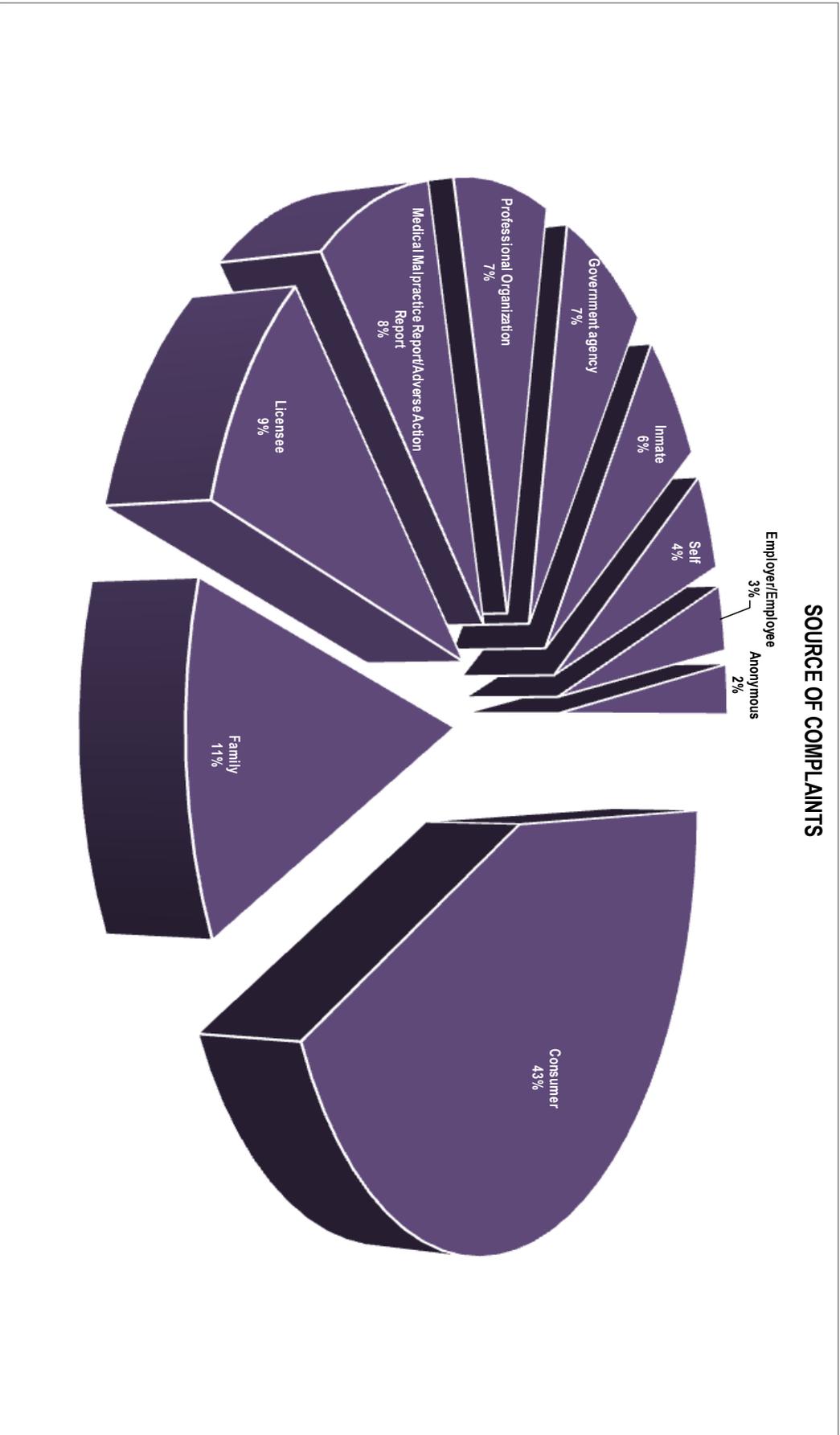
The Division of Enforcement (DOE) provides intake staff, investigators, paralegals and prosecutors to screen, investigate and prosecute consumer complaints against Wisconsin licensed medical professionals. DOE also monitors disciplinary orders to ensure compliance and provides the Professional Assistance Procedure (PAP) management for impaired professionals. The Medical and Affiliated Boards Enforcement Team was established on September 28, 2009. It currently includes 3.0 FTE attorney positions, 1.5 FTE paralegal positions, and 3.0 FTE investigator positions. The MED Team is currently adequately staffed, caseloads have never been in better shape at an average of 56 and DOE has the capacity to designate additional investigators, paralegal and attorney staff should the influx of new MED complaints increase.

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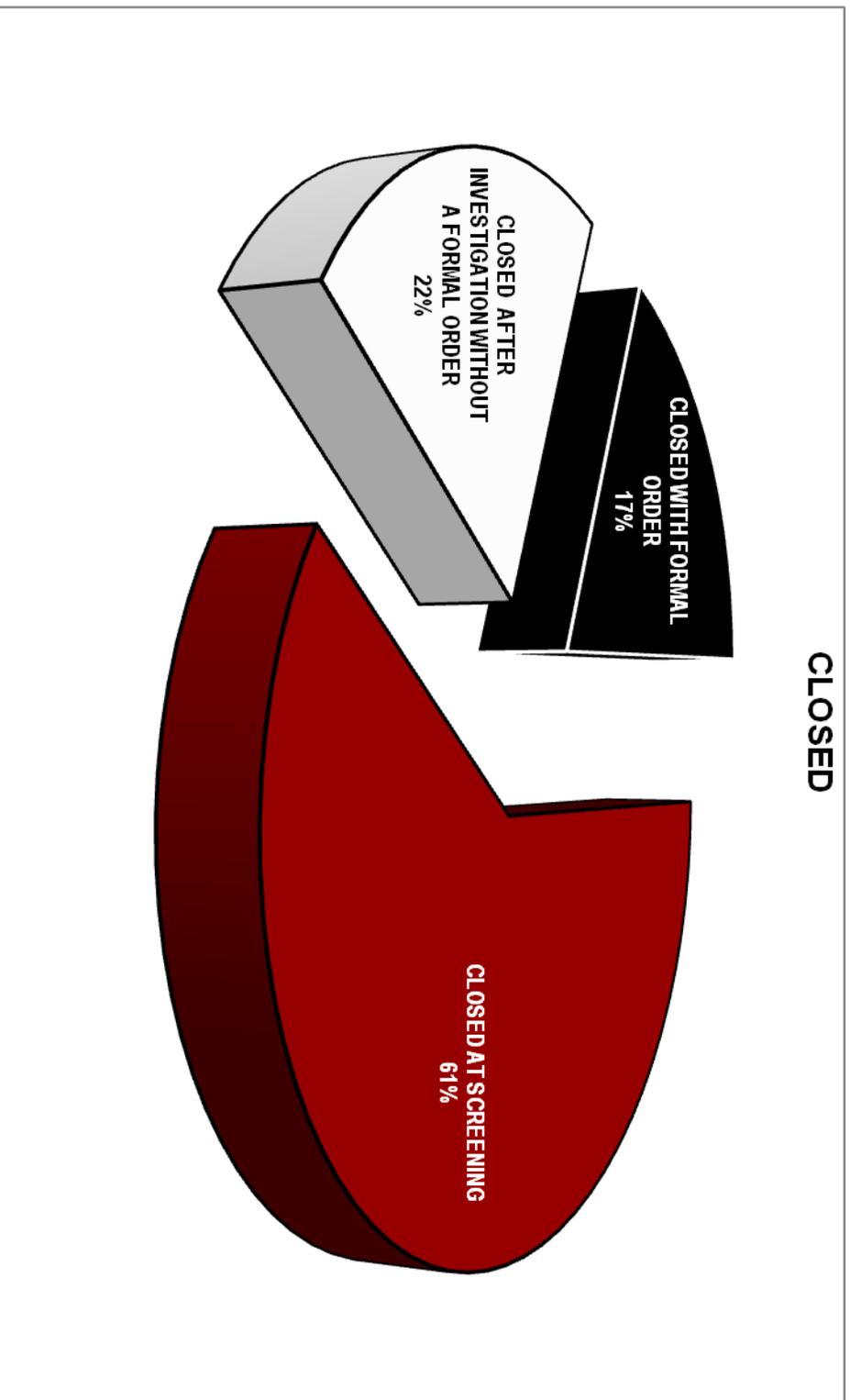
Key Team and DOE statistics for the Medical Examining Board in 2011:

- The number of formal resolutions of complaints rose from 54 in 2010 to 96 in 2011, an increase of 78%.
- Unresolved cases from 2008 and earlier totaled 27 in February 2011. There were just four such cases as of February 14, 2012.
- Statutory deadlines for death and three year cases were met 100% of the time.
- The most common disciplines issued by the Board in 2011 were reprimands and license limitations.
- Consumers were the primary source of complaints.
- 17 Administrative Warnings were issued. Administrative warnings are non-disciplinary and their content is confidential. In the past three years, the conduct most often underlying administrative warnings has included record-keeping violations and minor issues in prescriptive practices.
- The average length of time to process cases under the jurisdiction of the Medical Examining Board was 17.52 months for respondents closed with Formal Orders and 10.48 months for respondents closed without Formal Orders after investigation.
- As of January 1, 2012, there were 11 physicians enrolled in the PAP.

DOE implemented production metrics and prosecutorial policies and procedures in January 2012 to create better efficiencies, higher accountability by the prosecutorial staff and to ensure the highest standards of production and service to the Board.



CLOSED



CLOSED AT SCREENING: 315 (61%)

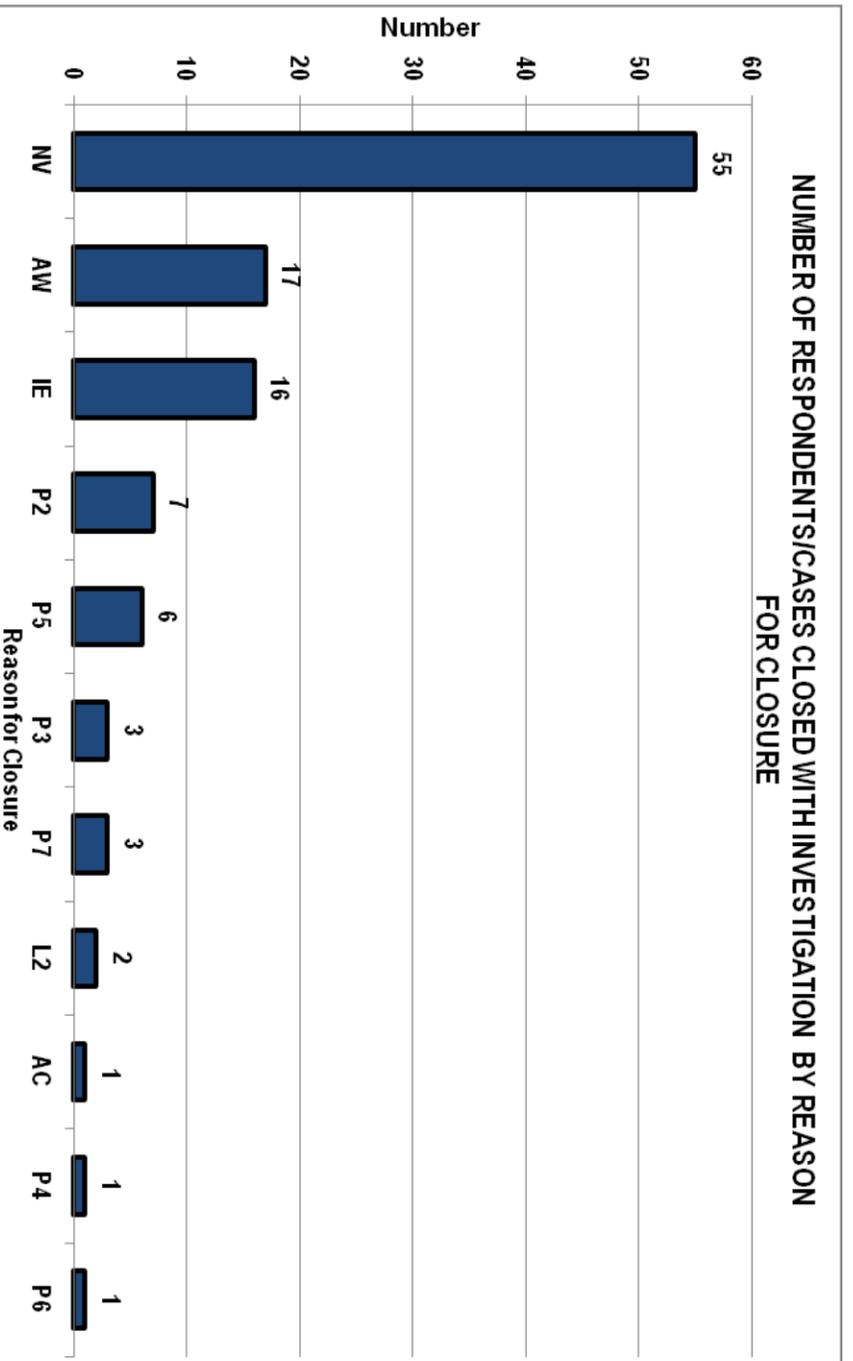
Copies of the complaint and related information are screened by the Medical Examining Board Screening Panel and DOE legal staff to determine if an investigation is warranted. Complaints that do not warrant investigation are closed.

CLOSED AFTER INVESTIGATION WITHOUT A FORMAL ORDER: 112 (22%) This count includes 17 respondents closed with a * Administrative Warning.

The investigator and attorney develop an investigative plan. Investigative staff gathers necessary evidence and make contacts with witnesses. The case advisor is consulted on issues requiring professional expertise. The results of the investigation are provided to and discussed with the case advisor. The case advisor will make a final recommendation on the case. Cases that do not warrant professional discipline are closed. * *Administrative Warning: Issued if a violation is of a minor nature and a first occurrence and the warning will adequately protect the public. Not reported to the National Practitioner's Data Bank (NPDB). The content of the warning is not public information.*

CLOSED WITH FORMAL ORDER: 96 (17%)

Cases may resolve by means of stipulated agreements. Cases may go to hearing where the DOE attorney litigates the case before an administrative law judge (ALJ). The ALJ issues a proposed decision which is reviewed by the board. If a violation is found, discipline may be imposed.



NO VIOLATION OF STATUTES OR RULES - There is sufficient evidence to show that no violation of statutes or rules occurred.

ADMINISTRATIVE WARNING - There was an administrative warning issued to the credential holder pursuant to Wis. Stat. § 440.205. Administrative warnings do not constitute an adjudication of guilt or the imposition of discipline and may not be used as evidence that the credential holder is guilty of the alleged misconduct.

INSUFFICIENT EVIDENCE FOR PROSECUTION - There is insufficient evidence to meet the standard of proof required to prove that a violation occurred.

PROSECUTORIAL DISCRETION (P2) - There may have been a minor or technical violation but a decision was made not to commence formal disciplinary action on the grounds that compliance with statutes or rules has been gained.

PROSECUTORIAL DISCRETION (P5) - There may have been a violation, but because the person or entity in question cannot be located, is no longer actively practicing or does not have a current credential to practice, a decision was made to close the case and place a "FLAG OR HOLD" on the credential in accordance with the Department's "Hold Status and Flagged Credentials" Policy. In the event that the person or entity is located an application for renewal of the credential is received or the credential is renewed, the case may be re-opened and reconsidered.

PROSECUTORIAL DISCRETION (P3) - There may have been a violation that is more than a minor or technical violation. However, it is not a violation, which caused serious harm, and a determination has been made that the expenditure of resources required to pursue the violation would greatly exceed the value to the public of having the matter pursued.

PROSECUTORIAL DISCRETION (P7) - There may have been a violation, but the regulatory authority has taken action in regard to this credential holder that addressed the conduct and further action is unnecessary.

LACK OF JURISDICTION (L2) - There is authority to act on the subject matter or the complaint, but no authority to act regarding the person or entity in question.

ADMINISTRATIVE CLOSURE - There is a duplicate complaint; a file was opened in error; or the Respondent named in the complaint is inaccurately identified.

PROSECUTORIAL DISCRETION (P4) - The conduct of the credential holder may constitute negligence but does not constitute practice below the minimal standards of the profession.

PROSECUTORIAL DISCRETION (P6) - There may have been a violation, but litigation is pending which involves the credential holder and affects the licensing authority's ability to investigate the case. At the conclusion of the litigation, the case will be reviewed and the licensing authority may consider the case once again.

TYPE OF VIOLATION/CONDUCT FROM FINAL DECISIONS and ORDERS
 (sorted by Percent from highest - lowest)

TYPE OF VIOLATION/TYPE OF CONDUCT	NUMBER	PERCENT
RECORDKEEPING VIOLATIONS	14	12.8%
DRUG PRESCRIBING VIOLATIONS	11	10.1%
MENTAL/PHYSICAL ILLNESS	10	9.2%
QUALITY OF CARE - GENERAL SURGERY	10	9.2%
SEXUAL CONTACT	10	9.2%
QUALITY OF CARE - PAIN MANAGEMENT	9	8.3%
CONDUCT INVOLVED DEATH	8	7.3%
CRIMINAL CONVICTION	8	7.3%
QUALITY OF CARE - OBSTETRICS	6	5.5%
BOUNDARY VIOLATIONS	4	3.7%
QUALITY OF CARE - ONCOLOGY	4	3.7%
QUALITY OF CARE - CARDIOLOGY	3	2.8%
DRUG DIVERSION FOR SELF USE	2	1.8%
FRAUDULENT BILLING	2	1.8%
IMPAIRMENT	2	1.8%
QUALITY OF CARE - EMERGENCY MED	2	1.8%
QUALITY OF CARE - PSYCHIATRY	2	1.8%
QUALITY OF CARE - OPHTHALMOLOGY	1	0.9%
QUALITY OF CARE - ORTHOPEDICS	1	0.9%
TOTAL	109	100.0%

NOTES

1. A Final Decision and Order may have more than one conduct/violation therefore; the conduct/violation numbers will be higher than the number of Final Decisions and Orders issued.
2. Of the violations/conduct listed above, 21 are from disciplinary action in another state based on conduct occurring in the other state.

TYPE OF DISCIPLINE/OUTCOME ISSUED FROM FINAL DECISIONS and ORDERS
 (sorted by percent from highest - lowest)

TYPE OF DISCIPLINE/OUTCOME	NUMBER	PERCENT
REPRIMAND	47	28.3%
LIMITATION REQUIRING EDUCATION/TESTING WITH FINDINGS	36	21.7%
LIMITATION RESTRICTING PRACTICE WITH FINDINGS	13	7.8%
SURRENDER/AGREEMENT - IF REAPPLY BOARD MAY IMPOSE LIMITATIONS	10	6.0%
LIMITATION REQUIRING TREATMENT WITH FINDINGS	8	4.8%
SURRENDER/AGREEMENT - REQUIREMENTS TO BE MET BEFORE REAPPLYING	7	4.2%
LIMITATION REQUIRING MENTOR/SUPERVISION WITH FINDINGS	6	3.6%
SURRENDER/AGREEMENT NOT TO RENEW WITH FINDINGS	6	3.6%
LIMITATION REQUIRING REPORTS WITH FINDINGS	5	3.0%
SUSPENSION (STAYED)	5	3.0%
SURRENDER/AGREEMENT - RENEW UPON PAYMENT OF FEE	4	2.4%
LIMITATION REQUIRING SCREENS WITH FINDINGS	3	1.8%
REVOCATION	3	1.8%
SUSPENSION	3	1.8%
SUSPENSION (SUMMARY)	3	1.8%
SUSPENSION (STAY REMOVED)	3	1.8%
DISMISSAL	2	1.2%
LICENSE DENIAL, AFFIRMING	1	0.6%
LIMITATION REQUIRING ASSESSMENT WITH FINDINGS	1	0.6%
TOTAL	166	100.0%

DISMISSAL: An Order of judgement finally disposing of an action without further consideration

LIMITATION: Defined in Wis. Stat. § 440.01(1)(d) to mean "to impose conditions and requirements upon the holder of the credential, and to restrict the scope of the holder's practice."

REPRIMAND: A public warning of the licensee for a violation. This is reported to the National Practitioner Data Bank.

SUSPENSION (SUMMARY): expedited disciplinary procedure that is used when necessary for immediate protection of the public health, safety or welfare.

SUSPENSION: Wis. Stat. § 440.01(h) "to completely and absolutely withdraw and withhold for a period of time all rights, privileges and authority previously conferred by the credential." Licensee may not engage in the practice of the profession during term of suspension.

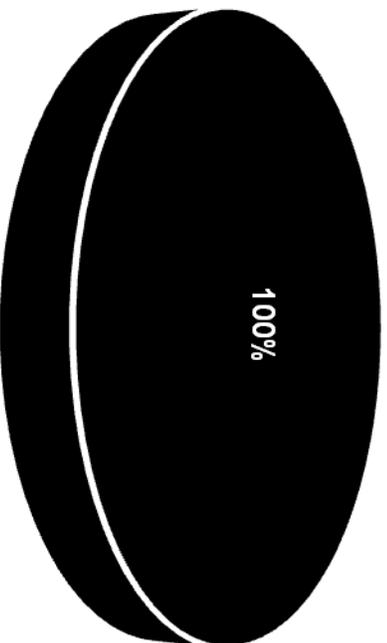
REVOCATION: Wis. Stat. § 440.01(f) "to completely and absolutely terminate the credential and all rights, privileges and authority previously conferred by the credential."

NOTES

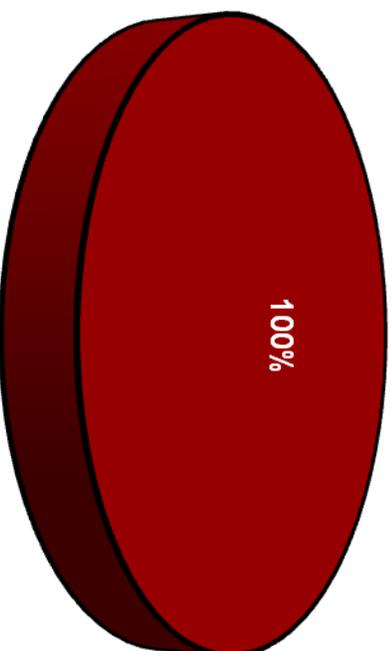
The total number of disciplines/outcomes will be higher than the number of Final Decisions and Orders. A Final Decision and Order may involve multiple disciplines.

This chart does not include Administrative Warnings because they are not considered disciplines.

DEATH CASES



THREE YEAR



Wis. Stat. § 448.02(3)(cm) – The Board may initiate disciplinary action against a physician no later than one year after initiating an investigation of an allegation involving the death of a patient and no later than three years after initiating an investigation of any other allegation, unless the Board shows to the satisfaction of the Secretary that a specified extension of time is necessary for the Board to determine whether a physician is guilty of unprofessional conduct or negligence in treatment.

Date initiating an investigation – Wis. Admin. Code § RL 2.20(2) Computing Time Limits. In computing time limits under Wis. Stat. § 448.02(3)(cm), the date of initiating an investigation shall be the date of the decision to commence an investigation of an informal complaint following the screening of the informal complaint under WI Admin Code § RL 2.023, except that if the decision to commence an investigation of an informal complaint is made more than 45 days after the date of receipt of the informal complaint in the division, or if no screening of the informal complaint is conducted, the time for initiating an investigation shall commence 45 days after the date of receipt of the informal complaint in the division.

LICENSEES IN MONITORING PROGRAM AS OF FEBRUARY 23, 2012

Active: 141

Inactive: 97

31

Active monitoring is the monitoring of cases with pending requirements with specific due dates or timeframes. Such cases require affirmative work by monitoring staff to ensure compliance. Examples of these requirements are costs, work reports, drug screens, therapy/work supervisor reports, etc.

Inactive or passive monitoring is the monitoring of cases with requirements that have no specific due date or timeframe. No work is generally required to determine compliance. Examples are indefinite suspensions, permanent limitations, revocations, voluntary surrenders.

TYPES OF DISCIPLINES THAT REQUIRE MONITORING

1. **Remedial Education**: The licensee is required to take continuing education in a specific topic.
2. **Exam**: The licensee is required to take and pass successfully an examination (ex. FSMB's Special Purpose Examination).
3. **Impairment**: The licensee is suspended for a period of usually five years with stays allowing the licensee to practice as long as the person remains in compliance with the Order. The licensee must undergo random drug screens, attend AA/NA meetings, enter into treatment, submit self reports, and arrange for therapy reports and mentor reports.
4. **Limitations**: Impose conditions and requirements upon the holder of the credential, and restrict the scope of the holder's practice.
5. **Mentor**: The licensee is required to have a professional mentor, which provides practice evaluations as specified by the Order.
6. **Reports**: The licensee is required to have reports by a therapist or supervisor submitted to the Department.
7. **Revocation**: The licensee must return their license to DRL and is prohibited from practice in the State of Wisconsin. If the credential holder petitions for reinstatement, the Board may grant the reinstatement with or without conditions.
8. **Suspension**: A licensee is suspended from practice for a set period of time or indefinitely. Some suspensions may be stayed under specific conditions.
9. **Voluntary Surrender**: The licensee surrenders the registration and/or license. The licensee is prohibited from practice in the State of Wisconsin. If the person petitions for reinstatement, the Board may grant the reinstatement with or without conditions. Some Orders prohibit the person from being reinstated after surrendering.

CREDENTIALING ACTIVITY

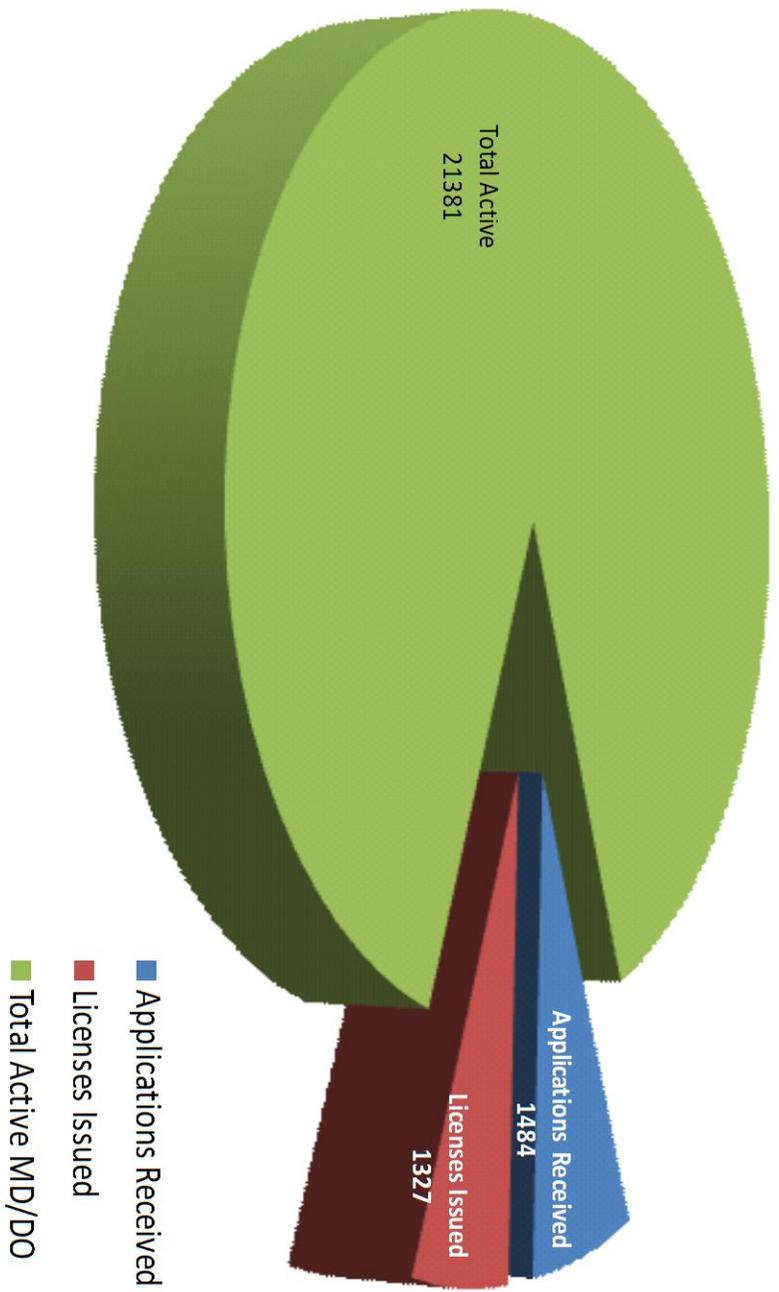
32

In 2011, there were three dedicated credentialing specialists working exclusively on licensing physicians and associated professionals to ensure that applications meet eligibility requirements established in Wisconsin statutes and administrative code. Licenses are not issued until applications are complete and all necessary verifications are received. Staff for the Medical Examining Board Bureau issues over 1,300 new physician credentials annually and renews more than 22,000 licenses biennially.

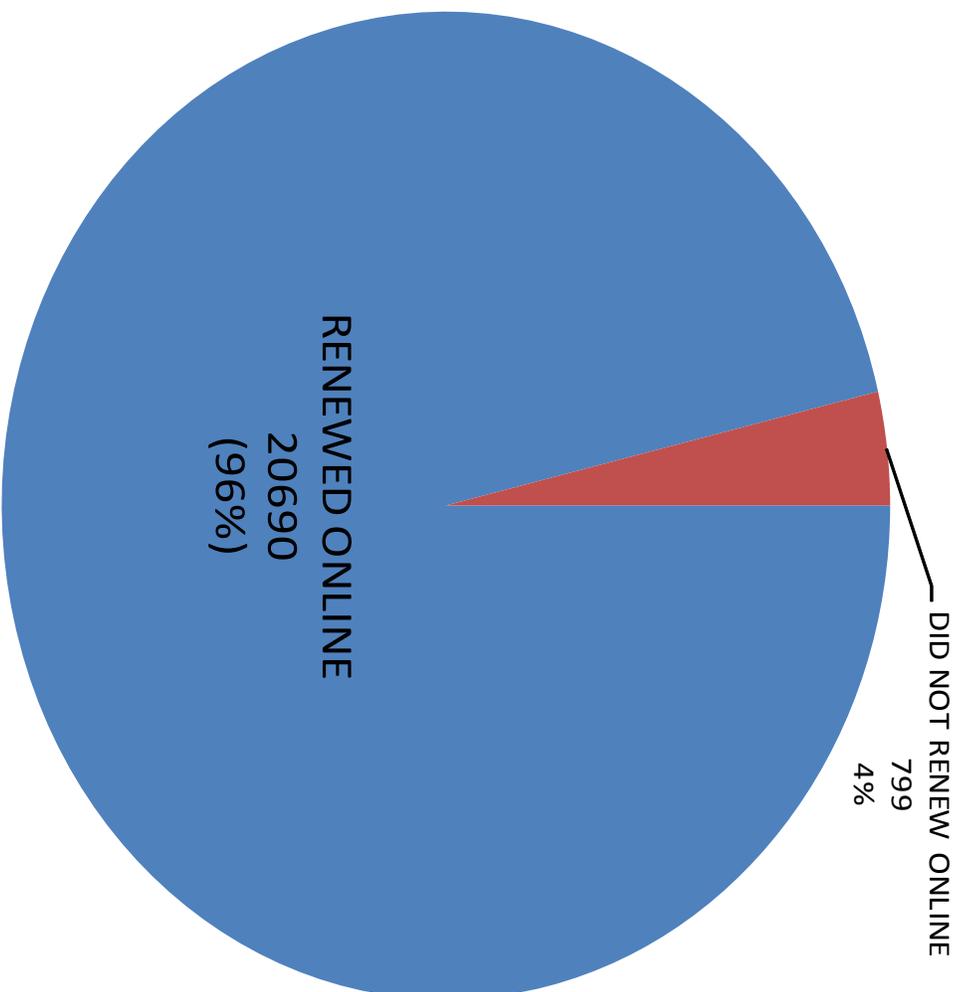
2011 Experience:

- The average time to review new documentation for license applications is 7 days. In most cases, licenses are issued on the same day that all documents are received and all requirements are met.
- Processing time for license verifications 7-10 business days.
- Over 90 percent of licenses are renewed online. Online renewal has facilitated the Department's ability to collect e-mail addresses of credential holders, which in turn has improved communication with licensed physicians.
- 66 licenses candidates sat for the oral exam in 2011.

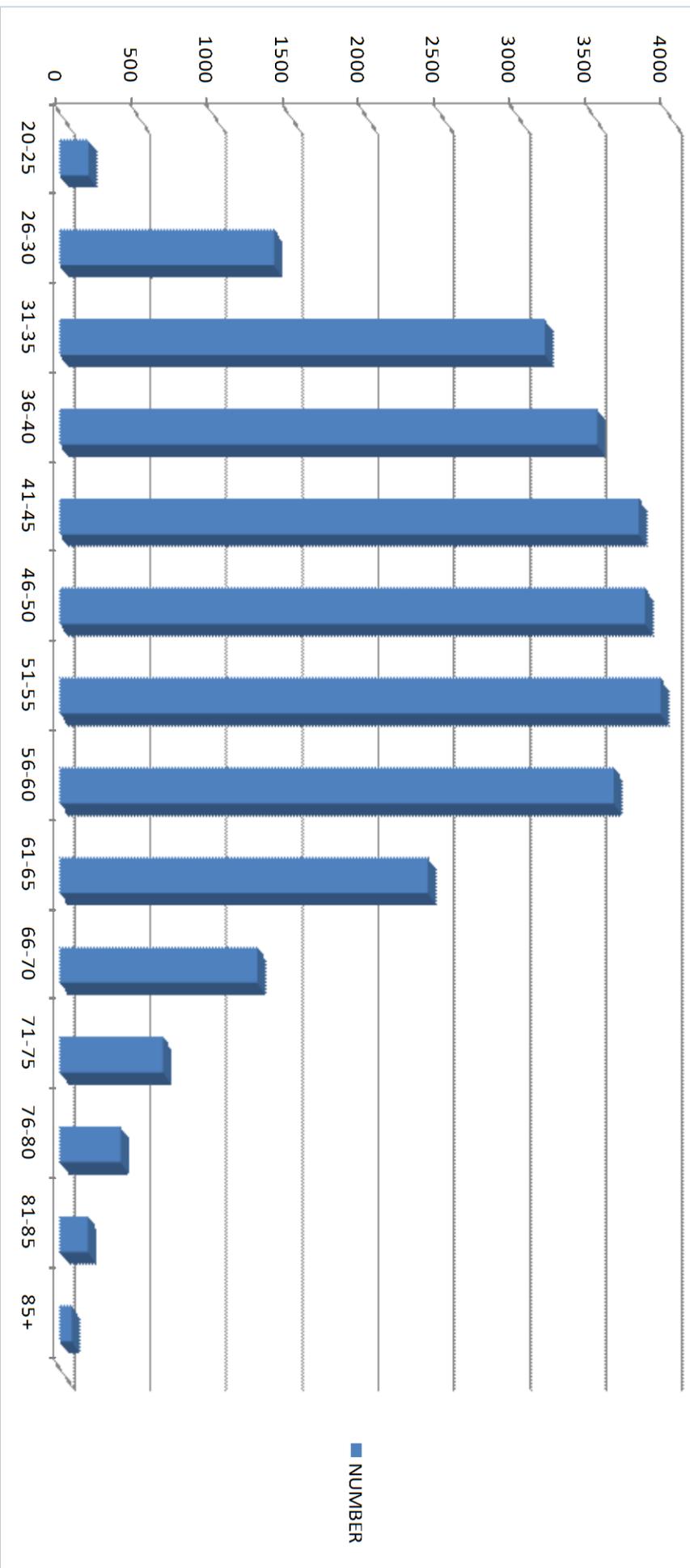
2011 MD/DO CREDENTIALING ACTIVITY



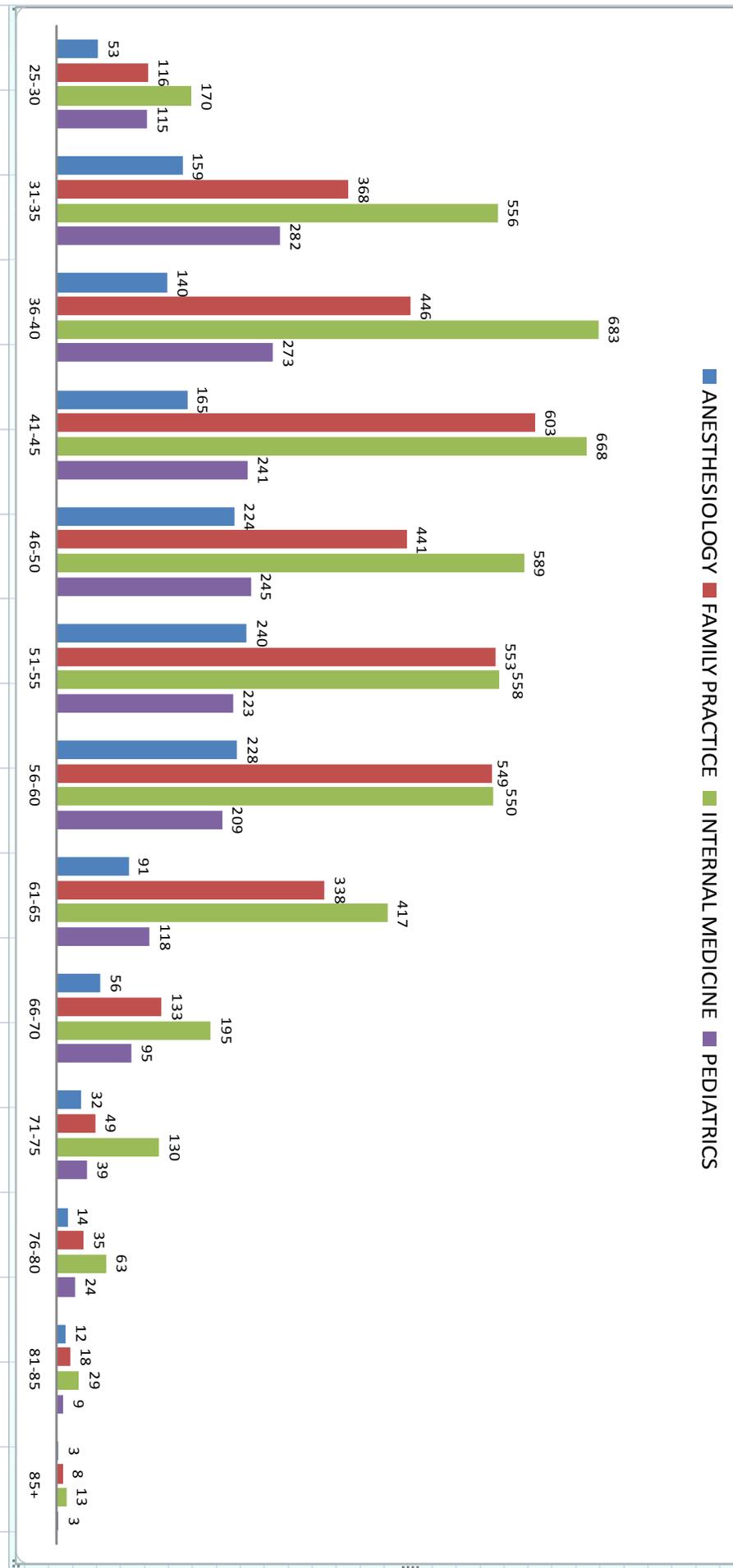
Total MD Licenses Renewed



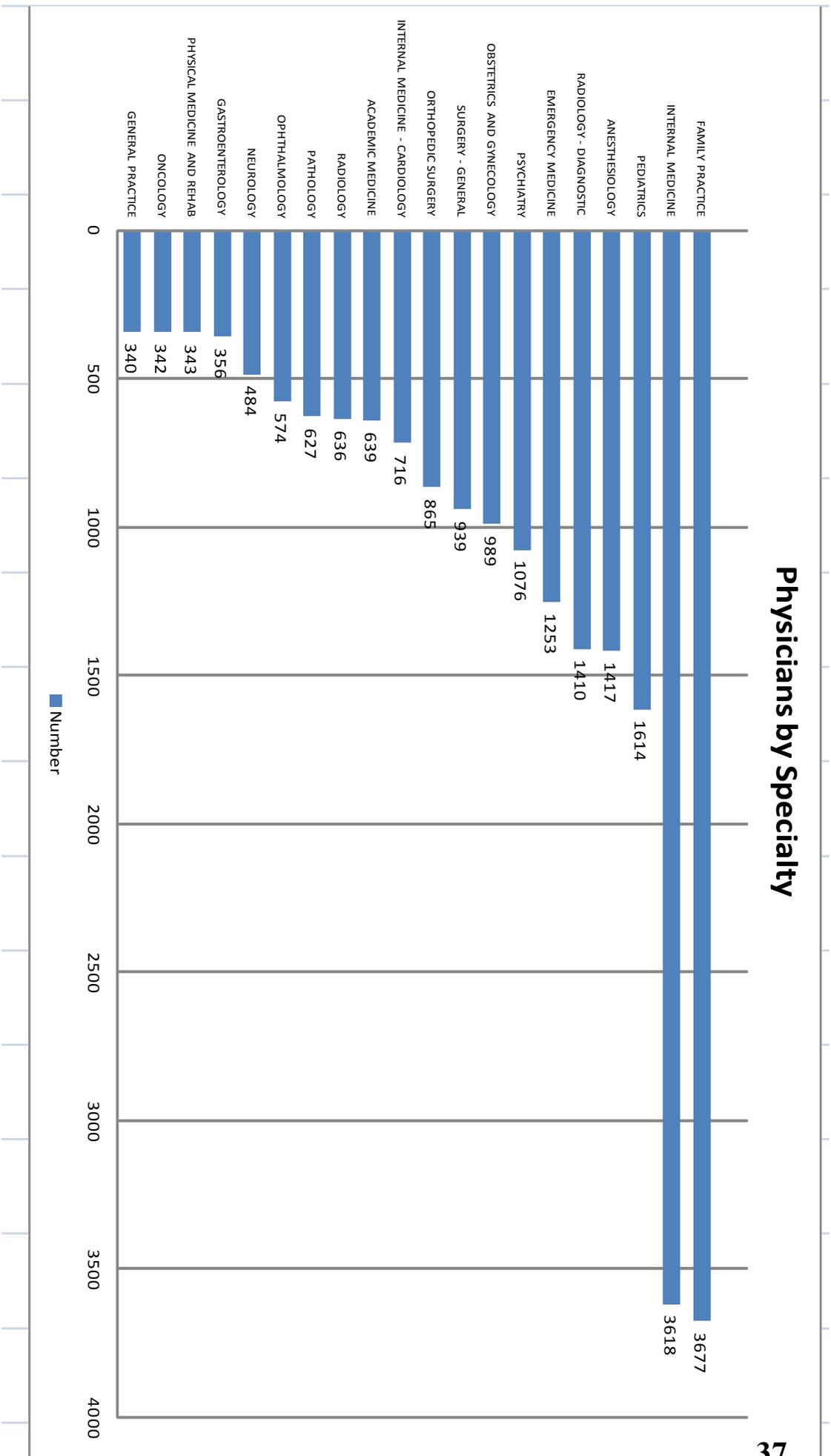
Physicians By Age



Age of Physicians in the Four Largest Specialty Groups



Physicians by Specialty



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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:		2) Date When Request Submitted:	
		Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: April 5, 2012	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Speaking Request - Wisconsin Hospital Association's Wisconsin Rural Health Conference – June 28	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? (name) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Review and consider motion to approve Dr. Musser to speak at this event.			
11) Authorization			
Signature of person making this request			Date
Supervisor (if required)			Date
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)			Date

Ryan, Thomas - DSPS

From: Frank, Jennifer [jfrank@wha.org]
Sent: Thursday, March 01, 2012 4:05 PM
To: 'gene.musser@uwmf.wisc.edu'
Subject: A request to present for WI Hospital Association

Good afternoon Dr. Musser,

My name is Jennifer Frank, and I am the vice president of education for the Wisconsin Hospital Association (WHA).

I am currently working on the agenda of our annual Wisconsin Rural Health Conference, which will take place in June. Based on a suggestion from my colleague Judy Warmuth, we hope to include a session focused on the types of issues the Medical Examining Board is seeing related to physician discipline; what types of activities hospitals should be reporting to the MEB, and other activities the MEB is taking on to improve the physician profession – reciprocal licensing, telemedicine, peer review and other upcoming issues for the MEB, just to name a few.

Judy shared that you had offered a wonderful presentation at WHA's Council on Medical and Professional Affairs in the past and were very well received by our hospitals members in attendance. She encouraged me to invite you to consider offering a presentation at our upcoming conference. As some background to my request, this annual event draws about 350 attendees (and growing each year) from hospitals throughout the state. The issues are focused on small/rural hospitals and health care, but we often get representatives from large systems with rural locations as well. The audience is made up of CEOs, CFO, nurse execs, other senior managers and Board of Trustee members from mainly rural settings around Wisconsin.

This year's conference is scheduled from June 27-29 at The Osthoff Resort in Elkhart Lake, and your particular session would be offered on Thursday, June 28, from 3:30-4:30 PM.

I am contacting you today to inquire about your interest and availability to offer a session at our rural health conference? If you are able to present, WHA would be happy to cover your travel and lodging expenses.

I'd appreciate if you could share your interest and availability to offer this session on June 28. Thank you for considering my request.

Sincerely,
Jennifer Frank
VP, Education & Marketing
Wisconsin Hospital Association
P: 608-274-1820
E: jfrank@wha.org

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:		2) Date When Request Submitted:	
Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 			
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: April 18, 2012	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Legislative Report	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? (name) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Review legislation signed into law and review for rule-making.			
11) Authorization			
Signature of person making this request			Date
Supervisor (if required)			Date
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)			Date

Date of enactment:

2011 Senate Bill 464 Date of publication*:

* Section 991.11, WISCONSIN STATUTES 2009-10 : 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 as designated" by the secretary of state [the date of publication may not be more than 10 working days after the date of enactment].

2011 WISCONSIN ACT

AN ACT *to amend* 440.03 (13) (b) (intro.); and *to create* 440.15 of the statutes;
relating to: prohibiting fingerprinting in connection with professional credentials issued by the Department of Safety and Professional Services or an examining board or affiliated credentialing board, except as provided in the statutes, and requiring the exercise of rule-making authority.

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

SECTION 1. 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):

SECTION 2. 440.15 of the statutes is created to read:

440.15 No fingerprinting. Except as provided under s. 440.03 (13) (c), 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.

Date of enactment: **March 28, 2012**

2011 Senate Bill 317 Date of publication*: **April 11, 2012**

* Section 991.11, WISCONSIN STATUTES 2009-10 : 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 as designated" by the secretary of state [the date of publication may not be more than 10 working days after the date of enactment].

2011 WISCONSIN ACT 159

AN ACT *to amend* 450.11 (2), 961.38 (1r) and 961.38 (2) of the statutes; **relating to:**
electronic prescriptions for schedule II controlled substances.

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

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

450.11 (2) PRESCRIPTION ORDER FILE. Every prescription order shall be filed in a suitable book or file and preserved for at least 5 years. ~~Subject to s. 961.38 (2),~~
~~prescription~~ Prescription orders transmitted electronically may be filed and preserved in electronic format.

SECTION 2. 961.38 (1r) of the statutes is amended to read:

961.38 (1r) Except when dispensed directly by a practitioner, other than a pharmacy, to an ultimate user, no controlled substance included in schedule II may be dispensed without the written hard copy or electronic prescription of a practitioner.

SECTION 3. 961.38 (2) of the statutes is amended to read:

961.38 (2) In emergency situations, as defined by rule of the pharmacy examining board, schedule II drugs may be dispensed upon an oral or electronic prescription of a practitioner, reduced promptly to ~~writing~~ a written hard copy or electronic record and filed by the pharmacy. Prescriptions shall be retained in conformity with rules of the pharmacy examining board promulgated under s. 961.31. No prescription for a schedule II substance may be refilled.

Date of enactment: **March 28, 2012**

2011 Senate Bill 383 Date of publication*: **April 11, 2012**

* Section 991.11, WISCONSIN STATUTES 2009-10 : 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 as designated" by the secretary of state [the date of publication may not be more than 10 working days after the date of enactment].

2011 WISCONSIN ACT 160

AN ACT *to renumber* 448.015 (1); *to amend* 448.02 (1), 448.03 (2) (c), 448.03 (2) (e), 448.03 (2) (k), 448.05 (1) (d) and 448.05 (6) (a); and *to create* 15.407 (7), 440.03 (13) (b) 5r., 440.08 (2) (a) 10., 441.11, 448.015 (1b), 448.015 (1c), 448.03 (1) (d), 448.03 (3) (g), 448.03 (7), 448.04 (1) (g), 448.05 (5w), 448.05 (6) (ar), 448.13 (3), 448.22 and 448.23 of the statutes; **relating to:** licensing anesthesiologist assistants and creating the Council on Anesthesiologist Assistants and granting rule-making authority.

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

SECTION 1. 15.407 (7) of the statutes is created to read:

15.407 (7) COUNCIL ON ANESTHESIOLOGIST ASSISTANTS; DUTIES. There is created a council on anesthesiologist assistants in the department of safety and professional services and serving the medical examining board in an advisory capacity. The council's membership shall consist of the following members, who shall be selected from a list of recommended appointees submitted by the president of the Wisconsin Society of Anesthesiologists, Inc., after the president of the Wisconsin Society of Anesthesiologists, Inc., has considered the recommendation of the Wisconsin Academy of Anesthesiologist Assistants for the appointee under par. (b), and who shall be appointed by the medical examining board for 3-year terms:

- (a) One member of the medical examining board.
- (b) One anesthesiologist assistant licensed under s. 448.04 (1) (g).
- (c) Two anesthesiologists.
- (d) One lay member.

SECTION 1G. 440.03 (13) (b) 5r. of the statutes is created to read:
440.03 (13) (b) 5r. Anesthesiologist assistant.

SECTION 1J. 440.08 (2) (a) 10. of the statutes is created to read:
440.08 (2) (a) 10. Anesthesiologist assistant: October 1 of each even-numbered year.

SECTION 1M. 441.11 of the statutes is created to read:
441.11 Nurse anesthetists. (1) In this section:

- (a) "Anesthesiologist" has the meaning given in s. 448.015 (1b).
- (b) "Nurse anesthetist" has the meaning given in s. 655.001 (9).

(2) The provisions of s. 448.04 (1) (g) do not apply to a nurse anesthetist.

(3) A nurse who is in a training program to become a nurse anesthetist and who is assisting an anesthesiologist as part of that training program must be supervised by an anesthesiologist who is supervising no more than one other nurse in such a training program.

SECTION 2. 448.015 (1) of the statutes is renumbered 448.015 (1d).

SECTION 3. 448.015 (1b) of the statutes is created to read:

448.015 (1b) "Anesthesiologist" means a physician who has completed a residency in anesthesiology approved by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology, holds an unrestricted license, and is actively engaged in clinical practice.

SECTION 4. 448.015 (1c) of the statutes is created to read:

448.015 (1c) "Anesthesiologist assistant" means an individual licensed by the board to assist an anesthesiologist in the delivery of certain medical care with anesthesiologist supervision.

SECTION 5. 448.02 (1) of the statutes is amended to read:

448.02 (1) LICENSE. The board may grant licenses, including various classes of temporary licenses, to practice medicine and surgery, to practice perfusion, to practice as an anesthesiologist assistant, and to practice as a physician assistant.

SECTION 6. 448.03 (1) (d) of the statutes is created to read:

448.03 (1) (d) No person may practice as an anesthesiologist assistant unless he or she is licensed by the board as an anesthesiologist assistant.

SECTION 7. 448.03 (2) (c) of the statutes is amended to read:

448.03 (2) (c) The activities of a medical student, respiratory care student, perfusion student, anesthesiologist assistant student, or physician assistant student required for such student's education and training, or the activities of a medical school graduate required for training as required in s. 448.05 (2).

SECTION 8. 448.03 (2) (e) of the statutes is amended to read:

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

SECTION 9. 448.03 (2) (k) of the statutes is amended to read:

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

SECTION 10. 448.03 (3) (g) of the statutes is created to read:

448.03 (3) (g) No person may designate himself or herself as an "anesthesiologist assistant" or use or assume the title "anesthesiologist assistant" or append to the person's name the words or letters "anesthesiologist assistant" or "A.A." or any other titles, letters, or designation that represents or may tend to represent the person as an anesthesiologist assistant unless he or she is licensed as an anesthesiologist assistant by the board. An anesthesiologist assistant shall be clearly identified as an anesthesiologist assistant.

SECTION 11. 448.03 (7) of the statutes is created to read:

448.03 (7) SUPERVISION OF ANESTHESIOLOGIST ASSISTANTS. An anesthesiologist may not supervise more than the number of anesthesiologist assistants permitted by reimbursement standards for Part A or Part B of the federal Medicare program under Title XVIII of the federal Social Security Act, 42 USC 1395 to 1395hhh.

SECTION 12. 448.04 (1) (g) of the statutes is created to read:

448.04 (1) (g) *Anesthesiologist assistant license.* The board shall license as an anesthesiologist assistant an individual who meets the requirements for licensure under s. 448.05 (5w). The board may, by rule, provide for a temporary license to practice as an anesthesiologist assistant. The board may issue a temporary license to a person who meets the requirements under s. 448.05 (5w) and who is eligible to take, but has not passed, the

examination under s. 448.05 (6). A temporary license expires on the date on which the board grants or denies an applicant permanent licensure or on the date of the next regularly scheduled examination required under s. 448.05 (6) if the applicant is required to take, but has failed to apply for, the examination. An applicant who continues to meet the requirements for a temporary license may request that the board renew the temporary license, but an anesthesiologist assistant may not practice under a temporary license for a period of more than 18 months.

SECTION 13. 448.05 (1) (d) of the statutes is amended to read:

448.05 (1) (d) Be found qualified by three-fourths of the members of the board, except that an applicant for a temporary license under s. 448.04 (1) (b) 1. and 3. ~~and~~, (e), and (g) must be found qualified by 2 members of the board.

SECTION 14. 448.05 (5w) of the statutes is created to read:

448.05 (5w) ANESTHESIOLOGIST ASSISTANT LICENSE. An applicant for a license to practice as an anesthesiologist assistant shall submit evidence satisfactory to board that the applicant has done all of the following:

- (a) Obtained a bachelor's degree.
- (b) Satisfactorily completed an anesthesiologist assistant program that is accredited by the Commission on Accreditation of Allied Health Education Programs, or by a predecessor or successor entity.
- (c) Passed the certifying examination administered by, and obtained active certification from, the National Commission on Certification of Anesthesiologist Assistants or a successor entity.

SECTION 15. 448.05 (6) (a) of the statutes is amended to read:

448.05 (6) (a) Except as provided in ~~par. pars.~~ par. (am) and (ar), the board shall examine each applicant it finds eligible under this section in such subject matters as the board deems applicable to the class of license or certificate which the applicant seeks to have granted. Examinations may be both written and oral. In lieu of its own examinations, in whole or in part, the board may make such use as it deems appropriate of examinations prepared, administered, and scored by national examining agencies, or by other licensing jurisdictions of the United States or Canada. The board shall specify passing grades for any and all examinations required.

SECTION 16. 448.05 (6) (ar) of the statutes is created to read:

448.05 (6) (ar) When examining an applicant for a license to practice as an anesthesiologist assistant under par. (a), the board shall use the certification examination administered by the National Commission on Certification of Anesthesiologist Assistants or a successor entity. The board may license without additional examination any qualified applicant who is licensed in any state or territory of the United States or the District of Columbia and whose license authorizes the applicant to practice in the same manner and to the same extent as an anesthesiologist assistant is authorized to practice under s. 448.22 (2).

SECTION 17. 448.13 (3) of the statutes is created to read:

448.13 (3) Each person licensed as an anesthesiologist assistant shall, in each 2nd year at the time of application for a certificate of registration under s. 448.07, submit proof of meeting the criteria for recertification by the National Commission on Certification of Anesthesiologist Assistants or by a successor entity, including any continuing education requirements.

SECTION 18. 448.22 of the statutes is created to read:

448.22 Anesthesiologist assistants. (1) In this section, "supervision" means the use of the powers of direction and decision to coordinate, direct, and inspect the accomplishments of another, and to oversee the implementation of the anesthesiologist's intentions.

(2) An anesthesiologist assistant may assist an anesthesiologist in the delivery of medical care only under the supervision of an anesthesiologist and only as described in a supervision agreement between the anesthesiologist assistant and an anesthesiologist who

represents the anesthesiologist assistant's employer. The supervising anesthesiologist shall be immediately available in the same physical location or facility in which the anesthesiologist assistant assists in the delivery of medical care such that the supervising anesthesiologist is able to intervene if needed.

(3) A supervision agreement under sub. (2) shall do all of the following:

Date of enactment: **March 28, 2012**

2011 Senate Bill 421 Date of publication*: **April 11, 2012**

* Section 991.11, WISCONSIN STATUTES 2009-10 : 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 as designated" by the secretary of state [the date of publication may not be more than 10 working days after the date of enactment].

2011 WISCONSIN ACT 161

AN ACT *to amend* 50.09 (1) (a) (intro.), 50.09 (1) (f) 1., 50.09 (1) (h), 50.09 (1) (k), 50.49 (1) (b) (intro.), 70.47 (8) (intro.), 118.15 (3) (a), 146.82 (3) (a), 252.07 (8) (a) 2., 252.07 (9) (c), 252.11 (2), 252.11 (4), 252.11 (5), 252.11 (7), 252.11 (10), 252.14 (1) (ar) 14., 252.16 (3) (c) (intro.), 252.17 (3) (c) (intro.), 252.18, 343.16 (5) (a), 448.03 (5) (b), 448.56 (1), 448.56 (1m) (b), 448.67 (2), 450.11 (7) (b) and 450.11 (8) (b); and *to create* 50.01 (4p), 252.01 (5), 450.01 (15r), 450.01 (16) (h) 3. and 450.13 (5) (c) of the statutes; **relating to:** authorizing medically related actions by physician assistants.

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

SECTION 1. 50.01 (4p) of the statutes is created to read:

50.01 (4p) "Physician assistant" has the meaning given in s. 448.01 (6).

SECTION 2. 50.09 (1) (a) (intro.) of the statutes is amended to read:

50.09 (1) (a) (intro.) Private and unrestricted communications with the resident's family, physician, physician assistant, advanced practice nurse prescriber, attorney, and any other person, unless medically contraindicated as documented by the resident's physician, physician assistant, or advanced practice nurse prescriber in the resident's medical record, except that communications with public officials or with the resident's attorney shall not be restricted in any event. The right to private and unrestricted communications shall include, but is not limited to, the right to:

SECTION 3. 50.09 (1) (f) 1. of the statutes is amended to read:

50.09 (1) (f) 1. Privacy for visits by spouse or domestic partner. If both spouses or both domestic partners under ch. 770 are residents of the same facility, the spouses or domestic partners shall be permitted to share a room unless medically contraindicated as documented by the resident's physician, physician assistant, or advanced practice nurse prescriber in the resident's medical record.

SECTION 4. 50.09 (1) (h) of the statutes is amended to read:

50.09 (1) (h) Meet with, and participate in activities of social, religious, and community groups at the resident's discretion, unless medically contraindicated as documented by the resident's physician, physician assistant, or advanced practice nurse prescriber in the resident's medical record.

SECTION 5. 50.09 (1) (k) of the statutes is amended to read:

50.09 (1) (k) Be free from mental and physical abuse, and be free from chemical and physical restraints except as authorized in writing by a physician, physician assistant, or advanced practice nurse prescriber for a specified and limited period of time and documented in the resident's medical record. Physical restraints may be used in an emergency when necessary to protect the resident from injury to himself or herself or others or to property. However, authorization for continuing use of the physical restraints shall be secured from a physician, physician assistant, or advanced practice nurse prescriber within 12 hours. Any use of physical restraints shall be noted in the resident's medical records. "Physical restraints" includes, but is not limited to, any article, device, or garment that interferes with the free movement of the resident and that the resident is unable to remove easily, and confinement in a locked room.

SECTION 6. 50.49 (1) (b) (intro.) of the statutes is amended to read:

50.49 (1) (b) (intro.) "Home health services" means the following items and services that are furnished to an individual, who is under the care of a physician, physician assistant, or advanced practice nurse prescriber, by a home health agency, or by others under arrangements made by the home health agency, that are under a plan for furnishing those items and services to the individual that is established and periodically reviewed by a physician, physician assistant, or advanced practice nurse prescriber and that are, except as provided in subd. 6., provided on a visiting basis in a place of residence used as the individual's home:

SECTION 7. 70.47 (8) (intro.) of the statutes is amended to read:

70.47 (8) HEARING. (intro.) The board shall hear upon oath all persons who appear before it in relation to the assessment. The board shall hear upon oath, by telephone, all ill or disabled persons who present to the board a letter from a physician, osteopath, physician assistant, as defined in s. 448.01 (6), or advanced practice nurse prescriber certified under s. 441.16 (2) that confirms their illness or disability. The board at such hearing shall proceed as follows:

SECTION 7M. 118.15 (3) (a) of the statutes is amended to read:

118.15 (3) (a) Any child who is excused by the school board because the child is temporarily not in proper physical or mental condition to attend a school program but who can be expected to return to a school program upon termination or abatement of the illness or condition. The school attendance officer may request the parent or guardian of the child to obtain a written statement from a licensed physician, dentist, chiropractor, optometrist or psychologist, physician assistant, or nurse practitioner, as defined in s. 255.06 (1) (d), or certified advanced practice nurse prescriber or Christian Science practitioner living and residing in this state, who is listed in the Christian Science Journal, as sufficient proof of the physical or mental condition of the child. An excuse under this paragraph shall be in writing and shall state the time period for which it is valid, not to exceed 30 days.

SECTION 8. 146.82 (3) (a) of the statutes is amended to read:

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

SECTION 9. 252.01 (5) of the statutes is created to read:

252.01 (5) "Physician assistant" has the meaning given in s. 448.01 (6).

SECTION 10. 252.07 (8) (a) 2. of the statutes is amended to read:

252.07 (8) (a) 2. The department or local health officer provides to the court a written statement from a physician, physician assistant, or advanced practice nurse prescriber that the individual has infectious tuberculosis or suspect tuberculosis.

SECTION 11. 252.07 (9) (c) of the statutes is amended to read:

252.07 (9) (c) If the court orders confinement of an individual under this subsection, the individual shall remain confined until the department or local health officer, with the concurrence of a treating physician, physician assistant, or advanced practice nurse prescriber, determines that treatment is complete or that the individual is no longer a substantial threat to himself or herself or to the public health. If the individual is to be confined for more than 6 months, the court shall review the confinement every 6 months.

SECTION 12. 252.11 (2) of the statutes is amended to read:

252.11 (2) An officer of the department or a local health officer having knowledge of any reported or reasonably suspected case or contact of a sexually transmitted disease for which no appropriate treatment is being administered, or of an actual contact of a reported case or potential contact of a reasonably suspected case, shall investigate or cause the case or contact to be investigated as necessary. If, following a request of an officer of the department or a local health officer, a person reasonably suspected of being infected with a sexually transmitted disease refuses or neglects examination by a physician, physician assistant, or advanced practice nurse prescriber or treatment, an officer of the department or a local health officer may proceed to have the person committed under sub. (5) to an institution or system of care for examination, treatment, or observation.

SECTION 13. 252.11 (4) of the statutes is amended to read:

252.11 (4) If a person infected with a sexually transmitted disease ceases or refuses treatment before reaching what in a physician's, physician assistant's, or advanced practice nurse prescriber's opinion is the noncommunicable stage, the physician, physician assistant, or advanced practice nurse prescriber shall notify the department. The department shall without delay take the necessary steps to have the person committed for treatment or observation under sub. (5), or shall notify the local health officer to take these steps.

SECTION 14. 252.11 (5) of the statutes is amended to read:

252.11 (5) Any court of record may commit a person infected with a sexually transmitted disease to any institution or may require the person to undergo a system of care for examination, treatment, or observation if the person ceases or refuses examination, treatment, or observation under the supervision of a physician, physician assistant, or advanced practice nurse prescriber. The court shall summon the person to appear on a date at least 48 hours, but not more than 96 hours, after service if an officer of the department or a local health officer petitions the court and states the facts authorizing commitment. If the person fails to appear or fails to accept commitment without reasonable cause, the court may cite the person for contempt. The court may issue a warrant and may direct the sheriff, any constable, or any police officer of the county immediately to arrest the person and bring the person to court if the court finds that a summons will be ineffectual. The court shall hear the matter of commitment summarily. Commitment under this subsection continues until the disease is no longer communicable or until other provisions are made for treatment that satisfy the department. The certificate of the petitioning officer is prima facie evidence that the disease is no longer communicable or that satisfactory provisions for treatment have been made.

SECTION 15. 252.11 (7) of the statutes is amended to read:

252.11 (7) Reports, examinations and inspections and all records concerning sexually transmitted diseases are confidential and not open to public inspection, and may not be divulged except as may be necessary for the preservation of the public health, in the course of commitment proceedings under sub. (5), or as provided under s. 938.296 (4) or 968.38 (4). If a physician, physician assistant, or advanced practice nurse prescriber has reported a case of sexually transmitted disease to the department under sub. (4), information regarding the presence of the disease and treatment is not privileged when the patient, physician, physician assistant, or advanced practice nurse prescriber is called upon to testify to the facts before any court of record.

SECTION 16. 252.11 (10) of the statutes is amended to read:

252.11 (10) The state laboratory of hygiene shall examine specimens for the diagnosis of sexually transmitted diseases for any physician, physician assistant, advanced practice nurse prescriber, or local health officer in the state, and shall report the positive results of the examinations to the local health officer and to the department. All laboratories performing tests for sexually transmitted diseases shall report all positive results to the local health officer and to the department, with the name of the physician, physician assistant, or advanced practice nurse prescriber to whom reported.

SECTION 17. 252.14 (1) (ar) 14. of the statutes is amended to read:

252.14 (1) (ar) 14. A physician assistant ~~licensed under ch. 448.~~

SECTION 18. 252.16 (3) (c) (intro.) of the statutes is amended to read:

252.16 (3) (c) (intro.) Has submitted to the department a certification from a physician, as defined in s. 448.01 (5), physician assistant, or advanced practice nurse prescriber of all of the following:

SECTION 19. 252.17 (3) (c) (intro.) of the statutes is amended to read:

252.17 (3) (c) (intro.) Has submitted to the department a certification from a physician, as defined in s. 448.01 (5), physician assistant, or advanced practice nurse prescriber of all of the following:

SECTION 20. 252.18 of the statutes is amended to read:

252.18 Handling foods. No person in charge of any public eating place or other establishment where food products to be consumed by others are handled may knowingly employ any person handling food products who has a disease in a form that is communicable by food handling. If required by the local health officer or any officer of the department for the purposes of an investigation, any person who is employed in the handling of foods or is suspected of having a disease in a form that is communicable by food handling shall submit to an examination by the officer or by a physician, physician assistant, or advanced practice nurse prescriber designated by the officer. The expense of the examination, if any, shall be paid by the person examined. Any person knowingly infected with a disease in a form that is communicable by food handling who handles food products to be consumed by others and any persons knowingly employing or permitting such a person to handle food products to be consumed by others shall be punished as provided by s. 252.25.

SECTION 21. 343.16 (5) (a) of the statutes is amended to read:

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

SECTION 22. 448.03 (5) (b) of the statutes is amended to read:

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

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

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

SECTION 23. 448.56 (1) of the statutes is amended to read:

448.56 (1) WRITTEN REFERRAL. Except as provided in this subsection and s. 448.52, a person may practice physical therapy only upon the written referral of a physician, physician assistant, chiropractor, dentist, podiatrist, or advanced practice nurse prescriber certified under s. 441.16 (2). Written referral is not required if a physical therapist provides services in schools to children with disabilities, as defined in s. 115.76 (5), pursuant to rules promulgated by the department of public instruction; provides services as part of a home health care agency; provides services to a patient in a nursing home pursuant to the patient's plan of care; provides services related to athletic activities, conditioning, or injury prevention; or provides services to an individual for a previously diagnosed medical condition after informing the individual's physician, physician assistant, chiropractor, dentist, podiatrist, or advanced practice nurse prescriber certified under s. 441.16 (2) who made the diagnosis. The examining board may promulgate rules establishing additional services that are excepted from the written referral requirements of this subsection.

SECTION 24. 448.56 (1m) (b) of the statutes is amended to read:

448.56 (1m) (b) The examining board shall promulgate rules establishing the requirements that a physical therapist must satisfy if a physician, physician assistant, chiropractor, dentist, podiatrist, or advanced practice nurse prescriber makes a written referral under sub. (1). The purpose of the rules shall be to ensure continuity of care between the physical therapist and the health care practitioner.

SECTION 25. 448.67 (2) of the statutes is amended to read:

448.67 (2) SEPARATE BILLING REQUIRED. Except as provided in sub. (4), a licensee who renders any podiatric service or assistance, or gives any podiatric advice or any similar advice or assistance, to any patient, podiatrist, physician, physician assistant, advanced practice nurse prescriber certified under s. 441.16 (2), partnership, or corporation, or to any other institution or organization, including a hospital, for which a charge is made to a patient, shall, except as authorized by Title 18 or Title 19 of the federal Social Security Act, render an individual statement or account of the charge directly to the patient, distinct and separate from any statement or account by any other podiatrist, physician, physician assistant, advanced practice nurse prescriber, or other person.

Date of enactment:

2011 Assembly Bill 259 Date of publication*:

* Section 991.11, WISCONSIN STATUTES 2009-10 : 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 as designated" by the secretary of state [the date of publication may not be more than 10 working days after the date of enactment].

2011 WISCONSIN ACT

AN ACT to amend 119.04 (1); and to create 118.293 of the statutes; relating to: concussions and other head injuries sustained in youth athletic activities.

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

SECTION 1. 118.293 of the statutes is created to read:

118.293 Concussion and head injury. (1) In this section:

(a) "Credential" means a license or certificate of certification issued by this state.

(am) "Health care provider" means a person to whom all of the following apply:

1. He or she holds a credential that authorizes the person to provide health care.

2. He or she is trained and has experience in evaluating and managing pediatric concussions and head injuries.

3. He or she is practicing within the scope of his or her credential.

(c) "Youth athletic activity" means an organized athletic activity in which the participants, a majority of whom are under 19 years of age, are engaged in an athletic game or competition against another team, club, or entity, or in practice or preparation for an organized athletic game or competition against another team, club, or entity. "Youth athletic activity" does not include a college or university activity or an activity that is incidental to a nonathletic program.

(2) In consultation with the Wisconsin Interscholastic Athletic Association, the department shall develop guidelines and other information for the purpose of educating athletic coaches and pupil athletes and their parents or guardians about the nature and risk of concussion and head injury in youth athletic activities.

(3) At the beginning of a season for a youth athletic activity, the person operating the youth athletic activity shall distribute a concussion and head injury information sheet to each person who will be coaching that youth athletic activity and to each person who wishes to participate in that youth athletic activity. No person may participate in a youth athletic activity unless the person returns the information sheet signed by the person and, if he or she is under the age of 19, by his or her parent or guardian.

(4) (a) An athletic coach, or official involved in a youth athletic activity, or health care provider shall remove a person from the youth athletic activity if the coach, official, or health care provider determines that the person exhibits signs, symptoms, or behavior

consistent with a concussion or head injury or the coach, official, or health care provider suspects the person has sustained a concussion or head injury.

(b) A person who has been removed from a youth athletic activity under par. (a) may not participate in a youth athletic activity until he or she is evaluated by a health care provider and receives a written clearance to participate in the activity from the health care provider.

(5) (a) Any athletic coach, official involved in an athletic activity, or volunteer who fails to remove a person from a youth athletic activity under sub. (4) (a) is immune from civil liability for any injury resulting from that omission unless it constitutes gross negligence or willful or wanton misconduct.

(b) Any volunteer who authorizes a person to participate in a youth athletic activity under sub. (4) (b) is immune from civil liability for any injury resulting from that act unless the act constitutes gross negligence or willful or wanton misconduct.

(6) This section does not create any liability for, or a cause of action against, any person.

SECTION 2. 119.04 (1) of the statutes, as affected by 2011 Wisconsin Acts 10 and 32, is amended to read:

119.04 (1) Subchapters IV, V and VII of ch. 115, ch. 121 and ss. 66.0235 (3) (c), 66.0603 (1m) to (3), 115.01 (1) and (2), 115.28, 115.31, 115.33, 115.34, 115.343, 115.345, 115.365 (3), 115.38 (2), 115.445, 118.001 to 118.04, 118.045, 118.06, 118.07, 118.075, 118.076, 118.10, 118.12, 118.125 to 118.14, 118.145 (4), 118.15, 118.153, 118.16, 118.162, 118.163, 118.164, 118.18, 118.19, 118.20, 118.223, 118.225, 118.24 (1), (2) (c) to (f), (6), (8), and (10), 118.245, 118.255, 118.258, 118.291, 118.293, 118.30 to 118.43, 118.46, 118.51, 118.52, 118.55, 120.12 (4m), (5), and (15) to (27), 120.125, 120.13 (1), (2) (b) to (g), (3), (14), (17) to (19), (26), (34), (35), (37), (37m), and (38), 120.14, 120.21 (3), and 120.25 are applicable to a 1st class city school district and board.

DSFS Clean-Up Act

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

1SECTION 1. 15.407 (1m) of the statutes, as affected by 2011 Wisconsin Act 32,
2is amended to read:

3 15.407 (1m) RESPIRATORY CARE PRACTITIONERS EXAMINING COUNCIL. There is
4created a respiratory care practitioners examining council in the department of
5safety and professional services and serving the medical examining board in an
6advisory capacity in the formulating of rules to be promulgated by the medical
7examining board for the regulation of respiratory care practitioners. The respiratory
8care practitioners examining council shall consist of 3 certified respiratory care
9practitioners, each of whom shall have engaged in the practice of respiratory care for
10at least 3 years preceding appointment, one physician and one public member. The

1respiratory care practitioner and physician members shall be appointed by the
2medical examining board. The members of the examining council shall serve 3-year
3terms. Section 15.08 (1) to (4) (a) and (6) to (10) shall apply to the respiratory care
4practitioners examining council, except that members of the examining council may
5serve more than 2 consecutive terms.

6SECTION 2. 15.407 (2) (a) of the statutes is repealed.

7SECTION 3. 15.407 (2) (b) of the statutes is amended to read:

8 15.407 (2) (b) One public member appointed by the governor for a ~~2-year~~
94-year term.

10SECTION 4. 15.407 (2) (c) of the statutes is amended to read:

11 15.407 (2) (c) Three physician assistants selected by the medical examining
12board for staggered ~~2-year~~ 4-year terms.

13SECTION 5. 15.407 (2) (d) of the statutes is created to read:

14 15.407 (2) (d) One person who teaches physician assistants and is selected by
15the medical examining board for a 4-year term.

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:		2) Date When Request Submitted:	
		Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: April 18, 2012	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Informational Item	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? (name) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: For informational purposes only.			
11) Authorization			
Signature of person making this request			Date
Supervisor (if required)			Date
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)			Date

Criminal background checks provide patchwork protection against rogue doctors

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About two-thirds of medical boards have the authority to investigate whether a physician has a criminal history, but rules vary by state.

By CAROLYNE KRUPA, *amednews* staff. *Posted April 2, 2012.*

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Driving under the influence, tax evasion, fraud, battery and sexual assault.

These are some of the charges that have been revealed in criminal background checks of physicians by medical boards around the country. Often the doctors in question try to hide their criminal past, but that has become increasingly difficult.

During the last 15 years, concerns over public safety have led to many state medical boards being given authority to investigate as a condition of licensure whether doctors have a criminal history. But how that authority is used varies from state to state.

- **Investigating doctors' criminal histories**
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Physicians with criminal records may be denied a license, have restrictions placed on their practice or face no repercussions, depending on the will of the board in a particular state.

“Every situation is different and is addressed on an individual basis,” said Dan Wood, spokesman for the Medical Board of California.

Of the nation's 70 medical boards, 46 boards in 36 states can conduct a criminal background check as a condition of licensure. Of those, 40 boards in 31 states have access to the Federal Bureau of Investigation database, according to the Federation of State Medical Boards.

Twenty-seven states require fingerprinting, compared with seven states that required them in 2001. In 1998, the FSMB first recommended that boards conduct criminal checks on physicians seeking full or partial licensure, but not all states have followed suit.

Medical boards in 14 states lack the authority to conduct the searches on physicians. At least one of those states — Minnesota — is considering legislation to mandate such checks.

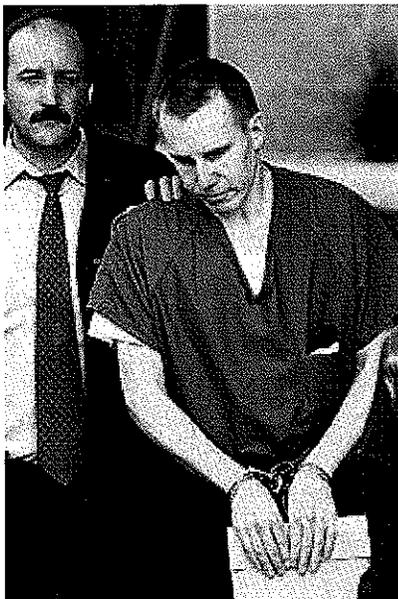
“Criminal background checks are a useful element in the checks and balances that are available to state medical boards to protect the public and promote quality health care,” said FSMB President Humayun Chaudhry, DO.

27 states require fingerprinting of physicians before licensure; only 7 did so in 2001.

The Assn. of American Medical Colleges has recommended such checks for all medical school applicants since 2006.

Of the nation’s 137 accredited allopathic medical schools, 102 had the checks run through the AAMC’s American Medical College Application Service for students who will begin classes in fall 2012. About 20 medical schools conduct the checks on their own, said Kelly Begatto, AMCAS director.

Boards and medical schools began conducting background checks as the result of pressure from state legislatures, hospitals and the public to ensure that those entrusted with caring for patients are morally and mentally fit to practice medicine, Dr. Chaudhry said.



Former physician Michael Swango, right, is escorted by a U.S. marshal out of Federal Court in Uniondale, N.Y. July 17, 2000. Swango is serving three consecutive life sentences after pleading guilty to murder and fraud. The FBI suspects he fatally poisoned as many as 50 people in the US and Africa. [Photo by AP / Wide World Photos]

News reports of crimes by doctors and medical students served as further justification. One of the grimmest cases was that of serial killer and medical school graduate Michael Swango, who is serving three consecutive life sentences after pleading guilty to murder and fraud. Swango was able to practice medicine in South Dakota and New York despite a 1985 aggravated battery charge for poisoning co-workers in Illinois. He is thought to have fatally poisoned as many as 50 people in

the 1980s and 1990s, the FBI said.

Another example is Robert Howard, a two-time Olympic athlete who was a medical student at the University of Arkansas for Medical Sciences in Little Rock. Howard was known to have a bad temper and had a first-degree assault charge on his record. He is believed to have murdered his wife, who was doing her neurosurgery residency at UAMS, before jumping to his death from a 10th-floor dormitory window in 2004.

In both cases, officials said knowing the men's previous criminal histories would have prevented them from being hired, or being admitted to medical school in Howard's case, according to news reports.

"Doctors are not immune to criminal behaviors, ranging from raping a patient to tax evasion," said Sidney Wolfe, MD, director of consumer advocacy group Public Citizen's Health Research Group.

Medical board officials say they are not sure how many physicians have criminal histories.

"It is not infrequent," said Mari Robinson, executive director of the Texas Medical Board. "We have 70,000-plus physicians in the state, so it's a low percentage, but it's not an insignificant number."

In North Carolina, about one in five background checks turns up a criminal record on a physician, said Jean Fisher Brinkley, a spokeswoman for the state's medical board. In an evaluation of disciplinary actions against physicians by medical boards and federal agencies between 1990 and 1999, Public Citizen found 2,903 of 31,110 actions involved criminal convictions, according to a 2006 report.

Different rules in different states

California, North Carolina, Ohio and Texas are among 28 states that require physicians to submit fingerprints, which are processed through state and federal bureaus of investigation databases.

In most cases, background checks are done as part of the initial licensure process, but some boards do additional checks, Dr. Chaudhry said. For example, the State Medical Board of Ohio also requires background checks when a physician applies to restore a medical license that has lapsed for more than two years. The Texas Medical Board runs periodic checks comparing its licensee database against Texas Dept. of Public Safety crime records.

46 medical boards in 37 states conduct a criminal background check as a condition of licensure.

"Medical boards take into consideration the severity of the criminal conviction and the nature of the conviction," Dr. Chaudhry said. "It takes many years to become a physician. Especially when you have a physician shortage, you don't want to dismiss

a physician offhand. You want to investigate.”

In Ohio, the board examines the severity of the offense, the sentence, the time that has elapsed, what a physician has done to be rehabilitated and whether an individual was honest on his or her application to the board, said Joan K. Wehrle, the board’s education and outreach program manager.

The Medical Board of California, which has required background searches since the early 1970s, evaluates all information about the licensee’s criminal history and how it relates to the physician’s qualifications, functions or duties, Wood said.

“The board reviews every conviction based not only on the conviction itself in relation to the statutes, but also on the underlying issues which led to the conviction,” he said. “The laws do not differentiate between a felony and a misdemeanor conviction.”

In North Carolina, most criminal records the board sees are the result of “youthful indiscretions” that were committed many years ago, said Joy Cooke, director of licensing with the North Carolina Medical Board. Examples of such charges include indecent exposure, shoplifting or assault and battery.

The Texas Medical Board’s action depends on the case, including the type of crime committed, when it was committed and whether the physician was honest in his or her application. The crime is unlikely to affect a physician’s license unless it is a felony, a crime of moral turpitude or a crime involving the practice of medicine, Robinson said.

Not every doctor tells all

Nationwide, physicians applying for a medical license and students applying to medical school are asked to disclose any criminal history before a background check is run. Whether the applicant is honest in the response can have a big impact on how the board or school responds.

“Failure to disclose a conviction is considered to be dishonest, and therefore an egregious breach of ethics and unprofessional conduct,” said Wood, of the California board. “It is really foolish in this day and age of computer communications to think they could actually conceal a criminal record.”

But the North Carolina board has found that many physicians don’t disclose their criminal histories. Sometimes, there is a reasonable explanation. For example, a charge may be 30 years old and the physician may think it had been expunged years ago, Fisher Brinkley said.

The board is more lenient when it believes a physician wasn’t intentionally being dishonest. It may issue a license with a private or public letter of concern, require the physician to do additional training or place limitations on his or her practice abilities. In the rare, more serious cases, the board will deny a medical license, she said.

In Texas, if the board believes an omission was unintentional, the board may allow the physician to withdraw the application and reapply, Robinson said.

But doing only an initial criminal background check isn't enough when physicians may practice 30 years or more, said Dr. Wolfe, of Public Citizen. Medical boards need to have other ways to learn of convictions against physicians licensed in their state.

Medical boards in 14 states can't conduct criminal background checks on physicians.

Many states require licensed physicians to report within 30 days any charges against them while in practice. But those reports aren't always made in a timely manner, said Fisher Brinkley. As a result, the North Carolina board plans to contract with a private company that will routinely check for arrests among the state's physicians.

"The board has grown frustrated with the lack of disclosure," Fisher Brinkley said. "It's another way that the board can make sure it is doing due diligence and it's not depending on the licensee to disclose that information."

If a physician commits a crime in another state, many boards rely on the FSMB Credentials Verification Service and the National Practitioner Data Bank, which report actions taken against a physician by another state medical board or hospital.

The NPDB is supposed to include criminal convictions against health professionals, but many prosecutors don't know they are required to report those convictions, Wolfe said.

"There is serious underreporting," he said.

California requires court clerks to notify the medical board within 48 hours of any convictions against physicians. Many states have similar requirements, but those rules aren't always followed, Dr. Chaudhry said. The FSMB and individual boards need to work with the criminal justice system to make sure they are informed when a physician is charged with a crime, he said.

"Unfortunately, the medical boards are not always consistently informed of criminal convictions in the courts," he said.

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ADDITIONAL INFORMATION:

Investigating doctors' criminal histories

Forty-six medical boards in 36 states and Washington, D.C., have the authority to require physicians to submit to a criminal background search when they apply for a medical license. But states differ in how they conduct those checks and what records

they access.

States that can access physicians' criminal background history as a condition of licensure:

Alabama, Arkansas, California, Colorado, Delaware, Washington, D.C., Florida, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Mississippi, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, Wisconsin, Wyoming

Boards with access to the National Crime Information Center (FBI Database):

Alabama, Arkansas, California, Colorado, Delaware, Washington, D.C., Florida, Idaho, Illinois, Indiana, Iowa, Kentucky, Louisiana, Michigan, Mississippi, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, South Carolina, South Dakota, Tennessee, Texas, Virginia, Washington, Wyoming

Boards that require fingerprints:

Alabama, Arkansas, California, Delaware, Florida, Idaho, Illinois, Indiana, Iowa, Kentucky, Louisiana, Michigan, Mississippi, Nebraska, Nevada, New Hampshire, New Mexico*, North Dakota, Ohio, Oklahoma, Oregon, South Carolina, South Dakota, Tennessee, Texas, Virginia**, Washington, Wyoming

*New Mexico Board of Medicine, but not the New Mexico Board of Osteopathic Medical Examiners

**Thumbprint only required

Source: "Authority to Run Criminal Background Checks: Board-by-Board Overview," Federation of State Medical Boards, Feb. 24 (fsmb.org/pdf/GRPOL_Criminal_Background_Checks.pdf)

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