



MEDICAL EXAMINING BOARD
Room 121A, 1400 East Washington Avenue, Madison
Contact: Tom Ryan (608) 266-2112
October 19, 2016

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

AGENDA

8:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A) Adoption of Agenda (1-4)**
- B) Minutes of September 21, 2016 – Review and Approval (5-9)**
- C) Administrative Updates**
 - 1) Department and Staff Updates
 - 2) Board Members – Term Expiration Dates
 - a) Mary Jo Capodice – 07/01/2018
 - b) Michael Carton – 07/01/2020
 - c) Padmaja Doniparthi – 07/01/2017
 - d) Rodney Erickson – 07/01/2019
 - e) Bradley Kudick – 07/01/2020
 - f) Lee Ann Lau – 07/01/2020
 - g) Carolyn Ogland Vukich – 07/01/2017
 - h) David Roelke – 07/01/2017
 - i) Kenneth Simons – 07/01/2018
 - j) Timothy Westlake – 07/01/2020
 - k) Russel Yale – 07/01/2020
 - l) Robert Zoeller – 07/01/2019
 - m) Robert Zondag – 07/01/2018
 - 3) Introductions, Announcements and Recognition
 - 4) Wis. Stat. § 15.085 (3)(b) – Affiliated Credentialing Boards’ Biannual Meeting with the Medical Examining Board to Consider Matters of Joint Interest
 - 5) Informational Items
- D) Appointments, Reappointments, Confirmations, and Committee, Panel and Liaison Appointments**
- E) 8:00 A.M. Public Hearing: Clearinghouse Rule 16-047 – Med 1 and 14 Relating to General Update and Cleanup of Rules (10-38)**
 - 1) Review and Respond to Clearinghouse Report and Public Comments
- F) Legislation and Rule Matters – Discussion and Consideration (10-38)**
 - 1) Review Revised Draft Language for Med 13 Relating to Continuing Medical Education for Prescribing Opioids
 - 2) Med 24 Relating to Telemedicine
 - a) Review and Consider Information from the American Telemedicine Association
 - b) Review Revised Draft of Proposed Rules

- 3) Review of Proposed Changes to DI 2 Relating to Credentials for Certification
- 4) Update on Other Legislation and Pending or Possible Rulemaking Projects

G) Report From the Telemedicine Rule Committee

H) Prescription Drug Monitoring Program (PDMP) Report

I) Interstate Medical Licensure Compact Commission – Report from Wisconsin’s Commissioners

J) Federation of State Medical Boards (FSMB) Matters (39-49)

- 1) 2016 FSMB Annual Board Survey

K) Speaking Engagement(s), Travel, or Public Relation Request(s), and Report(s)

L) Newsletter Matters (50-56)

- 1) Fall 2016 Newsletter Draft

M) Screening Panel Report

N) Informational Items

O) Board Member Recusal (57-58)

P) Items Added After Preparation of Agenda

- 1) Introductions, Announcements and Recognition
- 2) Administrative Updates
- 3) Elections, Appointments, Reappointments, Confirmations, and Committee, Panel and Liaison Appointments
- 4) Education and Examination Matters
- 5) Credentialing Matters
- 6) Practice Matters
- 7) Future Agenda Items
- 8) Legislation/Administrative Rule Matters
- 9) Liaison Report(s)
- 10) Newsletter Matters
- 11) Annual Report Matters
- 12) Informational Item(s)
- 13) Disciplinary Matters
- 14) Presentations of Petition(s) for Summary Suspension
- 15) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s)
- 16) Presentation of Proposed Decisions
- 17) Presentation of Interim Order(s)
- 18) Petitions for Re-Hearing
- 19) Petitions for Assessments
- 20) Petitions to Vacate Order(s)
- 21) Petitions for Designation of Hearing Examiner
- 22) Requests for Disciplinary Proceeding Presentations
- 23) Motions
- 24) Petitions
- 25) Appearances from Requests Received or Renewed
- 26) Speaking Engagement(s), Travel, or Public Relation Request(s), and Reports

Q) Future Agenda Items

R) Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (§ 19.85 (1) (a), Stats.); to consider licensure or certification of individuals (§ 19.85 (1) (b), Stats.); to consider closing disciplinary investigations with administrative warnings (§ 19.85 (1) (b), Stats. and § 448.02 (8), Stats.); to consider individual histories or disciplinary data (§ 19.85 (1) (f), Stats.); and to confer with legal counsel (§ 19.85 (1) (g), Stats.).

- S) Deliberation on Division of Legal Services and Compliance (DLSC) Matters**
- 1) Monitoring (59-161)**
 - a) Jonathan Thomas, M.D. – Requesting Voluntary Surrender of License **(61-81)**
 - b) Ronald Rubin, M.D. – Requesting Modification of Limitations **(82-161)**
 - 2) Complaints**
 - a) 15 MED 002 – D.J.H. – **Amended Complaint (162-178)**
 - 3) Administrative Warnings**
 - a) 14 MED 577 – A.A. **(179-180)**
 - b) 16 MED 233 – D.M.M. **(181-182)**
 - 4) Proposed Stipulations, Final Decisions and Orders**
 - a) 14 MED 372 – Muhammad Khan, M.D. **(183-189)**
 - b) 15 MED 177 – David Olson, M.D. **(190-195)**
 - c) 15 MED 324 – Adetunji Adejumo, M.D. **(196-204)**
 - d) 15 MED 366 – Leonard Boras Jr. **(205-213)**
 - e) 16 MED 023 – James Turner III, M.D. **(214-220)**
 - 5) Case Closings**
 - a) 15 MED 397 **(221-250)**
 - b) 16 MED 013 **(251-255)**
 - c) 16 MED 105 **(256-259)**
 - d) 16 MED 142 **(260-266)**

T) Open Cases

U) Consulting With Legal Counsel

V) Deliberation of Items Added After Preparation of the Agenda

- 1) Education and Examination Matters
- 2) Credentialing Matters
- 3) Disciplinary Matters
- 4) Monitoring Matters
- 5) Professional Assistance Procedure (PAP) Matters
- 6) Petition(s) for Summary Suspensions
- 7) Proposed Stipulations, Final Decisions and Orders
- 8) Administrative Warnings
- 9) Proposed Decisions
- 10) Matters Relating to Costs
- 11) Complaints
- 12) Case Closings
- 13) Case Status Report
- 14) Petition(s) for Extension of Time
- 15) Proposed Interim Orders
- 16) Petitions for Assessments and Evaluations
- 17) Petitions to Vacate Orders
- 18) Remedial Education Cases
- 19) Motions
- 20) Petitions for Re-Hearing
- 21) Appearances from Requests Received or Renewed

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

W) Open Session Items Noticed Above not Completed in the Initial Open Session

X) Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate

Y) Delegation of Ratification of Examination Results and Ratification of Licenses and Certificates

ADJOURNMENT

ORAL EXAMINATION OF ONE (1) CANDIDATE FOR LICENSURE

ROOM 124D/E

10:15 A.M., OR IMMEDIATELY FOLLOWING THE FULL BOARD MEETING

CLOSED SESSION – Reviewing Applications and Conducting Oral Examinations of one (1) Candidate for Licensure – Dr. Yale & Dr. Capodice

NEXT MEETING DATE NOVEMBER 16, 2016

**MEDICAL EXAMINING BOARD
MEETING MINUTES
September 21, 2016**

PRESENT: Mary Jo Capodice, D.O.; Michael Carton, (*via GoToMeeting*;) Rodney Erickson, M.D., (*arrived at 8:01 a.m. via GoToMeeting*;) Bradley Kudick; Lee Ann Lau, M.D.; Carolyn Ogland Vukich, M.D. David Roelke, M.D.; Kenneth Simons, M.D.; Timothy Westlake, M.D.; Russell Yale, M.D.; Robert Zondag

EXCUSED: Michael Phillips, M.D.; Robert Zoeller, M.D.

STAFF: Tom Ryan, Executive Director; Nifty Lynn Dio, Bureau Assistant; and other Department staff

CALL TO ORDER

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

MOTION: Carolyn Ogland Vukich moved, seconded by Timothy Westlake, to thank Suresh Misra for his service to the Board and the State of Wisconsin. Motion carried unanimously.

ADOPTION OF AGENDA

Amendments to the Agenda:

- *Added item: Credentialing Matter to X.2: License Review of R.N.*
- *Removed items: Complaints T.2.b (F.D.) and T.2.c (W.M.)*

MOTION: Mary Jo Capodice moved, seconded by Robert Zondag, to adopt the agenda as amended. Motion carried unanimously.

MINUTES OF AUGUST 17, 2016 – REVIEW AND APPROVAL

MOTION: Timothy Westlake moved, seconded by Lee Ann Lau, to approve the minutes of August 17, 2016 as published. Motion carried unanimously.

CRITERIA FOR APPROVING COURSES FOR PHARMACISTS WHO ADMINISTER DRUG PRODUCTS AND DEVICES – DISCUSSION AND CONSIDERATION

MOTION: Carolyn Ogland Vukich moved, seconded by Lee Ann Lau, to advise the Pharmacy Examining Board use the Accreditation Council for Pharmacy Education (ACPE) criteria in approving courses for pharmacists who administer drug products and devices. Motion carried unanimously.

SPEAKING ENGAGEMENTS, TRAVEL, OR PUBLIC RELATION REQUESTS, AND REPORTS

MOTION: David Roelke moved, seconded by Carolyn Ogland Vukich, to authorize Kenneth Simons to represent the FSMB at the National Association of Boards of Pharmacy Task Force on the regulation of telepharmacy practice on October 24-25, 2016 in Rosemont, Illinois and to authorize travel. Motion carried unanimously.

CLOSED SESSION

MOTION: Mary Jo Capodice moved, seconded by Lee Ann Lau, to convene to Closed Session to deliberate on cases following hearing (§ 19.85 (1) (a), Stats.); to consider licensure or certification of individuals (§ 19.85 (1) (b), Stats.); to consider closing disciplinary investigations with administrative warnings (§ 19.85 (1) (b), Stats. and § 448.02 (8), Stats.); to consider individual histories or disciplinary data (§ 19.85 (1) (f), Stats.); and to confer with legal counsel (§ 19.85 (1) (g), Stats.). The Chair read the language of the motion aloud for the record. The vote of each member was ascertained by voice vote. Roll Call Vote: Mary Jo Capodice – yes; Michael Carton – yes; Rodney Erickson – yes; Bradley Kudick – yes; Lee Ann Lau – yes; Carolyn Ogland Vukich – yes; David Roelke – yes; Kenneth Simons – yes; Timothy Westlake – yes; Russell Yale – yes; and Robert Zondag – yes. Motion carried unanimously.

The Board convened into Closed Session at 9:30 a.m.

RECONVENE TO OPEN SESSION

MOTION: Carolyn Ogland Vukich moved, seconded by Mary Jo Capodice, to reconvene in Open Session at 11:03 a.m. Motion carried unanimously.

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

MOTION: Carolyn Ogland Vukich moved, seconded by Russell Yale, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

REQUEST FOR WAIVER OF 24 MONTH OF ACGME/AOA APPROVED POST GRADUATE TRAINING

Thaer Sawa, M.D.

MOTION: Carolyn Ogland moved, seconded by Lee Ann Lau, to deny a waiver of the 24 months of ACGME/AOA Approved post graduate training to Thaer Sawa, per Wis. Stat. §448.05(2)(c). Motion carried unanimously.

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

Complaints

15 MED 177 – D.L.O.

MOTION: Timothy Westlake moved, seconded by Carolyn Ogland Vukich, to find probable cause to believe that David L. Olson, M.D. DLSC Case No. 15 MED 177 has committed unprofessional conduct, and therefore to issue the Complaint and hold a hearing on such conduct pursuant to Wis. Stat § 448.02(3)(b). Motion carried unanimously.

(David Roelke recused himself and left the room for deliberation and voting in the matter concerning D.L.O., DLSC case number 15 MED 177.)

Administrative Warnings

15 MED 177 – R.A.E.

MOTION: Timothy Westlake moved, seconded by Mary Jo Capodice, to issue an Administrative Warning in the matter of DLSC Case No. 15 MED 177 against R.A.E. Motion carried unanimously.

15 MED 329 – R.Y.M.

MOTION: Timothy Westlake moved, seconded by Lee Ann Lau, to issue an Administrative Warning in the matter of DLSC Case No. 15 MED 329 against R.Y.M. Motion carried unanimously.

16 MED 234 – J.L.H.

MOTION: David Roelke moved, seconded by Mary Jo Capodice, to issue an Administrative Warning in the matter of DLSC Case No. 16 MED 234 against J.L.H. Motion carried. Opposed: Yale

Proposed Stipulations, Final Decisions and Orders

14 MED 300 – Gail D. Vegter, P.A.

MOTION: Timothy Westlake moved, seconded by David Roelke, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Gail D. Vegter, DLSC Case No. 14 MED 300. Motion carried unanimously.

14 MED 557 – Daniel B. Jackson, P.A.

MOTION: Mary Jo Capodice moved, seconded by David Roelke, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Daniel B. Jackson, DLSC Case No. 14 MED 557. Motion carried unanimously.

15 MED 117 – Craig D. Maskil, M.D.

MOTION: Timothy Westlake moved, seconded by David Roelke, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Craig D. Maskil, DLSC Case No. 15 MED 117. Motion carried. Opposed: Lau

15 MED 221 – Andrew R. Weber, M.D.

MOTION: Carolyn Ogland Vukich moved, seconded by Timothy Westlake, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Andrew R. Weber, DLSC Case No. 15 MED 221. Motion carried unanimously.

16 MED 140 – Cheryl B. Wingate, M.D.

MOTION: Lee Ann Lau moved, seconded by David Roelke, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Cheryl B. Wingate, DLSC Case No. 16 MED 140. Motion carried unanimously.

16 MED 174 – Robert A. Bonzani, M.D.

MOTION: Carolyn Ogland Vukich moved, seconded by Mary Jo Capodice, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Robert A. Bonzani, DLSC Case No. 16 MED 174. Motion carried unanimously.

Case Closings

CASE CLOSING(S)

MOTION: Russell Yale moved, seconded by Carolyn Ogland Vukich, to close the following cases according to the recommendations by the Division of Legal Services and Compliance:

1. 14 MED 590 (D.L.K.) **Prosecutorial Discretion (P2)**
2. 15 MED 036 (A.R.G.) **Prosecutorial Discretion (P1)**
3. 15 MED 199 (J.B., R.H., and J.B.) **No Violation**
4. 16 MED 045 (J.E.S.) **No Violation**

Motion carried unanimously.

14 MED 603 (J.A.C.)

MOTION: Mary Jo Capodice moved, seconded by Russell Yale, to close DLSC Case No. 14 MED 603 against J.A.C. for **No Violation**. Motion carried unanimously.

15 MED 361 (T.W.G.)

MOTION: Russell Yale moved, seconded by Mary Jo Capodice, to close DLSC Case No. 15 MED 360 against T.W.G. for **Prosecutorial Discretion (P2)**. Motion carried unanimously.

ORDERS FIXING COSTS

Barry S. Barudin, M.D.

MOTION: David Roelke moved, seconded by Carolyn Ogland Vukich, to adopt the Order Fixing Costs in the matter of disciplinary proceedings against Barry S. Barudin, M.D., Respondent, DLSC Case No. 15 MED 420. Motion carried unanimously.

Michael H. Malek, M.D.

MOTION: Russell Yale moved, seconded by Bradley Kudick, to adopt the Order Fixing Costs in the matter of disciplinary proceedings against Michael H. Malek, M.D., Respondent, DLSC Case No. 15 MED 278. Motion carried unanimously.

CREDENTIALING MATTERS

License Review of Roland Ngwang

MOTION: Carolyn Ogland Vukich moved, seconded by Russell Yale, to acknowledge that the Board has determined that the license to practice medicine and surgery of Roland Ngwang was issued in error, and therefore cannot be licensed in the State of Wisconsin until all current licensure requirements are met. Motion carried unanimously.

DELEGATION OF RATIFICATION OF EXAMINATION RESULTS AND RATIFICATION OF LICENSES AND CERTIFICATES

MOTION: Timothy Westlake moved, seconded by Lee Ann Lau, to delegate ratification of examination results to DSPS staff and to ratify all licenses and certificates as issued. Motion carried unanimously.

ADJOURNMENT

MOTION: Lee Ann Lau moved, seconded by Bradley Kudick, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 11:04 a.m.

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dale Kleven Administrative Rules Coordinator		2) Date When Request Submitted: 10/7/16 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 10/19/16	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? 8:00 A.M. Public Hearing: Clearinghouse Rule 16-047 – Med 1 and 14 Relating to General Update and Cleanup of Rules 1. Review and Respond to Clearinghouse Report and Public Comments Legislative/Administrative Rule Matters: 1. Review Revised Draft Language for Med 13 Relating to Continuing Medical Education for Prescribing Opioids 2. Med 24 Relating to Telemedicine a. Review and Consider Information from the American Telemedicine Association b. Review Revised Draft of Proposed Rules 3. Review of Proposed Changes to DI 2 Relating to Credentials for Certification 4. Update on Other Legislation and Pending or Possible Rulemaking Projects	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: 3. Under s. 15.085 (5), Stats., the Dietitians Affiliated Credentialing Board is required to submit a proposed rule to the Medical Examining Board for comment at least 60 days before the proposed rule is submitted to the Legislative Clearinghouse. Any comments on the proposed rule must be considered by the Dietitians Affiliated Credentialing Board and included in the report on the proposed rule submitted to the Legislature.			
11) <i>Dale Kleven</i> Signature of person making this request		Authorization <i>October 7, 2016</i> Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

STATE OF WISCONSIN
MEDICAL EXAMINING BOARD

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

PROPOSED ORDER

An order of the Medical Examining Board to repeal Med 1.06 (2) and (5), 1.07, 1.08 (1), and 1.09, amend Med 1.01, 1.02 (2) and (3) (a), (b), and (c), 1.06 (1) (a) (intro.) and 9., (b), and (d) and (3) (a), (b), (c), (d), (e), and (f) (intro.) and 2., 1.08 (2), 14.03, and 14.06 (2) (intro.), and create Med 1.015 (2m), 1.02 (3) (cm), and 1.06 (3) (bm) and (4), relating to general update and cleanup of rules.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted:

Sections 15.08 (5) (b), 440.08 (2), 448.05 (2) (c), and 448.40 (1), Stats.

Statutory authority:

Sections 15.08 (5) (b), 227.11 (2) (a), 448.05 (2) (c), and 448.40 (1), Stats.

Explanation of agency authority:

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

Section 227.11 (2) (a), Stats., sets forth the parameters of an agency’s rule-making authority, stating an agency, “may promulgate rules interpreting provisions of any statute enforced or administered by the agency. . .but a rule is not valid if the rule exceeds the bounds of correct interpretation.”

Section 448.05 (2) (c), Stats., provides “[t]he board may promulgate rules specifying circumstances in which the board, in cases of hardship or in cases in which the applicant possesses a medical license issued by another jurisdiction, may grant a waiver from any requirement under par. (a) or (b). The board may grant such a waiver only in accordance with those rules.”

Section 448.40 (1), Stats., provides “[t]he board may promulgate rules to carry out the purposes of this subchapter, including rules requiring the completion of continuing education, professional development, and maintenance of certification or performance improvement or continuing medical education programs for renewal of a license to practice medicine and surgery.”

Related statute or rule:

None.

Plain language analysis:

The proposed rules update chs. Med 1 and 14 relating to licenses to practice medicine and surgery and biennial registration. The proposed rules better align with statute, reflect current practices, and provide a clearer regulatory landscape for applicants.

Current rules contain provisions relating to an open-book examination on statutes and rules governing the practice of medicine and surgery in Wisconsin. As the Board no longer requires an applicant for licensure to practice medicine and surgery to take the statutes and rules examination, the proposed rules remove all references to it.

2015 Wisconsin Act 269 removed a requirement that examinations for licensure to practice medicine and surgery be limited to those administered by national organizations. As a result, the Board is conducting an oral examination in lieu of the oral interview referenced in current rules. The proposed rules replace references to the oral interview with the oral examination, specify how the oral examination is administered, and update the criteria the Board may use to determine if an applicant is required to take the oral examination.

Current rules do not address the Comprehensive Osteopathic Medical Licensing Examination, commonly known as the COMLEX-USA. The proposed rules specify the Board requirements for the COMLEX-USA examination.

The proposed rules update the list of board-recognized accrediting agencies to include prominent accrediting agencies not listed in the current rules.

The proposed rules more explicitly refer to section 448.05 (2) (c) of the Wisconsin Statutes as the Board's authority to grant waivers from the required 24 months of postgraduate training in programs accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association in cases of hardship and for applicants who demonstrate substantially equivalent education and training.

Current rules indicate the Board administers and determines eligibility for the USMLE Step 3, which does not reflect current practices. In addition, the USMLE Step 2 is administered in 2 parts, which is not reflected in current rules. The proposed rules make revisions to reflect current practices.

The renewal date currently specified in ch. Med 14 does not match the statutory renewal date for a doctor of osteopathy. The proposed rules align the renewal dates for licensees with the dates provided by statute.

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

None.

Comparison with rules in adjacent states:

Illinois:

Rules of the Illinois Department of Financial and Professional Regulation address medical licensing, renewal, and restoration procedure (68 Ill. Adm. Code 1285.20 to 1285.140). The rules include provisions concerning licensure by examination (68 Ill. Adm. Code 1285.70), licensure by endorsement (68 Ill. Adm. Code 1285.80), and renewals (68 Ill. Adm. Code 1285.80).

Iowa:

Rules of the Iowa Board of Medicine address permanent physician licensure (653 IAC 9.1 to 9.20). The rules include provisions concerning licensure by examination (653 IAC 9.4), licensure by endorsement (653 IAC 9.5), and renewal of a permanent license (653 IAC 9.13).

Michigan:

Rules of the Michigan Department of Licensing and Regulatory Affairs address medical licensure (Mich Admin Code, R 338.2313 to R 338.2319). The rules include provisions concerning licensure by examination (Mich Admin Code, R 338.2316 and R 338.2317) and licensure by endorsement (Mich Admin Code, R 338.2318 and R 338.2319).

Minnesota:

Rules of the Minnesota Board of Medical Practice address licensure to practice medicine and surgery (Minnesota Rules, chapter 5600). The rules include provisions concerning license by examination (Minnesota Rules, Part 5600.0300 to 5600.0500), license by endorsement (Minnesota Rules, Part 5600.0700) and license renewal procedures (Minnesota Rules, Part 5600.0605).

Summary of factual data and analytical methodologies:

The proposed rules were developed by reviewing applicable statutory provisions in conjunction with current rules and obtaining input and feedback from the Medical Examining Board.

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

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

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis document is attached.

Effect on small business:

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

Agency contact person:

Dale Kleven, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, Wisconsin 53708; telephone 608-261-4472; email at Dale2.Kleven@wisconsin.gov.

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

Comments may be submitted to Dale Kleven, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, WI 53708-8935, or by email to Dale2.Kleven@wisconsin.gov. Comments must be received by 8:00 a.m. on October 19, 2016 to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. Med 1.01 is amended to read:

Med 1.01 Authority and purpose. The rules in this chapter are adopted by the medical examining board pursuant to the authority delegated by ss. 15.08 (5), 227.11, 448.05 (2) (c), and 448.40, Stats., and govern application and examination for license to practice medicine and surgery under s. 448.04 (1) (a), Stats., ~~(hereinafter “regular license”)~~.

SECTION 2. Med 1.015 (2m) is created to read:

Med 1.015 (2m) “Regular license” means a license to practice medicine and surgery under s. 448.04 (1) (a), Stats.

SECTION 3. Med 1.02 (2) and (3) (a), (b), and (c) are amended to read:

Med 1.02 (2) Verified documentary evidence of graduation from a medical or osteopathic school approved by the board. The board recognizes as approved those medical or osteopathic schools ~~recognized and approved~~ accredited at the time of the applicant's graduation therefrom by the American ~~osteopathic association~~ Osteopathic Association, or the ~~liaison committee on medical education~~ Liaison Committee on Medical Education, or their successors. If an applicant is not a graduate of a medical school approved by the board, but is a graduate of a medical school recognized and listed as such by the ~~world health organization of the united nations~~ World Directory of Medical Schools or its predecessor the International Medical Education Directory, such applicant shall submit verified documentary evidence of graduation from such school and also verified documentary evidence of having passed the examinations ~~conducted~~ required by the educational council for foreign medical graduates Educational Council for Foreign Medical Graduates or successors, and shall also present for the board's

inspection the originals thereof, and if such medical school requires either social service or internship or both of its graduates, and if the applicant has not completed either such required social service or internship or both, such applicant shall also submit verified documentary evidence of having completed a 12 month supervised clinical training program under the direction of a medical school approved by the board.

(3) (a) Verification of satisfactory completion by the applicant of 24 months of postgraduate training in one or more programs accredited by the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, or a successor organization; or documentary evidence that the applicant is currently enrolled in a postgraduate training program accredited by the Accreditation Council for Graduate Medical Education, or the American Osteopathic Association, or the Royal College of Physicians and Surgeons of Canada, or a successor organization and has received credit for 12 consecutive months of postgraduate training in that program and an unrestricted endorsement from the postgraduate training director that the applicant is expected to complete at least 24 months of postgraduate training.

(b) If an applicant is a graduate of a foreign allopathic or osteopathic medical school, then the applicant must provide a verified certificate showing satisfactory completion of 24 months of postgraduate training in one or more programs accredited by the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, the Royal College of Physicians and Surgeons of Canada, or a successor organization; or documentary evidence that the applicant is currently enrolled in a postgraduate training program accredited by the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, the Royal College of Physicians and Surgeons of Canada, or a successor organization and has received credit for 12 consecutive months of postgraduate training in that program and an unrestricted endorsement from the postgraduate training director that the applicant is expected to complete at least 24 months of postgraduate training.

(c) ~~If the applicant is a graduate of a foreign allopathic or osteopathic medical school~~ possesses a medical license issued by another jurisdiction and has not completed 24 months of postgraduate training approved by the board and is not currently enrolled in a postgraduate training program but the applicant has other professional experience which the applicant believes has given that applicant the education and training substantially equivalent to 24 months of postgraduate training, then the applicant may submit the documented education and training demonstrating substantially equivalent education and training. The board will review the documented education and training and may make further inquiry, including a personal interview of the applicant, as the board deems necessary to determine whether substantial equivalence in fact exists. The burden of proof of such equivalence shall lie upon the applicant. If the board finds that the documented education and training is substantially equivalent to the required training and experience the board may ~~accept the experience in lieu of requiring the applicant to have completed 24 months of postgraduate training in a program approved by the board~~ grant a waiver of the requirements under par. (a) or (b).

SECTION 4. Med 1.02 (3) (cm) is created to read:

Med 1.02 (3) (cm) An applicant may apply to the board for waiver of the requirements of par. (a) or (b) on grounds of prolonged illness or disability or other similar circumstances, and each case will be considered individually on its merits by the board.

SECTION 5. Med 1.06 (1) (a) (intro.) and 9., (b), and (d) are amended to read:

Med 1.06 (1) (a) (intro.) All applicants shall complete the ~~computer-based examination under sub. (3) (b), and an open book examination on statutes and rules governing the practice of medicine and surgery in Wisconsin.~~ In addition, an applicant may be required to complete an oral interview examination if the applicant:

9. Has ~~within the past 2 years~~ engaged in the illegal use of controlled substances.

(b) An application filed under s. Med 1.02 shall be reviewed by an application review panel of at least 2 board members designated by the chairperson of the board. The panel shall determine whether the applicant is eligible for a regular license without completing an oral interview examination.

(d) ~~Written and computer-based~~ All written examinations and oral interviews examinations as required shall be scored separately and the applicant shall achieve a passing grade on all examinations to qualify for a license.

SECTION 6. Med 1.06 (2) is repealed.

SECTION 7. Med 1.06 (3) (a) and (b) are amended to read:

Med 1.06 (3) (a) The board accepts the results of the FLEX examination administered on or before December 31, 1993, as its written examination and requires a score of not less than ~~75.0 on each component of the 2-component~~ 75 on both Component 1 and Component 2 of the FLEX examination administered on or after January 1, 1985. ~~Every applicant shall have taken the complete 2-component examination the first time the applicant was admitted to the FLEX examination.~~

(b) Commencing January 1, 1994, the board ~~accepts~~ requires the 3-step USMLE sequence as its written or computer-based examination ~~and administers step 3 of the sequence. Minimum standard~~ The minimum passing scores score for each step Step 1, Step 2 CK, and Step 3 shall be not less than 75.0 75 on the 2-digit scale. Step 2 CS, which is scored as pass or fail, shall be passed. Applicants who have completed a standard M.D. ~~training or D.O. medical education~~ program shall complete all 3 steps of the examination sequence within 10 years from the date upon which the applicant first passes a step, either ~~step~~ Step 1 or ~~step~~ Step 2. Applicants who have completed a combined M.D. ~~or D.O.~~ and Ph.D. medical scientist training program shall complete all 3 steps of the examination sequence within 12 years from the date upon which the applicant first passes a step, either ~~step~~ Step 1 or ~~step~~ Step 2. Applicants who have passed a step may not repeat the step unless required to do so in order to comply with the 10-year or 12-year time limit. If the applicant fails to achieve a passing grade on any step, the applicant may apply for and be reexamined on only the step failed ~~according to the reexamination provisions of s. Med 1.08 (1).~~

SECTION 8. Med 1.06 (3) (bm) is created to read:

Med 1.06 (3) (bm) The board shall waive completion of the 3-step USMLE sequence for an applicant who has passed all 3 levels of the Comprehensive Osteopathic Medical Licensing Examination, commonly known as the COMLEX-USA. The applicant shall have achieved a minimum passing score for Level 1, Level 2-CE, and Level 3 of not less than 75 on the 2-digit scale. Level 2-PE, which is scored as pass or fail, shall have been passed.

SECTION 9. Med 1.06 (3) (c), (d), (e), and (f) (intro.) and 2. are amended to read:

Med 1.06 (3) (c) Prior to ~~the~~ January 1, 2000, the board shall waive completion of ~~steps~~ Steps 1 and 2 of the USMLE sequence for applicants who have passed FLEX ~~component~~ Component 1; and shall waive ~~step~~ Step 3 of the USMLE sequence for applicants who have passed FLEX ~~component~~ Component 2. Prior to January 1, 2000, the board shall waive any step of the USMLE sequence for applicants who have passed the corresponding part of the NBME examination.

(d) The board may waive the requirement for written or computer-based examinations required in this section for any applicant who has achieved ~~a~~ an overall FLEX weighted average score of no less than ~~75.0 on all 3 components of~~ 75 on the FLEX examination taken prior to January 1, 1985 in a single session in another licensing jurisdiction in the United States or Canada, in no more than 3 attempts. If the applicant had been examined 4 or more times before achieving a weighted average score of no less than ~~75.0 on all 3 components~~ 75, the applicant shall meet the requirements specified in s. Med 1.08 (2).

(e) The board may waive the requirement for written or computer-based examinations required in this section for any applicant who has achieved a score of no less than ~~75.0~~ 75 ~~on each of the 2 components~~ Components 1 and 2 of the FLEX ~~examination~~ administered on or after January 1, 1985 in another licensing jurisdiction in the United States or Canada, if the applicant achieved a score of no less than ~~75.0~~ 75 on each of the 2 components in no more than 3 attempts. If the applicant has been examined 4 or more times before achieving a score of ~~75.0~~ 75 on either or both components of the FLEX examination, the applicant shall meet the requirements specified in s. Med 1.08 (2).

(f) (intro.) An applicant who has passed all ~~3~~ components of any of the examinations of the following boards and councils may submit to the board verified documentary evidence thereof, and the board will accept this in lieu of requiring further written or computer-based examination of the applicant:

2. National Board of Osteopathic Medical Examiners of Osteopathic Physicians and Surgeons.

SECTION 10. Med 1.06 (4) is created to read:

Med 1.06 (4) (a) An oral examination of an applicant is conducted by one or more physician members of the board. The purpose of an oral exam is to evaluate the applicant's eligibility for a regular license under the applicable circumstances specified in s. Med 1.06 (1) (a) 1. to 11. The passing grade for an oral exam under this paragraph is 90 percent.

(b) Any applicant who fails the oral examination under par. (a) shall be examined by the board. The grade of an exam under this paragraph shall be the applicant's final grade for the oral examination under this subsection. The passing grade for an exam under this paragraph is 90 percent.

SECTION 11. Med 1.06 (5), 1.07, and 1.08 (1) are repealed.

SECTION 12. Med 1.08 (2) is amended to read:

Med 1.08 (2) If an applicant has been examined 4 or more times in another licensing jurisdiction in the United States or Canada before achieving a passing grade in written or computer-based examinations also required under this chapter, the board may require the applicant to submit evidence satisfactory to the board of further professional training or education in examination areas in which the applicant had previously demonstrated deficiencies. If the evidence provided by the applicant is not satisfactory to the board, the board may require the applicant to obtain further professional training or education as the board deems necessary to establish the applicant's fitness to practice medicine and surgery in this state. In order to determine any further professional training or education requirement, the board shall consider any information available relating to the quality of the applicant's previous practice, including the results of the applicant's performance on the oral ~~interview~~ examination required under s. 448.05 (6), Stats., and s. Med 1.06.

SECTION 13. Med 1.09 is repealed.

SECTION 14. Med 14.03 is amended to read:

Med 14.03 Registration required; method of registration. Each licensee shall register biennially with the board. Prior to ~~November 1 of each odd-numbered year~~ the renewal date under s. 440.08 (2), Stats., the department shall mail to each licensee at his or her last known address as it appears in the records of the board an application form for registration. Each licensee shall complete the application form and return it with the required fee to the department located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708 prior to the next succeeding November 1. The board shall notify the licensee within 30 business days of receipt of a completed registration form whether the application for registration is approved or denied.

SECTION 15. Med 14.06 (2) (intro.) is amended to read:

Med 14.06 (2) (intro.) Failure to renew a license by ~~November 1 of odd-numbered years~~ the renewal date under s. 440.08 (2), Stats., shall cause the license to lapse. A licensee who allows the license to lapse may apply to the board for reinstatement of the license as follows:

SECTION 16. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin administrative register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

1. Type of Estimate and Analysis
 Original Updated Corrected

2. Administrative Rule Chapter, Title and Number
Med 1 and 14

3. Subject
Licenses to practice medicine and surgery and biennial registration

4. Fund Sources Affected <input type="checkbox"/> GPR <input type="checkbox"/> FED <input checked="" type="checkbox"/> PRO <input type="checkbox"/> PRS <input type="checkbox"/> SEG <input type="checkbox"/> SEG-S	5. Chapter 20, Stats. Appropriations Affected 20.165(1)(hg)
--	--

6. Fiscal Effect of Implementing the Rule

<input checked="" type="checkbox"/> No Fiscal Effect	<input type="checkbox"/> Increase Existing Revenues	<input type="checkbox"/> Increase Costs
<input type="checkbox"/> Indeterminate	<input type="checkbox"/> Decrease Existing Revenues	<input type="checkbox"/> Could Absorb Within Agency's Budget
		<input type="checkbox"/> Decrease Cost

7. The Rule Will Impact the Following (Check All That Apply)

<input type="checkbox"/> State's Economy	<input type="checkbox"/> Specific Businesses/Sectors
<input type="checkbox"/> Local Government Units	<input type="checkbox"/> Public Utility Rate Payers
<input type="checkbox"/> Small Businesses (if checked, complete Attachment A)	

8. Would Implementation and Compliance Costs Be Greater Than \$20 million?
 Yes No

9. Policy Problem Addressed by the Rule
The proposed rules update chs. Med 1 and 14 relating to licenses to practice medicine and surgery and biennial registration. The proposed rules better align with statute, reflect current practices, and provide a clearer regulatory landscape for applicants.

10. Summary of the businesses, business sectors, associations representing business, local governmental units, and individuals that may be affected by the proposed rule that were contacted for comments.
The proposed rule was posted on the Department and Professional Services website for 14 days in order to solicit comments from businesses, representative associations, local governmental units, and individuals that may be affected by the rule. No comments were received.

11. Identify the local governmental units that participated in the development of this EIA.
No local governmental units participated in the development of this EIA.

12. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred)
This proposed rule will not have a significant impact on specific businesses, business sectors, public utility rate payers, local governmental units or the state's economy as a whole.

13. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule
The benefit to implementing the rule is providing clarity and updated practice standards. If the rule is not implemented, it will continue to reference outdated practice standards.

14. Long Range Implications of Implementing the Rule
The long range implication of implementing the rule is clarity and updated practice standards.

15. Compare With Approaches Being Used by Federal Government
None

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

16. Compare With Approaches Being Used by Neighboring States (Illinois, Iowa, Michigan and Minnesota)

Illinois:

Rules of the Illinois Department of Financial and Professional Regulation address medical licensing, renewal, and restoration procedure (68 Ill. Adm. Code 1285.20 to 1285.140). The rules include provisions concerning licensure by examination (68 Ill. Adm. Code 1285.70), licensure by endorsement (68 Ill. Adm. Code 1285.80), and renewals (68 Ill. Adm. Code 1285.80).

Iowa:

Rules of the Iowa Board of Medicine address permanent physician licensure (653 IAC 9.1 to 9.20). The rules include provisions concerning licensure by examination (653 IAC 9.4), licensure by endorsement (653 IAC 9.5), and renewal of a permanent license (653 IAC 9.13).

Michigan:

Rules of the Michigan Department of Licensing and Regulatory Affairs address medical licensure (Mich Admin Code, R 338.2313 to R 338.2319). The rules include provisions concerning licensure by examination (Mich Admin Code, R 338.2316 and R 338.2317) and licensure by endorsement (Mich Admin Code, R 338.2318 and R 338.2319).

Minnesota:

Rules of the Minnesota Board of Medical Practice address licensure to practice medicine and surgery (Minnesota Rules, chapter 5600). The rules include provisions concerning license by examination (Minnesota Rules, Part 5600.0300 to 5600.0500), license by endorsement (Minnesota Rules, Part 5600.0700) and license renewal procedures (Minnesota Rules, Part 5600.0605).

Contact Name Dale Kleven	18. Contact Phone Number (608) 261-4472
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WISCONSIN LEGISLATIVE COUNCIL RULES CLEARINGHOUSE

Scott Grosz
Clearinghouse Director

Terry C. Anderson
Legislative Council Director

Margit Kelley
Clearinghouse Assistant Director

Jessica Karls-Ruplinger
Legislative Council Deputy Director

CLEARINGHOUSE RULE 16-047

Comments

[NOTE: All citations to “Manual” in the comments below are to the Administrative Rules Procedures Manual, prepared by the Legislative Reference Bureau and the Legislative Council Staff, dated December 2014.]

1. Form, Style and Placement in Administrative Code

Under the “Comparison with rules in adjacent states”, the Board might consider adding more detail regarding other states’ practices. For example, the Board could comment on whether adjacent states require an applicant for licensure to practice medicine and surgery to take a statutes and rules examination. The Board could also comment on whether other states require examinations for licensure to be administered by a national organization and whether the states conduct an oral examination or oral interview of applicants.

2. Conflict With or Duplication of Existing Rules

The Board should consider whether the effective date of the rule allows sufficient time for the Board to process applications that may have been underway but not complete prior to the effective date, or whether an initial applicability provision should be used to address the applicability of the rule to persons in the process at the time the rule takes effect.

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

a. In the analysis of the proposed rule, the Board might consider more clearly explaining its addition of “World Directory of Medical Schools” and “the Royal College of Physicians and Surgeons of Canada” to various subsections in s. Med 1.02 (3) (b). Currently, the plain language analysis indicates that these accrediting agencies are “prominent” and “not listed in the current rules”.

b. In SECTION 4, the Board might consider replacing the phrase “or other circumstances” with the phrase “or other hardship” to more closely align with the authorizing statutory language in s. 448.05 (2) (c), Stats.

c. In SECTION 6, the Board repeals s. Med 1.06 (2). The Board should consider whether there is another means by which the Board will notify each applicant of the time and place scheduled for that applicant’s examinations.

d. In SECTION 7, s. Med 1.06 (3) (b), the Board should consider whether the word “training” should be removed from the phrase “combined M.D. or D.O. and Ph.D. medical scientist training program”. In the previous clause, the word “training” was removed from the phrase “standard M.D. ~~training~~ or D.O. medical education program”.

e. In SECTION 8, s. Med. 1.06 (3) (bm), the Board should consider changing the phrase “shall have been passed” to “shall be passed” to more closely align with the use of the same phrase in s. Med 1.06 (3) (b).

f. In SECTION 9, s. Med 1.06 (3) (c), the Board should consider moving the phrases “Prior to January 1, 2000” to the end of their respective sentences. By way of example, the first sentence should read, “The board shall waive completion of . . . for applicants who have passed FLEX ~~component~~ Component 2 prior to January 1, 2000”, if this correctly reflects the significance of the January 1, 2000 date. Alternatively, should the provision be deleted if it only applies to actions prior to January 1, 2000?

g. In SECTION 9, s. Med 1.06 (3) (d) and (e), it appears the Board should consistently strike the term “examination” after the word “FLEX” for consistency with other edits throughout the rule.

h. In SECTION 11, s. Med 1.08 (1) is repealed. The Board should consider whether there is another means by which an applicant who has failed under this chapter may apply for reexamination.

i. In SECTION 14, s. Med 14.03, the Board should consider replacing the phrase “the next succeeding November 1” with the phrase “the next succeeding renewal date under s. 440.08 (2), Stats.”, to align with the amendment to the date “November 1” earlier in the section.

TEXT OF RULE

SECTION 1. Med 13.02 (1) is amended to read:

Med 13.02 Continuing medical education required; waiver. (1) Each physician required to complete the biennial training requirements provided under s. 448.13, Stats., shall, in each second year at the time of making application for a certificate of registration as required under s. 448.07, Stats., sign a statement on the application for registration certifying that the physician has completed at least 30 hours of acceptable continuing medical educational programs within the 2-calendar years immediately preceding the calendar year for which application for registration is made biennial registration period.

SECTION ~~12~~. Med 13.02 (1g) and (1r) are created to read:

Med 13.02 (1g) (a) Except as provided in par. (b), for ~~the a~~ renewal dates of ~~occurring in November 1, 2017 and or March 1, 2018~~, a minimum of 2 of the 30 hours of continuing medical education required under sub. (1) shall be an educational course or program related to the guidelines issued by the board under s. 440.035 (2m), Stats., that is approved under s. Med 13.03 (3) at the time of the physician's attendance.

(b) This subsection does not apply to a physician who, at the time of making application for a certificate of registration, does not hold a U.S. Drug Enforcement Administration number to prescribe controlled substances.

(1r) (a) Except as provided in par. (b), for ~~the a~~ renewal dates of ~~occurring in November 1, 2019 and or March 1, 2020~~, a minimum of 2 of the 30 hours of continuing medical education required under sub. (1) shall be an educational course or program related to the guidelines issued by the board under s. 440.035 (2m), Stats., that is approved under s. Med 13.03 (3) at the time of the physician's attendance.

(b) This subsection does not apply to a physician who, at the time of making application for a certificate of registration, does not hold a U.S. Drug Enforcement Administration number to prescribe controlled substances.

SECTION ~~22~~. Med 13.03 (3) is created to read:

Med 13.03 (3) (a) Only educational courses and programs approved by the board may be used to satisfy the requirement under s. Med 13.02 (1g) (a) and (1r) (a). To apply for approval of a continuing education course or program, a provider shall submit to the board an application on forms provided by the department, ~~and shall include the title, general description and an outline of the course or program, the dates, the location, the name and qualifications of the instructor, and the sponsor of the course or program.~~ The application shall include all of the following concerning the course or program:

1. The title.

2. A general description and a detailed outline of the content.

3. The dates and locations.

4. The name and qualifications of the instructor.

5. The sponsor.

Note: An application for continuing education course or program approval may be obtained from the board at the Department of Safety and Professional Services, Office of Education and Examinations, P.O. Box 8366, Madison, Wisconsin, 53708, or from the department's website at <http://dsps.wi.gov>.

(b) A continuing education course or program must meet all of the following criteria to be approved:

1. The course or program is accepted by the board under sub. (1) (b).
2. The subject matter of the course pertains to the guidelines issued by the board under s. 440.035 (2m), Stats.
3. The provider agrees to monitor the attendance and furnish a certificate of attendance to each participant. The certificate of attendance shall certify successful completion of the course or program.
4. The provider is approved by the board.
5. The course or program content and instructional methodologies are approved by the board.

(c) A separate application shall be submitted for each continuing education course or program approval request.

(d) A course or program sponsor may repeat a previously approved course or program without application, if the subject matter and instructor has not changed.

(END OF TEXT OF RULE)

TEXT OF RULE

SECTION 1. Med 13.02 (1) is amended to read:

Med 13.02 Continuing medical education required; waiver. (1) Each physician required to complete the biennial training requirements provided under s. 448.13, Stats., shall, in each second year at the time of making application for a certificate of registration as required under s. 448.07, Stats., sign a statement on the application for registration certifying that the physician has completed at least 30 hours of acceptable continuing medical educational programs within the ~~2-calendar years immediately preceding the calendar year for which application for registration is made~~ biennial registration period.

SECTION 2. Med 13.02 (1g) and (1r) are created to read:

Med 13.02 (1g) (a) Except as provided in par. (b), for a renewal date occurring in 2017 or 2018, a minimum of 2 of the 30 hours of continuing medical education required under sub. (1) shall be an educational course or program related to the guidelines issued by the board under s. 440.035 (2m), Stats., that is approved under s. Med 13.03 (3) at the time of the physician's attendance.

(b) This subsection does not apply to a physician who, at the time of making application for a certificate of registration, does not hold a U.S. Drug Enforcement Administration number to prescribe controlled substances.

(1r) (a) Except as provided in par. (b), for a renewal date occurring in 2019 or 2020, a minimum of 2 of the 30 hours of continuing medical education required under sub. (1) shall be an educational course or program related to the guidelines issued by the board under s. 440.035 (2m), Stats., that is approved under s. Med 13.03 (3) at the time of the physician's attendance.

(b) This subsection does not apply to a physician who, at the time of making application for a certificate of registration, does not hold a U.S. Drug Enforcement Administration number to prescribe controlled substances.

SECTION 3. Med 13.03 (3) is created to read:

Med 13.03 (3) (a) Only educational courses and programs approved by the board may be used to satisfy the requirement under s. Med 13.02 (1g) (a) and (1r) (a). To apply for approval of a continuing education course or program, a provider shall submit to the board an application on forms provided by the department. The application shall include all of the following concerning the course or program:

1. The title.
2. A general description and a detailed outline of the content.
3. The dates and locations.
4. The name and qualifications of the instructor.

5. The sponsor.

Note: An application for continuing education course or program approval may be obtained from the board at the Department of Safety and Professional Services, Office of Education and Examinations, P.O. Box 8366, Madison, Wisconsin, 53708, or from the department's website at <http://dsps.wi.gov>.

(b) A continuing education course or program must meet all of the following criteria to be approved:

1. The course or program is accepted by the board under sub. (1) (b).

2. The subject matter of the course pertains to the guidelines issued by the board under s. 440.035 (2m), Stats.

3. The provider agrees to monitor the attendance and furnish a certificate of attendance to each participant. The certificate of attendance shall certify successful completion of the course or program.

4. The provider is approved by the board.

5. The course or program content and instructional methodologies are approved by the board.

(c) A separate application shall be submitted for each continuing education course or program approval request.

(d) A course or program sponsor may repeat a previously approved course or program without application, if the subject matter and instructor has not changed.

(END OF TEXT OF RULE)



September 16, 2016

Tom H. Ryan, JD, MPA
Executive Director
1400 E. Washington Avenue Room 178
Madison, WI 53703-3041

Re: ATA's Online Patient Consultation (OPC) Accreditation Program

Dear Mr. Ryan,

We are writing on behalf of the American Telemedicine Association (ATA), the leading policy, advocacy, and accountability organization in the telemedicine industry for over two decades. The purpose of this communication is to introduce the Wisconsin Medical Board to ATA's Online Patient Consultation (OPC) Accreditation Program that was established in December 2014. Representing 10,000 individual members, health systems and providers from every state and in 40 countries, ATA, a non-profit organization and the recognized authority on telemedicine and related standards and practice guidelines. We have long been considered the leading expert in the field by the press, Congress and state legislatures. ATA's Board of Directors (list attached) represents a cross section of the nation's leaders in healthcare.

We invite you to join other medical boards, payers and regulating bodies to access our extensive set of guidelines developed in cooperation with medical societies and patient groups and feel free to adopt their language in your own set of regulations. Our comprehensive standards used to accredit online patient accreditation programs coupled with our practice guidelines set the bar for quality healthcare delivered via telemedicine and serve as the standard reference used by health systems and other organizations developing similar services. Our Practice Guidelines can be accessed at: <http://www.americantelemed.org/resources/telemedicine-practice-guidelines/telemedicine-practice-guidelines#.V9rhXI-cG3A>.

In addition, we invite you to consider the use of the OPC Accreditation Program as the standard to be used by providers as they deploy such services. An increasing number of online patient consultations take place across the United States, the OPC Accreditation Program was created to help establish quality standards and promote best practices in this arena. ATA estimates that this year over 1,250,000 online patient visits will be provided involving over 750,000 patients. We take our role and responsibility in the areas of parity, expanded access, and decreasing healthcare costs very seriously and view the OPC

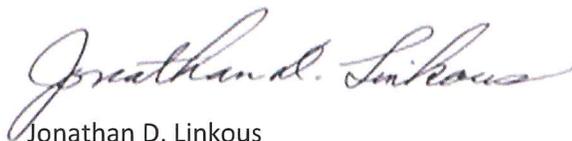
Finally, applicant organizations undergo a rigorous three-part review by a qualified two-person survey team which includes a review of the formal application for accreditation and associated evidence of compliance. Once the assigned surveyors deem the application 100% compliant with all accreditation standards, a virtual audit is scheduled for surveyors to verify the specifics of the patient and provider experience, technology integration, and operability through simulation of a patient health encounter.

Following completion of the demonstration stage, the Accreditation Commission reviews each application, the Surveyor Report (including any findings from earlier stages of the process that required additional resolution by the applicant to reach the compliance threshold for each standard), and the final surveyor recommendation before rendering its own independent decision to grant or deny accreditation based on deliberations during regularly scheduled meetings.

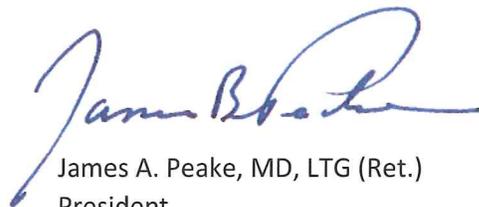
Final Thoughts

ATA has a long history of working with medical boards, insurers and federal agencies to craft responsible regulations governing the use of telemedicine and our guidelines are the standard reference found in many state and federal laws and regulations. If you would like to learn more about the OPC Accreditation Program offered through ATA, including receiving a copy of the Standards and related materials, or if you would like additional guidance about direct-to-consumer providers and services, please contact our Director of Accreditation, Doug Clarke at (202) 601-1102 or at dclarke@americantelemed.org. Our policy team would be happy to provide a briefing on public policy issues related to telemedicine and identify other resources that the ATA has developed over time that you might find helpful in the conduct of the Board's work.

Sincerely,



Jonathan D. Linkous
Chief Executive Officer



James A. Peake, MD, LTG (Ret.)
President



Board of Directors

LTG (Ret.) James Peake, MD

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Vice President, Telemedicine Solutions

Ontario Telehealth Network

Roy Schoenberg, MD, MPH

President & CEO

American Well Systems

Robert Wah, MD

Chief Medical Officer

Computer Sciences Corporation

TEXT OF RULE

SECTION 1. Chapter Med 24 is created to read:

Chapter Med 24

TELEMEDICINE

Med 24.01 Authority and scope. The rules in this chapter are adopted by the medical examining board pursuant to the authority delegated by ss. 15.08 (5), 227.11, and 448.40, Stats., and govern the standards of the practice of medicine using telemedicine. The rules in this chapter may not be construed to prohibit:

(1) Consultations between physicians or the transmission and review of digital images, pathology specimens, test results, or other medical data by physicians related to the care of Wisconsin patients.

(2) Patient care in consultation with another physician who has an established physician-patient relationship with the patient.

(3) Patient care in on-call or cross-coverage situations in which the physician has access to patient records.

(4) Treating a patient with an emergency medical condition. In this subsection, “emergency medical condition” means a medical condition manifesting itself by acute symptoms of sufficient severity that the absence of immediate medical attention will result in serious jeopardy to patient health, serious impairment to bodily functions, or serious dysfunction of a body organ or part.

(5) Use of telemedicine by a Wisconsin licensed physician assistant to provide patient care, treatment, or services within the licensee’s scope of practice under s. Med 8.07.

Med 24.02 Definition of telemedicine. In this chapter, “telemedicine” means the practice of medicine where patient care, treatment, or services are provided through the use of medical information exchanged from one site to another via electronic communications. Telemedicine does not include the provision of health care services only through an audio-only telephone, email messages, text messages, facsimile transmission, mail or parcel service, or any combination thereof.

Med 24.03 Physician-patient relationship. A physician-patient relationship may be established through telemedicine.

Med 24.04 Wisconsin medical license required. A physician who uses telemedicine in the diagnosis and treatment of a patient located in Wisconsin shall hold an active Wisconsin medical license.

Med 24.05 Standards of practice and conduct. A Wisconsin licensed physician shall be held to the same standards of practice and conduct, including patient confidentiality and recordkeeping, regardless of whether health care services are provided in person or by telemedicine.

Med 24.06 Equipment and technology. A Wisconsin licensed physician providing health care services by telemedicine is responsible for the quality and safe use of equipment and technology that is integral to patient diagnosis and treatment. The equipment and technology used by a Wisconsin licensed physician to provide health care services by telemedicine shall be able to provide, at a minimum, information that will enable the physician to meet or exceed the standard of minimally competent medical practice.

Med 24.07 Internet diagnosis and treatment. (1) When a physician uses a website to communicate to a patient located in Wisconsin, the physician may not provide treatment recommendations, including issuing a prescription, unless the following requirements are met:

(a) The physician holds an active Wisconsin medical license as required under s. Med 24.04.

(b) The physician's name and contact information have been made available to the patient.

(c) Informed consent as required under s. 448.30, Stats., and ch. Med 18.

(d) A documented patient evaluation has been performed. A patient evaluation shall include a medical history and, to the extent required to meet or exceed the standard of minimally competent medical practice, an examination or evaluation, or both, and diagnostic tests.

(e) A patient health care record is prepared and maintained as required under ch. Med 21.

(2) Providing treatment recommendations, including issuing a prescription, based solely on a static electronic questionnaire does not meet the standard of minimally competent medical practice.

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

(END OF TEXT OF RULE)

STATE OF WISCONSIN
DIETITIANS AFFILIATED CREDENTIALING BOARD

IN THE MATTER OF RULEMAKING	:	PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE	:	DIETITIANS AFFILIATED
DIETITIANS AFFILIATED	:	CREDENTIALING BOARD
CREDENTIALING BOARD	:	ADOPTING RULES
	:	(CLEARINGHOUSE RULE)

PROPOSED ORDER

An order of the Dietitians Affiliated Credentialing Board to amend DI 2.04 (1) (d) (intro.) and create DI 2.01 (4) (d) and 2.04 (1) (b) 4. and (d) 4., relating to credentials for certification.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted:

Section 448.78 (4) (d), Stats.

Statutory authority:

Sections 15.08 (5) (b) and 448.74 (1), Stats.

Explanation of agency authority:

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

Section 448.74 (1), Stats., provides the Dietitians Affiliated Credentialing Board shall promulgate rules that “[e]stablish criteria for the approval of educational programs and training under s. 448.78 (3) and (4).”

Related statute or rule:

None.

Plain language analysis:

Current rules list the categories of practice under which an individual may complete the 900 supervised hours required under s. 448.78 (4), Stats., for certification as a dietitian. The proposed rules amend the list to reflect the provisions of 2015 Wisconsin Act 276, which added the Dietetic Internship Program under s. 253.065, Stats., to the categories of practice under s. 448.78 (4), Stats.

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

None.

Comparison with rules in adjacent states:

Illinois:

Rules of the Illinois Department of Financial and Professional Regulation establish practice experience requirements for licensure as a dietitian nutritionist in Illinois (68 Ill. Adm. Code 1245.140). The rules require 900 hours of practice experience in dietetics or nutrition. Internships approved by the Accreditation Council for Education in Nutrition and Dietetics, American Clinical Board of Nutrition, Board for Certification of Nutrition Specialists, and Clinical Nutrition Certification Board meet the experience requirements.

Iowa:

Rules of the Iowa Board of Dietetics establish supervised experience requirements for licensure as a dietitian in Iowa (645 IAC 81.6). The rules require completion of an accredited competency-based supervised experience program approved by the Accreditation Council for Education in Nutrition and Dietetics of the Academy of Nutrition and Dietetics.

Michigan:

On July 1, 2014, Public Act 267 of 2014 was signed into law, which repealed Michigan's licensure requirements for dietitians and nutritionists and eliminated the Michigan Board of Dietetics and Nutrition.

Minnesota:

Rules of the Minnesota Board of Dietetics and Nutrition Practice establish experience requirements for licensure as a dietitian in Minnesota (Minnesota Rules, Part 3250.0010). The rules require completion of a supervised preprofessional practice experience component in nutrition practice of at least 900 hours under the supervision of a registered dietitian, a state licensed nutrition professional, or an individual with a doctoral degree conferred by a United States regionally accredited college or university who has completed a major course of study in human nutrition, nutrition education, food and nutrition, dietetics, or food system management.

Summary of factual data and analytical methodologies:

The proposed rules were developed by reviewing the provisions of 2015 Wisconsin Act 276 in conjunction with the current rules relating to applications and credentials under ch. DI 2 and obtaining input and feedback from the Dietitians Affiliated Credentialing Board.

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

The proposed rules will be posted for a period of 14 days to solicit public comment on economic impact, including how the proposed rules may affect businesses, local government units, and individuals.

Effect on small business:

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

Agency contact person:

Dale Kleven, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, Wisconsin 53708; telephone 608-261-4472; email at Dale2.Kleven@wisconsin.gov.

TEXT OF RULE

SECTION 1. DI 2.01 (4) (d) is created to read:

DI 2.01 (4) (d) The dietetic internship program under s. 253.065, Stats.

SECTION 2. DI 2.04 (1) (b) 4. is created to read:

DI 2.04 (1) (b) 4. The dietetic internship program under s. 253.065, Stats.

SECTION 3. DI 2.04 (1) (d) (intro.) is amended to read:

DI 2.04 (1) (d) (intro.) Submits evidence that the individual will be practicing under the supervision of ~~an individual meeting~~ any of the following ~~criteria~~:

SECTION 4. DI 2.04 (1) (d) 4. is created to read:

DI 2.04 (1) (d) 4. The dietetic internship program under s. 253.065, Stats.

SECTION 5. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin administrative register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

Chapter DI 2

APPLICATIONS AND CREDENTIALS

- DI 2.01 Applications and credentials.
- DI 2.04 Temporary certificates.
- DI 2.05 Reciprocal certificates.

DI 2.01 Applications and credentials. An applicant for initial certification as a dietitian shall submit all of the following:

- (1)** A completed application form.
- (2)** The fee specified in s. 440.05 (1), Stats.
- (3)** Evidence satisfactory to the board that he or she has done any of the following:
 - (a)** Received a bachelor's, master's or doctoral degree in human nutrition, nutrition education, food and nutrition, dietetics or food systems management from a regionally accredited college or university and is located in a state or territory of the United States.
 - (b)** Received a bachelor's, master's or doctoral degree in human nutrition, nutrition education, food and nutrition, dietetics or food systems management from a program at a college or university that is not located in a state or territory of the United States if the board determines that the program is substantially equivalent to a program under par. (a). The board shall use an approved foreign graduate evaluation service to assist it in determining substantial equivalencies. An applicant under this section shall submit a verified copy of transcripts from the schools in which secondary education was obtained; a verified copy of the diploma from the school at which professional dietetics training was obtained; and a record of the number of class hours spent in each subject, for both preprofessional and professional courses. Information shall include whether the subjects have been taken at basic entry or advanced levels.
 - (c)** Received a degree from or otherwise successfully completed a program in human nutrition, nutrition education, food and nutrition, dietetics or food systems management that is approved by the board.
- (4)** Evidence satisfactory to the board that he or she has completed at least 900 hours of dietetics practice in any state or territory of the United States under the supervision of any of the following:
 - (a)** A certified dietitian.
 - (b)** A registered dietitian.
 - (c)** An individual who received a doctoral degree in human nutrition, nutrition education, food and nutrition, dietetics or food systems management from any of the following:
 - 1.** A program at a regionally accredited college or university and is located in a state or territory of the United States.
 - 2.** A program at a college or university that is not located in a state or territory of the United States if the board determines that the program is substantially equivalent to a program under sub. (3) (a).
- (d)** The dietetic internship program under s. 253.065, Stats.
- (5)** Official verification of having passed the registration examination for dietitians established by the commission on dietetic registration of the American dietetic association, or passes an equivalent examination approved by the board, and held under s. 448.84, Stats., to determine fitness to practice dietetics.
- (6)** All pertinent information relating to any criminal convictions or pending criminal charges.

Note: Application forms are available upon request to the Department of Safety and Professional Services, 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708. An otherwise qualified applicant with a disability shall be provided with reasonable accommodations.

DI 2.04 Temporary certificates.

(1) Upon application and payment of the fees specified in s. 440.05 (6), Stats., the board may grant a temporary dietitian certificate to an individual who satisfies the following:

(a) Provides evidence satisfactory to the board that he or she has done any of the following:

1. Received a bachelor's, master's or doctoral degree in human nutrition, nutrition education, food and nutrition, dietetics or food systems management from a regionally accredited college or university that is located in a state or territory of the United States.

2. Received a bachelor's, master's or doctoral degree in human nutrition, nutrition education, food and nutrition, dietetics or food systems management from a program at a college or university that is not located in a state or territory of the United States if the board determines that the program is substantially equivalent to a program under par. (a). The board shall use an approved foreign graduate evaluation service to assist it in determining substantial equivalencies. An applicant under this section shall submit a verified copy of transcripts from the schools in which secondary education was obtained; a verified copy of the diploma from the school at which professional dietetics training was obtained; and a record of the number of class hours spent in each subject, for both preprofessional and professional courses. Information must include whether the subjects have been taken at basic entry or advanced levels.

Note: The board annually reviews and approves foreign graduate evaluation services. A list of board-approved services is available from the board upon request.

3. Received a degree from or otherwise successfully completed a program in human nutrition, nutrition education, food and nutrition, dietetics or food systems management that is approved by the board.

(b) Provides evidence satisfactory to the board that he or she has completed at least 900 hours of dietetics practice in any state or territory of the United States under the supervision of any of the following:

1. A certified dietitian.

2. A registered dietitian.

3. An individual who received a doctoral degree in human nutrition, nutrition education, food and nutrition, dietetics or food systems management from any of the following:

a. A program at a regionally accredited college or university that is located in a state or territory of the United States.

b. A program at a college or university that is not located in a state or territory of the United States if the board determines that the program is substantially equivalent to a program under par. (a) 1.

4. The dietetic internship program under s. 253.065, Stats.

(c) Submits an application for examination along with the fee specified in s. 440.05, Stats.

(d) Submits evidence that the individual will be practicing under the supervision of ~~an individual meeting~~ any of the following criteria:

1. A certified dietitian.

2. A registered dietitian.

3. An individual who received a doctoral degree in human nutrition, nutrition education, food and nutrition, dietetics or food systems management from any of the following:

a. A program at a regionally accredited college or university and is located in a state or territory of the United States.

b. A program at a college or university that is not located in a state or territory of the United States if the board determines that the program is substantially equivalent to a program under par. (a) 1.

4. The dietetic internship program under s. 253.065, Stats.

(2) All pertinent information relating to any criminal convictions or pending criminal charges.

(3) A temporary certificate granted under this section is valid for a period designated by the board, not to exceed 9 months, and may be renewed only once by the board.

DI 2.05 Reciprocal certificates. Upon application and payment of the fees specified in s. 440.05 (6), Stats., the board shall grant a dietitian certificate to an individual who holds a similar certificate or license in another state or territory of the United States if the board determines that the requirements for receiving the certificate in the other state or territory at the time of application are substantially equivalent to the requirements under s. 448.78, Stats.

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: FSMB		2) Date When Request Submitted: 9/20/2016 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: 10/19/2016	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? 2016 FSMB Annual Board Survey	
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? No	9) Name of Case Advisor(s), if required:
10) Describe the issue and action that should be addressed: See attached letter for an explanation of the purpose of the survey. Consider completing the survey and returning it by 10/25 to the FSMB.			
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

September 19, 2016

Dear Member Board Executive Directors,

To help efficiently address resolutions passed by the FSMB House of Delegates and assist with the needs of workgroups, committees and topics referred to the FSMB Board of Directors, the FSMB is conducting its second annual State Medical Board Survey. Last year, 73% of state boards provided feedback, and we would like to replicate this success.

Your assistance in completing this twenty to twenty-five minute survey on a variety of topics pertinent to state medical and osteopathic boards is greatly appreciated. The link for the survey is below. You will also find a PDF document attached providing a list of all the survey questions for you to review before completing the survey. The deadline to complete the electronic survey is Tuesday, October 25, 2016.

Questions regarding assessment of late career physicians (questions 19 through 24) will be shared with the American Medical Association (AMA) as a part of a research collaborative. If you prefer, you are able to complete the survey while leaving questions unanswered.

Your participation is strictly voluntary and you may withdraw your participation at any time. By completing the survey, you are implying consent for aggregate results to be shared for research purposes and possibly publication. To begin the survey, please click on the link below.

<https://2016FSMBSurvey.sawtoothsoftware.com/login.html>

We thank you for your time and attention to this survey. If you have any questions about the survey, please contact Katie Arnhart, PhD, Senior Research Analyst, at karnhart@fsmb.org.

Sincerely yours,

Humayun J. Chaudhry, D.O., M.S., MACP, MACOI
President and Chief Executive Officer

Federation of State Medical Boards
1300 Connecticut Avenue NW | Suite 500 | Washington, DC 20036
202-463-4007 direct | 817-868-8888 fax

400 Fuller Wiser Road | Suite 300 | Euless, Texas 76039
817-868-4044 direct | 817-868-4144 fax

hchaudhry@fsmb.org | www.fsmb.org

Executive Administrative Associate: Sandy McAllister
e-mail: smcallister@fsmb.org

2016 FSMB State Medical Board Survey

1. Please select your board. [LIST]

2. What is your current position at the board?

- Executive director
- Other (specify)

3. Of the following topics, what are the five most important to your board at this time?

- Antitrust liability
- CME requirements/compliance
- Educational resources for medical students/residents on medical regulation
- Interstate Medical Licensure Compact
- Improving FSMB data services to state boards
- Legislative support at the federal level
- Legislative support at the state level
- Medical marijuana
- Physician burnout
- Physician re-entry
- Regulatory cooperation among state health regulatory boards
- Resources for new board members
- Resources related to opioid prescribing
- Telemedicine
- Other (specify)

Complaints to Boards

4. Approximately how many complaints does your board receive each year?
(Enter a numeric value)

5. What are the methods by which a complaint can be made to your board?
(Select all that apply)

- Online via the board's website
- Email
- Telephone
- Mailed letter
- In person
- Other (specify)

6. Does your board accept anonymous complaints?

- Yes
- No
- Unsure

7. Approximately what percentage of complaints go beyond the initial review by board staff?
(Enter a numeric value)

8. Does your board categorize the complaints received?

- Yes
- No
- Unsure

9. Would your board be interested in FSMB assistance to develop or revise a set of categories to classify complaints?

- Yes
- No
- Unsure

Ethics

10. Does your medical or osteopathic practice act consider a violation of the AMA's or AOA's code of ethics as grounds for disciplinary action?

- Yes
- No
- Unsure

Risk-Based Regulation

11. Risk-based regulation involves defining, identifying, and prioritizing the risks associated with non-compliance with legal rules, then tailoring regulatory responses to match the assigned levels of risk.

Check any of the following your board may have identified:
(Select all that apply)

- A definition of "risk" (e.g., physician infractions)
- A definition of "harm" (e.g., to patients)
- A methodology for addressing risks based on priority and the potential for harm
- None of the above

Physician-Assisted Death

12. Are you interested in having the FSMB study the issue of physician-assisted death?

- Yes
- No
- Unsure

Physician Burnout

13. Has the issue of physician burnout been discussed by your board in the past 12 months?

- Yes
- No
- Unsure

14. How important is physician burnout to your board?

- Very important
- Somewhat important
- Not very important
- Not at all important

15. Is your board aware of physicians reluctant to report issues related to their well-being or burnout to state boards due to fear that it might negatively impact their ability to obtain or retain a medical license?

- Yes
- No
- Unsure

16. During the past five years, has your board reviewed the questions asked at the time of initial medical licensure or renewal about leave from medical practice, mental illness, substance abuse, impairment or addiction?

- Yes
- No
- Unsure

If "Yes," ask #17.

17. Has such a review resulted in changes to your board's initial medical licensure or renewal applications?

- Yes
- No
- Unsure

18. Would your board be receptive to recommendations for best practices in drafting questions related to leave from medical practice, mental illness, substance abuse, impairment or addiction for license applications?

- Yes
- No
- Unsure

Assessment of Late Career Physicians

19. Does your board have a policy that supports age-based screening to assess physician competence in the following areas?

	Yes	No	Unsure
Clinical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cognitive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If "No" or "Unsure," ask #20.

20. Has your board discussed the implementation of a policy about age-based screening to assess physician competence in the following areas?

	Yes	No	Unsure
Clinical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cognitive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. Is your board aware of any other organizations that have age-based screening polices in place to assess clinical and/or cognitive competence for physicians?

- Yes (specify)
- No
- Unsure

22. Does your board believe that policies related to age-based screening to assess clinical and/or cognitive competence should be included as part of physician wellness programs?

- Yes
- No
- Unsure

23. Does your board offer educational resources that promote physician awareness of the effects of aging on medical practice?

- Yes
- No
- Unsure

If "No" or "Unsure," ask #24.

24. Is your board interested in educational resources that promote physician awareness of the effects of aging on medical practice?

- Yes
- No
- Unsure

Physician Re-Entry

25. Does your board have a policy on physician re-entry to practice?

- Yes, through a formalized rule or statute
- Yes, at the board's discretion/on a case-by-case basis
- A policy is under consideration by the board
- No policy is under consideration at this time
- Other (specify)

If "Yes, through a formalized rule or statute" ask #26

26. How long do physicians need to be out of practice before completion of a re-entry program is required?

- 0 to 5 months
- 6 to 11 months
- 1 year
- 2 years
- 3 years
- 4 years
- 5 years
- 6 years or longer (specify)

27. Which of the following activities might your board use as a part of physician re-entry?
(Select all that apply)

- CME
- Special Purpose Examination (SPEX) / Comprehensive Osteopathic Medical Variable-Purpose Examination (COMVEX)
- Clinical competence assessments (e.g., EPEP or PACE)
- Preceptorship
- Residency program
- Other (specify)
- None of the above

Compounding

28. Does your state have legislation addressing physicians who perform compounding in their offices or clinics?

- Yes
- No
- Unsure

29. What entity in your state oversees physicians who perform compounding in their offices or clinics in the following areas? (Select all that apply)

	Routine monitoring	Investigating complaints	Discipline
State pharmacy board	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State medical board	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State health authority	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No official oversight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. Does your board have the ability to track which physicians perform compounding in their offices or clinics?

- Yes
- No
- Unsure

Assessment Services

31. How would you rate your knowledge about the United States Medical Licensing Examination (USMLE) and the Special Purpose Examination (SPEX)?

	Poor	Fair	Average	Good	Excellent
USMLE	<input type="radio"/>				
SPEX	<input type="radio"/>				

32. How well does the FSMB keep you informed about USMLE and SPEX news and matters?

	Poor	Fair	Average	Good	Excellent
USMLE	<input type="radio"/>				
SPEX	<input type="radio"/>				

33. Do you know who to contact if you or your staff have specific questions or concerns about the USMLE or SPEX?

	Yes	No	Unsure
USMLE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SPEX	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. When questions or concerns about the SPEX come to your board's attention, what do they typically involve? (Select all that apply)

- Licensure by endorsement
- Reactivation of an inactive license
- Re-entry to practice for non-disciplinary reasons
- Disciplinary process / investigation
- Other (specify)
- None of the above

Interstate Medical Licensure Compact

35. Does your board have an official position on the Interstate Medical Licensure Compact (IMLC)?

- Yes
- No
- Unsure

36. Does or would your board support your state's participation in the IMLC?

- Yes
- No
- Unsure

Minimum Data Set

37. Which of the following data elements does your board collect or maintain from licensed physicians? (Select all that apply)

- Year of birth
- Specialty and subspecialty board certification
- Employment status (e.g., active or retired)
- Currently provide clinical or patient care
- Amount of time providing clinical or patient care
- Areas of practice (e.g., primary care, dermatology, surgery)
- None of the above

Additional Comments

38. If the FSMB could only do one thing to support your board in the upcoming year, what would it be?

39. If there is anything you would like to add, either to clarify one of your answers or to address something that we did not mention, please do so below.

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Nifty Lynn Dio, Bureau Assistant		2) Date When Request Submitted: 10/13/2016 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 10/19/2016	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Newsletter Matters Fall Newsletter Draft	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: Please review the attached Fall Newsletter Draft			
11) Authorization			
Nifty Lynn Dio		10/13/2016	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			



A Publication of the Wisconsin Medical Examining Board

October 2016

Chair's Corner

By Dr. Kenneth Simons

“Do not wait until the conditions are perfect to begin. Beginning makes the conditions perfect.” -Alan Cohen

The above quote perfectly (yes, pun intended), encapsulates the essence of the work of the Wisconsin Medical Examining Board. The board does not wait for a situation to be in the best possible position to achieve success but rather surveys the environment and acts appropriately and decisively in an effort to protect the health and safety of our citizenry. As can be clearly seen in this edition of the newsletter, the board and its dedicated public and professional members have been actively engaged in a number of areas that will benefit not only members of the physician community but also the Wisconsin public and the public residing in all of the Compact states who rely on the knowledge and skills of their doctor in assisting them to adopt a healthier lifestyle or returning them to good health. Public member and Interstate Medical License Compact Commissioner Robert Zondag has worked diligently behind the scenes with fellow commissioners, FSMB staff and others to develop the technical infrastructure required to



Kenneth Simons

allow for expedited interstate licensing in an efficient and seamless manner. I can unequivocally state that without Mr. Zondag, this simply would not have happened. Vice Chair Dr. Timothy Westlake has worked tirelessly with the Governor's office, the Legislature, the Wisconsin Medical Society, the two medical schools and hospital systems to ensure that the Board is an effective partner as we seek to have our physician workforce enhance its knowledge regarding the appropriate use and best prescriptive practices with opioids so that all of us can stop this scourge that has destroyed and taken far too many lives. The Telemedicine Committee (Drs. Carolyn Oglund Vukich, David Roelke, Kenneth Simons and Mr. Robert Zondag) has received written and verbal input from many interested parties and will use that input to develop a proposed rule that will assist all of us in utilizing this important modality in a safe and effective manner for our patients. Dr. Mary Jo Capodice has served tirelessly as the monitoring liaison working with DSPS staff and licensees in assisting impaired physicians to overcome their challenges such that

Continued on Page 2

!!!ATTENTION!!!

Requirement of Two Continuing Education Credits Before Next License Renewal Date May Be Imminent

Update on Pain Management and Safe Prescribing

The June 2016 MEB Newsletter reported that the Medical Examining Board was drafting guidelines regarding best practices in

Continued on Page 2

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Medical Examining Board Membership and Staff Assignments

The Medical Examining Board consists of 13 members. The members are appointed by the Governor and confirmed by the Senate.

Board Members:

Kenneth Simons, M.D., Chairperson (Milwaukee)
Timothy Westlake, M.D., Vice Chairperson (Hartland)
Mary Jo Capodice, D.O., Secretary (Sheboygan)
Michael Carton, Public Member (Oconomowoc)
Padmaja Doniparthi, M.D., Physician Member (Oconomowoc)
Rodney Erickson, M.D., Physician Member (Tomah)
Bradley Kudick, Public Member (Waukesha)
Lee Ann Lau, M.D., Physician Member (West Bend)
Carolyn Ogland Vukich, M.D., Physician Member (Madison)
David Roelke, M.D., Physician Member (Hartland)
Russell Yale, M.D., Physician Member (Fox Point)
Robert Zoeller, Physician Member (Oconomowoc)
Robert Zondag, Public Member (Delafield)

Information on how to apply for appointment to the Wisconsin Medical Examining Board can be found through the Office of the Governor:

<http://walker.wi.gov/governor-office/apply-to-serve/boards-commissions>

Department of Safety and Professional Services

Administrative Staff:

Thomas Ryan, Executive Director
Amber Cardenas, Legal Counsel
Nifty Lynn Dio, Bureau Assistant

Executive Staff:

Dave Ross, Secretary
Eric Esser, Deputy Secretary
Jeff Weigand, Assistant Deputy Secretary

The dates and times of the Medical Examining Board meetings are announced on the DSPS website at

<http://dsps.wi.gov>.

Meeting agendas are posted approximately one week prior to the meeting.

CE Requirement—Continued from Page 1

prescribing controlled substances and rules that would require CME in safe and responsible controlled substances prescribing. In July, the MEB issued its [Opioid Prescribing Guideline](#). The Guideline, which encourages providers to implement best practices for responsible prescribing, was developed using the Centers for Disease Control and Prevention's Guideline for Prescribing Opioids for Chronic Pain and the Wisconsin Department of Workforce Development's Chronic Opioid Clinical Management Guidelines for Wisconsin Worker's Compensation Patient Care as primary resources. At its October 19, 2016 meeting, the Board will be reviewing draft emergency rules which revise Chapter Wisconsin Administrative Code Chapter MED 13 to provide that 2 of the required 30 hours of CME **for the current biennium and the following biennium** must be related to the opioid prescribing guideline issued by the Board. Physicians who do not hold a U.S. Drug Enforcement Administration number to prescribe controlled substances are exempted under the rules. If approved by the Board, the emergency rules could go into effect as early as this November.

Chair's Corner—Continued from Page 1

they may return to care for patients in a manner which assures they are safe and competent. Dr. Capodice has also represented the board well within the osteopathic community by regularly attending their meetings and reporting back issues of import. So, as you can see, the MEB has not waited until the conditions are perfect to begin addressing issues, rather, it has simply begun efforts in multiple areas to protect our patients and to assist physicians, both osteopathic and allopathic, in caring for our communities in the best possible manner while utilizing all the available tools in a safe and responsible manner. As President Theodore Roosevelt said, "Far and away the best prize that life has to offer is the chance to work hard at work worth doing." Rest assured, your MEB is living up to his important words and will continue to do exactly that.

Current Name and Address Required

All applicants and recipients of a credential are required by Wisconsin statutes to notify the Department of Safety and Professional Services when they change their name or address from that most recently provided to the Department (most likely the name and address you included on your application for credential). The applicant or credential holder has 30 days to notify the Department from the date the change is made. Failure to comply in a timely manner may result in a \$50 forfeiture. You can update your name or address via the Department website at:

<http://dsps.wi.gov>.

Bear in mind that if you do not provide the Department with name or address changes, you may not receive important information such as complaint and investigation notices concerning your credential. The Department is only legally required to try to contact you at your last known address as indicated in Department records.

CAUTION: It is considered “unprofessional conduct” if a license holder fails to cooperate in a timely manner with a Board investigation, and failure to timely cooperate may result in disciplinary action. See Wis. Stat. §§ 440.20(5), 440.11 and Wis. Admin. Code § Med 10.03(3)(g).



A wealth of useful information is available on the Department of Safety and Professional Services website at: <http://dsps.wi.gov>

Do you have a change of name or address?

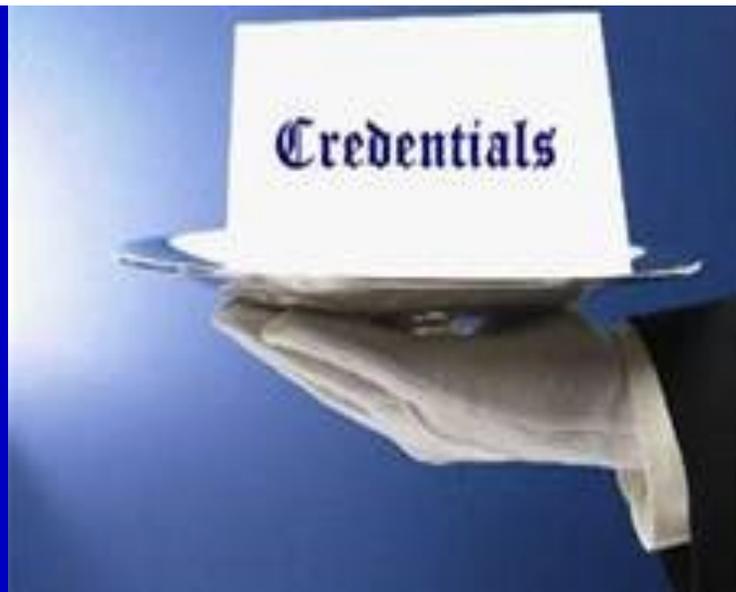
Licensees can update name or address information on the Department website at:

<https://online.drl.wi.gov/UserLogin.aspx>

Please note that confirmation of change is not automatically provided. Legal notices will be sent to a licensee's address of record with the Department.

Telephone Directory:

Call the Department of Safety and Professional Services toll-free (877) 617-1565, or (608) 266-2112 in the Madison area to connect to the service you need.



Interstate Medical Licensure Compact Update by Robert H. Zondag

Most of the medical community is aware of The Interstate Medical Licensure Compact (IMLC). IMLC offers a new, voluntary expedited pathway to licensure for qualified physicians who wish to practice in multiple states by applying to a single platform for licensure across members of the Compact. The goal of the IMLC, beyond an effective means for physicians to seek licensure in member states, is to increase access to health care for patients in underserved or rural areas; allowing these populations to more easily connect with medical experts through the use of telemedicine technologies. This need is recognized not only by Wisconsin physicians but also a wide range of constituents across our State as well as members of the Medical Examining Board.

As many of you know, Wisconsin has entered the IMLC as a member state. Two Commissioners from each member state collectively form the IMLC Commission, the governing body that will administer the IMLC. Wisconsin is represented by Dr. Kenneth Simons, the Chair of the Wisconsin Medical Examining Board and me, a public member of the Board. As your Commissioners, we are charged with representing the State's interests in the Compact, and we are actively involved with the

Continued on Page 4

Interstate Medical Licensure Compact—Continued from Page 2

IMLC's work to establish, as quickly as possible, effective processes for licensing, including:

- Adoption of administrative rules
- Establishment of a formal budget and funding guidelines
- Development of the website platform

The Commission is working diligently to construct administrative rules that will promote expedited licensure, establish a prudent service fee structure that will sustain ongoing licensure, and develop a safe and secure web platform that will promote reliability among licensees and member states. Thoughtful consideration has been taken on each of the steps so that the final process will function effectively. Both Wisconsin Commissioners are members of working Committees of the Commission.

The goal of the Commission is to launch the first live website for expedited licensing on January 1, 2017, when physicians will have the opportunity to apply for licenses through the Compact. As we near the launch of the platform, more information will be forthcoming. As your Commissioner, I invite you to learn more, participate in the process and ask questions. Although not an official website of the IMLC, a good source of information, including notice of public hearings and rulemaking, may be found at www.licenseportability.org.

DSPS Prepares to Launch the Enhanced Wisconsin Prescription Drug Monitoring Program

The Wisconsin Prescription Drug Monitoring Program (WI PDMP) continues to provide physicians with a valuable tool to help combat prescription drug abuse. Through the WI PDMP, registered prescribers and their delegates can access their patients' controlled substance prescription histories, which can help guide clinical decision making about the prescribing of opiates and other controlled substances.

In order to optimize use of the WI PDMP, important changes are on the horizon. DSPS is currently working on launching a new system with important new features. The enhanced WI PDMP (WI ePDMP) system will emphasize usability in an effort to better integrate PDMP data into clinical workflow. Site registration and access will be streamlined, and dynamic patient reports will draw attention to the most relevant and concerning data through analytics and visualizations based on recognized indicia of overdose risk.

Continued on Page 5



PDMP Program—Continued from Page 4

Ease-of-use will become vitally important in April of 2017, when legislation requiring prescribers to review the PDMP records before issuing most controlled substance prescriptions goes into effect. The legislation will also require pharmacies to submit data to the PDMP by the next business day, which will make timely data more readily available. Current law requires submission within seven days of dispensing.

It is important to note that current users of the PDMP will need to re-register for the new system when it goes live. The launch of the new system is scheduled for the fourth quarter of 2016. You should expect to receive more communications in the coming weeks and months as we near deployment.

Enforcement Actions of the Medical Examining Board

The Medical Examining Board, with help from staff at the Department of Safety and Professional Services, can take action against licensed professionals around the state to help protect the citizens of Wisconsin, and the profession. You may search for any of the Board Orders listed below on the Department's website by using this link:

Board Order Search: <http://dsps.wi.gov/Other-Services/Lookup-Orders-Disciplinary>

Disciplinary actions are reported to the National Practitioners Data Bank. Available options to the Board are:

Reprimand - A public warning of the licensee for a violation.

Limitation of License - Imposes conditions and requirements upon the licensee, imposes restrictions on the scope of practice, or both.

Suspension - Completely and absolutely withdraws and withholds for a period of time all rights, privileges and authority previously conferred by the credential.

Revocation - Completely and absolutely terminates the credential and all rights, privileges and authority previously conferred by the credential.

Non-disciplinary actions are not reported to the National Practitioners Data Bank. Available options to the Board are:

Administrative Warning - Issued if violation is of a minor nature, a first occurrence and the warning will adequately protect the public. The issuance of an Administrative Warning is public information, however the reason for issuance is not.

Remedial Education Order - Issued when there is reason to believe that the deficiency can be corrected with remedial education, while sufficiently protecting the public.

Board Orders

April 2016—September 2016

Profession	Order No	Order Date	Respondent	City	State
Medicine and Surgery, MD	ORDER0004551	9/26/2016	Feltes, James R	Viroqua	WI
Physician Assistant	ORDER0004934	9/21/2016	Jackson, Daniel B	Wausau	WI
Medicine and Surgery, MD	ORDER0004933	9/21/2016	Bonzani, Robert A	Mokena	IL
Physician Assistant	ORDER0004936	9/21/2016	Vegter, Gail Duane	Tomah	WI
Medicine and Surgery, MD	ORDER0004877	9/21/2016	Barudin, Barry Seth	Greenville	MI
Medicine and Surgery, MD	ORDER0004935	9/21/2016	Maskil, Craig D	Redgranite	WI
Medicine and Surgery, MD	ORDER0004937	9/21/2016	Weber, Andrew R	Wausau	WI
Medicine and Surgery, MD	ORDER0004938	9/21/2016	Wingate, Cheryl B	Fairmont	WV

Search for any of the Board Orders listed above on the Department's website by using the link below:

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Board Orders

April 2016—September 2016

Profession	Order No	Order Date	Respondent	City	State
Medicine and Surgery, MD	ORDER0004821	9/21/2016	Malek, Michel H	Kankakee	IL
Medicine and Surgery, MD	ORDER0002359	8/17/2016	Leong, Levi C	St Croix Falls	WI
Medicine and Surgery, MD	ORDER0004878	8/17/2016	Umland, Michael A	Chippewa Falls	WI
Medicine and Surgery, MD	ORDER0004877	8/17/2016	Barudin, Barry Seth	Greenville	MI
Medicine and Surgery, MD	ORDER0004552	8/12/2016	Hasan, Nosheen	Brookfield	WI
Medicine and Surgery, MD	ORDER0004820	7/20/2016	Fantone, Emmanuel J	Fresno	CA
Medicine and Surgery, DO	ORDER0004819	7/20/2016	Branstetter, Erik T	Medford	WI
Medicine and Surgery, MD	ORDER0004821	7/20/2016	Malek, Michel H	Kankakee	IL
Medicine and Surgery, MD	ORDER0003817	7/14/2016	Krieger, Westscot G	Appleton	WI
Medicine and Surgery, MD	ORDER0004723	6/29/2016	Anuligo, Kenechi E	Schofield	WI
Podiatric Medicine and Surgery	ORDER0004783	6/28/2016	Jacobs, Robert R	Thiensville	WI
Podiatric Medicine and Surgery	ORDER0004782	6/28/2016	Beck, Keith A	Waukesha	WI
Podiatric Medicine and Surgery	ORDER0004784	6/28/2016	Pietz, Patricia A	Fitchburg	WI
Podiatric Medicine and Surgery	ORDER0004781	6/28/2016	Arbetter, Richard A	Wauwatosa	WI
Medicine and Surgery, MD	ORDER0004311	6/28/2016	Murali, Ravi	Baraboo	WI
Occupational Therapist	ORDER0004765	6/22/2016	Bartz-Bentz, Carol L	Manawa	WI
Physician Assistant	ORDER0004757	6/15/2016	Bender, Mark C	Waukesha	WI
Medicine and Surgery, MD	ORDER0004760	6/15/2016	Puszkarski, Slawomir J	Northbrook	IL
Medicine and Surgery, MD	ORDER0004665	6/15/2016	Tavris, Dale Robert	Silver Spring	MD
Medicine and Surgery, MD	ORDER0004664	6/15/2016	Ruiz Favela, Victor	Needham	MA
Medicine and Surgery, MD	ORDER0004761	6/15/2016	Reuss, Peter M	Eden Prairie	MN
Physician Assistant	ORDER0004759	6/15/2016	Hammond-Koskey, David M	Ludington	MI
Medicine and Surgery, MD	ORDER0004758	6/15/2016	Choi, Hongyung	Brookfield	WI
Medicine and Surgery, MD	ORDER0004612	6/6/2016	Anderson, Earl L	Waupaca	WI
Medicine and Surgery, MD	ORDER0002303	5/25/2016	Haughey, Stephen A	Whitefish Bay	WI
Medicine and Surgery, MD	ORDER0000861	5/25/2016	Berezovski, Roman	Greenfield	WI
Medicine and Surgery, MD	ORDER0002361	5/25/2016	Sidhu, Devinder Kaur	Pleasant Prairie	WI
Medicine and Surgery, MD	ORDER0004724	5/18/2016	Boettcher, Bradley S	Wisconsin Rapids	WI
Medicine and Surgery, MD	ORDER0004727	5/18/2016	Misra, Virendra K	Oak Creek	WI
Medicine and Surgery, DO	ORDER0004247	5/18/2016	Schrock, Troy D	Unity	WI
Medicine and Surgery, MD	ORDER0001969	5/18/2016	Angelini, Giuditta	Fitchburg	WI
Medicine and Surgery, MD	ORDER0004726	5/18/2016	Hicks, Scott C	Menomonee Falls	WI
Medicine and Surgery, MD	ORDER0004723	5/18/2016	Anuligo, Kenechi E	Schofield	WI
Medicine and Surgery, MD	ORDER0004725	5/18/2016	Flanigan, Michael J	Hazelhurst	WI
Medicine and Surgery, DO	ORDER0002196	5/10/2016	Meyer, Heath J	Minocqua	WI

Search for any of the Board Orders listed above on the Department's website by using the link below:

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Amber Cardenas, Board Counsel		2) Date When Request Submitted: 10.4.2016 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections:			
4) Meeting Date:	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Board Member Recusal	
7) Place Item in: <input type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Review information regarding ethical and legal obligations to recuse on certain matters at meetings.			
11) Authorization			
Signature of person making this request		Date	
s/Amber Cardenas		10.4.2016	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

Recusal

Board members are charged with making decisions that objectively represent the voice of the public, members of the profession, and those seeking entry into the profession. This means that as a board member you are not an advocate for a private interest group or professional association. As a public official, you are held to the highest standards of ethical and professional conduct, and should strive to avoid any relationship, activity or position that may influence the performance of your official duties as a board member.

It follows that you must recuse yourself from any conflict of interest that would compromise your neutrality in making decisions on the board. Ask yourself, “can I decide the issue, fairly and without bias, prejudice, or the impression or appearance of impropriety?” If not, you should recuse from the matter.

A conflict of interest is a type of interest that would result in some benefit, perceived benefit to you, or a bias or perceived bias in favor of or against a particular matter. Under any of the above circumstances, you may have an ethical duty to recuse. Factors to consider in deciding whether to recuse are whether the issue at hand involves a colleague, friend, family member or someone with a close business or social relationship. If yes, then it may be proper to recuse yourself from the matter. The more remote the relationship, professional association, or knowledge becomes, the further you may be removed from bias. You must consider whether you can render an impartial and unbiased decision.

Finally, when acting as a case advisor, you have a legal duty to recuse when the case involves a **contested matter** which is being deliberated and voted upon.

Examples include:

- Reviews of Administrative Warnings
- Petitions for Summary Suspension
- Complaints for Probable Cause (Med Board)
- Administrative Law Judge Proposed Decision and Orders (ALJ PDOs).

The Case Advisor **must** recuse him or herself and leave the room for any contested matter. Board Counsel should be present for contested cases to answer any legal questions and to provide information to the prosecutor should the case be remanded.

The Department of Safety and Professional Services greatly appreciates your willingness to serve the public and those in your profession. If there are any questions about whether a Board member should recuse, please contact Board Legal Counsel.