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**RESPIRATORY CARE PRACTITIONERS EXAMINING COUNCIL**  
**Room 121B, 1400 East Washington Avenue, Madison**  
**Contact: Tom Ryan (608) 266-2112**  
**October 8, 2014**

*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 description of the actions and deliberations of the Board.*

**AGENDA**

**9:00 A.M.**

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

- A) Adoption of Agenda (1-3)**
- B) Approval of Minutes of September 10, 2013 (4-7)**
- C) Election of Officers and Liaison Appointments
- D) Administrative Updates**
  - 1) Staff Updates
  - 2) Review of Position Statements **(8-11)**
- E) DLSC Paperless Screening Panel Initiative – APPEARANCE – DPS Staff (12-18)**
- F) Appointment of Liaison Regarding Wisconsin Society of Respiratory Care – Board Consideration**
- G) Use of Temporary Licenses
- H) Report from Prior State Licensure Liaison Group Meetings – William Rosandick (19-21)**
- I) Update on Changes in National Testing – William Rosandick
- J) Continuing Education Credits Post 2002 and Expired Licenses
- K) Informational Items

- L) Items Added After Preparation of Agenda:
- 1) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s)
  - 2) Presentation of Proposed Decisions
  - 3) Petitions for Re-Hearing
  - 4) Petitions for Summary Suspension
  - 5) Petitions for Extension of Time
  - 6) Petitions for Assessments
  - 7) Petitions to Vacate Order(s)
  - 8) Requests for Disciplinary Proceeding Presentations
  - 9) Motions
  - 10) Appearances from Requests Received or Renewed
  - 11) Division of Legal Services and Compliance Matters
  - 12) Education and Examination Matters/CE Issues
  - 13) Credentialing Matters/Application Issues
  - 14) Practice Questions/Issues
  - 15) Legislation/Administrative Rule Matters
  - 16) Liaison Report(s)
  - 17) Speaking Engagement(s), Travel, or Public Relation Request(s)

M) Public Comments

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

N) **Full Board Review of Application/Examination**

- 1) Carol Yahn **(22-67)**

O) **Review Applications and Conduct Oral Examinations of Two (2) Candidates for Licensure – Room 124E at 10:00 AM (68)**

P) Deliberation of Items Added After Preparation of the Agenda

- 1) Proposed Stipulations
- 2) Proposed Decisions and Orders
- 3) Objections and Responses to Objections
- 4) Complaints
- 5) Petitions for Summary Suspension
- 6) Remedial Education Cases
- 7) Petitions for Extension of Time
- 8) Petitions for Assessments
- 9) Petitions to Vacate Orders
- 10) Motions
- 11) Administrative Warnings
- 12) Matters Relating to Costs
- 13) Appearances from Requests Received or Renewed
- 14) Examination Issues
- 15) Continuing Education Issues
- 16) Credentialing Matters/Application Issues
- 17) Case Closings
- 18) Case Status Report
- 19) Monitoring Cases
- 20) PAP Cases

Q) Consulting with Legal Counsel

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

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

**ADJOURNMENT**

**RESPIRATORY CARE PRACTITIONERS EXAMINING COUNCIL  
SEPTEMBER 10, 2013  
MINUTES**

**PRESENT:** Ann Meicher, William Rosandick, Lynn Waldera

**STAFF:** Tom Ryan, Executive Director; Karen Rude-Evans, Bureau Assistant

**CALL TO ORDER**

Chair William Rosandick called the meeting to order at 9:12 a.m. A quorum of three (3) members was confirmed.

**ADOPTION OF AGENDA**

**Amendments:**

- Item G2 (open) – Discussion of the NBRC Changes to the CRT and RRT Exams – insert additional information after page 12
- Item T1 (open) – Change Board Member Training to Council Member Training
- Item T2 (open) – Case Advisor Training – is removed from the agenda

**MOTION:** Ann Meicher moved, seconded by Lynn Waldera, to adopt the agenda as amended. Motion carried unanimously.

**APPROVAL OF MINUTES OF SEPTEMBER 13, 2011**

**Corrections:**

- On page 1 – CALL TO ORDER – Correct the start time from 12:10 a.m. to 12:10 p.m.

**MOTION:** Ann Meicher moved, seconded by Lynn Waldera, to approve the minutes of September 13, 2011 as corrected. Motion carried unanimously.

**ELECTION OF OFFICERS AND LIAISON APPOINTMENTS**

**Chair**

**NOMINATION:** Ann Meicher nominated Lynn Waldera for Chair.

Executive Director Tom Ryan called for nominations three times. Hearing no additional nominations, a vote was called.

Lynn Waldera was elected Chair by unanimous vote.

**Vice Chair**

**NOMINATION:** William Rosandick nominated Ann Meicher for Vice Chair.

Executive Director Tom Ryan called for nominations three times. Hearing no additional nominations, a vote was called.

Ann Meicher was elected Vice Chair by unanimous vote.

**Secretary**

**NOMINATION:** Ann Meicher nominated William Rosandick for Secretary.

Executive Director Tom Ryan called for nominations three times. Hearing no additional nominations, a vote was called.

William Rosandick was elected Secretary by unanimous vote.

**Liaison/Panel Appointments**

Credentialing Liaison	William Rosandick, Ann Meicher (alternate)
PAP Liaison	Lynn Waldera
DLSC Liaison	Lynn Waldera
Legislative Liaison	William Rosandick
Education and Exams	Ann Meicher, William Rosandick, Lynn Waldera
Travel Liaison	Lynn Waldera

**MOTION:** Ann Meicher moved, seconded by Lynn Waldera, to approve the liaison and panel appointments. Motion carried unanimously.

**2013 OFFICERS**

<b>CHAIR</b>	<b>Lynn Waldera</b>
<b>VICE CHAIR</b>	<b>Ann Meicher</b>
<b>SECRETARY</b>	<b>William Rosandick</b>

**LEGISLATION AND ADMINISTRATIVE RULES MATTERS****Executive Order 61**

**MOTION:** William Rosandick moved, seconded by Ann Meicher, to review the Council rules individually and return to the next Council meeting for discussion. Motion carried unanimously.

**Executive Order 50 – Review of Position Statements**

- MOTION:** Ann Meicher moved, seconded by William Rosandick, to remove the position statement entitled “What is the level of physician supervision for delegated medical acts? Does it depend on the level of licensure of the person to whom the medical act is delegated?” from the website. Motion carried unanimously.
- MOTION:** Ann Meicher moved, seconded by William Rosandick, to remove the position statement entitled “Has the Wisconsin Medical Examining Board adopted specific guidelines for physicians who are treating chronic pain or prescribing controlled substances for the treatment of pain?” from the website. Motion carried unanimously.
- MOTION:** Ann Meicher moved, seconded by William Rosandick, to remove the position statement entitled “Are there similar restrictions on a respiratory care practitioner practicing under a LLC or LLP?” from the website. Motion carried unanimously.
- MOTION:** Ann Meicher moved, seconded by William Rosandick, to remove the position statement entitled “What are the requirements for a physician advertising as “board certified”?” from the website. Motion carried unanimously.
- MOTION:** William Rosandick moved, seconded by Ann Meicher, to remove the position statement entitled “What is the length of time that a physician in Wisconsin must retain patient medical records?” from the website. Motion carried unanimously.
- MOTION:** Ann Meicher moved, seconded by William Rosandick, to remove the position statement entitled “Does a respiratory care practitioner who is transferring patients across state lines need to be licensed in both states?” from the website. Motion carried unanimously.
- MOTION:** Ann Meicher moved, seconded by William Rosandick, to remove the position statement entitled “May a non-RCP healthcare staff perform spirometry testing?” from the website. Motion carried unanimously.
- MOTION:** William Rosandick moved, seconded by Ann Meicher, to remove the position statement entitled “Recent Medicare provisions have included the -home sleep study testing. Is there anything in the Wisconsin statutes or code that would prohibit RCP licensed professionals from providing in-home treatment?” be removed from the website. Motion carried unanimously.

**CLOSED SESSION**

The Council did not convene to closed session as there was no closed session business.

**ADJOURNMENT**

**MOTION:** Ann Meicher moved, seconded by William Rosandick, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 10:34 a.m.

DRAFT

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

**AGENDA REQUEST FORM**

1) Name and Title of Person Submitting the Request:  Daniel Agne, Bureau Assistant On behalf of Tom Ryan, Executive Director		2) Date When Request Submitted:  3/10/14 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting for paperless boards									
3) Name of Board, Committee, Council, Sections:  Respiratory Care Practitioners Examining Council											
4) Meeting Date:  10/23/14	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page?  Review of Position Statements									
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 ( <a href="#">Fill out Board Appearance Request</a> ) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:									
10) Describe the issue and action that should be addressed:  The Council will review the Position Statements on the following pages.											
11) Authorization											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; border-bottom: 1px solid black;"><b>Daniel Agne</b></td> <td style="width: 20%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Signature of person making this request</td> <td style="border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Supervisor (if required)</td> <td style="border-bottom: 1px solid black;">Date</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Executive Director signature (indicates approval to add post agenda deadline item to agenda)    Date</td> </tr> </table>				<b>Daniel Agne</b>		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	
<b>Daniel Agne</b>											
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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

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**Governor Scott Walker      Secretary Dave Ross**

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### **Positions Statements Related to Respiratory Care Issued by the Respiratory Care Practitioners Examining Council**

#### **WHAT IS THE LEVEL OF PHYSICIAN SUPERVISION FOR DELEGATED MEDICAL ACTS? DOES IT DEPEND ON THE LEVEL OF LICENSURE OF THE PERSON TO WHOM THE MEDICAL ACT IS DELEGATED?**

For persons who are unlicensed, the performance of a delegated medical act must be “*directed, supervised and inspected*” by the physician. The unlicensed person presumably does not have the degree of knowledge, training or education as licensed health care professionals, such as a nurse, physician assistants, or advance nurse practice prescribers, therefore, the supervision requirement is heightened. Wis. Stats. 448.03 (2)(e).

The level of supervision for delegated medical acts performed by a RN is “*general supervision*”. However, the RN may only accept those delegated medical acts for which there are written protocols or verbal or written orders. Also, the RN must be competent to perform the delegated acts based upon his or her nursing education, training or experience. Chapter N6.03(2), Wis. Admin. Code.

The level of supervision for delegated medical acts, performed by a LPN, which is beyond basic nursing care, is “*direct supervision*” of the physician. Chapter N6.04(2)(b), Wis. Admin. Code.

The level of supervision for delegated medical acts, performed by an APNP, is described as a “*collaborative relationship*” with a physician. Chapter N8.10 (7), Wis. Admin. Code. The collaborative relationship is a process in which an APNP is working with a physician, in each other's presence when necessary, to deliver health care services within the scope of the APNP's professional expertise.

The supervision requirement for delegated medical acts performed by a Physician Assistant is “*general supervision*,” although limited by the scope of the PA's education, training and experience, and the scope of practice of the supervising physician. Chapter MED 8.07(1) and (2). Also, the supervising physician shall be available to the PA at all times for consultation either in person or within 15 minutes of contact by phone or electronic communication. Chapter MED 8.10(3)

**HAS THE WISCONSIN MEDICAL EXAMINING BOARD ADOPTED SPECIFIC GUIDELINES FOR PHYSICIANS WHO ARE TREATING CHRONIC PAIN OR PRESCRIBING CONTROLLED SUBSTANCES FOR THE TREATMENT OF PAIN?**

No, the Board has not officially adopted or issued any specific guidelines *per se*; however, the Board has indicated that if a physician follows the Model Guidelines for Use of Controlled Substances for Treatment of Pain adopted by the Federation of State Medical Board (FSMB), the physician would be practicing within the standard of care of a competent physician.

[The current FSMB guidelines](#)

**ARE THERE SIMILAR RESTRICTIONS ON A RESPIRATORY CARE PRACTITIONER PRACTICING UNDER A LLC OR LLP?**

Under Wisconsin law, physicians are prohibited from practicing medicine under a LLC or LLP form of business. Sec. 448.08(4), Wis. Stats., provides that two or more physicians may enter into professional partnerships or service corporations to practice medicine. The allowable form of business entity for physicians has been reviewed by the Wisconsin Attorney General and it was determined that physicians may not organize as business corporations. 75 Op. Att'y Gen. 200 (1986) Although LLC's and LLP's did not exist at the time of the A.G.'s opinion, the rationale for the opinion would apply equally to those business entities: Physicians are considered members of a learned profession, and their responsibilities for patient health and safety cannot be subordinated to the interests of shareholders or limited by a business entity.

A respiratory care practitioner is not a physician and cannot practice independently without supervision of a physician. There is no prohibition against a RCP organizing as a LLC or LLP business entity. The RCP may, therefore, practice under a LLC or LLP, provided that they are supervised by a physician.

**WHAT ARE THE REQUIREMENTS FOR A PHYSICIAN ADVERTISING AS “BOARD CERTIFIED”?**

Chapter MED 10.02(w) requires that use of the term “board certified” (or a similar phrase of like meaning) in advertising must include disclosure of the complete name of the specialty board which conferred the certification. Advertising in such a manner is prohibited if the physician is not in fact certified. Failure to make the required disclosure or advertising in an untruthful or inaccurate manner constitutes unprofessional conduct

**WHAT IS THE LENGTH OF TIME THAT A PHYSICIAN IN WISCONSIN MUST RETAIN PATIENT MEDICAL RECORDS?**

Chapter MED 21.03 of the Wisconsin Administrative Code, **Minimum Standards for Patient Health Care Records**, requires that a physician or a physician's assistant shall maintain patient health care records for a period of not less than five (5) years after the date

of the last entry, or for such longer period as may be otherwise required by law. The rule also describes what type of information that should be maintained in the patient's records.

**DOES A RESPIRATORY CARE PRACTITIONER WHO IS TRANSFERRING PATIENTS ACROSS STATE LINES NEED TO BE LICENSED IN BOTH STATES?**

Per the interpretation of the Board, a respiratory care therapist who is licensed in another state and who accompanies a patient across state lines into Wisconsin, is under the direction of the Wisconsin licensed physician and the respiratory care therapist does not need to be licensed in Wisconsin.

**MAY NON-RCP HEALTHCARE STAFF PERFORM SPIROMETRY TESTING (THE MEASURING OF BREATH)?**

It depends. If performed under the order and supervision of a physician, this would be considered a delegated medical act. Per [Wis Stat 448.03\(2\)\(e\)](#), the physician may delegate an act to someone assisting the physician provided that the act is directed, supervised and inspected by the physician and that the delegating physician has the power to direct, decide and oversee the implementation of the patient services rendered. The delegate should also have the education and training necessary to carry out delegated acts. Given that these provisions are met, the performance of spirometry testing by non-RCP staff would be acceptable.

**RECENT MEDICARE PROVISIONS HAVE INCLUDED THE COVERAGE OF IN-HOME SLEEP STUDY TESTING. IS THERE ANYTHING IN THE WISCONSIN STATUTES OR CODE THAT WOULD PROHIBIT RCP LICENSED PROFESSIONALS FROM PROVIDING IN-HOME TREATMENT?**

There is nothing in the law that specifically prohibits a licensed RCP from entering a patient's home to perform a sleep study. However, the RCP should be working pursuant to a medical order from a licensed physician as required under the definition of respiratory care in [Wis Stat 448.015\(2\)](#).

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

**AGENDA REQUEST FORM**

<b>1) Name and Title of Person Submitting the Request:</b>  Matthew C. Niehaus, DSPS WebMaster		<b>2) Date When Request Submitted:</b>  05/16/14  Items will be considered late if submitted after 4:30 p.m. on the deadline date: <ul style="list-style-type: none"> <li>▪ 8 business days before the meeting for paperless boards</li> <li>▪ 14 business days before the meeting for all others</li> </ul>	
<b>3) Name of Board, Committee, Council, Sections:</b>  Respiratory Care Practitioners Examining Board			
<b>4) Meeting Date:</b>  10/23/14	<b>5) Attachments:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>6) How should the item be titled on the agenda page?</b>  DLSC Paperless Screening Panel Initiative - APPEARANCE	
<b>7) Place Item in:</b> <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	<b>8) Is an appearance before the Board being scheduled?</b>  <input checked="" type="checkbox"/> Yes ( <a href="#">Fill out Board Appearance Request</a> ) <input type="checkbox"/> No	<b>9) Name of Case Advisor(s), if required:</b>	
<b>10) Describe the issue and action that should be addressed:</b>  Jane Brischke: Program & Policy Analyst – Advanced Kelley Sankbeil: Records Management Supervisor Kelley Foster: Medical Examining Board Intake Specialist Matthew C. Niehaus: DSPS WebMaster  The above staff will be appearing before the Board to present the DLSC Paperless Screening Panel Initiative.			
<b>11) Authorization</b>			
 Signature of person making this request		05/16/14 Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

# **BOARD APPEARANCE REQUEST FORM**

## **Appearance Information**

**Board Name:** Respiratory Care Practitioners Examining Board

**Board Meeting Date:** 10/23/14

**Person Submitting Agenda Request:** Matthew C. Niehaus: DSPS WebMaster

### **Persons requesting an appearance:**

Jane Brischke: Program & Policy Analyst – Advanced

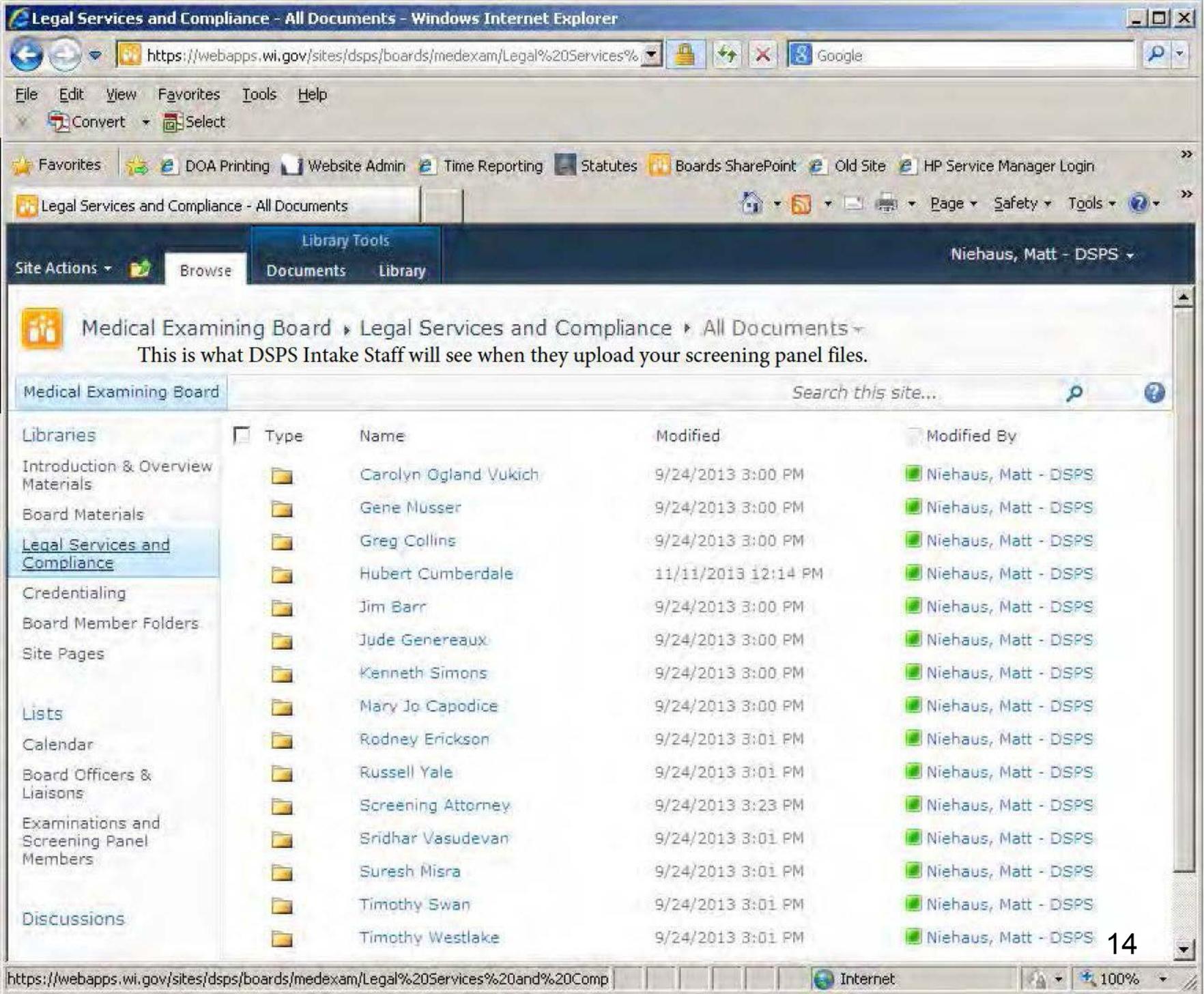
Kelley Sankbeil: Records Management Supervisor

Kelley Foster: Medical Examining Board Intake Specialist

Matthew C. Niehaus: DSPS WebMaster

### **Reason for Appearance:**

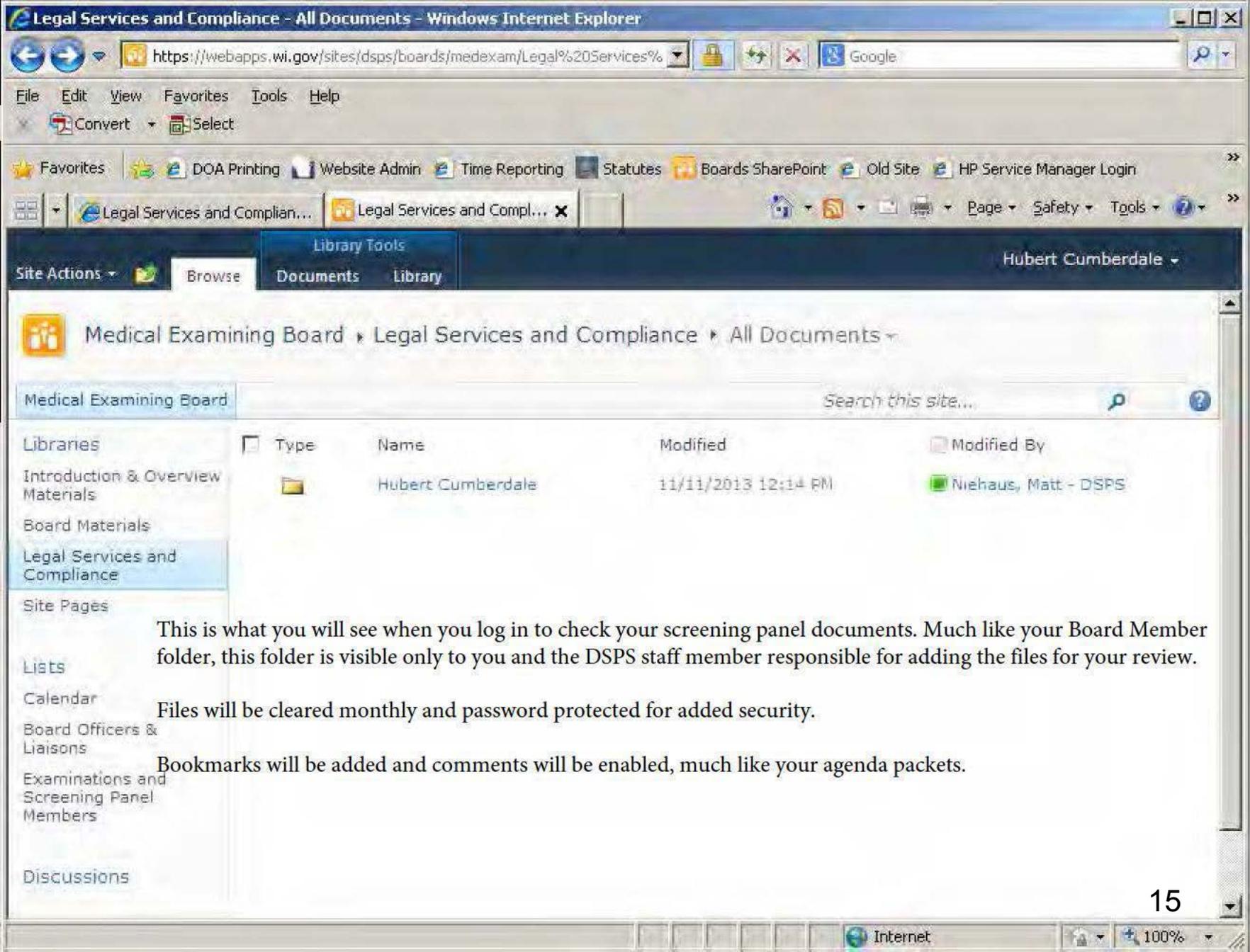
The above DSPS staff are appearing before the Board to present the DLSC Paperless Screening Panel.



Medical Examining Board > Legal Services and Compliance > All Documents  
This is what DSPS Intake Staff will see when they upload your screening panel files.

Medical Examining Board Search this site...

Libraries	Type	Name	Modified	Modified By
Introduction & Overview Materials	Folder	Carolyn Ogland Vukich	9/24/2013 3:00 PM	Niehaus, Matt - DSPS
Board Materials	Folder	Gene Nusser	9/24/2013 3:00 PM	Niehaus, Matt - DSPS
<b>Legal Services and Compliance</b>	Folder	Greg Collins	9/24/2013 3:00 PM	Niehaus, Matt - DSPS
	Folder	Hubert Cumberlande	11/11/2013 12:14 PM	Niehaus, Matt - DSPS
Credentialing	Folder	Jim Barr	9/24/2013 3:00 PM	Niehaus, Matt - DSPS
Board Member Folders	Folder	Jude Genereaux	9/24/2013 3:00 PM	Niehaus, Matt - DSPS
Site Pages	Folder	Kenneth Simons	9/24/2013 3:00 PM	Niehaus, Matt - DSPS
Lists	Folder	Mary Jo Capodice	9/24/2013 3:00 PM	Niehaus, Matt - DSPS
Calendar	Folder	Rodney Erickson	9/24/2013 3:01 PM	Niehaus, Matt - DSPS
Board Officers & Liaisons	Folder	Russell Yale	9/24/2013 3:01 PM	Niehaus, Matt - DSPS
Examinations and Screening Panel Members	Folder	Screening Attorney	9/24/2013 3:23 PM	Niehaus, Matt - DSPS
	Folder	Sridhar Vasudevan	9/24/2013 3:01 PM	Niehaus, Matt - DSPS
	Folder	Suresh Misra	9/24/2013 3:01 PM	Niehaus, Matt - DSPS
Discussions	Folder	Timothy Swan	9/24/2013 3:01 PM	Niehaus, Matt - DSPS
	Folder	Timothy Westlake	9/24/2013 3:01 PM	Niehaus, Matt - DSPS



This is what you will see when you log in to check your screening panel documents. Much like your Board Member folder, this folder is visible only to you and the DSPS staff member responsible for adding the files for your review.

Files will be cleared monthly and password protected for added security.

Bookmarks will be added and comments will be enabled, much like your agenda packets.

One set of Medical Examining Board  
Screening Panel Materials  
(Four of these were mailed every month)



# PAPERLESS SCREENING PANELS

## TOTAL POTENTIAL SAVINGS

★ **\$2,397.57 printing + \$2,582.30 shipping + \$10,200 Canon IR 7086 + \$22,509.24 staff time = \$37,689.11 ANNUALLY<sup>1</sup>**

★ **In addition to the monetary savings:**

- ✓ This process introduces enhanced security for screening panel documents. Under the new system, these documents are carefully controlled and protected by multiple layers of authentication.
- ✓ Environmental impact: save 90 trees annually, landfill space, kilowatts of energy
- ✓ Real time updates and delivery of documents.
- ✓ Document management – ability to recreate misplaced/lost documents, locate/search/distribute files quickly and efficiently

### 1. COPIER/PAPER/MAILING (postage, envelopes) SAVINGS

- ✓ DLSC currently obtains paper for \$33.40 per box. Each box contains 5,000 sheets of paper. Each individual sheet of paper thus costs DSPS \$0.00668.
  - 100 sheets of paper weighs approximately 1 pound, meaning it costs \$0.668 to purchase one pound of paper.
  - Toner costs are covered by our lease on the printing equipment.
  - Print jobs after we surpass the 40,000 monthly page limit permitted in our lease cost us \$0.50 extra per 100 pages
- ✓ Adding in one internal packet for screening panel attorneys every month, DLSC printed approximately 206,500 pages of paper for Screening Panels over 210 calendar days (May 9 – November 26), not factoring in any erroneous print jobs.
- ✓ From May 9 to November 26, DLSC spent \$1,008.05 to ship Tyvek envelopes for large screening packets.
- ✓ \$51.52 is spent on regular envelopes for mailings that are light enough to send through the postal service. Mailing these envelopes costs \$414.96 in postage annually. \$365.82 is spent purchasing white Tyvek envelopes that must be sent through a courier service, for a total of \$832.30 annually on miscellaneous mailing materials.
- ✓ Based upon the above data, shipping costs for screening panels add up to \$2,582.30 annually, with estimated annual printing costs of \$2,397.57.

### 2. STAFF TIME/SAVINGS

- ✓ DLSC staff currently spends an average of 12 hours per Medical Examining Board screening panel packet copying and mailing. The average intake staff salary with fringe is \$24.44 per hour which costs out to \$293.28 of staff time per packet. This results in a \$7,038.72 expenditure in staff time annually. As the paperless scanning process only necessitates one run through the scanner, this will cut down the amount of time spent at the copier to ¼ its current level, a \$5,279.04 savings.
- ✓ Other Boards typically take considerably less time to prepare their screening panel packets. Assuming an average of 5 hours of staff processing time per packet, with 188 meetings that are not representative of the Medical Examining Board per year<sup>2</sup>, there is an additional staff time savings of \$17,230.20 for a grand total of \$22,509.24 in staff expenses that can be reallocated.
- ✓ The time currently spent compiling the printed packets for mailing may be shifted to improving the quality of the materials through bookmarking, page numbering, and running text recognition. This will aid the screening panel in its efforts, potentially saving time screening panel attorneys spend in meetings with screening panel members.

### 3. OTHER FACTORS

- ✓ By drastically reducing the amount of time needed for DLSC staff to physically stand at the copier and as it is possible to print to a copier that is being used to scan documents, we could cease leasing one of our two DLSC copiers. We currently lease the more expensive copier Canon IR 7086 (Mickey) on a 6-month basis for \$850/month (\$10,200 annually.)

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<sup>1</sup> This is achieved with virtually no cost, as the SharePoint Site has already been purchased for the Policy Development paperless initiative.

<sup>2</sup> 332 screening panel meetings are scheduled for 2014. Approximately 40% of all screening panel meetings from 2013 were cancelled due to lack of business, meaning there would be 200 total meetings. The estimate of 5 hours per packet (and 12 hours per Medical Examining Board packet) was taken from interviews with DLSC staff.

# Initiatives for Improving Service

## Division of Legal Services & Compliance – Paperless Screening Panels

- ✓ Drives Wisconsin to the cutting edge of state government technology solutions
- ✓ No potential for loss or damage in the mail
- ✓ Text recognition
  - Adobe can recognize typed (and usually handwritten) notes and allow for searching for specific words and phrases
- ✓ Enlarge text
  - Ability to enlarge the document for easier readability
- ✓ Accessibility of documents
  - No need to transport large files to screen materials
  - SharePoint is accessible anywhere you have a computer, tablet or smart phone and the internet
- ✓ Convenient notes and comments
  - Members have the ability to create a document in Microsoft Word directly from the SharePoint site to keep track of notes
  - This document is also accessible anywhere you can use SharePoint
  - Make comments directly in your electronic copy of each complaint on specific pages or places
  - Easy access to all comments, or specific comments, via a list in Adobe
- ✓ Pages will be numbered and bookmarked so members may easily reference points in the document
- ✓ Transition process
  - First sets of screening materials will be sent via **paper** and **electronic** formats, to ease the transition to paperless panels
- ✓ Financial impact
  - Paperless screening will save approximately \$40,000 on paper, ink, printer maintenance and shipping costs annually (\$240,000 by 2020)
  - There is also time savings in preparing, sorting, copying and mailing
  - Elimination of costs related to destroying screening panel documents
  - Reduction of file space requirements
- ✓ Technical support
  - Intake staff members are available to answer any questions you have regarding paperless screening
    - Kelley Foster – Intake for MED & MED Affiliates  
(608) 267-1818    kelly.foster@wi.gov
  - DLSC staff will follow-up in the months after implementation to obtain feedback and input on the paperless screening process

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

**AGENDA REQUEST FORM**

1) Name and Title of Person Submitting the Request:  <b>Taylor Thompson, Bureau Assistant on behalf of Thomas Ryan, Executive Director</b>		2) Date When Request Submitted:  <b>9/24/2014</b>  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:  <b>Respiratory Care Practitioners Examining Council</b>			
4) Meeting Date:  <b>10/08/14</b>	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page?  <b>Report from Prior State Licensure Liaison Group Meetings - William Rosandick</b>	
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 ( <a href="#">Fill out Board Appearance Request</a> ) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:  <b>William Rosandick will give the Council a report on the 2014 State Licensure Liaison Group meeting, sponsored by the National Board for Respiratory Care (NBRC) and the American Association for Respiratory Care (AARC).</b>  <b>This meeting took place in Olathe, Kansas on September 12-13,2014.</b>  <b>There is also a report from 2013.</b>			
11) Authorization			
<b>Taylor Thompson</b>		<b>09/24/14</b>	
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.			

# 2013 State Licensure Liaison Group (SLLG) Meeting - NBRC

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## I. AARC Topics –

### A. Affordable Care Act (ACA) – How will this impact RT

1. Will need to focus more on transition planning/Community Care
  - Outpt care to prevent hospital readmissions
2. This will increase the need and demand for RT's (ACA will increase the number of people in our health care system)
3. Medicare RT Access Act HR2619 – (Congress: RT Legislation) – What does it do?
  - Expands Medicare law to permit qualified RT's ("qualified" meaning RRT and bachelor degree in health science field) to provide self management services to pulmonary pts in a physician's office. Impact – More docs hire RT's, more pt access to RT services, better health outcomes – reducing ER visits and hosp readmissions

### B. Expansion of other disciplines to do RT services (unlicensed people!!) – This is the downside of impending growth and need of RT's. There are some legislative efforts to legally expand the scope of some personnel to provide services previously only performed by "licensed" professionals. Why? – possibly to reduce cost, may be bracing for influx of patients with health insurance (ACA) and the need for more health care professionals. Major concern – Can expansion of services by unlicensed personnel be linked to proper training and competency of these people????

### C. De-Licensing efforts for RT in some states – Why?

-They believe NBRC credentials are enough- BUT what they don't realize is:

1. The NBRC does NOT do background checks on applicants
2. " " has no investigative powers
3. " " has no subpoena powers
4. " " has no disciplinary authority

- OUR JOB AS A MEMBER OF THE RESPIRATORY EXAM COUNCIL IS TO PROTECT THE HEALTH AND SAFETY OF THE PUBLIC BY ESTABLISHING STANDARDS OF COMPETENCY FOR THOSE PRACTICING THE PROFESSION! WE NEED THE STATES TO CONTINUE WITH 'STATE LICENSURE'.

## 2013 State Licensure Liaison Group (SLLG) Meeting - NBRC

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- II. NBRC – SLLG Extranet – Free communication site for all of us members. Has a discussion board.  
**Tom are we a member with access to this???**
- III. NBRC- New Credentialing Examinations for RT coming 2015– most of this we already know, they are just reviewing.
  - A. Oct 31,2014 – is the last day to accept an application to take an examination under the current system. This gives the time necessary to schedule an appointment for testing before the end of the yr.
    - Entry Level CRT Exam – 140 items
    - Therapist Written Exam – 100 items
    - Clinical Simulation Exam – 10 problems
  - B. Transitional Candidates – Definition : - 1. Those that passed CRT and Written multi-choice but not clinical sims OR 2. those that passed CRT and simulation exams but not the written multi-choice
    - Starting January 15,2015 - First group will be eligible for the 20 problem simulation. Second group can take the Therapist multi-choice exam (the higher cut exam to be RRT)
  - C. Fees – UNCHANGED – hasn't changed in 14 yrs
  - D. Admission policy-
    - 1. 18 yrs old
    - 2. AS degree from CoARC accredited program, or graduated on or before Nov 11,2009 from a CAAHEP program
    - 3. Canadian RRT – We need to take a look at our requirements for Admission for state licensure of Canadian or foreign applicants. Our requirements should really address these. Other bordering states are having more and more of these types of applicants.
  - E. Schools – 6 months in advance the NBRC will be sending out new ‘Self Assessment Exams’ for the students. Cost may increase by approx \$5 for these exams