



MEDICAL EXAMINING BOARD
Room 121A, 1400 East Washington Avenue, Madison
Contact: Tom Ryan (608) 266-2112
December 17, 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 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) Approval of Minutes of November 19, 2014 (5-11)**
- C) Administrative Updates**
 - 1) Staff Updates
 - 2) Wis. Stat. s 15.085 (3)(b) – Affiliated Credentialing Boards’ Biannual Meeting with the Medical Examining Board to Consider Matters of Joint Interest
- D) Presentation of Petitions for Summary Suspension and Designation of Hearing Official**
 - 1) **8:05 A.M. – APPEARANCE** – Joost Kap, Division of Legal Services and Compliance Attorney
 - a) Angelina M. Montemurro, M.D. – 12 MED 288 **(12-45)**
 - b) Linda R. Rogow, M.D. – 14 MED 033 **(46-63)**
 - c) Nanette J. Liegeois, M.D. – 14 MED 581 **(64-80)**
- E) Board Newsletter – Review and Discussion**
- F) Federation of State Medical Boards (FSMB) Matters**
 - 1) Final Call for Appointments and Award Nominations **(81-88)**
- G) Legislative/Administrative Rule Matters**
 - 1) Current and Future Rule Making and Legislative Initiatives
 - 2) Administrative Rules Report
 - 3) Review Emergency Rule for Med 1, 3, and 5 Physician Licensure **(89-100)**
- H) Speaking Engagement(s), Travel, or Public Relation Request(s)**
- D) Licensing Committee Report**

J) Disciplinary Guidelines Committee Report

K) Screening Panel Report

L) **Informational Items**

1) Primary Care Physician Re-Entry Act **(101-111)**

M) Items Added After Preparation of Agenda:

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

N) 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.).

O) **Full Board Oral Examination of Candidates for Licensure**

1) **9:00 A.M. – APPEARANCE – John Littefield, PA-C (112-139)**

P) **Monitoring Matters**

1) **9:10 A.M. – APPEARANCE – Farid A. Ahmad and Attorney – Requesting Return of Full Unrestricted License (140-175)**

Q) **Full Board Review – Petition to Retake USMLE Step 2**

1) **Fidelis Ikegwonu (176-229)**

- R) Deliberation of Petitions for Summary Suspension and Designation of Hearing Official**
- 1) Angelina M. Montemurro, M.D. – 12 MED 288 **(12-45, 230-338)**
 - 2) Linda R. Rogow, M.D. – 14 MED 033 **(46-63, 339-371)**
 - 3) Nanette J. Liegeois, M.D. – 14 MED 581 **(64-80)**
- S) Proposed Final Decision and Order: In the Matter of the Disciplinary Proceedings Against Robert A. Cavanaugh, M.D., Respondent (DHA case SPS-14-0002)(DLSC case 12 MED 351) (372-474)**
- T) Deliberation on Proposed Stipulations, Final Decisions and Orders by the Division of Legal Services and Compliance (DLSC):**
- 1) Sul Chung, M.D. – 13 MED 390 **(475-479)**
 - 2) Kenneth J. Kellner, M.D. – 14 MED 068 **(480-488)**
- U) Rescind Prior Motion and Adopt Correct Proposed Final Decision and Order in case number 14 MED 020, Regarding Mark Petrovani, M.D. (489-496)**
- V) Deliberation on Complaints for Determination of Probable Cause**
- 1) Siamak B. Arassi, M.D. – 12 MED 224 **(497-499)**
 - 2) Angelina M. Montemurro, M.D. – 12 MED 288 **(500-507)**
 - 3) Linda R. Rogow, M.D. – 14 MED 033 **(508-514)**
 - 4) Juan Preciado-Riestra, M.D. – 14 MED 549 **(515-517)**
 - 5) Nanette J. Liegeois, M.D. – 14 MED 581 **(518-521)**
- W) Deliberation on Administrative Warnings**
- 1) 13 MED 272 – TGM **(522-523)**
 - 2) 13 MED 358 – SRJ **(524-526)**
 - 3) 14 MED 329 – VKN **(527-528)**
- X) Case Closing(s)**
- 1) 13 MED 411 – MSJ **(529-534)**
 - 2) 13 MED 451 – JRW **(535-539)**
 - 3) 13 MED 517 – BDH **(540-547)**
 - 4) 14 MED 003 – XW **(548-552)**
 - 5) 14 MED 095 – YSP **(553-560)**
 - 6) 14 MED 118 – WWD **(561-563)**
 - 7) 14 MED 126 – RLG **(564-566)**
 - 8) 14 MED 137 – GAC **(567-569)**
 - 9) 14 MED 237 – JCL **(570-574)**
- Y) Case Status Report (575-585)**
- Z) 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

AA) Consulting with Legal Counsel

- 1) 14 MED 073 – EAS **(586-587)**
- 2) 14 MED 044 – SIC **(588-591)**

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

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

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

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

ADJOURNMENT

**ORAL EXAMINATION OF CANDIDATES FOR LICENSURE
ROOM 121B, AND 124E**

11:30 A.M., OR IMMEDIATELY FOLLOWING FULL BOARD MEETING

CLOSED SESSION – Reviewing applications and conducting oral examinations of six (6) candidates for licensure – Drs. Capodice, Erickson, Vasudevan, and Yale.

**MEDICAL EXAMINING BOARD
MEETING MINUTES
November 19, 2014**

PRESENT: Mary Jo Capodice, D.O; Greg Collins; Rodney Erickson, M.D. (*arrived at 8:11 a.m.*); Suresh Misra, M.D.; Kenneth Simons, M.D.; Timothy Swan, M.D.; Sridhar Vasudevan, M.D.; Timothy Westlake, M.D.; Russell Yale, M.D.; Robert Zondag

EXCUSED: James Barr; Carolyn Ogland Vukich, M.D.; Michael Phillips, M.D.

STAFF: Tom Ryan, Executive Director; Gretchen Mrozinski, Legal Counsel; Taylor Thompson, 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 nine (9) members was confirmed.

ADOPTION OF AGENDA

Amendments:

- Revise Post-Adjournment Closed Session to read “Reviewing applications and conducting oral examinations of seven (7) candidates for licensure – Drs. Simons, Swan, Westlake, and Yale.”

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

APPROVAL OF MINUTES

MOTION: Timothy Swan moved, seconded by Sridhar Vasudevan, to approve the minutes of October 15, 2014 as published. Motion carried unanimously.

BOARD NEWSLETTER

MOTION: Suresh Misra moved, seconded by Sridhar Vasudevan, to approve the Board Newsletter. Motion carried unanimously.

**CONSIDERATION OF MICHAEL BOTTCHEr, M.D. FOR APPOINTMENT TO THE
COUNCIL ON ANESTHESIOLOGIST ASSISTANTS**

MOTION: Sridhar Vasudevan moved, seconded by Greg Collins, to appoint Michael L. Bottcher to the Council on Anesthesiologists Assistants as an anesthesiologist member, for a term to expire on 9/1/2015. Motion carried unanimously.

FEDERATION OF STATE MEDICAL BOARDS MATTERS

Public Member Scholarships to Attend the 2015 Annual Meeting

MOTION: Sridhar Vasudevan moved, seconded by Russell Yale, to affirm Robert Zondag's application for scholarship and authorize his attendance at the 2015 – 103rd Annual FSMB Meeting on April 23-25, 2015 in Fort Worth, Texas. Motion carried unanimously.

SPEAKING ENGAGEMENT(S), TRAVEL, OR PUBLIC RELATION REQUEST(S)

MOTION: Sridhar Vasudevan moved, seconded by Suresh Misra, to authorize Mary Jo Capodice to attend the American Association of Osteopathic Examiners Summit Meeting on January 9-10, 2015 in Los Angeles, California. Motion carried unanimously.

CLOSED SESSION

MOTION: Sridhar Vasudevan moved, seconded by Suresh Misra, 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; Greg Collins – yes; Rodney Erickson – yes; Suresh Misra – yes; Kenneth Simons – yes; Timothy Swan – yes; Sridhar Vasudevan – yes; Timothy Westlake – yes; Russell Yale – yes; and Robert Zondag – yes. Motion carried unanimously.

The Board convened into Closed Session at 9:51 a.m.

RECONVENE TO OPEN SESSION

MOTION: Sridhar Vasudevan moved, seconded by Robert Zondag, to reconvene in Open Session at 11:21 a.m. Motion carried unanimously.

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION, IF VOTING IS APPROPRIATE

MOTION: Timothy Swan moved, seconded by Suresh Misra, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

FULL BOARD REVIEW OF CANDIDATES FOR LICENSURE

Eddie Rosete, PA-C

MOTION: Timothy Westlake moved, seconded by Timothy Swan, to approve the application for licensure as a Physician Assistant of Eddie Rosete, once all requirements are met. Motion carried unanimously.

John Littlefield, PA-C

MOTION: Russell Yale moved, seconded by Suresh Misra, to require John Littlefield to appear for a full Board oral examination. Motion carried unanimously.

REQUEST FOR REEXAMINATION IN THE MATTER OF THE FULL-BOARD ORAL EXAMINATION OF BHARAT PAL, M.D.

MOTION: Timothy Swan moved, seconded by Sridhar Vasudevan, to deny the request of Bharat Pal, M.D., for reexamination in the matter of the Full-Board oral examination. **Reason for Denial:** The Board does not believe that a second examination will be dispositive. Motion carried unanimously.

MONITORING MATTERS

Dr. Vasudevan recused himself and left the room for the deliberation, and voting in the matters of Shirley Y. Godiwalla, M.D., and Roman Berezovski, M.D.

Shirley Y. Godiwalla, M.D. – Request for Approval of Training Program

MOTION: Timothy Swan moved, seconded by Timothy Westlake, to deny the request of Shirley Y. Godiwalla, M.D. for full license. **Reason for denial:** She has not completed the two year program as approved in the January 7, 2013 Board order. Motion carried.

Roman Berezovski, M.D. – Requesting Reduction of Drug Screens and Elimination of Requirement to Attend AA/NA

MOTION: Robert Zondag moved, seconded by Rodney Erickson, to deny the request of Roman Berezovski, M.D. for termination of AA/NA and reduction of drug screens to 18 per year. The Board approves of a reduction in drug and alcohol screenings to 28 per year with a hair test. **Reason for denial:** He has not been fully compliant under the terms of the original order. Motion carried.

**PRESENTATION AND DELIBERATION ON PROPOSED STIPULATIONS, FINAL
DECISIONS AND ORDERS BY THE DIVISION OF LEGAL SERVICES AND COMPLIANCE
(DLSC)**

MOTION: Greg Collins moved, seconded by Timothy Westlake, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against:

- 1) Avery D. Alexander, M.D. – 12 MED 156, 13 MED 084, and 13 MED 123
- 2) Mazin Ellias, M.D. – 12 MED 403 and 14 MED 189
- 3) Stephen McAvoy, M.D. – 13 MED 259
- 4) James T. Murphy, M.D. – 14 MED 009
- 5) Mark S. Petrovani, M.D. – 14 MED 020
- 6) Robert C. Cates, M.D. – 14 MED 072
- 7) Jeffrey K. Klingbeil, M.D. – 14 MED 092
- 8) Sandra T. Congdon, M.D. – 14 MED 142
- 9) John S. Poser, M.D. – 14 MED 167
- 10) John D. Riesch, M.D. – 14 MED 226

Motion carried unanimously.

**PRESENTATION AND DELIBERATION ON COMPLAINTS FOR DETERMINATION OF
PROBABLE CAUSE**

John Ingalls, M.D. – 13 MED 152

MOTION: Timothy Swan moved, seconded by Timothy Westlake, to find probable cause to believe that John Ingalls, M.D., DLSC case number 13 MED 152, is guilty of 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.

Norman Rechsteiner, M.D. – 13 MED 155

MOTION: Timothy Westlake moved, seconded by Suresh Misra, to find probable cause to believe that Norman Rechsteiner, M.D., DLSC case number 13 MED 155, is guilty of 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.

Greg Collins recused himself and left the room for the deliberation, and voting in the matters of Steven L. Armus, M.D.

Steven L. Armus, M.D. – 13 MED 244

MOTION: Mary Jo Capodice moved, seconded by Suresh Misra, to find probable cause to believe that Steven L. Armus, M.D., DLSC case number 13 MED 244, is guilty of 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.

Dr. Misra recused himself and left the room for the deliberation, and voting in the matters of Lois S. Seno, Jr., M.D.

Louis S. Seno, Jr., M.D. – 13 MED 433

MOTION: Timothy Swan moved, seconded by Greg Collins, to find probable cause to believe that Louis S. Seno, Jr., M.D., DLSC case number 13 MED 433, is guilty of 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.

Greg Collins recused himself and left the room for the deliberation, and voting in the matters of Jonathan G. Peterson, M.D., and Zulfiqar Ali, M.D.

Jonathan G. Peterson, M.D. – 14 MED 029

MOTION: Mary Jo Capodice moved, seconded by Robert Zondag, to find probable cause to believe that Jonathan G. Peterson, M.D., DLSC case number 14 MED 029, is guilty of 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.

Zulfiqar Ali, M.D. – 14 MED 298

MOTION: Robert Zondag moved, seconded by Sridhar Vasudevan, to find probable cause to believe that Zulfiqar Ali, M.D., DLSC case number 14 MED 298, is guilty of 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.

PRESENTATION AND DELIBERATION ON ADMINISTRATIVE WARNING(S)

14 MED 264 – R.H.C.B.

MOTION: Sridhar Vasudevan moved, seconded by Mary Jo Capodice, to issue an Administrative Warning in the matter of DLSC case number 14 MED 264 (R.H.C.B.). Motion carried unanimously.

14 MED 073 – E.A.S.

MOTION: Robert Zondag moved, seconded by Sridhar Vasudevan, to table issuing an Administrative Warning in the matter of DLSC case number 14 MED 073 (E.A.S.). Motion carried unanimously.

CASE CLOSING(S)

12 MED 432 – S.R.B.

MOTION: Sridhar Vasudevan moved, seconded by Suresh Misra, to close DLSC case number 12 MED 432, against S.R.B., for prosecutorial discretion (P7). Motion carried unanimously.

Dr. Swan recused himself and left the room for the deliberation, and voting in the matters of 13 MED 158 (J.A.C.).

13 MED 158 – J.A.C.

MOTION: Suresh Misra moved, seconded by Mary Jo Capodice, to close DLSC case number 13 MED 158, against J.A.C., for no violation (NV). Motion carried.

13 MED 354 – P.R.

MOTION: Greg Collins moved, seconded by Russell Yale, to close DLSC case number 13 MED 354, against P.R., for no violation (NV). Motion carried unanimously.

13 MED 445 – J.C.M.

MOTION: Greg Collins moved, seconded by Timothy Westlake, to close DLSC case number 13 MED 445, against J.C.M., for no violation (NV). Motion carried unanimously.

14 MED 051 – H.L.C.

MOTION: Suresh Misra moved, seconded by Russell Yale, to close DLSC case number 14 MED 051, against H.L.C., for no violation (NV). Motion carried unanimously.

14 MED 078 – J.P.W.

MOTION: Timothy Westlake moved, seconded by Robert Zondag, to close DLSC case number 14 MED 078, against (J.P.W.), for no violation (NV). Motion carried unanimously.

14 MED 259 – R.P.L.

MOTION: Timothy Swan moved, seconded by Suresh Misra, to close DLSC case number 14 MED 259, against R.P.L., for no violation (NV). Motion carried unanimously.

14 MED 269 – T.C.T.

MOTION: Greg Collins moved, seconded by Timothy Westlake, to close DLSC case number 14 MED 269, against T.C.T., for no violation (NV). Motion carried unanimously.

14 MED 276 – R.Y.M.

MOTION: Greg Collins moved, seconded by Timothy Swan, to close DLSC case number 14 MED 276, against R.Y.M., for no violation (NV). Motion carried unanimously.

14 MED 310 – J.R.H.

MOTION: Sridhar Vasudevan moved, seconded by Greg Collins, to close DLSC case number 14 MED 310, against J.R.H., for no violation (NV). Motion carried unanimously.

14 MED 044 – S.I.C.

MOTION: Robert Zondag moved, seconded by Sridhar Vasudevan, to table DLSC case number 14 MED 044, against S.I.C. Motion carried unanimously.

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

MOTION: Greg Collins moved, seconded by Suresh Misra, to delegate ratification of examination results to DSPS staff and to ratify all licenses and certificates as issued. Motion carried unanimously.

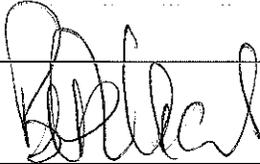
ADJOURNMENT

MOTION: Sridhar Vasudevan moved, seconded by Robert Zondag, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 11:26 a.m.

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Beth Cramton on behalf of Attorney Joost Kap Division of Legal Services and Compliance		2) Date When Request Submitted: December 4, 2014 Items will be considered late if submitted after 4:30 p.m. and less than: ▪ 8 work days before the meeting for Medical Board ▪ 8 work days before the meeting for all others	
3) Name of Board, Committee, Council, Sections: Medial Examining Board			
4) Meeting Date: December 17, 2014	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Presentation of Petition for Summary Suspension in Case Number 12 MED 288, Angelina M. Montemurro, M.D.	
7) Place Item in: <input type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input checked="" type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input checked="" type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required: Robert Zondag	
10) Describe the issue and action that should be addressed: The Board must decide whether to grant the Petition for Summary Suspension. Respondent has the right to appear during open session presentation to be heard [Wis. Stat. § 448.02(4)]. The Board must decide whether there is probable cause to believe that: 1. Respondent has violated the Board's statutes and rules; 2. It is necessary to suspend Respondent's license immediately to protect the public health safety or welfare.			
11)			Authorization 12-4-14
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.			

STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY :
PROCEEDINGS AGAINST :
 : DLSC Case No. 12 MED 288
ANGELINA M. MONTEMURRO, M.D., :
RESPONDENT. :

PETITION FOR SUMMARY SUSPENSION
Wis. Stat. § 448.02(4) and Wis. Admin. Code ch. SPS 6

Joost Kap, being duly sworn on oath, deposes and states as follows:

1. I am an attorney employed by the Wisconsin Department of Safety and Professional Services, Division of Legal Services and Compliance (Department). In the course of my job duties I have been assigned on behalf of the Wisconsin Medical Examining Board (Board) to the investigation and prosecution of case number 12 MED 288 against Respondent Angelina M. Montemurro, M.D. My business address is 1400 East Washington Avenue, Madison, Wisconsin 53703, and my business mailing address is Post Office Box 7190, Madison, Wisconsin 53707-7190.

2. Respondent Angelina M. Montemurro, M.D., (dob July 21, 1958), is licensed in the state of Wisconsin to practice medicine and surgery, having license number 27740-20, first issued on July 1, 1986, with registration current through October 31, 2015. Respondent's most recent address on file with the Department is 3717 13th Street, Kenosha, Wisconsin 53144.

3. On September 5, 2014, I filed a Petition for Mental Examination with supporting Exhibits A-F, a true and correct copy of which is attached as Exhibit A (September Petition).

4. On September 18, 2014, the Board granted the September Petition and entered an Order for Mental Examination of Respondent, a true and correct copy of which is attached as Exhibit B (September Order).

5. The September Order makes findings of fact and conclusions of law, and requires that:

Within 30 days of the date of the Order, Respondent Angelina M. Montemurro, M.D., shall provide the Department Monitor with proof that she has scheduled a comprehensive neuropsychological examination and a comprehensive psychiatric examination by a professional preapproved by the Board or its designee, and will undergo the evaluations as soon as possible, but not more than 15 days thereafter. Respondent shall, within 10 days of scheduling the examinations, inform the Department Monitor of the facility, contact information and dates during which the examinations will occur.

6. The September Order mandates other terms of the examinations once they are scheduled with pre-approved examiners, and concludes that a “violation of any of the terms of the Order may be construed as conduct imperiling public health, safety and welfare and may result in a summary suspension of Respondent’s license.” (Exh. B)

7. Respondent sought relief from the September Order by requesting waiver of all examination costs, as well as additional time to comply. Respondent also proposed two candidates for the ordered psychiatric evaluation—the same two physicians who evaluated her in 2013: Dr. Jeffrey Anders, per a 2013 Board Order; and Dr. Basil Jackson, at Respondent’s request.

8. On October 20, 2014, the Board entered an order which:

- a. Denied Respondent’s request for waiver of examination costs;
- b. Denied Respondent’s request for an extension of the compliance deadline;
- c. Appointed a designee responsible for preapproving the professional(s) to perform the neuropsychological and psychiatric examinations;
- d. Ordered that Respondent shall communicate with the Department Monitor to determine which professionals are preapproved by the designee and the designee will not communicate directly with Respondent; and
- e. Ordered that the terms of the September Order remain in effect.

9. A true and correct copy of the Board’s October 20, 2014 Order is attached hereto as Exhibit C (October Order).

10. The deadlines imposed by the September Order have passed. (Exh. B)

11. Respondent has not provided the Department Monitor with proof that she has scheduled a comprehensive neuropsychological examination and a comprehensive psychiatric examination by a professional preapproved by the Board or its designee. Respondent has not provided the Department Monitor with information regarding the facility, contact information and dates during which the examinations will occur. These submissions were required by the September Order. (Affidavit of Michelle Schram, ¶ 5)

12. By her failure to comply with these requirements, Respondent also has not complied, and cannot comply with the other terms of the September Order.

13. Under the circumstances of this case, Respondent’s failure to comply with the Board’s September Order establishes that the Board cannot be assured of her ability or willingness to safely and reliably conform to the Board’s rules and other requirements of the profession.

14. Respondent Angelina M. Montemurro, M.D., by violating the September Order as described above, has committed unprofessional conduct under Wis. Admin. Code § 10.03(1), and is subject to discipline pursuant to Wis. Stat. § 448.02(3) and the terms of the September Order.

15. There is probable cause to believe that it is necessary to suspend Respondent's license immediately to protect the public health, safety or welfare, based upon her violation of the September Order and Findings of Fact 6-11 adopted by the Board therein, and also upon the September Petition, including all exhibits thereto. (Exhs. A and B)

WHEREFORE, the Division of Legal Services and Compliance hereby requests that the Wisconsin Medical Examining Board:

1. Find that notice has been given to Respondent Angelina M. Montemurro, M.D., under Wis. Admin. Code § SPS 6.05.

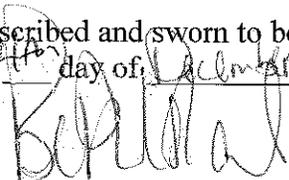
2. Find probable cause to believe that Respondent Angelina M. Montemurro, M.D., has engaged in or is likely to engage in conduct such that the public health, safety or welfare imperatively requires emergency suspension of Respondent's license and registration to practice medicine and surgery.

3. Issue an order summarily suspending the license and registration of Respondent Angelina M. Montemurro, M.D., to practice medicine and surgery in the state of Wisconsin and order that such suspension continue until Respondent fully complies with the September Order and the Board has sufficient opportunity to review the results of the examinations and is satisfied that Respondent can safely practice medicine, or until the effective date of a final decision and order issued in any disciplinary proceeding against Respondent, unless otherwise ordered by the Board.

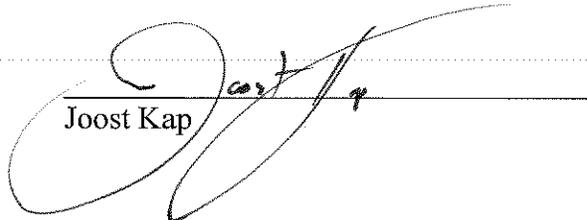
STATE OF WISCONSIN)
) ss
COUNTY OF DANE)

Joost Kap, being first duly sworn on oath, deposes and says that he is an attorney for the State of Wisconsin, Department of Safety and Professional Services, Division of Legal Services and Compliance, and that he has read the foregoing petition and knows the contents thereof and that the same is true to his own knowledge, except as to those matters therein stated on information and belief, and as to such matters, he believes them to be true.

Subscribed and sworn to before me
this 14th day of December, 2014.



Notary Public
My Commission expires 3.27.2016.

Joost Kap 

STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY :
PROCEEDINGS AGAINST :
 : DLSC Case No. 12 MED 288
ANGELINA M. MONTEMURRO, M.D., :
RESPONDENT. :

AFFIDAVIT OF MICHELLE SCHRAM

STATE OF WISCONSIN)
) ss
COUNTY OF DANE)

Michelle Schram, being duly under oath, deposes and states as follows:

1. I am a Department Monitor for the Wisconsin Department of Safety and Professional Services, Division of Legal Services and Compliance (Department). My business address is 1400 East Washington Avenue, Madison, Wisconsin 53703, and my business mailing address is Post Office Box 7190, Madison, Wisconsin 53707-7190.

2. I make this affidavit in support of the Department's Petition for Summary Suspension, and based on my personal knowledge of the things set forth herein.

3. As Department Monitor, I monitor licensee compliance with existing board orders, including orders of the Medical Examining Board (Board). Board orders commonly require that licensees submit to me requests for pre-approval of evaluators, results of evaluations and proof of compliance with other terms of board orders.

4. On September 18, 2014, the Board entered an Order for Mental Examination of Respondent in this matter, which I have reviewed and is attached to the accompanying Petition for Summary Suspension as Exhibit B (September Order).

5. The September Order directs Respondent to communicate with me, in the course of my professional duties as Department Monitor, as follows:

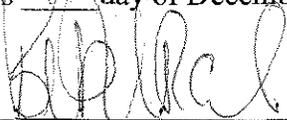
Within 30 days of the date of the Order, Respondent Angelina M. Montemurro, M.D., shall provide the Department Monitor with proof that she has scheduled a comprehensive neuropsychological examination and a comprehensive psychiatric examination by a professional preapproved by the Board or its designee, and will undergo the evaluations as soon as possible, but not more than 15 days thereafter. Respondent shall, within 10 days of scheduling the examinations, inform the Department Monitor of the facility, contact information and dates during which the examinations will occur.

6. As of the date of this affidavit, Respondent has not contacted me. Therefore, she has not provided me with proof that she has scheduled a comprehensive neuropsychological examination and a comprehensive psychiatric examination by a professional preapproved by the Board or its designee, and she has not provided me with information regarding the facility, contact information and dates during which the examinations will occur.



Michelle Schram
Department Monitor

Subscribed and sworn to before me
this 4th day of December, 2014.



Notary Public

My Commission expires 3-27-2016.

SUMMARY SUSPENSION

EXHIBIT A

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

AGENDA REQUEST FORM

Name and Title of Person Submitting the Request: Beth Cramton on behalf of Attorney Joost Kap Division of Legal Services and Compliance	Date When Request Submitted: September 5, 2014
Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 8 work days before the meeting for Medical Board ▪ 8 work days before meeting for all other boards 	

Name of Board, Committee, Council:
Medical Examining Board

Board Meeting Date: September 17, 2014	Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	How should the item be titled on the agenda page? Petition for Mental Examination in case number 12 MED 288, Angelina M. Montemurro, M.D.
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Place Item in: <input type="checkbox"/> Open Session <input checked="" type="checkbox"/> Closed Session <input type="checkbox"/> Both	Is an appearance before the Board being scheduled? If yes, by whom? <input type="checkbox"/> Yes by _____ (name) <input checked="" type="checkbox"/> No	Name of Case Advisor(s), if required: Jude Genereaux
---	--	--

Describe the issue and action the Board should address:

The members must determine that the evidence is sufficient to establish that it would be useful to the Board, in conducting its investigation, to obtain a mental examination for the purposes of determining Respondent's fitness to practice.

Authorization:

	9-5-14
Signature of person making this request	Date
Supervisor signature (if required)	Date
Bureau Director signature (indicates approval to add late items 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 Board's 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
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY :
PROCEEDINGS AGAINST :
 :
 :
ANGELINA M. MONTEMURRO, M.D., :
RESPONDENT. :

PETITION FOR MENTAL EXAMINATION
[Wis. Stat. § 448.02(3)]

Division of Legal Services and Compliance Case No. 12 MED 288

JOOST KAP, being duly sworn on oath, upon information and belief and his review of the attached exhibits, deposes and states:

1. I am an attorney employed by the Wisconsin Department of Safety and Professional Services, Division of Legal Services and Compliance (Department), and in the course of my job duties have been assigned to the investigation and prosecution of case 12 MED 288 against Angelina M. Montemurro, M.D., Respondent, for the Wisconsin Medical Examining Board (Board).

2. My business address is 1400 East Washington Avenue, Madison, Wisconsin 53703, and my business mailing address is Post Office Box 7190, Madison, Wisconsin 53707-7190.

3. Department records show that Respondent Angelina M. Montemurro, M.D., (dob July 21, 1958) is licensed by the State of Wisconsin as a physician having license number 20-27740, first issued on July 1, 1986 and current through October 31, 2015.

4. Respondent's most recent address on file with the Department of Safety and Professional Services is 3717 13th Street, Kenosha, WI 53144.

5. Investigation 12 MED 288 was opened on August 20, 2012, when information was received from Respondent's employer indicating that it was planning to take action to summarily suspend Respondent's privileges based on concerns about her ability to treat patients safely due to potential issues with mental instability.

6. Respondent's concerning behavior formed the basis for a Petition for Mental Evaluation, filed by Department Attorney Kim Kluck on October 30, 2012. The Board granted the petition on November 14, 2012 and issued an Order, a true and correct copy of which is attached as Exhibit A.

7. Pursuant to Exhibit A, Respondent was evaluated by Dr. Jeffrey Anders on February 5, 2013. Dr. Anders issued a report of his evaluation, a true and correct copy of which is attached as Exhibit B.

8. Importantly, Dr. Anders' report is entitled "Independent Psychiatric Evaluation" which is a different evaluation than a neuropsychological exam, the term that was inadvertently used in Exhibit A. As further explained by the Department's expert psychiatrist, Dr. Martha Rolli, the psychiatric exam that Dr. Anders performed is quite different and much less thorough than a neuropsychological exam.¹ (Exhibit C at ¶¶21-23) I have spoken with Dr. Anders and he agrees that he did *not* perform a neuropsychological exam, nor is that term used anywhere in his report.

9. Dr. Rolli's sworn affidavit also states her professional opinion that:

Dr. Montemurro should undergo a full neuropsychological exam to determine if she is able to function at the high level required of a physician. Dr. Anders' exam raised some concerns, but it was a basic screening test designed to identify or exclude severe impairment. A physician obviously must function far above that level, and therefore a neuropsychological evaluation is warranted here.

10. This petition asks the Board to order a neuropsychological exam to hopefully determine if Respondent's thoughts—as set forth below and in the attached exhibits—are resulting from an undiagnosed (and thus untreated) mental health condition that was not identified, or not fully identified, by Dr. Anders' February 2013 exam. It is also possible that Respondent suffers from a progressive mental health condition, such that she may now present with new or worsened symptoms than those observed by Dr. Anders 19 months ago.

11. Respondent has filed a significant number of documents in this matter, many of which were sent directly to Department Secretary David Ross, current and former Board members, Dr. Rolli, and others. Her submissions total hundreds of pages, all of which can be provided upon request. The general "theme," however, is reflected in these selected documents, attached collectively as Exhibit D:

- a. Respondent's October 21, 2013 letter to DSPS Secretary David Ross
- b. Respondent's December 2, 2013 letter to DSPS Secretary Ross
- c. Respondent's April 26, 2014 letter to ALJ Jennifer Nashold
- d. Respondent's July 10, 2014 letter to all Board members

12. The documents that make up Exhibit D reflect Respondent's ongoing conviction that she is the victim of a vast organized crime conspiracy that has so far resulted in the loss of her job and medical practice, the suspicious deaths of people who are somehow related to her fight against corruption, and a wide array of graft by which millions of dollars have been embezzled.

13. Exhibit D reflects Respondent's belief that she is the target of corrupt judges, lawyers, doctors, law enforcement officers, and business executives who all share a common

¹ The June 18, 2014 Affidavit of Martha J. Rolli is attached as Exhibit C. It was filed in support of the Department's Motion For Summary Judgment, which was recently denied by Administrative Law Judge Jennifer Nashold. In the interest of brevity, the voluminous exhibits referenced in the affidavit are not being attached, but can be provided upon request.

interest to punish Respondent for her work as a federal informant against organized crime in Kenosha. Respondent continues to believe all of this despite a letter from U.S. Attorney James Santelle wherein he explicitly debunks the foundational premise of her entire narrative. A true and correct copy of Attorney Santelle's letter is attached as Exhibit E.

14. Respondent appears to genuinely *believe* that everything she writes and says is true. However, that does not make it so, and it raises questions about what may be causing these beliefs. This leads to concerns about Respondent's ability to safely practice medicine. Namely, can a physician who believes that dozens of seemingly unrelated individuals working in various medical, legal, administrative, and business realms are all colluding against her, simultaneously engage in the kind of rational, well-reasoned, and evidence-based analysis required to properly and safely care for patients?

15. Respondent has been involved in various state and federal lawsuits since her employment was terminated in 2012. Respondent was the plaintiff in some and the defendant in others. She has sued me, Attorney Kluck, Department General Counsel Mike Berndt, and former Board chair, Dr. Sheldon Wasserman, among others. The lawsuits she has filed have been dismissed as frivolous and lacking merit. (Exhibit F)² Where she was sued, the plaintiffs prevailed on defamation claims and were awarded over \$100,000 in damages. In that case, the trial court judge concluded:

I hear your statements and your tone of voice, Dr. Montemurro; you are sincere in your belief, but in my belief the conclusions you reach are not supported by facts and are illogical, quite frankly . . . You are jumping to conclusions based on what you think the facts might be . . . You're supplying information to whomever . . . It doesn't matter who it is. It could be a telephone line, an answering machine at a federal agency. It doesn't matter who it is. You can supply all the information in the world that you want. The issue is whether it's logical to reach the conclusions that you do . . . I'm satisfied all the facts you presented, all the documents you filed, newspaper articles, etc., your conclusions are not supported by reason and logic.

16. Exhibit F shows that other judges have described Respondent's court filings as "seemingly frivolous . . . prolix . . . diatribe" and have cautioned her to "think carefully about whether she has any non-frivolous claims that she can pursue in federal court. It seems very likely that she does not."

17. The requested neuropsychological examination is not intended to settle the "truth" of Respondent's allegations, but rather to explore a potential explanation for them. It is hoped that an explanation will allow the Board to address whether Respondent can safely practice medicine, and in the process maybe put a stop to the significant collateral damage Respondent's position is causing.

² Exhibit F is the Affidavit of Joost Kap filed with ALJ Nashold on June 10, 2014, in response to Respondent's various requests to close this matter, to remove me from the case, and that ALJ Nashold should recuse herself. Again, in the interest of brevity, the court documents that were originally attached to Exhibit F are not included herewith, but can be provided upon request.

18. Respondent is dogged in her beliefs and seems unable to even consider the prospect that the conspiracy as she sees it does not actually exist; that there is alternative explanation for what she perceives. In the meantime, her position has resulted in the ruin of her professional and financial life. It has resulted in dozens of individuals being accused of crimes and called corrupt, liars, bad guys, stupid, dishonest, unethical etc. in various court and administrative filings. It has required physicians, Department staff, and members of the public to defend themselves from frivolous lawsuits.

The Wisconsin Medical Examining Board has authority, pursuant to Wis. Stat. § 448.02(3)(b), to require Respondent to undergo another, more thorough mental evaluation if the Board believes that the results may be useful to the Board in conducting its hearing.

WHEREFORE, your petitioner hereby requests that the Wisconsin Medical Examining Board order the following:

1. Within 30 days of the date of the Order, Respondent Angelina M. Montemurro, M.D., shall provide the Department Monitor with proof that she has scheduled a comprehensive neuropsychological examination by a professional preapproved by the Board or its designee, and will undergo the evaluation as soon as possible, but not more than 15 days thereafter. Respondent shall, within 10 days of scheduling the examination, inform the Department Monitor of the facility, contact information and dates during which the examination will occur.

a. The neuropsychological examination shall be performed by a doctorate-level, fully credentialed psychologist or a psychiatrist, whose license to practice remains in good standing, and who has no personal or business association with Respondent or her family members (the "examiner").

b. Respondent shall execute necessary documents authorizing the Division to obtain records of examination, and to discuss Respondent and her case with the examiner. Respondent shall execute all releases necessary to permit disclosure of the final examination report to the Board or its designee. Certified copies of the final examination report shall be admissible in any future proceeding before the Medical Examining Board.

c. Respondent shall identify and provide the examiner with authorizations to communicate with all physicians, mental health professionals, and facilities at which Respondent has been treated or evaluated.

d. Respondent shall provide the examiner with a copy of the Order in this matter and of this Petition, including all exhibits.

e. The parties may provide whatever documentation believed helpful to the examiner. The parties shall contemporaneously copy the opposing party on all communication by or on their behalf with the examiner.

f. The examiner shall provide a written report of the evaluation within 15 days of completing it.

STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY :
PROCEEDINGS AGAINST :

ANGELINA M. MONTEMURRO, M.D., :
RESPONDENT. :

ORDER 0002139

ORDER FOR NEUROPSYCHOLOGICAL EVALUATION OF RESPONDENT

Division of Legal Services and Compliance¹ Case No. 12 MED 288

PROCEDURAL HISTORY

On August 20, 2012, investigation 12 MED 288 was opened when information was received from Richard O. Schmidt, Jr., (President, CEO and General Counsel) at United Health System ("United") in Kenosha, Wisconsin, that United was planning to take action to summarily suspend Respondent's privileges based on concerns about her ability to treat patients safely due to potential issues with mental instability². On November 14, 2012, the Division of Legal Services and Compliance presented a Petition for Mental Examination of Respondent to the Board.

FINDINGS OF FACT

1. Respondent Angelina M. Montemurro, M.D., (dob July 21, 1958) is licensed by the State of Wisconsin as a physician having license number 20-27740, first issued on July 1, 1986 and current through October 31, 2013.

2. Respondent's most recent address on file with the Wisconsin Department of Safety and Professional Services is 6308 8th Avenue, Kenosha, Wisconsin 53140. Respondent informed Investigator Michelle Schram of the Division of Legal Services and Compliance that her current mailing address is 3717 13th Street, Kenosha, WI 53144.

3. On August 20, 2012, investigation 12 MED 288 was opened when information was received from Richard O. Schmidt, Jr., (President, CEO and General Counsel) that United was planning to take action to summarily suspend Respondent's privileges based on concerns about her ability to treat patients safely due to potential issues with mental instability. Mr. Schmidt provided a copy of an e-mail authored by Respondent (dated August 15, 2012) which

¹ The Division of Legal Services and Compliance was formerly known as the Division of Enforcement.

² The Medical Executive Committee had received a letter from one of Respondent's patients who expressed concern about Respondent's mental stability. The letter from the patient contained a statement from Respondent that "I'm working very hard to eliminate the Mob from our city." The patient was concerned about Respondent's increasingly erratic behavior, her apparent fixation on the mob and her belief that the hospital was associated with the mob.

EXHIBIT

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respondent sent to Mr. Schmidt and most of the members of the United Hospital System Medical Staff. That e-mail included the following statements by Respondent:

a. "I want you to know that I am a US Department of Justice witness/informant as of November 2011. I am working regularly to expose and prosecute Organized Crime in Kenosha, Wisconsin. I have been a victim of Organized Crime for the last 5 years."

b. "I am the lucky one – because when I went to our police for help – 6 days later an Italian woman (who is similar to me in the following ways: lives on the north side, mother of 3 boys, lives a few doors down from a Tenuta and Ruffolo) was probably killed and thrown in Dennis Troha's pond. I believe she was supposed to be me. She lives by one of my brothers so the name Montemurro was in the neighborhood."

c. "Shortly afterwards, my cleaning lady's husband died. I believe he was murdered."

d. "I didn't know he died until the next week. I went out of town for a few days. When I returned, I couldn't sign into my e-mail accounts. I had to put in new passwords. My computers and home had been bugged."

e. "Finally, in November of 2011, the US Justice Department asked to meet with me. When I met with them the first thing they asked for was, "what do you have on Ric Schmidt." They suspect him of laundering money for Organized Crime. My response was, "I will not tell you anything until you promise me that you will keep the hospital open." I saved every employee's job. They promised me they would not close the hospital."

f. "Len followed me home from the Holy Rosary Festival last year and I spoke to him in my driveway. I suspected my house was bugged, so we spoke outside. I told him, 'Shhh! I got the information to an honest judge and things are happening. We will be ok.' Four days later Judge Barry is dead. They claim 'suicide'. I believe Murder."

4. On August 17, 2012, the Physician Health Committee met to consider evidence of Respondent's potential impairment. At that meeting, Mr. Schmidt testified that he contacted the Department of Justice regarding Respondent's alleged relationship with that office. The DOJ representative advised that there were no local DOJ representatives in Wisconsin. Mr. Schmidt also contacted the FBI and was advised that the nearest office was in Milwaukee and that they had no knowledge of Respondent.

5. On August 21, 2012, Gary Zaid, M.D., the Medical Staff President at United, sent a letter to Respondent advising her that the Physician Health Committee had recommended that Respondent's privileges be summarily suspended to protect patient safety, pending a psychiatric evaluation and report from Dr. Carlyle Chan at the Medical College of Wisconsin. That suspension was later affirmed by the Medical Executive Committee on September 10, 2012.

6. On August 28, 2012, Investigator Schram sent a letter to Respondent requesting that she provide signed consent forms to the Division in order to obtain copies of any evaluations, examinations or treatment from psychologists, psychiatrists or mental health counselors.

7. On September 21, 2012, Respondent spoke with Investigator Schram and advised that she had not undergone any psychiatric evaluations or examinations.

8. It is not known what Respondent's current mental status is.

CONCLUSIONS OF LAW

1. The Wisconsin Medical Examining Board has jurisdiction over this matter pursuant to Wis. Stat. § 448.02(3).

2. The Wisconsin Medical Examining Board has authority, pursuant to Wis. Stat. § 448.02(3)(a), to require Respondent to undergo one or more mental examinations if the Board believes that the results of any such examinations may be useful to the Board in conducting its investigation.

3. The Wisconsin Medical Examining Board concludes that the results of a neuropsychological evaluation to determine Respondent's mental health status will be useful to the Board in its investigation of the allegations and identification of possible rehabilitative needs.

ORDER

1. Within 30 days of the date of the Order, Respondent Angelina M. Montemurro, M.D., shall provide the Department Monitor with proof that she has scheduled a comprehensive neuropsychological examination by a professional preapproved by the Board or its designee, and will undergo the evaluation as soon as possible, but not more than 30 days thereafter. Respondent shall, within 10 days of scheduling the examination, inform the Department Monitor of the facility, contact information and dates during which the examination will occur.

a. The neuropsychological examination shall be performed by a doctorate-level, fully credentialed psychologist or a psychiatrist, whose license to practice remains in good standing, and who has no personal or business association with Respondent or her family members (the "examiner").

b. Respondent shall execute necessary documents authorizing the Division to obtain records of examination, and to discuss Respondent and her case with the examiner. Respondent shall execute all releases necessary to permit disclosure of the final examination report to the Board or its designee. Certified copies of the final examination report shall be admissible in any future proceeding before the Medical Examining Board.

c. Respondent shall identify and provide the examiner with authorizations to communicate with all physicians, mental health professionals, and facilities at which Respondent has been treated or evaluated.

d. Respondent shall provide the examiner with a copy of the Order in this matter.

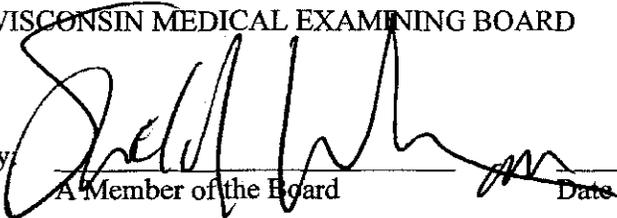
e. The parties may provide whatever documentation believed helpful to the examiner. The parties shall contemporaneously copy the opposing party on all communication by or on their behalf with the examiner.

f. Respondent shall comply with any and all reasonable requests by the examiner for purposes of scheduling and completing the evaluation, including additional testing the examiner deems helpful. Any lack of reasonable and timely cooperation, as determined by the examiner, may constitute a violation of an order of the Medical Examining Board.

g. Respondent is responsible for timely payment of the costs of the examination. Payment shall be made directly to the examiner.

2. Violation of any of the terms of the Order may be construed as conduct imperiling public health, safety and welfare and may result in a summary suspension of Respondent's license.

WISCONSIN MEDICAL EXAMINING BOARD

by  _____ Date: 11/14/12

A Member of the Board

STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF :
DISCIPLINARY PROCEEDINGS AGAINST :
: DHA Case No. SPS-14-0028
ANGELINA M. MONTEMURRO, M.D., : DLSC Case No. 12 MED 288
RESPONDENT. :

AFFIDAVIT OF MARTHA L. ROLLI, M.D.

STATE OF WISCONSIN)
) SS
COUNTY OF DANE)

Martha L. Rolli, M.D., being first duly sworn on oath, upon information and belief, deposes and states, as follows:

1. I am an adult resident of the State of Wisconsin. I make this affidavit in support of the Complainant's motion for summary judgment.

2. I am licensed to practice medicine and surgery in the State of Wisconsin. I am currently employed as the medical director of the Mendota Mental Health Institute. In this role, I supervise a staff of 17 physicians that includes psychiatrists and primary care physicians. I have taught professional ethics to resident physicians at the University of Wisconsin for 15 years. I have served as the chair of the Wisconsin Medical Society's council on ethics and judicial affairs. I currently serve as the chair of the board of directors for the Wisconsin Medical Society, and I am a member of the University of Wisconsin Hospital's Ethics Committee. The curriculum vitae attached as Exhibit A further sets out my professional education, training, and experience. The only item I would add to Exhibit A is that I am now Board certified in Forensics.

3. I have reviewed the following documents provided to me by the Department of Safety and Professional Services, Division of Legal Services and Compliance:

- A copy of Dr. Montemurro's CV
- An 8/12/12 patient complaint against Dr. Montemurro (name redacted)
- An 8/15/12 email from Dr. Montemurro to her employer pertaining to the patient complaint and other concerns raised by the employer

EXHIBIT

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- Minutes from an 8/17/12 meeting of the employer's Physician Health Committee subsequent to which the employer suspended Dr. Montemurro's privileges
- The National Practitioners Databank report of the suspension of Dr. Montemurro's privileges
- Petition for Mental Examination, supporting affidavits, and Order For Neuropsychological Evaluation as entered by the Board on 11/14/12
- An 11/30/12 letter from Dr. Montemurro to the then-chair of the Board, Dr. Sheldon Wasserman
- The report prepared by the Department's expert psychiatrist, Dr. Jeffrey Anders, pursuant to the Board-ordered evaluation that he conducted
- The report of Dr. Basil Jackson, with supporting affidavit and Dr. Jackson's CV. Dr. Jackson was retained by Dr. Montemurro after the Dr. Anders evaluation, and at her choosing and expense
- American Medical Association opinions 10.01, 10.015 and 10.018
- A 10/21/13 letter from Dr. Montemurro to DSPS Secretary David Ross
- A 12/2/13 letter from Dr. Montemurro to Secretary Ross
- A 1/2/14 letter from Dr. Montemurro to Secretary Ross
- Pleadings filed by Dr. Montemurro in Kenosha County Circuit Court Case No. 12-CV-2530, dated February 10 and February 11, 2014
- An article published online by the Kenosha News on May 12, 2014, reporting on the court's ruling in Kenosha County Circuit Court Case No. 12-CV-2530
- The Department's Notice of Hearing and Complaint
- Dr. Montemurro's Response to the Complaint
- A 4/18/14 letter from Dr. Montemurro to the Division of Hearing and Appeals
- A 4/16/14 letter from Dr. Montemurro to the Division of Hearing and Appeals
- A 5/6/14 letter from U.S. Attorney James Santelle refuting Dr. Montemurro's assertions about her role with the federal government

- A 5/10/14 letter from Dr. Montemurro responding to Attorney Santelle's letter

4. Based on my education, training, experience, and on my review of this case, including the documents provided to me, it is my professional opinion to a reasonable degree of medical certainty that Dr. Montemurro's conduct fell below the level expected of a minimally competent physician in three areas: physician-patient boundaries; confidentiality; and patient health, safety and welfare.

5. Dr. Montemurro states that since at least 2011, she has gathered information from her patients about what she believes to be organized criminal activities by various public and private actors in and around Kenosha. She then conveys the information to various federal authorities.

6. Dr. Montemurro states that she relies on the "sanctity of the patient/doctor relationship" to provide a safe haven in which to gather information from her patients about what she terms "community abuse." She uses her role as a physician to collect and report information about alleged criminal activity. Dr. Montemurro advocates for the idea that physicians should be obligated to report patient complaints of "community abuse" to law enforcement authorities. The broad definition that Dr. Montemurro uses for "community abuse" seems to encompass a wide variety of crimes including voter fraud, theft, drug trafficking, bribery, assault, and the various acts of corrupted politicians, judges, and law enforcement officers.

7. The American Medical Association (AMA) Policy E 10.015 provides guidance that it is the duty of the physician to put the needs of the patient first.

"...The relationship between patient and physician is based on trust and gives rise to physicians' ethical obligations to place patients' welfare above their own self-interest and above obligations to other groups, and to advocate for their patients' welfare.

Within the patient-physician relationship, a physician is ethically required to use sound medical judgment, holding the best interests of the patient as paramount...."

8. In her self-described role as a physician who also gathers and reports patient complaints about organized crime, Dr. Montemurro has created another role and responsibility to carry out within the context of caring for patients. This dual agency creates confusion as to her responsibility to meet the medical needs of her patients, and constitutes a physician-patient boundary violation.

9. Medical visits should be reserved solely for medical care. By her own admissions, Dr. Montemurro engages her patients in discussions about "community abuse" in the course of medical visits. Regardless of who initiates the conversations, she is using medical appointment time, and her role as a physician, to discuss and promote her alleged work as a government informant, and to ask her patients for their help with those activities. Patients come to a physician for medical care and should have their medical needs addressed. Using the physician-patient relationship to pursue other activities unrelated to patient care is inappropriate

and violates physician-patient boundaries. These boundary violations then result in other ethical violations relating to confidentiality and patient health, safety and welfare.

10. The confidentiality of patient health information is defined by multiple sources. The Health Insurance Portability and Accountability Act (HIPPA) defines this at the federal level. AMA Policy H 315.983 outlines the expectations for physicians to honor patient privacy and confidentiality, as follows:

- (1) *Our AMA affirms the following key principles that should be consistently implemented to evaluate any proposal regarding patient privacy and the confidentiality of medical information: (a) That there exists a basic right of patients to privacy of their medical information and records, and that this right should be explicitly acknowledged; (b) That patients' privacy should be honored unless waived by the patient in a meaningful way or in rare instances when strong countervailing interests in public health or safety justify invasions of patient privacy or breaches of confidentiality, and then only when such invasions or breaches are subject to stringent safeguards enforced by appropriate standards of accountability;*

AMA Policy E-5.05 Confidentiality states:

"The information disclosed to a physician by a patient should be held in confidence. The patient should feel free to make a full disclosure of information to the physician in order that the physician may most effectively provide needed services. The patient should be able to make this disclosure with the knowledge that the physician will respect the confidential nature of the communication".

11. The standards of confidentiality require that patient privacy be protected. Dr. Montemurro gets information from her patients regarding alleged criminal activities, which she then shares with federal authorities. There is no information to indicate that she has obtained written informed consent from her patients about sharing their information. She does not say how and when she informs patients that she will be sharing information with the government or how she decides what information she intends to share. She does not say if these activities are known to and approved by employer, which may have its own policies about the confidentiality of information provided by patients at medical appointments.

12. Dr. Montemurro asserts that fighting "community abuse" protects the public, which creates an exception to the usual rules of confidentiality. The problem with this assertion is that there, in fact, no recognized exception to confidentiality for "community abuse" because the concept of "community abuse" is not recognized by the AMA, or by any other reputable professional organization.

13. Dr. Montemurro seems to acknowledge that "community abuse" is not an accepted concept in the medical community. However, she states her intent to work with the AMA and federal authorities to create and implement a confidentiality exception for "community abuse." She cites rules about reporting child abuse and elder abuse as examples of currently recognized exceptions that impose mandatory reporting requirements on physicians.

However, both child and elder abuse involve danger of physical harm to an incompetent and/or vulnerable person. That is why those narrow, and highly regulated, exceptions to confidentiality were enacted.

14. In Dr. Montemurro's "community abuse" scenarios, the focus is not the protection of minors or incompetent adults. When physicians are working with competent adults, they must respect the autonomy of those patients and allow them to make decisions for themselves. Competent adults are capable of deciding what they wish to report to government authorities. It is a physician-patient boundary violation for Dr. Montemurro to intercede between her competent adult patients and the proper authorities. If she has access to government contacts that she believes are more trustworthy than the local authorities, she can refer patients directly to these authorities.

15. Her pleadings and letters include stories that her patients have reportedly told her. For example, in one letter she references a patient whose son witnessed police officers using drugs at a specific restaurant. This may be enough information for officials to identify the patient. In order to assure such connections are not made, physicians should not share, let alone publicize, even de-identified stories about patients.

16. The idea that patient interactions are confidential is common knowledge in our culture. One can assume that most patients when speaking to their physician believe that the information they provide will be kept confidential unless they give their explicit permission to have it released. Dr. Montemurro's assertion that she protects her patients' confidentiality because she does not give their names to authorities demonstrates a basic misunderstanding on her part about how physicians must handle information they receive in the context of treating a patient.

17. Dr. Montemurro paints a picture of extreme danger in her community where even the police cannot be trusted. She asserts that numerous people have been killed because they are helping her, or even because they are simply associated with her. For example, she states that the husband of her cleaning lady was killed simply because the wife worked for Dr. Montemurro. She states that her attorney was murdered for representing her. She states that someone intended to murder her, but mistakenly killed another woman who lived in her neighborhood and had a similar last name. She claims that her teenage son was the victim of a premeditated assault orchestrated by a police officer.

18. Although these assertions all seem highly unlikely, taken at face value they would show that Dr. Montemurro is putting her patients at great risk by involving them in her government informant activities. She asserts that her patients know she is a government informant, and she has indeed been very open about publicizing that role. It must be assumed that this information is widely known in her community, including by the criminal elements who have previously killed or others for their association with Dr. Montemurro. Given her assertions about violence toward people who have been associated with her, it seems that Dr. Montemurro's patients would be endangered by virtue of being known as her patients.

19. There is no information provided to indicate that she warns her patients about the dangers of becoming involved with her government informant activities. It is the responsibility of every physician to protect the health and wellbeing of their patients, and above all, to do no harm.

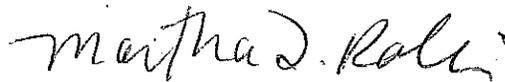
20. Finally, I have not examined Dr. Montemurro, but my review of this file and her writings—both their content and style—gives me concern regarding how her beliefs about organized crime and her role in fighting it affect her medical practice.

21. The examination that Dr. Anders performed in February 2013 is in places incorrectly referred to as a neuropsychological examination. Dr. Anders' report instead describes a basic psychiatric exam; a relatively brief screening of cognition designed to determine only if Dr. Montemurro was severely impaired at the time. The title of Dr. Anders' report correctly reflects this: Independent Psychiatric Evaluation.

22. A neuropsychological examination, on the other hand, is a sophisticated in-depth evaluation of cognition, memory, and intellectual capacity that determines whether there is *any* impairment. Neuropsychological testing involves an exhaustive battery of examinations administered of a much longer period of time than is reflected in Dr. Anders' report.

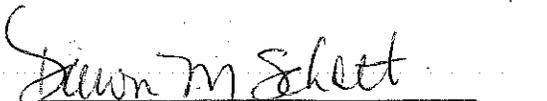
23. It is my professional opinion that Dr. Montemurro should undergo a full neuropsychological exam to determine if she is able to function at the high level required of a physician. Dr. Anders' exam raised some concerns, but it was a basic screening test designed to identify or exclude severe impairment. A physician obviously must function far above that level, and therefore a neuropsychological evaluation is warranted here.

Dated in Madison, Wisconsin, this 18th day of June, 2014.



Martha L. Rolli, M.D.

Subscribed and sworn to before me
This 18th day of June, 2014.


Notary Public
My Commission expires 09/20/2015



U.S. Department of Justice

Office of the United States Attorney

Eastern District of Wisconsin

517 East Wisconsin Avenue
Milwaukee, Wisconsin 53202

414/297-1700
TDD-414/297-1088

May 6, 2014

Dr. Angelina Montemurro
3717 13th Street
Kenosha, Wisconsin 53144

COPY

SUBJECT: Clarification of Relationship with the United States Government

Dear Dr. Montemurro:

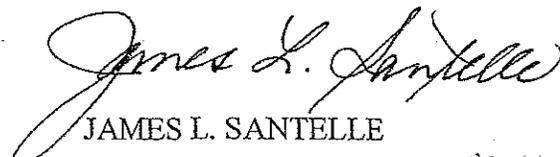
I am aware from my review of various pleadings, letters, and other writings that you have generated, some of which have been filed in the state and federal courts, that you have occasionally identified yourself as a federal informant or otherwise represented that you are assisting the federal government in various investigative activities.

I write to you and, by copies of this letter, to other individuals to confirm that you are not a federal informant and that you are not assisting the federal government in any investigative activity of which I am aware. Accordingly, I respectfully request that you discontinue immediately your practice of making those statements and representations in any forum and in any manner.

In addition, the United States of America is not a party to nor a participant in any of the litigation in which you are or have been engaged. For that reason, I further respectfully request that you terminate your practice of delivering copies of your litigation materials to my office.

I thank you for your attention to and anticipated compliance with my requests.

Very truly yours,


JAMES L. SANTELLE
United States Attorney



STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY :
PROCEEDINGS AGAINST : DSPS Case No. SPS-14-0028
: DLSC Case No. 12 MED 288
ANGELINA M. MONTEMURRO, M.D., :
RESPONDENT. :

AFFIDAVIT OF JOOST KAP

STATE OF WISCONSIN)
) ss
COUNTY OF DANE)

Joost Kap, being duly under oath, upon information and belief, deposes and states, as follows:

1. I am an attorney, employed by the Wisconsin Department of Safety and Professional Services, Division of Legal Services and Compliance (Department). In the course of my professional duties I have been assigned on behalf of the Medical Examining Board as the prosecutor for case number 12 MED 288, concerning Respondent Angelina M. Montemurro, M.D.

2. My business address is 1400 East Washington Avenue, Madison, Wisconsin 53703, and my business mailing address is Post Office Box 7190, Madison, Wisconsin 53707-7190.

3. In the course of my professional duties as the prosecutor in this matter, Respondent has repeatedly asserted that I am linked to certain individuals who she believes to be involved in organized crime in and around Kenosha, Wisconsin. Respondent has implied and explicitly alleged that my conduct in prosecuting this case has been corrupted by these connections to criminal activity, and that I am deliberately aiding and protecting criminals by continuing to prosecute this case.

4. To the best of my knowledge, I have never met or communicated in any way, with any of the individuals that Respondent claims that I am linked to. It appears that I went to the University of Wisconsin Law School at the same time as Nicholas Infusino (2004) and that we both submitted postings to the same blog administered by a professor as part of a large law school class about business organizations. However, I have no recollection of ever meeting Mr. Infusino at that time or since.

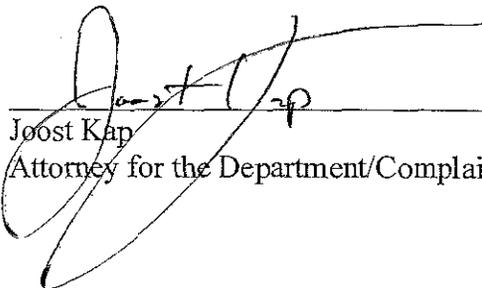
5. Attached as Exhibit A is a true and correct copy of an order entered on June 5, 2014 in Kenosha County Case No. 12-CV-2530, *Montemurro v. United Health System*, and a subsequent newspaper article about the ruling (webpage last visited on June 9, 2014).

6. Upon information and belief, Kenosha County Case No. 12-CV-2530 was filed by Respondent against her former employer, United Health System (UHS), which then counterclaimed on breach of contract and defamation grounds. Exhibit A is the order by which the court granted summary judgment and money damages to UHS, and enjoins Respondent from making public statements linking the defendants to corruption and other illegal activity.

7. Attached as Exhibit B is a true and correct copy of the decision and order entered on October 31, 2013 in Wisconsin Eastern District Court Case No. 13-C-1069, *Montemurro v. United Health System*. Upon information and belief, and as reflected in Exhibit B, Respondent filed in federal court on the same grounds as in Kenosha County Case No. 12-CV-2530. Judge Lynn Adelman, however, dismissed Respondent's complaint for lack of subject matter jurisdiction, and encouraged Respondent to "think carefully about whether she has any non-frivolous claims that she can pursue in federal court. It seems very likely that she does not."

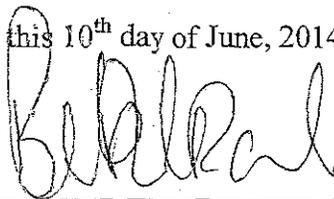
8. Attached as Exhibit C is a true and correct copy of an order entered on March 5, 2014 in Wisconsin Eastern District Court Case No. 14-C-178, *Montemurro v. United Health System*, and March 12, 2014 court minutes denying Respondent's motion to seal the file. Respondent sought to remove Kenosha County Case No. 12-CV-2530 to federal court, despite the ruling set out in Exhibit B. Judge Charles Clevert denied removal for lack of subject matter jurisdiction. Judge Clevert also denied Respondent's request to seal the federal file. Upon information and belief, Respondent sought to remove and seal the case because of her perception, as vividly reflected in the case filings, that the circuit court judge assigned to 12-CV-2530, Judge Gerald Ptacek, is corrupted by what Respondent believes to be numerous and long-standing connections to organized crime.

9. Attached as Exhibit D is a true and correct copy of an order entered on May 9, 2014 in Wisconsin Eastern District Court Case No. 14-C-478, *Montemurro v. Joost Kap et al.* Respondent sued me and others in the Department, including its general counsel and Secretary David Ross, among others. As Judge Rudolph Randa described it before he dismissed the case *sua sponte*, Respondent's "seemingly frivolous . . . prolix . . . diatribe" appears to be a "collateral attack upon [Kenosha County Case No. 12-CV-2530]" in that it involves the same type of allegations regarding organized crime now leveled against these defendants. Judge Randa dismissed the case as frivolous, and for failing to state any plausible claim for relief.



Joost Kap
Attorney for the Department/Complainant

Dated this 10th day of June, 2014.



Notary Public

My Commission expires on March 28, 2016.

STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY :
PROCEEDINGS AGAINST :
: DLSC Case No. 12 MED 288
ANGELINA M. MONTEMURRO, M.D., : DHA Case No. SPS-14-0028
RESPONDENT. :

ORDER 0002139

ORDER FOR MENTAL EXAMINATION OF RESPONDENT

Angelina Montemurro, M.D.
3717 13th Street
Kenosha, WI 53144

Attorney Joost Kap
Division of Legal Services and Compliance
Department of Safety and Professional Services
PO Box 7190
Madison, WI 53707-7190

PROCEDURAL HISTORY

Investigation 12 MED 288 was opened on August 20, 2012, after the Department of Safety and Professional Services, Division of Legal Services and Compliance (Department) received information from Respondent's employer indicating that it was planning to take action to summarily suspend Respondent's privileges based on concerns about her ability to treat patients safely due to potential issues with mental instability.

On April 3, 2014, the Department filed a Notice of Hearing and Complaint initiating DHA Case Number SPS-14-0028.

FINDINGS OF FACT

1. Department records show that Respondent Angelina M. Montemurro, M.D., (dob July 21, 1958) is licensed in the state of Wisconsin to practice medicine and surgery, having license number 27740-20, first issued on July 1, 1986, with registration current through October 31, 2015.

2. Respondent's most recent address on file with the Department is 3717 13th Street, Kenosha, Wisconsin 53144.

3. Investigation 12 MED 288 was opened on August 20, 2012, when information was received from Respondent's employer indicating that it was planning to take action to summarily suspend Respondent's privileges based on concerns about her ability to treat patients safely due to potential issues with mental instability.

EXHIBIT

Summary
Suspension
B 38

4. Respondent's concerning behavior formed the basis for a Petition for Mental Evaluation; filed by Department Attorney Kim Kluck on October 30, 2012, and the Wisconsin Medical Examining Board (Board) granted the petition and issued an Order on November 14, 2012.

5. Pursuant to November 14, 2012 Order, Respondent was evaluated by Dr. Jeffrey Anders on February 5, 2013. Dr. Anders subsequently issued a report entitled "Independent Psychiatric Evaluation."

6. Since the evaluation and report by Dr. Anders, Respondent has continued to display behavior that gives rise to ongoing concern about whether Respondent is suffering from an undiagnosed and thus untreated mental health condition that was not identified, or not fully identified, by Dr. Anders.

7. Respondent has since filed documents totaling hundreds of pages. In her filings, Respondent portrays herself as a victim of a vast organized crime conspiracy that has so far resulted in the loss of her job and medical practice, the suspicious deaths of people who are somehow related to her fight against corruption, and a wide array of graft by which millions of dollars have been embezzled.

8. Respondent's filings reflect her belief that she is the target of corrupt judges, lawyers, doctors, law enforcement officers, and business executives who all share a common interest to punish Respondent for her work as a federal informant against organized crime in Kenosha.

9. As a result of her beliefs, Respondent has been involved in various state and federal lawsuits. The lawsuits that she has filed have been dismissed as frivolous and lacking merit. The lawsuit involving claims against Respondent have resulted in a judgment against her, including damages exceeding \$100,000.

10. Respondent's filings and other file materials, including Dr. Anders' report, were provided to the Department's retained medical expert, Dr. Martha Rolli, a board certified psychiatrist who is currently serving as the Medical Director of the Mendota Mental Health Institute.

11. Dr. Rolli has provided a sworn affidavit stating her professional opinions that Dr. Montemurro should undergo a full neuropsychological exam to determine if she is able to function at the high level required of a physician. Dr. Rolli's affidavit also indicated that although Dr. Anders' exam raised some concerns, his evaluation of Respondent was a basic screening test designed to identify or exclude severe impairment. Dr. Rolli avers that a physician obviously must function far above that level, and that therefore a much more in-depth neuropsychological evaluation is warranted.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter pursuant to Wis. Stat. § 448.02(3).

2. The Board has authority, pursuant to Wis. Stat. § 448.02(3)(b), to require Respondent to undergo one or more mental evaluations if the Board believes that the results of any such examinations may be useful to the Board in conducting its hearing.

3. The Board concludes that the results of a comprehensive neuropsychological examination and a comprehensive psychiatric examination of Respondent will be useful to the Board in conducting its hearing in this matter.

NOW THEREFORE IT IS HEREBY ORDERED:

1. Within 30 days of the date of the Order, Respondent Angelina M. Montemurro, M.D., shall provide the Department Monitor with proof that she has scheduled a comprehensive neuropsychological examination and a comprehensive psychiatric examination by a professional preapproved by the Board or its designee, and will undergo the evaluations as soon as possible, but not more than 15 days thereafter. Respondent shall, within 10 days of scheduling the examinations, inform the Department Monitor of the facility, contact information and dates during which the examinations will occur.

a. The neuropsychological examination shall be performed by a doctorate-level, fully credentialed psychologist, and the psychiatric examination shall be performed by a doctorate-level, fully credentialed psychiatrist, whose licenses to practice remain in good standing, and who have no personal or business association with Respondent or her family members (the "examiner").

b. Respondent shall execute necessary documents authorizing the Division to obtain records of the examinations, and to discuss Respondent and her case with the examiners. Respondent shall execute all releases necessary to permit disclosure of the final examination reports to the Board or its designee. Certified copies of the final examination reports shall be admissible in any future proceeding before the Medical Examining Board.

c. Respondent shall identify and provide the examiners with authorizations to communicate with all physicians, mental health professionals, and facilities at which Respondent has been treated or evaluated.

d. Respondent shall provide the examiners with a copy of the Order in this matter and of this Petition, including all exhibits.

e. The parties may provide whatever documentation believed helpful to the examiners. The parties shall contemporaneously copy the opposing party on all communication by or on their behalf with the examiners.

f. The examiners shall provide a written report of the evaluation within 15 days of completing it.

g. Respondent shall comply with any and all reasonable requests by the examiner(s) for purposes of scheduling and completing the examinations, including additional testing the examiner(s) deems helpful. Any lack of reasonable and timely

cooperation, as determined by the examiner(s), may constitute a violation of an order of the Medical Examining Board.

h. Respondent is responsible for timely payment of the costs of the examinations. Payment shall be made directly to the examiners.

2. Violation of any of the terms of the Order may be construed as conduct imperiling public health, safety and welfare and may result in a summary suspension of Respondent's license.

WISCONSIN MEDICAL EXAMINING BOARD

By: Kenneth B. Jensen, MD
A Member of the Board

September 18, 2014
Date

STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE : ORDER DENYING PETITION FOR
DISCIPLINARY PROCEEDINGS AGAINST : MODIFICATION OF BOARD ORDER
:
DR. ANGELINA MONTEMURRO, : No. 2139
:
RESPONDENT. :

TO: Angelina Montemurro, M.D.
3717 13th Street
Kenosha, WI 53144

Attorney Joost Kap
Division of Legal Services and Compliance
Department of Safety and Professional Services
PO Box 7190
Madison, WI 53707-7190

On September 18, 2014, the Wisconsin Medical Examining Board ("Board") issued Board Order 0002139 (Order for Mental Examination) to the Respondent in relation to DLSC Case No. 12 MED 288 and DHA Case No. SPS-14-0028. The Respondent petitioned the Board for modification of that Order requesting that examination charges be waived and that the deadline for compliance be extended. The Respondent also asked the Board to approve one of two named medical practitioners as qualified to conduct one or more of the required mental examinations. The Board considered the Respondent's request and orders the following.

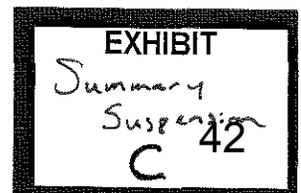
ORDER

1. Respondent's request for waiver of examination costs is DENIED.
2. Respondent's request for an extension of the compliance deadline is DENIED.
3. Dr. Sridhar Vasudevan is appointed as designee responsible for preapproving the professional(s) to perform the neuropsychological and psychiatric examinations. The Respondent shall communicate with the Department Monitor to determine which professionals are preapproved by Dr. Vasudevan. Dr. Vasudevan will not communicate directly with the Respondent.
4. The terms of Board Order 0002139 remain in effect.

WISCONSIN MEDICAL EXAMINING BOARD

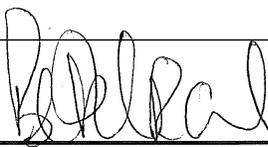
By: *Kenneth Simons MS*
A Member of the Medical Examining Board

10-20-2014
Date



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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Beth Cramton on behalf of Attorney Joost Kap Divison of Legal Services and Compliance		2) Date When Request Submitted: December 4, 2014 Items will be considered late if submitted after 4:30 p.m. and less than: ▪ 8 work days before the meeting for Medical Board ▪ 8 work days before the meeting for all others	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: December 17, 2014	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Presentation of Petition for Designation of Hearing Official in Case Number 12 MED 288, Angelina M. Montemurro, M.D.	
7) Place Item in: <input type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input checked="" type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input checked="" type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required: Robert Zondag	
10) Describe the issue and action that should be addressed: <p>If the Board accepts the Petition for Summary Suspension for Respondent, then the Board, or its appointed delegates, must designate a member of the Board or an employee of the Department to preside over a hearing to show cause and issue the Order for Designation of Hearing Official.</p>			
11) 	Authorization		12.4.14
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.			

STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY :
PROCEEDINGS AGAINST :
 : DLSC Case No. 12 MED 288
ANGELINA M. MONTEMURRO, M.D., :
RESPONDENT. :

PETITION FOR DESIGNATION OF HEARING OFFICIAL

Joost Kap, the attorney assigned to this matter, on behalf of the Department of Safety and Professional Services, Division of Legal Services and Compliance (Department), requests the Wisconsin Medical Examining Board designate under Wis. Stat. § 227.46(1), a member of the Board, an employee of the Department or an administrative law judge employed by the Department of Administration to preside over a hearing to show cause provided for in Wis. Admin. Code § SPS 6.09. This request is made pursuant to Wis. Admin. Code §§ SPS 6.09 and 6.11(1)(a) and (c) and is based on the following:

1. The Petition for Summary Suspension, with accompanying attachments, in this matter was filed with the Medical Examining Board on December 4, 2014.

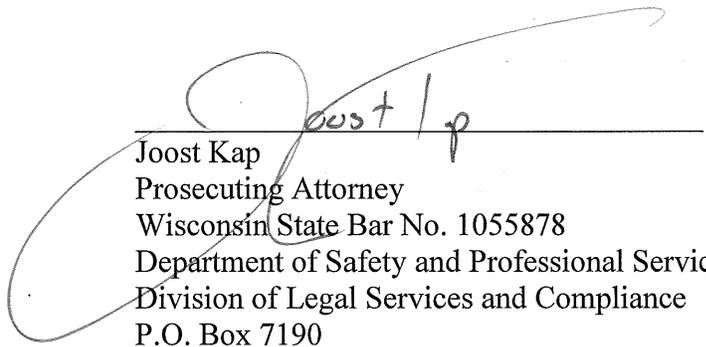
2. On December 4, 2014, Respondent was provided notice of the time and place of the presentation of the Petition for Summary Suspension by certified mail with a return receipt requested in an envelope properly stamped and addressed to Respondent at her address of record at 3717 13th Street, Kenosha, Wisconsin 53144, and by regular mail in an envelope properly stamped and addressed to Respondent at her address of record at 3717 13th Street, Kenosha, Wisconsin 53144.

3. The Petition for Summary Suspension will be presented to the Medical Examining Board on December 17, 2014, at which time Respondent and the prosecuting attorney may be present and will have the opportunity to be heard during the determination of probable cause by the Medical Examining Board.

4. On December 17, 2014, the Order of Summary Suspension may be issued by the Medical Examining Board.

5. Pursuant to Wis. Stat. § 448.02(4)(b), Respondent is entitled to a hearing to show cause why an Order of Summary Suspension should not be continued.

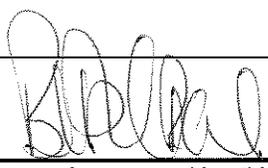
Dated in Madison, Wisconsin, this 4TH day of December 2014.



Joost Kap
Prosecuting Attorney
Wisconsin State Bar No. 1055878
Department of Safety and Professional Services
Division of Legal Services and Compliance
P.O. Box 7190
Madison, WI 53707-7190
Tel. (608) 261-4464

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Beth Cramton on behalf of Attorney Joost Kap Division of Legal Services and Compliance		2) Date When Request Submitted: December 4, 2014	
Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 8 work days before the meeting for Medical Board ▪ 8 work days before the meeting for all others 			
3) Name of Board, Committee, Council, Sections: Medial Examining Board			
4) Meeting Date: December 17, 2014	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Presentation of Petition for Summary Suspension in Case Number 14 MED 033, Linda R. Rogow, M.D.	
7) Place Item in: <input type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input checked="" type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input checked="" type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required: Sridhar Vasudevan, M.D.	
10) Describe the issue and action that should be addressed: The Board must decide whether to grant the Petition for Summary Suspension. Respondent has the right to appear during open session presentation to be heard [Wis. Stat. § 448.02(4)]. The Board must decide whether there is probable cause to believe that: <ol style="list-style-type: none"> 1. Respondent has violated the Board's statutes and rules; 2. It is necessary to suspend Respondent's license immediately to protect the public health safety or welfare. 			
11) 		Authorization	
Signature of person making this request		Date 12-4-14	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: <ol style="list-style-type: none"> 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
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY :
PROCEEDINGS AGAINST :
 : DLSC Case No. 14 MED 033
LINDA R. ROGOW, M.D., :
RESPONDENT. :

PETITION FOR SUMMARY SUSPENSION
Wis. Stat. § 448.02(4) and Wis. Admin. Code ch. SPS 6

Joost Kap, being duly sworn on oath, deposes and states as follows:

1. I am an attorney employed by the Wisconsin Department of Safety and Professional Services, Division of Legal Services and Compliance (Department). In the course of my job duties I have been assigned on behalf of the Wisconsin Medical Examining Board (Board) to the investigation and prosecution of case number 14 MED 033 against Respondent Linda R. Rogow, M.D. My business address is 1400 East Washington Avenue, Madison, Wisconsin 53703, and my business mailing address is Post Office Box 7190, Madison, Wisconsin 53707-7190.

2. Respondent Linda R. Rogow, M.D., (dob November 18, 1949), is licensed in the state of Wisconsin to practice medicine and surgery, having license number 37150-20, first issued on September 29, 1995, with registration current through October 31, 2015. Respondent's most recent address on file with the Department is 2455 W. Silver Spring Drive #304, Glendale, Wisconsin 53209.

3. On September 5, 2014, I filed a Petition for Mental Examination with supporting Exhibits A-E, a true and correct copy of which is attached as Exhibit A (September Petition).

4. On September 18, 2014, the Board granted the September Petition and entered an Order for Mental Examination of Respondent, a true and correct copy of which is attached as Exhibit B (September Order).

5. The September Order makes findings of fact and conclusions of law, and requires that:

Within 60 days of the date of the Order, Respondent Linda R. Rogow, M.D., shall provide the Department Monitor with proof that she has scheduled a comprehensive neuropsychological examination and a comprehensive psychiatric examination by a professional preapproved by the Board or its designee, and will undergo the evaluations as soon as possible, but not more than 30 days thereafter. Respondent shall, within 10

days of scheduling the examinations, inform the Department Monitor of the facility, contact information and dates during which the examinations will occur.

6. The September Order mandates other terms of the examinations once they are scheduled with pre-approved examiners, and concludes that a "violation of any of the terms of the Order may be construed as conduct imperiling public health, safety and welfare and may result in a summary suspension of Respondent's license to practice medicine and surgery in the state of Wisconsin." (Exh. B)

7. The deadlines imposed by the September Order have passed. (Exh. B)

8. Respondent has not provided the Department Monitor with proof that she has scheduled a comprehensive neuropsychological examination and a comprehensive psychiatric examination by a professional preapproved by the Board or its designee. Respondent has not provided the Department Monitor with information regarding the facility, contact information and dates during which the examinations will occur. These submissions were required by the September Order. (Affidavit of Michelle Schram)

9. By her failure to comply with these requirements, Respondent also has not complied, and cannot comply with the other terms of the September Order.

10. Under the circumstances of this case, Respondent's failure to comply with the Board's September Order, and her failure to provide the Department with current contact information after the address and telephone number on file became invalid, establishes that the Board cannot be assured of her ability or willingness to safely and reliably conform to the Board's rules and other requirements of the profession.

11. Respondent Linda R. Rogow, M.D., by violating the September Order as described above, has committed unprofessional conduct under Wis. Admin. Code § 10.03(1), and is subject to discipline pursuant to Wis. Stat. § 448.02(3) and the terms of the September Order.

12. There is probable cause to believe that it is necessary to suspend Respondent's license immediately to protect the public health, safety or welfare, based upon her violation of the September Order, and on the September Petition, including all exhibits thereto. (Exhs. A and B)

WHEREFORE, the Division of Legal Services and Compliance hereby requests that the Wisconsin Medical Examining Board:

1. Find that notice has been given to Respondent Linda R. Rogow, M.D. under Wis. Admin. Code § SPS 6.05.

2. Find probable cause to believe that Respondent Linda R. Rogow, M.D., has engaged in or is likely to engage in conduct such that the public health, safety or welfare imperatively requires emergency suspension of Respondent's license and registration to practice medicine and surgery.

3. Issue an order summarily suspending the license and registration of Respondent Linda R. Rogow, M.D. to practice medicine and surgery in the state of Wisconsin and order that

STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY :
PROCEEDINGS AGAINST :
 : DLSC Case No. 14 MED 033
LINDA R. ROGOW, M.D., :
RESPONDENT. :

PETITION FOR MENTAL EXAMINATION
[Wis. Stat. § 448.02(3)]

Joost Kap, being duly sworn on oath, upon information and belief, deposes and states as follows:

1. I am an attorney employed by the Wisconsin Department of Safety and Professional Services, Division of Legal Services and Compliance (Department), and in the course of my job duties have been assigned to the investigation and prosecution of case number 14 MED 033 against Respondent Linda R. Rogow, M.D., for the Wisconsin Medical Examining Board (Board).

2. My business address is 1400 East Washington Avenue, Madison, Wisconsin 53703, and my business mailing address is Post Office Box 7190, Madison, Wisconsin 53707-7190.

3. Department records show that Respondent Linda R. Rogow, M.D., (dob November 18, 1949) is licensed in the state of Wisconsin to practice medicine and surgery, having license number 37150-20, first issued on September 29, 1995, with registration current through October 31, 2015.

4. Respondent's most recent address on file with the Department is 2455 West Silver Spring Drive #304, Glendale, Wisconsin 53209.

5. Investigation 14 MED 033 was opened on February 12, 2014, after the Department received information from the United States Drug Enforcement Administration (DEA) regarding its ongoing investigation of Respondent's medical practice, in particular her prescribing of controlled substances.

6. On March 17, 2014, the DEA provided the Department with investigative reports totaling approximately 100 pages of detailed summary and documentary evidence of the DEA's investigation of Respondent. Some of the reports are attached as exhibits and their disclosure was approved by DEA contingent on our redacting certain administrative identifiers unrelated to the substantive content of the reports.

7. Attached as Exhibit A is a true and correct copy of the DEA report of its January 31, 2014 interview of Respondent at her home. Among other statements, Exhibit A reflects that



Respondent acknowledged that she was in “big trouble” and that she “shouldn’t be practicing medicine.” However, Respondent refused to surrender her DEA registration and equated that decision with marriage, stating “marry in haste, repent at leisure.”

8. DEA investigators interviewed people to whom Respondent prescribed controlled substances without appropriate exams and diagnoses, without adequate record-keeping, and at her home and various non-medical locations out in the community, including a restaurant and a bank lobby.

9. Attached as Exhibit B is a true and correct copy of the DEA report of one such interview on January 30, 2014. Among other statements, the interview subject informed the DEA:

He met Respondent because they lived in the same apartment building, and that she first prescribed controlled substances to him after he complained of back pain. None of their interactions ever occurred at a medical office. Respondent allegedly “looked at [his] stance, ‘felt’ his back and asked him general questions prior to issuing” him a prescription for 180 pills of an opioid medication. Respondent performed no further physical exam nor conducted and/or ordered any studies, and she never made any diagnosis. Respondent also prescribed him Alprazolam, Diazepam and Zolpidem Tartrate.

Respondent provided the interview subject with these prescriptions out of her home or at a restaurant where he worked as a host. Respondent occasionally took notes on a pad of paper and used the restaurant’s copy machine to photocopy the prescriptions she provided, but otherwise kept no records. Respondent at times called in refills over the phone. Respondent never billed for the prescriptions, but instead they bartered for them with rides, errands, and household chores.

10. Attached as Exhibit C is a true and correct copy of the DEA report of a February 7, 2014 interview. Among other statements, the interview subject informed DEA:

She first treated with Respondent at a medical office, although Respondent never took vitals or performed any examination. After Respondent was reportedly terminated from the medical office, she continued to see the interview subject out of her home. Respondent wrote prescriptions for Xanax and Oxycodone, and would give the subject “early” refills and “overlapping” prescriptions, all in exchange for free or discounted Avon products, rides, errands, and household chores.

11. Attached as Exhibit D is a true and correct copy of the DEA report of a January February 10, 2014 interview. Among other statements, the interview subject informed DEA:

He works at a local bank where Respondent does business, but he otherwise has no relationship to her. On one occasion, he was working when Respondent came in to do some banking. It came up that the interview subject had a sore throat. Respondent immediately took a prescription pad from her purse, wrote a prescription for antibiotics, and advised him as to where he should get it filled.

12. Respondent has informed the Department that she has not prescribed any medications since August 2013 nor otherwise practiced medicine since that time, but that she

hopes to resume a primary care practice in the future. The Department has relied on regular inquiries of the Prescription Drug Monitoring Program to confirm and monitor Respondent's assertion that she has not prescribed since August 2013.

13. The Department asked Respondent to authorize the disclosure of her mental health records and Respondent agreed by signing a release, which the Department used to gather the following records:

- a. Aurora Psychiatric Hospital records of in-patient care from 3/17/13 – 11/14/13
- b. Psychiatric Consultants & Therapist records of outpatient care from 5/16/12 – 9/12/13
- c. Columbia St. Mary's records of outpatient care from 12/4/13 – 4/23/14
- d. Advanced Pain Management records of outpatient care from 5/1/12 – 5/15/14

14. I have reviewed all of the above-described records, which will be provided to the Board upon request. They reflect that Respondent has an extensive past psychiatric history dating back to at least 1982, when she was diagnosed with bipolar disorder. She has also received diagnoses of manic depressive illness, mood disorder, and the records reflect that on various occasions within the last two years, she has presented with symptoms associated with her diagnoses, including but not limited to mania, mood swings, and suicidal ideation.

15. The records reflect that on October 24, 2013, Respondent terminated an in-patient stay at Aurora Psychiatric Hospital against medical advice because she was reportedly unable to find someone to feed her cats. The discharge summary states "it was felt that the patient was making poor judgments, was overwrought, agitated, with pressured speech, unable to sleep at night, and clearly needed further psychiatric intervention. The patient agreed that she would seek the services of another psychiatrist" because her treating psychiatrist at the time refused to continue treating Respondent if she left against medical advice.

16. The records reflect that Respondent left Aurora with a 2-week supply of psychotropic medications, and that in January 2014, Respondent saw her family practice physician to discuss her "currently untreated bipolar illness." As of February 2014, Respondent's records note that "her mania/bipolar illness may be worsening." Respondent has not refilled her psychotropic medications, and has been without psychiatric care since she left Aurora on October 24, 2013.

17. Respondent's records were provided to the Department's retained medical expert, Dr. Martha Rolli, a Board certified psychiatrist who is currently serving as the Medical Director of the Mendota Mental Health Institute. A true and correct copy of Dr. Rolli's CV is attached as Exhibit E.

18. Dr. Rolli was asked to review Respondent's records and render expert opinions about Respondent's past and present mental health, her future prognosis, and how her mental health has, and may, affect her ability to safely practice medicine and surgery.

19. Dr. Rolli and I subsequently conferred by telephone to discuss Respondent's records. Dr. Rolli indicated that the records present a number of concerns, but that she needs to examine Respondent prior to forming expert opinions.

20. Specifically, Dr. Rolli proposes to examine Respondent at the Department's offices in Madison over the course of 2-3 hours, for the purposes of determining, among other things: (1) if Respondent is suffering from an active psychiatric problem; (2) the history presented in Respondent's records and take any additional history not found therein; (3) to conduct psychiatric screening tests; and (4) to discuss the issues identified by the DEA.

21. On July 15, 2014, I sent a letter to Respondent updating her on the status of this investigation and explaining that Dr. Rolli wants to examine her. I asked that Respondent agree to undergo the psychiatric examination, and explained that Wis. Stat. § 448.02(3)(b) grants the Board the authority to order the exam when it may be useful to this investigation.

22. On August 25, 2014, my letter was returned marked: Return To Sender, Not Deliverable As Addressed, and Unable To Forward. The address on the letter is the same one to which prior Departmental correspondence was sent, receipt of which was confirmed by Respondent. It is the same address noted in paragraph 4, above, and is found in the Departmental database, which licensees are required to keep current.

23. I subsequently attempted to call Respondent at the phone number at which I had reached her on numerous prior occasions, but immediately received an automated message that the number "is not working" with no alternate number provided.

24. Respondent has not given the Department any other means of contacting her. I have not yet found other contact information for Respondent, but Department investigative staff continues to search.

25. The Board has jurisdiction over this matter pursuant to Wis. Stat. § 448.02(3).

26. The Board has authority, pursuant to Wis. Stat. § 448.02(3)(b), to require Respondent to undergo one or more mental examination(s) if the Board believes that the results of any such examination may be useful to the Board in conducting its hearing.

WHEREFORE, your petitioner hereby requests that the Wisconsin Medical Examining Board order the following:

1. Within 60 days of the date of the Order, Respondent shall schedule a mental examination by Dr. Martha Rolli, and will undergo the examination as soon as possible, but not more than 30 days thereafter.

a. Respondent shall execute necessary documents authorizing the Department to obtain records of the examination, and to discuss Respondent and her case with Dr. Rolli.

b. Respondent shall provide the Department with authorizations allowing the Department and Dr. Rolli to communicate with all physicians, mental health professionals, and facilities at which Respondent has been treated or evaluated.

STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY :
PROCEEDINGS AGAINST :
: DLSC Case No. 14 MED 033
LINDA R. ROGOW, M.D., :
RESPONDENT. : **0003411**

ORDER FOR MENTAL EXAMINATION OF RESPONDENT

Linda R. Rogow, M.D.
2455 West Silver Spring Drive, #304
Glendale, WI 53209

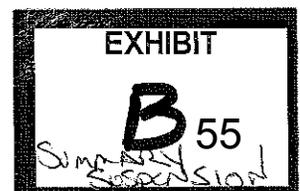
Attorney Joost Kap
Division of Legal Services and Compliance
Department of Safety and Professional Services
PO Box 7190
Madison, WI 53707-7190

PROCEDURAL HISTORY

Investigation 14 MED 033 was opened on February 12, 2014, after the Department of Safety and Professional Services, Division of Legal Services and Compliance (Department) received information from the United States Drug Enforcement Administration (DEA) regarding its ongoing investigation of Respondent's medical practice, in particular her prescribing of controlled substances.

FINDINGS OF FACT

1. Department records show that Respondent Linda R. Rogow, M.D., (dob November 18, 1949) is licensed in the state of Wisconsin to practice medicine and surgery, having license number 37150-20, first issued on September 29, 1995, with registration current through October 31, 2015.
2. Respondent's most recent address on file with the Department is 2455 West Silver Spring Drive #304, Glendale, Wisconsin 53209.
3. Investigation 14 MED 033 was opened on February 12, 2014, after the Department received information from the United States Drug Enforcement Administration (DEA) regarding its ongoing investigation of Respondent's medical practice, in particular her prescribing of controlled substances.



4. On March 17, 2014, the Department was provided with DEA investigative reports which, along with conversations between Department Prosecuting Attorney Joost Kap and DEA investigators, gave rise to concerns about Respondent's prescribing practices and her past and present mental health.

5. The Department subsequently requested that Respondent authorize the disclosure of her medical records and Respondent agreed by signing a release, which the Department used to gather Respondent's medical records, including mental health care.

6. Respondent's records reflect an extensive past psychiatric history with multiple diagnoses, some dating back as far as 1982. The records reflect that on various occasions within the last two years, Respondent has presented for medical care for symptoms associated with her various diagnoses.

7. The records also reflect that in October 2013, Respondent terminated an in-patient psychiatric stay against medical advice. The discharge summary indicates that Respondent displayed concerning behaviors and required ongoing care.

8. The records reflect that as of January 2014, Respondent discussed one of her mental diagnoses with her family practice physician, and it was described as being untreated as of that time. As of February 2014, Respondent's records note that her condition may be worsening, yet nothing indicates that she has received psychiatric care or medication since the October 2013 discharge.

9. Respondent's medical records were provided to the Department's retained medical expert, Dr. Martha Rolli, a board certified psychiatrist who is currently serving as the Medical Director of the Mendota Mental Health Institute. Dr. Rolli was asked to render expert opinions about Respondent's past and present mental health, her future prognosis, and how Respondent's mental health has, and may, affect her ability to safely practice medicine and surgery.

10. After reviewing Respondent's records, Dr. Rolli indicated that they present a number of concerns, but that she wants to examine Respondent before reaching any final conclusions about Respondent's past and present mental health, her future prognosis, and how Respondent's mental health has, and may, affect her ability to safely practice medicine and surgery.

CONCLUSIONS OF LAW

1. The Wisconsin Medical Examining Board (Board) has jurisdiction over this matter pursuant to Wis. Stat. § 448.02(3).

2. The Board has authority, pursuant to Wis. Stat. § 448.02(3)(a), to require Respondent to undergo one or more mental examinations if the Board believes that the results of any such examinations may be useful to the Board in conducting its investigation.

3. The Board concludes that the results of a mental examination to determine Respondent's mental health status will be useful to the Board in its investigation of the

allegations pending against Respondent, her ability to safely practice medicine, and to identify any possible rehabilitative needs.

ORDER

NOW THEREFORE IT IS HEREBY ORDERED:

1. Within 60 days of the date of the Order, Respondent Linda R. Rogow, M.D., shall provide the Department Monitor with proof that she has scheduled a comprehensive neuropsychological examination and a comprehensive psychiatric examination by a professional preapproved by the Board or its designee, and will undergo the evaluations as soon as possible, but not more than 30 days thereafter. Respondent shall, within 10 days of scheduling the examinations, inform the Department Monitor of the facility, contact information and dates during which the examinations will occur.

- a. The neuropsychological examination shall be performed by a doctorate-level, fully credentialed psychologist, and the psychiatric examination shall be performed by a doctorate-level, fully credentialed psychiatrist, whose licenses to practice remain in good standing, and who have no personal or business association with Respondent or her family members (the "examiner").
- b. Respondent shall execute necessary documents authorizing the Division to obtain records of the examinations, and to discuss Respondent and her case with the examiners. Respondent shall execute all releases necessary to permit disclosure of the final examination reports to the Board or its designee. Certified copies of the final examination reports shall be admissible in any future proceeding before the Medical Examining Board.
- c. Respondent shall identify and provide the examiners with authorizations to communicate with all physicians, mental health professionals, and facilities at which Respondent has been treated or evaluated.
- d. Respondent shall provide the examiners with a copy of the Order in this matter and of this Petition, including all exhibits.
- e. The parties may provide whatever documentation believed helpful to the examiners. The parties shall contemporaneously copy the opposing party on all communication by or on their behalf with the examiners.
- f. The examiners shall provide a written report of the evaluation within 15 days of completing it.
- g. Respondent shall comply with any and all reasonable requests by the examiner(s) for purposes of scheduling and completing the examinations, including additional testing the examiner(s) deems helpful. Any lack of reasonable and timely cooperation, as determined by the examiner(s), may constitute a violation of an order of the Medical Examining Board.

h. Respondent is responsible for timely payment of the costs of the examinations.
Payment shall be made directly to the examiners.

2. Violation of any of the terms of the Order may be construed as conduct imperiling public health, safety and welfare and may result in a summary suspension of Respondent's license to practice medicine and surgery in the state of Wisconsin.

WISCONSIN MEDICAL EXAMINING BOARD

By: *Kenneth B. Smith, MD*
A Member of the Board

September 10, 2014
Date

STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY :
PROCEEDINGS AGAINST :
 : DLSC Case No. 14 MED 033
LINDA R. ROGOW, M.D., :
RESPONDENT. :

AFFIDAVIT OF MICHELLE SCHRAM

STATE OF WISCONSIN)
) ss
COUNTY OF DANE)

Michelle Schram, being duly under oath, deposes and states as follows:

1. I am a Department Monitor for the Wisconsin Department of Safety and Professional Services, Division of Legal Services and Compliance. My business address is 1400 East Washington Avenue, Madison, Wisconsin 53703, and my business mailing address is Post Office Box 7190, Madison, Wisconsin 53707-7190.

2. I make this affidavit in support of the Department's Petition for Summary Suspension, and based on my personal knowledge of the things set forth herein.

3. As Department Monitor, I monitor licensee compliance with existing board orders, including orders of the Medical Examining Board (Board). Board orders commonly require that licensees submit to me requests for pre-approval of evaluators, results of evaluations and proof of compliance with other terms of board orders.

4. On September 18, 2014, the Board entered an Order for Mental Examination of Respondent in this matter, which I have reviewed and is attached as to the accompanying Petition for Summary Suspension as Exhibit B (September Order).

5. The September Order directs Respondent to communicate with me, in the course of my professional duties as Department Monitor, as follows:

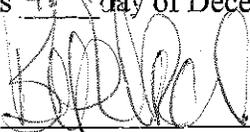
Within 60 days of the date of the Order, Respondent Linda R. Rogow, M.D., shall provide the Department Monitor with proof that she has scheduled a comprehensive neuropsychological examination and a comprehensive psychiatric examination by a professional preapproved by the Board or its designee, and will undergo the evaluations as soon as possible, but not more than 30 days thereafter. Respondent shall, within 10 days of scheduling the examinations, inform the Department Monitor of the facility, contact information and dates during which the examinations will occur.

6. As of the date of this affidavit, Respondent has not contacted me. Therefore, she has not provided me with proof that she has scheduled a comprehensive neuropsychological examination and a comprehensive psychiatric examination by a professional preapproved by the Board or its designee, and she has not provided me with information regarding the facility, contact information and dates during which the examinations will occur.



Michelle Schram
Department Monitor

Subscribed and sworn to before me
this 4th day of December, 2014.



Notary Public
My Commission expires 3-27-2016.

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Beth Cramton on behalf of Attorney Joost Kap Division of Legal Services and Compliance		2) Date When Request Submitted: December 4, 2014 Items will be considered late if submitted after 4:30 p.m. and less than: ▪ 8 work days before the meeting for Medical Board ▪ 8 work days before the meeting for all others	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: December 17, 2014	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Presentation of Petition for Designation of Hearing Official in Case Number 14 MED 033, Linda R. Rogow, M.D.	
7) Place Item in: <input type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input checked="" type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input checked="" type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required: Sridhar Vasudevan, M.D.	
10) Describe the issue and action that should be addressed: If the Board accepts the Petition for Summary Suspension for Respondent, then the Board, or its appointed delegates, must designate a member of the Board or an employee of the Department to preside over a hearing to show cause and issue the Order for Designation of Hearing Official.			
11)	Authorization 		Date 12-4-14
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.			

STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY :
PROCEEDINGS AGAINST :
 : DLSC Case No. 14 MED 033
LINDA R. ROGOW, M.D., :
RESPONDENT. :

PETITION FOR DESIGNATION OF HEARING OFFICIAL

Joost Kap, the attorney assigned to this matter, on behalf of the Department of Safety and Professional Services, Division of Legal Services and Compliance (Department), requests the Wisconsin Medical Examining Board designate under Wis. Stat. § 227.46(1), a member of the Board, an employee of the Department or an administrative law judge employed by the Department of Administration to preside over a hearing to show cause provided for in Wis. Admin. Code § SPS 6.09. This request is made pursuant to Wis. Admin. Code §§ SPS 6.09 and 6.11(1)(a) and (c) and is based on the following:

1. The Petition for Summary Suspension, with accompanying attachments, in this matter was filed with the Medical Examining Board on December 4, 2014.

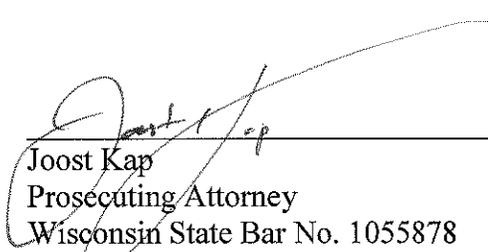
2. On December 4, 2014, Respondent was provided notice of the time and place of the presentation of the Petition for Summary Suspension by certified mail with a return receipt requested in an envelope properly stamped and addressed to Respondent at her address of record at 2455 W. Silver Spring Drive #304, Glendale, Wisconsin 53209, and by regular mail in an envelope properly stamped and addressed to Respondent at her address of record at 2455 W. Silver Spring Drive #304, Glendale, Wisconsin 53209.

3. The Petition for Summary Suspension will be presented to the Medical Examining Board on December 17, 2014, at which time Respondent and the prosecuting attorney may be present and will have the opportunity to be heard during the determination of probable cause by the Medical Examining Board.

4. On December 17, 2014, the Order of Summary Suspension may be issued by the Medical Examining Board.

5. Pursuant to Wis. Stat. § 448.02(4)(b), Respondent is entitled to a hearing to show cause why an Order of Summary Suspension should not be continued.

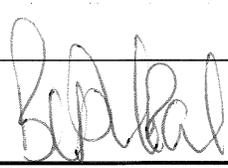
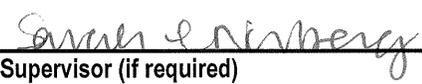
Dated in Madison, Wisconsin, this 4th day of December 2014.



Joost Kap
Prosecuting Attorney
Wisconsin State Bar No. 1055878
Department of Safety and Professional Services
Division of Legal Services and Compliance
P.O. Box 7190
Madison, WI 53707-7190
Tel. (608) 261-4464

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Beth Cramton on behalf of Attorney Joost Kap Division of Legal Services and Compliance		2) Date When Request Submitted: December 11, 2014 Items will be considered late if submitted after 4:30 p.m. and less than: ▪ 8 work days before the meeting for Medical Board ▪ 8 work days before the meeting for all others	
3) Name of Board, Committee, Council, Sections: Medial Examining Board			
4) Meeting Date: December 17, 2014	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Presentation of Petition for Summary Suspension in Case Number 14 MED 581, Nanette Liegeois, M.D.	
7) Place Item in: <input type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input checked="" type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input checked="" type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required: Timothy Westlake, M.D.	
10) Describe the issue and action that should be addressed: The Board must decide whether to grant the Petition for Summary Suspension. Respondent has the right to appear during open session presentation to be heard [Wis. Stat. § 448.02(4)]. The Board must decide whether there is probable cause to believe that: 1. Respondent has violated the Board's statutes and rules; 2. It is necessary to suspend Respondent's license immediately to protect the public health safety or welfare.			
11)		Authorization	12-11-14
Signature of person making this request		Date	
		12-11-14	
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
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY :
PROCEEDINGS AGAINST :
: DLSC Case No. 14 MED 581
NANETTE J. LIEGEOIS, M.D., :
RESPONDENT. :

PETITION FOR SUMMARY SUSPENSION
[Wis. Stat. § 448.02(4) and Wis. Admin. Code ch. SPS 6]

Joost Kap, being duly sworn on oath, upon information and belief, deposes and states, as follows:

1. I am an attorney employed by the Wisconsin Department of Safety and Professional Services, Division of Legal Services and Compliance, and in the course of my job duties have been assigned to the investigation and prosecution of case number 14 MED 581 against Respondent Nanette J. Liegeois, M.D., for the Wisconsin Medical Examining Board.

2. My business address is 1400 East Washington Avenue, Madison, Wisconsin 53703, and my business mailing address is Post Office Box 7190, Madison, Wisconsin 53707-7190.

3. Respondent Nanette J. Liegeois, M.D., (dob April 29, 1967), is licensed in the State of Wisconsin to practice medicine and surgery, having license number 60872-20, first issued on June 3, 2013, with registration current through October 31, 2015. Respondent's most recent address on file with the Wisconsin Department of Safety and Professional Services (Department) is 120 Oakbrook Center, Suite 220, Oak Brook, Illinois 60523.

4. Respondent is also currently licensed to practice medicine in Illinois (granted 2011; current through July 31, 2017) and has previously been licensed to practice medicine in Maryland (granted 2003; expired 2012) and Massachusetts (granted 2001; expired 2006).

5. On December 9, 2014, the Division of Legal Services and Compliance received a complaint from Jeffrey M. Hall, M.D., Chief Medical Officer at the St. Croix Regional Medical Center in St. Croix Falls, Wisconsin (St. Croix). A copy of the complaint is Exhibit A to the attached Affidavit of Jeffrey M. Hall, M.D.

6. The complaint was submitted pursuant to Wis. Stat. § 448.115, which imposes a duty to report on a physician who has reason to believe any of the following about another physician: the physician's conduct constitutes a pattern of unprofessional conduct or creates immediate or continuing danger to one or more patients or the public; the physician is or may be

medically incompetent; or the physician is or may be mentally or physically unable to safely engage in the practice of medicine or surgery.

7. The complaint pertains to Respondent Nanette J. Liegeois, M.D., a dermatologist who was hired by St. Croix and started seeing patients there on October 13, 2014. (Dr. Hall Aff., Exh. A.)

8. Within 3 weeks of her start date, Dr. Hall began receiving complaints about Respondent's patient care and interactions with St. Croix staff. *Id.*

9. The complaints are summarized below and led St. Croix to order that Respondent undergo a fitness for duty evaluation, which was performed by a psychologist, Dr. John H. Hung, Ph.D.¹ *Id.*

10. Dr. Hung prepared a report, which concludes with his professional opinion that:

[Respondent] is presently impaired in her psychological ability to perform her clinical duties and interact with co-workers in a consistently effective manner. I do not see this as an issue that can be adequately remedied through job modifications or accommodations. In my opinion, [Respondent] is psychologically not fit for duty as a physician specialist at this time, and it is appropriate for her to remain off work from [St. Croix].

Id. at 1.²

11. The complaints which led St. Croix to require Dr. Hung's evaluation of Respondent are as follows.

- a. Patient A is a St. Croix staff nurse who saw Respondent for acne that was not responding to topical medication. *Id.* at 3. After examining Patient A, Respondent stated that her acne was caused either by a benign hormone-producing tumor, or that Patient A had been pregnant without knowing it and the undetected child had calcified inside of her and was causing the acne. When the patient requested a different treatment option, Respondent told her it was not a good time to start a new medication because of the approaching holidays. *Id.*
- b. Patient B presented to Respondent with recurrent hives that responded to prednisone, but returned and worsened as he tapered off the steroids. Respondent suspected Lymphoma and ordered Patient B to undergo a full body CT scan. Respondent did not document her medical reasoning as to how Patient B's presentation supported her diagnosis or the testing she ordered. *Id.*

¹ Dr. Hung is licensed to practice psychology in Minnesota, first licensed in 1981 and current through December 31, 2015. He has never been the subject of any license limitation or other discipline by the Minnesota Board of Psychology.

² The citation pagination corresponds with the exhibit page number, not the fax numbering found in the upper right corners of the complaint.

- c. Patient C presented to Respondent with itching scalp and mentioned his belief that it may be related to a recent switch to well water. This information prompted Respondent to order a full lab panel for heavy metal poisoning, and she subsequently contacted the Burnett County Public Health Department with her concerns.³ *Id.*

12. During a November 6 meeting, Respondent conveyed her concerns about the clinical competence of St. Croix staff and without prior St. Croix approval, she brought in pig's feet from a local butcher to better train staff members. *Id.* at 4.

13. Respondent refused to use St. Croix's standard informed consent form because it references the possibility of death. *Id.* Instead, Respondent obtained verbal consent for care without documenting the discussion or whether consent was given. *Id.* at 5.

14. Finally, Respondent informed Dr. Hall that she has contacts within the federal Department of Justice who promised significant financial reward for her work as a whistleblower on Medicare fraud. *Id.* Respondent believes that federal agents are closely monitoring St. Croix (the medical center and community as a whole) and that they have identified an unnamed "bad apple," but will otherwise keep St. Croix Falls free from harm. *Id.* Respondent then told Dr. Hall that "they" have hacked into her cell phone and email account because of her work as a whistleblower. *Id.*

15. On November 7, 2014, Respondent met with Dr. Hall and St. Croix's Vice President of Clinic and Ancillary Services, who raised the above-described complaints with Respondent and stated St. Croix's position that her conduct was not consistent with St. Croix's values. *Id.* Respondent denied the allegations and/or justified her actions, she disagreed with St. Croix's position, and she reiterated her belief that heavy metal poisoning was an ongoing public health disaster about which she had contacted Governor Walker. *Id.* at 6-7.

16. At the conclusion of the November 7 meeting, St. Croix suspended Respondent's employment, effective immediately, and Respondent declined further meetings with St. Croix representatives. *Id.*

17. It is unknown whether Respondent is currently practicing medicine in Wisconsin. A December 10, 2014 Google search yields older links, and an undated link to a very sparse provider listing (no photo, CV, or professional interests or publications) in the Wheaton Franciscan system, specifically a dermatology clinic located in Pleasant Prairie, Wisconsin. A review of that clinic's website revealed no mention of Respondent's employment there.

18. Exhibit A to the Affidavit of Jeffrey M. Hall, M.D, establishes that the Board cannot be assured of Respondent's ability or willingness to safely and reliably practice and conform to the Board's rules and other requirements of the profession.

³ Respondent perceives a statewide public health "disaster" relating to well water. *Id.*

19. Based on Exhibit A to the Affidavit of Jeffrey M. Hall, M.D., Respondent Nanette Liegeois, M.D., has committed unprofessional conduct under Wis. Admin. Code §§ Med 10.03(2)(a), (b) and (j), and is subject to discipline pursuant to Wis. Stat. § 448.02(3).

20. Based on Exhibit A to the Affidavit of Jeffrey M. Hall, M.D., there is probable cause to believe that it is necessary to suspend Respondent's license immediately to protect the public health, safety or welfare.

WHEREFORE, the Division of Legal Services and Compliance hereby requests that the Wisconsin Medical Examining Board:

1. Find that notice has been given to Respondent Nanette J. Liegeois, M.D., under Wis. Admin. Code § SPS 6.05.

2. Find probable cause to believe that Respondent Nanette J. Liegeois, M.D., has engaged in or is likely to engage in conduct such that the public health, safety or welfare imperatively requires emergency suspension of Respondent's license and registration to practice medicine and surgery.

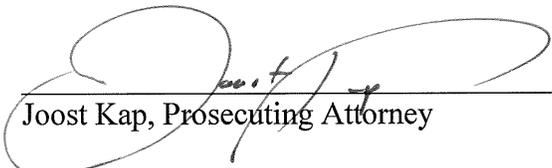
3. Issue an order summarily suspending the license and registration of Respondent Nanette J. Liegeois, M.D., to practice medicine and surgery in the State of Wisconsin and order that such suspension continue until the effective date of a final decision and order issued in the disciplinary proceeding against Respondent, unless otherwise ordered by the Board.

STATE OF WISCONSIN)

) ss

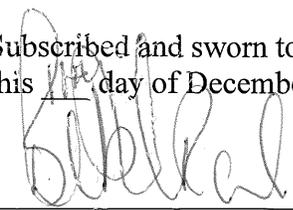
COUNTY OF DANE)

Joost Kap, being first duly sworn on oath, deposes and says that he is an attorney for the State of Wisconsin, Department of Safety and Professional Services, Division of Legal Services and Compliance, and that he has read the foregoing petition and knows the contents thereof and that the same is true to he own knowledge, except as to those matters therein stated on information and belief, and as to such matters, he believes them to be true.



Joost Kap, Prosecuting Attorney

Subscribed and sworn to before me
this 17 day of December, 2014.



Notary Public
My Commission expires on March 27, 2016.

STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY :
PROCEEDINGS AGAINST :
: DLSC CASE 14 MED 581
NANETTE J. LIEGEOIS, M.D., :
RESPONDENT. :

AFFIDAVIT OF JEFFREY M. HALL, M.D.

STATE OF WISCONSIN)
) ss
COUNTY OF POLK)

Jeffrey M. Hall, M.D., being duly under oath, deposes and states as follows:

1. I am a physician licensed to practice medicine and surgery in the State of Wisconsin. I am currently the Chief Medical Officer of the St. Croix Regional Medical Center in St. Croix Falls, Wisconsin. I make this affidavit based on my personal knowledge.

2. On December 9, 2014, I submitted a complaint to the Wisconsin Medical Examining Board pertaining to Nanette Liegeois, M.D. A true and correct copy of that complaint is attached hereto as Exhibit A.

3. The complaint consists of my December 9 letter to the Board, my November 6 memo, and my November 7 memo. I authored and signed all three documents which collectively make up Exhibit A.

4. I have reviewed the report of John H. Hung, Ph.D. which is cited on the first page of the complaint. The excerpted language appears verbatim in Dr. Hung's report and accurately reflects his findings and conclusions regarding the evaluation of Dr. Liegeois that he performed at the request of the St. Croix Regional Medical Center.

5. The complaint is based on my personal knowledge of the things set forth therein, including my investigation of the complaints regarding Dr. Liegeois, my discussions with Dr. Liegeois and others about those complaints, my communication with other referenced individuals, and my review of Dr. Hung's report. Based thereon, and to the best of my knowledge, the complaint is true and correct.

Jeffrey M. Hall, M.D., Complainant
Chief Medical Officer
St. Croix Regional Medical Center
235 State Street
St. Croix Falls, WI 54009

Subscribed and sworn to before me
this _____ day of December 2014.

Notary Public
Dane County, Wisconsin
My Commission is permanent.

Jeff Hall, MD
CMO, SCRMC
235 State Street
St. Croix Falls, WI 54009
715-483-3261
December 9, 2014

Wisconsin Medical Examining Board
1400 E. Washington Avenue
Madison, WI 53703
Fax: 608-266-2264

To Whom It May Concern:

I am reporting Nanette Liegeois, MD because I am concerned about patient safety. She was hired by St. Croix Regional Medical Center as a Dermatologist and started patient care on October 13, 2014. Into her 3rd week of employment I started getting complaints and concerns from staff and some patient complaints which escalated into the week of November 7th. This is documented in the accompanying narrative. Because of the patient care concerns and her judgment regarding patient care she was removed from patient care and asked to undergo a fitness for duty evaluation. This was performed by an independent and non partial party, Dr. John H. Hung, Ph.D and reported on December 4, 2014. His findings were as follows:

“Taking all of the above into consideration, in my opinion Dr. Liegeois is presently impaired in her psychological ability to perform her clinical duties and interact with co-workers in a consistently effective manner. I do not see this as an issue that can be adequately remedied through job modifications or accommodations. In my opinion, Dr. Liegeois is psychologically not fit for duty as a physician specialist at this time, and it is appropriate for her to remain off work from SCRMC. I would strongly encourage her to seek psychiatric and psychological consultation so that her psychiatric status can be further assessed and an appropriate plan be developed to address the aforementioned psychological issues. I would not recommend a reassessment of her psychological fitness-for-duty until her mental health care provider(s) indicate that there has been sufficient improvement in her psychiatric status. At this time it is premature to speculate on the timing of the latter, since that obviously depends on her response to mental health intervention.”

EXHIBIT

A71

Wisconsin Medical Examining Board
December 9, 2014
Page 2

Because of our above findings and fitness-for-duty evaluation I am concerned about her ability to practice medicine in any setting. I am submitting this report to the board on behalf of St. Croix Regional Medical Center. Please do not hesitate to contact us for any more information or clarification we may provide.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeff Hall", with a stylized flourish at the end.

Jeff Hall, MD
CMO, SCRMC

November 6, 2014

I was notified today of some issues regarding our newly hired Dermatologist Dr. Liegeois:

I was approached by our nursing staff about some patient care issues. One of the nursing staff had seen Dr. Liegeois the day before and relayed her concerns to me. She had been seen her for acne and looking for a different treatment option as the topical treatment she was using had not been working well. After consultation, Dr. Liegeois told her that her acne was either from a benign hormone-producing tumor or she had once been pregnant and not known it and the baby was now calcified inside her causing the acne. This nurse also asked for a different treatment option and was told that it was not a good time of year to be starting a new medication because of the Holidays approaching.

Another patient they were concerned about was being seen for recurrent hives that was responsive to prednisone but got worse as he tapered off the steroids. They were concerned because of the full body CT scan that was ordered and completed looking for Lymphoma. This testing was confirmed by review of the medical record but no documentation as to why this test was needed or required. My concerns with this case are that while lymphoma is in the differential for this condition it is way down the line in probabilities and in my opinion not warranted.

Another patient was seen for an itching scalp and the patient thought that a recent move and switch to well water was a contributing factor. After that Dr. Liegeois initiated a heavy metal workup consistent with diagnostic lab testing for heavy metal poisoning. She contacted the Burnett County Public Health Department with her concerns of this patient having heavy metal poisoning. We have very safe well water in our communities and I do not think a similar practitioner would have ever come to these same conclusions.

Because of these above concerns I next completed a chart review to investigate Dr. Liegeois's practice over her first two weeks at our facility. From a non-dermatologist perspective I thought her patient care was in line with what I would expect from a dermatologist over the first 7 days of practice. On day 8 the cases above were identified and in my opinion the most extreme diagnoses were considered. These patients underwent unnecessary testing including CT scans. I also believe the public health threat from well water was exaggerated and escalated without merit. I think the explanation given about the cause of acne was not plausible.

Because of the above continued concerns I spent an hour and a half talking with Dr. Liegeois about her practice as well as getting set up to do Mohs surgery. I did not discuss the above cases with her at that time. Throughout our conversation she was difficult to focus on one topic. She quickly jumped from topic to topic and I had to pin her down on the details. At least 5 times she pulled me into a room because she

was concerned about the nursing staff overhearing our conversation. The following are topics we discussed. We were jumping around from topic to topic so I have summarized to my best recollection.

"They have the power to order tests and I do not. (nursing staff) That is not right. They are ordering whatever they want and canceling my orders. I am having to keep double checking the orders to make sure they are not changing them." "I have not been given access to place orders."

"The nurses down here keep refusing to do what I am asking of them and they say that Kelly told them not to listen to me. Every good dermatologist knows that the best dermatology equipment comes from Pakistan. She said I could only have the German ones. I do not think a nurse should have the authority to make those decisions over a doctor."

"She (Kelly) told me we were ready to go (with Mohs). We are not ready to go. I only have 2 of the forceps I need. She told me I could not use my map. (Mohs paper map) I need to have my map or there is this great computer program for mapping but I was told I cannot use a tablet or that program." I asked her where the map was located and she explained what it was as I was not familiar with this. I told her that I think it would be fine to use her mapping paper system for her Mohs procedures. I wanted her to show it to me and after unlocking her files she thought she left it at home. "Kelly said I couldn't use it."

"Do they know that they are committing a federal offense by obstructing a doctors ability to take care of their patients." (Another comment about the nursing staff in general.)

"I have concerns about the nursing techs for the Mohs. I brought it pig's feet from the butcher and was told I could not use them. I realize I should have cleared it with infection control. I had a similar thing happen at a previous facility and they were not happy I brought in the pigs feet. We need to do a dry run (for Mohs). I have never had to do a dry run of a dry run before. I need the techs to practice so that they can do it correctly. They do not know how to hand me instruments correctly. Also we need to be doing 8 cases a day. I think we need to do more but Mary (Erickson) settled on 8. I figure we will do some dry runs. We can start with 2 cases a day (actual patients) and then the techs can practice for 6 more so they know what it is like to do 8. I had this set up in materials management but Carol (Larson) put a stop to it. Tim in materials management just laughed at me and talked down to me. By the way, I was never told there was a materials management department. I think that is rude to not let me know."

I tried to get an organized list of things she would need to get Mohs running. When trying to focus her on this process she went out to the nursing staff and asked where's the gauze. The nursing staff opened the cabinet and showed her where there were 4X4s and she said. "There needs to be more of these. I have told you over and over that we need more." (there is no more space where they are stocked)

She is refusing to use our facilities standard consent for procedures and refuses to have patients sign it because it says that they could die. Instead she has been verbally getting consent without documentation. I told her we couldn't change our standard consent that has been vetted by our legal counsel for one provider. She still refuses to use our consent because it is not correct or applicable to her practice. I told her she could always add the specific risks of Mohs to the form or add an additional form if she wishes. "This is what I think. You point out a problem you become the problem. I know legal consent and your facility is doing it wrong."

One conversation I had with her when she pulled me into a room for privacy. "Do you want to know the good news or the really good news? Come in here (to the patient room). This is all strictly confidential. I have been in touch with my contact with the DOJ. They are going to pay. They will now pay the whistleblower (for Medicare Fraud). My source said that it would be such a large sum of money that when I open the envelope I will fall over. Do you want to know the good good news? They told me that nothing bad will ever happen in St. Croix Falls. They are watching this place like a hawk. There is a bad apple among you." I asked who and she said she couldn't tell me but they were being watched and not to worry.

Another comment. "I am smart, I know dermatology. I am probably not as great as...(named 3 prominent dermatologists from the East Coast) but I am up there."

Another day she was discussing that because of her whistleblower Medicare Fraud case "they" had hacked into and taken over her email account and also her cell phone. She had to get both new. "They were tampering with her Medicare files and telling the feds that I was doing heart transplants in St Croix Falls."

A handwritten signature in black ink, appearing to be "J. Allen" or similar, written in a cursive style.

November 7, 2014

8:30am

Meeting with Dr. Liegeois, Wendy Young, Vice President of Clinic and Ancillary Services and Dr. Jeff Hall, CMO SCRMC

We called Dr. Liegeois into the clinic conference room.

I started by saying that Dr. Liegeois has been working here for about 2 weeks. She interrupted saying she had been setting up her practice for months. I clarified that she has been seeing patients for about 2 weeks. I stated, during that time you have had some patient complaints. "I'm sure. We can't get patients through and we are inefficient." Said Dr. Liegeois. Next I said there have also been some patient care concerns.

Without mentioning what those concerns were related to she voluntarily brought the case of the well water heavy metal poisoning and how she had contacted public health in Burnett County. She stated that she was sure that her patient had heavy metal poisoning. She says she was told there was no budget to test these wells for these toxins. She also shared that today there is a letter on Governor Walker's desk explaining the public health disaster that is being created by people who use well water and nothing is being done about it. "This is a state issue, no federal with dire consequences. My patient in the next few days will probably be in the ER with a GI bleed (because of the heavy metal poisoning). I know dermatology and I know she has heavy metal poisoning. I looked it up on Wikipedia last night and I have researched a few of these but I do not know all of them. I tried to order these tests but I got stonewalled by the lab. Do you know that the lab chloride is actually a test for bleach? They just changed the name. Instead of sodium chloride which is salt water it is sodium hypochlorite. I am told we do not have finances to run these tests so they were canceled."

I went on to explain that we have certain core values at our institution and they include trust and respect. I told her that she does not have any trust or respect for the nursing staff, she has no trust and respect for the lab, she has no trust and respect for the IT department, she has no trust or respect for the infection control nurse and she has no trust and respect for administration. She between all of these said, "That's not true."

I went on to explain that I do not think we can ever meet her needs as a provider and that I know that she will never meet our needs or expectations as an institution.

I then told her she was being suspended immediately and she is to not engage in any patient care.

She said she has an obligation to follow through with the well water. "I have discovered this and I have an obligation to see this through. You are making a big mistake. I will do whatever is necessary to protect my patients. Do you know it is a

federal offense to obstruct a doctor from doing their job? The DOJ is watching this place." I said, we have nothing to hide. "You are wrong, you have a bad apple here."

I told her it would be best if she would leave the building. She said she would spend tonight learning about all of the other heavy metals because she cannot let this public health nightmare go undiscovered.

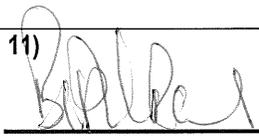
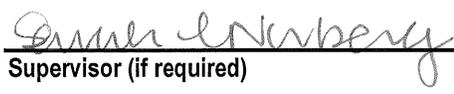
I told her we would like to meet with her Monday to go over how to proceed next and she said that she does not think she will do that.

Respectfully Submitted,
Jeff Hall, MD CMO

A handwritten signature in black ink, appearing to read "Jeff Hall", written in a cursive style.

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Beth Cramton on behalf of Attorney Joost Kap Division of Legal Services and Compliance		2) Date When Request Submitted: December 11, 2014	
		Items will be considered late if submitted after 4:30 p.m. and less than: ▪ 8 work days before the meeting for Medical Board ▪ 8 work days before the meeting for all others	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: December 17, 2014	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Presentation of Petition for Designation of Hearing Official in Case Number 14 MED 581, Nanette Liegeois, M.D.	
7) Place Item in: <input type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input checked="" type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input checked="" type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required: Timothy Westlake, M.D.	
10) Describe the issue and action that should be addressed: If the Board accepts the Petition for Summary Suspension for Respondent, then the Board, or its appointed delegates, must designate a member of the Board or an employee of the Department to preside over a hearing to show cause and issue the Order for Designation of Hearing Official.			
11) Authorization			
		12-11-14	
Signature of person making this request		Date	
		12-11-14	
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
BEFORE THE MEDICAL EXAMINING BOARD

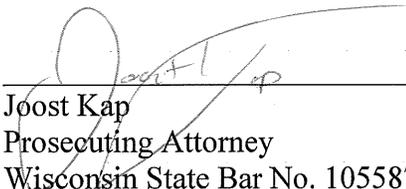
IN THE MATTER OF THE DISCIPLINARY :
PROCEEDINGS AGAINST :
 : DLSC Case No. 14 MED 581
NANETTE J. LIEGEOIS, M.D., :
RESPONDENT. :

PETITION FOR DESIGNATION OF HEARING OFFICIAL

Joost Kap, the attorney assigned to this matter, on behalf of the Department of Safety and Professional Services, Division of Legal Services and Compliance (Department), requests the Wisconsin Medical Examining Board designate under Wis. Stat. § 227.46(1), a member of the Board, an employee of the Department or an administrative law judge employed by the Department of Administration to preside over a hearing to show cause provided for in Wis. Admin. Code § SPS 6.09. This request is made pursuant to Wis. Admin. Code §§ SPS 6.09 and 6.11(1)(a) and (c) and is based on the following:

1. The Petition for Summary Suspension, with accompanying attachments, in this matter was filed with the Medical Examining Board on December 11, 2014.
2. On December 11, 2014, Respondent was provided notice of the time and place of the presentation of the Petition for Summary Suspension by certified mail with a return receipt requested in an envelope properly stamped and addressed to Respondent at her address of record at 120 Oakbrook Center, Suite 220, Oak Brook, Illinois 60523, and by regular mail in an envelope properly stamped and addressed to Respondent at her address of record at 120 Oakbrook Center, Suite 220, Oak Brook, Illinois 60523.
3. The Petition for Summary Suspension will be presented to the Medical Examining Board on December 17, 2014, at which time Respondent and the prosecuting attorney may be present and will have the opportunity to be heard during the determination of probable cause by the Medical Examining Board.
4. On December 17, 2014, the Order of Summary Suspension may be issued by the Medical Examining Board.
5. Pursuant to Wis. Stat. § 448.02(4)(b), Respondent is entitled to a hearing to show cause why an Order of Summary Suspension should not be continued.

Dated in Madison, Wisconsin, this 11th day of December 2014.



Joost Kap
Prosecuting Attorney
Wisconsin State Bar No. 1055878
Department of Safety and Professional Services
Division of Legal Services and Compliance
P.O. Box 7190
Madison, WI 53707-7190
Tel. (608) 261-4464

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Taylor Thompson, Bureau Assistant on behalf of Tom Ryan, Executive Director		2) Date When Request Submitted: 12/8/14 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: 12/17/14	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? FSMB Matters: Final Call for Appointments	
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:			
11) Authorization			
Taylor Thompson		12/8/14	
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.			

DATE: December 8, 2014

TO: Active Fellows of the Federation and
Medical Board Executive Directors/Secretaries

FROM: Humayun J. Chaudhry, DO, MACP
President and Chief Executive Officer

RE: FINAL Call for Committee Appointment Recommendations

Committee Appointments

Following the 2015 Annual Meeting, FSMB's incoming Chair, J. Daniel Gifford, MD, will finalize appointments to the Audit, Bylaws, Editorial, Education, Ethics and Professionalism, and Finance Committees, and potentially to an FSMB Special Committee(s).

Committee responsibilities and time commitments vary, but to complete their charges successfully, all committees require dedicated and knowledgeable members. To begin the appointment process, individuals interested in serving on a committee, or those wishing to recommend an individual, should submit letters of interest/recommendations by **January 6, 2015** via mail, fax or email to:

J. Daniel Gifford, MD, Chair-elect
Federation of State Medical Boards
c/o Pat McCarty, Director of Leadership Services
400 Fuller Wiser Road, Suite 300
Eules, Texas 76039-3855
Fax: (817) 868-4167
Email: pmccarty@fsmb.org

Additionally a copy of the individual's CV (a maximum of five pages) and/or biographical sketch, including state medical board and/or FSMB experience, should be forwarded to the email above.

A confirmation acknowledging receipt of appointment recommendations will be sent within one week. If you do not receive confirmation, please contact Pat McCarty at (817) 868-4067 or by email.

FEDERATION OF STATE MEDICAL BOARDS
Responsibilities of Appointed Positions

Audit Committee

COMMITTEE CHARGE

The primary charge of the Audit Committee, as currently set forth in the FSMB Bylaws, Article VIII, Section B, is to review the audit of the corporation and the accompanying financial statements.

Tasks of the Committee include:

1. Reviewing the auditor's report with particular attention to material deficiencies and recommendations.
2. Reviewing the annual Statement of Financial Position, Statement of Activities and Statement of Cash Flows resulting from the audit process.

TIME COMMITMENT

Members of the Audit Committee serve one-year terms. Due to advances in technology and common practice of audit committees within the U.S., the Audit Committee traditionally meets via teleconference two to four times during the year, with the potential for one face-to-face meeting.

Bylaws Committee

COMMITTEE CHARGE

The charge of the Bylaws Committee, as currently set forth in the FSMB Bylaws, Article VIII, Section C, is to continually assess the Articles of Incorporation and the Bylaws and receive all proposals for amendments thereto. The Committee will, from time to time, make recommendations to the House of Delegates for changes, deletions, modifications and interpretations to the Bylaws.

Tasks of the Committee include:

1. Receiving requests for amendments or revisions from the Board of Directors or from Member Boards. Upon receiving requests, the Committee drafts Bylaws language that is appropriate in style and placement. The Bylaws Committee members may also propose amendments or revisions to the Bylaws, and draft language that is appropriate for inclusion.
2. Advising the House of Delegates with regard to each modification they have drafted, citing in their report to the House their choice to support, oppose or remain neutral regarding the language they have drafted. Members of the Committee may give testimony in support of their position before a Reference Committee.
3. Interpreting the Bylaws upon request of the Board of Directors, Member Boards or others.
4. Reviewing the Bylaws and Articles of Incorporation on a continual basis.

TIME COMMITMENT

Members of the Bylaws Committee serve one-year terms. The Committee will meet once by teleconference or as many times as is needed.

Editorial Committee

COMMITTEE CHARGE

The charge of the Editorial Committee, as currently set forth in the FSMB Bylaws, Article VIII, Section D, is to advise the Editor-in-Chief on editorial policy for the FSMB's official publication (*Journal of Medical Regulation*) and otherwise assist the Editor-in-Chief in the performance of duties as appropriate and necessary.

Tasks of the Committee include:

1. Reviewing all articles submitted for publication in a timely manner.
2. Supplying the names of at least two authors (four is preferred) who are able to write an article(s) for the *Journal*.
3. Writing or working with the *Journal* Editor-in-Chief to create an editorial for the *Journal*.
4. Serve as ongoing ambassadors for the *Journal* during any appropriate business meetings or discussions with colleagues — distributing the PDF Call for Papers in printed or electronic form whenever and wherever appropriate.

TIME COMMITMENT

Members of the Editorial Committee serve three-year terms. The Committee will meet once each year at FSMB headquarters or other location and will also meet via teleconference two to four times each year. The Committee will also be asked to read manuscripts throughout the year.

Education Committee

COMMITTEE CHARGE

The charge of the Education Committee as currently set forth in the FSMB Bylaws, Article VIII, Section E is to assist in the development of educational programs for the FSMB. This includes the Annual Meeting program as well as webinars, teleconferences and other educational offerings.

Tasks of the Committee include:

1. Providing consultation and recommendations in the development and review of the FSMB's annual education agenda.
2. Identifying and prioritizing educational topics in accordance with the mission, vision, core values and goals of the FSMB.
3. Evaluating education trends and opportunities to provide quality educational programming to FSMB membership.

TIME COMMITMENT

Members of the Education Committee serve one-year terms. The Committee will meet several times per year either in person or via teleconference. The frequency of regular meetings will be determined by need, but will occur at least quarterly.

Ethics and Professionalism Committee

COMMITTEE CHARGE

The charge of the Ethics and Professionalism Committee as currently set forth in the FSMB Bylaws, Article VIII, Section F is to address ethical and professional issues pertinent to medical regulation.

Tasks of the Committee include:

1. Addressing ethical and/or professional concerns expressed by state medical boards.
2. Researching data pertinent to the issues and/or obtaining input from experts in the particular subject areas being considered.
3. Developing model policies for use by state medical boards to be submitted for approval by the FSMB House of Delegates.

TIME COMMITMENT

Members of the Ethics and Professionalism Committee serve one-year terms. The Committee will meet several times per year either in person or via teleconference. The frequency of regular meetings will be determined by need.

Finance Committee

COMMITTEE CHARGE

The charge of the Finance Committee as currently set forth in the FSMB Bylaws, Article VIII, Section G is to review the financial condition of the FSMB, review and evaluate the costs of the activities and/or programs to be undertaken in the forthcoming year, and recommend a budget to the Board of Directors for its recommendation to the House of Delegates at the Annual Meeting, and perform such other duties as are assigned to it by the Board of Directors.

Tasks of the Committee include:

1. Assessing prior financial performance in comparison to budget.
2. Reviewing the draft budget for alignment with organizational goals, programs and services.
3. Approving the budget for recommendation to the Board of Directors.

TIME COMMITMENT

Members of the Finance Committee serve one-year terms. The Committee will meet several times per year either in person or via teleconference. The frequency of regular meetings will be determined by need.

Special Committees

Special Committees are appointed by the Chair as necessary and are established for a specific purpose. Special Committees usually meet three times per year, in person and via teleconference, and continue their work for about two years. Special Committees for 2015-2016 are to be determined.



ANNUAL AWARDS
2014-2015

FSMB ANNUAL AWARDS

As the voice of the nation's state medical boards, the Federation of State Medical Boards is committed to recognizing and encouraging distinguished service and leadership among individuals and organizations involved in medical licensure and discipline. Each year, it offers a variety of awards that recognize remarkable achievements and outstanding service to the profession.

FSMB member boards are invited to nominate individuals for the FSMB's awards described below. Nominations must be approved by a nominating board; they cannot be made by individual board members.

To submit nomination letters or for more information, please contact Pat McCarty at pmccarty@fsmb.org or (817) 868-4067. Nominations should be submitted by **Jan. 6, 2015**. The awards will be presented at the FSMB Annual Meeting in Fort Worth, Texas in April 2015.

AWARD OF MERIT

The Award of Merit is presented to an individual(s) in recognition of an activity or contribution that has positively impacted and strengthened the profession of medical licensure and discipline and helped enhance public protection. Any individual, whether a physician, non-physician, fellow or honorary fellow may be nominated. Individuals who are not members of the FSMB also may be considered.

JOHN H. CLARK, MD LEADERSHIP AWARD

The John H. Clark, MD Leadership Award is presented to an individual in recognition of outstanding and exemplary leadership, commitment, and contribution in advancing the public good at the state medical board level. The Leadership Award may be presented to any fellow or honorary fellow of the FSMB whose contributions to his or her board are believed by the Awards Committee to be in keeping with these guidelines. No Chair or former Chair of the FSMB is eligible, and no one who has served as an FSMB officer, member of the Board of Directors, or full-time staff member or employee of the FSMB within the previous two years is eligible. The award honors the memory of John H. Clark, MD, a former Chair of the Utah Physicians Licensing Board, who served as FSMB President in 1982-83 and was known for his leadership and integrity.

DISTINGUISHED SERVICE AWARD

The Distinguished Service Award is presented to an individual in recognition of the highest level of service, commitment, and contribution to the Federation of State Medical Boards; the advancement of the profession of medical licensure and discipline; and the strengthening and enhancement of public protection. Any individual, whether a physician, non-physician, fellow or honorary fellow may be nominated. Individuals who are not members of the FSMB also may be considered. Anyone who has served as an FSMB officer, member of the Board of Directors, or member of the full-time staff within two years of the presentation is ineligible for consideration. This award may be presented posthumously.

LIFETIME ACHIEVEMENT AWARD

The Lifetime Achievement Award, on rare occasions, may be presented to an individual who has demonstrated extraordinary and sustained service and commitment to the field of medical licensure and discipline. Any individual, whether a physician, non-physician, fellow, honorary fellow or individuals not directly associated with FSMB may be considered. This unique award is bestowed infrequently as the Awards Committee may deem appropriate and is not intended to be given on an annual basis.

AWARDS PRESENTATION

Each award will be given to the honoree, or a representative of the honoree, during the FSMB's Annual Meeting. The Chair of the FSMB or his/her representative will present the awards.

ABOUT THE AWARDS COMMITTEE

The members of the Awards Committee include the FSMB Immediate Past Chair as Chair, up to four directors (including officers, directors-at-large and Associate Members), and up to three fellows (non-FSMB directors) at the Chair's discretion. The Awards Committee acts on behalf of the Board of Directors to fully consider the qualifications of each individual nominated or selected for a particular award. The Awards Committee will submit its selections to the Board of Directors prior to the winter board meeting for final consideration.

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Shawn Leatherwood, Admin. Rules Coordinator		2) Date When Request Submitted: December 5, 2014 <small>Items will be considered late if submitted after 12:00 p.m. and less than: ▪ 8 work days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: December 17, 2014	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Legislative and Administrative Rule Matters-Discussion and Consideration <ul style="list-style-type: none"> • Review Emergency Rule for Med 1,3, and 5 Physician licensure 	
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? <input type="checkbox"/> Yes by _____ (name) <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: <p>The Board will discuss 165 Med 1, 3, and 5 relating to physician licensure and approve of the following:</p> <ul style="list-style-type: none"> • Approve of the draft of the Emergency Rule for forwarding to the Governor's Office. • Approve of the Public Hearing Draft of the Proposed Permanent Rule. • Appoint the Board Chair to adopt the final Emergency Rule before forwarding the rule for publication. 			
11) Shawn Leatherwood <hr/> Signature of person making this request	Authorization	December 5, 2014 <hr/> Date	
Supervisor (if required)		Date	
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)			
Date			
Directions for including supporting documents: <ol style="list-style-type: none"> 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 Board Services Bureau 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 BOARD
MEDICAL EXAMINING BOARD	:	ADOPTING EMERGENCY RULES
	:	

The statement of scope for this rule, SS 075-14 was approved by the Governor on July 28, 2014 published in Register No. 704 on August 14, 2014, and approved by Medical Examining Board on August 26, 2014.

This emergency rule was approved by the Governor on (date)

ORDER

An order of the Medical Examining Board to amend Med 3 (title), 3.01, 3.02, 3.04, 3.06, Med 5 (title), 5.01, 5.02, 5.04, and 5.05; to repeal and recreate Med 1.02 (3), 3.05 and 5.06; and to create Med 23 relating to physician licensure.

Analysis prepared by the Department of Safety and Professional Services.

EXEMPTION FROM FINDING OF EMERGENCY

The Legislature by SECTION 39 in 2013 Wisconsin Act 240 provides an exemption from a finding of emergency for the adoption of the rule.

ANALYSIS

Statutes interpreted:

448.04 (1) and 448.05 (2), Stats.

Statutory authority:

Sections 15.08 (5) (b), 227.11 (2) (a), 448.40 (1), Stats., and 2013 Wisconsin Act 240

Explanation of agency authority:

Sections 15.08 (5) (b) and 227.11 (2) (a), Stats., provide general authority from the legislature to the Medical Examining Board (Board) to promulgate rules that will provide guidance within the profession and interpret the statutes it administers. Section 448.40 (1), Stats., allows the Board to draft rules that will carry out the purposes of ch. 448, Stats. With the passage of 2013 Wisconsin Act 240, the legislature granted specific rule-

making authority to the Board to draft rules to address the new physician licensure classifications created by the Act.

Related statute or rule:

Wis. Admin. Code ch. Med 1, 3, and 5

Plain language analysis:

These rules address the changes instituted by the passage of 2013 Wisconsin Act 240 regarding physician licensure. The Act changed the postgraduate training requirement for all applicants seeking physician licensure from 12 months to 24 months. Both U.S. and foreign trained medical school graduates must complete 24 months of postgraduate training or must be currently enrolled and have successfully completed 12 months of a postgraduate training program, and have an unrestricted endorsement from the postgraduate training director that the applicant is expected to complete at least 24 months of postgraduate training.

Act 240, repealed the visiting professor license and created the restricted license to practice medicine and surgery as a visiting physician. The visiting physician license is open to any physician licensed outside of Wisconsin who is invited to serve on the academic staff of a medical school in this state. The visiting physician license holder must restrict their practice to the education facility, research facility or medical college where the license holder is teaching, researching, or practicing medicine and surgery. The license is valid for one year and remains valid as long as the license holder is actively engaged in teaching, researching, or practicing medicine and surgery and is lawfully entitled to work in the U.S.

The temporary educational permit to practice medicine and surgery was also repealed and replaced with the resident educational license to practice medicine and surgery (REL). The REL allows the license holder to pursue their postgraduate training under the direction of a Wisconsin licensed physician. REL holders must restrict their practice to the postgraduate training program in which they are being trained. The REL is valid for one year and may be renewed for additional one year terms as long as the license holder is enrolled in their postgraduate training program.

The Act created the administrative physician license. The administrative physician license allows the license holder to pursue administrative or professional managerial functions but does not allow the license holder to treat patients. The administrative physician license holder must comply with all of the same application requirements as a regular license to practice medicine and surgery.

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

None.

Comparison with rules in adjacent states:

Illinois: Illinois requires 1 year of postgraduate clinical training for both US and Foreign graduates. 225 ILCS 60/11.

Visiting Professor Permit This permit holder maintains a license to practice medicine in his or her native licensing jurisdiction during the period of the visiting professor permit and receives a faculty appointment to teach in a medical, osteopathic or chiropractic school in Illinois. A visiting professor permit is valid for 2 years from the date of its issuance or until the faculty appointment is terminated, whichever occurs first. 225 ILCS 60/18 (A.)

Visiting physician permit This permit is granted to persons who have received an invitation or appointment to study, demonstrate or perform a specific medical, osteopathic, chiropractic or clinical subject or technique in a medical, osteopathic, or chiropractic school, a state or national medical, osteopathic, or chiropractic professional association or society conference or meeting, or a hospital licensed under the Hospital Licensing Act, a hospital organized under the University of Illinois Hospital Act, or a facility operated pursuant to the Ambulatory Surgical Treatment Center Act. The permit is valid for 180 days from the date of issuance or until the completion of the clinical studies or conference has concluded, whichever occurs first. 225 ILCS 60/18 (B)

Visiting resident permit is a credential that is issued to candidates who maintain an equivalent credential in his or her native licensing jurisdiction during the period of the temporary visiting resident permit. The permit holder must be enrolled in a postgraduate clinical training program outside the state of Illinois and must have been invited or appointed for a specific time period to perform a portion of that postgraduate clinical training program under the supervision of an Illinois licensed physician in an Illinois patient care clinic or facility that is affiliated with the out-of-state post graduate training program. 225 ILCS 60/18 (C).

Iowa: Iowa requires one year of residency training in a hospital-affiliated program approved by the board, graduates of international medical schools must complete 24 months of graduate training. 653 IAC 9.3.

Resident physician license allows the resident physician to practice under the supervision of a licensed practitioner in a board-approved resident training program in Iowa. The resident physician licensure is required of any resident physician enrolled in a resident training program and practicing in Iowa and can only remain active as long as the resident physician practices in the program designated in his or her application. If the resident physician leaves that program, the license immediately becomes inactive. 653 IAC 10.03 (1).

Special licensure is granted to physicians who are academic staff members of a college of medicine or osteopathic medicine if that physician does not meet the qualifications for permanent licensure but is held in high esteem for unique contributions that have been

made to medicine. This class of licensure is renewed by the board on a case-by-case basis, and specifically limits the license to practice at the medical college and at any health care facility affiliated with the medical college. 653 IAC 10.4.

The Iowa Board did not have a comparable administrative physician license.

Michigan: Michigan requires graduates of schools located in the U.S. and its territories to complete 2 years of postgraduate clinical training. Mich. Admin. Code R. 338.2317. Foreign medical school graduates are required to complete 2 years of postgraduate clinical training in a program approved by the board, or in a board approved hospital or institution. Mich. Admin. Code R. 338.2316 (4) (a).

Clinical academic limited license is a class of licensure which is granted to candidates who have graduated from medical school and have been appointed to a teaching or research position in an academic institution. Mich. Admin. Code R. 338.2327a. This license holder must practice only for an academic institution and under the supervision of one or more physicians fully licensed in Michigan. This class of license is renewable on an annual basis but not past 5 years. MCLS §333.17030.

Educational limited license This class of licensure authorizes the license holder to engage in the practice of medicine as part of a postgraduate educational training program. This license is granted to applicants who have graduated or who expect to graduate within the following 3 months from a medical school approved by the board and that the applicant has been admitted to a training program approved by the board. Foreign trained applicants must verify that they have completed a degree in medicine, have been admitted to a board approved training program and have passed an examination in the basic and clinical medical sciences conducted by the educational commission for foreign medical graduates. Mich. Admin. Code R. 338.2329a.

Michigan does not have a comparable administrative physician license.

Minnesota: Minnesota requires U.S. or Canadian medical school graduates to complete 1 year of graduate clinical medical training. Minn. Stat. § 147.02 (d). Foreign medical school graduates must complete 2 years of graduate clinical medical training. Minn. Stat §147.037 (d).

Residency permit A person must have a residency permit to participate in residency program in Minnesota. If a resident permit holder changes their residency program, that person must notify the board in writing no later than 30 days after termination of participation in the residency program. A separate residency permit is required for each residency program until a license is obtained. Minn. Stat. §147.0391.

Minnesota exempts from licensure physicians that are employed in a scientific, sanitary, or teaching capacity by the state university, the Department of Education, a public or private school, college, or other bona fide educational institution, or nonprofit organizations operated primarily for the purpose of conducting scientific research

directed towards discovering the causes of and cures for human diseases. Minn. Stat. §147.09 (6).

Minnesota does not have a comparable administrative physician license.

Summary of factual data and analytical methodologies:

The methodologies used in drafting the proposed rules include reviewing 2013 Wisconsin Act 240 and obtaining feedback from members of the Medical Examining Board.

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

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 Tom.Engels@wisconsin.gov, or by calling (608) 266-8608.

Fiscal Estimate:

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 Tom.Engels@wisconsin.gov, or by calling (608) 266-8608.

Agency contact person:

Shancethea Leatherwood, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8935, Madison, Wisconsin 53708; telephone 608-261-4438; email at Shancethea.L Leatherwood@wisconsin.gov.

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

Comments may be submitted to Shancethea Leatherwood, 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 Shancethea.L Leatherwood@wisconsin.gov.

TEXT OF RULE

SECTION 1. Med 1.02 (3) is repealed and recreated to read:

Med 1.02 (3) (a) A verified certificate showing 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 provide 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 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 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 or a successor organization; or provide 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 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 medical school 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 documentary evidence illustrating substantially equivalent education and training. The board will review the documentary evidence 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 documentary evidence 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.

(d) The board approves of the following facilities and training programs to include, the Council on Medical Education of the American Medical Association, the American Osteopathic Association, the Liaison Committee on Graduate Medical Education, and the National Joint Committee on Approval of Pre-Registration Physician Training Programs of Canada, or their successor organizations.

SECTION 2. Med 3 (title) is amended to read:

CHAPTER MED 3

VISTING PROFESSOR PHYSICIAN LICENSE

SECTION 3. Med 3.01 and 3.02 are amended to read:

Med 3.01 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 (2) (a) and 448.40, Stats., and govern application for ~~a temporary license to practice medicine and surgery under s. 448.04 (1) (b) 2., Stats.,~~ restricted license to practice medicine and surgery as a visiting physician under 448.04 (1) (bg), Stats., (hereinafter “visiting professor physician license”), and also govern practice thereunder.

Med 3.02 Applications, credentials, and eligibility. An applicant who is a graduate of a foreign medical school ~~located outside of the United States or Canada~~ or an osteopathic college that is approved by the board and who is invited to serve on the academic staff of a medical school in this state as a visiting professor physician may apply to the board for a ~~temporary visiting professor license~~ visiting physician license and shall submit to the board all of the following:

(1) ~~A completed and verified application for this purpose as required in s. Med 1.02 (1), which includes proof that the applicant has graduated from and possesses a diploma from a medical or osteopathic college that is approved by the board.~~

~~(1m) Documentary evidence of licensure to practice medicine and surgery.~~

~~(2) A signed letter from the appointing authority president or dean of a medical school, facility, or college in this state indicating that the applicant has been invited to serve on the academic staff of such medical school as a visiting professor intends to teach, research, or practice medicine and surgery at a medical education facility, medical research facility or medical college in this state.~~

~~(3) A curriculum vitae setting out the applicant's education and qualifications and a verified photographic copy of the diploma (with translation) conferring the degree of doctor of medicine granted to the applicant by such school.~~

~~(4) A photograph of the applicant as required in s. Med 1.02 (4).~~

~~(5) A verified statement that the applicant is familiar with the state health laws and the rules of the department of health services as related to communicable diseases.~~

~~(6) Documentary evidence of noteworthy attainment in a specialized field of medicine.~~

~~(7) Documentary evidence of post-graduate postgraduate training completed in the United States and/or or foreign countries.~~

~~(8) Oral interview conducted by at the discretion of the board.~~

(9) Documentary evidence that the applicant teaches medicine, engages in medical research, or practices medicine and surgery outside of Wisconsin.

SECTION 4. Med 3.04 is amended to read:

Med 3.04 Practice limitations. The holder of a temporary visiting professor physician license may practice medicine and surgery as defined in s. 448.01 (9), Stats., providing such practice is ~~full-time and is~~ entirely limited to the medical education facility, medical research facility, or the medical college where the license holder is teaching, researching, or practicing medicine and surgery and only within the terms and restrictions established by the board. ~~the duties of the academic position to which the holder of such license is appointed.~~

SECTION 5. Med 3.05 is repealed and recreated to read:

Med 3.05 Expiration and renewal. A visiting physician license is valid for one year and remains valid only while the license holder is actively engaged in teaching, researching, or practicing medicine and surgery and is lawfully entitled to work in the United States. The visiting physician license may be renewed at the discretion of the board.

SECTION 6. Med 3.06 is amended to read:

Med 3.06 Examination and interview. Applicants shall ~~participate in an oral interview conducted by the board, and shall~~ complete an open book examination on statutes and rules governing the practice of medicine and surgery in Wisconsin.

SECTION 7. Med 5 (title) is amended to read:

CHAPTER MED 5

~~TEMPORARY EDUCATIONAL PERMIT~~ RESIDENT EDUCATIONAL LICENSE TO PRACTICE MEDICINE AND SURGERY

SECTION 8. Med 5.01 and 5.02 are amended to read:

Med 5.01 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 and 448.40, Stats., and govern application for ~~temporary educational permit~~ the resident educational license to practice medicine and surgery under s. 448.04 (1) (c), Stats., s. 448.04 (1) (bm), Stats., (hereinafter "temporary resident educational permit license"), and also govern practice thereunder.

Med 5.02 Applications, credentials, and eligibility. An applicant who has been ~~appointed to~~ accepted into a postgraduate training program in a facility in this state approved by the board under the provisions of s. Med 1.02 (3), and accredited by the Accreditation Council for Graduate Medical Education, the American Osteopathic

Association, or a successor organization may apply to the board for a temporary educational permit resident educational license to practice medicine and surgery and shall submit to the board all of the following:

(1) ~~A completed and verified application supplied by the board for this purpose. These application forms are furnished by the board to the directors of training programs in approved facilities in this state and are available to the applicant from such directors.~~

(1m) Documentary evidence that the applicant is a graduate of and possesses a diploma from a medical or osteopathic school approved by the board.

~~(2) The documentary~~ Documentary evidence and credentials required under s. Med 1.02 (2), (4) and (5) the applicant has been accepted into a postgraduate training program accredited by the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, or a successor organization.

(3) A signed letter from the president or dean of the institution sponsoring the postgraduate training program into which the applicant has been accepted confirming that the applicant has been or will be accepted into a postgraduate training program.

(4) A verified statement that the applicant is familiar with the state health laws and rules of the department of health services as related to communicable diseases.

SECTION 9. Med 5.04 and 5.05 are amended to read:

Med 5.04 Practice limitations. ~~The holder of a temporary educational permit to practice medicine and surgery~~ resident educational license may, under the direction of a person licensed to practice medicine and surgery in this state, perform services requisite to the postgraduate training program in which that holder the licensee is serving. Acting under such direction, ~~the holder of such temporary educational permit~~ the resident educational licensee shall also have the right to prescribe drugs ~~other than narcotics and controlled substances~~ and to sign any certificates, reports or other papers for the use of public authorities which are required of or permitted to persons licensed to practice medicine and surgery. ~~The holder of such temporary educational permit~~ resident educational licensee shall confine ~~his or their~~ training and entire practice to the ~~facility~~ postgraduate training program in which the permit holder the resident educational licensee is taking their training and to the duties of such training.

Med 5.05 Revocation. ~~Violation by the holder of a temporary educational permit a~~ resident educational licensee to practice medicine and surgery of any of the provisions of this chapter or of any of the provisions of the Wisconsin Administrative Code or of ch. 448, Stats., which apply to persons licensed to practice medicine and surgery shall be cause for the revocation of such ~~temporary educational permit~~ resident educational license.

SECTION 10. Med 5.06 is repealed and recreated to read:

Med 5.06 Expiration and renewal. A resident educational license to practice medicine and surgery granted under this chapter is valid for one year and may be renewed for additional one-year terms as long as the license holder is enrolled in their postgraduate training program.

SECTION 11. Ch. Med 23 is created to read:

CHAPTER MED 23

ADMINISTRATIVE PHYSICIAN LICENSE

Med 23.01 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, and 448.40, Stats., and govern application for licensure as an administrative physician under s.448.04 (1) (ac), Stats., and also govern practice thereunder.

Med 23.02 Application, credentials and eligibility. An applicant for an administrative physician license must provide a completed and verified application which includes proof that the applicant has graduated from and possesses a diploma from a medical or osteopathic school approved by the board; and documentary evidence of completion of a postgraduate training program approved by the board. Applicants for an administrative physician license must also meet the same qualifications for licensure as applicants applying under s.448.05 (2) (a) or (b), Stats.

Med 23.03 Fees. The required fees must accompany the application, and must be made payable to the Wisconsin department of safety and professional services.

Med 23.04 Practice limitations. The Board may issue an administrative physician license to an applicant whose primary responsibilities are those of an administrative or academic nature; such as professional managerial, administrative, or supervisory activities. The holder of an administrative physician license may not examine, care for, or treat patients. An administrative physician license does not include the authority to prescribe drugs or controlled substances, delegate medical acts, issue opinions regarding medical necessity or conduct clinical trials on humans.

Med 23.05 Registration and renewal. Each administrative physician licensee shall register biennially with the board. Administrative physicians who possess the degree of doctor of osteopathy must register by March 1st of each even-numbered year. Administrative physicians who possess the degree of doctor of medicine must register on or before November 1 of each odd-numbered year. The department shall mail to each licensee at his or her last known address as it appears in the records of the board a notice of renewal for registration. 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. The administrative physician licensee must comply with all other provisions of s. 448.13, Stats. and of ch. Med 13.

Med 23.06 Examination. In accordance with Med 1.06 applicants may be required to complete an oral interview at the discretion of the board.

SECTION 12. 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)

Dated _____

Agency _____

Chairperson
Medical Examining Board

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Taylor Thompson, Bureau Assistant on behalf of Tom Ryan, Executive Director		2) Date When Request Submitted: 11/19/14 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: 12/17/14	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Primary Care Physician Re-Entry Act - Board Discussion	
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:			
11) Authorization			
Taylor Thompson		11/19/14	
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.			

113TH CONGRESS
2^D SESSION

H. R. 5498

To establish a demonstration program to facilitate physician reentry into clinical practice to provide primary health services.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 16, 2014

Mr. SARBANES introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To establish a demonstration program to facilitate physician reentry into clinical practice to provide primary health services.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Primary Care Physi-
5 cian Reentry Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds as follows:

8 (1) According to the Association of American
9 Medical Colleges—

1 (A) the shortage of primary care physi-
2 cians will reach 45,000 by the year 2020, as
3 fewer than 20 percent of medical students
4 choose to enter primary care medicine; and

5 (B) the overall shortage of physicians in
6 the United States is expected to surpass
7 130,000 by 2025.

8 (2) Medical schools in the United States train
9 only approximately 16,000 new physicians every
10 year.

11 (3) The Department of Health and Human
12 Services estimates that the United States needs at
13 least 16,000 more primary care physicians.

14 (4) According to a survey of 1,600 pediatricians
15 over the age of 50 conducted by the Association of
16 American Medical Colleges and the American Acad-
17 emy of Pediatrics, 22 percent of female pediatricians
18 took extended leave (6 months or more) from medi-
19 cine, compared to only 6.5 percent of male pediatri-
20 cians. Seventy-one percent of the female pediatri-
21 cians who took extended leave did so to care for a
22 child or family member.

23 **SEC. 3. REENTRY PROGRAM FOR PHYSICIANS.**

24 (a) **ACTIVITIES OF THE SECRETARY.—**

1 (1) ESTABLISHMENT OF DEMONSTRATION PRO-
2 GRAM.—The Secretary of Health and Human Serv-
3 ices (referred to in this section as the “Secretary”)
4 shall establish a demonstration program to assist the
5 development of innovative programs that facilitate
6 physician reentry into clinical practice to provide pri-
7 mary health services. Under such demonstration pro-
8 gram, the Secretary shall—

9 (A) award one grant, on a competitive
10 basis, to an eligible entity described in sub-
11 section (b) in each of the 10 regions served by
12 a regional office of the Department of Health
13 and Human Services to carry out physician re-
14 entry projects to assist reentering physicians
15 participating in such projects through any of
16 the activities described in subsection (d); and

17 (B) in consultation with key stakeholders
18 and subject to paragraph (2)(B), carry out the
19 administrative activities described in paragraph
20 (2)(A).

21 (2) ADMINISTRATIVE ACTIVITIES.—

22 (A) IN GENERAL.—For purposes of para-
23 graph (1)(B), the administrative activities de-
24 scribed in this subparagraph are the following:

1 (i) Conduct a national needs assess-
2 ment with regard to the supply of physi-
3 cians who provide primary health services,
4 using, to the extent feasible, information
5 collected for use in other similar completed
6 or forthcoming studies, such as studies
7 conducted by the Agency for Healthcare
8 Research and Quality and the Health Re-
9 sources and Services Administration.

10 (ii) Develop a database that contains
11 a directory of programs that help physi-
12 cians reenter clinical practice.

13 (iii) Disseminate evidence-based as-
14 sessments and evaluation tools as such as-
15 sessments and tools become available to
16 measure the basic core competencies of
17 physicians reentering clinical practice that
18 are consistent with the guidelines pub-
19 lished by the Federation of State Medical
20 Boards for such physicians.

21 (iv) Assist State regulatory authorities
22 and hospital credentialing committees to
23 structure requirements for physicians to
24 return to clinical practice in a manner that

1 ensures patient safety while addressing the
2 burdens on such reentering physicians.

3 (B) LIMITATION.—The Secretary shall use
4 not more than 15 percent of the funds appro-
5 priated to carry out this section to carry out
6 the activities described in subparagraph (A).

7 (b) ELIGIBLE ENTITIES.—Entities eligible to receive
8 a grant under this section are the following:

9 (1) A State.

10 (2) A hospital.

11 (3) An academic medical center.

12 (4) A medical school.

13 (5) A health center (as defined in section
14 330(a) of the Public Health Service Act (42 U.S.C.
15 254b(a))).

16 (6) A teaching health center.

17 (7) A non-profit organization with a dem-
18 onstrated history or expertise in providing physician
19 education and with the ability to offer programs spe-
20 cifically targeted at reentering physicians.

21 (c) APPLICATION.—In order to receive a grant under
22 this section, an eligible entity shall submit to the Secretary
23 an application at such time, in such manner, and con-
24 taining such information as the Secretary may require.

1 (d) USES OF FUNDS.—An eligible entity that receives
2 funds under this section shall use such funds to carry out
3 a physician reentry project to assist reentering physicians
4 participating in the project through any of the following
5 activities:

6 (1) Training such reentering physicians to reen-
7 ter clinical practice.

8 (2) Paying credentialing fees and other fees
9 that are necessary for such reentering physicians to
10 reenter clinical practice.

11 (3) Paying the salaries of such reentering phy-
12 sicians who are so eligible to reenter clinical practice
13 during the period for which such physicians provide
14 primary health services at a center described in sub-
15 section (e)(1).

16 (4) Providing loan repayment assistance and
17 other financial assistance, including scholarships and
18 grants for education and training, to such reentering
19 physicians.

20 (e) REQUIREMENTS OF REENTRY PHYSICIANS TO
21 PARTICIPATE IN PROJECTS.—To be eligible to participate
22 in a physician reentry project carried out by an eligible
23 entity under this section, a reentering physician shall pro-
24 vide assurances satisfactory to the Secretary that the phy-
25 sician will comply with the following:

1 (1) SERVICE LOCATIONS.—The reentering phy-
2 sician shall provide primary health services at—

3 (A) a health center (as defined in section
4 330(a) of the Public Health Service Act (42
5 U.S.C. 254b(a)));

6 (B) a Veterans Administration Medical
7 Center if the Secretary of Veterans Affairs cer-
8 tifies that there is a shortage of physicians at
9 such medical center; or

10 (C) a school-based health center (as de-
11 fined in section 2110(e)(9) of the Social Secu-
12 rity Act (42 U.S.C. 1397jj(c)(9))).

13 (2) LENGTH OF SERVICE.—The reentering phy-
14 sician shall provide such services at such a center,
15 consistent with paragraph (1), for not less than 2
16 years.

17 (f) LIABILITY PROTECTIONS.—For purposes of sec-
18 tion 224 of the Public Health Service Act (42 U.S.C. 233),
19 a reentering physician participating in a physician reentry
20 project under this section shall be deemed to be an em-
21 ployee of the Public Health Service working within the
22 scope of such employment with respect to primary health
23 services provided by such reentering physician at a center
24 described in subsection (e)(1) under the terms of such par-
25 ticipation in such project. The remedy against the United

1 States for a physician described in paragraph (2) who is
2 deemed to be an employee of the Public Health Service
3 pursuant to the previous sentence shall be exclusive of any
4 other civil action or proceeding to the same extent as the
5 remedy against the United States is exclusive pursuant to
6 subsection (a) of such section.

7 (g) ANNUAL REVIEW AND REPORT.—For any year
8 during which the demonstration program under this sec-
9 tion is carried out, the Secretary shall conduct a review
10 and comprehensive evaluation of such program and shall
11 prepare and submit to Congress a report assessing such
12 program, including an assessment of the performance of
13 the reentering physicians who participate in physician re-
14 entry projects under such program.

15 (h) REENTERING PHYSICIANS.—

16 (1) DEFINITION.—Subject to paragraph (2), for
17 purposes of this section, the term “reentering physi-
18 cian” means an individual—

19 (A) who is a doctor of medicine;

20 (B) who received training in primary care
21 or primary health services, including family
22 medicine, internal medicine, pediatrics, obstet-
23 rics and gynecology, dentistry, and mental
24 health.

1 (C) who was previously (and may currently
2 be) legally authorized to practice medicine and
3 surgery by a State;

4 (D) who previously engaged in the clinical
5 practice of medicine, but who is not currently
6 engaged in the clinical practice of medicine and
7 has not been engaged in such practice for a pe-
8 riod of 2 years or such longer period deter-
9 mined to be sufficient by the Secretary; and

10 (E) who provides assurances satisfactory
11 to the Secretary and the respective State licens-
12 ing board that the individual will return to clin-
13 ical practice in the discipline in which such indi-
14 vidual was trained or certified, including, if ap-
15 plicable, by regaining necessary training and
16 certification for legal authorization to practice
17 medicine and surgery by a State.

18 (2) EXCLUSIONS.—For purposes of this section,
19 the term “reentering physician” does not include an
20 individual if—

21 (A) such individual has failed to complete
22 an obligation to provide health care services
23 under a Federal, State, or local program (in-
24 cluding any period of obligated service under

1 subpart III of part D of title III of the Public
2 Health Service Act (42 U.S.C. 254*l* et seq.);

3 (B) a final adverse action regarding such
4 individual has been reported to the data collec-
5 tion program under section 1128E of the Social
6 Security Act (42 U.S.C. 1320a–7e); or

7 (C) the individual has a debt due to the
8 United States.

9 (i) PRIMARY HEALTH SERVICES DEFINED.—For
10 purposes of this section, the term “primary health serv-
11 ices” has the meaning given such term in section
12 331(a)(3) of the Public Health Service Act (42 U.S.C.
13 254d(a)(3)).

14 (j) AUTHORIZATION OF APPROPRIATIONS.—There is
15 authorized to be appropriated to carry out this section
16 such sums as may be necessary for fiscal year 2015.

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