



**MEDICAL EXAMINING BOARD**  
**Room 121A, 1400 East Washington Avenue, Madison**  
**Contact: Tom Ryan (608) 266-2112**  
**August 19, 2015**

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

**AGENDA**

**8:00 A.M.**

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

- A) Adoption of Agenda (1-4)**
- B) Minutes of July 15, 2015 – Review and Approval (5-9)**
- C) 8:00 A.M. – APPEARANCE – DSPS Attorney Yolanda McGowan – Presentation on Petition for Summary Suspension and Designation of Hearing Official**
  - 1) APPEARANCE – 15 MED 150 and 15 MED 151 – Troy D. Schrock, D.O.**
- D) Administrative Updates**
  - 1) Department and Staff Updates
  - 2) 8:10 A.M. – APPEARANCE - Sara Norberg, Supervising Attorney, Division of Legal Services and Compliance – Screening Panel Discussion (10)**
  - 3) Wis. Stat. s 15.085 (3)(b) – Affiliated Credentialing Boards’ Biannual Meeting with the Medical Examining Board to Consider Matters of Joint Interest
  - 4) Informational Items
- E) Elections, Appointments, Reappointments, Confirmations, and Committee Panel and Liaison Appointments**
- F) Legislative/Administrative Rule Matters**
  - 1) Legislation Relating to the Physician Licensure Compact
  - 2) Scope Statement Relating to Telemedicine **(11-13)**
  - 3) Update: **(14-40)**
    - a) Med 1 – Entrance Exams
    - b) Med 1 and 14 – General Cleanup of Administrative Rules
    - c) Med 3 and 5 – Physician Licensure
  - 4) Update on Pending and Possible Rule Projects
- G) Federation of State Medical Boards (FSMB) Matters**
- H) Possible Board Retreat – Discussion (41)**

- I) Speaking Engagement(s), Travel, or Public Relation Request(s)
- J) **Screening Panel Report**
- K) Informational Items
- L) 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), and Reports
- M) 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.).**

- N) **9:30 A.M. - APPEARANCE - Review of Administrative Warning – S.B.S. (WARN00000304) (DLSC case number 14 MED 116) (42-47)**
- O) **9:40 A.M. - APPEARANCE – Full Board Oral Interview – Patrick Wycihowski, M.D. (48-126)**
- P) **Deliberation on Petition for Summary Suspension and Designation of Hearing Official**
  - 1) 15 MED 150 and 15 MED 151 – Troy D. Schrock, D.O.
- Q) **Deliberation on Administrative Warning(s)**
  - 1) 14 MED 520 – J.P.K. **(127-128)**
- R) **Deliberation on Proposed Stipulations, Final Decisions and Orders by the Division of Legal Services and Compliance (DLSC)**
  - 1) 11 MED 351 and 12 MED 224 – Siamak B. Arassi, M.D. **(129-136)**

- 2) 13 MED 243 – Yasmin Safavi, M.D. **(137-145)**
- 3) 13 MED 355 – Rajesh Malhotra, M.D. **(146-151)**
- 4) 13 MED 482 – Charles D. Pratt, M.D. **(152-157)**
- 5) 14 MED 041 – Carl R. Sunby, M.D. **(158-164)**
- 6) 14 MED 440 – Gregory S. Keeling, M.D. **(165-170)**
- 7) 14 MED 539 – Mon L. Yee, M.D. **(171-177)**
- 8) 14 MED 592 – Thomas H. Williams, M.D. **(178-183)**
- 9) 15 MED 057 – Mark S. Ruttum, M.D. **(184-189)**

**S) Deliberation on Monitoring Matters (190-296)**

- 1) Roman Berezovski, M.D. – Requesting Full Unrestricted License **(192-218)**
- 2) John Edward Kelly, M.D. – Requesting Change in Drug Screens **(219-250)**
- 3) Devinder Sidhu, M.D. – Requesting a Reduction in Drug Screens **(251-275)**
- 4) Barry Spiegel, D.O. – Requesting to Voluntarily Surrender License **(276-285)**
- 5) Andrew R. Wentzel, D.O. – Requesting to Voluntarily Surrender License **(286-296)**

**T) Petition for Amendment of Order - Joel Lueskow, P.A. (297-304)**

**U) Deliberation on Credentialing Matters**

- 1) Full Board Review – Donald Thomas **(305-364)**
- 2) Review for Visiting Physician Licensure – Raphael Sacho, M.D. **(365-395)**
- 3) Application Review – My-My Huynh, M.D. **(396-483)**

**V) Request for Waiver of the 24 Months of ACGME Approved Post-Graduate Training Based on Education and Training**

- 1) Sarika Pamarthy, M.D. **(484-521)**

**W) Case Closing(s)**

- 1) 13 MED 159 **(522-526)**
- 2) 14 MED 059 **(527-530)**
- 3) 14 MED 242 **(531-537)**
- 4) 14 MED 271 **(538-540)**
- 5) 14 MED 555 **(541-547)**
- 6) 14 MED 572 **(548-567)**
- 7) 15 MED 044 **(568-570)**
- 8) 15 MED 013 **(571-573)**
- 9) 15 MED 073 **(574-587)**
- 10) 15 MED 123 **(588-591)**
- 11) 15 MED 137 **(592-593)**
- 12) 15 MED 155 **(594-596)**
- 13) 15 MED 184 **(597-598)**

**X) 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

**Y) Consulting with Legal Counsel**

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

**Z)** Open Session Items Noticed Above not Completed in the Initial Open Session

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

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

**ADJOURNMENT**

**ORAL INTERVIEW OF CANDIDATES FOR LICENSURE  
ROOM 124D/E**

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

**CLOSED SESSION** – Reviewing Applications and Conducting Oral Interviews of Nine (9) Candidates for Licensure – Drs. Erickson, Phillips, Westlake, and Yale.

**MEDICAL EXAMINING BOARD  
MEETING MINUTES  
July 15, 2015**

**PRESENT:** Mary Jo Capodice, D.O.; Greg Collins; Rodney Erickson, M.D.; Suresh Misra, M.D.; Carolyn Ogland Vukich, M.D.; Michael Phillips, M.D. (*via GoToMeeting*); Kenneth Simons, M.D.; Sridhar Vasudevan, M.D.; Timothy Westlake, M.D. (*via GoToMeeting*), Russell Yale, M.D., Robert Zondag

**STAFF:** Tom Ryan, Executive Director; Nilajah Madison-Head, 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 eleven (11) members was confirmed.

**ADOPTION OF AGENDA**

**MOTION:** Carolyn Ogland Vukich moved, seconded by Sridhar Vasudevan, to adopt the agenda as published. Motion carried unanimously.

**APPROVAL OF MINUTES**

**MOTION:** Sridhar Vasudevan moved, seconded by Suresh Misra, to approve the minutes of June 17, 2015 as published. Motion carried unanimously.

**LEGISLATIVE/ADMINISTRATIVE RULE MATTERS**

**Iowa Telemedicine Rules**

**MOTION:** Sridhar Vasudevan moved, seconded by Robert Zondag, to request DSPS staff draft a Scope Statement relating to the practice of telemedicine and designate Kenneth Simons to advise DSPS staff. Motion carried unanimously.

**Legislative Review for CR15-021 Relating to Entrance Exams**

**MOTION:** Sridhar Vasudevan moved, seconded by Carolyn Ogland Vukich, to designate the Chair to review and approve the Adoption Order for Clearinghouse Rule 15-021. Motion carried unanimously.

**Review of Scope Statement Relating to General Update and Cleanup of Rules**

**MOTION:** Sridhar Vasudevan moved, seconded by Russell Yale, to approve the Scope Statement on Med 1 and Med 14 relating to general update and cleanup of rules for submission to the Governor's Office and publication, and to authorize the Chair to approve the scope for implementation no less than 10 days after publication. Motion carried unanimously.

## PDMP UPDATE

*The Chair Appointed Timothy Westlake as the Medical Examining Board's designated member to serve on the Controlled Substances Board*

**MOTION:** Greg Collins moved, seconded by Russell Yale, to affirm the designation of Timothy Westlake as the Medical Examining Board member of the Controlled Substances Board. Motion carried unanimously.

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

### Speaking Request - Wisconsin Association of Osteopathic Physicians and Surgeons (WAOPS) Fall Meeting – September 25-26, 2015

**MOTION:** Suresh Misra moved, seconded by Sridhar Vasudevan, to designate Mary Jo Capodice to speak on the Board's behalf at the WAOPS Fall Meeting on September 25-26, 2015 in Madison, WI. Motion carried unanimously.

## CLOSED SESSION

**MOTION:** Robert Zondag 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; Carolyn Ogland Vukich – yes; Michael Phillips – yes; Kenneth Simons – yes; Sridhar Vasudevan – yes; Timothy Westlake – yes; Russell Yale – yes; and Robert Zondag – yes. Motion carried unanimously.

The Board convened into Closed Session at 9:16 a.m.

## RECONVENE TO OPEN SESSION

**MOTION:** Sridhar Vasudevan moved, seconded by Suresh Misra, to reconvene in Open Session at 11:15 a.m. Motion carried unanimously.

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

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

## FULL BOARD ORAL INTERVIEW

### APPEARANCE – My-My Huynh, M.D.

**MOTION:** Rodney Erickson moved, seconded by Carolyn Ogland Vukich, to table the matter of My-My Huynh, M.D., pending further consultations. Motion carried unanimously.

## REVIEW OF ADMINISTRATIVE WARNING(S)

### APPEARANCE – T.J.O.(WARN00000318)(DLSC case number 14 MED 077)

**MOTION:** Greg Collins moved, seconded by Rodney Erickson, to affirm the Administrative Warning in the matter of DLSC case number 14 MED 077 (T.J.O.). Motion carried.  
Recused: Mary Jo Capodice and Sridhar Vasudevan

*(Mary Jo Capodice and Sridhar Vasudevan recused themselves for the deliberation and voting in the matter of T.J.O.(WARN00000318)(DLSC case number 14 MED 077).)*

## COMPLAINT(S) FOR DETERMINATION OF PROBABLE CAUSE

### 13 MED 355 – Rajesh Malhotra, M.D.

**MOTION:** Mary Jo Capodice moved, seconded by Robert Zondag, to find probable cause to believe that Rajesh Malhotra, M.D., DLSC case number 13 MED 355, has committed unprofessional conduct, and therefore to issue the Complaint and hold a hearing on such conduct pursuant to Wis. Stat. § 448.02(3)(b). Motion carried. Recused: Greg Collins

*(Greg Collins recused himself and left the room for deliberation, and voting in the matter concerning Rajesh Malhotra, M.D., Respondent – DLSC case number 13 MED 355.)*

## DELIBERATION ON ADMINISTRATIVE WARNINGS

### 12 MED 410 and 13 MED 071 – L.C.E.

**MOTION:** Sridhar Vasudevan moved, seconded by Russell Yale, to issue an Administrative Warning in the matter of DLSC case number 12 MED 410 and 13 MED 071 (L.C.E.). Motion carried unanimously.

### 14 MED 413 – M.J.E.

**MOTION:** Robert Zondag moved, seconded by Suresh Misra, to issue an Administrative Warning in the matter of DLSC case number 14 MED 413 (M.J.E.). Motion carried unanimously.

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

### 14 MED 012 – Michelle M. Miller, M.D.

**MOTION:** Mary Jo Capodice moved, seconded by Robert Zondag, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Michelle M. Miller, M.D., DLSC case number 14 MED 012. Motion carried unanimously.

**14 MED 297 – Chady Abboud Leon, M.D.**

**MOTION:** Carolyn Ogland Vukich moved, seconded by Russell Yale, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Chady Abboud Leon, M.D., DLSC case number 14 MED 297. Motion carried unanimously.

**14 MED 477 – Saad Sabbagh, M.D.**

**MOTION:** Greg Collins moved, seconded by Suresh Misra, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Saad Sabbagh, M.D., DLSC case number 14 MED 477. Motion carried unanimously.

**15 MED 097 – Craig S. Michelsen, M.D.**

**MOTION:** Greg Collins moved, seconded by Robert Zondag, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Craig S. Michelsen, M.D., DLSC case number 15 MED 097. Motion carried unanimously.

**WAIVER OF THE 24 MONTHS OF ACGME APPROVED POST-GRADUATE TRAINING BASED ON EDUCATION AND TRAINING**

**Marwan Abdulaal, M.D.**

**MOTION:** Sridhar Vasudevan moved, seconded by Robert Zondag, to deny a waiver of the 24-month post-graduate training program accredited by the ACGME, to Marwan Abdulaal, M.D., per Wis. Stat. § 448.05(2)(c). Motion carried unanimously.

**CASE CLOSING(S)**

**MOTION:** Greg Collins moved, seconded by Suresh Misra, to close the following cases according to the recommendations by the Division of Legal Services and Compliance:

1. 12 MED 288 (A.M.M.) – Prosecutorial Discretion (P7)
2. 12 MED 337 (L.L.) – Prosecutorial Discretion (P3)
3. 13 MED 152 (J.W.I.) – Insufficient Evidence (IE)
4. 13 MED 155 (N.H.R.) – Insufficient Evidence (IE)
5. 13 MED 416 (G.W.) – No Violation (NV)
6. 13 MED 481 (L.J.A.) – Prosecutorial Discretion (P5-flag)
7. 14 MED 052 (M.W.M.) – No Violation (NV)
8. 14 MED 322 (A.A.) – No Violation (NV)
9. 14 MED 359 (T.G.S.) – No Violation (NV)
10. 14 MED 417 (C.G.) – No Violation (NV)
11. 14 MED 571 (W.B.L. and J.A.G.) – No Violation (NV)
12. 15 MED 004 (J.B.L.) – Prosecutorial Discretion (P7)
13. 15 MED 006 (S.W.S.) – No Violation (NV)
14. 15 MED 056 (J.L.D.) – No Violation (NV)
15. 15 MED 061 (Unknown) – No Violation (NV)
16. 15 MED 103 (D.D.B.) – No Violation (NV)

Motion carried unanimously.

**13 MED 350 – M.G.B., R.S., M.P.C., and D.S.M.**

**MOTION:** Suresh Misra moved, seconded by Russell Yale, to close DLSC case number 13 MED 350, against M.G.B., R.S., M.P.C., and D.S.M., for no violation (NV). Motion carried. Recused: Kenneth Simons

*(Kenneth Simons recused himself and left the room for deliberation, and voting in the matter concerning 13 MED 350 (M.G.B., R.S., M.P.C., and D.S.M.).)*

**14 MED 213 – N.S.G.**

**MOTION:** Greg Collins moved, seconded by Carolyn Ogland Vukich, to close DLSC case number 14 MED 213, against N.S.G., for prosecutorial discretion (P2). Motion carried. Recused: Kenneth Simons

*(Kenneth Simons recused himself and left the room for deliberation, and voting in the matter concerning 14 MED 213 (N.S.G.).)*

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

**MOTION:** Mary Jo Capodice moved, seconded by Carolyn Ogland Vukich, to delegate ratification of examination results to DSPS staff and to ratify all licenses and certificates as issued. Motion carried unanimously.

**ADJOURNMENT**

**MOTION:** Robert Zondag moved, seconded by Suresh Misra, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 11:17 a.m.

## AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:  DLSC		2) Date When Request Submitted:  7/15/2015 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections:  Medical Examining Board			
4) Meeting Date:  8/19/2015	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page?  Screening Panel Process – Board Discussion	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled?  <input checked="" type="checkbox"/> Yes Sarah Norberg, DLSC <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:  Sarah Norberg, DLSC Supervising Attorney, will review a possible modification to the screening panel process.			
11) Authorization			
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  
Department of Safety & Professional Services**

**AGENDA REQUEST FORM**

1) Name and Title of Person Submitting the Request:  Katie Vieira Administrative Rules Coordinator		2) Date When Request Submitted:  8/5/2015  Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections:  Medical Examining Board			
4) Meeting Date:  8/19/2015	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page?  Scope statement relating to telemedicine	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled?  <input type="checkbox"/> Yes ( <a href="#">Fill out Board Appearance Request</a> ) <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:  The Board will review and discuss the draft scope statement relating to telemedicine.			
11) Authorization			
<b>Katie Vieira</b>		<b>8/5/2015</b>	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

# STATEMENT OF SCOPE

## Medical Examining Board

Rule No.: Med 23

Relating to: Telemedicine

Rule Type: Permanent

### 1. Finding/nature of emergency (Emergency Rule only):

N/A

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

The objective of the proposed rule is to provide greater clarity for physicians with regards to the practice of telemedicine in Wisconsin.

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

The current administrative code is silent with regards to telemedicine practice. The proposed rule will define telemedicine, explain how a valid physician-patient relationship can be established in a telemedicine setting, and identify technology requirements for physicians who use electronic communications, information technology or other means of interaction with patients who are not physically present. The proposed rule will specify out-of-state physicians to hold a valid Wisconsin medical license in order to diagnose and treat patients located in Wisconsin.

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

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

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

Section 448.40 (1), Stats., provides that the Medical Examining Board "may promulgate rules to carry out the purposes of this subchapter, including rules requiring the completion of continuing education, professional development, and maintenance of certification or performance improvement or continuing medical education programs for renewal of a license to practice medicine and surgery."

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

160 hours

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

Wisconsin licensed and out-of-state physicians

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

2015 HR 691 - Telehealth Modernization Act of 2015 – the proposed bill seeks to establish a federal standard for telehealth and serve as guidance for states, subject to a number of specified conditions.

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

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

**Contact Person:** Katie Vieira, (608) 261-4472, Kathleen.Vieira@wisconsin.gov

Approved for publication:

Approved for implementation:

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

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

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

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

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

**AGENDA REQUEST FORM**

1) Name and Title of Person Submitting the Request:  Katie Vieira Administrative Rules Coordinator		2) Date When Request Submitted:  8/3/2015  Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections:  Medical Examining Board			
4) Meeting Date:  8/19/2015	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page?  Update: (1) Med 1 – Entrance to Exams, (2) Med 1 and 14 – General Cleanup of Administrative Rules, and (3) Med 3 and 5 – Physician Licensure	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled?  <input type="checkbox"/> Yes ( <a href="#">Fill out Board Appearance Request</a> ) <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:  Med 1 (CR15-021) relating to entrance to exams will go into effect on September 1, 2015.  The scope statement for Med 1 and 14 relating to the general cleanup of administrative rules was submitted to the Governor’s Office on July 15, 2015. We are waiting for approval from the Governor’s Office to implement the scope statement.  On July 29 <sup>th</sup> , 2015 the Joint Committee on Administrative Rules held a hearing and voted to grant a 60 day extension of the emergency rule for Med 3 and 5 relating to Physician Licensure. The new expiration date with extension is October 27 <sup>th</sup> , 2015.  The legislative review period for the permanent rule for Med 3 and 5 began on July 10 <sup>th</sup> and is anticipated to end near the end of September. Since the Legislative Reference Bureau only publishes final rules on the first of each month, and there are a few more promulgation steps between the end of the legislative review period and final effective date, it is anticipated that we will need another extension of the emergency rule.			
11) Authorization			
<b>Katie Vieira</b>		<b>8/3/2015</b>	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

**CERTIFICATE**

**STATE OF WISCONSIN  
DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES**

*I, Tom Ryan, Executive Director, Division of Policy Development in the Wisconsin Department of Safety and Professional Services and custodian of the official records of the Medical Examining Board, do hereby certify that the annexed rules were duly approved and adopted by the Medical Examining Board on the 21<sup>st</sup> day of July, 2015,*

*I further certify that said copy has been compared by me with the original on file in this office and that the same is a true copy thereof, and of the whole of such original.*

*IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the board at 1400 East Washington Avenue, Madison, Wisconsin this 21<sup>st</sup> day of July, 2015.*



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*Tom Ryan, Executive Director  
Division of Policy Development  
Department of Safety & Professional Services*

STATE OF WISCONSIN  
MEDICAL EXAMINING BOARD

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IN THE MATTER OF RULEMAKING	:	ORDER OF THE
PROCEEDINGS BEFORE THE	:	MEDICAL EXAMINING BOARD
MEDICAL EXAMINING BOARD	:	ADOPTING RULES
	:	CLEARINGHOUSE RULE 15-021

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ORDER

An order of the Medical Examining Board to repeal Med 1.04 relating to entrance to exams.

Analysis prepared by the Department of Safety and Professional Services.

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ANALYSIS

**Statutes interpreted:**

Section 440.071 (1), Stats.

**Statutory authority:**

Sections 15.08 (5) (b), 227.11 (2) (a), Stats., and 2013 Wisconsin Act 114

**Explanation of agency authority:**

Pursuant to ss. 15.08 (5) (b) and 227.11 (2) (a), Stats., the Medical Examining Board is generally empowered by the legislature to promulgate rules that will provide guidance within the profession and interpret the statutes it administers. 2013 Wisconsin Act 114 created s. 440.071 (1) Stats, which provides that neither the Department nor a credentialing board may require a person to complete any postsecondary education or training before the person is eligible to take an examination for a credential. This legislative change prompted the Medical Examining Board to exercise its rule-making authority to draft the proposed rule which seeks to bring current administrative code into compliance with the new legislation.

**Related statute or rule:**

None.

**Plain language analysis:**

This proposed rule addresses a change in policy instituted by 2013 Wisconsin Act 114. The new legislation requires the Department of Safety and Professional Services and its attached boards refrain from requiring applicants complete their postsecondary education

before being eligible to take an examination for licensure. This change prompted a review of Wis. Admin. Code ch. Med 1. The pertinent section affected is s. Med 1.04, which requires applicants to submit a completed application including all required documents to the board no less than three weeks prior to the date of an administration of the United States Medical Licensing Examination (USMLE). The required documents which must be submitted includes evidence of graduation from medical school; thereby requiring, that applicants graduate medical school before submitting a completed application. However, Act 114 states that no such requirement may be imposed on applicants seeking licensure. The proposed rule repeals s. Med 1.04 in order to bring current rules into conformity with Act 114.

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

None.

**Comparison with rules in adjacent states:**

**Illinois:** Illinois requires submission of an official transcript and diploma or an official transcript and certification of graduation from the medical education program granting the degree as a requirement for licensure. 68 Ill. Admin. Code tit.68 § 1285.70 a) 5).

**Iowa:** Iowa requires evidence of a diploma issued by a medical college or college of osteopathic medicine and surgery approved by the board. Iowa Code §148.3. However, this requirement is not a prerequisite for taking an examination for a credential.

**Michigan:** For licensure by examination, Michigan requires applicants to establish that he or she is a graduate of a medical school approved by the board. Mich. Admin. Code r. 338.2317 (2). However, Michigan does not require applicants to complete any postsecondary education as a prerequisite to taking an examination for a credential.

**Minnesota:** Minnesota does not require applicants to complete any postsecondary education as a prerequisite to taking an examination for a credential.

**Summary of factual data and analytical methodologies:**

No factual data or analytical methodologies were used in drafting the proposed rule due to the proposed rule being prompted by recent legislation.

**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 Eric.Esser@wisconsin.gov, or by calling (608) 267-2435.

**Fiscal Estimate and Economic Impact Analysis:**

The Fiscal Estimate and Economic Impact Analysis document is attached.

**Effect on small business:**

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

**Agency contact person:**

Kathleen Vieira (Paff), 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) 261-4472; email at Kathleen.Vieira@wisconsin.gov.

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TEXT OF RULE

SECTION 1. Med 1.04 is repealed.

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

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(END OF TEXT OF RULE)

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Dated

*July 21, 2015*

Agency

*Rennell B. Anderson*

Board Chairperson  
Medical Examining Board

## ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

1. Type of Estimate and Analysis <input checked="" type="checkbox"/> Original <input type="checkbox"/> Updated <input type="checkbox"/> Corrected	
2. Administrative Rule Chapter, Title and Number Med 1	
3. Subject Entrance to Exams	
4. Fund Sources Affected <input type="checkbox"/> GPR <input type="checkbox"/> FED <input checked="" type="checkbox"/> PRO <input type="checkbox"/> PRS <input type="checkbox"/> SEG <input type="checkbox"/> SEG-S	5. Chapter 20, Stats. Appropriations Affected 20.165(1)
6. Fiscal Effect of Implementing the Rule <input checked="" type="checkbox"/> No Fiscal Effect <input type="checkbox"/> Increase Existing Revenues <input type="checkbox"/> Increase Costs <input type="checkbox"/> Indeterminate <input type="checkbox"/> Decrease Existing Revenues <input type="checkbox"/> Could Absorb Within Agency's Budget <input type="checkbox"/> Decrease Cost	
7. The Rule Will Impact the Following (Check All That Apply) <input type="checkbox"/> State's Economy <input type="checkbox"/> Specific Businesses/Sectors <input type="checkbox"/> Local Government Units <input type="checkbox"/> Public Utility Rate Payers <input type="checkbox"/> Small Businesses (if checked, complete Attachment A)	
8. Would Implementation and Compliance Costs Be Greater Than \$20 million? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Policy Problem Addressed by the Rule This proposed rule addresses a policy change due to the passage of 2013 Wisconsin Act 114. The Act requires the Department of Safety and Professional Services and its attached boards to allow applicants to take their credentialing examination before completing any postsecondary education. This statute seeks to remove barriers to licensure and allow applicants to become credentialed as soon as they are prepared to enter their chosen profession. The proposed rule implements the legislative intent of 2013 Wisconsin Act 114 by eliminating the application deadline requirement found in Wis. Admin. Code s Med. 1.04. The application deadline requirement is no longer necessary.	
10. Summary of the businesses, business sectors, associations representing business, local governmental units, and individuals that may be affected by the proposed rule that were contacted for comments. The proposed rule was posted on the Department of Safety and Professional Services' website for 14 days in order to solicit comments from businesses associations representing businesses, local governmental units and individuals that may be affected by the rule. No comments were received.	
11. Identify the local governmental units that participated in the development of this EIA. No local governmental units participated in developing this EIA.	
12. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred) The proposed rule will have minimal or no economic or fiscal impact on specific businesses, business sectors, and public utility rate payers, local governmental units or the state's economy as a whole.	
13. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule This proposed rule will implement the legislative intent of 2013 Wisconsin Act 114 and bring greater consistency between Wis. Admin. Code ch. Med 1 and Wisconsin statutes.	
14. Long Range Implications of Implementing the Rule The long range implication of implementing the proposed rule includes eliminating barriers that prevent applicants from taking their credentialing exams as soon as they are prepared to enter their chosen profession.	
15. Compare With Approaches Being Used by Federal Government	

**ADMINISTRATIVE RULES**  
**Fiscal Estimate & Economic Impact Analysis**

None.

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

**Illinois:** Illinois requires submission of an official transcript and diploma or an official transcript and certification of graduation from the medical education program granting the degree as a requirement for licensure. 68 Ill. Admin. Code tit.68 § 1285.70 a) 5).

**Iowa:** Iowa requires evidence of a diploma issued by a medical college or college of osteopathic medicine and surgery approved by the board. Iowa Code §148.3. However, this requirement is not a prerequisite for taking an examination for a credential.

**Michigan:** For licensure by examination, Michigan requires applicants to establish that he or she is a graduate of a medical school approved by the board. Mich. Admin. Code r. 338.2317 (2). However, Michigan does not require applicants to complete any postsecondary education as a prerequisite to taking an examination for a credential.

**Minnesota:** Minnesota does not require applicants to complete any postsecondary education as a prerequisite to taking an examination for a credential.

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17. Contact Name  
Shawn Leatherwood

18. Contact Phone Number  
608-261-4438

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This document can be made available in alternate formats to individuals with disabilities upon request.

# STATEMENT OF SCOPE

## Medical Examining Board

Rule No.: Med 1, Med 14

Relating to: General update and cleanup of rules

Rule Type: Permanent

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

None.

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

The objective of the proposed rule is to modernize and cleanup the administrative rules in Chapters Med 1 and Med 14 relating to licenses to practice medicine and surgery and biennial registration. The proposed rules will better align with statute, reflect current practices, and provide a clearer regulatory landscape for applicants.

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

Current administrative rules contain provisions relating to the Department administered statute and rules examination. 2013 WI Act 240 limited examinations for licensure to practice medicine and surgery to those administered by national organizations. The proposed rule would remove all references to the statutes and rules examination.

Current administrative code does not address the "COMLEX-USA" Comprehensive Osteopathic Medical Licensing Examination. The proposed rule would add the COMLEX exam under the definitions section of Med 1 and detail the Board requirements and procedures for the COMLEX examination.

The proposed rule would update the list of board recognized accrediting agencies to include prominent accrediting agencies that are not listed in the current code.

The proposed rule would also more explicitly refer to section 448.05 (2) (c) of the Wisconsin Statutes as the Board's authority to grant waivers from the required 24 months of postgraduate training in programs accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association for applicants who demonstrate substantially equivalent education and training as provided in section Med 1.02 (3) (c).

Current administrative code contains provisions in which the Board administers and determines eligibility for the USMLE Step 3 which do not reflect current practices. The proposed rule would modify or repeal these sections to reflect current practices.

The renewal date in Chapter Med 14 for doctor of osteopathy does not match the renewal date in statute. The proposed rule would align the renewal date in administrative code with the statute. Additionally, the biennial registration requirements in Chapter Med 14 have not been updated for at least 10 years. The proposed rule would update Chapter Med 14 to reflect common, contemporary renewal requirements in the field.

Throughout Med 1 and Med 14, many provisions do not specify the type of exam to which the provision applies. The proposed rule would clarify references to all exams.

The proposed rule package may also include other non-substantive rule changes.

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

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

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

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

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

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

State employees will spend approximately 80 hours developing the proposed rule.

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

The proposed rule will impact initial and renewal applicants for licensure to practice medicine and surgery.

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

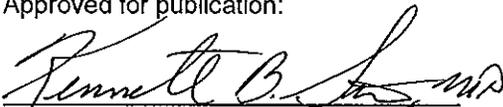
None.

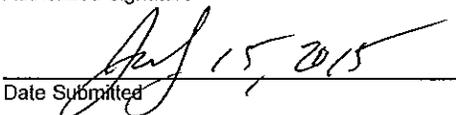
**8. Anticipated economic impact of implementing the rule (note if the rule is likely to have a significant economic impact on small businesses):**

The proposed rule is likely to have minimal to no economic impact on small businesses.

**Contact Person:** Katie Vieira (Paff), Kathleen.Vieira@wisconsin.gov, (608) 261-4472

Approved for publication:

  
Authorized Signature

  
Date Submitted

Approved for implementation:

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

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

**STATE OF WISCONSIN  
MEDICAL EXAMINING BOARD**

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<b>IN THE MATTER OF RULEMAKING</b>	<b>:</b>	
<b>PROCEEDINGS BEFORE THE</b>	<b>:</b>	<b>REPORT TO THE LEGISLATURE</b>
<b>MEDICAL EXAMINING</b>	<b>:</b>	<b>CR 15-022</b>
<b>BOARD</b>	<b>:</b>	
	<b>:</b>	

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**I. THE PROPOSED RULE:**

The proposed rule, including the analysis and text, is attached.

**II. REFERENCE TO APPLICABLE FORMS:**

None.

**III. FISCAL ESTIMATE AND EIA:**

The Fiscal Estimate and EIA are attached.

**IV. DETAILED STATEMENT EXPLAINING THE BASIS AND PURPOSE OF THE PROPOSED RULE, INCLUDING HOW THE PROPOSED RULE ADVANCES RELEVANT STATUTORY GOALS OR PURPOSES:**

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 holder of a visiting physician license may only practice in the education facility, research facility or medical school 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 postgraduate training under the direction of

a Wisconsin licensed physician. The holder of a REL may practice online in the postgraduate training program in which the person is 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 a 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.

**V. SUMMARY OF PUBLIC COMMENTS AND THE BOARD'S RESPONSES, EXPLANATION OF MODIFICATIONS TO PROPOSED RULES PROMPTED BY PUBLIC COMMENTS:**

The Medical Examining Board held a public hearing on April 15, 2015. The Board did not receive any written comments prior to the hearing. The Board did not receive testimony at the hearing.

**VI. RESPONSE TO LEGISLATIVE COUNCIL STAFF RECOMMENDATIONS:**

**Comment:** In Med 3.04, the word "the" before "medical school" could be deleted. Also, a comma should be inserted after the phrase "practicing medicine and surgery", and the phrase "is limited to" should replace the phrase "only within". Lastly, the reference to terms and restrictions "established by the board" is unclear. Is this intended to refer to individualized terms and restrictions for the visiting physician, or to terms and conditions given in the rule?

**Response:** "Established by the board" is intended to refer to individualized terms and restrictions for visiting physicians

All of the remaining recommendations suggested in the Clearinghouse Report have been accepted in whole.

**VII. REPORT FROM THE SBRRB AND FINAL REGULATORY FLEXIBILITY ANALYSIS:**

Not applicable.

STATE OF WISCONSIN  
MEDICAL EXAMINING BOARD

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IN THE MATTER OF RULEMAKING	:	PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE	:	MEDICAL EXAMINING BOARD
MEDICAL EXAMINING BOARD	:	ADOPTING RULES
	:	(CLEARINGHOUSE RULE 15-022)
	:	

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PROPOSED ORDER

The Medical Examining Board proposes an order to repeal Med 1.06 (4), 1.09 (4), and 3.06; to amend Med 1.06 (1) (a) (intro.), (b), and (c), 1.08 (2), 1.09 (1), 1.09 (6), Chapter 3 (title), 3.01, 3.02, 3.04, Chapter 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.

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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 holder of a visiting physician license may only practice in the education facility, research facility or medical school 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 postgraduate training under the direction of a Wisconsin licensed physician. The holder of a REL may practice online in the postgraduate training program in which the person is 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 a 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. This permit is a credential that is issued to a candidate who maintains 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, and graduates of international medical schools must complete 24 months of graduate training. 653 IAC 9.3.

The 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 license 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 school 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 school and at any health care facility affiliated with the medical school. 653 IAC 10.4.

The Iowa Board does 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. This credential 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 where the applicant has been admitted to a training program approved by the board. Foreign trained applicants must complete 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 a residency program in Minnesota. If a resident permit holder changes a 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, school, or other bona fide educational institution, or in a nonprofit organization that operates 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 Eric.Esser@wisconsin.gov, or by calling (608) 267-2435

**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 Eric.Esser@wisconsin.gov, or by calling (608) 267-2435

**Agency contact person:**

Kathleen Paff, 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 608-261-4472; email at Kathleen.Paff@wisconsin.gov.

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

Comments may be submitted to Kathleen Paff, 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 Kathleen.Paff@wisconsin.gov. Comments must be received on or before April 15, 2015 to be included in the record of rule-making proceedings.

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TEXT OF RULE

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

**Med 1.02 (3) (a)** Verification of satisfactory completion by the applicant of 24 months of postgraduate training in one or more programs accredited by the Accreditation Council for Graduate Medical Education, the American Osteopathic Association or a successor organization; or documentary evidence that the applicant is currently enrolled in a postgraduate training program accredited by the Accreditation Council for Graduate Medical Education, or the American Osteopathic Association or a successor organization and has received credit for 12 consecutive months of postgraduate training in that program and an unrestricted endorsement from the postgraduate training director that the applicant is expected to complete at least 24 months of postgraduate training.

(b) If an applicant is a graduate of a foreign allopathic or osteopathic medical school, then the applicant must provide a verified certificate showing satisfactory

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

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

(d) The board approves of the training programs accredited by the following organizations: the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, the Liaison Committee on Medical Education, the American Association of of Colleges of Osteopathic Medicine, and the National Joint Committee on Approval of Pre-Registration of Physician Training Programs of Canada, or their successor organizations.

SECTION 2. Med 1.06 (1) (a) (intro.), (b), and (c) are amended to read:

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

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

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

SECTION 3. Med 1.06 (4) is repealed.

SECTION 4. Med 1.08 (2) is amended to read:

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

SECTION 5. Med 1.09 (1) is amended to read:

**Med 1.09 (1)** An applicant who fails the ~~oral practical~~ or statutes and rules examination may request a review of that examination by filing a written request and required fee with the board within 30 days of the date on which examination results were mailed.

SECTION 6. Med 1.09 (4) is repealed.

SECTION 7. Med 1.09 (6) is amended to read:

**Med 1.09 (6)** At the beginning of the review, the applicant shall be provided with a copy of the questions, a copy of the applicant's answer sheet ~~or oral practical tape~~ and a copy of the master answer sheet.

SECTION 8. Med 3 (title) is amended to read:

### CHAPTER MED 3

#### VISITING ~~PROFESSOR~~ PHYSICIAN LICENSE

SECTION 9. 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~~ an allopathic medical school located outside of the United States or Canada or an osteopathic medical school that is approved by the board and who is invited to ~~serve on the academic staff of a teach,~~ conduct research, or practice medicine and surgery at a medical education facility, medical research facility, or medical school in this state as a ~~visiting professor physician~~ visiting 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 an allopathic medical or osteopathic medical school 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 or delegate of the president or dean of a medical school, or facility 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, conduct research, or practice medicine and surgery at a medical education facility, medical research facility, or medical school 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 college.~~

~~(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.

(10) The required fees determined under s. 440.03 (9) (a), Stats.

SECTION 10. 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 medical school where the license holder is teaching, conducting research, or practicing medicine and surgery, and is limited to the terms and restrictions established by the board. ~~the duties of the academic position to which the holder of such license is appointed.~~

SECTION 11. 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, conducting research, 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 12. Med 3.06 is repealed.

SECTION 13. Med 5 (title) is amended to read:

#### CHAPTER MED 5

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

SECTION 14. 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) (e), 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. The applicant shall submit to the board all of the following:

(1) A completed and verified application form 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 an allopathic or osteopathic medical school approved by the board.

(2) The documentary Documentary evidence that 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 or the delegate of 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 15. 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 her the training and entire practice to the facility postgraduate training program in which the permit holder the resident educational licensee is taking the 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 16. 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 from the date of issuance and may be renewed for additional one-year terms as long as the license holder is enrolled in the postgraduate training program.

SECTION 17. 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 an allopathic or osteopathic medical 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 1<sup>st</sup> 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 as to 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 Interview.** Applicants may be required to complete an oral interview at the discretion of the board.

SECTION 18. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

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(END OF TEXT OF RULE)  
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This Proposed Order of the Medical Examining Board is approved for submission to the Governor's office.

Dated June 17, 2015

Agency Fennell B. Semons, MD  
Chairperson  
Medical Examining Board

## ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

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1. Type of Estimate and Analysis

Original  Updated  Corrected

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2. Administrative Rule Chapter, Title and Number

Med 1, 3 and 5

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3. Subject

Physician licensure

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4. Fund Sources Affected

GPR  FED  PRO  PRS  SEG  SEG-S

5. Chapter 20, Stats. Appropriations Affected

20.165 (1) (hg)

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6. Fiscal Effect of Implementing the Rule

No Fiscal Effect  Increase Existing Revenues  Increase Costs  
 Indeterminate  Decrease Existing Revenues  Could Absorb Within Agency's Budget  
 Decrease Cost

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

State's Economy  Specific Businesses/Sectors  
 Local Government Units  Public Utility Rate Payers  
 Small Businesses (if checked, complete Attachment A)

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8. Would Implementation and Compliance Costs Be Greater Than \$20 million?

Yes  No

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9. Policy Problem Addressed by the Rule

This proposed rule addresses a policy change instituted by recent legislation, specifically 2013 Wisconsin Act 240. This legislation transformed physician licensure in Wisconsin by discontinuing the visiting professor license and the temporary educational license and creating three new licensure classes. One of the new licensure classes is the visiting physician license. The visiting physician license is open to candidates from outside of Wisconsin who have been invited to serve on the academic staff of a medical school in this state. The visiting physician license holder must limit their teaching, researching, and practice of medicine to the education facility, research facility or college where the visiting physician licensee has been invited to teach, research, or practicing medicine. The resident education license allows new medical school graduates to become licensed in order to complete their postgraduate training. The resident educational license holder must practice medicine and surgery only in connection with his or her duties under their postgraduate training program. Lastly, the administrative physician license allows the license holder to pursue professional managerial functions but does not allow treating patients. The Act also increased the required graduate medical educational training from one year to two years. The proposed rule seeks to amend Wis. Admin. Code s. Med 1, 3, and 5 to reflect these changes.

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10. Summary of the businesses, business sectors, associations representing business, local governmental units, and individuals that may be affected by the proposed rule that were contacted for comments.

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

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11. Identify the local governmental units that participated in the development of this EIA.

No local government units participated in the development of this EIA.

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12. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred)

This proposed rule will have minimal or no economic impact on specific businesses, business sectors, public utility rate payers, local government units or the state's economy as a whole.

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## ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

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13. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule

The benefit of implementing this proposed rule includes carrying out the statutory goals of 2013 Wisconsin Act 240 and giving clear guidance on the requirements for licensure to those applying for a license to practice medicine and surgery in Wisconsin.

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14. Long Range Implications of Implementing the Rule

Long range implications of implementing the rule include greater consistency in the licensure process for applicants seeking to practice medicine and surgery in Wisconsin.

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15. Compare With Approaches Being Used by Federal Government

None.

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

**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).

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## **ADMINISTRATIVE RULES**

### **Fiscal Estimate & Economic Impact Analysis**

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).

**ADMINISTRATIVE RULES**  
**Fiscal Estimate & Economic Impact Analysis**

Minnesota does not have a comparable administrative physician license.

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17. Contact Name

Shawn Leatherwood

18. Contact Phone Number

608-261-4438

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This document can be made available in alternate formats to individuals with disabilities upon request.

## AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:  Dr. Kenneth Simons		2) Date When Request Submitted:  7/15/2015  <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections:  Medical Examining Board Meeting			
4) Meeting Date:  8/19/2015	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page?  Possible Board Retreat - Discussion	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled?  <input type="checkbox"/> Yes ( <a href="#">Fill out Board Appearance Request</a> ) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:  Board Discussion.			
11) Authorization			
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.			