



MEDICAL EXAMINING BOARD
Room 121A, 1400 East Washington Avenue, Madison
Contact: Tom Ryan (608) 266-2112
April 20, 2016

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

AGENDA

8:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A) Adoption of Agenda (1-4)**
- B) Minutes of March 16, 2016 – Review and Approval (5-11)**
- C) Administrative Updates**
 - 1) Department and Staff Updates
 - 2) Board Members – Term Expiration Dates
 - a) Mary Jo Capodice – 07/01/2018
 - b) Greg Collins – 07/01/2016
 - c) Rodney Erickson – 07/01/2015 (Appointed for Second Term)
 - d) Suresh Misra – 07/01/2015
 - e) Carolyn Ogland Vukich – 07/01/2017
 - f) Michael Phillips – 07/01/2017
 - g) David Roelke – 07/01/2017
 - h) Kenneth Simons – 07/01/2018
 - i) Sridhar Vasudevan – 07/01/2016
 - j) Timothy Westlake – 07/01/2016
 - k) Russel Yale – 07/01/2016
 - l) Robert Zondag – 07/01/2018
 - m) Bradley Kudick – Effective 07/01/2016 (Public Member)**
 - 3) Introductions, Announcements and Recognition
 - 4) Wis. Stat. § 15.085 (3)(b) – Affiliated Credentialing Boards’ Biannual Meeting with the Medical Examining Board to Consider Matters of Joint Interest
 - 5) Informational Items
- D) Appointments, Reappointments, Confirmations, and Committee, Panel and Liaison Appointments**
- E) Legislation and Rule Matters – Discussion and Consideration (12-23)**
 - 1) Update on 2015 Wisconsin Act 269 (AB 660) Relating to Guidelines for Prescribing Controlled Substances and the Examination Authority of the Medical Examining Board
 - 2) Proposals for Med 1 and 14 Relating to General Update and Cleanup of Rules
 - 3) Update on Pending Legislation and Possible and Pending Rulemaking Projects
- F) Consumer Reports and the Informed Patient State Board Study and Website Rankings – Board Discussion (24)**

G) Interstate Medical Licensure Compact Commission – Report from Wisconsin’s Commissioners (25-30)

- 1) IMLC Draft Minutes – March 31, 2016

H) Federation of State Medical Boards (FSMB) Matters

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

- 1) Report from Dr. Westlake on Wisconsin State Coalition for Prescription Drug Abuse Reduction Meeting – April 15, 2016

J) Screening Panel Report

K) Newsletter Matters

- 1) Newsletter Discussion

L) Informational Items (31)

- 1) Report of the FSMB Workgroup on Innovations in State Based Licensure

M) Items Added After Preparation of Agenda

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

N) Future Agenda Items

O) 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.).

P) Consider Modifying 9/17/2014 Motion Regarding In Person Appearances for All Examinations (32)

Q) Full Board Oral Interview of Candidates for Licensures

- 1) **9:05 A.M. APPEARANCE** – Douglas Calvin, M.D. **(33-190)**
- 2) **9:10 A.M. APPEARANCE** – Henry Bikhazi, M.D. **(191-282)**

- R) Full Board Review for Visiting Physician Licensure**
 1) Shivashankar Damodaran, M.D. **(283-346)**
- S) APPEARANCE – Credentialing Staff Supervisor to Discuss Application Reviews (347)**
- T) Voluntary Surrender Request**
 1) Ileen Gilbert, M.D. **(348-349)**
 2) Wayne Belling, D.O. **(350-351)**
 3) Kendall Capecci, M.D. **(352-353)**
- U) Deliberation on Division of Legal Services and Compliance (DLSC) Matters**
1) Petition for Extension of Time
 a) 15 MED 177 – Robb A. Edwards, M.D. **(354-358)**
2) Monitoring (359-414)
 a) John Hale, M.D. – Requesting Full Licensure **(361-380)**
 b) Westscot Krieger, M.D. – Requesting Reduction of Drug Screens **(381-402)**
 c) Joel Lueskow, P.A. – Requesting Full Licensure **(403-414)**
3) Complaints
 a) 15 MED 420 – B.S.B. **(415-418)**
4) Administrative Warnings
 a) 15 MED 273 – S.C.H. **(419-421)**
5) Proposed Stipulations, Final Decisions and Orders
 a) 14 MED 169 – Jan A. Doose, M.D. **(422-429)**
 b) 14 MED 270 – Abel A. Garibaldi, M.D. **(430-436)**
 c) 14 MED 281 – Bruce Cardone, M.D. **(437-442)**
 d) 14 MED 331 – David Andrews, P.A. **(443-449)**
 e) 15 MED 264 – Michael D. Plooster, M.D. **(450-455)**
 f) 15 MED 439 – Tammy A. Johnson, M.D. **(456-464)**
6) Case Closings
 a) 14 MED 331 **(465-472)**
 b) 14 MED 589 **(473-480)**
 c) 15 MED 311 **(481-483)**
 d) 15 MED 433 **(484-487)**
- V) Proposed Final Decision and Order in the Matter of Disciplinary Proceedings Against:**
 1) Dale R. Tavis, M.D., Respondent, DHA Case No. SPS-16-0001, DLSC Case No. 14 MED 487 **(488-495)**
 2) Victor Ruiz, M.D., Respondent, DHA Case No. SPS-160014, DLSC Case No. 14 MED 473 **(496-503)**
- W) Open Cases**
- X) Consulting With Legal Counsel**
- Y) PLANNED PARENTHOOD OF WISCONSIN, INC., et al., Plaintiffs-appellees, v. BRAD D. SCHIMEL, Attorney General of Wisconsin, et al., Defendants-Appellants – Consulting with Amber Cardenas, Board Legal Counsel ()**
- 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

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

- AA) Open Session Items Noticed Above not Completed in the Initial Open Session
- BB) Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate
- CC) Delegation of Ratification of Examination Results and Ratification of Licenses and Certificates

ADJOURNMENT

ORAL INTERVIEW OF CANDIDATE(S) FOR LICENSURE

ROOM 124D/E

10:30 A.M., OR IMMEDIATELY FOLLOWING THE FULL BOARD MEETING

CLOSED SESSION – Reviewing Applications and Conducting Oral Interviews of Two (2) Candidates for Licensure –Dr. Erickson & Dr. Yale

NEXT MEETING DATE MAY 18, 2016

**MEDICAL EXAMINING BOARD
MEETING MINUTES
MARCH 16, 2016**

PRESENT: Mary Jo Capodice, D.O. (*arrived at 8:12 a.m.*;) Greg Collins (*Joined the meeting via phone to deliberate and vote on Applications and Summary Suspension and to affirm votes made in Closed Session;*) Rodney Erickson, M.D. (*arrived at 8:26 a.m. via GoToMeeting;*) Suresh Misra, M.D.; Carolyn Ogland Vukich, M.D. (*via GoToMeeting;*) Michael Phillips, M.D. (*via GoToMeeting;*) David Roelke, M.D.; Kenneth Simons, M.D.; Sridhar Vasudevan, M.D.; Timothy Westlake, M.D.; Russell Yale, M.D.; Robert Zondag

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

CALL TO ORDER

Kenneth Simons, Chair, called the meeting to order at 8:00 a.m. A quorum of nine (9) members was confirmed.

ADOPTION OF AGENDA

Amendments to the Agenda:

- *Remove (Optional) from Item D: Attorney Frank Doherty Appearance*
- *Item Q.1: Added additional material*
- *Correction: Assembly Bill 715 to Assembly Bill 712*

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

(Mary Jo Capodice joined the meeting at 8:12 a.m.)

MINUTES OF FEBRUARY 17, 2016 – REVIEW AND APPROVAL

MOTION: Sridhar Vasudevan moved, seconded by Suresh Misra, to approve the minutes of February 17, 2016 as published. Motion carried unanimously.

ELECTIONS, APPOINTMENTS, REAPPOINTMENTS, CONFIRMATIONS, AND COMMITTEE, PANEL AND LIAISON APPOINTMENTS

Continuing Education Liaison

MOTION: Sridhar Vasudevan moved, seconded by Robert Zondag, to affirm the Chair's appointment of Russell Yale as the Continuing Education Liaison. Motion carried unanimously.

Reappointment – Council of Physicians Assistants – Jeremiah Barrett

MOTION: Sridhar Vasudevan moved, seconded by David Roelke, to reappoint Jeremiah Barrett to the Council on Physicians Assistants for a term to expire 07/01/2020. Motion carried unanimously.

(Correction from 02/17/16 motion to reappoint Jeremiah Barrett for a term to expire 07/01/2016.)

Appointment – Council of Physicians Assistants – Nadine Miller, PA-C

MOTION: Timothy Westlake moved, seconded by Mary Jo Capodice, to appoint Nadine Miller, PA-C to the Council on Physicians Assistants for a term to start 07/01/2016 and expire 07/01/2020. Motion carried unanimously.

(Rodney Erickson joined the meeting at 8:26 a.m.)

INTERSTATE MEDICAL LICENSURE COMPACT COMMISSION – REPORT FROM WISCONSIN’S COMMISSIONERS

MOTION: Sridhar Vasudevan moved, seconded by David Roelke, to authorize the Commissioners to attend the Interstate Medical Licensure Compact Commission meetings and events. Motion carried unanimously.

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

Request to Speak with Atty. Patrick Koenen, Hinshaw & Culbertson, L.L.P. Regarding Telemedicine

MOTION: Robert Zondag moved, seconded by Sridhar Vasudevan, to decline the invitation for Kenneth Simons to speak with Attorney Patrick Koenen of Hinshaw & Culbertson, L.L.P. on behalf of the Board regarding Telemedicine, as the Board has appointed a committee to review Telemedicine. Motion carried unanimously.

Wisconsin Coalition for Prescription Drug Abuse

MOTION: Suresh Misra moved, seconded by David Roelke, to authorize Timothy Westlake to speak at the Wisconsin State Coalition for Prescription Drug Abuse Reduction meeting on April 15, 2016. Motion carried unanimously.

CLOSED SESSION

MOTION: Timothy Westlake moved, seconded by David Roelke, 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; Rodney Erickson – yes; Suresh Misra – yes; Carolyn Ogland Vukich – yes; Michael Phillips – yes; David Roelke – 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 8:51 a.m.

RECONVENE TO OPEN SESSION

MOTION: Suresh Misra moved, seconded by Sridhar Vasudevan, to reconvene in Open Session at 10:52 a.m. Motion carried unanimously.

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

(Greg Collins joined the meeting via phone to vote on items considered or deliberated upon in closed session.)

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

FULL BOARD ORAL INTERVIEW OF CANDIDATES FOR LICENSURE

APPEARANCE – Adnan Qureshi, M.D.

MOTION: Sridhar Vasudevan moved, seconded by Robert Zondag, to table the application of Adnan Qureshi, M.D., to gather additional information. Motion carried.

(Russell Yale and Mary Jo Capodice recused themselves and left the room for deliberation and voting in the matter of Adnan Qureshi, M.D.)

(Greg Collins joined the meeting via phone for deliberation and voting in the matter of Adnan Qureshi, M.D.)

Henry Bikhazi, M.D.

MOTION: Sridhar Vasudevan moved, seconded by Timothy Westlake, to request Henry Bikhazi, M.D. appear before the Board for a Full Board Oral Interview. Motion carried unanimously.

(Greg Collins joined the meeting via phone for deliberation and voting in the matter of Henry Bikhazi, M.D.)

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

Toshio Takayama, M.D.

MOTION: Suresh Misra moved, seconded by Mary Jo Capodice, to grant a waiver of the 24 months of ACGME/AOA approved post graduate training per Wis. Stat. § 448.05(2)(c). Motion carried. Abstained: 1

MOTION: Mary Jo Capodice moved, seconded by Suresh Misra, to grant the license to practice medicine and surgery to Toshio Takayama, M.D., once all requirements are met. Motion carried. Abstained: 1

VOLUNTARY SURRENDER REQUEST – APPROVAL NEEDED

Cameron F. Parsa, M.D.

MOTION: David Roelke moved, seconded by Sridhar Vasudevan, to approve the voluntary surrender request of Cameron F. Parsa, M.D. Motion carried unanimously.

PETITION FOR SUMMARY SUSPENSION AND PETITION FOR DESIGNATION OF HEARING OFFICIAL

**DAVID J. HOULIHAN, M.D.
15 MED 002**

(Rodney Erickson and Sridhar Vasudevan recused themselves and left the room for deliberation and voting in the matter concerning David J. Houlihan, M.D., DLSC case number 15 MED 002.)

(Greg Collins joined the meeting via phone for deliberation and voting in the matter of David J. Houlihan, M.D.)

Summary Suspension and Designation of Hearing Official

MOTION: David Roelke moved, seconded by Robert Zondag, to find that notice was given to David J. Houlihan, M.D., Respondent, DLSC Case No. 15 MED 002, in the matter of the Summary Suspension proceedings pursuant to Wis. Admin. Code §§ SPS 6.05 and 6.06. Motion carried.

MOTION: David Roelke moved, seconded by Suresh Misra, to find probable cause to believe that David J. Houlihan, M.D., Respondent, has violated the provisions of Subchapter II, Wis. Stat. ch. 448, and that it is necessary to suspend the Respondent's license and registration to practice medicine and surgery immediately to protect the public health, safety, or welfare and to issue the Order of Summary Suspension in the matter of the Summary Suspension proceedings against Respondent, DLSC Case No. 15 MED 002, pursuant to Wis. Stat. § 448.02(4). Motion carried.

MOTION: Russell Yale moved, seconded by Mary Jo Capodice, to designate a Hearing Official for any hearing to show cause in the matter of the Summary Suspension proceedings against David J. Houlihan, M.D., Respondent, DLSC Case No. 15 MED 002, pursuant to Wis. Admin. Code §§ SPS 6.03 and 6.11. Motion carried.

MOTION: David Roelke moved, seconded by Suresh Misra, to authorize Kenneth Simons as having the authority to act on behalf of the Board to review, approve and sign the Summary Suspension Order and Order Designating Hearing Official in the matter of the Summary Suspension proceedings against David J. Houlihan, M.D., Respondent, DLSC Case No. 15 MED 002. Motion carried.

Deliberation on Complaint for Determination of Probable Cause

MOTION: Suresh Misra moved, seconded by David Roelke, to find probable cause to issue a complaint in the matter of DLSC Case No. 15 MED 002 pursuant to Wis. Stat. § 448.02(3)(b). Motion carried.

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

Monitoring

Paul Strapon III, M.D.

MOTION: Sridhar Vasudevan moved, seconded by Russell Yale, to approve the request of Paul Strapon III, M.D. to apply for a limited DEA Certificate. Motion carried unanimously.

Kirsten Peterson, M.D.

MOTION: Sridhar Vasudevan moved, seconded by Timothy Westlake, to approve the request of Kirsten Peterson, M.D. for removal of limitations from license. Motion carried unanimously.

Administrative Warning

14 MED 466 – R.M.R.

MOTION: Sridhar Vasudevan moved, seconded by Suresh Misra, to issue an Administrative Warning in the matter of DLSC case number 14 MED 466 – R.M.R. Motion carried unanimously.

Proposed Stipulations, Final Decisions and Orders

14 MED 250 – Earl L. Anderson, M.D.

MOTION: Timothy Westlake moved, seconded by Robert Zondag, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Earl L. Anderson, M.D., DLSC Case No. 14 MED 250. Motion carried unanimously.

14 MED 270 – Abel A. Garibaldi, M.D.

MOTION: Sridhar Vasudevan moved, seconded by David Roelke, to table the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Abel A. Garibaldi, M.D., DLSC Case No. 14 MED 270. Motion carried unanimously.

14 MED 281 – Bruce Cardone, M.D.

MOTION: Russell Yale moved, seconded by David Roelke, to table the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Bruce Cardone, M.D., DLSC case number 14 MED 281. Motion carried.

(Michael Phillips recused himself and left the room for deliberation and voting in the matter concerning Bruce Cardone, M.D., DLSC case number 14 MED 281.)

14 MED 434 – W. Dudley Johnson, M.D.

MOTION: Robert Zondag moved, seconded by David Roelke, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against W. Dudley Johnson, M.D., DLSC case number 14 MED 434. Motion carried unanimously.

14 MED 607 – Paul Awa, M.D.

MOTION: Sridhar Vasudevan moved, seconded by Suresh Misra, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Paul Awa, M.D., DLSC Case No. 14 MED 607. Motion carried unanimously.

15 MED 047 – Thomas J. Kalinosky, D.O.

MOTION: David Roelke moved, seconded by Robert Zondag, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Thomas J. Kalinosky, DLSC Case No. 15 MED 047. Motion carried unanimously.

15 MED 049 – Michael C. Macatol, M.D.

MOTION: Russell Yale moved, seconded by Suresh Misra, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Michael C. Macatol, M.D., DLSC Case No. 15 MED 049. Motion carried unanimously.

15 MED 210 – Mohammad R. Khan, M.D.

MOTION: Suresh Misra moved, seconded by Timothy Westlake, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Mohammad R. Khan, M.D., DLSC Case No. 15 MED 210. Motion carried unanimously.

15 MED 264 – Michael D. Plooster, M.D.

MOTION: Suresh Misra moved, seconded by Russell Yale, to table the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Michael D. Plooster, M.D., DLSC Case No. 15 MED 264. Motion carried unanimously.

15 MED 268 – David J. Engstrand, M.D.

MOTION: Timothy Westlake moved, seconded by Robert Zondag, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against David J. Engstrand, M.D., DLSC Case No. 15 MED 268. Motion carried unanimously.

Case Closings

CASE CLOSING(S)

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

- 1. 14 MED 347 – G.C.H. No Violation***
- 2. 15 MED 441 – C.E.J. No Violation***

Motion carried unanimously.

ORDERS FIXING COSTS – DISCUSSION AND CONSIDERATION

Jonathan G. Peterson, M.D.

MOTION: Timothy Westlake moved, seconded by David Roelke, to adopt the Order Fixing Costs in the matter of disciplinary proceedings against Jonathan G. Peterson, M.D., Respondent, order number ORDER0004486. Motion carried unanimously.

Roger A. Pellmann, M.D.

MOTION: Sridhar Vasudevan moved, seconded by David Roelke, to adopt the Order Fixing Costs in the matter of disciplinary proceedings against Roger A. Pellmann, M.D., Respondent, order number ORDER0004485. Motion carried unanimously.

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

MOTION: Sridhar Vasudevan moved, seconded by David Roelke, to delegate ratification of examination results to DSPS staff and to ratify all licenses and certificates as issued. Motion carried unanimously.

ADJOURNMENT

MOTION: Suresh Misra moved, seconded by Timothy Westlake, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 10:57 a.m.

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dale Kleven Administrative Rules Coordinator		2) Date When Request Submitted: 4/7/16 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 4/20/16	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Legislation and Rule Matters – Discussion and Consideration 1. Update on 2015 Wisconsin Act 269 (AB 660) Relating to Guidelines for Prescribing Controlled Substances and the Examination Authority of the Medical Examining Board 2. Proposals for Med 1 and 14 Relating to General Update and Cleanup of Rules 3. Update on Pending Legislation and Possible and Pending Rulemaking Projects	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: 1. 2015 Wisconsin Act 269: http://docs.legis.wisconsin.gov/2015/related/acts/269.pdf			
11) <i>Dale Kleven</i> <hr/> Signature of person making this request		Authorization <i>April 7, 2016</i> <hr/> Date	
<hr/> Supervisor (if required)		<hr/> Date	
<hr/> 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.			

Chapter Med 1

LICENSE TO PRACTICE MEDICINE AND SURGERY

Med 1.01	Authority and purpose.	Med 1.06	Panel review of applications; examinations required.
Med 1.015	Definitions.	Med 1.07	Conduct of examinations.
Med 1.02	Applications and credentials.	Med 1.08	Failure and reexamination.
Med 1.03	Translation of documents.	Med 1.09	Examination review by applicant.
Med 1.05	Fees.	Med 1.10	Board review of examination error claim.

Note: Chapter Med 1 as it existed on October 31, 1976 was repealed and a new chapter Med 1 was created effective November 1, 1976.

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

History: Cr. Register, October, 1976, No. 250, eff. 11–1–76; correction made under s. 13.93 (2m) (b) 7., Stats., Register, May, 1989, No. 401.

Med 1.015 Definitions. As used in this chapter:

- (1) “FLEX” means the federated licensing examination.
- (2) “NBME” means the national board of medical examiners examination.
- (3) “USMLE” means the United States medical licensing examination.

History: Cr. Register, January, 1994, No. 457, eff. 2–1–94.

Med 1.02 Applications and credentials. Every person applying for regular license to practice medicine and surgery shall make application therefor on forms provided for this purpose by the board and shall submit to the board the following:

- (1) A completed and verified application form.
- (2) Verified documentary evidence of graduation from a medical or osteopathic school approved by the board. The board recognizes as approved those medical or osteopathic schools recognized and approved at the time of the applicant’s graduation therefrom by the American osteopathic association, or the liaison committee on medical education, or successors. If an applicant is not a graduate of a medical school approved by the board, but is a graduate of a medical school recognized and listed as such by the world health organization of the united nations, such applicant shall submit verified documentary evidence of graduation from such school and also verified documentary evidence of having passed the examinations conducted by the educational council for foreign medical graduates or successors, and shall also present for the board’s inspection the originals thereof, and if such medical school requires either social service or internship or both of its graduates, and if the applicant has not completed either such required social service or internship or both, such applicant shall also submit verified documentary evidence of having completed a 12 month supervised clinical training program under the direction of a medical school approved by the board.
- (3) (a) Verification of satisfactory completion by the applicant of 24 months of postgraduate training in one or more programs accredited by the Accreditation Council for Graduate Medical Education, the American Osteopathic Association or a successor organization; or documentary evidence that the applicant is currently enrolled in a postgraduate training program accredited by the Accreditation Council for Graduate Medical Education, or the American Osteopathic Association or 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 Colleges of Osteopathic Medicine, and the National Joint Committee on Approval of Pre-Registration of Physician Training Programs of Canada, or their successor organizations.

(4) An unmounted photograph, approximately 8 by 12 cm., of the applicant taken not more than 60 days prior to the date of application and bearing on the reverse side the statement of a notary public that such photograph is a true likeness of the applicant.

(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) The required fees made payable to the Wisconsin department of safety and professional services.

History: Cr. Register, October, 1976, No. 250, eff. 11–1–76; cr. (6), Register, February, 1997, No. 494, eff. 3–1–97; correction in (5) made under s. 13.93 (2m) (b) 6.,

Stats., Register, December, 1999, No. 528; correction in (5), (6) made under s. 13.92 (4) (b) 6., Stats., Register November 2011 No. 671; CR 13-090: am. (2) Register April 2014 No. 700, eff. 5-1-14; EmR1505: emerg. r. and recr. (3), eff. 4-1-15; CR 15-022: r. and recr. (3) Register October 2015 No. 718, eff. 11-1-15.

Med 1.03 Translation of documents. If any of the documents required under this chapter are in a language other than English, the applicant shall also submit a verified English translation thereof, and the cost of such translation shall be borne by the applicant.

History: Cr. Register, October, 1976, No. 250, eff. 11-1-76.

Med 1.05 Fees. The required fees must accompany the application, and all remittances must be made payable to the Wisconsin medical examining board.

History: Cr. Register, October, 1976, No. 250, eff. 11-1-76.

Med 1.06 Panel review of applications; examinations required. (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 interview if the applicant:

1. Has a medical condition which in any way impairs or limits the applicant's ability to practice medicine and surgery with reasonable skill and safety.
2. Uses chemical substances so as to impair in any way the applicant's ability to practice medicine and surgery with reasonable skill and safety.
3. Has been disciplined or had licensure denied by a licensing or regulatory authority in Wisconsin or another jurisdiction.
4. Has been found to have been negligent in the practice of medicine or has been a party in a lawsuit in which it was alleged that the applicant had been negligent in the practice of medicine.
5. Has been convicted of a crime the circumstances of which substantially relate to the practice of medicine.
6. Has lost, had reduced or had suspended his or her hospital staff privileges, or has failed to continuously maintain hospital privileges during the applicant's period of licensure following post-graduate training.
7. Has been graduated from a medical school not approved by the board.
8. Has been diagnosed as suffering from pedophilia, exhibitionism or voyeurism.
9. Has within the past 2 years engaged in the illegal use of controlled substances.
10. Has been subject to adverse formal action during the course of medical education, postgraduate training, hospital practice, or other medical employment.
11. Has not practiced medicine and surgery for a period of 3 years prior to application, unless the applicant has been graduated from a school of medicine within that period.

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

(c) All examinations shall be conducted in the English language.

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

(2) The board will notify each applicant found eligible for examination of the time and place scheduled for that applicant's examinations. Failure of an applicant to appear for examinations as scheduled will void that applicant's application and require the

applicant to reapply for licensure, unless prior scheduling arrangements have been made with the board by the applicant.

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

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

Note: The 10-year or 12-year time limit applies to all applicants, regardless of the date of application, including applicants denied under the prior 7-year or 9-year time limit who submit a new application for licensure.

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

Note: The following table represents application of s. Med 1.06 (3) (c)

USMLE STEP 1	USMLE STEP 2	USMLE STEP 3
FLEX COMPONENT 1 or NBME PART 1	FLEX COMPONENT 1 or NBME PART 2	FLEX COMPONENT 2 or NBME PART 3

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

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

(f) An applicant who has passed all 3 components of any of the examinations of the following boards and councils may submit to

the board verified documentary evidence thereof, and the board will accept this in lieu of requiring further written or computer-based examination of the applicant.

1. National Board of Medical Examiners.
2. National Board of Examiners of Osteopathic Physicians and Surgeons.
3. Medical Council of Canada, if the examination is taken on or after January 1, 1978.
4. Medical Council of Canada, if the examination was taken before January 1, 1978, and the applicant is board certified at the time of application by a specialty board acceptable to the board.

(g) An applicant who has received passing grades in written or computer-based examinations for a license to practice medicine and surgery conducted by another licensing jurisdiction of the United States or Canada may submit to the board verified documentary evidence thereof. The board will review such documentary evidence to determine whether the scope and passing grades of such examinations are substantially equivalent to those of this state at the time of the applicant's examination, and if the board finds such equivalence, the board will accept this in lieu of requiring further written or computer-based examination of the candidate. The burden of proof of such equivalence shall lie upon the applicant.

(5) Any applicant who is a graduate of a medical school in which English is not the primary language of communication may be examined by the board on his or her proficiency in the English language.

History: Cr. Register, October, 1976, No. 250, eff. 11-1-76; am. (4), Register, August, 1979, No. 284, eff. 9-1-79; am. (3) (b), cr. (3) (b) 1. to 3., Register, October, 1980, No. 298, eff. 11-1-80; cr. (5), Register, October, 1984, No. 346, eff. 11-1-84; emerg. am. (3) (intro.), r. and recr. (3) (a), renum. (3) (b) and (c) to be (3) (c) and (d), cr. (3) (b) eff. 2-8-85; am. (3) (intro.), r. and recr. (3) (a), renum. (3) (b) and (c) to be (3) (c) and (d), cr. (3) (b), Register, September, 1985, No. 357, eff. 10-1-85; r. and recr. (1) Register, April, 1987, No. 376, eff. 5-1-87; renum. (3) (intro.), (a), (b), (c) (intro) and (d) to be (3) (a), (d), (e), (f) (intro.) and (g) and am. (a), (d), (e) and (f) (intro.), cr. (3) (b) and (c), Register, January, 1994, No. 457, eff. 2-1-94; am. (1) (a) (intro.), 3. to 6. and (d), r. and recr. (1) (a) 1. and 2., cr. (1) (a) 8. to 11., Register, February, 1997, No. 494, eff. 3-1-97; am. (1) (a) (intro.), (d), (3) (a), (b), (d), (e), (f) (intro.) and (g), Register, March, 2000, No. 531, eff. 4-1-00; CR 01-032: am. (3) (b), Register October 2001 No. 550, eff. 11-1-01; CR 03-072: am. (3) (f), cr. (3) (f) 4. Register January 2004 No. 577, eff. 2-1-04; CR 06-114: am. (3), Register April 2007 No. 616, eff. 5-1-07; CR 15-022: am. (1) (a) (intro.), (b), (d), r. (4) Register October 2015 No. 718, eff. 11-1-15.

Med 1.07 Conduct of examinations. (1) At the opening of the examinations each applicant shall be assigned a number which shall be used by the applicant on all examination papers, and neither the name of the applicant nor any other identifying marks shall appear on any such papers.

(2) At the beginning of the examinations a proctor shall read and distribute to the applicants the rules of conduct to be followed during the examinations and the consequences of violation of the rules. If an applicant violates the rules of conduct, the board may withhold or invalidate the applicant's examination scores, disqualify the applicant from the practice of medicine or impose other appropriate discipline.

History: Cr. Register, October, 1976, No. 250, eff. 11-1-76; r. and recr. (2), Register, December, 1984, No. 348, eff. 1-1-85.

Med 1.08 Failure and reexamination. (1) An applicant who fails to achieve a passing grade in the examinations required under this chapter may apply for reexamination on forms provided by the board and pay the appropriate fee for each reexamination as required in s. 440.05, Stats. An applicant who fails to achieve a passing grade may be reexamined twice at not less than 4-month intervals. If the applicant fails to achieve a passing grade on the second reexamination, the applicant may not be admitted to any further examination until the applicant reapplies for licensure and presents evidence satisfactory to the board of further professional training or education as the board may prescribe following its evaluation of the applicant's specific case.

(2) If an applicant has been examined 4 or more times in another licensing jurisdiction in the United States or Canada

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

Note: Application forms are available on request to the board office, 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

History: Cr. Register, October, 1976, No. 250, eff. 11-1-76; am. (1) and cr. (2), Register, September, 1985, No. 357, eff. 10-1-85; am. (2), Register, March, 2000, No. 531, eff. 4-1-00; CR 15-022: am. (2) Register October 2015 No. 718, eff. 11-1-15.

Med 1.09 Examination review by applicant. (1) An applicant who fails the 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.

(2) Examination reviews are by appointment only.

(3) An applicant may review the statutes and rules examination for not more than one hour.

(5) The applicant may not be accompanied during the review by any person other than the proctor.

(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 and a copy of the master answer sheet.

(7) The applicant may review the examination in the presence of a proctor. The applicant shall be provided with a form on which to write comments, questions or claims of error regarding any items in the examination. Bound reference books shall be permitted. Applicants shall not remove any notes from the area. Notes shall be retained by the proctor and made available to the applicant for use at a hearing, if desired. The proctor shall not defend the examination nor attempt to refute claims of error during the review.

(8) An applicant may not review the examination more than once.

History: Cr. Register, February, 1997, No. 494, eff. 3-1-97; CR 15-022: am. (1), r. (4), am. (6) Register October 2015 No. 718, eff. 11-1-15.

Med 1.10 Board review of examination error claim.

(1) An applicant claiming examination error shall file a written request for board review in the board office within 30 days of the date the examination was reviewed. The request shall include all of the following:

(a) The applicant's name and address.

(b) The type of license for which the applicant applied.

(c) A description of the mistakes the applicant believes were made in the examination content, procedures, or scoring, including the specific questions or procedures claimed to be in error.

(d) The facts which the applicant intends to prove, including reference text citations or other supporting evidence for the applicant's claim.

(2) The board shall review the claim, make a determination of the validity of the objections and notify the applicant in writing of the board's decision and any resulting grade changes.

(3) If the decision does not result in the applicant passing the examination, a notice of denial of license shall be issued. If the board issues a notice of denial following its review, the applicant may request a hearing under s. SPS 1.05.

Note: The board office is located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

History: Cr. Register, February, 1997, No. 494, eff. 3-1-97; correction in (3) made under s. 13.92 (4) (b) 7., Stats., Register November 2011 No. 671.

Chapter Med 14

BIENNIAL REGISTRATION

Med 14.01 Authority and purpose.
 Med 14.02 Definitions.
 Med 14.03 Registration required; method of registration.

Med 14.04 Initial registration.
 Med 14.05 Registration prohibited, annulled; reregistration.
 Med 14.06 Failure to be registered.

Med 14.01 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 biennial registration of licensees of the board.

History: Cr. Register, May, 1977, No. 257, eff. 6-1-77; am. Register, March, 1979, No. 279, eff. 4-1-79; correction made under s. 13.93 (2m) (b) 7., Stats., Register, May, 1989, No. 401.

Med 14.02 Definitions. For the purposes of these rules:

- (1) "Board" means the medical examining board.
- (2) "License" means any license, permit, or certificate issued by the board.
- (3) "Licensee" means any person validly possessing any license, permit, or certificate granted and issued to that person by the board.

History: Cr. Register, May, 1977, No. 257, eff. 6-1-77.

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

History: Cr. Register, May, 1977, No. 257, eff. 6-1-77; am. Register, March, 1979, No. 279, eff. 4-1-79; am. Register, September, 1985, No. 357, eff. 10-1-85; am. Register, December, 1993, No. 456, eff. 1-1-94; am. Register, February, 1997, No. 494, eff. 3-1-97.

Med 14.04 Initial registration. Any licensee who is initially granted and issued a license during a given calendar year shall register for that biennium. 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.

History: Cr. Register, May, 1977, No. 257, eff. 6-1-77; am. Register, March, 1979, No. 279, eff. 4-1-79; am. Register, September, No. 357, eff. 10-1-85.

Med 14.05 Registration prohibited, annulled; reregistration. Any physician required to comply with the provisions of s. 448.13, Stats., and of ch. Med 13, and who has not so complied, will not be permitted to register. Any person whose license has been suspended or revoked will not be permitted to register, and the registration of any such person shall be deemed automatically annulled upon receipt by the secretary of the board of a verified report of such suspension or revocation, subject to such person's right of appeal. A person whose license has been suspended or revoked and subsequently restored shall be reregistered by the board upon receipt by the board of both a verified report of such restoration and a completed registration form.

History: Cr. Register, May, 1977, No. 257, eff. 6-1-77; renum. from Med 14.06 and am. Register, March, 1979, No. 279, eff. 4-1-79.

Med 14.06 Failure to be registered. (1) Failure for whatever reason of a licensee to be registered as required under this chapter thereby makes such licensee subject to the effect of s. 448.07 (1) (a), Stats., which states, inter alia, "*No person may exercise the rights or privileges conferred by any license or certificate granted by the board unless currently registered as required . . .*".

(2) Failure to renew a license by November 1 of odd-numbered years shall cause the license to lapse. A licensee who allows the license to lapse may apply to the board for reinstatement of the license as follows:

(a) If the licensee applies for renewal of the license less than 5 years after its expiration, the license shall be renewed upon payment of the renewal fee and fulfillment of the continuing education requirements.

(b) If the licensee applies for renewal of the license more than 5 years after its expiration, the board shall make such inquiry as it finds necessary to determine whether the applicant is competent to practice under the license in this state, and shall impose any reasonable conditions on reinstatement of the license, including oral examination, as the board deems appropriate. All applicants under this paragraph shall be required to pass the open book examination on statutes and rules, which is the same examination given to initial applicants.

History: Cr. Register, May, 1977, No. 257, eff. 6-1-77; renum. from Med 14.07, Register, March, 1979, No. 279, eff. 4-1-79; r. and recr. Register, December, 1993, No. 456, eff. 1-1-94.

STATE OF WISCONSIN
MEDICAL EXAMINING BOARD

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

PROPOSED ORDER

An order of the Medical Examining Board to *

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted:

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

Statutory authority:

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

Explanation of agency authority:

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

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

Section 448.40 (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.”

Related statute or rule:

None.

Plain language analysis:

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

None.

Comparison with rules in adjacent states:

Illinois:

Iowa:

Michigan:

Minnesota:

Summary of factual data and analytical methodologies:

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

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:

Katie Vieira, 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.

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

Comments may be submitted to Katie Vieira, 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.Vieira@wisconsin.gov. **Comments must be received on or before * to be included in the record of rule making proceedings.**

TEXT OF RULE

SECTION X. Med 1.015 (4) is created to read:

Med 1.015 (4) “COMLEX-USA” means the comprehensive osteopathic medical licensing examination

Comment [KP1]: Only keep definition if Board decides to spell out the processes and procedures for the COMLEX-USA similar to the FLEX.

SECTION X. Med 1.02 (2) and (3) (a), (b), and (c) as amended by CR15-022 are amended to read:

Med 1.02 (2) Verified documentary evidence of graduation from a medical or osteopathic school approved by the board. The board recognizes as approved those medical or osteopathic schools ~~recognized and approved~~ accredited at the time of the applicant's graduation therefrom by the ~~American osteopathic association~~ Osteopathic Association, or the ~~liaison committee on medical education~~ Liaison Committee on Medical Education, or their successors. If an applicant is not a graduate of a medical school approved by the board, but is a graduate of a medical school recognized and listed as such by the ~~world health organization of the united nations~~ World Directory of Medical Schools or its predecessor the International Medical Education Directory, such applicant shall submit verified documentary evidence of graduation from such school and also verified documentary evidence of having passed the examinations ~~conducted~~ required by the ~~educational council for foreign medical graduates~~ Educational Council for Foreign Medical Graduates or successors, and shall also present for the board's inspection the originals thereof, and if such medical school requires either social service or internship or both of its graduates, and if the applicant has not completed either such required social service or internship or both, such applicant shall also submit verified documentary evidence of having completed a 12 month supervised clinical training program under the direction of a medical school approved by the board.

(3) (a) Verification of satisfactory completion by the applicant of 24 months of postgraduate training in one or more programs accredited by the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, or a successor organization; or documentary evidence that the applicant is currently enrolled in a postgraduate training program accredited by the Accreditation Council for Graduate

Medical Education, or the American Osteopathic Association, or the Royal College of Physicians and Surgeons of Canada, or a successor organization and has received credit for 12 consecutive months of postgraduate training in that program and an unrestricted endorsement from the postgraduate training director that the applicant is expected to complete at least 24 months of postgraduate training.

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

Comment [KP2]: Is this an accrediting organization or would it be more appropriate to include in 1.02 (3) (d)? Replace the National Joint Committee on Approval of Pre-Registration Programs?

(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.

SECTION X. Med 1.06 (1) (a) and (d) as amended by CR15-022 is 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 interview if the applicant:

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

SECTION X. Med 1.06 (2) is repealed.

SECTION X. Med 1.06 (3) (a), (b), (d), and (f) (intro.) and 2. are amended to read:

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

Comment [KP3]: The FSMB was inconsistent on whether it wanted the 75.0 changed to 75. What is most appropriate? It appears to me that Step 2 CS is graded pass/fail and not on a numerical scale. Also it appears as though

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

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

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

(e) The board may waive the requirement for written or computer-based examinations required in this section for any applicant who has achieved a score of no less than 75.0 75 on each of the 2 components Components 1 and 2 of the FLEX examination administered on or after January 1, 1985 in another licensing jurisdiction in the United States or Canada, if the applicant achieved a score of no less than 75.0 75 on

each of the 2 ~~components~~ Components in no more than 3 attempts. If the applicant has been examined 4 or more times before achieving a score of ~~75.0~~ 75 on either or both ~~components~~ Components of the FLEX examination, the applicant shall meet requirements specified in s. Med 1.08 (2).

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

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

SECTION X. Med 1.06 (3) (f) 2. (Note) is created to read:

Note: Including the National Board of Osteopathic Medical Examiner's Comprehensive Osteopathic Medical Licensing Examination.

Comment [KP4]: Would the Board rather spell out the time/attempt limits similar to the FLEX examination or does it suffice to include the COMLEX in a note.

SECTION X. Med 1.06 (5), 1.07, 1.08 (1), and 1.09 are repealed.

SECTION 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 _____

Board Chairperson
Medical Examining Board

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:		2) Date When Request Submitted: 3/30/2016	
		Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 4/20/2016	5) Attachments: x Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Consumer Reports and the Informed Patient Institute State Board Study and Website Rankings – Board Discussion	
7) Place Item in: x Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Board Review of the Consumer Reports Study: <ul style="list-style-type: none"> • Narrative Report: http://www.consumerreports.org/cro/health/doctors-and-hospitals/what-you-dont-know-about-your-doctor-could-hurt-you/index.htm • Board Website Rankings: http://consumersunion.org/wp-content/uploads/2016/03/Chart-website-review-CR-blobs-all-states-FINAL-4.pdf 			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)		Date	

**INTERSTATE MEDICAL LICENSURE COMPACT
COMMISSION
St. Paul, Minnesota
March 31, 2016**

The third meeting of the Interstate Medical Licensure Compact Commission convened at 12:05 PM with a call to order by Chairman Ian Marquand (MT).

Roll Call was completed by Secretary Shepard (WV) with 92% attendance of the twelve (12) member states, including the newest member state, Wisconsin.

Invited guests included: Rick Masters from The Council of State Governments and Colmon Elridge from The Council of State Governments National Center for Interstate Compacts, as well as Kay Taylor from FSMB. The public audience consisted of representatives from the AMA, AOA, the American Academy of Neurology and representatives from the State of Minnesota. No one identified themselves as attending the meeting by conference call.

Agenda:

The draft agenda was presented for review. On a motion by Commissioner Goetter (AL) and seconded by Commissioner Schaecher (UT) the agenda was approved by as presented by voice vote.

Minutes:

The minutes from the Commission meeting of December 18, 2015 were presented with recommended grammatical revisions to the draft minutes by the Secretary. Commissioner Schaecher (AL) requested the minutes reflect his offer to serve on the Bylaws/Rule Committee. On a motion by Commissioner Longo (NV) and seconded by Commissioner Clark (IA), the minutes were unanimously approved by voice vote with all recommended revisions included.

Committee Reports:

The following committee reports were made by their respective chairs.

Executive Committee:

Chairman Marquand (MT) reported that the Executive Committee had met on February 22, 2016 via conference call following the required 30 day notice. The primary purpose of this meeting was to set the agenda for the next meeting of the Commission with reports being received by committee chairs. While a work plan was not developed during that meeting, it is believed that after today's committee reports have been received the Executive Committee will be able to complete that task.

The Commissioners discussed the 30 day notice as a possible restriction placed on the Executive Committee for a timely response to urgent matters of the Commission. A motion was made by Commissioner Thomas (MN) and seconded by Commissioner Goetter (AL) to ask the Bylaws Committee to address the current 30 day notice requirement for Executive Committee meetings and any obstacles that may present for the committee to do its work. The motion passed by voice vote.

Budget Committee:

The Budget Committee did not have specific budget issues that required a meeting in the interim. The Budget Committee did ask The Council for State Governments to lead the Commission in a discussion of the 501(3)(c) tax status.

Mr. Masters has researched this topic in depth at the request of other compacts. While there is nothing to prevent the Interstate Medical Licensure Compact Commission from applying for a 501(c)(3) designation, it would require the incorporation of the Commission as a not-for-profit tax exempt organization. Under our statute, we have identified ourselves as an agent created by state governments which do not typically incorporate in order to preserve their sovereign immunity. However, seeking a private revenue ruling may answer the Commission's tax issues and still protect our immunity. The Commission could also investigate the formation of a 501(c)(3) Foundation to receive contributions.

A motion was made by Commissioner Zondag (WI) and seconded by Commissioner Thomas (MN) to ask the Commission Treasurer to obtain an FEIN number and establish a bank account and for CSG to seek a private revenue ruling.

Funding Committee:

The FSMB Foundation has approved a grant request from the Commission for \$25,000. On a motion by Commissioner Zondag (WI) and seconded by Commissioner Schneider (IL) the Commission approved the acceptance of the \$25,000 grant to be used for a pilot/dry run project on interstate licensing. The vote was approved by voice vote with one negative vote.

Commissioner Thomas (MN) moved and Commissioner Goetter (AL) seconded a motion to ask Chairman Marquand (MT) to write a thank you letter to the FSMB Foundation for the \$25,000 grant. Motion approved by voice vote.

Technology Committee:

Several phone conferences were held by committee members plus one face-to-face meeting in Euless, Texas with FSMB Information Technology Leadership. This meeting was held to discuss general "how to" issues on setting up a process of developing a mission-critical database to support the functions of the Compact.

The committee reported the obligations and options for both the Commission and the Member States as outlined in Section 8 of the Compact. Those are as follows:

- Commission:
- 1) Shall establish a database of all physicians licensed, or who have applied for licensure, through the IMLC.
 - 2) Has the authorization to adopt rules for mandatory/discretionary information sharing by member boards.

Member Boards:

- 1) Shall report to the IMLC any public actions or complaints against physicians who have applied or received a license through the IMLC.
- 2) Shall report disciplinary/investigative information per Commission Rule.
- 3) May report to the IMLC nonpublic complaints, disciplinary or investigatory information not otherwise required by Subsection 8 (c).
- 4) Shall share complaint/disciplinary information about a physician upon request of another member board.

The committee provided a "swimlane" which designated the licensing process for an initial compact license. This process could be used in a pilot project/dry run scenario being recommended by the Commission in its previous action. Much discussion ensued regarding the Hub portion of the swimlane and how that process relates to the authority of member states. The Technology Committee is not recommending any rules until implementation of the pilot begins. Motion was made by Commissioner Knittle (WV) and seconded by Commissioner Feist (MT) to accept the report of the Technology Committee and to use the \$25,000 grant and the proposed "swimlane" as a foundation for a pilot project/dry run towards compact licensing. The motion was approved by voice vote.

Montana, Iowa, Alabama, and South Dakota Commissioners volunteered their states to work with the pilot project/dry run when ready to begin.

Motion was made by Commissioner Schaecher (UT) and seconded by Commissioner MacGuire (WY) for the Executive Committee to put forth a timeline by June 1, 2016 for Commission approval, for a test on the concept for implementation of compact licensing. The motion was approved by voice vote.

Commission members expressed concern over the 30 day notice requirement for the Executive Committee to be able to meet the June 1, 2016 date for a proposed timeline. The Bylaws Committee Chair was asked for input on a possible revision to the Bylaws to address this issue. Commissioner Bowden (IA) will provide a recommendation in writing to the Commission tomorrow to address this issue.

Chairman Marquand recessed the Commission at 2:10 PM for a twenty minute break.

The Commission reconvened at 2:30 PM.

Personnel Committee: No recommendations were submitted by the Personnel Committee. However, the Committee did request a list of executive services CSG could provide in the interim. That information was shared with the Commission.

The Chairman opened the microphone to those in the audience for public comments. Comments were heard from Mark Vargus, Licentium Consortium; Christopher M. Foley, MD; and Leslie Milteer, AMA.

The meeting was recessed at 3:20 PM until tomorrow morning at 8:00 AM.

The third meeting of the Interstate Medical Licensure Compact was reconvened by Chairman Marquand at 8:05 on April 1, 2016. The Secretary called the roll with all in attendance from yesterday's meeting in addition to Commissioner Simon (WI) who joined for his first meeting.

Bylaws Committee: Chairman Bowden announced that Commissioner Carpenter has been appointed to serve on the Bylaws Committee with the departure of Commissioner McGill. The following policies were presented for approval by the committee:

- 1) A policy on policies
- 2) A conflict of interest policy
- 3) Rule on Rulemaking

A friendly amendment was made to revise the Policy Approval section of the **Policy on Policies**. The amendment was accepted by the Bylaws Committee and approved by the Commission with a voice vote with the wording as follows:

The authority to determine which policy action requires approval of the IMLC Commission rests with the executive committee, which shall review proposed policy action and decide to recommend it with or without amendments, return it for further study and analysis, or reject it all together. The Commission may review any approved or rejected policy and choose to vote to approve, rescind or reject such action of the Executive Committee.

A **Conflict of Interest Policy**, required by Compact language, had been distributed to all commissioners and was presented for review. After much deliberation with friendly amendments made and withdrawn, a motion was made by Commissioner Steinagel (UT) and seconded by Commissioner Schaecher (UT) to refer the Conflict of Interest Policy back to the Bylaws Committee. The motion carried by voice vote.

A **Rule on Rulemaking** was presented to the Commission for review. Friendly amendments made by Commissioner Knittle and accepted by the Bylaws Committee included the following:

- 1) Delete the last line under 1.1 Definitions;
- 2) Delete "of the IMLC Commission" under 1.3 Rule Adoption;
- 3) Delete one of "the next" typed on the next to the last line on page 2, under 1.4 (b);
- 4) Eliminate the word "annual" under 1.4(a)(1).

Notice for Rule on Rulemaking was approved by voice vote with one opposition vote. A thirty (30) day public comment period is required by the Compact. The Bylaws Committee will insure the Rule on Rulemaking is posted on websites for the FSMB, CSG, License Portability and state member boards for public comments to be presented for approval at the next public meeting of the Commission.

Bylaws Committee provided an abridged Robert's Rules of Order to each Commission member for reference.

Following the discussion in yesterday's meeting regarding the 30 day public notice for the Commission's Executive Committee, Commissioner Bowden (IA) provided a written recommendation to the Commission for adoption, requiring a 2/3 majority vote, to amend Article VII, Section 1, last sentence as follows:

The executive committee is subject to the requirements of Article VI of these Bylaws, except that the Executive Committee shall provide written public notice of all Executive Committee Meetings at least 72 hours prior to the meeting date and shall provide publicly the Executive Committee agenda 24 hours prior to the meeting date.

A friendly amendment was presented by Commission Schaecher (UT) to change 72 hour notice to 5 business days. The Bylaws Chair requested a recess to poll his committee members on this amendment.

Chairman Marquand (MT) recessed the meeting at 9:40 AM. The Commission reconvened at 10:00 AM.

Commissioner Schaecher (UT) modified his friendly amendment from 5 business days to 3 business days. The Bylaws Committee accepted the amendment to 3 business days. Chairman Marquand called for a voice vote which resulted in a unanimous decision to accept the revision to Article VII, Section 1.

Communications Committee:

The committee met three times since the last Commission meeting. A list of all external communications received by the Communications Committee was presented for information. Items to be discussed with Commissioners included:

Dedicated Website for IMLCC: With no funds currently available for a dedicated website, the Commission continues to utilize sections of the License Portability website from FSMB, CSG website and member state board's websites. Unfortunately, some of the information from these and other public websites are providing inaccurate information which is being identified as from the IMLCC. Commissioner Zondag (WI) moved and Commissioner Simons (WI) seconded for the Communications Committee to investigate content needs and cost for a dedicated Commission website. The motion carried by voice vote.

Commissioner Clark (IA) moved and Commissioner Martinez (MN) seconded for the Communications Committee to contact FSMB and CSG asking how the Commission can assure that only the information discussed by the Commission is placed on those sites designated for the IMLCC. Motion was approved by unanimous voice vote.

All member state boards should include Chairman Marquand's contact information on their individual board websites as the IMLCC official contact person.

The Commission instructed the Communications Committee to prepare a list of frequently asked questions about the Commission.

Coordinating Committee:

With the assistance of Kay Taylor in travel and lodging accommodations, CSG in compiling the Briefing Books and the host states follow through in arranging Commission meetings, the Coordinating Committee has fulfilled its original mission. A motion was made by Commissioner Goetter (AL) and seconded by Commissioner Thomas (MN) to disband the Coordinating Committee. Motion was approved by voice vote.

Next Meeting of the Commission:

Motion was made by Commissioner Martinez (MN) and seconded by Commissioner Feist to hold the next meeting of the IMLCC in Salt Lake City, Utah on June 24, 2016. Motion was unanimously approved by voice vote.

Committee Appointments:

As new members to the IMLCC, Commissioner Simons (WI) Commissioner Zondag (WI) and Commissioner MacGuire (WY) were asked to provide, in writing, to the Chairman any committee assignments for which they would be interested in serving.

The Chairman opened the microphone to those in the audience for public comments prior to the Commission's adjournment.

Adjournment:

On a motion by Commissioner Zachariah (IL) and seconded by Commissioner Schaecher (UT) the meeting was adjourned at 11:55 AM.

Respectfully submitted,

Diana Shepard, CMBE
Commission Secretary

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Nifty Lynn Dio, Bureau Assistant On behalf of Tom Ryan, Executive Director		2) Date When Request Submitted: 4/11/2016 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 4/20/2016	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Informational Item <ul style="list-style-type: none"> • Report of the FSMB Workgroup on Innovations in State Based 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 (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: Please review the linked report: http://www.fsmb.org/Media/Default/PDF/FSMB/Advocacy/report_of_state_innovations_adopted.pdf			
11) Authorization			
Nifty Lynn Dio		4/11/2016	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			