



COUNCIL ON PHYSICIAN ASSISTANTS
Room 121A, 1400 East Washington Avenue, Madison
Contact: Tom Ryan (608) 266-2112
February 19, 2015

The following agenda describes the issues that the Council 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 Council.

AGENDA

9:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A) Adoption of Agenda (1-2)**
- B) Welcome New Members
- C) Approval of Minutes of September 29, 2014 (3-4)**
- D) Administrative Updates**
 - 1) Department and Staff Updates
 - 2) Appointments/Reappointments/Confirmations
 - 3) 2015 Meeting Schedule (**5**)
 - 4) Other Informational Items
- E) Election of Officers (6)**
- F) Appointment of Liaisons and Delegated Authorities (6-8)**
- G) Legislative/Administrative Rule Matters
 - 1) Current and Future Rule Making and Legislative Initiatives
 - 2) Administrative Rules Report
- H) Physician Assistant dispensing – Board Discussion (9-13)**
- I) National Governors Association’s Policy Academy on Reducing Prescription Drug Abuse – Update
- J) Council Attendance at National Meetings
- K) Waivers Regarding Physicians Assistants Not Being Able to Work as Hospitalists
- L) Newsletter Matters
- M) Speaking Engagement(s), Travel, or Public Relation Request(s)**

1) NCCPA Annual Conference 2015 – Discussion and Consideration **(14)**

N) 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) Appearances from Requests Received or Renewed
- 11) Speaking Engagement(s), Travel, or Public Relation Request(s), and Reports

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 § 440.205, 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) **Credentialing Matters**

- 1) File Review – Eddie Rosete **(15-42)**

Q) Deliberation of Items Added After Preparation of the Agenda

- 1) Education and Examination Matters
- 2) Credentialing Matters
- 3) Disciplinary Matters
- 4) Professional Assistance Procedure (PAP) Matters
- 5) Appearances from Requests Received or Renewed

R) Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

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

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

ADJOURNMENT

**COUNCIL ON PHYSICIAN ASSISTANTS
MEETING MINUTES
September 29, 2014**

PRESENT: Julie Doyle, Anne Hletko (*via teleconference*), Jody Wilkins

EXCUSED: Jeremiah Barrett, Mary Pangman Schmitt

STAFF: Tom Ryan, Executive Director; Gretchen Mrozinski, Legal Counsel; Taylor Thompson, Bureau Assistant; and other Department staff

CALL TO ORDER

Julie Doyle, Chair, called the meeting to order at 9:11 A.M. A quorum of three (3) members was confirmed.

ADOPTION OF AGENDA

MOTION: Anne Hletko moved, seconded by Jody Wilkins, to adopt the agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES

MOTION: Jody Wilkins moved, seconded by Anne Hletko, to approve the minutes of May 1, 2014 as published. Motion carried unanimously.

ADMINISTRATIVE UPDATES

REVIEW OF POSITION STATEMENTS

MOTION: Anne Hletko moved, seconded by Jody Wilkins, to add “and Physician Assistant” to the heading “What is the Length of Time that a Physician in WI Must Retain Patient Medical Records”. Motion carried unanimously.

NCCPA EXAM ADMINISTRATION

MOTION: Anne Hletko moved, seconded by Jody Wilkins, to continue to monitor applications received that show multiple exam failures and to consider the necessity of any law changes that may be needed. Motion carried unanimously.

PUBLIC RELATION REQUESTS

MOTION: Anne Hletko moved, seconded by Jody Wilkins, to authorize Julie Doyle to request that WAPA publish a notice regarding Council positions in its publication(s). Motion carried unanimously.

CLOSED SESSION

MOTION: Jody Wilkins moved, seconded by Anne Hletko, 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 § 440.205, 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: Julie Doyle - yes; Anne Hletko – yes; Jody Wilkins - yes. Motion carried unanimously.

The Council convened into Closed Session at 9:42 A.M.

RECONVENE TO OPEN SESSION

MOTION: Anne Hletko moved, seconded by Jody Wilkins, to reconvene in Open Session at 10:21 A.M. Motion carried unanimously.

FULL BOARD REVIEW OF CANDIDATES FOR LICENSURE

EDDIE ROSETE

MOTION: Jody Wilkins moved, seconded by Anne Hletko, to **table** the Physician Assistant application of Eddie Rosete for full licensure, for more information. Motion carried unanimously.

JOHN LITTLEFIELD

MOTION: Jody Wilkins moved, seconded by Anne Hletko, to **table** the Physician Assistant application of John Littlefield for full licensure, for more information. Motion carried unanimously.

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

MOTION: Anne Hletko moved, seconded by Jody Wilkins, to affirm all Motions made and Votes taken in Closed Session. Motion carried unanimously.

ADJOURNMENT

MOTION: Jody Wilkins moved, seconded by Anne Hletko, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 10:27 A.M.



MEMO

TO: Council on Physician Assistants
FROM: Joshua Archiquette, Executive Staff Assistant
DATE: February 13, 2015
RE: 2015 Meeting Dates

Board meetings have been scheduled as follows:

Date	Time	Room
February 19	9:00 a.m.	121A
June 11	9:00 a.m.	121C
October 15 Cancelled	9:00 a.m.	121A

2014 OFFICERS	
Council Chair	Julie Doyle
Vice Chair	Jody Wilkins
Secretary	Jeremiah Barrett

2014 LIAISON APPOINTMENTS	
Representative at Medical Examining Board	Julie Doyle <i>Alternate: Jody Wilkins</i>
Credentialing Liaison	Jody Wilkins <i>Alternate: Jeremiah Barrett</i>
Legislative Liaison	Julie Doyle <i>Alternate: Anne Hletko</i>
Education and Exams Liaison	Jeremiah Barrett <i>Alternate: Julie Doyle</i>
Examination Panel	Jeremiah Barrett, Anne Hletko <i>Alternates: Jody Wilkins, Julie Doyle</i>
Newsletter Coordinator	Mary Pangman Schmitt
Practice Question Council Contact	Julie Doyle <i>Alternate: Jeremiah Barrett</i>
Travel Liaison	Julie Doyle <i>Alternate: Jody Wilkins</i>
Rules Liaison	Jeremiah Barrett <i>Alternate: Julie Doyle</i>
Website Liaison	Jody Wilkins <i>Alternate: Julie Doyle</i>
Prescription Drug Monitoring Program Liaison	Julie Doyle <i>Alternate: Jeremiah Barrett</i>

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Ashley Horton Department Monitor Division of Legal Services and Compliance		2) Date When Request Submitted: January 13, 2015 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:			
4) Meeting Date:	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Delegation to Monitoring Liaison and Department Monitor	
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: Delegated Authority Motion: <p style="text-align: center;"><i>“_____ moved, seconded by _____ to adopt/reject the Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor document as presented in today’s agenda packet.”</i></p>			
11) Authorization <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  </div> <div style="text-align: center;"> January 13, 2015 </div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> Signature of person making this request Date </div> <hr/> <div style="display: flex; justify-content: space-between;"> Supervisor (if required) Date </div> <hr/> <div style="display: flex; justify-content: space-between;"> Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date </div>			
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.			

Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor

The Monitoring Liaison (“Liaison”) is a Board/Section designee who works with department monitors to enforce Board/Section orders as explained below.

Current Authorities Delegated to the Monitoring Liaison

The Liaison may take the following actions on behalf of the Board/Section:

1. Grant a temporary reduction in random drug screen frequency upon Respondent’s request if he/she is unemployed and is otherwise compliant with Board/Section order. The temporary reduction will be in effect until Respondent secures employment in the profession. The Department Monitor (“Monitor”) will draft an order and sign on behalf of the Liaison.
2. Grant a stay of suspension if Respondent is eligible per the Board/Section order. The Monitor will draft an order and sign on behalf of the Liaison.
3. Remove the stay of suspension if there are repeated violations or a substantial violation of the Board/Section order. In conjunction with removal of any stay of suspension, the Liaison may prohibit Respondent from seeking reinstatement of the stay for a specified period of time. The Monitor will draft an order and sign on behalf of the Liaison.
4. Grant or deny approval when Respondent proposes continuing/remedial education courses, treatment providers, mentors, supervisors, change of employment, etc. unless the order specifically requires full-Board/Section approval.
5. Grant a maximum of one 90-day extension, if warranted and requested in writing by Respondent, to complete Board/Section-ordered continuing education.
6. **Grant a maximum of one extension or payment plan for proceeding costs and/or forfeitures if warranted and requested in writing by Respondent.**

Monitoring Liaison currently has the authority to grant an extension up to 90 days. This change will allow the Liaison to grant payment plans and longer extensions on a case-by-case basis, which will be particularly helpful for Board/Sections that do not meet every month.

7. **Grant full reinstatement of licensure if Respondent has fully complied with all terms of the order without deviation. The Monitor will draft an order and obtain the signature or written authorization from the Liaison.**

This addition was initiated and approved by the Medical Examining Board in October 2014. The Liaison may choose to defer a particular request to the full Board/Section for review if needed.

Current Authorities Delegated to the Department Monitor

The Monitor may take the following actions on behalf of the Board/Section, draft an order and sign:

1. Grant full reinstatement of licensure if CE is the sole condition of the limitation and Respondent has submitted the required proof of completion for approved courses.
2. Suspend the license if Respondent has not completed Board/Section-ordered CE and/or paid costs and forfeitures within the time specified by the Board/Section order. The Monitor may remove the suspension and issue an order when proof completion and/or payment have been received.

Chapter Med 8

PHYSICIAN ASSISTANTS

Med 8.01	Authority and purpose.	Med 8.056	Board review of examination error claim.
Med 8.02	Definitions.	Med 8.06	Temporary license.
Med 8.03	Council.	Med 8.07	Practice.
Med 8.04	Educational program approval.	Med 8.08	Prescribing limitations.
Med 8.05	Panel review of applications; examinations required.	Med 8.09	Employee status.
Med 8.053	Examination review by applicant.	Med 8.10	Employment requirements; supervising physician responsibilities.

Note: Chapter Med 8 as it existed on October 31, 1976 was repealed and a new chapter Med 8 was created effective November 1, 1976. Sections Med 8.03 to 8.10 as they existed on July 31, 1984 were repealed and recreated effective August 1, 1984.

Med 8.01 Authority and purpose. The rules in this chapter are adopted by the medical examining board pursuant to authority in ss. 15.08 (5), 227.11, 448.04 (1) (f) and 448.40, Stats., and govern the licensure and regulation of physician assistants.

History: Cr. Register, October, 1976, No. 250, eff. 11-1-76; am. Register, April, 1981, No. 304, eff. 5-1-81; am. Register, July, 1984, No. 343, eff. 8-1-84; correction made under s. 13.93 (2n) (b) 7., Stats., Register, May, 1989, No. 401; am. Register, October, 1996, No. 490, eff. 11-1-96; am. Register, December, 1999, No. 528, eff. 1-1-00.

Med 8.02 Definitions. (1) "Board" means the medical examining board.

(2) "Council" means the council on physician assistants.

(3m) "DEA" means the United States drug enforcement administration.

(4) "Educational program" means a program for educating and preparing physician assistants which is approved by the board.

(5) "Individual" means a natural person, and does not include the terms firm, corporation, association, partnership, institution, public body, joint stock association, or any other group of individuals.

(5m) "License" means documentary evidence issued by the board to applicants for licensure as a physician assistant who meet all of the requirements of the board.

(6) "Supervision" means to coordinate, direct, and inspect the accomplishments of another, or to oversee with powers of direction and decision the implementation of one's own or another's intentions.

History: Cr. Register, October, 1976, No. 250, eff. 11-1-76; am. (6) and (7) (b) to (c), Register, June, 1980, No. 294, eff. 7-1-80; r. (7), Register, July, 1984, No. 343, eff. 8-1-84; am. (2), (3) and (4) and cr. (3m), Register, October, 1996, No. 490, eff. 11-1-96; renum. (3) to be (5m) and am., am. (6), Register, December, 1999, No. 528, eff. 1-1-00.

Med 8.03 Council. As specified in s. 15.407 (2), Stats., the council shall advise the board on the formulation of rules on the education, examination, licensure and practice of a physician assistant.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. Register, October, 1996, No. 490, eff. 11-1-96; am. Register, December, 1999, No. 528, eff. 1-1-00; correction made under s. 13.92 (4) (b) 7., Stats., Register August 2009 No. 644.

Med 8.04 Educational program approval. The board shall approve only educational programs accredited and approved by the committee on allied health education and accreditation of the American medical association, the commission for accreditation of allied health education programs, or its successor agency.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. Register, October, 1994, No. 466, eff. 11-1-94; am. Register, December, 1999, No. 528, eff. 1-1-00.

Med 8.05 Panel review of applications; examinations required. The board may use a written examination prepared, administered and scored by the national commission on certification of physician assistants or its successor agency, or a

written examination from other professional testing services as approved by the board.

(1) APPLICATION. An applicant for examination for licensure as a physician assistant shall submit to the board:

(a) An application on a form prescribed by the board.

Note: An application form may be obtained upon request to the Medical Examining Board office located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

(b) After July 1, 1993, proof of successful completion of an educational program, as defined in ss. Med 8.02 (4) and 8.04.

(c) Proof of successful completion of the national certifying examination.

(cm) Proof that the applicant is currently certified by the national commission on certification of physician assistants or its successor agency.

(d) The fee specified in s. 440.05 (1), Stats.

(e) An unmounted photograph, approximately 8 by 12 cm., of the applicant taken no more than 60 days prior to the date of application which has on the reverse side a statement of a notary public that the photograph is a true likeness of the applicant.

(2) EXAMINATIONS, PANEL REVIEW OF APPLICATIONS. (a) All applicants shall complete the written examination under this section, and an open book examination on statutes and rules governing the practice of physician assistants in Wisconsin.

(b) An applicant may be required to complete an oral examination if the applicant:

1. Has a medical condition which in any way impairs or limits the applicant's ability to practice as a physician assistant with reasonable skill and safety.

2. Uses chemical substances so as to impair in any way the applicant's ability to practice as a physician assistant with reasonable skill and safety.

3. Has been disciplined or had certification denied by a licensing or regulatory authority in Wisconsin or another jurisdiction.

4. Has been convicted of a crime, the circumstances of which substantially relate to the practice of physician assistants.

5. Has not practiced as a physician assistant for a period of 3 years prior to application, unless the applicant has been graduated from an approved educational program for physician assistants within that period.

6. Has been found to have been negligent in the practice as a physician assistant or has been a party in a lawsuit in which it was alleged that the applicant has been negligent in the practice of medicine.

7. Has been diagnosed as suffering from pedophilia, exhibitionism or voyeurism.

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

9. Has been subject to adverse formal action during the course of physician assistant education, postgraduate training, hospital practice, or other physician assistant employment.

(c) An application filed under this chapter shall be reviewed by an application review panel of at least 2 council members des-

(e) Assisting the supervising physician in a hospital or facility, as defined in s. 50.01 (1m), Stats., by assisting in surgery, making patient rounds, recording patient progress notes, compiling and recording detailed narrative case summaries and accurately writing or executing orders under the supervision of a licensed physician.

(f) Assisting in the delivery of medical care to a patient by reviewing and monitoring treatment and therapy plans.

(g) Performing independently evaluative and treatment procedures necessary to provide an appropriate response to life-threatening emergency situations.

(h) Facilitating referral of patients to other appropriate community health-care facilities, agencies and resources.

(i) Issuing written prescription orders for drugs under the supervision of a licensed physician and in accordance with procedures specified in s. Med 8.08 (2).

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. (2) (i), Register, July, 1994, No. 463, eff. 8-1-94; am. (1) and (2) (intro.), Register, October, 1996, No. 490, eff. 11-1-96; am. (1), (2) (intro.), (c), (e), (f) and (i), Register, December, 1999, No. 528, eff. 1-1-00.

Med 8.08 Prescribing limitations. (1) A physician assistant may not prescribe or dispense any drug independently. A physician assistant may only prescribe or dispense a drug pursuant to written guidelines for supervised prescriptive practice. The guidelines shall be kept on file at the practice site and made available to the board upon request.

(2) A physician assistant may issue a prescription order only if all the following conditions apply:

(a) The physician assistant issues the prescription order only in patient situations specified and described in established written guidelines, including the categories of drugs for which prescribing authority has been authorized. The guidelines shall be reviewed at least annually by the physician assistant and his or her supervising physician.

(b) The supervising physician and physician assistant determine by mutual agreement that the physician assistant is qualified through training and experience to issue a prescription order as specified in the established written guidelines.

(c) The supervising physician is available for consultation as specified in s. Med 8.10 (3).

(d) The prescription orders prepared under procedures in this section contain all information required under s. 450.11 (1), Stats.

(3) (a) A physician who supervises the prescribing practice of a physician assistant shall conduct a periodic review of the prescription orders prepared by the physician assistant to ensure quality of care. In conducting the periodic review of the prescriptive practice of a physician assistant, the supervising physician shall do at least one of the following:

1. Review a selection of the prescription orders prepared by the physician assistant.

2. Review a selection of the patient records prepared by the physician assistant practicing in the office of the supervising physician or at a facility or a hospital in which the supervising physician has staff privileges.

3. Review by telecommunications or other electronic means the patient record or prescription orders prepared by the physician assistant who practices in an office facility other than the supervising physician's main office of a facility or hospital in which the supervising physician has staff privileges.

(b) The supervising physician shall determine the method and frequency of the periodic review based upon the nature of the prescriptive practice, the experience of the physician assistant, and the welfare of the patients. The process and schedule for review shall indicate the minimum frequency of review and identify the selection of prescriptive orders or patient records to be reviewed.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; r. (3), Register, July, 1994, No. 463, eff. 8-1-94; am. (1), (2) (intro.), (a), (b), (c), (d), (e) 1., 2. and 3., Register, October, 1996, No. 490, eff. 11-1-96; am. (1) to (2) (d), (e) 2. and 3., Register, December, 1999, No. 528, eff. 1-1-00; CR 09-006: am. (1) and (2) (a), r. (2) (e), cr. (3) Register August 2009 No. 644, eff. 9-1-09.

Med 8.09 Employee status. No physician assistant may be self-employed. If the employer of a physician assistant is other than a licensed physician, the employer shall provide for, and may not interfere with, the supervisory responsibilities of the physician, as defined in s. Med 8.02 (6) and required in ss. Med 8.07 (1) and 8.10.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. Register, October, 1996, No. 490, eff. 11-1-96.

Med 8.10 Employment requirements; supervising physician responsibilities. (1) No physician may concurrently supervise more than 2 physician assistants unless the physician submits a written plan for the supervision of more than 2 physician assistants and the board approves the plan. A physician assistant may be supervised by more than one physician.

(2) Another licensed physician may be designated by the supervising physician to supervise a physician assistant for a period not to exceed 8 weeks per year. Except in an emergency, the designation shall be made in writing to the substitute supervising physician and the physician assistant. The supervising physician shall file with the board a copy of the substitution agreement before the beginning date of the period of his or her absence.

(3) The supervising physician or substitute supervising physician shall be available to the physician assistant at all times for consultation either in person or within 15 minutes of contact by telecommunications or other electronic means.

(4) A supervising physician shall visit and conduct an on-site review of facilities attended by the physician assistants at least once a month. Any patient in a location other than the location of the supervising physician's main office shall be attended personally by the physician consistent with his or her medical needs.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. (1), Register, December, 1999, No. 528, eff. 1-1-00; CR 09-006: am. (3) Register August 2009 No. 644, eff. 9-1-09.

Chapter Med 8

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Med 8.04	Educational program approval.	Med 8.09	Employee status.
Med 8.05	Panel review of applications; examinations required.	Med 8.10	Physician to physician assistant ratio.
Med 8.053	Examination review by applicant.		

Note: Chapter Med 8 as it existed on October 31, 1976 was repealed and a new chapter Med 8 was created effective November 1, 1976. Sections Med 8.03 to 8.10 as they existed on July 31, 1984 were repealed and recreated effective August 1, 1984.

Med 8.01 Authority and purpose. (1) The rules in this chapter are adopted by the medical examining board pursuant to authority in ss. 15.08 (5), 227.11, 448.04 (1) (f) and 448.40, Stats., and govern the licensure and regulation of physician assistants.

(2) Physician assistants provide health care services as part of physician-led teams, the objectives of which include safe, efficient, and economical health care. The realities of the modern practice of medicine and surgery require supervising physicians and physician assistants to use discretion in delivering health care services, typically at the level of general supervision. The constant physical presence of a supervising physician is often unnecessary. The supervising physician and the physician assistant are jointly responsible for employing more intensive supervision when circumstances require direct observation or hands-on assistance from the supervising physician.

History: Cr. Register, October, 1976, No. 250, eff. 11-1-76; am. Register, April, 1981, No. 304, eff. 5-1-81; am. Register, July, 1984, No. 343, eff. 8-1-84; correction made under s. 13.93 (2m) (b) 7., Stats., Register, May, 1989, No. 401; am. Register, October, 1996, No. 490, eff. 11-1-96; am. Register, December, 1999, No. 528, eff. 1-1-00; CR 12-005; renum. to (1), cr. (2) Register February 2014 No. 698, eff. 3-1-14.

Med 8.02 Definitions. (1) “Board” means the medical examining board.

(2) “Council” means the council on physician assistants.

(3m) “DEA” means the United States drug enforcement administration.

(4) “Educational program” means a program for educating and preparing physician assistants which is approved by the board.

(5) “Individual” means a natural person, and does not include the terms firm, corporation, association, partnership, institution, public body, joint stock association, or any other group of individuals.

(5m) “License” means documentary evidence issued by the board to applicants for licensure as a physician assistant who meet all of the requirements of the board.

(6) “Supervision” means to coordinate, direct, and inspect the accomplishments of another, or to oversee with powers of direction and decision the implementation of one’s own or another’s intentions.

History: Cr. Register, October, 1976, No. 250, eff. 11-1-76; am. (6) and (7) (b) to (e), Register, June, 1980, No. 294, eff. 7-1-80; r. (7), Register, July, 1984, No. 343, eff. 8-1-84; am. (2), (3) and (4) and cr. (3m), Register, October, 1996, No. 490, eff. 11-1-96; renum. (3) to be (5m) and am., am. (6), Register, December, 1999, No. 528, eff. 1-1-00.

Med 8.03 Council. As specified in s. 15.407 (2), Stats., the council shall advise the board on the formulation of rules on the education, examination, licensure and practice of a physician assistant.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. Register, October, 1996, No. 490, eff. 11-1-96; am. Register, December, 1999, No. 528, eff. 1-1-00; correction made under s. 13.92 (4) (b) 7., Stats., Register August 2009 No. 644.

Med 8.04 Educational program approval. The board shall approve only educational programs accredited and approved by the committee on allied health education and accreditation of the American medical association, the commission for accreditation of allied health education programs, or its successor agency.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. Register, October, 1994, No. 466, eff. 11-1-94; am. Register, December, 1999, No. 528, eff. 1-1-00.

Med 8.05 Panel review of applications; examinations required. The board may use a written examination prepared, administered and scored by the national commission on certification of physician assistants or its successor agency, or a written examination from other professional testing services as approved by the board.

(1) APPLICATION. An applicant for examination for licensure as a physician assistant shall submit to the board:

(a) An application on a form prescribed by the board.

Note: An application form may be obtained upon request to the Department of Safety and Professional Services office located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

(b) After July 1, 1993, proof of successful completion of an educational program, as defined in ss. Med 8.02 (4) and 8.04.

(c) Proof of successful completion of the national certifying examination.

(cm) Proof that the applicant is currently certified by the national commission on certification of physician assistants or its successor agency.

(d) The fee specified in s. 440.05 (1), Stats.

(e) An unmounted photograph, approximately 8 by 12 cm., of the applicant taken no more than 60 days prior to the date of application which has on the reverse side a statement of a notary public that the photograph is a true likeness of the applicant.

(2) EXAMINATIONS, PANEL REVIEW OF APPLICATIONS. (a) All applicants shall complete the written examination under this section, and an open book examination on statutes and rules governing the practice of physician assistants in Wisconsin.

(b) An applicant may be required to complete an oral examination if the applicant:

1. Has a medical condition which in any way impairs or limits the applicant’s ability to practice as a physician assistant with reasonable skill and safety.

2. Uses chemical substances so as to impair in any way the applicant’s ability to practice as a physician assistant with reasonable skill and safety.

3. Has been disciplined or had certification denied by a licensing or regulatory authority in Wisconsin or another jurisdiction.

4. Has been convicted of a crime, the circumstances of which substantially relate to the practice of physician assistants.

5. Has not practiced as a physician assistant for a period of 3 years prior to application, unless the applicant has been graduated from an approved educational program for physician assistants within that period.

6. Has been found to have been negligent in the practice as a physician assistant or has been a party in a lawsuit in which it was

alleged that the applicant has been negligent in the practice of medicine.

7. Has been diagnosed with any condition that may create a risk of harm to a patient or the public.

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

9. Has been subject to adverse formal action during the course of physician assistant education, postgraduate training, hospital practice, or other physician assistant employment.

(c) An application filed under this chapter shall be reviewed by an application review panel of at least 2 council members designated by the chairperson of the board to determine whether an applicant is required to complete an oral examination or a personal appearance or both under par. (b). If the application review panel is not able to reach unanimous agreement on whether an applicant is eligible for licensure without completing an oral examination or a personal appearance or both, the application shall be referred to the board for a final determination.

(d) Where both written and oral examinations are required they shall be scored separately and the applicant shall achieve a passing grade on both examinations to qualify for a license.

(e) The board may require an applicant to complete a personal appearance for purposes of interview or review of credentials or both. An applicant's performance at a personal appearance is satisfactory if the applicant establishes to the board's satisfaction that the applicant has met requirements for licensure and is minimally competent to practice as a physician assistant.

(3) EXAMINATION FAILURE. An applicant who fails to receive a passing score on an examination may reapply by payment of the fee specified in sub. (1) (d). An applicant may reapply twice at not less than 4-month intervals. If an applicant fails the examination 3 times, he or she may not be admitted to an examination unless the applicant submits proof of having completed further professional training or education as the board may prescribe.

Note: There is no provision for waiver of examination nor reciprocity under rules in s. Med 8.05.

(4) LICENSURE; RENEWAL. At the time of licensure and each biennial registration of licensure thereafter, a physician assistant shall list with the board the name and address of the supervising physician and shall notify the board within 20 days of any change of a supervising physician.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. (intro.), r. and recr. (2), Register, October, 1989, No. 406, eff. 11-1-89; am. (1) (b), cr. (1) (cm), Register, July, 1993, No. 451, eff. 8-1-93; am. (intro.), (1) (intro), (cm), (2) (b) 4., 5., 6., (c) and (4), Register, October, 1996, No. 490, eff. 11-1-96; am. (2) (a), (b) (intro.) and 3. to 5., r. and recr. (2) (b) 1. and 2., cr. (2) (b) 7. to 11., Register, February, 1997, No. 494, eff. 3-1-97; am. (intro.), (1) (intro.) and (cm), (2) (b) 5., (c), (d) and (4), r. (2) (b) 10. and 11., Register, December, 1999, No. 528, eff. 1-1-00; CR 12-005: am. (2) (b) 7., (c), cr. (2) (e) Register February 2014 No. 698, eff. 3-1-14.

Med 8.053 Examination review by applicant. (1) An applicant who fails the oral 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.

(2) Examination reviews are by appointment only.

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

(4) An applicant may review the oral examination for not more than 2 hours.

(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 or oral tape 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 per-

mitted. 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.

Med 8.056 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.

Med 8.06 Temporary license. (1) An applicant for licensure may apply to the board for a temporary license to practice as a physician assistant if the applicant:

(a) Remits the fee specified in s. 440.05 (6), Stats.

(b) Is a graduate of an approved school and is scheduled to take the examination for physician assistants required by s. Med 8.05 (1) or has taken the examination and is awaiting the results; or

(c) Submits proof of successful completion of the examination required by s. Med 8.05 (1) and applies for a temporary license no later than 30 days prior to the date scheduled for the next oral examination.

(2) (a) Except as specified in par. (b), a temporary license expires on the date the board grants or denies an applicant permanent licensure. Permanent licensure to practice as a physician assistant is deemed denied by the board on the date the applicant is sent notice from the board that he or she has failed the examination required by s. Med 8.05 (1) (c).

(b) A temporary license expires on the first day of the next regularly scheduled oral examination for permanent licensure if the applicant is required to take, but failed to apply for, the examination.

(3) A temporary license may not be renewed.

(4) An applicant holding a temporary license may apply for one transfer of supervising physician and location during the term of the temporary license.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. (1) (b) and (c), Register, October, 1989, No. 406, eff. 11-1-89; am. (2) (a), Register, January, 1994, No. 457, eff. 2-1-94; am. (1) (intro.) and (2) (a), Register, October, 1996, No. 490, eff. 11-1-96; am. (1) (intro.) and (b) to (3), cr. (4), Register, December, 1999, No. 528, eff. 1-1-00.

Med 8.07 Practice. (1) SCOPE AND LIMITATIONS. In providing medical care, the entire practice of any physician assistant shall be under the supervision of one or more licensed physicians or physicians exempt from licensure requirements pursuant to s. 448.03 (2) (b), Stats. The scope of practice is limited to providing

medical care as specified in sub. (2). A physician assistant's practice may not exceed his or her educational training or experience and may not exceed the scope of practice of the physician providing supervision. A medical care task assigned by the supervising physician to a physician assistant may not be delegated by the physician assistant to another person.

(2) MEDICAL CARE. Medical care a physician assistant may provide include:

(a) Attending initially a patient of any age in any setting to obtain a personal medical history, perform an appropriate physical examination, and record and present pertinent data concerning the patient.

(b) Performing, or assisting in performing, routine diagnostic studies as appropriate for a specific practice setting.

(c) Performing routine therapeutic procedures, including, but not limited to, injections, immunizations, and the suturing and care of wounds.

(d) Instructing and counseling a patient on physical and mental health, including diet, disease, treatment, and normal growth and development.

(e) Assisting the supervising physician in a hospital or facility, as defined in s. 50.01 (1m), Stats., by assisting in surgery, making patient rounds, recording patient progress notes, compiling and recording detailed narrative case summaries, and accurately writing or executing orders.

(f) Assisting in the delivery of medical care to a patient by reviewing and monitoring treatment and therapy plans.

(g) Performing independently evaluative and treatment procedures necessary to provide an appropriate response to life-threatening emergency situations.

(h) Facilitating referral of patients to other appropriate community health-care facilities, agencies and resources.

(i) Issuing written prescription orders for drugs provided the physician assistant has had an initial and at least annual thereafter,

review of the physician assistant's prescriptive practices by a physician providing supervision. Such reviews shall be documented in writing, signed by the reviewing physician and physician assistant, and made available to the Board for inspection upon reasonable request.

(3) IDENTIFYING SUPERVISING PHYSICIAN. The physician providing supervision must be readily identifiable by the physician assistant through procedures commonly employed in the physician assistant's practice.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. (2) (i), Register, July, 1994, No. 463, eff. 8-1-94; am. (1) and (2) (intro.), Register, October, 1996, No. 490, eff. 11-1-96; am. (1), (2) (intro.), (c), (e), (f) and (i), Register, December, 1999, No. 528, eff. 1-1-00; CR 12-005: am. (1), (2) (a), (e), (i), cr. (3) Register February 2014 No. 698, eff. 3-1-14.

Med 8.09 Employee status. No physician assistant may be self-employed. If the employer of a physician assistant is other than a licensed physician, the employer shall provide for, and may not interfere with, the supervisory responsibilities of the physician, as defined in s. Med 8.02 (6) and required in ss. Med 8.07 (1) and 8.10.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. Register, October, 1996, No. 490, eff. 11-1-96.

Med 8.10 Physician to physician assistant ratio.

(1) No physician may supervise more than 4 on-duty physician assistants at any time unless a written plan to do so has been submitted to and approved by the board. Nothing herein shall limit the number of physician assistants for whom a physician may provide supervision over time. A physician assistant may be supervised by more than one physician while on duty.

(2) A supervising physician shall be available to the physician assistant at all times for consultation either in person or within 15 minutes of contact by telecommunication or other means.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. (1), Register, December, 1999, No. 528, eff. 1-1-00; CR 09-006: am. (3) Register August 2009 No. 644, eff. 9-1-09; CR 12-005: r. and recr. Register February 2014 No. 698, eff. 3-1-14.

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Taylor Thompson, Bureau Assistant on behalf of Tom Ryan, Executive Director		2) Date When Request Submitted: 10/3/14 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Council on Physician Assistants			
4) Meeting Date: TBD/2015	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? NCCPA Annual Conference 2015 - Discussion and Consideration	
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: The Council will discuss and consider the 2015 NCCPA Annual Conference			
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.			