



MEDICAL EXAMINING BOARD
Room 121A, 1400 East Washington Avenue, Madison
Contact: Tom Ryan (608) 266-2112
November 18, 2015

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

AGENDA

8:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A) Adoption of Agenda (1-4)**
- B) Minutes of October 21, 2015 – Review and Approval (5-13)**
- C) Legislative/Administrative Rule Matters (14-26)**
 - 1) Med 1 and 14 Relating to the General Cleanup of Administrative Rules
 - 2) Med 24 Relating to Telemedicine **(15-24)**
 - 3) Med 13 Relating to Continuing Medical Education for Prescribing Opioids **(25-26)**
 - 4) Update on Pending and Possible Administrative Rules
- D) Elections, Appointments, Reappointments, Confirmations, and Committee, Panel and Liaison Appointments**
- E) Administrative Updates**
 - 1) Department and Staff Updates
 - 2) Introductions, Announcements and Recognition
 - 3) Wis. Stat. s 15.085 (3)(b) – Affiliated Credentialing Boards' Biannual Meeting with the Medical Examining Board to Consider Matters of Joint Interest
 - 4) Informational Items
- F) Legislative Report**
 - a) Senate Bill 185 (Creation of a Clinical Exercise Physiology Affiliated Credentialing Board)
 - b) Senate Bill 268/Assembly Bill 364 (PDMP)
 - c) Senate Bill 269/Assembly Bill 365 (PDMP)
 - d) Senate Bill 271 (Methadone)
 - e) Senate Bill 272 (Pain Clinics)
 - f) Assembly Bill 307 (Complementary and Alternative Health Medicine Exemptions)
 - g) Assembly Bill 253/Senate Bill 196 (Interstate Medical Licensure Compact)

- G) Interstate Medical Licensure Compact (27)**
 - 1) Report from Inaugural Interstate Licensure Compact Meeting, 10/27-28, Chicago, IL
 - 2) Consider Appointment of Compact Commissioners (As Needed)

- H) Federation of State Medical Boards (FSMB) Matters (28-46)**
 - 1) Consider MEB Recommendations for Nominations for 2016 FSMB Elections and Committee Appointments

- I) Speaking Engagement(s), Travel, or Public Relation Request(s)**
 - 1) Wisconsin Hospital Association (WHA) Invitation for Dr. Simons to address WHA Quarterly Meeting of Executive Officers – December 2, 2015 in Madison, WI – Regarding Telemedicine
 - 2) Mary Jo Capodice to Attend the American Association of Osteopathic Examiners Summit via Phone January 7-8, 2016

- J) Screening Panel Report

- K) Newsletter Matters**
 - 1) Review of Fall Newsletter Distribution Report (47-48)
 - 2) Spring Newsletter Content - Discussion

- L) Informational Items

- 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) Full Board Oral Interview of Candidate for Licensure

- 1) **9:30 A.M. APPEARANCE – Martin Cleary, M.D. (49-146)**

Q) Deliberation on Complaints for Determination of Probable Cause

- 1) 14 MED 518 – Robert J. DeFatta, M.D. **(147-151)**

R) Deliberation on Administrative Warning(s)

- 1) 14 MED 362 – S.C.C. **(152-153)**
- 2) 15 MED 265 – R.S.S. **(154-155)**

S) Deliberation on Proposed Stipulations, Final Decisions and Orders by the Division of Legal Services and Compliance (DLSC)

- 1) 11 MED 219, 11 MED 363 and 12 MED 039 – Steven G. Meress, M.D. **(156-162)**
- 2) 15 MED 197 – Joseph C. Finley, M.D. **(163-168)**
- 3) 15 MED 201 – Garrick B. Olsen, M.D. **(169-178)**

T) Deliberation on Monitoring Matters

- 1) John Edward Kelly, M.D. – Requesting to Travel to India for Mission Trip **(187-206)**
- 2) Paul Strapon, M.D. – Requesting Removal of Mentoring **(207-225)**
- 3) Jesse VanBommel, M.D. – Requesting Reduction or Eliminating of Drug Screens **(226-264)**

U) Case Closing(s)

- 1) 13 MED 200 **(265-268)**
- 2) 13 MED 252 **(269-273)**
- 3) 13 MED 469 **(274-279)**
- 4) 14 MED 222 **(280-289)**
- 5) 14 MED 448 **(290-299)**
- 6) 15 MED 038 **(300-303)**
- 7) 15 MED 051 **(304-306)**
- 8) 15 MED 119 **(307-322)**
- 9) 15 MED 146 **(323-325)**
- 10) 15 MED 240 **(326-333)**
- 11) 15 MED 275 **(334-345)**
- 12) 15 MED 326 **(346-348)**

V) 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

W) Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

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

ADJOURNMENT

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

11:15 A.M., OR IMMEDIATELY FOLLOWING FULL BOARD MEETING

CLOSED SESSION – Reviewing Applications and Conducting Oral Interviews of Three (3)
Candidates for Licensure – Dr. Capodice, Simons, Vukich, and Westlake

**MEDICAL EXAMINING BOARD
MEETING MINUTES
October 21, 2015**

PRESENT: Mary Jo Capodice, D.O.; Rodney Erickson, M.D.; Suresh Misra, M.D., Carolyn Ogland Vukich, M.D.; Michael Phillips, M.D.; Kenneth Simons, M.D.; John Tripoli; Sridhar Vasudevan, M.D.; Timothy Westlake, M.D.; Russell Yale, M.D., Robert Zondag

EXCUSED: Greg Collins; David Roelke, M.D.

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 eleven (11) members was confirmed.

ADOPTION OF AGENDA

Amendments to the Agenda:

- Added to item G.1:
 - a. Alliance of Health Insurers' Request for Meeting Regarding Telemedicine – Discussion and Possible Action
- Replaced Newsletter Pages under item L.1

MOTION: Carolyn Ogland Vukich moved, seconded by Suresh Misra, to adopt the agenda as amended. Motion carried unanimously.

APPROVAL OF MINUTES

Amendments to the Minutes:

- Page 10 of September minutes; *13 MED 385, Barbara O'Connell. Should read case **number**. Corrected from case **numbers**.*

MOTION: Mary Jo Capodice moved, seconded by Sridhar Vasudevan, to approve the minutes of September 16, 2015 as amended. Motion carried unanimously.

**PRESENTATION OF PETITION FOR DESIGNATION OF HEARING OFFICIAL IN CASE
NUMBER 15 MED 261**

(Mary Jo Capodice recused herself and left the room for presentation of the matter concerning Charles R. Szyman, D.O. DLSC case number 15 MED 261.)

LEGISLATIVE/ADMINISTRATIVE RULE MATTERS

Med 24 - Telemedicine

MOTION: Sridhar Vasudevan moved, seconded by Suresh Misra, to approve the preliminary rule draft of Med 24, relating to telemedicine for posting for economic impact comments and submission to the Clearinghouse. Motion carried unanimously.

MOTION: Sridhar Vasudevan moved, seconded by Mary Jo Capodice, to allow Kenneth Simons to speak with the Alliance of Health Insurers regarding telemedicine. Motion carried unanimously.

COUNCIL MEMBER APPOINTMENT MATTERS

Respiratory Care Practitioners Examining Council

Consider Appointment – Ann Bonner

MOTION: Sridhar Vasudevan moved, seconded by Mary Jo Capodice, to appoint Ann Bonner to the Respiratory Care Practitioners Examining Council, for a term to expire on July 1, 2017. Motion carried unanimously.

Ann Bonner replaces Ann Meicher on the Respiratory Care Practitioners Examining Council.

Consider Reappointments – William Rosandick and Lynn Waldera

MOTION: Suresh Misra moved, seconded by Timothy Westlake, to reappoint William Rosandick and Lynn Waldera to the Respiratory Care Practitioners Examining Council for a term to expire on July 1, 2016 and July 1, 2017. Motion carried unanimously.

FEDERATION OF STATE MEDICAL BOARDS (FSMB) MATTERS

Interstate Medical Licensure Compact – Inaugural Meeting, October 27-28, 2015 in Chicago Illinois – Consider Attendance

MOTION: Sridhar Vasudevan moved, seconded by Timothy Westlake, to approve the attendance of Tom Ryan and Kenneth Simons at the Interstate Medical Licensure Compact Inaugural Meeting on October 27-28, 2015 in Chicago, IL and to authorize travel. Motion carried unanimously.

NEWSLETTER MATTERS

MOTION: Mary Jo Capodice moved, seconded by Timothy Westlake, to approve the Fall 2015 MEB Newsletter draft as published and to request distribution as soon as possible. Motion carried unanimously.

CLOSED SESSION

MOTION: Suresh Misra moved, seconded by Mary Jo Capodice, 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; Kenneth Simons – yes; John Tripoli – yes;

Sridhar Vasudevan – yes; Timothy Westlake – yes; Russell Yale – yes, and Robert Zondag – yes. Motion carried unanimously.

The Board convened into Closed Session at 8:33 a.m.

RECONVENE TO OPEN SESSION

MOTION: Suresh Misra moved, seconded by Carolyn Ogland Vukich, to reconvene in Open Session at 10:43 a.m. Motion carried unanimously.

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

MOTION: Mary Jo Capodice moved, seconded by Sridhar Vasudevan, to affirm all motions made and votes taken in Closed Session. Motion carried.

DELIBERATION ON PETITION FOR SUMMARY SUSPENSION AND DESIGNATION OF HEARING OFFICIAL

15 MED 261 – Charles R. Szyman, D.O.

MOTION: Suresh Misra moved, seconded by Carolyn Ogland Vukich, to find that notice was given to Charles R. Szyman, D.O., DLSC case number **15 MED 261**, of the Summary Suspension proceedings pursuant to Wis. Admin. Code §§ SPS 6.05 and 6.06. Motion carried. Recused: Mary Jo Capodice.

MOTION: John Tripoli moved, seconded by Timothy Westlake, to find probable cause to believe that Charles R. Szyman, D.O. has violated the provisions of Subchapter II, Wis. Stat. ch 448, and that it is necessary to suspend the respondents license immediately to protect the public health, safety, or welfare, and to issue the Order of Summary Suspension in the matter of disciplinary proceedings against Charles R. Szyman, D.O., DLSC case number **15 MED 261**, pursuant to Wis. Stat. § 448.02(4). Motion carried. Recused: Mary Jo Capodice.

MOTION: Rodney Erickson moved, seconded by Robert Zondag, to designate a Hearing Official for any Hearing to Show Cause in the matter of the Summary Suspension of Charles R. Szyman, D.O., DLSC case number **15 MED 261**, pursuant to Wis. Admin. Code §§ 6.09 and 6.11. Motion carried. Recused: Mary Jo Capodice.

MOTION: Sridhar Vasudevan moved, seconded by Michael Phillips, to authorize the Board Chair 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 of Charles R. Szyman, D.O., DLSC case number **15 MED 261**. Motion carried. Recused: Mary Jo Capodice.

(Mary Jo Capodice recused herself and left the room for deliberation and voting in the matter concerning Charles R. Szyman, D.O, DLSC case number 15 MED 261.)

DELIBERATION ON ADMINISTRATIVE WARNINGS

13 MED 308 – K.E.B.

MOTION: Timothy Westlake moved, seconded by Carolyn Ogland Vukich, to issue an Administrative Warning in the matter of DLSC case number 13 MED 308 (K.E.B.). Motion carried.

(Mary Jo Capodice was out of the room for deliberation and voting in this matter)

13 MED 353 – G.P.C.

MOTION: Timothy Westlake moved, seconded by Sridhar Vasudevan, to issue an Administrative Warning in the matter of DLSC case number 13 MED 353 (G.P.C.). Motion carried.

(Mary Jo Capodice was out of the room for deliberation and voting in this matter)

13 MED 437 – D.G.

MOTION: Suresh Misra moved, seconded by Michael Phillips, to issue an Administrative Warning in the matter of DLSC case number 13 MED 437 (D.G.). Motion carried unanimously.

14 MED 170 – D.S.H.

MOTION: Timothy Westlake moved, seconded by Mary Jo Capodice, to issue an Administrative Warning in the matter of DLSC case number 14 MED 170 (D.S.H.). Motion carried unanimously.

14 MED 355 – R.D.L.

MOTION: Mary Jo Capodice moved, seconded by Robert Zondag, to issue an Administrative Warning in the matter of DLSC case number 14 MED 355 (R.D.L.). Motion carried unanimously.

15 MED 224 – P.B.

MOTION: Mary Jo Capodice moved, seconded by Robert Zondag, to issue an Administrative Warning in the matter of DLSC case number 15 MED 224 (P.B.). Motion carried unanimously.

15 MED 225 – C.L.U.

MOTION: Suresh Misra moved, seconded by Mary Jo Capodice, to issue an Administrative Warning in the matter of DLSC case number 15 MED 225 (C.L.U.). Motion carried unanimously.

DELIBERATION ON MONITORING MATTERS

Roman Berezovski, M.D. – Requesting Reduction of Drug Screens

MOTION: Carolyn Ogland Vukich moved, seconded by Mary Jo Capodice, to grant a reduction in the number of drug screens to Roman Berezovski, M.D. to 14 per year and one annual hair test. Motion carried. Recused: Sridhar Vasudevan

(Sridhar Vasudevan recused himself and left the room for deliberation and voting in the matter concerning Roman Berezovski, M.D.)

Chady Abboud Leon, M.D. – Requesting to have Order Set Aside and Case Reopened

MOTION: Mary Jo Capodice moved, seconded by Robert Zondag, to deny the request of Chady Abboud Leon, M.D. to have previous Order set aside and case reopened. Motion carried unanimously.

Roger Pellmann, M.D. – Requesting Conditional License to Participate in the Center for Personalized Education for Physicians (CPEP) Program

MOTION: Sridhar Vasudevan moved, seconded by Robert Zondag, to table the request of Roger Pellmann for a conditional license to participate in CPEP Program. Motion carried. Recused: Michael Phillips

(Michael Phillips recused himself and left the room for deliberation and voting in the matter concerning, Roger Pellmann, M.D.)

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

13 MED 149 – Dayna P. Schwarz, 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 Dayna P. Schwarz, M.D., DLSC case number 13 MED 149. Motion carried. Recused: Rodney Erickson

(Rodney Erickson recused himself and left the room for deliberation and voting in the matter concerning Dayna P. Schwarz, M.D., DLSC case number 13 MED 149.)

13 MED 224 – Scott D. Jenkins, M.D.

MOTION: Sridhar Vasudevan moved, seconded by Timothy Westlake, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Scott D. Jenkins, DLSC case number 13 MED 224. Motion carried unanimously.

14 MED 150 – Timothy J. Thompson, M.D.

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

against Timothy J. Thompson, M.D., DLSC case number 14 MED 150. Motion carried unanimously.

14 MED 212 – Scott A. Schlidt, 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 Scott A. Schlidt, M.D., DLSC case number 14 MED 212. Motion carried unanimously.

14 MED 260 – Robert N. Hetz, M.D.

MOTION: Michael Phillips moved, seconded by Sridhar Vasudevan, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Robert N. Hetz, M.D., DLSC case number 14 MED 260. Motion carried unanimously.

14 MED 549 – Juan Preciado-Riestra, M.D.

MOTION: Suresh Misra moved, seconded by Robert Zondag, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Juan Preciado-Riestra, M.D., DLSC case number 14 MED 549. Motion carried unanimously.

15 MED 142 – Ravi Murali, M.D.

MOTION: Russell Yale moved, seconded by Timothy Westlake, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Ravi Murali, M.D., DLSC case numbers 15 MED 142. Motion carried. Opposed: Sridhar Vasudevan

DELIBERATION ON PROPOSED STIPULATIONS AND INTERIM ORDERS BY THE DIVISION OF LEGAL SERVICES AND COMPLIANCE (DLSC)

15 MED 262 – Wilton C. Calderon, D.O.

MOTION: Robert Zondag moved, seconded by Sridhar Vasudevan, to adopt the Interim Order in the matter of disciplinary proceedings against Wilton C. Calderon, D.O., DLSC case number 15 MED 262. Motion carried unanimously.

DELIBERATION ON CREDENTIALING MATTERS

Proposed Limited License – My-My Huynh, M.D.

MOTION: Mary Jo Capodice moved, seconded by Russell Yale, to offer applicant My-My Huynh, M.D. a limited license. Motion carried unanimously.

Proposed Limited License – Sohail Imran Mohammad, M.D.

MOTION: Robert Zondag moved, seconded by Suresh Misra, to offer applicant Sohail Imran Mohammad, M.D. a limited license. Motion carried unanimously.

WAIVER CE REQUIREMENTS FOR 2011-2013 BIENNIUM

W. Dudley Johnson, M.D.

MOTION: Robert Zondag moved, seconded by Michael Phillips, to deny a waiver of CE requirements for the 2011-2013 biennium, per Wis. Stat. § 448.05(2)(c). Motion carried unanimously.

CASE CLOSING(S)

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

1. 13 MED 461 – R.B.C. *No Violation*
2. 14 MED 023 – A.K. *Prosecutorial Discretion (P2)*
3. 14 MED 027 – P.G. *No Violation*
4. 14 MED 135 – D.W.M. *No Violation*
5. 14 MED 172 – M.C.O. *Prosecutorial Discretion (P2)*
6. 14 MED 173 – R.J.D. *Prosecutorial Discretion (P3)*
7. 14 MED 174 – S.V.B. *Prosecutorial Discretion (P2)*
8. 14 MED 212 – R.B.L. *Insufficient Evidence*
9. 14 MED 216 – H.D.M. *No Violation*
10. 14 MED 345 – K.E.B. *Prosecutorial Discretion (P7)*
11. 14 MED 363 – K.E.B. *Prosecutorial Discretion (P7)*
12. 14 MED 596 – W.C.J. *Prosecutorial Discretion (P4)*
13. 14 MED 599 – R.S.R. *Prosecutorial Discretion (P4)*
14. 15 MED 115 – U.A. *No Violation*
15. 15 MED 149 – S.D.C. *Prosecutorial Discretion (P4)*
16. 15 MED 175 – G.E.B. *Prosecutorial Discretion (P3)*
17. 15 MED 217 – D.R.H. *No Violation*
18. 15 MED 226 – J.K. *Prosecutorial Discretion (P1)*
19. 15 MED 270 – C.F.H. *Prosecutorial Discretion (P1)*

Motion carried unanimously.

14 MED 612 – P.D.F.

MOTION: Timothy Westlake moved, seconded by Suresh Misra, to close DLSC case number 14 MED 612, against P.D.F., for Prosecutorial Discretion (P7). Motion carried unanimously.

15 MED 188 – M.M.S.

MOTION: Timothy Westlake moved, seconded by Rodney Erickson, to close DLSC case number 15 MED 188, against M.M.S., for Prosecutorial Discretion (P7). Motion carried unanimously.

15 MED 196 – D.E.R.

MOTION: Robert Zondag moved, seconded by Mary Jo Capodice, to close DLSC case number 15 MED 196, against D.E.R., for No Violation. Motion carried. Recused: Carolyn Ogland Vukich

(Carolyn Ogland Vukich recused herself and left the room for deliberation and voting in the matter concerning D.E.R., DLSC case number 15 MED 196.)

15 MED 302 – S.W.R.

MOTION: Robert Zondag moved, seconded by Mary Jo Capodice, to close DLSC case number 15 MED 302, against S.W.R., for No Violation. Motion carried. Recused: Carolyn Ogland Vukich

(Carolyn Ogland Vukich recused herself and left the room for deliberation and voting in the matter concerning S.W.R., DLSC case number 15 MED 302.)

FULL BOARD INTERVIEW OF CANDIDATE FOR LICENSURE

Asma Aouthmany, M.D.

MOTION: Timothy Westlake moved, seconded by Mary Jo Capodice, to approve the License to Practice Medicine and Surgery application of Asma Aouthmany, M.D., once all requirements are met. Motion carried. Abstained: Sridhar Vasudevan

DELIBERATION ON COMPLAINTS FOR DETERMINATION OF PROBABLE CAUSE

15 MED 261 – Charles R. Szyman, D.O.

MOTION: Sridhar Vasudevan moved, seconded by Timothy Westlake, to find probable cause to believe that Charles R. Szyman, D.O., DLSC case number 15 MED 261, has committed unprofessional conduct, and therefore to issue the Complaint and hold a hearing on such conduct pursuant to Wis. Stat. § 448.02(3)(b). Motion carried. Recused: Mary Jo Capodice

(Mary Jo Capodice recused herself and left the room for deliberation and voting in the matter concerning Charles R. Szyman, D.O., DLSC case number 15 MED 261.)

DISCUSSION OF UNRESTRICTED MINNESOTA LICENSE APPLICATION

MOTION: Sridhar Vasudevan moved, seconded by Timothy Westlake, to add the Certification of Post Graduate Training Form 21-65 to the application for individuals with a current unrestricted Minnesota license. Motion carried unanimously.

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

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

ADJOURNMENT

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

The meeting adjourned at 11:16 a.m.

DRAFT

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Katie Vieira Administrative Rules Coordinator		2) Date When Request Submitted: 11/3/2015 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting									
3) Name of Board, Committee, Council, Sections: Medical Examining Board											
4) Meeting Date: 11/18/2015	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? 1) Med 1 and 14 relating to the general cleanup of administrative rules 2) Med 24 relating to telemedicine 3) Med 13 relating to continuing medical education for prescribing opioids 4) Update on pending and possible administrative rules									
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: Med 1 and 14 relating to the general cleanup of administrative rules – The Board is waiting for legislative changes regarding oral interviews/exams prior to moving forward with this rule package. Med 24 relating to telemedicine – A public hearing will be held at the January Medical Examining Board meeting. Med 13 relating to continuing medical education for prescribing opioids – The Board will discuss rule changes to be included in the preliminary draft.											
11) Authorization <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black;">Katie Vieira</td> <td style="width: 30%; border-bottom: 1px solid black; text-align: right;">11/3/2015</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Signature of person making this request</td> <td style="border-bottom: 1px solid black; text-align: right;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Supervisor (if required)</td> <td style="border-bottom: 1px solid black; text-align: right;">Date</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date</td> </tr> </table>				Katie Vieira	11/3/2015	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	
Katie Vieira	11/3/2015										
Signature of person making this request	Date										
Supervisor (if required)	Date										
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date											
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.											

STATE OF WISCONSIN
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 create chapter Med 24 relating to telemedicine.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted:

None.

Statutory authority:

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

Related statute or rule:

None.

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

Plain language analysis:

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

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

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

Comparison with rules in adjacent states:

Illinois: Illinois statutes require an individual who engages in telemedicine to hold a medical license issued by the state of Illinois. Telemedicine is defined as including but not limited to rendering written or oral opinions concerning diagnosis or treatment of a patient in Illinois by a person located outside the State of Illinois as a result of transmission of individual patient data by telephonic, electronic, or other means of communication from within this State. Telemedicine specifically does not include periodic consultations between a licensee and a person outside the State of Illinois, a second opinion provided to a licensee; and the diagnosis or treatment services provided to a patient in Illinois following care or treatment originally provided to the patient in the state in which the provider is licensed to practice medicine (225 Ill. Comp. Stat. Ann. s. 60/49.5). The telemedicine provisions are scheduled to be repealed on December 31, 2015.

Iowa: Iowa Administrative Code 653-13.11 establishes the standards of practices of physicians who use telemedicine. Similar to the proposed rule, Iowa Administrative Code defines telemedicine, explains how a valid physician-patient relationship can be established in a telemedicine setting, and identifies technology requirements for physicians who use electronic communications, information technology or other means of interaction with patients who are not physically present. The rule requires out-of-state physicians to have a valid Iowa medical license in order to diagnose and treat patients located in Iowa.

Michigan: Michigan statutes and administrative code are silent with regards to the provision of telemedicine services. The standards are the same as in-person care.

Minnesota: Minnesota does not have any unique laws regulating the practice of telemedicine. Standards are the same as in person care (Minn. Stat. s. 147.032).

Summary of factual data and analytical methodologies:

Other states’ requirements as well as the Federation of State Medical Boards model policy were reviewed when drafting the proposed rule change.

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

The rule will be posted for public comment on the economic impact of the proposed rule, including how this proposed rule may affect businesses, local government units, and individuals, for a period of 14 days.

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 1. Chapter Med 24 is created to read:

CHAPTER MED 24

TELEMEDICINE

Med 24.01 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 the standards of practice for the practice of medicine using telemedicine.

Med 24.02 Definitions. For the purposes of this chapter:

(1) “Asynchronous store-and-forward transmission” means the collection of a patient’s relevant health information and the subsequent transmission of the data from an originating site to a health care provider at a distant site without the presence of the patient.

(2) “Board” means the medical examining board.

(3) “In-person encounter” means that the physician and the patient are in the physical presence of each other and are in the same physical location during the physician-patient encounter.

(4) “Licensee” means an individual licensed by the board.

(5) “Telemedicine” means the practice of medicine using electronic audio-visual communications and information technologies or other means, including interactive audio with asynchronous store-and-forward transmission, between a licensee in one location and a patient in another location with or without an intervening health care provider. Telemedicine includes asynchronous store-and-forward technologies, remote monitoring, and real-time interactive services, including teleradiology and telepathology. Telemedicine shall not include the provision of medical services only through an audio-only telephone, e-mail messages, facsimile transmissions, or U.S. mail or other parcel service, or any combination thereof.

(6) “Telemedicine technologies” means technologies and devices enabling secure electronic communications and information exchanges between a licensee in one location and a patient in another location with or without an intervening health care provider.

Med 24.03 Practice guidelines. A licensee who uses telemedicine shall utilize evidence-based telemedicine practice guidelines and standards of practice, to the degree they are available, to ensure patient safety, quality of care, and positive outcomes. The board acknowledges that some nationally recognized medical specialty organizations have established comprehensive telemedicine practice guidelines that address the clinical and technological aspects of telemedicine for many medical specialties.

Med 24.04 Wisconsin medical license required. A physician who uses telemedicine in the diagnosis and treatment of a patient located in Wisconsin shall hold an active Wisconsin medical license.

Med 24.05 Standards of care and professional ethics. A licensee who uses telemedicine shall be held to the same standards of care and professional ethics as a licensee using traditional in-person encounters with patients. Failure to conform to the appropriate standards of care or professional ethics while using telemedicine may be a violation of the laws and rules governing the practice of medicine and may subject the licensee to potential discipline by the board.

Med 24.06 Scope of practice. A licensee who uses telemedicine shall ensure that the services provided are consistent with the licensee's scope of practice, including the licensee's education, training, experience, ability, licensure, and certification.

Med 24.07 Identification of patient and physician. A licensee who uses telemedicine shall verify the identity of the patient and ensure that the patient has the ability to verify the identity, licensure status, certification, and credentials of all health care providers who provide telemedicine services prior to the provision of care.

Med 24.08 Physician-patient relationship. The physician-patient relationship begins when a person with a health-related matter seeks assistance from a licensee, the licensee agrees to undertake diagnosis and treatment of the person, and the person agrees to be treated by the licensee whether or not there has been an in-person encounter between the physician and the person. A licensee who uses telemedicine shall establish a valid physician-patient relationship with the person who receives telemedicine services. A valid physician-patient relationship may be established through any of the following:

(1) An in-person medical interview and physical examination where the standard of care would require an in-person encounter.

(2) A consultation with another licensee, or other health care provider, who has an established relationship with the patient and who agrees to participate in, or supervise, the patient's care.

(3) Telemedicine, if the standard of care does not require an in-person encounter, and in accordance with evidence-based standards of practice and telemedicine practice guidelines that address the clinical and technological aspects of telemedicine.

Med 24.09 Medical history and physical examination. A licensee shall perform a medical interview and physical examination for each patient. The medical interview and physical examination may not be in-person if the technology utilized in a telemedicine encounter is sufficient to establish an informed diagnosis as though the medical interview and physical examination had been performed in-person. Prior to providing treatment, including issuing prescriptions, electronically or otherwise, a licensee who uses telemedicine shall interview the patient to collect the relevant medical history and perform a physical examination, when medically necessary, sufficient for the diagnosis and treatment of the patient. An Internet questionnaire that is a static set of questions provided to the patient, to which the patient responds with a static set of answers, in contrast to an adaptive, interactive and responsive online interview, does not

constitute an acceptable medical interview and physical examination for the provision of treatment, including issuance of prescriptions, electronically or otherwise, by a licensee.

Med 24.10 Nonphysician health care providers. If a licensee who uses telemedicine relies upon or delegates the provision of telemedicine services to a nonphysician health care provider, the licensee shall ensure that all of the following are met:

(1) Systems are in place to ensure that the nonphysician health care provider is qualified and trained to provide that service within the scope of the nonphysician health care provider's practice.

(2) The licensee is available in person or electronically to consult with the nonphysician health care provider, particularly in the case of injury or an emergency.

Med 24.11 Informed consent. In accordance with ch. Med 18, a licensee who uses telemedicine shall ensure that the patient provides appropriate informed consent for the medical services provided, including consent for the use of telemedicine to diagnose and treat the patient, and that such informed consent is timely documented in the patient's medical record.

Med 24.12 Coordination of care. A licensee who uses telemedicine shall, when medically appropriate, identify the medical home or treating physician(s) for the patient, when available, where in-person services can be delivered in coordination with the telemedicine services. The licensee shall provide a copy of the medical record to the patient's medical home or treating physician(s).

Med 24.13 Follow-up care. A licensee who uses telemedicine shall have access to, or adequate knowledge of, the nature and availability of local medical resources to provide appropriate follow-up care to the patient following a telemedicine encounter.

Med 24.14 Emergency services. A licensee who uses telemedicine shall refer a patient to an acute care facility or an emergency department when referral is necessary for the safety of the patient or in the case of an emergency.

Med 24.15 Medical records. A licensee who uses telemedicine shall ensure that complete, accurate and timely medical records are maintained for the patient in accordance with ch. Med 21, including all patient-related electronic communications, records of past care, physician-patient communications, laboratory and test results, evaluations and consultations, prescriptions, and instructions obtained or produced in connection with the use of telemedicine technologies. The licensee shall note in the patient's record when telemedicine is used to provide diagnosis and treatment. The licensee shall ensure that the patient or another licensee designated by the patient has timely access to all information obtained during the telemedicine encounter. The licensee

shall ensure that the patient receives, upon request, a summary of each telemedicine encounter in a timely manner.

Med 24.16 Privacy and security. A licensee who uses telemedicine shall ensure that all telemedicine encounters comply with the privacy and security measures of the Health Insurance Portability and Accountability Act to ensure that all patient communications and records are secure and remain confidential. Written protocols shall be established by the licensee meet all of the following:

- (1) Written protocols shall address all of the following:
 - (a) Privacy.
 - (b) Health care personnel who will process messages.
 - (c) Hours of operation.
 - (d) Types of transactions that will be permitted electronically.
 - (e) Required patient information to be included in the communication, including patient name, identification number and type of transaction.
 - (f) Archiving and retrieval.
 - (g) Quality oversight mechanisms.

(2) The written protocols should be periodically evaluated for currency and should be maintained in an accessible and readily available manner for review. The written protocols shall include sufficient privacy and security measures to ensure the confidentiality and integrity of patient-identifiable information, including password protection, encryption or other reliable authentication techniques.

Med 24.17 Technology and equipment. The board recognizes that three broad categories of telemedicine technologies currently exist, including asynchronous store-and-forward technologies, remote monitoring, and real-time interactive services. While some telemedicine programs are multispecialty in nature, others are tailored to specific diseases and medical specialties. The technology and equipment utilized for telemedicine shall comply with the following requirements:

(1) The technology and equipment utilized in the provision of telemedicine services must comply with all relevant safety laws, rules, regulations, and codes for technology and technical safety for devices that interact with patients or are integral to diagnostic capabilities.

(2) The technology and equipment utilized in the provision of telemedicine services must be of sufficient quality, size, resolution and clarity such that the licensee can safely and effectively provide the telemedicine services.

(3) The technology and equipment utilized in the provision of telemedicine services must be compliant with the Health Insurance Portability and Accountability Act.

Med 24.18 Disclosure and functionality of telemedicine services. A licensee who uses telemedicine shall disclose all of the following information to the patient:

(1) Types of services provided.

(2) Contact information for the licensee.

(3) Identity, licensure, certification, credentials, and qualifications of all health care providers who are providing the telemedicine services.

(4) Limitations in the drugs and services that can be provided via telemedicine.

(5) Fees for services, cost-sharing responsibilities, and how payment is to be made, if these differ from an in-person encounter.

(6) Financial interests, other than fees charged, in any information, products, or services provided by the licensee(s).

(7) Appropriate uses and limitations of the technologies, including in emergency situations.

(8) Uses of and response times for e-mails, electronic messages and other communications transmitted via telemedicine technologies.

(9) To whom patient health information may be disclosed and for what purpose.

(10) Rights of patients with respect to patient health information.

(11) Information collected and passive tracking mechanisms utilized.

Med 24.19 Patient access and feedback. A licensee who uses telemedicine shall ensure that the patient has easy access to a mechanism for the following purposes:

(1) To access, supplement and amend patient-provided personal health information.

(2) To provide feedback regarding the quality of the telemedicine services provided.

(3) To register complaints. The mechanism shall include information regarding the filing of complaints with the board.

Med 24.20 Financial interests. Advertising or promotion of goods or products from which the licensee(s) receives direct remuneration, benefit or incentives (other than the fees for the medical services) is prohibited to the extent that such activities are prohibited by state or federal law. Notwithstanding such prohibition, Internet services may provide links to general health information sites to enhance education; however, the licensee(s) should not benefit financially from providing such links or from the services or products marketed by such links. When providing links to other sites, licensees should be aware of the implied endorsement of the information, services or products offered from such sites. The maintenance of a preferred relationship with any pharmacy is prohibited. Licensees shall not transmit prescriptions to a specific pharmacy, or recommend a pharmacy, in exchange for any type of consideration or benefit from the pharmacy.

Med 24.21 Circumstances where the standard of care may not require a licensee to personally interview or examine a patient. Under the following circumstances, whether or not such circumstances involve the use of telemedicine, a licensee may treat a patient who has not been personally interviewed, examined and diagnosed by the licensee:

(1) Situations in which the licensee prescribes medications on a short-term basis for a new patient and has scheduled or is in the process of scheduling an appointment to personally examine the patient.

(2) For institutional settings, including writing initial admission orders for a newly hospitalized patient.

(3) Call situations in which a licensee is taking call for another licensee who has an established physician-patient relationship with the patient.

(4) Cross-coverage situations in which a licensee is taking call for another licensee who has an established physician-patient relationship with the patient.

(5) Situations in which the patient has been examined in person by an advanced registered nurse practitioner or a physician assistant or other licensed practitioner with whom the licensee has a supervisory or collaborative relationship.

(6) Emergency situations in which the life or health of the patient is in imminent danger.

(7) Emergency situations that constitute an immediate threat to the public health including, but not limited to, empiric treatment or prophylaxis to prevent or control an infectious disease outbreak.

(8) Situations in which the licensee has diagnosed a sexually transmitted disease in a patient and the licensee prescribes or dispenses antibiotics to the patient's named sexual partners for the treatment of the sexually transmitted disease as recommended by the U.S. Centers for Disease Control and Prevention.

(9) For licensed or certified nursing facilities, residential care facilities, intermediate care facilities, assisted living facilities and hospice settings.

Med 24.22 Prescribing based solely on an Internet request, Internet questionnaire or a telephonic evaluation—prohibited. Prescribing to a patient based solely on an Internet request or Internet questionnaire such as a static questionnaire provided to a patient, to which the patient responds with a static set of answers, in contrast to an adaptive, interactive and responsive online interview, is prohibited. Absent a valid physician-patient relationship, a licensee's prescribing to a patient based solely on a telephonic evaluation is prohibited.

Med 24.23 Medical abortion. Nothing in this rule shall be interpreted to contradict or supersede the requirements under ch. Med 11.

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

(END OF TEXT OF RULE)

Dated _____

Agency _____

Chairperson
Medical Examining Board

STATEMENT OF SCOPE

Medical Examining Board

Rule No.: Med 13

Relating to: Continuing Medical Education for Prescribing Opioids

Rule Type: Permanent

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

N/A

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

The objective of the proposed rule is to promote best practices in the prescription of opioids. The proposed rule would define the requirements for the completion of continuing education hours relating to prescribing opioids as a portion of the biennial training requirements for physicians.

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

Section 448.13 of the Wisconsin Statutes requires the completion of at least 30 hours of continuing medical education for biennial registration. Wisconsin Administrative Code Chapter Med 13 more precisely defines the requirements for continuing medical education. The chapter lists acceptable sources of continuing education, sets the standards for evidence of compliance with the requirements, and allows the Board to waive and audit the completion of continuing education requirements. The proposed rule would define the requirements for the completion of continuing education hours specific to prescribing opioids. The alternative to this rule change is to leave Chapter Med 13 as written which does not address the growing concern with prescription drug abuse.

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

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

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

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

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

40 hours

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

Wisconsin licensed physicians

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

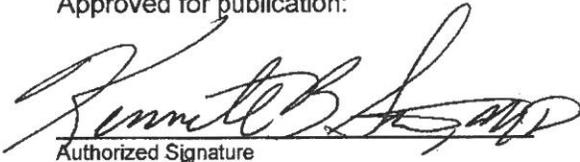
None.

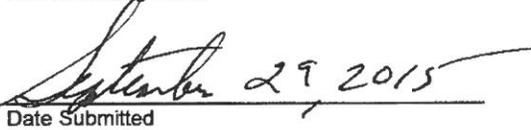
8. Anticipated economic impact of implementing the rule (note if the rule is likely to have a significant economic impact on small businesses):

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

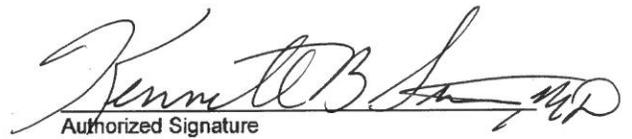
Contact Person: Katie Vieira, Administrative Rule Coordinator, Kathleen.Vieira@wisconsin.gov, (608) 261-4472

Approved for publication:


Authorized Signature


Date Submitted

Approved for implementation:


Authorized Signature


Date Submitted

**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: 11/9/2015	
		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: Medical Examining Board			
4) Meeting Date: 11/18/2015	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Interstate Medical Licensure Compact <ul style="list-style-type: none"> • Review AB 253 • Report from Inaugural Interstate Licensure Compact Meeting, 10/27-28, Chicago, IL • Consider Appointment of Compact Commissioners 	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: <ol style="list-style-type: none"> 1) Review current compact legislation. Enter bill number under 'Find a Proposal' at this link: http://legis.wisconsin.gov/ 2) Receive Report from Inaugural Compact Commissioner Meeting 3) Consider appointing two Compact Commissioners 			
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	

**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		2) Date When Request Submitted: 10/21/15 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: 11/18/15	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Consider MEB recommendations for nominations for 2016 FSMB Board of Directors and Nominating Committee Elections	
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:	
10) Describe the issue and action that should be addressed: Consider MEB recommendations for nominations for 2016 FSMB Board of Directors and Nominating Committee Elections, and for the following appointments by the incoming FSMB Chair: Audit, Bylaws, Editorial, Educations, Ethics, and Professionalism, Finance, and potentially to FSMB Special Committees and Workgroups			
11) Authorization			
Nifty Lynn Dio		10/21/15	
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.			

Wood, Kimberly - DSPS

Subject: FW: FIRST Call for Committee Appointments
Attachments: 1st Call for Appointments 08-17-15 FINAL_email packet.pdf

From: Pamela Huffman (FSMB) [<mailto:phuffman@fsmb.org>] **On Behalf Of** Humayun Chaudhry
Sent: Monday, August 17, 2015 7:27 AM
To: Pamela Huffman (FSMB)
Cc: Patricia McCarty (FSMB)
Subject: FIRST Call for Committee Appointments

Dear Colleagues:

Following the 2016 Annual Meeting, FSMB's incoming Chair, Arthur S. Hengerer, MD, will finalize appointments to the Audit, Bylaws, Editorial, Education, Ethics and Professionalism, and Finance Committees, and potentially to FSMB Special Committees and/or workgroups.

Committee responsibilities and time commitments vary, but to complete their charges successfully, all committees require dedicated and knowledgeable members. To begin the appointment process, individuals interested in serving on a committee, or those wishing to recommend an individual, should submit letters of interest/recommendations by **December 31, 2015** via mail, fax or email to:

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

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

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

Sincerely,
Humayun J. Chaudhry, DO, MACP
President and CEO

Federation of State Medical Boards
400 Fuller Wiser Road | Suite 300 | Euless, TX 76039
817-868-4044 direct | 817-868-4144 fax
hchaudhry@fsmb.org | www.fsmb.org



FEDERATION OF STATE MEDICAL BOARDS
Responsibilities of Appointed Positions

Audit Committee

COMMITTEE CHARGE

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

Tasks of the Committee include:

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

TIME COMMITMENT

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

Bylaws Committee

COMMITTEE CHARGE

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

Tasks of the Committee include:

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

TIME COMMITMENT

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

Editorial Committee

COMMITTEE CHARGE

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

Tasks of the Committee include:

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

TIME COMMITMENT

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

Education Committee

COMMITTEE CHARGE

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

Tasks of the Committee include:

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

TIME COMMITMENT

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

Ethics and Professionalism Committee

COMMITTEE CHARGE

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

Tasks of the Committee include:

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

TIME COMMITMENT

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

Finance Committee

COMMITTEE CHARGE

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

Tasks of the Committee include:

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

TIME COMMITMENT

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

Special Committees/Workgroups

Special Committees and workgroups are appointed by the Chair as necessary and are established for a specific purpose. Special Committees and workgroups usually meet three times per year, in person and via teleconference, and continue their work for one to two years. Special Committees and workgroups for 2016-2017 are to be determined.

Wood, Kimberly - DSPS

Subject: FW: FIRST Call for Nominations
Attachments: 1st Call for Nominations August 2015 FINAL packet.pdf

From: Pamela Huffman (FSMB) [<mailto:phuffman@fsmb.org>] **On Behalf Of** Humayun Chaudhry
Sent: Monday, August 17, 2015 7:27 AM
To: Pamela Huffman (FSMB)
Cc: Patricia McCarty (FSMB)
Subject: FIRST Call for Nominations

Dear Colleague:

FSMB Needs YOUR Leadership Skills.

One of the most rewarding experiences for members of state medical and osteopathic boards is the opportunity to serve on FSMB's Board of Directors or its Nominating Committee, helping guide our organization's vision and mission. Each year, FSMB's Nominating Committee seeks capable and committed individuals for consideration as candidates, and we would like to hear from you.

Service in a leadership position brings many benefits, notably the opportunity to make a real impact in the direction and policy of a national organization with a vital role in health care.

Nominations are open starting today, August 17, 2015, and will close December 31, 2015. Details regarding the nomination process are attached. We encourage you to make national service a part of your experience as an FSMB Fellow.

Sincerely,
Humayun J. Chaudhry, DO, MACP
President and CEO

Federation of State Medical Boards
400 Fuller Wiser Road | Suite 300 | Euless, TX 76039
817-868-4044 direct | 817-868-4144 fax
hchaudhry@fsmb.org | www.fsmb.org

***In accordance with the FSMB Bylaws, “At least one elected member of the Nominating Committee shall be a non-physician.” The Nominating Committee currently has one non-physician member whose term will not expire until 2017; therefore, in 2016, all non-physician candidates for the Nominating Committee will be placed on the same ballot as physician candidates and will compete for the same positions on the Committee.

****No two Nominating Committee members shall be from the same member board. Continuing members of the Committee will be from Michigan (Medical), Minnesota and Rhode Island.

INSTRUCTIONS FOR NOMINATIONS OF CANDIDATES FOR FSMB ELECTED OFFICE

Eligibility

Any person who is or will be a Fellow of the FSMB at the time of the election on April 30, 2016 is eligible for nomination. The Bylaws of the FSMB define Fellows as: *An individual member who as a result of appointment holds full time membership on a Member Medical Board shall be a Fellow of the FSMB during the member’s period of service on a Member Medical Board, and for a period of 36 months thereafter.*

Core Competencies of Candidates

A candidate for elected office must:

- Support the mission, vision and core values of the FSMB;
- Possess a positive outlook on the role and function of state medical boards in the medical regulatory field;
- Bring a broad, national perspective to specific issues;
- Have adequate time and commitment necessary to fulfill the responsibilities of the office (*please see attached “Responsibilities of Elected Positions”*); and,
- Demonstrate professionalism, personal integrity, and the ability to work effectively with others.

Additional Qualifications for Chair-elect of the Board of Directors: Suggested but not mandatory: One or more years experience on the FSMB Board of Directors and, if applicable, a commitment of time that may require reduction by one-third or more of patient care duties in medical practice.

Additional Qualifications for Board of Directors: These are strongly suggested but not mandatory: One-and-a-half or more years on a State Medical Board; Committee or Task Force participation with the FSMB; and prior attendance of **at least one** FSMB Annual Meeting. Significant experience on a non-profit Board of Directors or Foundation may be considered an equivalent for one of the above.

Letter of Nomination - Contents

The letter of nomination **must** come from the candidate’s state medical or osteopathic board to the Nominating Committee and should specify: (1) the name of the candidate to be considered; (2) the office for which the candidate is being recommended; (3) a description of the candidate’s ability to demonstrate the core competencies and/or additional position-specific qualifications stated above; (4) the candidate’s agreement to the submission of his/her name for potential nomination; (5) the candidate’s affirmation that he/she is aware of the time commitment required for the position to which he/she may be elected; and (6) the candidate’s mailing address, daytime telephone number, fax number and email address.

Attachments to State Medical Board’s Letter of Nomination

The following materials should accompany the letter of nomination:

1. **Candidate's General Information Questionnaire (attached).** In the interest of uniformity and fairness to all candidates, the Nominating Committee requests that the information contained on the Candidate's General Information Questionnaire be limited to the space provided, *except where otherwise stated*.
2. **Candidate's Signatory Form (attached).** The candidate **must submit a signed** confirmation that the candidate: 1) will be a Fellow as defined by the FSMB Bylaws at the time of the election on Saturday, April 30, 2016; 2) is aware of the time commitment required for the position to which he/she may be elected; and 3) is disclosing any potential conflict(s) of interest.
3. **Candidate's photograph – color (jpg).** Copies of the photo will be included in the Nominating Committee meeting agenda book. If the candidate is selected, the photo will also be used in the Election Manual that is distributed at the Annual Meeting and placed on the Candidates Website. **Questions regarding photos should be directed to David Hooper, Sr. Director of Marketing, at 817-868-4070 or dhooper@fsmb.org.**
4. **Candidate's Personal Statement in WORD version (sample attached) – (500 word limit).** The candidate should state why he/she wants to serve in the particular position for which he/she will be campaigning for election; how he/she fulfills the core competencies and/or additional position-specific qualifications of candidates, and what he/she will contribute to FSMB. The personal statement will be included in the Election Manual and placed on the Candidates Website.
5. **Electronic copy of the candidate's curriculum vitae (CV) (maximum five (5) pages) and a one-page bio or summary CV.** Please provide relevant information including important appointments, honors and awards received, etc. Please note that **these documents will be PUBLISHED** on the Candidates Website; therefore, social security numbers and all other private information **must be removed** prior to submitting with letter of nomination.

Deadline for Submission of Letters and Materials

The members of the Nominating Committee request that all nominations be submitted in writing by mail, fax or email to:

Donald H. Polk, DO, Chair
Nominating Committee
c/o Pat McCarty, Director of Leadership Services
Federation of State Medical Boards
400 Fuller Wiser Road, Suite 300
Eules, TX 76039-3855
Fax: (817) 868-4167
Email: pmccarty@fsmb.org

All letters of nomination and accompanying materials should be received at the Eules, TX office by end of business on **Thursday, December 31, 2015. No nominations will be accepted after end of business December 31.**

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

RESPONSIBILITIES OF ELECTED POSITIONS

Board of Directors

The FSMB Board of Directors is responsible for the control and administration of the FSMB and reports to the House of Delegates; the Board provides leadership in the development and implementation of the FSMB's Strategic Goals and the Board's Annual Action Plan; the Board is responsible for governing and conducting the business of the corporation, including supervising the President/CEO; and, under the leadership of the Chair and President/CEO, represents the FSMB to other organizations and promotes recognition of the FSMB as the premier organization concerned with medical licensure and discipline. The Board of Directors is the fiscal agent of the corporation.

GENERAL RESPONSIBILITIES

The Board of Directors is responsible for the following:

1. Setting goals, objectives and priorities necessary to achieve the FSMB Strategic Goals.
2. Setting goals, objectives and critical success factors for the President/CEO.
3. Ensuring effective management of the FSMB's financial resources.
4. Approving systems for assessing and addressing needs of Member Boards.
5. Implementing adopted Board of Directors professional development and self-assessment plans.
6. Promoting use of FSMB services among targeted customer groups.
7. Enhancing communication with and among Member Boards.
8. Enhancing support and education for Member Board executives and their staff.

TIME COMMITMENT

Board Meetings

The Board of Directors will meet five times during the FY 2017 fiscal year:

May 1, 2016 – San Diego, CA (immediately following the Annual Meeting)

July 2016 – site and actual dates TBD

October 2016 – site and actual dates TBD

February 2017 – site and actual dates TBD

April 18-23, 2017 – Fort Worth, TX (in conjunction with the Annual Meeting)

New Directors Orientation

Newly-elected directors will be asked to participate in a **New Directors Orientation** scheduled **June 26-27, 2016** at the FSMB Euless, TX Office.

Board of Directors State Medical Board Liaison Program

A director's participation in the Board of Directors State Medical Board Liaison Program may involve telephone communications with Member Board leadership (dependent upon the leadership's availability) and/or travel to a Member Board location (i.e., "site visit") in partnership with FSMB

staff to meet with the Member Board representatives. New Directors may be asked to participate in one or two site visits during their first year on the Board of Directors, schedule permitting.

Subcommittees of the Board of Directors

All directors will be appointed to one subcommittee of the Board of Directors, which include the Awards, Governance and Planning Committees. Additionally, two directors will be elected by the Board to participate on the Executive, Compensation and Investment Committees with the officers of the Board.

Nominating Committee

COMMITTEE CHARGE

The charge of the Nominating Committee as currently set forth in the FSMB Bylaws is to submit a slate of one or more nominees for each of the offices and positions to be filled by election at the Annual Meeting of the House of Delegates. The Committee will mail its slate of candidates to Member Boards not fewer than 60 days prior to the meeting of the House of Delegates.

Tasks of the Committee include:

1. Soliciting recommendations for candidates for elected positions from Member Board Executive Directors/Secretaries and Active Fellows of the FSMB.
2. Assertively recruiting individuals who have the core competencies set forth on page 2 and who represent diversified backgrounds, experiences and cultures.
3. Educating potential candidates on core competencies for FSMB leadership roles and the responsibilities associated with respective leadership positions.
4. Reviewing letters of recommendation and supporting material of each individual nominated or recruited as a candidate for election.
5. Verifying that candidates have the core competencies for FSMB leadership positions.
6. Verifying that queries of FSMB Board Action Data Bank have been completed on physician candidates and that no actions have been reported which could call into question an individual's fitness for FSMB leadership.
7. Affirming that all candidates for elected leadership have disclosed any potential conflicts of interest.
8. Considering the importance of public representation on the FSMB Board of Directors and assuring the slate of candidates provides for election of adequate/qualified public representation.
9. Selecting and narrowing the slate of candidates to those who best demonstrate the core competencies, have the necessary qualifications and eligibility for a position, and bring valuable talents and perspectives to the FSMB.
10. Preparing a report to the House of Delegates that includes a slate of nominees for positions to be filled by election at the annual business meeting of the House of Delegates.
11. Determining process for notifying candidates of the Nominating Committee's decisions as soon as possible following the Committee's winter meeting and providing the Nominating Committee report to the FSMB Board of Directors.

TIME COMMITMENT

Members of the Nominating Committee serve a single two-year term. The Committee will have a kick-off breakfast in San Diego, CA on the morning of Sunday, May 1, 2016 immediately following the FSMB's Annual Meeting. The Committee will meet again via teleconference in July 2016 (date to be determined) and in person at the FSMB Euless, TX Office in January 2017. In preparation for

the January meeting, the Committee members will each interview 3-5 nominees. The members of the Committee will also receive scholarships to attend the FSMB's 2017 Annual Meeting so that they can be onsite to solicit interest in elected and appointed positions.

CANDIDATE'S GENERAL INFORMATION QUESTIONNAIRE

*PLEASE TYPE OR PRINT AND LIMIT YOUR INFORMATION TO THE SPACE PROVIDED
(except where otherwise stated)*

GENERAL

NAME: _____

CANDIDATE FOR: _____

MAILING ADDRESS: _____

DAYTIME TELEPHONE: _____

EMAIL AND/OR FAX: _____

EDUCATION

UNDERGRADUATE: _____

MEDICAL SCHOOL/GRADUATE SCHOOL: _____

POSTGRADUATE EDUCATION: _____

CURRENT POSITION: _____

AREA OF SPECIALIZATION: _____

FEDERATION ACTIVITIES

BOARD and/or COMMITTEES: _____

OTHER FSMB ACTIVITIES: _____

CANDIDATE SIGNATORY PAGE

STATE MEDICAL BOARD ACTIVITIES

On which state medical board are you currently serving?

If not serving, when did you leave the board? Month _____ Day _____ Year _____

How long have you served (did you serve) on your state medical board?

- I will be a Fellow as defined by the FSMB Bylaws at the time of the election on Saturday, April 30, 2016 and understand that only an individual who is a Fellow at the time of the individual's election shall be eligible for election. The Bylaws of the FSMB defines Fellow as:
An individual member who as a result of appointment holds full time membership on a Member Medical Board shall be a Fellow of the FSMB during the member's period of service on a Member Medical Board, and for a period of 36 months thereafter.
- I am aware of the time commitment for the position I wish to be elected.
- I am disclosing any potential conflict(s) of interest.

SIGNATURE: _____

Potential Conflict(s) of Interest

SAMPLE PERSONAL STATEMENT [500 words or less]

Please provide this document in WORD format

NAME: _____

CANDIDATE FOR: [Chair-elect, Board of Directors or Nominating Committee]

[SAMPLE TEXT – please describe your own experiences using your own words]

I am a candidate for [elected office]. Since beginning my medical career in a small rural town over 20 years ago, I have been involved in professionalism and upholding the higher standards of being a physician. Currently, I am the Chairman of the Department of [specialty] at the School of Medicine in [city].

My experiences with medical licensure began in the 90's when I was appointed to the advisory committee for athletic trainers of the [state medical board]. Subsequently, I was appointed as a member of the [state medical board] in 2009. I was elected Vice President in 2010 and have been serving as President since 2011.

Since being appointed to the [state medical board], I have been serving the [state medical board] in a number of capacities, which have included [committee/workgroups, etc.].

Additionally, I have worked as [other professional experiences and associations].

It is with great anticipation that I am running for [elected office]. I have the energy, enthusiasm and experience to represent the FSMB. My qualifications are broad and strong, which will allow me to function well within a system that is focused on licensure, discipline and protection of the public.

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

AGENDA REQUEST FORM

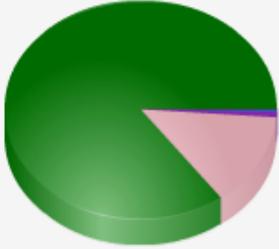
1) Name and Title of Person Submitting the Request: Nifty Lynn Dio, Bureau Assistant		2) Date When Request Submitted: 11/09/15 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: November 18, 2015	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Medical Examining Board Fall Newsletter <ul style="list-style-type: none"> • Review of Newsletter Distribution Report 	
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: The Board will review the attached distribution report.			
11) Authorization			
Nifty Lynn Dio		11/9/15	
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: <ol style="list-style-type: none"> 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting. 			

Mailing Overview

Reports : Mailings : Mailing Overview

Mailing type: All | Mailing/Campaign: make a selection

Mailing: 10/23/2015 4:31:08 PM Subject: Med Board Newsletter - October 2015 Sent: 2015-10-23 16:37:00 Completed		Type: list Segments: All of wi-dsps-medical-newsletter Campaign(s): none MailStream: main	Quicklinks Tracking Summary View Mailing View Opens View Clickthrough Tracking Clickthrough Heatmap	Export CSV File Report:  URL CSV File Report:  XML File Report: 
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Delivery Results  <table border="1"> <tr><td>Total recipients:</td><td>24555</td></tr> <tr><td>Successful Sends:</td><td>20875 (85.0%)</td></tr> <tr><td>Soft Bounces:</td><td>0 (0.0%)</td></tr> <tr><td>Technical Failures:</td><td>3390 (13.8%)</td></tr> <tr><td>Uncategorized Failures:</td><td>195 (0.8%)</td></tr> <tr><td>Invalid Users:</td><td>76 (0.3%)</td></tr> <tr><td>Content Blocks:</td><td>19 (0.1%)</td></tr> <tr><td>Mailstream Blocks:</td><td>0 (0.0%)</td></tr> <tr><td>End User complaints:</td><td>0 (0.0%)</td></tr> <tr><td>Recipients remaining:</td><td>0 (0.0%)</td></tr> <tr><td>Internal Stops:</td><td>0 (0.0%)</td></tr> </table>	Total recipients:	24555	Successful Sends:	20875 (85.0%)	Soft Bounces:	0 (0.0%)	Technical Failures:	3390 (13.8%)	Uncategorized Failures:	195 (0.8%)	Invalid Users:	76 (0.3%)	Content Blocks:	19 (0.1%)	Mailstream Blocks:	0 (0.0%)	End User complaints:	0 (0.0%)	Recipients remaining:	0 (0.0%)	Internal Stops:	0 (0.0%)	Opens, Clickthroughs & Clickstreams Total opens: 11929 (48.6%) Unique opens: 6830 (27.8%) Total clickthroughs: 2828 (11.5%) Unique clickthroughs: 1973 (8.0%) Total page hits: 0 (0.0%) Unique page hits: 0 (0.0%)	Conversion Pipeline 
Total recipients:	24555																							
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Internal Stops:	0 (0.0%)																							
Membership Changes Subscribes: 0 (0.0%) Unsubscribes: 1 (0.0%) Complaints: 0 (0.0%)		Purchases Purchases: 0 (0.0%) Units sold: 0 Revenue: 0																						

Top Clickthroughs, by URL

URL	Unique	Total	URL	Unique	Total
http://lists.wi.gov/t/1030162/961617/5040/D/	1976	(8.0%) 2834			