MEDICAL EXAMINING BOARD
Room 121A, 1400 East Washington Avenue, Madison
Contact: Tom Ryan (608) 266-2112
October 18, 2017

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 September 20, 2017 – Review and Approval (5-9)

C) Conflicts of Interest

D) Administrative Matters
   1) Department and Staff Updates
   2) Board Members – Term Expiration Dates
      a) Alaa Abd-Elsayed – 07/01/2020
      b) David Bryce – 07/01/2021
      c) Mary Jo Capodice – 07/01/2018
      d) Michael Carton – 07/01/2020
      e) Padmaja Doniparthi – 07/01/2021
      f) Rodney Erickson – 07/01/2019
      g) Bradley Kudick – 07/01/2020
      h) Lee Ann Lau – 07/01/2020
      i) David Roelke – 07/01/2021
      j) Kenneth Simons – 07/01/2018
      k) Timothy Westlake – 07/01/2020
      l) Robert Zoeller – 07/01/2019
      m) Robert Zondag – 07/01/2018
   3) DSPS Website Re-Design (Launch Date: 11/12/2017)
   4) Introductions, Announcements and Recognition
      a) David Bryce – New Physician Member
   5) Wis. Stat. § 15.085 (3)(b) – Affiliated Credentialing Boards’ Biannual Meeting with the Medical Examining Board to Consider Matters of Joint Interest
      a) National Association of Attorneys General Letter Regarding Alternatives to Opioids – Informational (10-15)
   6) Informational Items
      a) County Opioid Lawsuit (16)
E) Appointments, Reappointments, Confirmations, and Committee, Panel, Liaison and Mentor Appointments
   1) Consider Appointment to Liaison Vacancies Resulting from Resignation of Carolyn Ogland (17)

F) Senate Bills 288 and 296 – Discussion (18-21)

G) Legislation and Rule Matters – Discussion and Consideration
   1) Update on Legislation and Pending or Possible Rulemaking Projects

H) Federation of State Medical Boards (FSMB) Matters
   1) 2017 FSMB State Board Survey (22-32)
   2) Consider Nomination of Tom Ryan for Associate Position on the FSMB Board of Directors (33-36)

I) Opioid Prescribing Guideline Continuing Medical Education (CME) Requirement and License Renewal – Board Discussion

J) Wisconsin State Coalition for Prescription Drug Abuse Reduction Report from Timothy Westlake – Discussion and Consideration

K) Report from Controlled Substances Board – Timothy Westlake

L) Interstate Medical Licensure Compact Commission – Report from Wisconsin’s Commissioners

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

N) Newsletter Matters

O) Screening Panel Report

P) 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

Q) Future Agenda Items

R) 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.).

S) Education and Examination Matters
1) Full Board Oral Exam Discussion (37)

T) Deliberation on Division of Legal Services and Compliance (DLSC) Matters
1) Administrative Warnings
   a) 17 MED 209 (38-39)
   b) 17 MED 238 (40-41)
2) Stipulations, Final Decisions and Orders
   a) 16 MED 154 – Raymond Koziol, M.D. (42-47)
   b) 16 MED 352 – Edward Chaum, M.D. (48-53)
   c) 17 MED 052 – Keyla Guadalupe, M.D. (54-58)
   d) 17 MED 236 – Rassan M. Tarabein, M.D. (59-64)
3) Case Closings
   a) 15 MED 363 (65-73)
   b) 16 MED 316 (74-89)
   c) 16 MED 353 (90-96)
   d) 17 MED 030 (97-102)
   e) 17 MED 058 (103-110)
   f) 17 MED 103 (111-115)
   g) 17 MED 164 (116-122)
4) Monitoring Matters
   a) Cully M. White, D.O. – Requesting Approval of Assessment Program and Extension to Complete Program (123-140)

U) Open Cases

V) Consulting With Legal Counsel

W) Deliberation of Items Added After Preparation of the Agenda
1) Education and Examination Matters
2) Credentialing Matters
3) Disciplinary Matters
4) Monitoring Matters
5) Professional Assistance Procedure (PAP) Matters
6) Petition(s) for Summary Suspensions
7) Proposed Stipulations, Final Decisions and Orders
8) Administrative Warnings
9) Proposed Decisions
10) Matters Relating to Costs
11) Complaints
12) Case Closings
13) Case Status Report
14) Petition(s) for Extension of Time
15) Proposed Interim Orders
16) Petitions for Assessments and Evaluations
17) Petitions to Vacate Orders
18) Remedial Education Cases
19) Motions
20) Petitions for Re-Hearing
21) Appearances from Requests Received or Renewed

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

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 EXAMINATION OF TWO (2) CANDIDATES FOR LICENSURE

ROOM 124D/E

9:15 A.M., OR IMMEDIATELY FOLLOWING THE FULL BOARD MEETING

CLOSED SESSION – Reviewing Applications and Conducting Oral Examination of Three (3) Candidates for Licensure – Dr. Westlake & Dr. Lau

NEXT MEETING DATE: NOVEMBER 15, 2017

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MEETINGS AND HEARINGS ARE OPEN TO THE PUBLIC, AND MAY BE CANCELLED WITHOUT NOTICE.

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held at 1400 East Washington Avenue, Madison, Wisconsin, unless otherwise noted. In order to confirm a meeting or to request a complete copy of the council’s agenda, please call the listed contact person. The council may consider materials or items filed after the transmission of this notice. Interpreters for the hearing impaired provided upon request by contacting the Affirmative Action Officer, 608-266-2112
MEDICAL EXAMINING BOARD
MEETING MINUTES
SEPTEMBER 20, 2017

PRESENT: Mary Jo Capodice, D.O.; Michael Carton (via GoToMeeting); Padmaja Doniparthi, M.D.; Rodney Erickson, M.D. (via GoToMeeting); Bradley Kudick; Lee Ann Lau, M.D.; David Roelke, M.D.; Timothy Westlake, M.D; Robert Zoeller, M.D.; Robert Zondag

EXCUSED: Alaa Abd-Elsayed, M.D.; Carolyn Ogland Vukich, M.D.; Kenneth Simons, M.D.

STAFF: Tom Ryan, Executive Director; Kimberly Wood, Program Assistant Supervisor-Adv.; and other Department staff

CALL TO ORDER
Timothy Westlake, Vice Chair, called the meeting to order at 8:00 a.m. A quorum of nine (9) members was confirmed.

ADOPTION OF AGENDA

Amendment to the Agenda
• In Closed Session – under item V.4. Case Closings, ADD: 16 MED 287

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

MINUTES OF AUGUST 16, 2017

MOTION: Bradley Kudick moved, seconded by David Roelke, to approve the minutes of August 16, 2017 as published. Motion carried unanimously.

(Rodney Erickson joined the meeting at 8:04 a.m.)

ADMINISTRATIVE MATTERS

Department and Staff Updates

MOTION: Bradley Kudick moved, seconded by David Roelke, to recognize Nifty Lynn Dio for her 2 years of outstanding service to the Board and the Department. Motion carried unanimously.

U.S. HEALTH AND HUMAN SERVICES (HHS) SEEKING NOMINATIONS FOR PAIN MANAGEMENT TASK FORCE

MOTION: Lee Ann Lau moved, seconded by Bradley Kudick, to support the nomination of Timothy Westlake to the US DHHS Pain Management Best Practices Inter-Agency Taskforce and to authorize a letter of recommendation from the Board to be written on his behalf by the Board Chair. Motion carried unanimously.
NEWSLETTER MATTERS

MOTION: David Roelke moved, seconded by Robert Zoeller, to approve the Newsletter with any additional edits to be made by the Board Chair or by the Newsletter Liaison in cooperation with Department Staff. Motion carried unanimously.

CLOSED SESSION

MOTION: Lee Ann Lau moved, seconded by David Roelke, to convene to Closed Session to deliberate on cases following hearing (§ 19.85 (1) (a), Stats.); to consider licensure or certification of individuals (§ 19.85 (1) (b), Stats.); to consider closing disciplinary investigations with administrative warnings (§ 19.85 (1) (b), Stats. and § 448.02 (8), Stats.); to consider individual histories or disciplinary data (§ 19.85 (1) (f), Stats.); and to confer with legal counsel (§ 19.85 (1) (g), Stats.). The Timothy Westlake, Vice 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; Michael Carton-yes; Padmaja Doniparthi-yes; Rodney Erickson-yes; Bradley Kudick-yes; Lee Ann Lau-yes; David Roelke-yes; Timothy Westlake-yes; Robert Zoeller-yes; Robert Zondag-yes. Motion carried unanimously.

The Board convened into Closed Session at 8:36 a.m.

RECONVENE TO OPEN SESSION

MOTION: Lee Ann Lau moved, seconded by Bradley Kudick, to reconvene to Open Session. Motion carried unanimously.

The Board reconvened to Open Session at 10:14 a.m.

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

MOTION: Lee Ann Lau moved, seconded by Mary Jo Capodice, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

(Be advised that any recusals or abstentions reflected in the closed session motions stand for the purposes of the affirmation vote.)

APPEARANCE: EDWARD ZARCZYNSKI, M.D. – FULL BOARD EXAMINATION

MOTION: Mary Jo Capodice moved, seconded by David Roelke, to find that Edward Zarczyński, M.D. achieved a passing score and passed the Full Board Oral Examination. Motion carried unanimously.

MOTION: David Roelke moved, seconded by Robert Zoeller, to approve the application of Edward Zarczyński, M.D. for a license to practice medicine and surgery in the state of Wisconsin, once all requirements are met. Motion carried unanimously.
REQUEST FOR RECONSIDERATION OF WAIVER OF 24 MONTHS OF ACGME/AOA APPROVED POST GRADUATE TRAINING

_Thaeer Sawa, M.D._

**MOTION:** Mary Jo Capodice moved, seconded by Robert Zoeller, to grant a waiver of the 24 month of ACGME/AOA approved post-graduate training to Thaeer Sawa, M.D., per Wis. Stat. §448.05(2)(c). Motion carried unanimously.

**MOTION:** David Roelke moved, seconded by Robert Zoeller, to grant the license to practice medicine and surgery to Thaeer Sawa, M.D., once all requirements are met. Motion carried unanimously.

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

**Complaint**

*16 MED 157 – Larry F. Carlyon*

**MOTION:** Lee Ann Lau moved, seconded by Padmaja Doniparthi, to find probable cause to believe that Larry F. Carlyon, M.D., DLSC Case No. 16 MED 157 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.

*(Bradley Kudick recused himself and left the room for deliberation and voting in the matter concerning Larry F. Carlyon. M.D., DLSC Case No. 16 MED.)*

**Administrative Warning**

*17 MED 067 – M.N.*

**MOTION:** David Roelke moved, seconded by Mary Jo Capodice, to issue an Administrative Warning in the matter of DLSC Case No. 17 MED 067 against M.N. Motion carried unanimously.

**Stipulations, Final Decisions and Orders**

*15 MED 022 – Prashanti Pilla, M.D.*

**MOTION:** Lee Ann Lau moved, seconded by Robert Zoeller, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Prashanti Pilla, M.D., DLSC Case No. 15 MED 022. Motion carried unanimously.

*15 MED 289 – Richard Mayrer, M.D.*

**MOTION:** Padmaja Doniparthi moved, seconded by David Roelke, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Richard Mayrer, M.D., DLSC Case No. 15 MED 289. Motion carried unanimously.
17 MED 241 – Mark Shroeder, M.D.

MOTION: David Roelke moved, seconded by Lee Ann Lau, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Mark Shroeder, M.D., DLSC Case No. 17 MED 241. Motion carried unanimously.

Case Closings

15 MED 314

MOTION: Lee Ann Lau moved, seconded by Mary Jo Capodice, to close DLSC Case No. 15 MED 314 for No Violation. Motion carried unanimously.

15 MED 328

MOTION: Bradley Kudick moved, seconded by Padmaja Doniparthi, to close DLSC Case No. 15 MED 328 for No Violation. Motion carried unanimously.

16 MED 081

MOTION: Robert Zoeller moved, seconded by Robert Zondag, to close DLSC Case No. 16 MED 081 for No Violation. Motion carried.

(Timothy Westlake and David Roelke recused themselves and left the room for deliberation and voting in the matter concerning A.P., DLSC Case No. 16 MED 081. Mary Jo Capodice, Secretary, Chaired the meeting for the duration of deliberation and voting.)

16 MED 087

MOTION: Padmaja Doniparthi moved, seconded by Bradley Kudick, to close DLSC Case No. 16 MED 087 for No Violation. Motion carried unanimously.

16 MED 344

MOTION: David Roelke moved, seconded by Padmaja Doniparthi, to close DLSC Case No. 16 MED 344 for No Violation. Motion carried unanimously.

16 MED 458

MOTION: David Roelke moved, seconded by Mary Jo Capodice, to close DLSC Case No. 16 MED 458 for No Violation. Motion carried.

(Lee Ann Lau recused herself and left the room for deliberation and voting in the matter concerning M.M., DLSC Case No. 16 MED 458.)

17 MED 012

MOTION: Rodney Erickson moved, seconded by Michael Carton, to close DLSC Case No. 17 MED 012 for Insufficient Evidence. Motion carried unanimously.
17 MED 090

MOTION: Robert Zondag moved, seconded by Robert Zoeller, to close DLSC Case No. 17 MED 090 for No Violation. Motion carried unanimously.

17 MED 148

MOTION: David Roelke moved, seconded by Mary Jo Capodice, to close DLSC Case No. 17 MED 148 for No Violation. Motion carried unanimously.

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

MOTION: Michael Carton moved, seconded by Rodney Erickson, to delegate ratification of examination results to DSPS staff and to ratify all licenses and certificates as issued. Motion carried unanimously.

ADJOURNMENT

MOTION: David Roelke moved, seconded by Lee Ann Lau, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 10:15 a.m.
# AGENDA REQUEST FORM

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<td>Kimberly Wood, Program Assistant Supervisor-Adv. On behalf of Tom Ryan, Executive Director</td>
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Signature of person making this request

Supervisor (if required)

Executive Director signature (indicates approval to add post agenda deadline item to agenda)

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.
September 18, 2017

Marilyn Tavenner
President and CEO
America’s Health Insurance Plans
601 Pennsylvania Avenue, NW
Washington, DC 20004

Re: Prescription Opioid Epidemic

Dear Ms. Tavenner,

The undersigned State Attorneys General are sending you this letter to urge America’s Health Insurance Plans (AHIP) to take proactive steps to encourage your members to review their payment and coverage policies and revise them, as necessary and appropriate, to encourage healthcare providers to prioritize non-opioid pain management options over opioid prescriptions for the treatment of chronic, non-cancer pain. We have witnessed firsthand the devastation that the opioid epidemic has wrought on our States in terms of lives lost and the costs it has imposed on our healthcare system and the broader economy. As the chief legal officers of our States, we are committed to using all tools at our disposal to combat this epidemic and to protect patients suffering from chronic pain or addiction, who are among the most vulnerable consumers in our society.

The opioid epidemic is the preeminent public health crisis of our time. Statistics from the Surgeon General of the United States indicate that as many as 2 million Americans are currently addicted to or otherwise dependent upon prescription opioids.1 Millions more are at risk of developing a dependency—in 2014, as many as 10 million people reported using opioids for nonmedical reasons.2 The economic toll of the epidemic is tremendous, costing the U.S. economy an estimated $78.5 billion annually.3 State and local governments alone spend nearly 8 billion dollars a year on criminal justice costs related to

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2 See Surgeon General, supra fn. 1 (citing National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration, 2014).
opioid abuse. The human cost is even more staggering: Opioid overdoses kill 91 Americans every single day. More than half of those deaths involve prescription opioids.

The unnecessary over-prescription of opioid painkillers is a significant factor contributing to the problem. Although the amount of pain reported by Americans has remained steady since 1999, prescriptions for opioid painkillers have nearly quadrupled over the same timeframe. This four-fold increase in prescriptions has contributed to a commensurate increase in the number of opioid overdose deaths. The dramatic increase in supply has also made it relatively easy to obtain prescription opioids without having to resort to the black market: Over 50% of people who misuse opioids report that they obtained them for free from a friend or relative, while another 22% misused drugs that they obtained directly from a doctor. While illegal opioids like heroin remain a serious problem that also must be addressed, the role played by prescription opioids cannot be ignored. While there is no panacea, any comprehensive effort to address and end the opioid epidemic must tackle the ever-increasing number of prescriptions for opioid painkillers.

Reducing the frequency with which opioids are prescribed will not leave patients without effective pain management options. While there are certainly situations where opioids represent the appropriate pain remedy, there are many other circumstances in which opioids are prescribed despite evidence suggesting they are ineffective and even dangerous. For example, the American Academy of Neurology has explained that while the use of opioid painkillers can provide “significant short-term pain relief,” there is “no substantial evidence for maintenance of pain relief or improved function over long periods of time.” Another recent study concluded that the use of opioids to treat chronic, non-cancer related pain lasting longer than three months is “ineffective and can be life-threatening.” When patients seek treatment for any of the myriad conditions that cause chronic pain, doctors should be encouraged to explore and prescribe effective non-opioid alternatives, ranging from non-opioid medications (such as NSAIDs) to physical therapy, acupuncture, massage, and chiropractic care.

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Insurance companies can play an important role in reducing opioid prescriptions and making it easier for patients to access other forms of pain management treatment. Indeed, simply asking providers to consider providing alternative treatments is impractical in the absence of a supporting incentive structure. All else being equal, providers will often favor those treatment options that are most likely to be compensated, either by the government, an insurance provider, or a patient paying out-of-pocket. Insurance companies thus are in a position to make a very positive impact in the way that providers treat patients with chronic pain.

Adopting an incentive structure that rewards the use of non-opioid pain management techniques for chronic, non-cancer pain will have many benefits. Given the correlation between increased supply and opioid abuse, the societal benefits speak for themselves. Beyond that, incentivizing opioid alternatives promotes evidence-based techniques that are more effective at mitigating this type of pain, and, over the long-run, more cost-efficient. Thus, adopting such policies benefit patients, society, and insurers alike.

The undersigned Attorneys General serve an important role in combating the opioid epidemic. As the chief legal officers of our States, we are charged with protecting consumers, including patients suffering from chronic pain and opioid addiction. Among other things, we are committed to protecting patients from unfair or deceptive business practices and ensuring that insurers provide consumers with transparent information about their products and services.

We are thus committed to utilizing all the powers available to our individual offices to ameliorate the problems caused by the over-prescription of opioids and to promote policies and practices that result in reasonable, sustainable, and patient-focused pain management therapies. In the near future, working in conjunction with other institutional stakeholders (such as State Insurance Commissioners), we hope to initiate a dialogue concerning your members’ incentive structures in an effort to identify those practices that are conducive to these efforts and those that are not. We hope that this process will highlight problematic policies and spur increased use of non-opioid pain management techniques. The status quo, in which there may be financial incentives to prescribe opioids for pain which they are ill-suited to treat, is unacceptable. We ask that you quickly initiate additional efforts so that you can play an important role in stopping further deaths.

We look forward to having this discussion with you.

Sincerely,

Leslie Rutledge
Arkansas Attorney General

Pamela Jo Bondi
Florida Attorney General

Josh Hawley
Missouri Attorney General

Douglas Peterson
Nebraska Attorney General

Gordon MacDonald
New Hampshire Attorney General

Eric T. Schneiderman
New York Attorney General

Wayne Stenehjem
North Dakota Attorney General

Josh Shapiro
Pennsylvania Attorney General

Peter Kilmartin
Rhode Island Attorney General

Marty Jackley
South Dakota Attorney General

Brad Schimel
Wisconsin Attorney General

Tim Fox
Montana Attorney General

Adam Paul Laxalt
Nevada Attorney General

Christopher S. Porrino
New Jersey Attorney General

Josh Stein
North Carolina Attorney General

Ellen F. Rosenblum
Oregon Attorney General

Wanda Vázquez Garced
Puerto Rico Attorney General

Alan Wilson
South Carolina Attorney General

T.J. Donovan
Vermont Attorney General
### AGENDA REQUEST FORM

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<td>Kimberly Wood, Program Assistant Supervisor-Adv.</td>
<td>10/5/2017</td>
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<td>☐ Yes</td>
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Please visit the link below for more information.

http://www.wssaw.com/content/news/Marathon-County-Board-looks-at-joining-potential-opioid-lawsuit-449341153.html

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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.
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### AGENDA REQUEST FORM

1) **Name and Title of Person Submitting the Request:**
   Kimberly Wood, Program Assistant Supervisor-Adv.

2) **Date When Request Submitted:**
   10/4/2017

   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:**
   10/18/2017

5) **Attachments:**
   - Yes
   - No

6) **How should the item be titled on the agenda page?**
   - Appointments, Reappointments, Confirmations, and Committee, Panel, Liaison and Mentor Appointments
   - Consider Appointment to Liaison Vacancies Resulting from Resignation of Carolyn Ogland

7) **Place Item in:**
   - Open Session
   - Closed Session

8) **Is an appearance before the Board being scheduled?**
   - Yes (Fill out Board Appearance Request)
   - No

9) **Name of Case Advisor(s), if required:**
   - N/A

10) **Describe the issue and action that should be addressed:**
    
    Review liaison position vacancies resulting from the resignation of Dr. Ogland and consider appointment of replacements, if needed.

    Telemedicine Rule Committee: Ogland, Roelke, Simons, Zondag

    Maintenance of Licensure Liaisons: Erickson, Ogland (Alternate: Capodice)

    Credentialing Liaison: Erickson, Roelke (Alternates: Ogland, Zoeller)

11) **Authorization**

    **Kimberly Wood**
    
    10/4/2017

   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:
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Revised 12/2016
# AGENDA REQUEST FORM

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<tr>
<td>10/18/2017</td>
<td>☒ Yes</td>
<td>Senate Bill 288 and 296 - Discussion</td>
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<tr>
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<td>-Carry Over from 9/20/2017 meeting-</td>
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Please click links below to view the two legislative bills reviewed at the September 2017 meeting. See the attachment which offers additional information about the proposed self-certification registry.


Senate Bill 296 - [https://docs.legis.wisconsin.gov/2017/related/proposals/sb296.pdf](https://docs.legis.wisconsin.gov/2017/related/proposals/sb296.pdf)

## 11) Authorization

![Signature of person making this request](image)(9/25/2017)

Supervisor (if required) Date

Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date

**Directions for including supporting documents:**

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Co-Sponsorship Memorandum

DATE: Thursday, May 18
TO: Legislative Colleagues
FROM: Senators Alberta Darling, Chris Kapenga; Representative Rob Hutton
RE: Co-sponsorship of LRB 2158/1, relating to: the establishment of a self-certification registry operated by the Department of Safety and Professional Services, granting rule-making authority, and providing a penalty.

DEADLINE: Friday, May 26 by 5:00 PM

Occupational licensure is one of the biggest impediments to those wishing to enter the workforce. More than a quarter of workers in the United States need a government-issued license to work, up from 4% in 1950. Wisconsin currently regulates 166 professions. Occupational licensure creates significant barriers to entry for low income individuals into a wide variety of professions. These barriers reduce competitiveness, increase prices, and stop some of our most vulnerable citizens from gaining employment in well-paying professions.

Regulators often think of licensure as a license/do not license dichotomy. This dichotomy produces licenses that may not materially protect human health, safety, or welfare, but rather increase consumer confidence. This should not be the case. There are middle grounds that increase the consumer confidence and maintain protection with minimal state intrusiveness.

Indiana has created a pilot program for a "self-certification registry." A self-certification registry enhances consumers' market information without the state enacting binding regulations. This is done by providing the title "state certified" to an individual if they complete a certification through a private entity recognized by the state. Like Indiana, Wisconsin could implement a pilot project where the Department of Safety and Professional Services would allow individuals in good standing with private accreditation entities for professions that are not currently licensed in Wisconsin to receive the "state certified" title. This middle ground would allow professions that cannot get licensed in the current political environment to receive some recognition and allow other currently licensed professions to look to self-certification as an alternative.

1. Candidates for the registry.
   - Professions that currently are not licensed by the state are the primary candidates for the self-certification registry.
   - Professions that are delicensed by the state should see the registry as an alternative.

2. How the Registry Works.
   - Any organization that exists to serve or benefit individuals who work in a particular occupation or profession (through certification, continuing education, etc.) can apply to DSPS to be included in the registry.
• Once an application is deemed complete by the Department, a public hearing must be held.

• If the Secretary determines including the organization in the registry would improve consumer protection, the organization shall be approved.

• There is also an appeals process by which an organization can present more information to the Secretary within thirty days of being denied access to the registry.

• After an organization is included in the registry, if an individual meets the organization's prerequisite requirements they can apply to the state to receive the "state certified" title. The "state certified" title signals to consumers that the individual is reputable in their profession.

3. Preventing abuse by practitioners.

• DSPS retains authority to audit any individual it grants the "state certified" title to ensure they meet the requisite requirements by their profession's accrediting organization.

• When an individual applies for the "state certified" title, they attest to the fact they have completed the prerequisite accreditation. Lying about completing the accreditation process is a Class B forfeiture.

• DSPS will have to coordinate with accrediting organizations to maintain a list of certified professionals. If an individual is no longer certified by the accepted accrediting organization, the individual would lose the "state certified" title. Illegally using the title is a Class A forfeiture.

• If an individual falls out of good standing with a professional organization, the organization must notify DSPS, and DSPS must revoke the "state certified" title.

4. Preventing abuse by certifying organizations.

• An organization's status must be renewed in the registry every two years, which allows DSPS to review an organization's application and check to make sure the organization continues to increase consumer protection.

• Organizations can be removed from the registry for making material misstatements on the application.

To be added a co-sponsor please contact Cory Fish in Senator Darling's office at 6-5830 or cory.fish@legis.wisconsin.gov or Phillip Pratt in Representative Hutton's office at 7-9836 or phillip.pratt@legis.wisconsin.gov by 5:00 PM on Friday, May 26. All authors will be added to both the Assembly and Senate bills unless otherwise directed.

Analysis by the Legislative Reference Bureau
This bill requires the Department of Safety and Professional Services to establish and maintain an electronic self-certification registry that allows individuals certified by state-approved supporting organizations to apply to be able to use the title "state certified" in conjunction with their practice.

Under the bill, an organization that exists solely to serve or benefit individuals who work in one or more particular occupations or professions, whether as a Wisconsin organization or a Wisconsin chapter of a national organization (supporting organization), may apply to DSPS for inclusion in the registry. If DSPS determines, following an application process that includes a public hearing, that approving the supporting organization will improve consumer protection in this state, DSPS must include the supporting organization in the registry. If DSPS includes a supporting organization in the registry, an individual who is certified by that supporting organization may apply to DSPS to be included in the registry, and an individual who is included in the registry may use the title "state certified" in conjunction with his or her profession or occupation. DSPS must make certain information available through its Internet site, including a list of approved supporting organizations and searchable registers of individuals included in the registry.

Under the bill, DSPS is limited to approving five supporting organizations for inclusion in the registry, and the bill requires DSPS, within two years after approving the first supporting organization for inclusion in the registry, to report to the legislature with certain information about the registry and DSPS's recommendations regarding the continuation of the registry or the elimination of the cap on approved supporting organizations.

In addition, the bill requires DSPS, within one year after the bill is enacted, to report to the legislature on whether there are supporting organizations corresponding to a number of specified professions and occupations for which a state license, permit, or certificate is currently required, as well as recommendations regarding whether any of those license, permit, or certificate requirements should be repealed.
**AGENDA REQUEST FORM**

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<td>2017 FSMB State Board Survey</td>
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<td>Consider response to survey.</td>
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<td><strong>Kimberly Wood</strong> 10/5/2017</td>
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<td>Signature of person making this request Date</td>
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Dear Executive Directors,

The FSMB is conducting its third Annual State Board Survey. This survey serves as a valuable asset to efficiently address resolutions passed by the House of Delegates and to assist with the needs of workgroups, committees and topics referred to the Board of Directors.

Last year, 81% of state boards provided feedback and we would greatly appreciate your feedback this year on a variety of topics pertinent to state medical and osteopathic boards.

The online survey should take approximately 20 to 25 minutes to complete. You will also find a PDF document attached providing a list of all the survey questions for you to review before completing the survey. The deadline to complete the survey is Monday, November 6, 2017.

Your participation is voluntary. By completing the survey, you are implying consent for aggregate results to be distributed by the FSMB. To begin the survey, please click on the link below.

https://2017FSMBSurvey.sawtoothsoftware.com/login.html

We thank you for your time and attention to this survey. If you have any questions about the survey, please contact Katie Arnhart, PhD, Senior Research Analyst, at karnhart@fsmb.org.

Warm regards,
Hank

Humayun J. Chaudhry, D.O., M.S., MACP, MACOI
President and Chief Executive Officer

Federation of State Medical Boards
1300 Connecticut Avenue NW | Suite 500 | Washington, DC 20036
202-463-4007 direct | 817-868-8888 fax

400 Fuller Wiser Road | Suite 300 | Euless, Texas 76039
817-868-4044 direct | 817-868-4144 fax

hchaudhry@fsmb.org | www.fsmb.org

Executive Administrative Associate: Sandy McAllister
e-mail: smcallister@fsmb.org
2017 FSMB State Board Survey

1. Please select your board. (LIST)

2. What is your current position at the board?
   ___ Executive director
   ___ Other (specify)

3. Of the following topics, what are the five most important to your board at this time?
   ___ Antitrust liability
   ___ CME requirements/compliance
   ___ Educational resources for medical students/residents on medical regulation
   ___ Interstate Medical Licensure Compact
   ___ Improving FSMB data services to state boards
   ___ Legislative support at the federal level
   ___ Legislative support at the state level
   ___ Medical marijuana
   ___ Physician stress and burnout
   ___ Physician re-entry
   ___ Regulatory cooperation among state health regulatory boards
   ___ Resources for new board members
   ___ Resources related to opioid prescribing
   ___ Sexual boundary violations
   ___ Telemedicine
   ___ Other (specify)

Licensure

4. What is the average number of business days it takes your board to issue an initial physician license once a completed application is received? (Enter a numeric value)
Impairment

5. In what ways can your board obtain information about risk of licensee impairment? (Select all that apply)

___ Initial licensing applications
___ Renewal applications
___ FSMB Disciplinary Alert Service (DAS)
___ National Practitioner Data Bank (NPDB)
___ Notification service for in-state arrests and convictions
___ Law enforcement agencies
___ Hospitals and health systems
___ Patients or their family members
___ Colleagues of the physician
___ Other (specify)

6. Would you find value in an ability to obtain additional information about risk of licensee impairment?

___ Yes
___ No
___ Unsure

7. Is your board enrolled to receive Continuous Query Notifications from the National Practitioner Data Bank (NPDB)?

___ Yes
___ No
___ Unsure

If “No” ask #8

8. Please provide an explanation for why your board does not use the NPDB’s Continuous Query Notification Service.
9. Are you aware of a situation where a hospital or health system has known about a reportable offense by a physician, but did not report it to your board?

___ Yes
___ No
___ Unsure

If “Yes” ask #10

10. Please provide the reason(s) why, to the best of your knowledge, the hospital did not report the offense.

11. Does your board have the capability to fine an entity for not reporting a reportable offense?

___ Yes
___ No
___ Unsure

If “Yes” ask #12

12. To your knowledge, have these fines ever been levied?

___ Yes
___ No
___ Unsure
Malpractice

13. Is your board required to investigate physicians after malpractice judgments?

___ Yes
___ No
___ Unsure

If “Yes” ask #14 and #15

14. Is there a threshold for the number of malpractice judgments against an individual physician that would result in that physician being investigated by the board? Please explain.

15. Is there a threshold for the settlements and awards of a malpractice judgment that would trigger an investigation of a physician? Please explain.

Complaints

16. Has your board investigated complaints against physicians related to the inappropriate use of:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical marijuana</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Social media</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Telemedicine</td>
<td>O</td>
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Stem Cell

17. Has your board investigated complaints against physicians related to regenerative medicine or stem cell therapy?

___ Yes
___ No
___ Unsure

18. Has your board disciplined physicians for issues relating to regenerative medicine or stem cell therapy?

___ Yes
___ No
___ Unsure

19. How concerned is your board about regulating regenerative medicine and stem cell therapy?

___ Very concerned
___ Concerned
___ Neither concerned or unconcerned
___ Not really concerned
___ Not concerned at all

Physician Suicide

20. To the best of your knowledge, how many physicians licensed by your board died by suicide during the past 12 months? (Enter a numeric value. Enter “0” if there were no physicians who died by suicide.)

28
Board Composition

21. How many members does your board have?

22. How many of your board members are:
   Male ____
   Female ____

23. How many members serve from the following race and ethnicity categories?
   African American/African/Caribbean ____
   Asian/Pacific Islander ____
   Caucasian, Non-Hispanic ____
   Hispanic/Latino ____
   Native American ____
   Multi-racial ____
   Other ____
   Unsure ____

Antitrust

24. Has your board made changes to its rulemaking procedures in response to the U.S. Supreme Court decision in North Carolina State Board of Dental Examiners v. FTC?
   ___ Yes
   ___ No
   ___ Unsure

If “Yes” ask #25

25. Please explain what rulemaking procedures your board changed.
26. Has your state made changes to state licensing board composition and oversight in response to U.S. Supreme Court decision in North Carolina State Board of Dental Examiners v. FTC?

___ Yes
___ No
___ Unsure

If “Yes” ask #27

27. Please explain the changes your state has made to state licensing board composition and oversight.

Media

28. What social media platforms does your board use to disseminate information? (Select all that apply)

___ Facebook
___ Instagram
___ LinkedIn
___ Twitter
___ YouTube
___ Other (specify)
___ None of the above

29. Has your board been contacted by a media outlet in the past year?

___ Yes
___ No
___ Unsure

If “Yes” ask 30 and 31
30. On average, how many press requests from media outlets does your board receive each year?

___ Less than 10
___ 10 - 20
___ 21 - 30
___ 31 - 40
___ More than 40

31. Which of the following topics have media outlets contacted your board about during the past year? (Select all that apply)

___ Disciplinary actions
___ Licensure questions
___ Opioids
___ Telemedicine
___ Other (specify)

USMLE Program

32. What USMLE program issues would you like to hear about? (Select all that apply)

___ Content outline (exam description)
___ “Hot topics”
___ Innovations
___ Irregular behavior
___ Score reporting
___ Standard setting
___ State boards’ participation in the USMLE program
___ Understanding comments, notes and annotations on transcripts
___ Other (specify)

33. How often would you like to receive updates about the USMLE program?

___ When things occur regardless of frequency
___ Weekly
___ Bi-weekly
___ Monthly
___ Quarterly
___ Annually
34. How would you prefer to receive information and updates about the USMLE program? (Select all that apply)

___ Emails sent to executive directors
___ FSMB annual meeting
___ FSMB annual report
___ FSMB eNews
___ FSMB website
___ Social media (e.g., Facebook, Twitter)
___ USMLE website
___ Other (specify)

COMLEX-USA

35. How often would you like to receive updates from the NBOME about the COMLEX-USA program?

___ When things occur regardless of frequency
___ Weekly
___ Bi-weekly
___ Monthly
___ Quarterly
___ Annually

Regional Board Forums

36. What topics would you like to see discussed during the board forums at the FSMB annual meeting?

Additional Comments

37. If there is anything you would like to add, either to clarify one of your answers or to address something that we did not mention, please do so below.
**State of Wisconsin**
**Department of Safety & Professional Services**

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Signature of person making this request: Date

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Revised 2/2015
Both email and attachment would be needed (see previous email). Thanks.
Dear Member Board Presidents/Chairs and Executive Directors, FSMB Board of Directors, and Administrators in Medicine:

Nominations for an Associate Member to the FSMB Board of Directors are now being accepted from Member Medical Boards, the FSMB Board of Directors and Administrators in Medicine (AIM). FSMB Bylaws Article II. Classes of Membership, Election and Membership Rights. Section D. Associate Members states:

A Member Medical Board may designate one or more employees or staff members to be an Associate Member of the FSMB. No Associate Member shall continue in that capacity upon termination of employment by or service to the Member Medical Board.

The Board of Directors will elect one Associate Member at its February 2018 meeting. The Associate Member will serve a two-year term and will join the Board at its meeting on Sunday, April 29, 2018, immediately following the 2018 Annual Meeting.

Attached is a document outlining the responsibilities of the Board of Directors and time commitment for the 2018-2019 fiscal year. All letters of nomination should provide background information on the nominee and a description of the individual’s ability and commitment necessary to fulfill the responsibilities of the Board. A summary CV (no more than 5 pages) or bio of the nominee should be included with the nomination letter.

Should you wish to nominate an Associate Member to the FSMB Board of Directors, please submit your letter of nomination by December 29, 2017 via mail, fax or email to:

Gregory B. Snyder, MD, DABR, FSMB Chair  
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

A confirmation acknowledging receipt of your nomination will be sent within 2 business days. If you do not receive confirmation, please contact Pat McCarty at (817) 868-4067 or by email.

Sincerely yours,

Humayun J. Chaudhry, D.O., M.S., MACP, MACOI  
President and Chief Executive Officer

Federation of State Medical Boards  
1300 Connecticut Avenue NW | Suite 500 | Washington, DC 20036  
202-463-4007 direct | 817-868-8888 fax

400 Fuller Wiser Road | Suite 300 | Euless, Texas 76039  
817-868-4044 direct | 817-868-4144 fax

hchaudhry@fsmb.org | www.fsmb.org

Executive Administrative Associate: Sandy McAllister  
e-mail: smcallister@fsmb.org
RESPONSIBILITIES OF FSMB 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 2018 fiscal year:

- **April 29, 2018** – Charlotte, NC (immediately following the Annual Meeting)
- **July 2018** – TBD
- **October 2018** – TBD
- **February 2019** – TBD
- **April 23-28, 2019** – Fort Worth, TX (in conjunction with the Annual Meeting)

New Directors Orientation
**Newly-elected directors** will be asked to participate in the **New Directors Orientation** scheduled **June 24-25, 2018** 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.