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**To:** Chairperson Jennifer Jarrett  
Members, Physician Assistant Affiliated Credentialing Board  
**From:** Matthew Stanford, JD, MHA, General Counsel  
Ann Zenk, RN, BSN, MHA, Senior Vice President, Workforce and Clinical Practice  
**Date:** October 20, 2022  
**Re:** Invitation to comment on CR 22-064

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The Wisconsin Hospital Association (WHA) was pleased to support the final bill language that became 2021 Wisconsin Act 23, which removed regulatory prescription and complexity for physician assistants, physicians, hospitals, and health systems, and enshrined team-based care delivery principles and quality safeguards, including the continued, necessary involvement of physicians in the delivery of care by Physician Assistants.

WHA and the Wisconsin Academy of Physician Assistants (WAPA) negotiated over several months to arrive at carefully crafted bill language enshrined in 2021 Wisconsin Act 23 that WHA was comfortable in supporting as a good balance of reducing regulatory burden on physician assistants, physicians, hospitals, and health systems, while also preserving the important role of physicians in a team-based care delivery model and other safeguards to preserve high quality care in Wisconsin.

WHA, in consultation with WAPA, has been closely monitoring and engaging in the emergency rulemaking and proposed permanent rulemaking process for PA 1 to 5, relating to physician assistants. WHA appreciates the Physician Assistant Affiliated Credentialing Board's (Board's) engagement with WHA during this rulemaking process.

We offer to you the following comments on CR 22-064 below as well as suggested amendments to the proposed rule that are attached.

**More closely mirror statutory language regarding employment and collaboration practice options.**

Similar to the joint letter submitted by WHA and WAPA on February 22, 2022, regarding the emergency rules that preceded the permanent rules proposed in CR 22-064, as well as the comments submitted today by WAPA, we request that the board review and revise the proposed rules to mirror or simply cross reference the statutory language in 2021 Wisconsin Act 23. We remain concerned that some provisions of CR 22-064, particularly relating to physicians in employment situations and collaboration, deviate from carefully crafted statutory language and will create confusion for hospitals, health care organizations, and their physician assistants. To address such concerns, we have recommended changes to significantly simplify PA 3.01 by instead directly referring to the relevant statutory provisions in Act 23 regarding practice under collaborative agreement and practice under employment oversight by a physician.

## **Create safe harbor language regarding evidence of employment oversight.**

To address questions regarding what evidence the board would require regarding practice under employment oversight pursuant to s. 448.975(2)(a)1.a., we are recommending language that creates a “safe harbor” of what could constitute sufficient evidence of physician oversight in an employment arrangement. As recommended, the language specifies one type of evidence that would suffice but does not foreclose other ways to show that pursuant to the physician assistant's employment, there is a physician who is primarily responsible for the overall direction and management of the physician assistant's professional activities and for assuring that the services provided by the physician assistant are medically appropriate. These recommendations should minimize documentation burdens for physician assistants, physicians, and their employers.

## **Remove from the proposed rule various provisions not required by statute relating to the licensure process that have created inefficiencies in the licensure process for new graduates.**

Multiple concerns have been raised in Wisconsin regarding the time to process applications for medical professional licenses. In fact, WHA has worked with Department of Safety and Professional Services leadership to identify and address administrative policies and processes that slow the licensure review process. Generally speaking regarding medical professional licenses, while some parts of the application submission and review process are required by statute, some problematic aspects of the application submission and review process are due to rules and policies set by the applicable professional boards.

Thus, we recommend that the Board more closely review those provisions of its proposed rules relating to submission and review of licensure applications that require more than what is required by s. 448.974 of 2021 Wisconsin Act 23 or that would limit the Board's discretion granted under s. 448.974(a) to approve an applicant license. For example, unlike proposed PA 2.01(1)(a) which would require “*verified* evidence of graduation,” section 448.974(a)(1)3. of the statute simply requires that the applicant provide “evidence” of graduation.

For many applicants, primary source verification is the part of the process that significantly slows the process to grant a license. The statute grants the Board discretion in s. 448.974(1)(a) to determine whether the applicant is “found qualified” based on such evidence provided; by adding “verified” in PA 2.01(1)(a) of the proposed rule, the board limits its discretion to establish alternative processes to primary source verification to determine which applicants are qualified and grant the applicant an initial license.

Relatedly, we also recommend changes to CR 22-064 that would enable new physician assistant graduates to begin practice immediately following passage of the National Commission on Certification of Physician Assistants Certification Examination while DSPS staff await the receipt of various third-party primary source verification documents so long as the applicant makes various attestations in her application to the Board.

Based on discussions with DSPS leadership, we also recommend several additions to the rule clarifying what information is and is not required in the application, particularly for items that have previously been identified as a contributor to delays in license approval by DSPS and other professions, such as prior arrests for underage drinking and information regarding work in settings unrelated to clinical practice.

To further create opportunities for the Board to streamline the application process, we also recommend creating a rule provision that requires the Board to review and make changes to the application form every two years to address clarity

and reduce the gathering of information by both applicants and DSPS staff that the board believes has a low likelihood of impacting the board's determination that an applicant is qualified.

We also make various recommendations for changes to the oral interview and personal appearance section to give the board more discretion to determine when such appearance is required and provide better clarity regarding when such appearance could be required. For example, one change would not require a physician assistant to appear if the physician assistant was named in a past lawsuit but dropped from the lawsuit or found non-negligent.

**Make technical changes to the rule to provide future flexibility regarding license renewal timelines should the legislature change renewal periods for health care professions.**

A current Wisconsin Legislative Study Committee is exploring an option to change renewal dates for health care professions to a period longer than the current 2 years as a means to enable DSPS staff and boards to focus resources on processing applications for new licenses. In order to avoid the need for rulemaking by the Board should the Legislature make such change, we recommend that the Board make changes to the rule to simply reference statutory requirements for renewals rather than restate the current statutory requirement in rule. However, we are not making a recommendation to modify the rule's requirement to attest to continuing education every two years.

**Remove a telehealth provision that does not address physician assistants practicing under the employed practice authorization.**

We appreciate that the provisions in PA 3.08 almost entirely mirror the telehealth provisions in MED 24. Such consistency will help reduce compliance complexity for organizations that have both physicians and physician assistants. However, proposed PA 3.08(8) is not included in MED 24. That provision appears to be intended to specify that even in telehealth situations, the physician assistant's collaborating physician must also be a physician licensed in Wisconsin. However, as written, the provision could create questions regarding what is or is not required or authorized by a physician assistant practicing under the employment practice model.

PA 3.08(8) could be rewritten to address telehealth in the practice employment model, however, we think that a better approach that would preserve the Board's apparent intent that the related physician be licensed in Wisconsin would be to simply delete PA 3.08(8). The board's apparent intent would be preserved even if the provision is deleted, because the definition of "physician" in this rule already refers to a Wisconsin licensed physician. Because PA 3.08(5) clearly states that a physician assistant is held to the same standards of practice regardless of whether services are provided in person or by telemedicine, the "physician" requirements in PA 3.01 regarding collaboration and employment practice would still apply even if PA 3.08(8) is deleted.

**Other minor clarifications**

WHA also recommends some additional self-explanatory clarifications in the attached suggested amendments.

In closing, thank you for your service on the Physician Assistant Affiliated Credentialing Board. We stand ready to work with you in the finalization of these rules as physician assistants begin to practice under the historic reforms of 2021 Wisconsin Act 23.

## TEXT OF RULE

### CHAPTER PA 1

#### AUTHORITY AND DEFINITIONS

**PA 1.01 Authority.** The rules in chapters PA 1 to 4 are adopted by the Physician Assistant Affiliated Credentialing Board pursuant to the authority delegated by ss. [15.085 \(5\) \(b\)](#) and [448.973 \(1\)](#), stats.

**PA 1.02 Definitions.** As used in chapters PA 1 to 4:

- (1) “Alternate Collaborator” means a physician or physician assistant who is designated temporary duties of collaboration by the collaborating physician when the collaborating physician is temporarily unavailable.
- (2) “Board” means the Physician Assistant Affiliated Credentialing Board.
- (3) “DEA” means the United States Drug Enforcement Administration.
- (4) “Department” means the Department of Safety and Professional Services
- (5) “Educational Program” means a program for educating and preparing physician assistants which is approved by the board.
- (6) “Physician” has the meaning given in s. [448.01 \(5\)](#), stats.
- (7) “Physician Assistant” means a person licensed under s. [448.974](#), stats.
- (8) “Physician Associate” is analogous to and has the same meaning as “physician assistant”.
- (9) “Podiatrist” has the meaning given in s. [448.60 \(3\)](#), stats.
- (10) “Podiatry” or “Podiatric Medicine and Surgery” has the meaning given in s. [448.60 \(4\)](#), stats.

### CHAPTER PA 2

#### LICENSE TO PRACTICE AS A PHYSICIAN ASSISTANT

**PA 2.01 Initial Licensure.** Except as provided under sub. (3), the board shall grant an initial license to practice as a physician assistant to any applicant who has been found qualified by three-fourths of the members of the Board and satisfies all of the following requirements, as determined by the board:

(1) The applicant shall submit all of the following:

(a) A completed application form.

Note: Application forms are available from the department of safety and professional services’ website at <http://dsps.wi.gov>.

(b) The fee determined by the Department under s. [448.07 \(2\)](#), stats.

(c) ~~Verified e~~Evidence of graduation from an educational program approved under PA 2.02. [Note that the statute, s. [448.974\(a\)\(1\)](#) does not require “verified” evidence.]

(d) Evidence of having successfully passed the National Commission on Certification of Physician Assistants (NCCPA) Certification Examination or an equivalent national examination approved by the board.

(e) A listing of all ~~employers~~, practice settings, internships, residencies, fellowships, and ~~other~~ employment related to clinical health care practice for the past 7 years.

(1m) If the applicant is a new graduate from an education program approved under PA 2.02 who has not previously held a physician assistant credential granted by another jurisdiction, then all of the following apply:

- (a) For initial licensure, primary source verification by the board of graduation from an education program approved under PA 2.02 is not required if the applicant provides a certificate of graduation from such program and the applicant attests on the application that the applicant has graduated from such program and that the applicant has requested that the program directly provide evidence of graduation to the board. In such case, upon initial licensure, the board may require the applicant to meet reasonable deadlines and extensions for board receipt of primary source verification of graduation as a condition of continued licensure.
- (b) For initial licensure, primary source verification by the board of successful passage of the NCCPA or equivalent national examination approved by the board is not required if the applicant provides evidence of passage and the applicant attests on the application that the applicant has passed such examination and has requested that the applicable commission directly provide evidence of passage to the board. In such case, upon initial licensure, the board may require the applicant to meet reasonable deadlines and extensions for board receipt of primary source verification of passage as a condition of continued licensure.
- (c) For initial licensure, primary source verification by the board of information requested in the application form in sub. (1)(a) is not required if the applicant attests to the truthfulness of the information provided by the applicant in the application. In such case, upon initial licensure, the board may require the applicant to meet reasonable deadlines and extensions for board receipt of primary source verification of such information as a condition of continued licensure.

(1p) The application form in sub. (1)(a) shall not require an applicant to provide information regarding any of the following:

- (a) Arrests or convictions in any jurisdiction for first offense operating a motor vehicle while intoxicated when such violation occurred more than 3 years before the application date.
- (b) Arrests or convictions in any jurisdiction for underage drinking laws or ordinances substantially similar to s. 125.07(4)(a) or (b), Wis. Stats.
- (c) A minor, nonviolent ordinance violation not related to clinical practice
- (d) A nonviolent offense committed while the individual was a minor when such offense occurred more than 3 years before the application date.
- (e) Discipline by an employer or terminations from employment unrelated to clinical practice.
- (f) Gaps in employment if the gap is in employment unrelated to clinical practice.

(1s) To improve the efficiency of the process to grant or renew a license, in every other odd-numbered year, the board shall review the application form in (1)(a), and make any changes to such form to address the following:

- (a) Improving the clarity of instructions in the application.
- (b) Reducing the burden on applicants to gather and provide information, if such information has a low likelihood of impacting the board's determination that an applicant is qualified.
- (c) Reducing the burden on Department staff to gather and review applicant information, if such information has a low likelihood of impacting the board's determination that an applicant is qualified.

**(2)** Subject to ss. [111.321](#), [111.322](#), and [111.335](#), stats., the applicant does not have an arrest or conviction record, except the board cannot deny licensure solely due to any arrests or convictions listed in (1p)(a)-(d).

**(3)** Subsection (1) (c) of this section does not apply to an applicant who provides evidence that the applicant is a licensed physician assistant or physician associate in another state, the District of Columbia, Puerto Rico, the United States Virgin Islands, or any territory or insular possession subject to the jurisdiction of the United States and the board determines that the requirements for obtaining the license in that state or territory are substantially equivalent to the requirements under sub. (1) (c) of this section.

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

(5) Notwithstanding sub. (1) of this section, an individual who, as of April 1, 2022, was licensed by the medical examining board as a physician assistant under subchapter II of chapter 448, 2017 stats., shall be considered to have been licensed as a physician assistant for the purposes of these rules, and, upon the license's expiration, shall renew in accordance with the provisions of PA 2.04.

(6) If any of the documents required under this chapter are in a language other than English, the applicant shall also submit a verified English translation and the cost of that translation shall be borne by the applicant.

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

**PA 2.02 Education Program Approval.** The board shall approve only education programs for physician assistants or physician associates that are accredited by the Accreditation Review Commission on Education for the Physician Assistant or its successor, or, prior to 2001, by the Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs. If the applicant does not satisfy this requirement, the applicant may show that, prior to January 1, 1986, the applicant successfully passed the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants.

**PA 2.03 Oral Interviews and Personal Appearances.** (1) The board may require an applicant to ~~Each applicant shall~~ complete an oral interview or personal appearance before the board, if any of the following circumstances apply:

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

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

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

(d) Not including any convictions listed in PA 2.01(1p)(a)-(d), ~~Has has~~ been convicted of a crime, the circumstances of which substantially relate to the practice of physician assistants.

(e) Has not practiced as a physician assistant for a period of 3 years prior to application, unless the applicant has graduated from an approved educational program in the last 3 years under PA 2.02.

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

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

(h) Has within the last 2 years engaged in the illegal use of controlled substances.

(i) Has been subject to adverse formal action limiting the individual's clinical practice or activities during the course of physician assistant education, postgraduate training, hospital practice, or other physician assistant employment.

(2) An application filed under this chapter shall be reviewed by an application review panel, designated by the chairperson of the board, to determine whether an applicant is required to complete an oral interview or a personal appearance or both under sub. (1) of this section. If the application review panel is not able to reach unanimous agreement on whether an applicant is eligible for licensure without completing an oral interview or a personal appearance or both, the application shall be referred to the board for a final determination.

(3) The board shall notify each applicant requiring an oral interview or appearance of the time and place scheduled for that applicant's interview or appearance.

(4) Otherwise qualified applicants with disabilities, as defined by the Americans with Disabilities Act, shall be provided with reasonable accommodations.

**PA 2.04 License Renewal and Continuing Medical Education.** (1) Each licensee shall renew their license ~~biennially. The renewal date and fee are as~~ specified by s. 440.08 (2) (a) and s. 440.03 (9) (a), Stats.

(2) ~~Every even-numbered year, E~~each licensee shall complete a renewal application approved by the board and return it with the required fee prior to ~~March 1 of that year~~ the date specified by s. 440.08 (2) (a) and s. 440.03 (9) (a), Stats..

Note: Instructions for renewal applications can be found on the department of safety and professional services' website at <http://dsps.wi.gov>.

(3) Except as provided under subsection (4), ~~during the two-year period immediately following the renewal date under s. 440.08 (2) (a), stats., every two years,~~ each licensee shall attest to the completion of the following:

(a) At least 30 hours of continuing medical education;

(b) Of the required 30 hours of continuing medical education, at least 2 hours are on the topic of responsible controlled substances prescribing;

(4) This Subsection does not apply to the first two years renewal following the date a license is issued.

(5) Licensees shall retain certificates of continuing medical education attendance for a minimum of four years to be provided to the Board upon request.

(6) Licensees may submit evidence of active certification from the NCCPA or a board approved successor organization and the Board shall accept such certification as meeting the requirements under subsection (3) (a).

**PA 2.05 Reinstatement.** (1) A licensee who fails for any reason to be licensed as required under this chapter shall not exercise the rights or privileges conferred by any license granted by the board.

(2) Failure to renew a license as specified in PA 2.04. shall cause the license to lapse. A licensee who allows the license to lapse may apply for reinstatement of the license by the board, subject to 440.08 (4), Stats., as follows:

(a) If the licensee applies for renewal of the license less than five years after its expiration, the license shall be renewed upon payment of the renewal fee

(b) If the licensee applies for renewal of the license more than five years after its expiration, the board shall make an inquiry to determine whether the applicant is competent to practice under the license in this state and shall impose any reasonable conditions on the renewal of the license. This paragraph does not apply to licensees who have unmet disciplinary requirements or whose licenses have been surrendered or revoked.

(3) A licensee who has unmet disciplinary requirements and failed to renew a license within five years of the renewal date or whose license has been surrendered or revoked may apply to have a license reinstated if the applicant provides all of the following:

(a) Evidence of completion of requirements under PA 2.05 (2) (b) if the licensee has not held an active Wisconsin license in the last five years.

(b) Evidence of completion of disciplinary requirements, if applicable.

(c) Evidence of rehabilitation or a change in circumstances, warranting reinstatement of the license.

**PA 2.06 Reciprocal Credentials for Service Members, Former Service Members, and their Spouses.** A reciprocal license shall be granted to a service member, former service member, or the spouse of a service member or former service member who the board determines meets all of the requirements under s. [440.09 \(2\)](#), Stats. subject to s. [440.09 \(2m\)](#), Stats. The board may request verification necessary to make a determination under this section.

**PA 2.07 Title Protection.** No person may designate himself or herself as a “physician assistant” or “physician associate” or use or assume the title “physician assistant” or “physician associate” or append to the person’s name the words or letters “physician assistant”, “physician associate” or “P.A.” or any other titles, letters, or designation which represents or may tend to represent that person as a physician assistant or physician associate unless that person is a physician assistant

licensed by the board or a federally credentialed physician assistant or physician associate.

## CHAPTER PA 3

### ~~COLLABORATION AND PRACTICE~~

**PA 3.01 Practice Standards.** ~~(1) Except as provided in sub. (2), PA 3.02, PA 3.03, and PA 3.04, a physician assistant shall~~ Regardless of employment status, a physician assistant shall practice pursuant to one of the following:

~~(a) In accordance with s. 448.975 (2) (a) 1. a., Stats. the physician assistant practices pursuant to an employment arrangement. Under this option, a physician assistant is not required under this rule to enter into a written collaborative agreement with a physician. This provision shall not prevent an employer from requiring a written collaborative or practice agreement; or~~

~~(b) The physician assistant enters into a written collaborative agreement with a physician pursuant to~~ maintain and practice in accordance with a written collaborative agreement with a physician as specified in ~~to~~ s. 448.975 (2) (a) 1. b., Stats.:

~~1. If a physician assistant practices pursuant to a written collaborative agreement under sub. (1) (b) of this section, the agreement must be kept on file at the practice site. The agreement must include, at a minimum:~~

~~a. A statement that the collaborating physician shall remain reasonably available to the physician assistant for consultation via telecommunications or other electronic means and that consultation shall occur within a medically appropriate time;~~

~~b. A statement that the collaborating physician may designate an alternate collaborator to be consulted when the collaborating physician is temporarily unavailable.~~

~~c. A statement that if the patient requests a physician consultation, arrangements must be made for such a consult within a medically appropriate time;~~

~~d. A clause specifying that either party may terminate the collaborative agreement by providing written notice at least 30 days prior to the date of termination, or in a manner otherwise specified by the collaborating physician and the physician assistant; and~~

~~e. The signature of both the collaborating physician and the physician assistant.~~

(2) (a) A physician assistant may practice without a written collaborative agreement specified in s. 448.975(2)(a), if the physician assistant's practice is pursuant to an employment arrangement specified in s. 448.975(2)(a)1.a.

(b) The requirement specified in s. 448.975(2)(a)1.a. is met if the physician assistant or his or her employer maintains and can provide to the board upon request a position description, policy document, organizational chart, or other document from the employer indicating that an administrator for the employing organization who is a physician has managerial responsibility for overseeing the overall direction, management, and clinical care delivered in the clinical

department in which the physician assistant is a clinical employee. Such document is not the exclusive means for a physician assistant to comply with s.

448.975(2)(a)1.a. A physician assistant may meet the requirement for maintaining the evidence specified in s. 448.975(2)(a)1.a. if the physician assistant has reasonable belief that his or her employer maintains such evidence.

(32) As provided by s. 448.975(2)(a)2., subs. (1) and (2) do not require the physical presence of a physician at the time and place a physician assistant renders a service. A physician is not required under this rule to be physically present at the location where the physician assistant practices or renders care.

**PA 3.02 Practice of Podiatry.** A physician assistant may practice with the supervision and direction of a podiatrist pursuant to s. 448.975 (1) (b) 2., stats. and the rules promulgated under s. 448.695 (4) (b), Stats.

**PA 3.03 Emergency, Disaster, and Volunteer Practice. (1)** A physician assistant licensed under s. PA 2 may perform any of the following:

(a) Render such emergency medical care that they are able to provide at the scene of an accident or emergency situation, not to be defined as an emergency situation that occurs in the place of one's employment, in the absence of an employment or collaborative agreement entered into under PA 3.01 (1).

(b) Render such medical care that they are able to provide during a declared state of emergency or other disaster, notwithstanding an employment or collaborative agreement entered into under PA 3.01 (1).

(c) Provide volunteer medical care at camps or sporting events, notwithstanding an employment or collaborative agreement entered into under PA 3.01 (1).

**(2)** Pursuant to ss. 448.975 (5) (a) b 1. and 257.03 (3) Physician assistants who voluntarily and gratuitously render emergency, disaster, or volunteer care pursuant to sub. (1) of this section shall not be liable for civil damages for any personal injuries that result from acts or omissions which may constitute ordinary negligence. The immunity granted by this section shall not apply to acts or omissions constituting reckless, wanton, or intentional misconduct.

**PA 3.04 Practice During Interruption in Collaboration.** If a physician assistant's collaborating physician under PA 3.01 (1) (b) is unable to collaborate as specified in that section due to an interruption in licensed practice, a leave of absence of 30 days or longer such that the physician is unreachable, change in employment, change in license or privileges, or death:

**(1)** When the interruption is temporary, and an alternate has not been identified in the current agreement, or is otherwise not available, a new alternate physician may provide temporary collaboration to the physician assistant. An interim collaborative agreement shall be documented within and maintained at the site of practice in accordance with s. PA 3.01 (1) (b).

(2) If the collaborating physician will be unavailable for more than 90 business days due to an interruption in licensure or privileges, employment, extended leave of absence or death, the physician assistant shall secure a new collaborating physician and document the agreement in accordance with s. PA 3.01 (1) (b).

(3) If no physician is available to collaborate with the physician assistant, either:

(a) A Physician Assistant possessing at least 2,080 hours of practice experience in the same specialty or concentration shall notify the board within 3 business days of the collaborating physician's absence and attestation to active search for replacement. The physician assistant may continue to practice under the current terms of the physician assistant's collaboration agreement without physician collaboration for up to 90 business days, at which time the physician assistant may petition the board to extend practice under the same terms. The board shall consider the practice setting, experience, and qualifications of the physician assistant, and potential availability of collaborating physicians when reviewing requests to extend practice under this subsection; or

(b) A Physician Assistant possessing less than 2,080 hours of practice experience in the same specialty or concentration shall enter into a written interim collaborative agreement with a physician assistant possessing at least 10,000 hours of practice experience in the same specialty or concentration; and shall notify the board within 3 business days of the collaborating physician's absence, provide a copy of the interim written collaborative agreement and, an attestation to active search for replacement of the collaborating physician. The physician assistant may continue to practice under the current terms of the physician assistant's interim collaboration agreement with physician assistant collaboration for up to 30 business days, at which time the physician assistant may petition the board to extend practice under the same terms. The board shall consider the practice setting, experience, and qualifications of the physician assistant, the collaborating physician assistant and potential availability of collaborating physicians when reviewing requests to extend practice under this subsection. This interim collaborative agreement may not exceed 180 consecutive days or 180 days in any calendar year.

(4) The board may audit and review the practice of a physician assistant temporarily practicing without a collaborating physician under sub. (3) of this section at any time during or after the collaborating physician's absence.

(5) Physician assistants temporarily practicing without a collaborating physician under sub. (3) of this section shall not practice outside of their education, training, and experience and shall refer patients to another provider when appropriate to the patient's condition and the standard of care.

**PA 3.05 Minimum Standards for Patient Health Care Records.** (1) When patient healthcare records are not maintained by a separate entity, a physician

assistant shall ensure patient health care records are maintained on every patient for a period of not less than 5 years after the date of the last entry, or for a longer period as may be otherwise required by law.

(2) A patient health care record shall contain all of the following clinical health care information which applies to the patient's medical condition:

- (a) Pertinent patient history.
- (b) Pertinent objective findings related to examination and test results.
- (c) Assessment or diagnosis.
- (d) Plan of treatment for the patient.

(3) Each patient health care record entry shall be dated, shall identify the physician assistant, and shall be sufficiently legible to allow interpretation by other health care practitioners.

**PA 3.06 Standards for Dispensing and Prescribing Drugs. (1) PRESCRIPTIVE AUTHORITY.**

(a) A physician assistant may order, prescribe, procure, dispense, and administer prescription drugs, medical devices, services, and supplies.

(b) A physician assistant practicing under the supervision and direction of a podiatrist may issue a prescription order for a drug or device in accordance with guidelines established by the supervising podiatrist and the physician assistant.

(2) PACKAGING. A prescription drug dispensed by a physician assistant shall be dispensed in a child-resistant container if it is a substance requiring special packaging under [16 CFR 1700.14](#) (1982) of the federal regulations for the federal poison packaging act of 1970.

(3) LABELING. A prescription drug dispensed by a physician assistant shall contain a legible label affixed to the immediate container disclosing all of the following:

- (a) The name and address of the facility from which the prescribed drug is dispensed.
- (b) The date on which the prescription is dispensed.
- (c) The name of the physician assistant who prescribed the drug.
- (d) The full name of the patient.
- (e) The generic name and strength of the prescription drug dispensed unless the prescribing physician assistant requests omission of the name and strength of the drug dispensed.

(f) Directions for the use of the prescribed drug and cautionary statements, if any, contained in the prescription or required by law.

(4) RECORDKEEPING. A physician assistant shall maintain complete and accurate records of each prescription drug received, dispensed, or disposed of in any other manner [by the physician assistant](#).

(a) Records required by the federal controlled substances act and ch. [961](#), Stats., shall be maintained [as required by Wisconsin and federal law at the location](#)

~~where the drug is received, distributed, or dispensed and be available for inspection by authorized persons for at least 5 years from the date of the record.~~

~~(b) Controlled substances dispensed by a physician assistant shall be recorded on a separate log, in a separate bound logbook in which each schedule of controlled substances dispensed is recorded separately and in chronological order with the following information:~~

- ~~1. The name of the substance.~~
- ~~2. Dosage form and strength of the substance.~~
- ~~3. Name and address of the person for whom dispensed.~~
- ~~4. Date of dispensing~~
- ~~5. Quantity dispensed.~~
- ~~6. Name or initials of physician assistant who dispensed the substance.~~

~~[This suggestion is made in order to eliminate current or future discrepancies in how such records must be maintained as required by the federal and state controlled substances acts.]~~

**PA 3.07 Informed Consent.** (1) Pursuant to s. 448.9785, Stats., a physician assistant shall communicate alternate modes of treatment to a patient.

(2) Any physician assistant who treats a patient shall inform the patient about the availability of reasonable alternative modes of treatment and about the benefits and risks of these treatments. The reasonable physician assistant standard is the standard for informing a patient under this section. The reasonable physician assistant standard requires disclosure only of information that a reasonable physician assistant in the same or a similar medical specialty would know and disclose under the circumstances.

(3) The physician assistant's duty to inform the patient under this section does not require disclosure of any of the following:

(a) Detailed technical information that in all probability a patient would not understand.

(b) Risks apparent or known to the patient.

(c) Extremely remote possibilities that might falsely or detrimentally alarm the patient.

(d) Information in emergencies where failure to provide treatment would be more harmful to the patient than treatment.

(e) Information in cases where the patient is incapable of consenting.

(f) Information about alternate modes of treatment for any condition the physician assistant has not included in the physician assistant's diagnosis at the time the physician assistant informs the patient.

(4) A physician assistant's record shall include documentation that alternate modes of treatment have been communicated to the patient and informed consent has been obtained from the patient.

**PA 3.08 Telemedicine and Telehealth Practice. (1)** In this subsection:

(a) “Emergency medical condition” means a medical condition manifesting itself by acute symptoms of sufficient severity that the absence of immediate medical attention will result in serious jeopardy to patient health, serious impairment of bodily functions, or serious dysfunction of a body organ or part.

(b) “Telehealth” has the meaning given in s. 440.01 (1) (hm), stats.

(c) “Telemedicine” is analogous to and has the same meaning as Telehealth.

(2) The rules in this subsection do not prohibit any of the following:

(a) Consultations between physician assistants, or between physician assistants and other medical professionals, or the transmission and review of digital images, pathology specimens, test results, or other medical data ~~by physician assistants~~ related to the care of patients in this state.

(b) Patient care in consultations with another healthcare provider who has an established provider-patient relationship with the patient.

(c) Patient care in on-call or cross-coverage situations in which the physician assistant has access to patient records.

(d) Treating a patient with an emergency medical condition.

(3) A physician assistant-patient relationship may be established via telehealth.

(4) A physician assistant who uses telemedicine in the diagnosis and treatment of a patient located in this state shall be licensed to practice as a physician assistant by the Physician Assistant Affiliated Credentialing Board.

(5) A physician assistant licensed under these rules shall be held to the same standards of practice and conduct including patient confidentiality and recordkeeping, regardless of whether health care services are provided in person or by telemedicine.

(6) A physician assistant licensed under these rules who provides health care services by telehealth is responsible for the quality and safe use of equipment and technology that is integral to patient diagnosis and treatment.

(7) The equipment and technology used by a physician assistant to provide health care services by telehealth shall provide, at a minimum, information that will enable the physician assistant to meet or exceed the standard of minimally competent physician assistant practice.

~~(8) Pursuant to ss. 448.05 (2) or 448.980, Stats. and subject to the limitations in s. 448.975 (2) (a) (3), Stats., a physician assistant who provides health care services by telehealth shall collaborate with a physician who is appropriately licensed to treat patients in the state of Wisconsin via telehealth. [Unnecessary because of definition of “physician” in this rule refers to a Wisconsin licensed physician. Removing this avoids changes to the language that would otherwise be required to recognize employed PAs not practicing under a collaborative agreement.]~~

CHAPTER PA 4  
UNPROFESSIONAL CONDUCT

**PA 4.01 Unprofessional Conduct.** “Unprofessional conduct” includes, but is not limited to the following, or aiding or abetting the same:

**(1) DISHONESTY AND CHARACTER.** (a) Violating or attempting to violate any provision or term of subch. [VIII of ch. 448](#), Stats., or of any valid rule of the board.

(b) Violating or attempting to violate any term, provision, or condition of any order of the board.

(c) Knowingly engaging in fraud or misrepresentation or dishonesty in applying, for or procuring a physician assistant license, or in connection with applying for or procuring periodic renewal of a physician assistant license, or in otherwise maintaining such licensure.

(d) Knowingly giving false, fraudulent, or deceptive testimony while serving as an expert witness.

(e) Employing illegal or unethical business practices.

(f) Knowingly, negligently, or recklessly making any false statement, written or oral, as a physician assistant which creates an unacceptable risk of harm to a patient, the public, or both.

(g) Engaging in any act of fraud, deceit, or misrepresentation, including acts of omission to the board or any person acting on the board’s behalf.

(h) Obtaining any fee by fraud, deceit or misrepresentation.

(i) Directly or indirectly giving or receiving any fee, commission, rebate, or other compensation for professional services not actually and personally rendered, unless allowed by law. This prohibition does not preclude the legal functioning of lawful professional partnerships, corporations, or associations.

(j) Engaging in uninvited in-person solicitation of actual or potential patients who, because of their circumstances, may be vulnerable to undue influence.

(k) Engaging in false, misleading, or deceptive advertising.

(L) Offering, undertaking, or agreeing to treat or cure a disease or condition by a secret means, method, device, or instrumentality; or refusing to divulge to the board upon demand the means, method, device, or instrumentality used in the treatment of a disease or condition.

**(2) DIRECT PATIENT CARE VIOLATIONS.** (a) Practicing or attempting to practice under any license when unable to do so with reasonable skill and safety. A certified copy of an order issued by a court of competent jurisdiction finding that a person is mentally incompetent is conclusive evidence that the physician assistant was, for any period covered by the order, unable to practice with reasonable skill and safety.

(b) Departing from or failing to conform to the standard of minimally competent practice which creates an unacceptable risk of harm to a patient or the public whether or not the act or omission resulted in actual harm to any person.

(c) Prescribing, ordering, dispensing, administering, supplying, selling, giving, or obtaining any prescription medication in any manner that is inconsistent with the standard of minimal competence.

(d) Performing or attempting to perform any procedure on the wrong patient, or at the wrong anatomical site, or performing the wrong procedure on any patient.

(e) Administering, dispensing, prescribing, supplying, or obtaining controlled substances as defined in s. [961.01 \(4\)](#), Stats., other than in the course of legitimate professional practice, or as otherwise prohibited by law.

1. Except as otherwise provided by law, a certified copy of a relevant finding, order, or judgement by a state or federal court or agency charged with making legal determinations shall be conclusive evidence of its findings of fact and conclusions of law.

2. A certificate copy of a finding, order, or judgement demonstrating that entry of a guilty plea, nolo contendere plea or deferred adjudication, with or without expungement, of a crime substantially related to the practice of a physician assistant is conclusive evidence of a violation of this paragraph.

(f) Engaging in sexually explicit conduct, sexual contact, exposure, gratification, or other sexual behavior with or in the presence of a patient, a patient's immediate family, or a person responsible for the patient's welfare.

1. Sexual motivation may be determined from the totality of the circumstances and shall be presumed when the physician assistant has contact with a patient's intimate parts without legitimate medical justification for doing so.

2. For the purpose of this paragraph, an adult receiving treatment shall be considered a patient for 2 years after the termination of professional services.

3. If the person receiving treatment is a child, the person shall be considered a patient for the purposes of this paragraph for 2 years after termination of services or for 2 years after the patient reaches the age of majority, whichever is longer.

(g) Engaging in any sexual conduct with or in the presence of a patient or former patient who lacks the ability to consent for any reason, including medication or psychological or cognitive disability.

(h) Engaging in repeated or significant disruptive behavior or interaction with physician assistants, hospital personnel, patients, family members, or others that interferes with patient care or could reasonably be expected to adversely impact the quality of care rendered.

(i) Knowingly, recklessly, or negligently divulging a privileged communication or other confidential patient health care information except as required or permitted by state or federal law.

(j) Performing physician assistant services without required informed consent under s. [448.9785](#), Stats. or PA 3.07.

(k) Aiding or abetting the practice of an unlicensed, incompetent, or impaired person or allowing another person or organization to use his or her license to practice as a physician assistant. ~~This provision does not prohibit a Wisconsin licensed physician assistant from providing outpatient services ordered by a physician licensed in another state, if the physician who wrote the order saw the patient in the state in which the physician is licensed and the physician who wrote the order remains responsible for the patient. [This provision, copied from MED 10.03(2)(k) is extremely confusing in the context of physician assistants as well as modern telehealth practice. To eliminate confusion, this provision could be removed.]~~

(L) Prescribing a controlled substance to oneself as described in s. [961.38 \(5\)](#), Stats.

(m) Practicing as a physician assistant in another state or jurisdiction without appropriate licensure. A physician assistant has not violated this paragraph if, after issuing an order for services that complies with the laws of Wisconsin, their patient requests that the services ordered be provided in another state or jurisdiction.

(n) Patient abandonment occurs when a physician assistant without reasonable justification unilaterally withdraws from a physician assistant-patient relationship by discontinuing a patient's treatment regimen when further treatment is medically indicated and any of the following occur:

1. The physician assistant fails to give the patient at least 30 days' notice in advance of the date on which the physician assistant's withdrawal becomes effective.

2. The physician assistant fails to allow for patient access to or transfer of the patient's health record as required by law.

3. The physician assistant fails to provide for continuity of prescription medications between the notice of intent to withdraw from the physician assistant-patient relationship and the date on which the physician assistant-patient relationship ends, if the prescription medications are necessary to avoid unacceptable risk of harm.

4. The physician assistant fails to provide for continuity of care during the period between the notice of intent to withdraw from the physician assistant-patient relationship and the date on which the physician assistant-patient relationship ends. Nothing in this section shall be interpreted to imposed upon the

physician assistant a greater duty to provide continuity care to a patient than otherwise required by law.

**(3) LAW VIOLATIONS, ADVERSE ACTION, AND REQUIRED REPORTS TO THE BOARD.**

(a) Failing, within 30 days to report to the board any final adverse action taken against the licensee's authority to practice by another licensing jurisdiction.

(b) Failing, within 30 days, to report the board any adverse action taken by the Drug Enforcement Administration against the licensee's authority to prescribe controlled substances.

(c) Failing to comply with state and federal laws regarding access to patient health care records.

(d) Failure by a licensee to establish and maintain patient health care records consistent with the requirements of ss. PA 3.05 and 3.06 (4), or as otherwise required by law.

(e) Violating the duty to report under s. [448.9795](#), Stats.

(f) After a request by the board, failing to cooperate in a timely manner with the board's investigation of a complaint filed against a licensee. There is a rebuttable presumption that a licensee who takes longer than 30 days to respond to a request of the board has not acted within a timely manner.

(g) Failing, within 48 hours of the entry of judgement of conviction of any crime, to provide notice to the department of safety and professional services required under s. [SPS 4.09 \(2\)](#), or failing within 30 days of conviction of any crime, to provide the board with certified copies of the criminal complaint and judgement of conviction.

(h) Except as provided under (i), a violation or conviction of any laws or rules of this state, or of any other state, or any federal law or regulation that is substantially related to the practice of a physician assistant.

1. Except as otherwise provided by law, a certified copy of a relevant decision by a state or federal court or agency charged with determining whether a person has violated a law or rule relevant to this paragraph is conclusive evidence of findings of facts and conclusions of law therein.

2. The department of safety and professional services has the burden of proving that the circumstances of the crime are substantially related to the practice of a physician assistant.

3. The following violations or convictions of law are deemed not substantially related to the practice of a physician assistant:

a. Arrests or convictions in any jurisdiction for first offense operating a motor vehicle while intoxicated when such violation occurred more than 3 years before the application date.

b. Arrests or convictions in any jurisdiction for underage drinking laws or ordinances substantially similar to s. 125.07(4)(a) or (b), Wis. Stats.

c. A minor, nonviolent ordinance violation not related to clinical practice.

d. A nonviolent offense committed while the individual was a minor when such offense occurred more than 3 years before the application date.

(i) Violating or being convicted of any the conduct listed under in Table PA 4.01, any successor statute criminalizing the same conduct, or if in another jurisdiction, any act which, if committed in Wisconsin would constitute a violation of any statute listed in Table PA 4.01:

**Table PA 4.01**

**Violations or Convictions Cited by Statute**

| <b>Statute Section</b>       | <b>Description of Violation or Conviction</b>                   |
|------------------------------|---|
| 940.01                       | First degree intentional homicide                               |
| 940.02                       | First degree reckless homicide                                  |
| 940.03                       | Felony murder   |
| 940.05                       | Second degree intentional homicide                              |
| 940.12                       | Assisting suicide   |
| 940.19 (2), (4), (5), or (6) | Battery, substantial battery, or aggravated battery             |
| 940.22 (2) or 3              | Sexual exploitation by therapist, duty to report                |
| 940.225 (1), (2), or (3)     | First, second, or third degree sexual assault                   |
| 940.285 (2)                  | Abuse of individuals at risk                                    |
| 940.29                       | Abuse of residents at penal facilities                          |
| 940.295                      | Abuse and neglect of patients and residents                     |
| 948.02 (1) or (2)            | First and second degree sexual assault of a child               |
| 948.03 (2)                   | Physical abuse of a child, intentional causation of bodily harm |
| 948.05                       | Sexual exploitation of a child                                  |
| 948.051                      | Trafficking of a child  |
| 948.055                      | Causing a child to view or listen to sexual activity            |
| 948.06                       | Incest with a child   |

|         |   |
|---------|---|
| 948.07  | Child enticement                                    |
| 948.08  | Soliciting a child for prostitution                 |
| 948.085 | Sexual assault of a child placed in substitute care |

**PA 4.02 Discipline.** (1) The board may conduct investigations and hearings to determine whether a licensee has violated PA 4.01 or has violated any state or federal law or any other jurisdiction that substantially relates to the practice of a physician assistant.

(2) The board may reprimand a physician assistant or deny, limit, suspend, or revoke a physician assistant’s license if the physician assistant has violated PA 4.01.

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

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 (END OF TEXT OF RULE)  
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**SUBCHAPTER IX  
PHYSICIAN ASSISTANT AFFILIATED  
CREDENTIALING BOARD**

NOTE: Subch. IX (title) was renumbered from subch. VIII (title) by the legislative reference bureau under s. 13.92 (1) (bm) 2.

**448.971 Definitions.** In this subchapter, unless the context requires otherwise:

- (1) "Board" means the physician assistant affiliated credentialing board.
- (2) "Physician assistant" means a person licensed under this subchapter.
- (3) "Podiatrist" has the meaning given in s. 448.60 (3).
- (4) "Podiatry" has the meaning given in s. 448.60 (4).

History: 2021 a. 23.

**448.972 License required; exceptions.**

- (1) Except as provided in subs. (2) and (3), no person may represent himself or herself as a "PA" or "physician assistant," use or assume the title "PA" or "physician assistant," or append to the person's name the words or letters "physician assistant," "PA," "PA-C," or any other titles, letters, or designation that represents or may tend to represent the person as a physician assistant, unless he or she is licensed by the board under this subchapter.
- (2) Subsection (1) does not apply with respect to any of the following:
  - (a) An individual employed and duly credentialed as a physician assistant or physician associate by the federal government while performing duties incident to that employment, unless a license under this subchapter is required by the federal government.
  - (b) A person who satisfies the requirement under s. 448.974 (1) (a) 3. but who is not licensed under this subchapter. This paragraph does not allow such a person to practice medicine and surgery in violation of s. 448.03 (1) (a) or to practice podiatry in violation of s. 448.61.
  - (c) A student who is enrolled in an accredited physician assistant educational program may use the title "physician assistant student," "PA student," or "PA-S."

History: 2021 a. 23.

**448.9725 Expedited partner therapy.**

- (1) In this section:
  - (b) "Antimicrobial drug" has the meaning given in s. 448.035 (1) (b).
  - (c) "Expedited partner therapy" has the meaning given in s. 448.035 (1) (c).
- (2) Notwithstanding the requirements of s. 448.9785, a physician assistant may provide expedited partner therapy if a patient is diagnosed as infected with a chlamydial infection, gonorrhea, or trichomoniasis and the patient has had sexual contact with a sexual partner during which the chlamydial infection, gonorrhea, or trichomoniasis may have been transmitted to or from the sexual partner. The physician assistant shall attempt to obtain the name of the patient's sexual partner. A prescription order for an antimicrobial drug prepared under this subsection shall include the name and address of the patient's sexual partner, if known. If the physician assistant is unable to obtain the name of the patient's sexual partner, the prescription order shall include, in ordinary, bold-faced capital letters, the words, "expedited partner therapy" or the letters "EPT."
- (3) The physician assistant shall provide the patient with a copy of the information sheet prepared by the department of health services under s. 46.03 (44) and shall request that the patient give the information sheet to the person with whom the patient had sexual contact.
- (4)

- (a) Except as provided in par. (b), a physician assistant is immune from civil liability for injury to or the death of a person who takes any antimicrobial drug if the antimicrobial drug is prescribed, dispensed, or furnished under this section and if expedited partner therapy is provided as specified under this section.
- (b) The immunity under par. (a) does not extend to the donation, distribution, furnishing, or dispensing of an antimicrobial drug by a physician assistant whose act or omission involves reckless, wanton, or intentional misconduct.

History: 2021 a. 23.

**448.9727 Prescriptions for and delivery of opioid antagonists.**

(1) In this section:

- (a) "Administer" has the meaning given in s. 450.01 (1).
- (b) "Deliver" has the meaning given in s. 450.01 (5).
- (c) "Dispense" has the meaning given in s. 450.01 (7).
- (d) "Opioid antagonist" has the meaning given in s. 450.01 (13v).
- (e) "Opioid-related drug overdose" has the meaning given in s. 256.40 (1) (d).
- (f) "Standing order" has the meaning given in s. 450.01 (21p).

(2)

(a) A physician assistant may do any of the following:

1. Prescribe an opioid antagonist to a person in a position to assist an individual at risk of undergoing an opioid-related drug overdose and may deliver the opioid antagonist to that person. A prescription order under this subdivision need not specify the name and address of the individual to whom the opioid antagonist will be administered, but shall instead specify the name of the person to whom the opioid antagonist is prescribed.
  2. Issue a standing order to one or more persons authorizing the dispensing of an opioid antagonist.
- (b) A physician assistant who prescribes or delivers an opioid antagonist under par. (a) 1. shall ensure that the person to whom the opioid antagonist is prescribed has or has the capacity to provide the knowledge and training necessary to safely administer the opioid antagonist to an individual undergoing an opioid-related overdose and that the person demonstrates the capacity to ensure that any individual to whom the person further delivers the opioid antagonist has or receives that knowledge and training.
- (3) A physician assistant who, acting in good faith, prescribes or delivers an opioid antagonist in accordance with sub. (2) or who, acting in good faith, otherwise lawfully prescribes or dispenses an opioid antagonist shall be immune from criminal or civil liability and may not be subject to professional discipline under s. 448.978 for any outcomes resulting from prescribing, delivering, or dispensing the opioid antagonist.

History: 2021 a. 23.

**448.973 Powers and duties of board.**

(1)

- (a) The board shall promulgate rules implementing s. 448.9785.
- (b) The board shall promulgate rules establishing continuing education requirements for physician assistants.
- (c) The board may promulgate other rules to carry out the purposes of this subchapter, including any of the following:
  1. Rules defining what constitutes unprofessional conduct for physician assistants for purposes of s. 448.978 (2) (d).
  2. Rules under s. 448.977 (2).

(2) The board shall include in the register the board maintains under s. 440.035 (1m) (d) the names of all persons whose licenses issued under this subchapter were suspended or revoked within the past 2 years. The register shall be available for purchase at cost.

History: 2021 a. 23.

**448.974 License; renewal.**

**(1)**

(a) Except as provided in par. (b), the board shall grant an initial license to practice as a physician assistant to any applicant who is found qualified by three-fourths of the members of the board and satisfies all of the following requirements, as determined by the board:

1. The applicant submits an application on a form provided by the department and pays the initial credential fee determined by the department under s. 440.03 (9) (a).
  2. The applicant is at least 18 years of age.
  3. The applicant provides evidence of one of the following:
    - a. That the applicant has successfully completed an educational program for physician assistants or physician associates that is accredited by the Accreditation Review Commission on Education for the Physician Assistant or its successor or, prior to 2001, by the Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs.
    - b. If the applicant does not satisfy subd. 3. a., that the applicant, prior to January 1, 1986, successfully passed the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants.
  4. The applicant passes the National Commission on Certification of Physician Assistants examination or an equivalent national examination adopted by the board.
  5. The applicant provides a listing with all employers, practice settings, internships, residencies, fellowships, and other employment for the past 7 years.
  6. Subject to ss. 111.321, 111.322, and 111.335, the applicant does not have an arrest or conviction record.
- (b) Paragraph (a) 3. does not apply to an applicant if the applicant provides evidence that he or she is licensed as a physician assistant or physician associate in another state, the District of Columbia, Puerto Rico, the United States Virgin Islands, or any territory or insular possession subject to the jurisdiction of the United States and the board determines that the requirements for obtaining the license in that state or territory are substantially equivalent to the requirements under par. (a).

**(2)**

- (a) The renewal date for a license issued under this subchapter is specified under s. 440.08 (2) (a), and the renewal fees for such licenses are determined by the department under s. 440.03 (9) (a). Renewal of a license is subject to par. (b).
- (b) An applicant for the renewal of a license under this subchapter shall submit with his or her application for renewal proof of having satisfied the continuing education requirements imposed by the board under s. 448.973 (1) (b). This paragraph does not apply to an applicant for renewal of a license that expires on the first renewal date after the date on which the board initially granted the license.
- (3) Notwithstanding sub. (1), an individual who, on April 1, 2022, was licensed by the medical examining board as a physician assistant under subch. II of ch. 448, 2019 stats., shall be considered to have been licensed under sub. (1) for purposes of this subchapter.

History: 2021 a. 23.

**448.975 Practice and employment.**

**(1)**

(a) Subject to the limitations and requirements under sub. (2); the physician assistant's experience, education, and training; and any rules promulgated under sub. (5), a physician assistant may do any of the following:

1. Examine into the fact, condition, or cause of human health or disease, or treat, operate, prescribe, or advise for the same, by any means or instrumentality.
2. Apply principles or techniques of medical sciences in the diagnosis or prevention of any of the conditions described in subd. 1. and in s. 448.971 (2).
3. Penetrate, pierce, or sever the tissues of a human being.

4. Offer, undertake, attempt, or hold himself or herself out in any manner as able to do any of the acts described in this paragraph.

**(b)**

1. Subject to subd. 2. and any rules promulgated by the board and consistent with his or her experience, education, and training, a physician assistant may order, prescribe, procure, dispense, and administer prescription drugs, medical devices, services, and supplies.

2. A physician assistant practicing under the supervision and direction of a podiatrist under sub. (2) (a) 2m. may issue a prescription order for a drug or device in accordance with guidelines established by the supervising podiatrist and the physician assistant and with rules promulgated by the board. If any conflict exists between the guidelines and the rules, the rules shall control.

(c) A physician assistant may practice in ambulatory care, acute care, long-term care, home care, or other settings as a primary, specialty, or surgical care provider who may serve as a patient's primary care provider or specialty care provider.

**(2)**

**(a)**

1. Except as provided in subds. 2m. and 3. and sub. (5) (a) 1. a. or b., a physician assistant who provides care to patients shall maintain and provide to the board upon request one of the following:

a. Evidence that, pursuant to the physician assistant's employment, there is a physician who is primarily responsible for the overall direction and management of the physician assistant's professional activities and for assuring that the services provided by the physician assistant are medically appropriate. In this subd. 1. a., "employment" includes an arrangement between the physician assistant and a 3rd party in which the 3rd party receives payment for services provided by the physician assistant.

b. A written collaborative agreement with a physician that, subject to subd. 1m., describes the physician assistant's individual scope of practice, that includes a protocol for identifying an alternative collaborating physician for situations in which the collaborating physician or the physician's designee is not available for consultation, and that includes other information as required by the board.

1m. All of the following apply to a written collaborative agreement between a physician and physician assistant under subd. 1. b.:

a. The agreement may be terminated by either party by providing written notice at least 30 days prior to the date of termination, or as otherwise agreed to by the physician and physician assistant.

b. The agreement shall specify that the collaborating physician shall remain reasonably available to the physician assistant through the use of telecommunications or other electronic means within a medically appropriate time frame and that the collaborating physician may designate an alternate collaborator during periods of unavailability.

c. The agreement shall specify an arrangement for physician consultation with the patient within a medically appropriate time frame for consultation, if requested by the patient or the physician assistant.

d. The agreement shall be signed by the physician assistant and the collaborating physician.

2. Subdivision 1. does not require the physical presence of a physician at the time and place a physician assistant renders a service.

2m. A physician assistant may practice under the supervision and direction of a podiatrist. A physician assistant who is practicing under the supervision and direction of a podiatrist shall be limited to providing nonsurgical patient services. Subdivision 1. does not apply to a physician assistant who is practicing under the supervision and direction of a podiatrist.

3. Subdivision 1. does not apply with respect to a physician assistant who is employed by the federal government as a civilian or member of the uniformed services while performing duties incident to that employment or service.

(b) A physician assistant shall limit his or her practice to the scope of his or her experience, education, and training.

(c) No physician assistant may provide medical care, except routine screening and emergency care, in any of the following:

1. The practice of dentistry or dental hygiene within the meaning of ch. 447.
2. The practice of optometry within the meaning of ch. 449.
3. The practice of chiropractic within the meaning of ch. 446.
4. The practice of acupuncture within the meaning of ch. 451.
5. The practice of podiatry, except when the physician assistant is acting under the supervision and direction of a podiatrist, subject to par. (a) 2m. and the rules promulgated under s. 448.695 (4).

**(3)**

(a) It shall be the obligation of a physician assistant to ensure all of the following:

1. That the scope of the practice of the physician assistant is identified and is appropriate with respect to his or her experience, education, and training.
  2. For purposes of sub. (2) (a) 1. b., that the relationship with and access to a collaborating physician by the physician assistant is defined.
  3. That the requirements and standards of licensure under this subchapter are complied with.
  4. That consultation with or referral to other licensed health care providers with a scope of practice appropriate for a patient's care needs occurs when the patient's care needs exceed the physician assistant's experience, education, or training. A physician assistant shall ensure that he or she has awareness of options for the management of situations that are beyond the physician assistant's expertise.
- (b) A physician assistant is individually and independently responsible for the quality of the care he or she renders.
- (4) A physician assistant may delegate a care task or order to another clinically trained health care worker if the physician assistant is competent to perform the delegated task or order and has reasonable evidence that the clinically trained health care worker is minimally competent to perform the task or issue the order under the circumstances.

**(5)**

(a)

1. The board shall, subject to subd. 2. and s. 448.695 (4), promulgate any rules necessary to implement this section, including rules to do any of the following:
    - a. Allow for temporary practice, specifically defined and actively monitored by the board, in the event of an interruption of a collaborative relationship under sub. (2) (a) 1. b.
    - b. Allow a physician assistant, in the absence of an employment or collaborative relationship under sub. (2) (a) 1., to provide medical care at the scene of an emergency, during a declared state of emergency or other disaster, or when volunteering at sporting events or at camps.
  2. Rules promulgated by the board may not permit a broader scope of practice than that which may be exercised in accordance with subs. (1) and (2). Notwithstanding s. 15.085 (5) (b) 2., if the Medical Examining Board reasonably determines that a rule submitted to it by the Physician Assistant Affiliated Credentialing Board under s. 15.085 (5) (b) 1. permits a broader scope of practice than that which may be exercised in accordance with subs. (1) and (2), then the Physician Assistant Examining Board shall, prior to submitting the proposed rule to the legislative council staff under s. 227.15 (1), revise the proposed rule so that it does not exceed or permit a broader scope of practice than that which may be exercised in accordance with subs. (1) and (2).
- (b) The board shall develop and recommend to the podiatry affiliated credentialing board practice standards for physician assistants practicing under podiatrists under sub. (2) (a) 2m.
- (6) The practice permissions provided in this section are permissions granted by the state authorizing the licensed practice of physician assistants. Nothing in this section prohibits an employer, hospital, health

plan, or other similar entity employing or with a relationship with a physician assistant from establishing additional requirements for a physician assistant as a condition of employment or relationship.

History: 2021 a. 23.

**448.976 Civil liability.** No physician assistant shall be liable for any civil damages for either of the following:

- (1) Reporting in good faith to the department of transportation under s. 146.82 (3) a patient's name and other information relevant to a physical or mental condition of the patient that in the physician assistant's judgment impairs the patient's ability to exercise reasonable and ordinary control over a motor vehicle.
- (2) In good faith, not reporting to the department of transportation under s. 146.82 (3) a patient's name and other information relevant to a physical or mental condition of the patient that in the physician assistant's judgment does not impair the patient's ability to exercise reasonable and ordinary control over a motor vehicle.

History: 2021 a. 23.

**448.977 Malpractice liability insurance.**

- (1) Except as provided in subs. (2) and (3), no physician assistant may practice as authorized under s. 448.975 unless he or she has in effect malpractice liability insurance coverage evidenced by one of the following:
  - (a) Personal liability coverage in the amounts specified for health care providers under s. 655.23 (4).
  - (b) Coverage under a group liability policy providing individual coverage for the physician assistant in the amounts under s. 655.23 (4).
- (2) The board may promulgate rules requiring a practicing physician assistant to have in effect malpractice liability insurance coverage in amounts greater than those specified in sub. (1) (a) or (b) or (4). If the board promulgates rules under this subsection, no physician assistant may practice as authorized under s. 448.975 unless he or she has in effect malpractice liability insurance coverage as required under those rules, except as provided in sub. (3).
- (3) A physician assistant who is a state, county, or municipal employee, or federal employee or contractor covered under the federal tort claims act, as amended, and who is acting within the scope of his or her employment or contractual duties is not required to maintain in effect malpractice insurance coverage.
- (4) Except as provided in subs. (2) and (3), a physician assistant may comply with sub. (1) if the physician assistant's employer has in effect malpractice liability insurance that is at least the minimum amount specified under s. 655.23 (4) and that provides coverage for claims against the physician assistant.

History: 2021 a. 23.

**448.978 Professional discipline.**

- (1) Subject to the rules promulgated under s. 440.03 (1), the board may conduct investigations and hearings to determine whether a person has violated this subchapter or a rule promulgated under this subchapter.
- (2) Subject to the rules promulgated under s. 440.03 (1), if a person who applies for or holds a license issued under s. 448.974 does any of the following, the board may reprimand the person or deny, limit, suspend, or revoke the person's license:
  - (a) Makes a material misstatement in an application for a license or an application for renewal of a license under s. 448.974.
  - (b) Violates any law of this state or federal law that substantially relates to the practice of a physician assistant, violates this subchapter, or violates a rule promulgated under this subchapter.
  - (c) Advertises, practices, or attempts to practice under another person's name.
  - (d) Engages in unprofessional conduct. In this paragraph, "unprofessional conduct" does not include any of the following:
    1. Providing expedited partner therapy as described in s. 448.9725.
    2. Prescribing or delivering an opioid antagonist in accordance with s. 448.9727 (2).
  - (e) Subject to ss. 111.321, 111.322, and 111.335, is arrested for or convicted of a felony.

- (f) Subject to ss. 111.321, 111.322, and 111.34, practices as a physician assistant while his or her ability is impaired by alcohol or other drugs.
- (g) Engages in fraud or deceit in obtaining or using his or her license.
- (h) Is adjudicated mentally incompetent by a court.
- (i) Demonstrates gross negligence, incompetence, or misconduct in practice.
- (j) Knowingly, recklessly, or negligently divulges a privileged communication or other confidential patient health care information except as required or permitted by state or federal law.
- (k) Fails to cooperate with the board, or fails to timely respond to a request for information by the board, in connection with an investigation under this section.
- (L) Prescribes, sells, administers, distributes, orders, or provides a controlled substance for a purpose other than a medical purpose.
- (m) Demonstrates a lack of physical or mental ability to safely practice as a physician assistant.
- (n) Engages in any practice that is outside the scope of his or her experience, education, or training.
- (o) Is disciplined or has been disciplined by another state or jurisdiction based upon acts or conduct similar to acts or conduct prohibited under pars. (a) to (n).

History: 2021 a. 23.

**448.9785 Informed consent.** Any physician assistant who treats a patient shall inform the patient about the availability of reasonable alternate medical modes of treatment and about the benefits and risks of these treatments. The reasonable physician assistant standard is the standard for informing a patient under this section. The reasonable physician assistant standard requires disclosure only of information that a reasonable physician assistant in the same or a similar medical specialty would know and disclose under the circumstances. The physician assistant's duty to inform the patient under this section does not require disclosure of any of the following:

- (1) Detailed technical information that in all probability a patient would not understand.
- (2) Risks apparent or known to the patient.
- (3) Extremely remote possibilities that might falsely or detrimentally alarm the patient.
- (4) Information in emergencies where failure to provide treatment would be more harmful to the patient than treatment.
- (5) Information in cases where the patient is incapable of consenting.
- (6) Information about alternate medical modes of treatment for any condition the physician assistant has not included in his or her diagnosis at the time the physician informs the patient.

History: 2021 a. 23.

**448.979 Penalties.** Any person who violates this subchapter is subject to a fine not to exceed \$10,000 or imprisonment not to exceed 9 months, or both.

History: 2021 a. 23.

**448.9793 Injunction.** If it appears upon complaint to the board by any person or if it is known to the board that any person is violating this subchapter, or rules adopted by the board under this subchapter, the board or the attorney general may investigate and may, in addition to any other remedies, bring action in the name and on behalf of the state against any such person to enjoin such person from such violation. The attorney general shall represent the board in all proceedings.

History: 2021 a. 23.

**448.9795 Duty to report.**

- (1) A physician assistant who has reason to believe any of the following about another physician assistant shall promptly submit a written report to the board that includes facts relating to the conduct of the other physician assistant:
  - (a) The other physician assistant is engaging or has engaged in acts that constitute a pattern of unprofessional conduct.

- (b) The other physician assistant is engaging or has engaged in an act that creates an immediate or continuing danger to one or more patients or to the public.
  - (c) The other physician assistant is or may be medically incompetent.
  - (d) The other physician assistant is or may be mentally or physically unable safely to engage in the practice of a physician assistant.
- (2)** No physician assistant who reports to the board under sub. (1) may be held civilly or criminally liable or be found guilty of unprofessional conduct for reporting in good faith.

**History:** 2021 a. 23.