

2013 DRAFTING REQUEST

Bill

Received: 4/24/2013 Received By: mduchek
Wanted: As time permits Same as LRB:
For: Erik Severson (608) 267-2365 By/Representing: AJ Scholz
May Contact: Drafter: mduchek
Subject: Occupational Reg. - prof lic Addl. Drafters:
Extra Copies: MPG

Submit via email: YES
Requester's email: Erik.Severson@legis.wisconsin.gov
Carbon copy (CC) to: michael.gallagher@legis.wisconsin.gov

Pre Topic:

No specific pre topic given

Topic:

Changes to physician licensure requirements in chapter 448

Instructions:

See attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	mduchek 6/14/2013			_____			
/P1	mduchek 10/28/2013	jdyer 10/29/2013	jfrantze 10/29/2013	_____	lparisi 6/24/2013		
/P2	mduchek 12/17/2013	jdyer 12/18/2013		_____	srose 10/29/2013		

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/P3	mduchek 1/13/2014	jdye 1/15/2014	rschluet 12/19/2013	_____	srose 12/19/2013		
/P4	mduchek 1/21/2014	jdye 1/22/2014	rschluet 1/16/2014	_____	srose 1/16/2014		State
/1			rschluet 1/22/2014	_____	lparisi 1/22/2014	mbarman 2/5/2014	State

FE Sent For:

A handwritten note consisting of a circled '@' symbol followed by the word 'intro' written in cursive.

<END>

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This address rejected - changed to Erik Severson + went thru

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/?	mduchek 6/14/2013	¹⁰ P2/29 jcd		 RS 29			
/P1		jdyer 6/24/2013	jmurphy 6/24/2013		lparisi 6/24/2013		

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/?	mduchek	PI 6/24 jld	June 6/24	June 6/24			

FE Sent For:

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Duchek, Michael

From: Scholz, AJ
Sent: Wednesday, April 24, 2013 9:41 AM
To: Duchek, Michael
Subject: Physician Licensure Changes

Hey Mike,

As I mentioned on the phone, we would like to make some changes to the physician licensure requirements.

- 1) Under current law, physicians are required to take a state exam on top of the nationally approved boards. This exam is commonly referred to as the jurisprudence exam. As this is an open book examination, we view it as unnecessary and burdensome. We would like to eliminate this state exam. Note: there is an oral exam option that the Medical Examining Board can use to clarify certain questions they may have about an applicant, this oral exam portion should remain.
- 2) Under current law, a person can receive their medical license after one year of residency, regardless of their standing or whether or not they moved around from program to program. We would like to alter the application to state that a person have completed 12 continuous months, is enrolled in a post graduate training program, and is in good standing. Several states separate the training requirements for US medical students and foreign trained medical students (MN for example). We would like the requirements for foreign trained medical students to be 24 continuous months.
 - a. Note: We should probably include a provision that states that a person is board eligible or board certified. An example would be a physician moving to Wisconsin after practicing for 5 years in MN. He would not obviously be still enrolled in a post graduate training program at that point.
 - b. Note: I think we should also include a provision that the MEB have the authority to waive the continuous provision. For example, if a student had to take a one month break due to a family emergency, or if a foreign trained student completed two separate one year training programs.
- 3) Lastly, I have attached a provision from Nebraska that creates a limited license to practice, effectively allowing for licensure of medical residents who may not yet have completed the required program. This would provide hospitals that are under staffed with some options for having essentially limited scope physicians.

If you have any questions, please do not hesitate to contact me. Thanks for all your help on these several drafts.

Sincerely,

AJ Scholz

Office of Representative Erik Severson
608-267-2365
221 North, State Capitol

NRS 630.265 Limited license to practice medicine as resident physician.

1. Except as otherwise provided in NRS 630.161, the Board may issue to a qualified applicant a limited license to practice medicine as a resident physician in a graduate program approved by the Accreditation Council for Graduate Medical Education if the applicant is:

(a) A graduate of an accredited medical school in the United States or Canada;
or

(b) A graduate of a foreign medical school and has received the standard certificate of the Educational Commission for Foreign Medical Graduates or a written statement from that Commission that the applicant passed the examination given by it.

2. The medical school or other institution sponsoring the program shall provide the Board with written confirmation that the applicant has been appointed to a position in the program and is a citizen of the United States or lawfully entitled to remain and work in the United States. A limited license remains valid only while the licensee is actively practicing medicine in the residency program and is legally entitled to work and remain in the United States.

3. The Board may issue a limited license for not more than 1 year but may renew the license if the applicant for the limited license meets the requirements set forth by the Board by regulation.

4. The holder of a limited license may practice medicine only in connection with his or her duties as a resident physician or under such conditions as are approved by the director of the program.

5. The holder of a limited license granted pursuant to this section may be disciplined by the Board at any time for any of the grounds provided in NRS 630.161 or 630.301 to 630.3065, inclusive.

(Added to NRS by 1979, 676; A 1981, 1131; 1985, 2232; 1987, 195; 1991, 1069, 1886, 1888; 2001, 764; 2007, 3044)

Duchek, Michael

From: Scholz, AJ
Sent: Tuesday, May 14, 2013 10:04 AM
To: Duchek, Michael
Subject: RE: Physician Licensure Changes

Hello Mike,

I have put my answers below in green. Thanks for your help on this.

Sincerely,

AJ Scholz

Office of Representative Erik Severson
608-267-2365
221 North, State Capitol

From: Duchek, Michael
Sent: Monday, May 13, 2013 2:26 PM
To: Scholz, AJ
Subject: RE: Physician Licensure Changes

AJ,

As I start working on this, I have some questions about what you wrote below, which I have put in red. Please excuse my ignorance about any of this.

-Mike

From: Scholz, AJ
Sent: Wednesday, April 24, 2013 9:41 AM
To: Duchek, Michael
Subject: Physician Licensure Changes

Hey Mike,

As I mentioned on the phone, we would like to make some changes to the physician licensure requirements.

- 1) Under current law, physicians are required to take a state exam on top of the nationally approved boards. This exam is commonly referred to as the jurisprudence exam. As this is an open book examination, we view it as unnecessary and burdensome. We would like to eliminate this state exam. Note: there is an oral exam option that the Medical Examining Board can use to clarify certain questions they may have about an applicant, this oral exam portion should remain.

The jurisprudence exam does not appear to be in the statutes per se. Section 448.05 (6) (a) appears to allow the MEB to basically decide what exams are necessary. Do you want to amend this so that the MEB can only require

examinations from national examining agencies, or that the MEB is prohibited from requiring certain kinds of examinations?

Yes they should only be able to use the national examining agencies. The concern is from admin code MED 1.06(1)(a) specifically, "an open book examination on statutes and rules governing the practice of medicine and surgery in Wisconsin" I am open to suggestions on how best to alter this in statute, but I think limiting it to the national exams would do the trick.

- 2) Under current law, a person can receive their medical license after one year of residency, regardless of their standing or whether or not they moved around from program to program. We would like to alter the application to state that a person have completed 12 continuous months, is enrolled in a post graduate training program, and is in good standing.

What do you mean here by "in good standing"? In good standing with whom?

The intent is to prevent a student who has failed or dropped out of a program from being able to obtain a license. Or who after completing his 12 months, failed to achieve passing scores, but would have still completed his 12 month residency. That is the intent, so good standing at the residency program with which they completed their 12 continuous months.

Several states separate the training requirements for US medical students and foreign trained medical students (MN for example). We would like the requirements for foreign trained medical students to be 24 continuous months.

Just so I'm clear – doesn't the 12 months usually correspond to the first year of residency? If so, how would this work if it's 24 months? Would they essentially be first year residents for two years? Also, current s. 448.05 (2) appears to differentiate between foreign medical schools that are approved by the MEB and ones that aren't. Would the 24-month requirement be only for foreign schools not approved by the MEB or all foreign schools?

After further review, we have decided not to create a tiered system for national and international students. We would like to see both at the 12 continuous months, enrolled in a post graduate training, and in good standing.

- a. Note: We should probably include a provision that states that a person is board eligible or board certified. An example would be a physician moving to Wisconsin after practicing for 5 years in MN. He would not obviously be still enrolled in a post graduate training program at that point.

Can you clarify what you mean here? Are you saying the 12 continuous months requirement wouldn't apply to someone who had passed examinations in another jurisdiction?

In our discussions, we saw a potential problem as it related to the currently enrolled in a post graduate training program requirement. A physician from another state would have completed their residency in order to get board certified in that other state, but would not be currently enrolled in a post graduate program. There would need to be an exemption from the currently enrolled provision for a person who is board certified or board eligible. Again, a person would be board eligible if they had completed their residency program in another state, but not yet gotten their license in that state, but would also not be currently enrolled in a post graduate training program.

- b. Note: I think we should also include a provision that the MEB have the authority to waive the continuous provision. For example, if a student had to take a one month break due to a family emergency, or if a foreign trained student completed two separate one year training programs.

Do you want to provide specific waiver circumstances in the bill, or do you want the MEB to decide when a waiver is appropriate? If the latter, do you want to require the MEB to promulgate rules for when waivers can be granted?

I think it would be difficult to establish in statute any and all circumstances in which a waiver would apply. I think designating it as a hardship waiver would provide some guidelines for when the MEB should and should not provide a waiver. I do think MEB should promulgate some rules in that regard.

- 3) Lastly, I have attached a provision from Nebraska that creates a limited license to practice, effectively allowing for licensure of medical residents who may not yet have completed the required program. This would provide hospitals that are under staffed with some options for having essentially limited scope physicians. So these would be people who have passed the exams and everything but just haven't satisfied the 12/24 continuous month requirement? We already have a provision for a temp. license which I believe is for residents who have completed the first year and are waiting to take their exams. (448.04 (1) (b)) So I just want to understand how precisely this proposed license would differ from that one. It looks like the MEB also has some authority to grant limited licenses under s. 448.06 (1m), but I'm not sure how or if they use this authority.

Yes this would be for residents who had not yet completed exams or their 12 month program, but who a hospital felt was qualified to work on a limited scope. This would be different from a temp license, as they would not yet have completed 12 months of residency and would also, as I understand the Nebraska law, would be limited in the scope of what they can and can't do, which I don't believe the temporary license is.

Finally, I assume these changes would only apply prospectively. I may have some questions about this as I get more into it, but if you have any specific thoughts on that please feel free to include them in your reply.

Yes it is our intent to have this be moving forward, not in any retroactive capacity.

If you have any questions, please do not hesitate to contact me. Thanks for all your help on these several drafts.

Sincerely,

AJ Scholz

Office of Representative Erik Severson

608-267-2365

221 North, State Capitol



In 6-14-13
TODAY, if possible

Jld

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

PWP
6/24
Jm

Gen

4

1 AN ACT ...; relating to: licensure of physicians and granting rule-making
2 authority.

2

Analysis by the Legislative Reference Bureau

This is a preliminary draft. An analysis will be provided in a subsequent version of this draft.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

3 SECTION 1. 448.04 (1) (bm) of the statutes is created to read:
4 448.04 (1) (bm) *Restricted license to practice medicine and surgery.* 1. The
5 board may grant a restricted license to practice medicine and surgery as a resident
6 enrolled in a postgraduate training program to an applicant who satisfies the
7 requirements under s. 448.05 (2) (a) 1., 2., and 5.

7

****NOTE: Please review this provision and the cross-references and confirm that they are correct.

1 2. Subject to subd. 3., a license issued under this paragraph is valid for one year,
2 except that the board may allow a licensee to renew a license in accordance with rules
3 promulgated by the board.

4 3. A license issued under this paragraph remains valid only while the licensee
5 is actively engaged in the practice of medicine and surgery in the postgraduate
6 training program and is lawfully entitled to work in the United States.

7 4. The holder of a license issued under this paragraph may engage in the
8 practice of medicine and surgery only in connection with his or her duties under the
9 postgraduate training program or under conditions approved by the director of the
10 program.

11 SECTION 2. 448.05 (1) (d) of the statutes is amended to read:

12 448.05 (1) (d) Be found qualified by three-fourths of the members of the board,
13 except that an applicant for a temporary license under s. 448.04 (1) (b) 1. and 3., (e),
14 and (g) or a restricted license under s. 448.04 (1) (bm) must be found qualified by 2
15 members of the board.

History: 1975 c. 383, 421; 1979 c. 221; 1981 c. 380; 1981 c. 391 s. 211; 1987 a. 399; 1989 a. 229; 1991 a. 180; 1993 a. 105, 107; 1995 a. 27 s. 9126 (19); 1995 a. 171, 172, 245; 1997 a. 27, 67, 175; 1999 a. 180; 2001 a. 89; 2007 a. 20 s. 9121 (6) (a); 2011 a. 160.

****NOTE: This provision allows a restricted license to be granted by two members of the MEB, like a temporary license, instead of three-fourths of the board, which is required for a regular license. I thought this change should be made so that restricted licenses are more similar to temporary licenses, but if you would like to require three-fourths approval for the restricted license, let me know and I can delete this change.

16 SECTION 3. 448.05 (2) of the statutes is renumbered 448.05 (2) (a) (intro.) and
17 amended to read:

18 448.05 (2) (a) (intro.) An Except as provided in par. (b), an applicant for any
19 class of license to practice medicine and surgery, other than a restricted license under
20 s. 448.04 (1) (bm), must supply evidence satisfactory to the board that of all of the
21 following:

1 1. That[✓] the applicant is a graduate of and possesses a diploma from a medical
2 or osteopathic college approved by the board and.

3 2. That the applicant[✓] has completed postgraduate training of 12 months in a
4 facility approved by the board.

5 (b) If an applicant is a graduate of a foreign medical school ~~which~~ that has not
6 been approved by the board, and if such applicant ~~has had postgraduate training in~~
7 ~~this country in a 12-month program approved by the board~~ satisfies the
8 requirements under par. (a) 2. to 5.[✓] or has had other professional experience ~~which~~
9 that the board deems has given the applicant the education and training
10 substantially equivalent, and if such applicant has passed the examinations given
11 by the educational council for foreign medical graduates or its successors, the board
12 may make such additional inquiry including a personal interview as satisfies it that
13 the applicant has had such education and training. If a majority of the board is so
14 satisfied, the applicant may then be admitted to examination for a license to practice
15 medicine and surgery. If an applicant is a graduate of a foreign medical school that
16 has not been approved by the board, and such foreign medical school requires either
17 social service or internship or both of its graduates, and if such applicant has not
18 completed such requirements but has completed a 12-month supervised clinical
19 training program under the direction of a medical school approved by the board and
20 has complied with all other requirements of this subsection for graduates of foreign
21 medical schools not approved by the board, the applicant may then be admitted to
22 examination for a license to practice medicine and surgery.

****NOTE: Please review this provision carefully. This is structured so that an applicant who graduated from a foreign medical school not approved by the MEB would otherwise have to satisfy all of the other requirements required for other applicants. However, the language in current law appears to allow the MEB to exempt foreign[✓]

medical school graduates from these requirements if they have equivalent professional experience. Please let me know if this language should be further modified.

Current law also appears to distinguish between applicants from foreign medical schools who have had 12 months of postgraduate training vs. those who have completed a 12-month supervised clinical training program. Let me know if you would not like to maintain this distinction, or if this language about 12-month clinical programs should be modified.

History: 1975 c. 383, 421; 1979 c. 221; 1981 c. 380; 1981 c. 391 s. 211; 1987 a. 399; 1989 a. 229; 1991 a. 180; 1993 a. 105, 107; 1995 a. 27 s. 9126 (19); 1995 a. 171, 172, 245; 1997 a. 27, 67, 175; 1999 a. 180; 2001 a. 89; 2007 a. 20 s. 9121 (6) (a); 2011 a. 30.

SECTION 4. 448.05 (2) (a) 3. to 5. of the statutes are created to read:

448.05 (2) (a) 3. Subject to par. (d), that the 12 months of postgraduate training under subd. 2. were completed in 12 consecutive months.

4. Subject to par. (d), that the applicant is in good standing with the postgraduate training program in which the applicant completed postgraduate training under subd. 2. or, if the applicant has left the program, that the applicant left the program in good standing.

***NOTE: Please review this provision. Does this accomplish your intent?

5. That the applicant, if he or she has not already successfully completed completed a postgraduate training program, is currently enrolled in a postgraduate training program.

***NOTE: Please review this provision. Does this accomplish your intent?

SECTION 5. 448.05 (2) (c) of the statutes is created to read:

448.05 (2) (c) An applicant for a restricted license to practice medicine and surgery under s. 448.04 (1) (bm) shall provide the board with all of the following:

1. Written confirmation from the medical school or other institution sponsoring the postgraduate training program in which the applicant is enrolled confirming that the applicant has been appointed to a position in the program.

2. Evidence that the applicant is a U.S. citizen or is otherwise lawfully entitled to work in the United States.

SECTION 6. 448.05 (2) (d) of the statutes is created to read:

1 448.05 (2) (d) The board may promulgate rules specifying circumstances in
 2 which the board, in cases of hardship or in cases ^{where & in which} the applicant possesses a
 3 medical license issued by another jurisdiction, may grant a waiver from the
 4 requirements under par. (a) 3. and 4. The board may grant such a waiver in
 5 accordance with those rules.

* ****NOTE: As I understood it, the waiver would be for people who had to take some
 kind of leave due to hardship. Does this language capture the intent? I also had it apply
 to the requirement under subd. 4. that the applicant ^{have} left a program in good
 standing. Let me know if the hardship waiver should not apply to this requirement. ^{check}

This provision also allows the MEB to promulgate rules to exempt physicians who
 are licensed in other states from these requirements. It is my understanding that the
 concept of "board eligible/board certified" refers to physicians who are eligible to take an
 exam for, or certified in, a particular medical specialty, and not their general MD/DO
 license, so I simply referred to applicants licensed in other jurisdictions.

6 **SECTION 7.** 448.05 (6) (a) of the statutes is amended to read:

7 448.05 (6) (a) Except as provided in pars. (am) ~~and~~, (ar), and (at), the board
 8 shall examine each applicant it finds eligible under this section in such subject
 9 matters as the board deems applicable to the class of license or certificate which the
 10 applicant seeks to have granted. Examinations may be both written and oral. In lieu
 11 of its own examinations, in whole or in part, the board may make such use as it deems
 12 appropriate of examinations prepared, administered, and scored by national
 13 examining agencies, or by other licensing jurisdictions of the United States or
 14 Canada. The board shall specify passing grades for any and all examinations
 15 required.

History: 1975 c. 383, 421; 1979 c. 221; 1981 c. 380; 1981 c. 391 s. 21; 1987 a. 399; 1989 a. 229; 1991 a. 180; 1993 a. 105, 107; 1995 a. 27 s. 9126 (19); 1995 a. 171, 172,
 245; 1997 a. 27, 67, 175; 1999 a. 180; 2001 a. 89; 2007 a. 20 s. 9121 (6); 2011 a. 160.

16 **SECTION 8.** 448.05 (6) (at) of the statutes is created to read:

17 448.05 (6) (at) When examining an applicant for a license to practice medicine
 18 and surgery under par. (a), the board may only use examinations prepared,
 19 administered, and scored by national examining agencies, except that the board may

1 interview an individual applicant as needed to determine information specific to that
2 applicant.✓

3 **SECTION 9. Initial applicability.**

4 (1) The treatment of sections 448.05 (6) (a) and (at) of the statutes first applies
5 to an applicant who is admitted to examination for a license to practice medicine and
6 surgery by the medical examining board under section 448.05 (2) of the statutes, as
7 affected by this act, on the effective date of this subsection.✓

8 (2) The renumbering and amendment of section 448.05 (2) of the statutes and
9 the creation of section 448.05 (2) (a) 3. to 5. of the statutes first apply to an application
10 for a license to practice medicine and surgery under section 448.05 (2) of the statutes,
11 as affected by this act, that is received by the medical examining board on the
12 effective date of this subsection.✓

****NOTE: I was not entirely sure how the initial applicability should work. Please
review these and let me know if further changes are needed.

13 **SECTION 10. Effective date.**

14 (1) This act takes effect on the first day of the 12th month beginning after
15 publication.✓

****NOTE: Because of the rule making required under the bill, I have included a
delayed effective date. I chose one year, but let me know if you would like something
different.

16

(END)

Duchek, Michael

From: Scholz, AJ
Sent: Thursday, September 19, 2013 10:22 AM
To: Duchek, Michael
Subject: LRB 2337
Attachments: Medical Licensure Clean Copy DRAFT 2013 08 23.docx

Hello Mike,

This one I know is yours, ha-ha. Attached is a revised draft of what we would like LRB 2337 to look like. I apologize for the formatting, when you work with other people they sometimes take making changes on their own without spelling out exactly what changed. Please let me know if you have any questions or need anything else from me.

Thanks!

AJ Scholz
Office of Representative Erik Severson
608-267-2365
221 North, State Capitol

MEDICAL LICENSURE PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

1 An Act *to amend and recreate* 448.05 (2); *to amend* 448.05 (1) (d), and 448.05 (6) (a);
2 and *to create* 448.04 (1) (bm), 448.05 (2) (a) 1. to 4., 448.05 (2) (b) 1. to 6., 448.05 (2) (c),
3 448.05 (2) (d), 448.05 (2) (e), and 448.05 (6) (at) of the statutes; **relating to:** licensure of
4 physicians and granting rule making authority.

Analysis by the Legislative Reference Bureau

This is a preliminary draft. An analysis will be provided in a subsequent version of this draft.

The people of the state of Wisconsin, represented in the senate and assembly, do enact as follows:

5 **Section 1.** 448.04 (1) (bm) of the statutes is created to read:

6 448.04 (1) (bm) *Resident educational license to practice medicine and surgery*

7 1. The board may grant a resident educational license to practice medicine and
8 surgery to a resident enrolled in an Accreditation Council for Graduate
9 Medical Education (ACGME) or American Osteopathic Association (AOA)
10 accredited postgraduate training program when an applicant satisfies the
11 requirements under s. 448.05 (2) (a) 1., 2., and 5.

12 2. A license issued under subd. 1. is valid only while the license holder is
13 actively engaged in the practice of medicine and surgery in a postgraduate
14 training program for which it was issued and is lawfully entitled to work in
15 the United States.

16 a. The license shall be valid for one year, annually renewable during the
17 postgraduate training program. The holder of a resident educational
18 license may engage in the practice of medicine and surgery only in
19 connection with his or her duties under the postgraduate training
20 program.

21 b. The holder of a resident educational license is required to surrender
22 all indicia of the license to the Department of Safety and Professional
23 Services upon cessation of the practice of medicine and surgery in the

24 postgraduate training program for which the license was issued.
25 Failure to comply with this paragraph is unprofessional conduct
26 subject to disciplinary action.

448.015
(4)(cm)
4.

27

28 **Section 2.** 448.05 (1) (d) of the statutes is amended to read:

29 448.05 (1) (d) Be found qualified by three-fourths of the members of the board
30 ✓ except that an application for a temporary license under s. 448.04 (1) (b) 1. and 3. ,
31 (e), (g), and (i) or a resident educational license under s. 448.04 (1) (bm) must be
32 found qualified by 2 members of the board.

33

34 **Section 3.** 448.05 (2) of the statutes is amended and recreated to read:

35 448.05 (2) License to practice medicine and surgery.

36 (a) Except as provided in subd. 2. a. or par. (b) an applicant for any class of
37 license to practice medicine and surgery, other than a resident educational
38 license under s. 448.04 (1) (bm), must supply evidence satisfactory to the
39 board of all of the following:

40 1. That the applicant is a graduate of and possesses diploma from an
41 LCME or AOA accredited medical or osteopathic college approved by
42 the board.

43 a. That the applicant has successfully completed 24 months of
44 ACGME or AOA accredited postgraduate training

45 b. An applicant for unrestricted licensure who is currently in an
46 ACGME or AOA accredited postgraduate training program, and
47 who has received credit for 12 months of a postgraduate
48 training program in 12 consecutive months, and who has
49 received an unrestricted endorsement from the graduate
50 educational program director including confirmation that the
51 applicant will continue in the program and complete at least 24
52 months of postgraduate training, and who if otherwise

Unrestricted =

24 or 12 mos + cert

53 qualified under this subsection, shall receive a full and
54 unrestricted license.

55 c. If the holder of an unrestricted license granted under subd. 2.

56 a. subsequently discontinues the postgraduate educational
57 program before 24 months or prior to the completion of the
58 program, the program director shall notify the board,
59 providing full details of the cause of training interruption and
60 plans, if any, for program completion. The board will review
61 the matter and take appropriate action, which may result in
62 discipline including but not limited to license revocation.

63 2. That the applicant is in good standing with the postgraduate training
64 program in which the applicant completed the training under subd. 2.

65 3. That the applicant has no material restrictions or past discipline of his
66 or her license to practice medicine and surgery in any other
67 jurisdiction.

68 (b) An applicant for an unrestricted license to practice medicine and surgery
69 who is a graduate of a foreign medical school must supply evidence
70 satisfactory to the board of all of the following:

71 1. That the applicant is a graduate of and possesses a diploma from a
72 foreign medical school credentialed by an agency accepted by the
73 board.

74 2. That the applicant has obtained certification of the Educational
75 Council for Foreign Medical Graduates (ECFMG) or its successors.

76 3. That the applicant has passed all steps of the United States Medical
77 Licensing Examination (USMLE) administered by the National Board
78 of Medical Examiners (NBME) and the Federation of State Medical
79 Boards (FSMB) or their successors.

80 4. That the applicant has successfully completed 24 months of ACGME or
81 AOA accredited postgraduate training.

82 5. That the applicant is in good standing with the postgraduate training
83 program in which the applicant completed the training under subd. 4.

84 6. That the applicant has no material restrictions or past discipline of his
85 or her license to practice medicine and surgery in any other
86 jurisdiction.

87

88 **Section 4.** 448.05 (2) (c) of the statutes is created to read:

89 448.05 (2) (c) An applicant for a resident educational license under s. 448.04 (1)
90 (bm) shall provide the board with all of the following:

- 91 1. Written confirmation from the medical school or other institution sponsoring
92 the postgraduate training program in which the applicant is enrolled
93 confirming the applicant has been appointed to a position in the program.
94 2. Evidence that the applicant is a U.S. citizen or is otherwise lawfully entitled to
95 work in the United States.

96

97 **Section 5.** 448.05 (2) (d) of the statutes is created to read:

98 448.05 (2) (d) The board in its discretion may, following review of required
99 materials submitted by the applicant under this subsection, require a personal
100 interview or examinations as satisfies it that the applicant is qualified to be granted
101 a Wisconsin license to practice medicine and surgery.

102

103 **Section 6.** 448.05 (2) (e) of the statutes is created to read:

104 448.05 (2) (e) The board may promulgate rules specifying circumstances in which
105 the board, in cases of hardship or in cases in which the applicant possesses a
106 medical license issued by another jurisdiction, may grant a waiver from the
107 requirements under pars. (a) and (b). The board may grant such a waiver in
108 accordance with those rules.

109

*(any foreign or domestic other than restricted resident ed.
license, OK?)*

110 **Section 7.** 448.05 (6) (a) of the statutes is amended to read:

111 448.05 (6) (a) Except as provided in pars. (am) and, (ar), the board shall examine
112 applicants under this section in such subject matters as the board deems applicable to

113 the class of license or certificate which the applicant seeks to have granted.
114 Examinations may be both written and oral. In lieu of its own examinations, in whole
115 or in part, the board may make such use as it deems appropriate of examinations
116 prepared, administered, and scored by national examining agencies, or by other
117 licensing jurisdictions of the United States or Canada. The board shall specify passing
118 grades for any and all examinations required.

elim (at) → No per AJ. Keep in draft
in PI?

121

122 **Section 9.** Initial applicability.

123 (1) The treatment of section 448.05 (6) (a) and (at) of the statutes first applies to an
124 applicant who is admitted to examination-or examined for a license to practice
125 medicine and surgery by the medical examining board under section 448.05 (2) of the
126 statutes, as affected by this act, on the effective date of this subsection.

127 (2) The recreation and amendment of section 448.05 (2) of the statutes and its
128 subdivisions first apply to an application for a license to practice medicine and
129 surgery under section 448.05 (2) of the statutes, as affected by this act, that is
130 received by the medical examining board on the effective date of this subsection.

131

132 **Section 10.** Effective date.

133 (1) This act takes effect on the first day of the 12th month beginning after publication.