



2009 SENATE BILL 698

April 16, 2010 - Introduced by Senators KREITLOW, TAYLOR and SCHULTZ, cosponsored by Representatives SCHNEIDER and BENEDICT. Referred to Committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue.

1 **AN ACT** *to amend* 50.09 (1) (a) (intro.), 50.09 (1) (f) 1., 50.09 (1) (h), 50.09 (1) (k),
2 50.49 (1) (b) (intro.), 70.47 (8) (intro.), 146.82 (3) (a), 252.07 (8) (a) 2., 252.07 (9)
3 (c), 252.11 (2), 252.11 (4), 252.11 (5), 252.11 (7), 252.11 (10), 252.14 (1) (ar) 14.,
4 252.15 (2) (a) 7. ak., 252.15 (5) (a) 11., 252.15 (5) (a) 12. b., 252.15 (5) (a) 14.,
5 252.15 (5m) (a), 252.15 (5m) (b), 252.15 (5m) (c), 252.15 (7m) (intro.), 252.15
6 (7m) (b), 252.16 (3) (c) (intro.), 252.17 (3) (c) (intro.), 252.18, 343.16 (5) (a),
7 448.03 (5) (b), 448.56 (1), 448.56 (1m) (b), 448.67 (2), 450.11 (7) (b) and 450.11
8 (8) (b); and **to create** 50.01 (4p), 252.01 (5), 450.01 (15r), 450.01 (16) (h) 3. and
9 450.13 (5) (c) of the statutes; **relating to:** authorizing medically related actions
10 by physician assistants.

Analysis by the Legislative Reference Bureau

Under current law, the Medical Examining Board grants physician assistant licenses to individuals who meet training and examination requirements and any other requirements established in rules promulgated by the Medical Examining Board.

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The following provisions under current law authorize physicians or other health care professionals to act under specified circumstances and to affect individuals by these authorized actions:

1. Unless medically contraindicated as documented by a nursing home or community-based residential facility resident's physician in the resident's medical record, the resident has the right to private and unrestricted communications with his or her family, physician, attorney, and others; to share a room with his or her spouse or domestic partner if the spouse or domestic partner is also a resident; to participate in activities of social, religious, and community groups; and to be free from chemical and physical restraints.

2. Home health services that are provided to an individual by a home health agency must be those specified under a plan for furnishing the services that is established and periodically reviewed by a physician.

3. For hearings before the local board of review concerning assessments of property taxes, an ill or disabled person who presents to the board a letter from a physician or osteopath confirming the illness or disability may present testimony by telephone.

4. Under laws relating to confidentiality of patient health care records, a physician who treats a patient whose physical or mental condition, in the physician's judgment, affects his or her ability to exercise reasonable and ordinary control over a motor vehicle may, without the patient's informed consent, report the patient's name and other information to the Department of Transportation. Physicians are exempted from civil liability for reporting, or not reporting, this information in good faith.

5. Under laws relating to communicable diseases:

a. The Department of Health Services (DHS) may order an individual who has a confirmed diagnosis of infectious tuberculosis or symptoms indicative of tuberculosis confined to a facility if several conditions are met, including notifying a court of the confinement and providing to the court a physician's written statement affirming the tuberculosis or symptoms.

b. If a court orders confinement of an individual with infectious tuberculosis or symptoms indicative of tuberculosis, the individual must remain confined until DHS or a local health officer, with the concurrence of a treating physician, determines that treatment is complete or that the individual is no longer a public health threat.

c. If, following a request by an officer of DHS or a local health officer, a person reasonably suspected of being infected with a sexually transmitted disease refuses or neglects examination by a physician or treatment, the DHS officer or local health officer may have the person committed to an institution for examination, treatment, or observation.

d. If a person with a sexually transmitted disease ceases or refuses treatment before reaching what is in a physician's opinion the noncommunicable stage, the physician must notify DHS and the person may be committed by a court for examination or treatment.

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e. If a physician has reported to DHS a case of sexually transmitted disease, information regarding the disease and its treatment is not privileged before a court.

f. The State Laboratory of Hygiene must examine specimens for the diagnosis of sexually transmitted disease for any physician or local health officer and must report positive results to the local health officer and DHS.

g. If certain individuals, including emergency medical technicians, fire fighters, state patrol officers, jailers, emergency care givers, and coroners, receive a significant exposure (sustain a contact that has a potential for transmission of HIV), the person to whom they are significantly exposed may be compelled to be tested for the presence of HIV, and the test results may be provided to the affected individual. One prerequisite for compulsory testing is a written determination and certification by a physician that the individual has been significantly exposed.

h. If a test administered to a corpse indicates the presence of HIV, the deceased person's physician may provide the results of the test to persons whom the physician knows have had sexual contact or shared intravenous drug use paraphernalia with the deceased person; to emergency caregivers; and to funeral directors, coroners, and medical examiners who prepare a corpse for burial or who are significantly exposed to HIV in the course of performing an autopsy.

i. If a local health officer or DHS officer requires it, a person who is employed in the handling of food products or is suspected of having a disease in a form that is communicable by food handling must submit to an examination by the officer or by a physician.

j. Certain individuals are eligible to receive premium subsidies for health insurance or medical leave premiums if a physician certifies that the individual has been infected with HIV.

6. Under occupational regulation laws relating to physical therapists, a physical therapist may practice only on the written referral of a physician, chiropractor, dentist, or podiatrist, except under certain conditions, including providing services to an individual for a previously diagnosed medical condition after informing the individual's physician, chiropractor, dentist, or podiatrist.

7. Under occupational regulation laws relating to podiatrists, a podiatrist who renders chargeable services to, among others, a patient or physician, must render a statement of the charge directly to the person served.

8. Under laws relating to the practice of pharmacy, current law does the following:

a. Defines the term "practice of pharmacy" to include making therapeutic alternate drug selections in accordance with written guidelines or procedures approved by a hospital and by a physician for his or her patients for a hospital stay.

b. Provides that information communicated to a physician in an effort unlawfully to procure a prescription drug is not privileged communication.

c. Requires the enforcement of prescription drug laws that apply to physicians to be the responsibility of the Department of Regulation and Licensing and the Medical Examining Board.

d. Exempts pharmacists from requirements that they provide certain information when dispensing a drug product equivalent, if the patient is in a hospital

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and the drug product equivalent is dispensed in accordance with guidelines approved by, among others, the patient's physician.

Currently, an advanced practice nurse prescriber may act in the same manner physicians may act in the instances specified above.

This bill expands the current laws described above that authorize physicians to act under specified circumstances and to affect individuals by these authorized actions, by similarly authorizing individuals licensed as physician assistants.

For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

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

1 **SECTION 1.** 50.01 (4p) of the statutes is created to read:

2 50.01 (4p) "Physician assistant" has the meaning given in s. 448.01 (6).

3 **SECTION 2.** 50.09 (1) (a) (intro.) of the statutes is amended to read:

4 50.09 (1) (a) (intro.) Private and unrestricted communications with the
5 resident's family, physician, physician assistant, advanced practice nurse prescriber,
6 attorney, and any other person, unless medically contraindicated as documented by
7 the resident's physician, physician assistant, or advanced practice nurse prescriber
8 in the resident's medical record, except that communications with public officials or
9 with the resident's attorney shall not be restricted in any event. The right to private
10 and unrestricted communications shall include, but is not limited to, the right to:

11 **SECTION 3.** 50.09 (1) (f) 1. of the statutes, as affected by 2009 Wisconsin Act 28,
12 is amended to read:

13 50.09 (1) (f) 1. Privacy for visits by spouse or domestic partner. If both spouses
14 or both domestic partners under ch. 770 are residents of the same facility, the spouses
15 or domestic partners shall be permitted to share a room unless medically
16 contraindicated as documented by the resident's physician, physician assistant, or
17 advanced practice nurse prescriber in the resident's medical record.

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1 **SECTION 4.** 50.09 (1) (h) of the statutes is amended to read:

2 50.09 (1) (h) Meet with, and participate in activities of social, religious, and
3 community groups at the resident's discretion, unless medically contraindicated as
4 documented by the resident's physician, physician assistant, or advanced practice
5 nurse prescriber in the resident's medical record.

6 **SECTION 5.** 50.09 (1) (k) of the statutes is amended to read:

7 50.09 (1) (k) Be free from mental and physical abuse, and be free from chemical
8 and physical restraints except as authorized in writing by a physician, physician
9 assistant, or advanced practice nurse prescriber for a specified and limited period of
10 time and documented in the resident's medical record. Physical restraints may be
11 used in an emergency when necessary to protect the resident from injury to himself
12 or herself or others or to property. However, authorization for continuing use of the
13 physical restraints shall be secured from a physician, physician assistant, or
14 advanced practice nurse prescriber within 12 hours. Any use of physical restraints
15 shall be noted in the resident's medical records. "Physical restraints" includes, but
16 is not limited to, any article, device, or garment that interferes with the free
17 movement of the resident and that the resident is unable to remove easily, and
18 confinement in a locked room.

19 **SECTION 6.** 50.49 (1) (b) (intro.) of the statutes is amended to read:

20 50.49 (1) (b) (intro.) "Home health services" means the following items and
21 services that are furnished to an individual, who is under the care of a physician,
22 physician assistant, or advanced practice nurse prescriber, by a home health agency,
23 or by others under arrangements made by the home health agency, that are under
24 a plan for furnishing those items and services to the individual that is established
25 and periodically reviewed by a physician, physician assistant, or advanced practice

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1 nurse prescriber and that are, except as provided in subd. 6., provided on a visiting
2 basis in a place of residence used as the individual's home:

3 **SECTION 7.** 70.47 (8) (intro.) of the statutes is amended to read:

4 70.47 (8) HEARING. (intro.) The board shall hear upon oath all persons who
5 appear before it in relation to the assessment. The board shall hear upon oath, by
6 telephone, all ill or disabled persons who present to the board a letter from a
7 physician, osteopath, physician assistant, as defined in s. 448.01 (6), or advanced
8 practice nurse prescriber certified under s. 441.16 (2) that confirms their illness or
9 disability. The board at such hearing shall proceed as follows:

10 **SECTION 8.** 146.82 (3) (a) of the statutes is amended to read:

11 146.82 (3) (a) Notwithstanding sub. (1), a physician, physician assistant, as
12 defined in s. 448.01 (6), or advanced practice nurse prescriber certified under s.
13 441.16 (2) who treats a patient whose physical or mental condition in the physician's,
14 physician assistant's, or advanced practice nurse prescriber's judgment affects the
15 patient's ability to exercise reasonable and ordinary control over a motor vehicle may
16 report the patient's name and other information relevant to the condition to the
17 department of transportation without the informed consent of the patient.

18 **SECTION 9.** 252.01 (5) of the statutes is created to read:

19 252.01 (5) "Physician assistant" has the meaning given in s. 448.01 (6).

20 **SECTION 10.** 252.07 (8) (a) 2. of the statutes is amended to read:

21 252.07 (8) (a) 2. The department or local health officer provides to the court a
22 written statement from a physician, physician assistant, or advanced practice nurse
23 prescriber that the individual has infectious tuberculosis or suspect tuberculosis.

24 **SECTION 11.** 252.07 (9) (c) of the statutes is amended to read:

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1 252.07 (9) (c) If the court orders confinement of an individual under this
2 subsection, the individual shall remain confined until the department or local health
3 officer, with the concurrence of a treating physician, physician assistant, or advanced
4 practice nurse prescriber, determines that treatment is complete or that the
5 individual is no longer a substantial threat to himself or herself or to the public
6 health. If the individual is to be confined for more than 6 months, the court shall
7 review the confinement every 6 months.

8 **SECTION 12.** 252.11 (2) of the statutes is amended to read:

9 252.11 (2) An officer of the department or a local health officer having
10 knowledge of any reported or reasonably suspected case or contact of a sexually
11 transmitted disease for which no appropriate treatment is being administered, or of
12 an actual contact of a reported case or potential contact of a reasonably suspected
13 case, shall investigate or cause the case or contact to be investigated as necessary.
14 If, following a request of an officer of the department or a local health officer, a person
15 reasonably suspected of being infected with a sexually transmitted disease refuses
16 or neglects examination by a physician, physician assistant, or advanced practice
17 nurse prescriber or treatment, an officer of the department or a local health officer
18 may proceed to have the person committed under sub. (5) to an institution or system
19 of care for examination, treatment, or observation.

20 **SECTION 13.** 252.11 (4) of the statutes is amended to read:

21 252.11 (4) If a person infected with a sexually transmitted disease ceases or
22 refuses treatment before reaching what in a physician's, physician assistant's, or
23 advanced practice nurse prescriber's opinion is the noncommunicable stage, the
24 physician, physician assistant, or advanced practice nurse prescriber shall notify the
25 department. The department shall without delay take the necessary steps to have

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1 the person committed for treatment or observation under sub. (5), or shall notify the
2 local health officer to take these steps.

3 **SECTION 14.** 252.11 (5) of the statutes is amended to read:

4 252.11 (5) Any court of record may commit a person infected with a sexually
5 transmitted disease to any institution or may require the person to undergo a system
6 of care for examination, treatment, or observation if the person ceases or refuses
7 examination, treatment, or observation under the supervision of a physician,
8 physician assistant, or advanced practice nurse prescriber. The court shall summon
9 the person to appear on a date at least 48 hours, but not more than 96 hours, after
10 service if an officer of the department or a local health officer petitions the court and
11 states the facts authorizing commitment. If the person fails to appear or fails to
12 accept commitment without reasonable cause, the court may cite the person for
13 contempt. The court may issue a warrant and may direct the sheriff, any constable,
14 or any police officer of the county immediately to arrest the person and bring the
15 person to court if the court finds that a summons will be ineffectual. The court shall
16 hear the matter of commitment summarily. Commitment under this subsection
17 continues until the disease is no longer communicable or until other provisions are
18 made for treatment that satisfy the department. The certificate of the petitioning
19 officer is prima facie evidence that the disease is no longer communicable or that
20 satisfactory provisions for treatment have been made.

21 **SECTION 15.** 252.11 (7) of the statutes is amended to read:

22 252.11 (7) Reports, examinations and inspections and all records concerning
23 sexually transmitted diseases are confidential and not open to public inspection, and
24 may not be divulged except as may be necessary for the preservation of the public
25 health, in the course of commitment proceedings under sub. (5), or as provided under

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1 s. 938.296 (4) or (5) or 968.38 (4) or (5). If a physician, physician assistant, or
2 advanced practice nurse prescriber has reported a case of sexually transmitted
3 disease to the department under sub. (4), information regarding the presence of the
4 disease and treatment is not privileged when the patient, physician, physician
5 assistant, or advanced practice nurse prescriber is called upon to testify to the facts
6 before any court of record.

7 **SECTION 16.** 252.11 (10) of the statutes is amended to read:

8 252.11 (10) The state laboratory of hygiene shall examine specimens for the
9 diagnosis of sexually transmitted diseases for any physician, physician assistant,
10 advanced practice nurse prescriber, or local health officer in the state, and shall
11 report the positive results of the examinations to the local health officer and to the
12 department. All laboratories performing tests for sexually transmitted diseases
13 shall report all positive results to the local health officer and to the department, with
14 the name of the physician, physician assistant, or advanced practice nurse prescriber
15 to whom reported.

16 **SECTION 17.** 252.14 (1) (ar) 14. of the statutes is amended to read:

17 252.14 (1) (ar) 14. A physician assistant licensed under ch. 448.

18 **SECTION 18.** 252.15 (2) (a) 7. ak. of the statutes is amended to read:

19 252.15 (2) (a) 7. ak. A physician, physician assistant, or advanced practice
20 nurse prescriber, based on information provided to the physician, physician
21 assistant, or advanced practice nurse prescriber, determines and certifies in writing
22 that the affected person has been significantly exposed. The certification shall
23 accompany the request for testing and disclosure. If the affected person who is
24 significantly exposed is a physician, physician assistant, or advanced practice nurse
25 prescriber, he or she may not make this determination or certification. The

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1 information that is provided to a physician, physician assistant, or advanced practice
2 nurse prescriber to document the occurrence of a significant exposure and the
3 physician's, physician assistant's, or advanced practice nurse prescriber's
4 certification that an affected person has been significantly exposed, under this subd.
5 7. ak., shall be provided on a report form that is developed by the department of
6 commerce under s. 101.02 (19) (a) or on a report form that the department of
7 commerce determines, under s. 101.02 (19) (b), is substantially equivalent to the
8 report form that is developed under s. 101.02 (19) (a).

9 **SECTION 19.** 252.15 (5) (a) 11. of the statutes is amended to read:

10 252.15 (5) (a) 11. To a person, including a person exempted from civil liability
11 under the conditions specified under s. 895.48, 895.4802, or 895.4803, who renders
12 to the victim of an emergency or accident emergency care during the course of which
13 the emergency caregiver is significantly exposed to the emergency or accident victim,
14 if a physician, physician assistant, or advanced practice nurse prescriber, based on
15 information provided to the physician, physician assistant, or advanced practice
16 nurse prescriber, determines and certifies in writing that the emergency caregiver
17 has been significantly exposed and if the certification accompanies the request for
18 disclosure.

19 **SECTION 20.** 252.15 (5) (a) 12. b. of the statutes is amended to read:

20 252.15 (5) (a) 12. b. The coroner, medical examiner, or appointed assistant is
21 significantly exposed to a person whose death is under direct investigation by the
22 coroner, medical examiner, or appointed assistant, if a physician, physician
23 assistant, or advanced practice nurse prescriber, based on information provided to
24 the physician, physician assistant, or advanced practice nurse prescriber,
25 determines and certifies in writing that the coroner, medical examiner, or appointed

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1 assistant has been significantly exposed and if the certification accompanies the
2 request for disclosure.

3 **SECTION 21.** 252.15 (5) (a) 14. of the statutes is amended to read:

4 252.15 (5) (a) 14. If the test results of a test administered to an individual are
5 positive and the individual is deceased, by the individual's attending physician,
6 physician assistant, or advanced practice nurse prescriber, to persons, if known to
7 the physician, physician assistant, or advanced practice nurse prescriber, with
8 whom the individual has had sexual contact or has shared intravenous drug use
9 paraphernalia.

10 **SECTION 22.** 252.15 (5m) (a) of the statutes is amended to read:

11 252.15 (5m) (a) If a person, including a person exempted from civil liability
12 under the conditions specified under s. 895.48, 895.4802, or 895.4803, who renders
13 to the victim of an emergency or accident emergency care during the course of which
14 the emergency caregiver is significantly exposed to the emergency or accident victim
15 and the emergency or accident victim subsequently dies prior to testing for the
16 presence of HIV, antigen or nonantigenic products of HIV, or an antibody to HIV; if
17 a physician, physician assistant, or advanced practice nurse prescriber, based on
18 information provided to the physician, physician assistant, or advanced practice
19 nurse prescriber, determines and certifies in writing that the emergency caregiver
20 has been significantly exposed; and if the certification accompanies the request for
21 testing and disclosure. Testing of a corpse under this paragraph shall be ordered by
22 the coroner, medical examiner, or physician who certifies the victim's cause of death
23 under s. 69.18 (2) (b), (c), or (d).

24 **SECTION 23.** 252.15 (5m) (b) of the statutes is amended to read:

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1 252.15 (5m) (b) If a funeral director, coroner, medical examiner, or appointed
2 assistant to a coroner or medical examiner who prepares the corpse of a decedent for
3 burial or other disposition or a person who performs an autopsy or assists in
4 performing an autopsy is significantly exposed to the corpse; if a physician, physician
5 assistant, or advanced practice nurse prescriber, based on information provided to
6 the physician, physician assistant, or advanced practice nurse prescriber,
7 determines and certifies in writing that the funeral director, coroner, medical
8 examiner, or appointed assistant has been significantly exposed; and if the
9 certification accompanies the request for testing and disclosure. Testing of a corpse
10 under this paragraph shall be ordered by the attending physician, physician
11 assistant, or advanced practice nurse prescriber of the funeral director, coroner,
12 medical examiner, or appointed assistant who is so exposed.

13 **SECTION 24.** 252.15 (5m) (c) of the statutes is amended to read:

14 252.15 (5m) (c) If a health care provider or an agent or employee of a health
15 care provider is significantly exposed to the corpse or to a patient who dies
16 subsequent to the exposure and prior to testing for the presence of HIV, antigen or
17 nonantigenic products of HIV, or an antibody to HIV; if a physician, physician
18 assistant, or advanced practice nurse prescriber who is not the health care provider,
19 based on information provided to the physician, physician assistant, or advanced
20 practice nurse prescriber, determines and certifies in writing that the health care
21 provider, agent, or employee has been significantly exposed; and if the certification
22 accompanies the request for testing and disclosure. Testing of a corpse under this
23 paragraph shall be ordered by the physician, physician assistant, or advanced
24 practice nurse prescriber who certifies that the significant exposure has occurred.

25 **SECTION 25.** 252.15 (7m) (intro.) of the statutes is amended to read:

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1 252.15 (7m) REPORTING OF PERSONS SIGNIFICANTLY EXPOSED. (intro.) If a positive,
2 validated test result is obtained from a test subject, the test subject's physician,
3 physician assistant, or advanced practice nurse prescriber who maintains a record
4 of the test result under sub. (4) (c) may report to the state epidemiologist the name
5 of any person known to the physician, physician assistant, or advanced practice
6 nurse prescriber to have been significantly exposed to the test subject, only after the
7 physician, physician assistant, or advanced practice nurse prescriber has done all of
8 the following:

9 **SECTION 26.** 252.15 (7m) (b) of the statutes is amended to read:

10 252.15 (7m) (b) Notified the test subject that the name of any person known
11 to the physician, physician assistant, or advanced practice nurse prescriber to have
12 been significantly exposed to the test subject will be reported to the state
13 epidemiologist.

14 **SECTION 27.** 252.16 (3) (c) (intro.) of the statutes is amended to read:

15 252.16 (3) (c) (intro.) Has submitted to the department a certification from a
16 physician, as defined in s. 448.01 (5), physician assistant, or advanced practice nurse
17 prescriber of all of the following:

18 **SECTION 28.** 252.17 (3) (c) (intro.) of the statutes is amended to read:

19 252.17 (3) (c) (intro.) Has submitted to the department a certification from a
20 physician, as defined in s. 448.01 (5), physician assistant, or advanced practice nurse
21 prescriber of all of the following:

22 **SECTION 29.** 252.18 of the statutes is amended to read:

23 **252.18 Handling foods.** No person in charge of any public eating place or
24 other establishment where food products to be consumed by others are handled may
25 knowingly employ any person handling food products who has a disease in a form

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1 that is communicable by food handling. If required by the local health officer or any
2 officer of the department for the purposes of an investigation, any person who is
3 employed in the handling of foods or is suspected of having a disease in a form that
4 is communicable by food handling shall submit to an examination by the officer or
5 by a physician, physician assistant, or advanced practice nurse prescriber
6 designated by the officer. The expense of the examination, if any, shall be paid by the
7 person examined. Any person knowingly infected with a disease in a form that is
8 communicable by food handling who handles food products to be consumed by others
9 and any persons knowingly employing or permitting such a person to handle food
10 products to be consumed by others shall be punished as provided by s. 252.25.

11 **SECTION 30.** 343.16 (5) (a) of the statutes is amended to read:

12 343.16 (5) (a) The secretary may require any applicant for a license or any
13 licensed operator to submit to a special examination by such persons or agencies as
14 the secretary may direct to determine incompetency, physical or mental disability,
15 disease, or any other condition that might prevent such applicant or licensed person
16 from exercising reasonable and ordinary control over a motor vehicle. If the
17 department requires the applicant to submit to an examination, the applicant shall
18 pay for the examination. If the department receives an application for a renewal or
19 duplicate license after voluntary surrender under s. 343.265 or receives a report from
20 a physician, physician assistant, as defined in s. 448.01 (6), advanced practice nurse
21 prescriber certified under s. 441.16 (2), or optometrist under s. 146.82 (3), or if the
22 department has a report of 2 or more arrests within a one-year period for any
23 combination of violations of s. 346.63 (1) or (5) or a local ordinance in conformity with
24 s. 346.63 (1) or (5) or a law of a federally recognized American Indian tribe or band
25 in this state in conformity with s. 346.63 (1) or (5), or s. 346.63 (1m), 1985 stats., or

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1 s. 346.63 (2) or (6) or 940.25, or s. 940.09 where the offense involved the use of a
2 vehicle, the department shall determine, by interview or otherwise, whether the
3 operator should submit to an examination under this section. The examination may
4 consist of an assessment. If the examination indicates that education or treatment
5 for a disability, disease or condition concerning the use of alcohol, a controlled
6 substance or a controlled substance analog is appropriate, the department may order
7 a driver safety plan in accordance with s. 343.30 (1q). If there is noncompliance with
8 assessment or the driver safety plan, the department shall revoke the person's
9 operating privilege in the manner specified in s. 343.30 (1q) (d).

10 **SECTION 31.** 448.03 (5) (b) of the statutes is amended to read:

11 448.03 (5) (b) No physician or physician assistant shall be liable for any civil
12 damages for either of the following:

13 1. Reporting in good faith to the department of transportation under s. 146.82
14 (3) a patient's name and other information relevant to a physical or mental condition
15 of the patient which in the physician's or physician assistant's judgment impairs the
16 patient's ability to exercise reasonable and ordinary control over a motor vehicle.

17 2. In good faith, not reporting to the department of transportation under s.
18 146.82 (3) a patient's name and other information relevant to a physical or mental
19 condition of the patient which in the physician's or physician assistant's judgment
20 does not impair the patient's ability to exercise reasonable and ordinary control over
21 a motor vehicle.

22 **SECTION 32.** 448.56 (1) of the statutes is amended to read:

23 448.56 (1) WRITTEN REFERRAL. Except as provided in this subsection and s.
24 448.52, a person may practice physical therapy only upon the written referral of a
25 physician, physician assistant, chiropractor, dentist, podiatrist, or advanced practice

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1 nurse prescriber certified under s. 441.16 (2). Written referral is not required if a
2 physical therapist provides services in schools to children with disabilities, as
3 defined in s. 115.76 (5), pursuant to rules promulgated by the department of public
4 instruction; provides services as part of a home health care agency; provides services
5 to a patient in a nursing home pursuant to the patient's plan of care; provides services
6 related to athletic activities, conditioning, or injury prevention; or provides services
7 to an individual for a previously diagnosed medical condition after informing the
8 individual's physician, physician assistant, chiropractor, dentist, podiatrist, or
9 advanced practice nurse prescriber certified under s. 441.16 (2) who made the
10 diagnosis. The affiliated credentialing board may promulgate rules establishing
11 additional services that are excepted from the written referral requirements of this
12 subsection.

13 **SECTION 33.** 448.56 (1m) (b) of the statutes is amended to read:

14 448.56 (1m) (b) The affiliated credentialing board shall promulgate rules
15 establishing the requirements that a physical therapist must satisfy if a physician,
16 physician assistant, chiropractor, dentist, podiatrist, or advanced practice nurse
17 prescriber makes a written referral under sub. (1). The purpose of the rules shall be
18 to ensure continuity of care between the physical therapist and the health care
19 practitioner.

20 **SECTION 34.** 448.67 (2) of the statutes is amended to read:

21 448.67 (2) SEPARATE BILLING REQUIRED. Except as provided in sub. (4), a licensee
22 who renders any podiatric service or assistance, or gives any podiatric advice or any
23 similar advice or assistance, to any patient, podiatrist, physician, physician
24 assistant, advanced practice nurse prescriber certified under s. 441.16 (2),
25 partnership, or corporation, or to any other institution or organization, including a

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1 hospital, for which a charge is made to a patient, shall, except as authorized by
2 Title 18 or Title 19 of the federal Social Security Act, render an individual statement
3 or account of the charge directly to the patient, distinct and separate from any
4 statement or account by any other podiatrist, physician, physician assistant,
5 advanced practice nurse prescriber, or other person.

6 **SECTION 35.** 450.01 (15r) of the statutes is created to read:

7 450.01 (15r) "Physician assistant" has the meaning given in s. 448.01 (6).

8 **SECTION 36.** 450.01 (16) (h) 3. of the statutes is created to read:

9 450.01 (16) (h) 3. The patient's physician assistant.

10 **SECTION 37.** 450.11 (7) (b) of the statutes is amended to read:

11 450.11 (7) (b) Information communicated to a physician, physician assistant,
12 or advanced practice nurse prescriber in an effort to procure unlawfully a
13 prescription drug or the administration of a prescription drug is not a privileged
14 communication.

15 **SECTION 38.** 450.11 (8) (b) of the statutes is amended to read:

16 450.11 (8) (b) The medical examining board, insofar as this section applies to
17 physicians and physician assistants.

18 **SECTION 39.** 450.13 (5) (c) of the statutes is created to read:

19 450.13 (5) (c) The patient's physician assistant.

20 (END)