

**STATE OF WISCONSIN  
MEDICAL EXAMINING BOARD**

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**IN THE MATTER OF RULE-MAKING : PROPOSED ORDER OF THE  
PROCEEDINGS BEFORE THE : MEDICAL EXAMINING BOARD  
MEDICAL EXAMINING BOARD : ADOPTING RULES  
: (CLEARINGHOUSE RULE 03-023)**

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TO: Alan J. Lasee  
President of the Senate  
Room 219 South, State Capitol  
Madison, Wisconsin 53702

PLEASE TAKE NOTICE that the MEDICAL EXAMINING BOARD submitting in final draft form rules relating to the licensure and regulation of perfusionists.

If you have any questions concerning the final draft form or desire additional information, please contact Pamela Haack at 266-0495.

**STATE OF WISCONSIN  
MEDICAL EXAMINING BOARD**

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**IN THE MATTER OF RULE-MAKING : REPORT TO THE LEGISLATURE  
PROCEEDINGS BEFORE THE : ON CLEARINGHOUSE RULE 03-023  
MEDICAL EXAMINING BOARD : (s. 227.19 (3), Stats.)**

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**I. THE PROPOSED RULE:**

The proposed rule, including the analysis and text, is attached.

**II. REFERENCE TO APPLICABLE FORMS:**

No new or revised forms are required by these rules.

**III. FISCAL ESTIMATES:**

See attached Fiscal Estimate.

**IV. STATEMENT EXPLAINING NEED:**

This proposed rule-making order comes pursuant to 2001 Wisconsin Act 89. This Act creates licensure for perfusionists, and creates the Perfusionist Examining Council to serve the Medical Examining Board in an advisory capacity. Section Med 22.02 creates definitions for "board," "council," "perfusion" and "perfusionist."

**V. PUBLIC HEARING:**

A public hearing was held on March 19, 2003. Michael Gough, BS, CCP, Chairman, Legislative Task Force, Wisconsin Perfusion Society, appeared. There were no other appearances and no written comments were received.

**VI. RESPONSE TO LEGISLATIVE COUNCIL STAFF RECOMMENDATIONS:**

Response to Comment 5.f. This is standard language for all licenses issued under ch. 448, Wis. Stats., and has never caused confusion. This standard language was adopted from a settlement agreement between the United States Justice Department and the state of New Jersey.

Response to Comment 5.g. Same response as for Comment 5.f.

Response to Comment 5.h. Section Med 22.04 (3) to (5) (intro.) could be combined into one subsection, but the board believes it would be more confusing if it were.

Response to Comment 5.k. The word "score" has been replaced with "grade."

Again, as mentioned in Comment 5.f. and Comment 5.g., this is standard language for all licenses issued under ch. 448, Wis. Stats. There are two national examinations and one or two state examinations depending on whether the candidate must sit for an oral examination. It would be possible to insert language such as "the passing grades set by the board represent the minimum competency required to protect the public's health and safety," such as the Psychology Examining Board has done. Such a statement does nothing to clarify the exacting and diverse procedure for establishing the passing grade. The intent of the rule is to establish that an applicant must receive a passing grade on each examination given, not to establish how the passing grade is arrived at.

Response to Comment 5.q. The comment misses the point. The purpose of the rule is not to establish documentation necessary for grant of a regular license, but rather to make clear that the application for a temporary license will require review of the application for a regular license.

Response to Comment 5.dd.

## **VII. FINAL REGULATORY FLEXIBILITY ANALYSIS:**

These proposed rules will have no significant economic impact on small businesses, as defined in s. 227.114 (1) (a), Stats.

STATE OF WISCONSIN  
MEDICAL EXAMINING BOARD

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IN THE MATTER OF RULE-MAKING : PROPOSED ORDER OF THE  
PROCEEDINGS BEFORE THE : MEDICAL EXAMINING BOARD  
MEDICAL EXAMINING BOARD : ADOPTING RULES  
: (CLEARINGHOUSE RULE 03-023)

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PROPOSED ORDER

An order of the Medical Examining Board to create Chapter Med 22, relating to the licensure and regulation of perfusionists.

Analysis prepared by the Department of Regulation and Licensing.

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ANALYSIS

Statutes authorizing promulgation: ss. 15.08 (5) (b) and 227.11 (2), Stats., and ss. 15.407 (2m), 440.08 (2) (a) 54m., 448.015 (1e), 448.015 (1m), 448.015 (1s), 448.03 (1) (c), 448.03 (2) (L), 448.03 (2) (m), 448.03 (2) (n), 448.03 (3) (f), 448.04 (1) (d), 448.04 (1) (e), 448.05 (3), 448.05 (6) (am), 448.13 (2), 448.40 (2) (b) and 448.40 (2) (c), Stats., as created by 2001 Wisconsin Act 89.

Statutes interpreted: ss. 15.407 (2m), 440.08 (2) (a) 54m., 448.015 (1e), 448.015 (1m), 448.015 (1s), 448.03 (1) (c), 448.03 (2) (L), 448.03 (2) (m), 448.03 (2) (n), 448.03 (3) (f), 448.04 (1) (d), 448.04 (1) (e), 448.05 (3), 448.05 (6) (am), 448.13 (2), 448.40 (2) (b) and 448.40 (2) (c), Stats.

This proposed rule-making order comes pursuant to 2001 Wisconsin Act 89. This Act creates licensure for perfusionists, and creates the Perfusionist Examining Council to serve the Medical Examining Board in an advisory capacity. Section Med 22.02 creates definitions for "board," "council," "perfusion" and "perfusionist."

Section Med 22.03 creates the requirements for initial licensure. Section Med 22.04 provides the examination requirements as well as the requirements that would require an oral examination. It also includes other examinations. Section Med 22.05 provides what is required for a temporary license and s. Med 22.06 lists the requirements for a locum tenens license.

Section Med 22.07 lists the criteria necessary for an applicant to review examinations and s. Med 22.08 provides the necessary criteria for a board review of an examination error.

Section Med 22.09 defines the scope of practice of perfusion. The practice of perfusion is defined as those functions necessary for the support, treatment, measurement or supplementation of the cardiopulmonary and circulatory system of the patient. A perfusionist is a skilled person, qualified by academic and clinical education, who

A Perfusionist is someone who

Scope of Practice is on page 8.

operates extracorporeal circulation equipment during any medical situation where it is necessary to support or replace the patient's cardiopulmonary/circulatory function and ensures the proper management of physiologic functions by monitoring the necessary variables.

The perfusionist is knowledgeable concerning the variety of equipment available to perform extracorporeal circulation functions and is responsible, in consultation with the physician, for selecting the appropriate equipment and techniques to be used. The perfusionist may be administratively responsible for purchasing supplies and equipment, assuring periodic maintenance of same, as well as for appropriate personnel and departmental management. Management duties may include development and implementation of policies and procedures, quality assurance measures and staff development. Education and research are a fundamental part of the perfusionist's scope of practice.

Knowledgeable about equip used, has admin resp. for purchasing equip + has mgmt. resp. relating to implementation of policies, quality assurance + staff.

And, finally, s. Med 22.10 describes continuing education requirements.

TEXT OF RULE

SECTION 1. Chapter Med 22 is created to read:

CHAPTER Med 22  
PERFUSIONISTS

**Med 22.01 Authority and purpose.** The rules in this chapter are adopted by the medical examining board under the authority of ss. 15.08 (5) (b) and 227.11 (2), Stats., and ss. 448.02, 448.04, 448.05, 448.13 and 448.40, Stats.

**Med 22.02 Definitions.** As used in this chapter:

- (1) "Board" means the medical examining board.
- (2) "Council" means the perfusionists examining council.
- (3) "Perfusion" has the meaning set forth in s. 448.014 (1m), Stats.
- (4) "Perfusionist" has the meaning set forth in s. 448.015 (1m), Stats.

**Med 22.03 Applications and credentials.** Every applicant for initial licensure as a perfusionist shall submit:

- (1) A completed application form.
- (2) The fee specified in s. 440.05, Stats. \$53.00
- (3) One of the following:

(a) For applications submitted before January 1, 2004, satisfactory evidence that the applicant has, for the entire 10 year period prior to May 3, 2002, been practicing perfusion.

(b) 1. Satisfactory evidence that the applicant has successfully completed an educational program in perfusion recognized by the board and accredited by the Accreditation Committee for Perfusion Education of the Commission on Accreditation of Allied Health Educational Programs.

2. Written verification that the applicant has passed both the perfusion basic science examination and the clinical application in perfusion examination of the American Board of Cardiovascular Perfusion.

3. Evidence of successful completion of the state board statutes and rules examination and an oral examination, if required.

\$ 57.00

Note: Application forms are available on request to the board office at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

**Med 22.04 Examinations; panel review of applications.** (1) An applicant under s. Med 22.03 (3) (b) 3., shall certify on forms provided by the board that he or she has read and understands the statutes and rules relating to the provision of perfusion.

→ Those practicing for 10 yrs.

(2) An applicant who meets the criterion under s. Med 22.03 (3) (a), may be required to submit to an oral interview by the board if the applicant meets any of the following:

(a) Has a medical condition which impairs or limits the applicant's ability to practice perfusion with reasonable skill and safety.

(b) Uses chemical substances so as to impair the applicant's ability to practice perfusion with reasonable skill and safety.

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

(d) Has been convicted of a crime the circumstances of which substantially relate to the practice of perfusion.

(e) Has been found negligent in the practice of perfusion or has been a party in a lawsuit in which it was alleged that the applicant has been negligent in the practice of perfusion.

(f) Has been diagnosed as suffering from pedophilia, exhibitionism or voyeurism.

Oral Interview for those in practice for 10 yrs.

(g) Has within the past 2 years engaged in the illegal use of controlled substances.

(h) Has been subject to adverse formal action during the course of perfusion education, postgraduate training, hospital practice, or other perfusion employment.

(3) An applicant for licensure as a perfusionist under s. Med 22.03 (3) (b), shall pass both the perfusion basic science examination and the clinical application in perfusion examination of the American Board of Cardiovascular Perfusion.

*Initial licensure w/out 1045 exp.*

(4) An applicant for licensure as a perfusionist under s. Med 22.03 (3) (b), shall pass a state board statutes and rules examination conducted by the council as evidenced by documents submitted directly to the council by the department's office of examinations.

*\$57.00*

(5) An applicant who meets the criteria under s. Med 22.03 (3) (b), may be required to complete an oral examination if the applicant:

(a) Has a medical condition which impairs or limits the applicant's ability to practice perfusion with reasonable skill and safety.

(b) Uses chemical substances so as to impair the applicant's ability to practice perfusion with reasonable skill and safety.

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

(d) Has been convicted of a crime the circumstances of which substantially relate to the practice of perfusion.

(e) Has not practiced perfusion for more than 1,200 hours during the 3-year period preceding the date of application.

(f) Has practiced over 1,200 hours in the last 3 years but practice was limited.

(g) Has been found negligent in the practice of perfusion or has been a party in a lawsuit in which it was alleged that the applicant has been negligent in the practice of perfusion.

(h) Has been diagnosed as suffering from pedophilia, exhibitionism or voyeurism.

(i) Has within the past 2 years engaged in the illegal use of controlled substances.

*Oral exam req. (not in practice for 1045.)*

(j) Has been subject to adverse formal action during the course of perfusion education, postgraduate training, hospital practice, or other perfusion employment.

(6) The council shall conduct oral examinations and interviews. At the request of the council, the board shall provide a medical consultant to the council to provide assistance in evaluating applicants examined under s. Med 22.03 (3) (a) and (b).

(7) All examinations shall be conducted in English.

(8) Where both written and oral examinations are required, they shall be graded separately and the applicant shall achieve a passing grade on all examinations to qualify for a license.

(9) An applicant who fails to receive a passing grade on an examination may reapply by payment of the fee specified in s. 440.05, Stats. If an applicant fails an examination 3 times, the applicant may not retake that examination unless the applicant submits proof of having completed further professional training or education as the board may prescribe. An applicant for an oral examination may reapply twice at not less than 4 month intervals.

(10) If after receipt of additional information from applicants who have been treated for alcohol or drug abuse or impairment or from applicants who have been treated for an acute or chronic psychological impairment the council decides that an oral interview or examination shall be administered, the examination shall be limited to a determination whether at the time of application the applicant's disability appears to pose an actual risk to the health, safety or welfare of patient or public arising from the applicant's demonstrated inability to safely carry out necessary duties and responsibilities inherent to the practice of perfusion.

**Med 22.05 Temporary licenses.** (1) An applicant for licensure who meets the criteria under s. Med 22.03 (3) (b) may apply to the board for a temporary license to practice perfusion prior to licensure if the applicant does all of the following:

(a) Submits a completed application form.

(b) Remits the fee specified in s. 440.05, Stats.

(c) Has successfully completed an educational program as defined in s. Med 22.03 (3) (b) 1.

(d) Has not previously failed either of the examinations required in s. Med 22.03 (3) (b) 2., unless the applicant has subsequently passed the examination failed.

Must pass both the oral + written.

Oral exam re. those treated for AIDS.

Temp Licenses



(e) Has passed the state board statutes and rules examination.

(f) Is not required to take an oral examination.

(2) Practice during the period of a temporary license shall be under the general supervision of a licensed perfusionist. A person holding a temporary license shall consult at least weekly with the supervising perfusionist who shall at least once a month endorse the activities of the person holding the temporary license.

(3) A temporary license expires one year from the date of its issuance or when the applicant is notified of having failed either the perfusion basic science examination or the clinical application in perfusion examination, whichever occurs earlier, required in s. Med 22.03 (3) (b) 2. Upon application, the temporary license may be reinstated upon submission of evidence that the applicant has passed the examination failed.

(4) A temporary license may be renewed annually for a maximum period of 5 years.

(5) The application and required documents for licensure and the application for temporary licensure prior to regular licensure will be reviewed by 2 members of the council to determine eligibility. The council may issue a temporary license prior to licensure as a perfusionist to an applicant who meets the requirements of sub. (1).

**Med 22.06 Locum tenens license.** (1) An applicant who holds certification in clinical perfusion granted by the American Board of Cardiovascular Perfusion may apply to the board for temporary locum tenens license.

(2) An applicant for a locum tenens license shall submit to the board all of the following:

(a) A completed and verified application form supplied by the board.

(b) A letter from a physician licensed to practice medicine and surgery in this state or a perfusionist licensed to practice perfusion in this state requesting the applicant's services.

(c) Verified evidence of certification in clinical perfusion granted by the American Board of Cardiovascular Perfusion.

(d) A verified statement by the applicant that the applicant is familiar with the state health laws and the rules of the department of health and family services as related to communicable diseases.

Temp Licenses

(e) The fees required under s. 440.05, Stats., made payable to the Wisconsin department of regulation and licensing.

(3) All applicants shall complete an open book examination on statutes and rules governing the practice of perfusion in Wisconsin.

(4) The holder of a locum tenens license may engage in the practice of perfusion only in the geographical area for which the license is issued.

(5) A locum tenens license expires 90 days from the date of its issuance. For cause shown to the satisfaction of the board, the board may renew the locum tenens license for additional periods of 90 days each, but no license may be renewed more than 3 consecutive times.

**Med 22.07 Examination review by applicant.** (1) An applicant who fails the oral or statutes and rules examination may make a request to review that examination by filing a written request and required fee with the board within 30 days of the date on which examination results were mailed.

(2) Examination reviews are by appointment only.

(3) An applicant may review the statutes and rules examination for not more than one hour.

(4) An applicant may review the oral examination for not more than 2 hours.

(5) The applicant may not be accompanied during the review by any person other than the proctor.

(6) At the beginning of the review, the applicant shall be provided with a copy of the questions, a copy of the applicant's answer sheet or oral examination audiotape and a copy of the master answer sheet.

(7) The applicant may review the examination in the presence of a proctor. The applicant shall be provided with a form on which to write comments, questions or claims of error regarding any item in the examination. The applicant may consult bound reference books during the review. Applicants shall not remove any notes from the area. Notes shall be retained by the proctor and made available to the applicant for use at a hearing, if requested. The proctor shall not defend the examination or attempt to refute claims of error during the review.

(8) An applicant may not review the examination more than once.

**Med 22.08 Board review of examination error claim.** (1) An applicant claiming examination error shall file a written request for board review in the board

Locum  
Tenens

office within 30 days of the date the examination was received. The request shall include all of the following:

- (a) The applicant's name and address.
- (b) The type of license for which the applicant applied.
- (c) A description of the mistakes the applicant believes were made in the examination content, procedures, or scoring, including the specific questions or procedures claimed to be in error.
- (d) The facts the applicant intends to prove, including reference text citations or other supporting evidence for the applicant's claim.

(2) The board shall review the claim, make a determination of the validity of the objections and notify the applicant in writing of the board's decision and any resulting grade changes.

(3) If the board confirms the failing status following its review, the application shall be deemed incomplete, and the applicant may be reexamined.

Note: The board office is located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

**Med 22.09 Scope of practice.** The scope of practice of perfusion includes the following functions:

- (1) The use of extracorporeal circulation, long-term cardiopulmonary membrane oxygenation, and associated therapeutic and diagnostic techniques.
- (2) Counterpulsation, ventricular assistance, autotransfusion, blood conservation, management and processing techniques, myocardial and organ preservation, isolated limb perfusion, and surgical assistance.
- (3) The administration of pharmacological and therapeutic agents, and blood products or anesthetic agents, through the extracorporeal circuit or through an intravenous line in conjunction with extracorporeal support.
- (4) The performance and use of anticoagulation monitoring and analysis, physiologic monitoring and analysis, blood gas and chemistry monitoring and analysis, hematologic monitoring and analysis, induction and hypothermia and hyperthermia with reversal, hemoconcentration and hemodilution, and hmodialysis.
- (5) The observation of signs and symptoms related to perfusion services, the determination of whether the signs and symptoms exhibit abnormal characteristics,

and the implementation of appropriate reporting, perfusion protocols or changes in or the initiation of emergency procedures.

(6) Evaluation and selection of equipment to perform the functions set forth in subs. (1) to (5).

**Med 22.10 Continuing education.** (1) In this section:

(a) "ABCP" means the American Board of Cardiovascular Perfusion.

(b) "Contact hour" means not less than 50 minutes spent by a licensee in actual attendance at and completion of an approved continuing education activity.

(c) "Continuing education" means planned, organized learning activities designed to maintain, improve, or expand a licensee's knowledge and skills relevant to the practice of perfusion.

(d) "Continuing education unit" means one contact hour of continuing education.

(e) "Licensee" means a person licensed to practice perfusion in this state.

(2) Each licensee shall, at the time of applying for renewal of a license under s. 448.07, Stats., certify that he or she has, in the 2 years preceding the renewal due date, completed at least 30 continuing education units of acceptable continuing education. At least 10 continuing education units must be completed in Category I activities.

(3) No additional continuing education units are given for subsequent presentations of the same content.

(4) Continuing education units shall be accumulated through professional activities related to perfusion in all of the following categories:

(a) Category I. ABCP-approved perfusion meetings and related activity, including all of the following:

1. Attendance at perfusion meetings, programs and seminars in which a minimum of 75% of the contact hours consist of perfusion related material, including international, national, regional or state perfusion meetings: 1 continuing education unit for each contact hour.

2. Publication of a perfusion related book chapter or paper in a professional journal: 5 continuing education units to a maximum of 10.

3. Presentation of a talk at an international, national, regional, or state perfusion meeting: 5 continuing education units to a maximum of 10.

4. Presentation of a poster or other exhibit at an international, national, regional or state perfusion meeting: 2 continuing education units to a maximum of 4.

5. Participation in an AC-PE site visitor workshop or as an AC-PE site visitor: 5 continuing education units to a maximum of 10.

6. Participation in ABCP knowledge base survey: 2 continuing education units.

7. Self-directed continuing education meeting ABCP requirements: 1 continuing education unit for each contact hour.

(b) Category II. Non-accredited perfusion meetings and other medical meetings, including the following:

1. Perfusion or medical meetings, programs and seminars in which a minimum of 75% of the contact hours consist of perfusion related material, including international, national, state or regional perfusion meetings: One-half continuing education unit for each contact hour to a maximum of 10.

2. Manufacturer-specific and company-sponsored educational activities: 1 continuing education unit for each contact hour.

(c) Category III. Individual education and other self-study activities:

1. Serving as a clinical instructor in an accredited perfusion training program: 2 continuing education units per year.

2. Serving as a didactic instructor in an accredited perfusion training program: 1 continuing education unit per contact hour to a maximum of 4.

3. ABCP examination development workshop or survey: 2 continuing education units per contact hour to a maximum of 4.

4. Self-learning activities, including use of audiovisual devices or electronic forums, reading scientific journals, participation in degree-oriented, professionally related course work; and self-study modules: 1 continuing education unit per contact hour to a maximum of 10.

5. Presentation at a non-approved international, national, regional, or state perfusion or medical meeting: 1 continuing education unit for each hour of presentation.

6. Grand round: 1 continuing education unit per contact hour, to a maximum of 2.

7. Advanced cardiac life support training: 2 continuing education units.

(4) An applicant for renewal shall certify his or her attendance at required continuing education. The board may conduct a random audit of all licensees on a biennial basis for compliance with continuing education requirements, and shall audit any licensee who is under investigation by the board for alleged misconduct.

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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.), Wis. Stats.

Dated \_\_\_\_\_

Agency \_\_\_\_\_

Chairperson  
Medical Examining Board

FISCAL ESTIMATE

See attached.

FINAL REGULATORY FLEXIBILITY ANALYSIS

These rules will have no significant economic impact on a substantial number of small businesses, as defined in s. 227.114 (1) (a), Wis. Stat.

g:\rules\perfusionists.doc  
6/23/03

## Fiscal Estimate – 2003 Session

<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Updated	LRB Number	Amendment Number if Applicable
<input type="checkbox"/> Corrected	<input type="checkbox"/> Supplemental	Bill Number	Administrative Rule Number Chapter MED 22

Subject  
 Relating to the licensure and regulation of perfusionists.

<b>Fiscal Effect</b> State: <input type="checkbox"/> No State Fiscal Effect Check columns below only if bill makes a direct appropriation or affects a sum sufficient appropriation. <input type="checkbox"/> Increase Existing Appropriation <input checked="" type="checkbox"/> Increase Existing Revenues <input type="checkbox"/> Decrease Existing Appropriation <input type="checkbox"/> Decrease Existing Revenues <input type="checkbox"/> Create New Appropriation	<input checked="" type="checkbox"/> Increase Costs – May be possible to absorb within agency's budget. <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Decrease Costs
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Local: <input checked="" type="checkbox"/> No Local Government Costs 1. <input type="checkbox"/> Increase Costs <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory 2. <input type="checkbox"/> Decrease Costs <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory	3. <input type="checkbox"/> Increase Revenues <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory 4. <input type="checkbox"/> Decrease Revenues <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory	5. Types of Local Governmental Units Affected: <input type="checkbox"/> Towns <input type="checkbox"/> Villages <input type="checkbox"/> Cities <input type="checkbox"/> Counties <input type="checkbox"/> Others _____ <input type="checkbox"/> School Districts <input type="checkbox"/> WTCS Districts
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<b>Fund Sources Affected</b> <input type="checkbox"/> GPR <input type="checkbox"/> FED <input checked="" type="checkbox"/> PRO <input type="checkbox"/> PRS <input type="checkbox"/> SEG <input type="checkbox"/> SEG-S	<b>Affected Chapter 20 Appropriations</b> 20.165 (1)(g)
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**Assumptions Used in Arriving at Fiscal Estimate**

These rules implement the licensure of perfusionists and the creation of the Perfusionist Examining Council. The rule requires any person who is performing the functions necessary for the support, treatment, measurement or supplementation of the cardiopulmonary and circulatory system to be licensed with the Department of Regulation and Licensing. Each initial applicant will pay a fee of \$53, as required under section 440.05 (1)(a), Wis. Stats. Prior to January 1, 2004, applicants must either provide evidence that he or she has been practicing perfusion for the 10-year period prior to May 3, 2002, or successfully complete an educational program in perfusion recognized by the board and accredited by the Accreditation Committee for Perfusion Education, verify that he or she has passed both the basic science exam and the clinical application exam, and successfully completed a state board statutes and rules exam. Currently, there are approximately 70 persons practicing perfusion in Wisconsin. The revenue created for initial licensing, if all 70 persons apply, is approximately \$3,700. Additional revenue may be created from the exam requirement. The state board exam is currently \$57. It is anticipated that a minimal number of practicing perfusionists will be required to take this exam. It is estimated revenue from examinations will be under \$400 annually.

Costs incurred to the agency consist of per diems for the Council members and the cost of travel expenses. It is anticipated that the Council will meet to provide advisory assistance to the Medical Board in the initial rule-making process. Per diems and travel expenses during this time are estimated to be: per diems-\$1,000; travel expenses-\$3,000; meals & lodging-\$1,700. Further assistance by the Council may be necessary for panel review of applications and/or exam materials for those not meeting the 10-year grandfather clause. The number of new applicants annually is estimated to be between five and seven. Thus expenses incurred for this purpose will be nominal.

The implementation of this rule necessitates the printing of new application materials, examinations, and code books, as well as distribution costs associated with the mailing or shipping of packets to perspective applicants. Salary and fringe expenses for staff needed to prepare these materials, and other staff to process the application materials and verify documentation are also incurred. If any complaints are made on licensees, expenses will also be incurred for staff to process and investigate the complaint. It is not possible to determine the number of complaints that will arise, nor how time-consuming each complaint will be for Division of Enforcement staff during intake (program assistant) investigation (consumer protection investigator), and possibly prosecution (attorney). It is assumed that the equivalent of, at least, a .25 FTE Program Assistant 3 will be required.

**Long-Range Fiscal Implications**

Prepared By: Beverly Haberman Budget & Policy Analyst	Telephone No. 266-0746	Agency Regulation & Licensing
Authorized Signature <i>Cris Lee</i>	Telephone No. 608-261-7094	Date (mm/dd/yyyy) 03/10/2003

*Division Administrator, Management Services*

PAGE 2

FISCAL ESTIMATE ON MED 22 (Continued)

The estimated fiscal impact on expenditures for the implementation of this rule is \$16,200. (Salary=\$6,200, Fringe=\$2,500, Per Diems=\$1,000, Supplies & Services=\$6,500).

Note: All costs associated with administering registration or licensing requirements for current professions are included in the overall calculation to determine initial credentialing fees and renewal fees. It is assumed that all expenses are recouped through this process. However, any legislation or rules requiring the agency to credential new professions may create a need to recalculate the existing fee schedule in order to recover all expenses.



**FISCAL ESTIMATE WORKSHEET**

2003 Session

Detailed Estimate of Annual Fiscal Effect  
DOA-2047 (R10/98)

ORIGINAL       UPDATED  
 CORRECTED       SUPPLEMENTAL

LRB or Bill No./Adm. Rule No.  
Med 22

Amendment No.

**Subject**  
Relating to the licensure and regulation of perfusionists.

**I. One-time Costs or Revenue Impacts for State and/or Local Government (do not include in annualized fiscal effect):**

II. Annualized Costs:	Annualized Fiscal impact on State funds from:	
	Increased Costs	Decreased Costs
<b>A. State Costs by Category</b>	\$ 8,700	\$ -
State Operations - Salaries and Fringes		
(FTE Position Changes)	(.25 FTE)	(- FTE)
State Operations - Other Costs	7,500	-
Local Assistance		-
Aids to Individuals or Organizations		-
<b>TOTAL State Costs by Category</b>	<b>\$ 16,200</b>	<b>\$ -</b>
<b>B. State Costs by Source of Funds</b>	Increased Costs	Decreased Costs
GPR	\$	\$ -
FED		-
PRO/PRS	16,200	-
SEG/SEG-S		-
<b>State Revenues</b> Complete this only when proposal will increase or decrease state revenues (e.g., tax increase, decrease in license fee, etc.)	Increased Rev.	Decreased Rev.
GPR Taxes	\$ 400	\$ -
GPR Earned		-
FED		-
PRO/PRS	3,700	-
SEG/SEG-S		-
<b>TOTAL State Revenues</b>	<b>\$ 4,100</b>	<b>\$ -</b>

**NET ANNUALIZED FISCAL IMPACT**

	STATE	LOCAL
NET CHANGE IN COSTS	\$ 16,200	\$ _____
NET CHANGE IN REVENUES	\$ 4,100	\$ _____
	\$ 3,700 + \$400 =	

Agency/Prepared by: (Name & Phone No.) <b>Beverly Haberman 266-0746</b>	Authorized Signature/Telephone No. <i>Cris Lee</i> - 608-261-7094	Date 03/10/2003
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**Jermstad, Sara**

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**From:** Ron Hermes [ron@tenuta-hermes.com]  
hermes.com]

**Sent:** Wednesday, April 30, 2003 11:34 AM

**To:** Sara Jermstad

**Subject:** perfusion examining council rules

Hi Sara-

Per our phone conversation, attached is the information regarding the opposition the WI Perfusion Society has with a section of the CR 03-023. I was unable to access an electronic copy of CR 03-023, however, I believe that Draft IV, which I have attached, is identical to the final version of CR 03-023.

Please contact me if you have any questions.

Ron



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**TO: Medical Examining Board**

**FROM: Michael Gough  
Chairman, Legislative Task Force**

**DATE: March 19, 2003**

**RE: Administrative Rules – Perfusionists, (2001 Wisconsin Act 89)**

Let me first introduce myself. My name is Michael Gough. Along with being a practicing perfusionist in the state of Wisconsin, I am also the chairman of the Legislative Task Force for the Wisconsin Perfusion Society (WPS). Which is the state's only professional perfusion society. Before discussing the topic at hand (obviously the administrative rules pertaining to the licensing of perfusion), I would like to thank the members of the Perfusion Examining Council (PEC) for their devoted time and hard work in constructing the administrative rules and also thank the members of the Medical Examining Board (MEB) for their role in the licensing of perfusionists in the state of Wisconsin – THANK YOU!

The Wisconsin Perfusion Society would like to provide testimony in response to the Rules & Regulation that are being discussed at this meeting of the Medical Examining Board. After reviewing the Perfusion Examining Council's latest revision of the Rules & Regulations, the Wisconsin Perfusion Society would like to raise a concern to the MEB that the society has about one particular area of the administrative rules. Our concern lies with the limitations that are imposed upon a perfusionist who is practicing under a temporary license and the subsequent revocation of such a license upon the failure of any perfusion examination.

I would like to first describe the Perfusion Examining Council's proposed rules pertaining to the situation previously described, secondly provide the board with the arguments against this provision, and finally outline possible alternatives that is consistent with the rules of other professions in the state of Wisconsin and the rules of other statutes across the country that pertain to the licensing of perfusion.

**Proposed Rules:**

It is the position of the WPS that the current draft of the administrative rules pertaining to perfusion are too limiting in the area of examination failure while an individual is operating under a temporary license. The current draft of the administrative rules is written in the following language (only the sections of interest have been cited):

**Med 22.05 Temporary certificates.**

(1) An applicant for regular licensure under par. Med 22.03(3)(b) may apply to the board for a temporary license to practice perfusion prior to regular licensure if the applicant:

(d) Has not previously failed either of the examinations required in subd. Med 22.03(3)(b)2., unless the applicant has subsequently passed the examination failed.

(3) A temporary license expires one year from the date of its issuance or when the applicant is notified of having failed either the perfusion basic science examination or the clinical application in perfusion examination required in subd. Med 22.03(3)(b)2. Upon application, the temporary



license may be reinstated upon submission of evidence that the applicant has passed the examination failed.

(4) A temporary license may be renewed annually for a maximum period of 5 years unless the applicant sits for and fails the examinations required in subd. Med 22.03(3)(b)2.

The rules are correctly translated as stating that if an individual is functioning in the capacity of a perfusionist while holding a temporary license, that individual has a "one strike and out" approach to his/her perfusion examination process. Failure of either part of the perfusion examination at any time results in immediate revocation of their license and subsequent inability to practice perfusion in any capacity. It is the belief of the WPS that the aforementioned rule is an unfair blending of the examination process and repercussions of an examination failure. The arguments in the following section help illustrate the rules inequality.

### **Arguments Against the Proposed Rule:**

1. The "one strike and out" process being discussed today is in contrast to the statutes and rules of other states licensing perfusion that allow for what equates to "two strikes and out". Such states as .....
  - a. Missouri
  - b. Texas
  - c. Oklahoma
  - d. Massachusetts.....provide for a perfusionist to be functioning under a temporary license, fail the perfusion examination, but immediately apply for what is to be a second temporary license. Any second examination failure leads to final revocation of any future temporary license.
  
2. At the heart of my argument of why perfusionists should be subject to a unique set of rules surrounding their temporary license is the notion that the perfusion examination process in itself is unique from any other licensed allied health professional. The perfusion examination process being recognized by the PEC and MEB is comprised of two separate examinations. The first examination is scientific in nature. In order for an individual to sit for this part of the exam he/she must be a graduated of an accredited perfusion education program. The second exam is centered on clinical application of the profession. In order to be examined in this area, each applicant must have completed 50 clinical cases as a primary perfusionist. Only after passing the scientific exam **and** the clinical application exam has a candidate successfully completed the examination process. Hopefully, you begin to see the caveat that appears if an individual has taken and subsequently failed the first part (scientific portion) of the exam. He/she would lose their temporary license, and lose the ability to perform clinical cases – which is critical in working towards the taking of the second part of the exam – which is the clinical application. An initial examination failure and subsequent inability to clinically practice places such an individual at a considerable disadvantage of remedying the initial failure with a single successful re-examination.
  
3. The pass rate of first time test takers on the ABCP exam is 78% whereas the overall pass rate on the exam (combination of first time and subsequent test takers) is around 60%. This means that subsequent exam takers are failing at a much higher rate. This would indicate a valid exam that is capable of weeding out those who do not have the appropriate knowledge with great consistency on the second time around. People can fail exams of this nature for many reasons, only one of which is lack of knowledge. Based on analysis of exam failure rates, it would seem very appropriate to base more emphasis on a second failure, as this failure would indicate with more certainty an examinee who lacks the fundamental knowledge that we are trying to ensure with the Perfusion license and also allow that perfusion to accumulate the necessary clinical cases. Thereby ensuring them the ability to sit for both portions of the exam in the future.



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The pass/fail rate of the American Board of Cardiovascular Perfusion's (ABCP) examinations are illustrated below:

**March 20-21, 2002                      New Orleans**

Perfusions Basic Science Examination

118 examinees:

passed: 75 (64%)

failed: 43 (36%)

Clinical Applications in Perfusion Examination

111 examinees :

passed: 82 (74%)

failed: 29 (26%)

**October 10-11, 2002                      San Francisco**

Perfusions Basic Science Examination

129 examinees:

passed: 88 (68%)

failed: 41 (32%)

Clinical Applications in Perfusion Examination

111 examinees :

passed: 80 (78%)

failed: 22 (22%)

4. Finally, there is one aspect of the perfusion examination process that is unparalleled when compared to all other allied health care professional's examination process – the frequency with which the exam is administered.
- i. The American Board of Cardiovascular Perfusion only administers their examination twice a year, significantly prolonging the downtime that a perfusionist may have to endure before being able to take part in a re-examination. Creating a period of time (and potential financial hardship – for the employer and employee) that is unmatched by other allied health professional's examination scheduling process.
  - ii. To the best of my knowledge, all other examination processes at the very least create a potential for an individual to be examined once per quarter. While 4 times in one year may be the next least frequently examination process, some AHP are able to be reexamined in as little as 45 days after receiving their results. Creating a stark contrast to the biannual frequency associated with the perfusion examination.



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### Alternatives to the Proposed Rule:

The Wisconsin Perfusion Society would like to provide the MEB with possible alternatives to the current draft of the rules. It is true that these alternatives would separate perfusion from other licensed professionals in the manner in which they can function under a temporary license, but it is our belief that these unique alternatives reflect the unique examination process that perfusionists must complete. There are a couple of alternatives that the WPS would meet the desired end of public safety and a fair examination process.

1. One alternative would be to accept the precedent set by other states allowing the issuance of two temporary licenses. While specifically allowing for an examination failure between the two temporary licenses. I have cited the draft of the rules from the PEC in the following text. In it, I have black-lined the portions of the current draft from the PEC that would be in conflict with the **Alternative Rule** being proposed by the WPS. I have italicized the text that would be added to the rules to create a reasonable and equitable examination process for individual's holding a temporary license. If we were to place the time frames identified in the perfusion licensing statute, the **Alternative Rule** would read as follows:

**Med 22.05 Temporary certificates.** (1) An applicant for regular licensure under par. Med 22.03(3)(b) may apply to the board for a temporary license to practice perfusion prior to regular licensure if the applicant:

- (a) Submits a completed application form;
- (b) Remits the fee specified in s. 440.05, Stats.;
- (c) Has successfully completed an educational program as defined in subd. Med 22.03(3)(b)1.
- ~~(d) Has not previously failed either of the examinations required in subd. Med 22.03(3)(b)2., unless the applicant has subsequently passed the examination failed.~~
- (e) Has passed the state board statutes and rules examination; and
- (f) Is not required to take an oral examination.

(2) Practice during the period of a temporary license shall be under the general supervision of a perfusionist. A person holding a temporary license shall consult at least weekly with the supervising perfusionist who shall at least once a month endorse the activities of the person holding the temporary license.

(3) A temporary license expires one year from the date of its issuance or when the applicant is notified of having failed either the perfusion basic science examination or the clinical application in perfusion examination required in subd. Med 22.03(3)(b)2. ~~Upon application, the temporary license may be reinstated upon submission of evidence that the applicant has passed the examination failed.~~

*(x). A temporary license may be renewed once for a period of 1 year.*

*(x). A second renewal for 1 year may be granted in hardship cases, if an affidavit is filed with the board identifying the hardship. "Hardship cases", as used in the paragraph, includes the inability to take or complete a scheduled examination because of illness, family illness or death, accident or natural disaster or because the person is waiting for examination results.*

(4) A temporary license may be renewed annually for a maximum period not to exceed 2 years. ~~of 5 years unless the applicant sits for and fails the examinations required in subd. Med 22.03(3)(b)2.~~



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2. A second alternative would provide for an initial temporary license to be good for a period of one year. At the end of the first year, before re-issuance of the temporary license, the holder must illustrate to the MEB successful completion of the scientific examination. This would allow for a previous failure of the exam during that prior year, but another temporary license will only be granted if he/she also successfully completed the scientific exam during that same year. This would create an allowance of one failure of the scientific exam in the first year, but continued practice under a temporary license can only be conducted if he/she successfully passed the exam. Any subsequent failure of the clinical application examination would result in immediate and permanent revocation of a temporary license.
  3. Yet another, but more involved alternative could be based upon, after an examination failure, an individual acting in a more limited scope of practice under the direct supervision of a licensed perfusionist until successful completion of the examination process. This would necessitate the creation of a "probationary temporary license".

In conclusion, it is my hope that the MEB consider the testimony provided to them on behalf of the Wisconsin Perfusion Society and come to an amenable alternative to the "one strike and out" examination process pertaining to an individual holding a temporary license to practice perfusion. I firmly believe that a better alternative can be created that appropriately balances the public's safety and the practice of fair examination for perfusionists entering our workforce in the state of Wisconsin.

I thank you for your time and consideration in this matter.

Sincerely,

Michael Gough, BS, CCP  
Chairman  
Legislative Task Force  
Wisconsin Perfusion Society



**TO: Medical Examining Board**

**FROM: Michael Gough  
Chairman, Legislative Task Force**

**DATE: April 22, 2003**

**RE: Administrative Rules – Perfusionists, (2001 Wisconsin Act 89)  
Alternatives for Temporary License/Examination Failure**

I would like to thank the Medical Examining Board for the opportunity to address them at the March 19, public hearing. I was very pleased with the discussion that ensued during the hearing and am optimistic that an appropriated set of rules will be approved by the MEB to fairly govern the licensing of perfusion in the state of Wisconsin.

Immediately below, you will find a few background facts surrounding the current examination process that is administered by the American Board of Cardiovascular Perfusion (ABCP). After the background facts, I would like to provide the MEB with several remarks that stem from our discussion at the public hearing. Finally, I will detail three potential alternatives that address the temporary license/examination failure aspects of the rules.

**Background Facts of the ABCP Examination Process:**

- The examination process administered by the ABCP to become a Certified Clinical Perfusionist (CCP) is divided into two separate examinations:
  - Perfusion Basic Science Examination
  - Clinical Applications in Perfusion Examination
- The ABCP administers the exam at a predetermined time and location on a biannually frequency. During each examination event, both parts of the exam are offered to eligible examinees.
- In order to be examined in the Perfusion Basic Science Examination each applicant must be a graduate of an accredited program.
- In order to be examined in the Clinical Applications in Perfusion Examination each applicant must report to the ABCP the completion of 50 clinical cases performed as the primary perfusionist.
- It would take a new graduate approximately six month to complete 50 clinical cases as a primary perfusionist.
- The ABCP does allow an individual to be examined in both parts if he/she has successfully completed the prerequisites (graduate of an accredited program & 50 clinical case)





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### Public Hearing Remarks:

- Respectfully, the WPS does not share the same thoughts expressed by Dr. Saini during the March 19, public hearing. Dr. Saini suggested that perhaps the MEB should create a “new standard” involving the timing of the examination process and the granting of a temporary license. Whereby, an individual would have to pass the examination process **before** being granted a temporary license.
- The WPS does agree with many members of the MEB on the issue pertaining to the length of a temporary license. It is our belief that the duration could be shortened considerable (down to two or three years) while still preserving a reasonable timeframe for the temporary license holder to successfully complete the examination process.
- It is also important for the MEB to realize that we are not trivializing the clinical responsibilities of a perfusionist by stating our opposition to the details surrounding a temporary license or examination failure. But rather we are trying to create the best working language that would adequately protect the public as well as provide for a checks and balance of individuals entering the perfusion work-force in Wisconsin.
- The WPS is very sensitive to the need to delicately balance the need for public safety and the creation of fair examination process.
- This point of discussion (temporary license/examination failure) will currently impact approximately 3-5 perfusionists in the state of Wisconsin. The real defendants in this discussion are students that will be graduating from perfusion education programs and entering the perfusion workforce in Wisconsin in the future.
- However, this also brings up a very good question – with an aging professional demographic, will such a rigid set of rules pertaining to the examination process/failure deter future graduates from considering Wisconsin as a place to begin practicing perfusion?

### Alternatives to the Proposed Rule:

In the final portion of this letter, you will find three alternatives the WPS believes would meet the desired end-points of the rules and regulations – public safety and a fair examination process.

#### **Alternative A:**

The first alternative is to accept the precedent set forth by other states allowing the issuance of two temporary licenses. This would specifically allow for an examination failure between the two temporary licenses. I have cited the draft of the rules from the PEC in the following text. In it, I have black-lined the portions of the current draft from the PEC that would be in conflict with the **Alternative Rule** being proposed by the WPS. I have italicized the text that would be added to the rules to create a reasonable and equitable examination process for individual's holding a temporary license. If we were to place the time frames identified in the perfusion licensing statute, the **Alternative Rule** would read as follows:

**Med 22.05 Temporary certificates.** (1) An applicant for regular licensure under par. Med 22.03(3)(b) may apply to the board for a temporary license to practice perfusion prior to regular licensure if the applicant:

(a) Submits a completed application form;

(b) Remits the fee specified in s. 440.05, Stats.;

(c) Has successfully completed an educational program as defined in subd. Med 22.03(3)(b)1.

~~(d) Has not previously failed either of the examinations required in subd. Med 22.03(3)(b)2., unless the applicant has subsequently passed the examination failed.~~



(e) Has passed the state board statutes and rules examination; and

(f) Is not required to take an oral examination.

(2) Practice during the period of a temporary license shall be under the general supervision of a perfusionist. A person holding a temporary license shall consult at least weekly with the supervising perfusionist who shall at least once a month endorse the activities of the person holding the temporary license.

(3) A temporary license expires one year from the date of its issuance or when the applicant is notified of having failed either the perfusion basic science examination or the clinical application in perfusion examination required in subd. Med 22.03(3)(b)2. ~~Upon application, the temporary license may be reinstated upon submission of evidence that the applicant has passed the examination failed.~~

*(x). A temporary license may be renewed once for a period of 1 year.*

*(x). A second renewal for 1 year may be granted in hardship cases, if an affidavit is filed with the board identifying the hardship. "Hardship cases", as used in the paragraph, includes the inability to take or complete a scheduled examination because of illness, family illness or death, accident or natural disaster or because the person is waiting for examination results.*

(4) A temporary license may be renewed annually for a maximum period *not to exceed 2 years.* ~~of 5 years unless the applicant sits for and fails the examinations required in subd. Med 22.03(3)(b)2.~~

#### **Alternative B:**

A second alternative, that would be predicated on a very different set of circumstances, is described in the following manner:

- An initial temporary license would be granted for a period of one year (with no revocation clause associated with an examination failure of the scientific examination).
- At the end of the twelve-month period, before re-issuance of the temporary license, the holder must illustrate to the MEB successful completion of the scientific examination.
- Granting a temporary license for a full twelve-month period would ensure that the temporary license holder could accomplish two important tasks:
  - The ability to take the scientific portion of the exam twice;
  - Accumulate the necessary clinical cases to take the second part of the exam.
- However, continued practice under a temporary license can **only** be conducted if the candidate successfully completed the scientific exam during that first twelve-month period.
- Any subsequent failure of the clinical application examination would result in an immediate and permanent revocation of a temporary license.
  
- This would create a structure that allows two strikes at the scientific examination, but more importantly provides temporary license holders the ability to accumulate the necessary clinical prerequisite (primary perfusionist in 50 cases) in order to take the second phase of the examination process – clinical component.
- The other important principle this alternative creates is the notion that in one year's time, every individual will have been able to acquire all the prerequisites necessary to take both examinations. Thus providing them the ability to pass any previous failures in "one sitting"; therefore, becoming eligible for a regular license. Eliminating the contention from a temporary license holder that he/she is placed in a position of hardship because a failure of the first exam (and subsequent loss of their temporary license) places them in a position whereby they are unable to accumulate the necessary clinical cases for the second exam.



**Alternative C:**

The final alternative involving an exam failure, would be predicated on an individual acting in a more limited scope of practice under the direct supervision of a licensed perfusionist until successful completion of the examination process. This alternative would necessitate the creation of a "probationary temporary license". A specific set of guidelines would have to be created in order to identify the degree of direct supervision and where the scope of practice would be limited for a "probationary temporary license" holder.

There are, however, two attractive components to this alternative:

- The actions of a "probationary temporary licensee" are closely monitored by a licensed perfusionist;
- The "probationary temporary licensee" will remain in the work force, in a highly supervised capacity, until he/she has successfully passed the examination process.

In conclusion, it is my hope that the MEB considers the information provided to them on behalf of the Wisconsin Perfusion Society and come to an amenable alternative to the "one strike and out" examination process pertaining to an individual holding a temporary license to practice perfusion.

I thank you for your time and consideration in this matter.

Sincerely,

Michael Gough, BS, CCP  
Chairman  
Legislative Task Force  
Wisconsin Perfusion Society



**State of Wisconsin**  
**DEPARTMENT OF REGULATION AND LICENSING**  
**CORRESPONDENCE / MEMORANDUM**

**DATE:** December 5, 2002

**TO:** Medical Examining Board  
Perfusionists Examining Council

**FROM:** Wayne Austin

**SUBJECT:** Administrative Rules – Perfusionists – Draft IV

This Draft contains the modifications made by the Council at its meeting of December 5, 2002. Modifications are italicized.

**Chapter Med 22**

**PERFUSIONISTS**

**Med 22.01 Authority and purpose.** The rules in this chapter are adopted by the medical examining board under the authority of ss. 15.08 (5), 227.11 (2), 448.02, 448.04, 448.05, 448.13 and 448.40, Stats., to govern the licensure and regulation of perfusionists.

**Med 22.02 Definitions.** As used in this chapter:

- (1) "Board" means the medical examining board.
- (2) "Council" means perfusionists examining council.
- (3) "Perfusion" has the meaning set forth in § 448.015(1m), Stats.
- (4) "perfusionist" has the meaning set forth at § 448.015(1s), Stats.

**Med 22.03 Applications and credentials.** Every applicant for initial licensure as a perfusionist shall submit:

- (1) A completed application form.
- (2) The fee specified in s. 440.05, Stats.
- (3) One of the following:

(a) Until January 1, 2004, satisfactory evidence that the applicant has, for the entire 10 year period prior to May 3, 2002, been practicing perfusion.

(b) 1. Satisfactory evidence that the applicant has successfully completed an educational program in perfusion recognized by the board and accredited by the accreditation committee for perfusion education of the commission on accreditation of allied health education programs.

2. Written verification that the applicant has passed both the perfusion basic science examination and the clinical application in perfusion examination of the American board of cardiovascular perfusion.

3. Evidence of successful completion of the state board statutes and rules examination and an oral examination if required.

Note: Application forms are available on request to the board office, 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

**Med 22.04 Examinations; panel review of applications.** (1) An applicant under par. Med 22.03(3)(a) shall certify on forms provided by the board that he or she has read and understands the statutes and rules relating to the provision of perfusion.

(2) An applicant under par. Med 22.03(3)(a) may be required to submit to an oral interview by the board if the applicant:

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

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

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

(d) Has been convicted of a crime the circumstances of which substantially relate to the practice of perfusion.

(e) Has been found negligent in the practice of perfusion or has been a party in a lawsuit in which it was alleged that the applicant has been negligent in the practice of perfusion.

(f) Has been diagnosed as suffering from pedophilia, exhibitionism or voyeurism.

(g) Has within the past 2 years engaged in the illegal use of controlled substances.

(h) Has been subject to adverse formal action during the course of perfusion education, postgraduate training, hospital practice, or other perfusion employment.

(3) An applicant for licensure as a perfusionist under par. Med 22.03(3)(b) shall pass both the perfusion basic science examination and the clinical application in perfusion examination of the American board of cardiovascular perfusion.

(4) An applicant for licensure as a perfusionist under par. Med 22.03(3)(b) shall pass a state board statutes and rules examination conducted by the council as evidenced by documents submitted directly to the council by the department's office of examinations.

(5) An applicant under par. Med 22.03(3)(b) may be required to complete an oral examination if the applicant:

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

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

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

(d) Has been convicted of a crime the circumstances of which substantially relate to the practice of perfusion.

(e) Has not practiced perfusion for more than 1,200 hours during the last 3 years.

(f) Has practiced over 1,200 hours in the last 3 years but practice was limited.

(g) Has been found negligent in the practice of perfusion or has been a party in a lawsuit in which it was alleged that the applicant has been negligent in the practice of perfusion.

(h) Has been diagnosed as suffering from pedophilia, exhibitionism or voyeurism.

(i) Has within the past 2 years engaged in the illegal use of controlled substances.

(j) Has been subject to adverse formal action during the course of perfusion education, postgraduate training, hospital practice, or other perfusion employment.

(4) The board designates the council as its agent for conducting oral examinations and interviews. At the request of the council, the board shall provide a medical consultant to the council to provide assistance in evaluating applicants examined under sub. (3) (a) and (b).

(5) All examinations shall be conducted in English.

(6) Where both written and oral examinations are required, they shall be scored separately and the applicant shall achieve a passing grade on all examinations to qualify for a license.

(7) An applicant who fails to receive a passing score on an examination may reapply by payment of the fee specified in s. 440.05, Stats. If an applicant fails an examination 3 times, the applicant may not retake that examination unless the applicant submits proof of having completed further professional training or education as the board may prescribe. An applicant for an oral examination may reapply twice at not less than 4 month intervals.

(8) If after receipt of additional information from applicants who have been treated for alcohol or drug abuse or impairment or from applicants who have been treated for an acute or chronic psychological impairment the council decides that an oral interview or examination shall be administered, the examination shall be limited to a determination whether at the time of application the applicant's disability appears to pose an actual risk to the health, safety or welfare of patient or public arising from the applicant's demonstrated inability to safely carry out necessary duties and responsibilities inherent to the practice of perfusion.

**Med 22.05 Temporary certificates.** (1) An applicant for regular licensure under par. Med 22.03(3)(b) may apply to the board for a temporary license to practice perfusion prior to regular licensure if the applicant:

- (a) Submits a completed application form;
- (b) Remits the fee specified in s. 440.05, Stats.;
- (c) Has successfully completed an educational program as defined in subd. Med 22.03(3)(b)1.
- (d) Has not previously failed either of the examinations required in subd. Med 22.03(3)(b)2., unless the applicant has subsequently passed the examination failed.
- (e) Has passed the state board statutes and rules examination; and
- (f) Is not required to take an oral examination.

(2) Practice during the period of a temporary license shall be under the general supervision of a perfusionist. A person holding a temporary license shall consult at least weekly with the supervising perfusionist who shall at least once a month endorse the activities of the person holding the temporary license.

(3) A temporary license expires one year from the date of its issuance or when the applicant is notified of having failed either the perfusion basic science examination or the clinical application in perfusion examination required in subd. Med 22.03(3)(b)2. Upon application, the temporary license may be reinstated upon submission of evidence that the applicant has passed the examination failed.

(4) A temporary license may be renewed annually for a maximum period of 5 years unless the applicant sits for and fails the examinations required in subd. Med 22.03(3)(b)2.

(5) The application and required documents for regular licensure and the application for temporary licensure prior to regular licensure will be reviewed by 2 members of the council to determine eligibility. The board, acting through the council, may issue a temporary license prior to regular licensure as a perfusionist to an applicant who meets the requirements of sub. (1).

**Med 22.06 Locum Tenens License.** An applicant who holds ~~a valid license to practice perfusion issued by another licensing jurisdiction of the United States or Canada~~ certification in clinical perfusion granted by the American board of cardiovascular perfusion may apply to the board for temporary locum tenens license.

(1) An applicant for a locum tenens license shall submit to the board the following:

(a) A completed and verified application form supplied by the board for this purpose.

(b) A letter from a physician licensed to practice medicine and surgery in this state or a perfusionist licensed to practice perfusion in this state requesting the applicant's services.

(c) ~~A verified photostatic copy of a license to practice perfusion in another licensing jurisdiction of the United States or Canada issued to the applicant and verified documentary evidence of the applicant's current eligibility to practice under that license in that jurisdiction.~~ Verified evidence of certification in clinical perfusion granted by the American board of cardiovascular perfusion.

(d) A verified statement that the applicant is familiar with the state health laws and the rules of the department of health and family services as related to communicable diseases.

(e) The required fees made payable to the Wisconsin department of regulation and licensing.

(2) All applicants shall complete an open book examination on statutes and rules governing the practice of perfusion in Wisconsin.

(3) The holder of a locum tenens license may engage in the practice of perfusion as defined in s. 448.015(1m) Stats., providing such practice is confined to the geographical area for which the license is issued.

(4) A locum tenens license shall expire 90 days from the date of its issuance. For cause shown to the satisfaction of the board, the board may renew such temporary license for additional periods of 90 days each, but no such license may be renewed more than 3 consecutive times.

**Med 22.07 Examination review by applicant.** (1) An applicant who fails the oral or statutes and rules examination may request a review of that examination by filing a written request and required fee with the board within 30 days of the date on which examination results were mailed.



(2) Examination reviews are by appointment only.

(3) An applicant may review the statutes and rules examination for not more than one hour.

(4) An applicant may review the oral examination for not more than 2 hours.

(5) The applicant may not be accompanied during the review by any person other than the proctor.

(6) At the beginning of the review, the applicant shall be provided with a copy of the questions, a copy of the applicant's answer sheet or oral tape and a copy of the master answer sheet.

(7) The applicant may review the examination in the presence of a proctor. The applicant shall be provided with a form on which to write comments, questions or claims of error regarding any item in the examination. Bound reference books shall be permitted. Applicants shall not remove any notes from the area. Notes shall be retained by the proctor and made available to the applicant for use at a hearing, if desired. The proctor shall not defend the examination or attempt to refute claims of error during the review.

(8) An applicant may not review the examination more than once.

**Med 22.08 Board review of examination error claim.** (1) An applicant claiming examination error shall file a written request for board review in the board office within 30 days of the date the examination was reviewed. The request shall include all of the following:

(a) The applicant's name and address.

(b) The type of license for which the applicant applied.

(c) A description of the mistakes the applicant believes were made in the examination content, procedures, or scoring, including the specific questions or procedures claimed to be in error.

(d) The facts which the applicant intends to prove, including reference text citations or other supporting evidence for the applicant's claim.

(2) The board shall review the claim, make a determination of the validity of the objections and notify the applicant in writing of the board's decision and any resulting grade changes.

(3) If the board confirms the failing status following its review, the application shall be deemed incomplete, and the applicant may be reexamined.

Note: The board office is located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

**Med 22.09 Scope of practice.** The scope of practice of ~~perfusion~~ *perfusion*, as defined by sec. 448.015(1m), Stats., includes the following functions:

(1) The use of extracorporeal circulation, long-term cardiopulmonary support techniques, including extracorporeal carbon dioxide removal and extracorporeal membrane oxygenation, and associated therapeutic and diagnostic techniques;

(2) Counterpulsation, ventricular assistance, autotransfusion, blood conservation, management *and processing* techniques, myocardial and organ preservation, ~~extracorporeal life support~~, isolated limb perfusion, and surgical assistance;

(3) The administration of pharmacological and therapeutic agents, and blood products or anesthetic agents, through the extracorporeal circuit or through an intravenous line in conjunction with extracorporeal support;

(4) the performance and use of anticoagulation monitoring and analysis, physiologic monitoring and analysis, blood gas and chemistry monitoring and analysis, hematologic monitoring and analysis, induction of hypothermia and hyperthermia with reversal, hemoconcentration and hemodilution, and ~~cardiopulmonary~~ hemodialysis;

(5) The observation of signs and symptoms related to perfusion services, the determination of whether the signs and symptoms exhibit abnormal characteristics, and the implementation of appropriate reporting, perfusion protocols or changes in or the initiation of emergency procedures; and

(6) Evaluation and selection of equipment to perform those functions set forth in subs. (1) through (5).

**Med 22.10 Continuing Education.** (1) In this section:

(a) "ABCP" means the American board of cardiovascular perfusion.

(b) "Contact hour" means not less than 50 minutes spent by a licensee in actual attendance at and completion of an approved continuing education activity.

(c) "Continuing education" means planned, organized learning activities designed to maintain, improve, or expand a licensee's knowledge and skills relevant to the practice of perfusion.

(d) "Continuing Education Unit" means one contact hour of continuing education.

(e) "Licensee" means a person licensed to practice perfusion in this state.

(2) Each holder of a license as a perfusionist shall, at the time of applying for renewal of a license under s. 448.07, Stats., certify that he or she has, in the 2 years preceding the renewal due date, completed at least 30 continuing education units of acceptable continuing education.

(3) Continuing education units shall be accumulated through professional activities related to perfusion in the following categories:

(a) Category I: ABCP approved perfusion meetings and related activity, including the following:

1. Attendance at perfusion meetings, programs and seminars in which a minimum of 75% of the contact hours consist of perfusion related material, including international, national, regional or state perfusion meetings: 1 continuing education unit for each contact hour.

2. Publication of a perfusion related book chapter or paper in a professional journal: 5 continuing education units to a maximum of 10.

3. Presentation of a talk at an international, national, regional, or state perfusion meeting: 5 continuing education units to a maximum of 10.

**Note:** No additional continuing education units are given for subsequent presentations of the same content.

4. Presentation of a poster or other exhibit at an international, national, regional or state perfusion meeting: 2 continuing education units to a maximum of 4.

5. Participation in an AC-PE site visitors workshop or as an AC-PE site visitor: 5 continuing education units to a maximum of 10.

6. Participation in ABCP knowledge base survey: 2 continuing education units.

7. Self-directed continuing education meeting ABCP requirements: 1 continuing education unit for each contact hour.

(b) Category II. Non-accredited perfusion meetings and other medical meetings, including the following:

1. Perfusion or medical meetings, programs and seminars in which a minimum of 75% of the contact hours consist of perfusion related material, including international, national, state or regional perfusion meetings: One-half continuing education unit for each contact hour to a maximum of 10 hours.

2. Manufacturer-specific and company-sponsored educational activities: 1 continuing education unit for each contact hour.

(c) Category III - Individual education and other self-study activities:

1. Serving as a clinical instructor in an accredited perfusion training program: 2 continuing education units per year.

2. Serving as a didactic instructor in an accredited perfusion training program: 1 continuing education unit per contact hour to a maximum of 4.

3. ABCP examination development workshop or survey: 2 Continuing education units per contact hour to a maximum of 4.

4. Self learning activities, including use of audiovisual devices or electronic forums, reading scientific journals, participation in a journal club, participation in degree oriented, professionally related course work; and self study-modules: 1 continuing education unit per contact hour to a maximum of 10.

5. Presentation at a non-approved international, national, regional, or state perfusion or medical meeting: One continuing education unit for each hour of presentation.

**Note:** No additional continuing education units are given for subsequent presentations of the same content.

6. Grand round: 1 continuing education unit per contact hour, to a maximum of 2.

7. Advanced cardiac life support training: 2 continuing education units.

(4) At least 10 continuing education units must be completed in Category I activities.

(5) Applicants for renewal shall be required to certify their attendance at required continuing education. The board may conduct a random audit of all licensees on a biennial basis for compliance with continuing education requirements, and shall audit any licensee who is under investigation by the board for alleged misconduct.

*Previously told by staff what you're doing? division admin. -*  
*other professions*  
*colleges*  
*new*



*Rule 21.01(1) re.*

*Profusum = 2015 - BK*  
*if fail written can't practice.*

*50th. after on machine*  
*EVER FALL TEMP DIV*

*Allowed. 1 yr X del. 2nd X should*

*they said still practice*  
*so they restricted temporary license*  
*(#1) fail at close supervision received*  
*Profusum*  
*(2) give 1 yr only temp after 1st yr. UP must take both Pts of exam. take 2nd yr. license.*

**TO: Medical Examining Board**  
**FROM: Michael Gough  
 Chairman, Legislative Task Force**  
**DATE: April 22, 2003**  
**RE: Administrative Rules – Perfusionists, (2001 Wisconsin Act 89)  
 Alternatives for Temporary License/Examination Failure**

*1 exam - diff  
 said written exam. even took 2nd pt.*

I would like to thank the Medical Examining Board for the opportunity to address them at the March 19, public hearing. I was very pleased with the discussion that ensued during the hearing and am optimistic that an appropriated set of rules will be approved by the MEB to fairly govern the licensing of perfusion in the state of Wisconsin.

Immediately below, you will find a few background facts surrounding the current examination process that is administered by the American Board of Cardiovascular Perfusion (ABCP). After the background facts, I would like to provide the MEB with several remarks that stem from our discussion at the public hearing. Finally, I will detail three potential alternatives that address the temporary license/examination failure aspects of the rules.

**Background Facts of the ABCP Examination Process:**

- The examination process administered by the ABCP to become a Certified Clinical Perfusionist (CCP) is divided into two separate examinations:
  - Perfusion Basic Science Examination
  - Clinical Applications in Perfusion Examination
- The ABCP administers the exam at a predetermined time and location on a biannually frequency. During each examination event, both parts of the exam are offered to eligible examinees.
- In order to be examined in the Perfusion Basic Science Examination each applicant must be a graduate of an accredited program.
- In order to be examined in the Clinical Applications in Perfusion Examination each applicant must report to the ABCP the completion of 50 clinical cases performed as the primary perfusionist.
- It would take a new graduate approximately six month to complete 50 clinical cases as a primary perfusionist.
- The ABCP does allow an individual to be examined in both parts if he/she has successfully completed the prerequisites (graduate of an accredited program & 50 clinical case)

*Temporary license = TOO long -*  
*MEB they said wanted it reduced*  
*I said OK request hearing on...*  
*to get things on*  
*win 30 days.*



---

### Public Hearing Remarks:

- Respectfully, the WPS does not share the same thoughts expressed by Dr. Saini during the March 19, public hearing. Dr. Saini suggested that perhaps the MEB should create a "new standard" involving the timing of the examination process and the granting of a temporary license. Whereby, an individual would have to pass the examination process **before** being granted a temporary license.
- The WPS does agree with many members of the MEB on the issue pertaining to the length of a temporary license. It is our belief that the duration could be shortened considerable (down to two or three years) while still preserving a reasonable timeframe for the temporary license holder to successfully complete the examination process.
- It is also important for the MEB to realize that we are not trivializing the clinical responsibilities of a perfusionist by stating our opposition to the details surrounding a temporary license or examination failure. But rather we are trying to create the best working language that would adequately protect the public as well as provide for a checks and balance of individuals entering the perfusion work-force in Wisconsin.
- The WPS is very sensitive to the need to delicately balance the need for public safety and the creation of fair examination process.
- This point of discussion (temporary license/examination failure) will currently impact approximately 3-5 perfusionists in the state of Wisconsin. The real defendants in this discussion are students that will be graduating from perfusion education programs and entering the perfusion workforce in Wisconsin in the future.
- However, this also brings up a very good question – with an aging professional demographic, will such a rigid set of rules pertaining to the examination process/failure deter future graduates from considering Wisconsin as a place to begin practicing perfusion?

### Alternatives to the Proposed Rule:

In the final portion of this letter, you will find three alternatives the WPS believes would meet the desired end-points of the rules and regulations – public safety and a fair examination process.

#### **Alternative A:**

The first alternative is to accept the precedent set forth by other states allowing the issuance of two temporary licenses. This would specifically allow for an examination failure between the two temporary licenses. I have cited the draft of the rules from the PEC in the following text. In it, I have black-lined the portions of the current draft from the PEC that would be in conflict with the **Alternative Rule** being proposed by the WPS. I have italicized the text that would be added to the rules to create a reasonable and equitable examination process for individual's holding a temporary license. If we were to place the time frames identified in the perfusion licensing statute, the **Alternative Rule** would read as follows:

**Med 22.05 Temporary certificates.** (1) An applicant for regular licensure under par. Med 22.03(3)(b) may apply to the board for a temporary license to practice perfusion prior to regular licensure if the applicant:

(a) Submits a completed application form;

(b) Remits the fee specified in s. 440.05, Stats.;

(c) Has successfully completed an educational program as defined in subd. Med 22.03(3)(b)1.

~~(d) Has not previously failed either of the examinations required in subd. Med 22.03(3)(b)2., unless the applicant has subsequently passed the examination failed.~~



(e) Has passed the state board statutes and rules examination; and

(f) Is not required to take an oral examination.

(2) Practice during the period of a temporary license shall be under the general supervision of a perfusionist. A person holding a temporary license shall consult at least weekly with the supervising perfusionist who shall at least once a month endorse the activities of the person holding the temporary license.

(3) A temporary license expires one year from the date of its issuance or when the applicant is notified of having failed either the perfusion basic science examination or the clinical application in perfusion examination required in subd. Med 22.03(3)(b)2. ~~Upon application, the temporary license may be reinstated upon submission of evidence that the applicant has passed the examination failed.~~

(x). *A temporary license may be renewed once for a period of 1 year.*

(x). *A second renewal for 1 year may be granted in hardship cases, if an affidavit is filed with the board identifying the hardship. "Hardship cases", as used in the paragraph, includes the inability to take or complete a scheduled examination because of illness, family illness or death, accident or natural disaster or because the person is waiting for examination results.*

(4) A temporary license may be renewed annually for a maximum period *not to exceed 2 years. of 5 years unless the applicant sits for and fails the examinations required in subd. Med 22.03(3)(b)2.*

#### **Alternative B:**

A second alternative, that would be predicated on a very different set of circumstances, is described in the following manner:

- An initial temporary license would be granted for a period of one year (with no revocation clause associated with an examination failure of the scientific examination).
- At the end of the twelve-month period, before re-issuance of the temporary license, the holder must illustrate to the MEB successful completion of the scientific examination.
- Granting a temporary license for a full twelve-month period would ensure that the temporary license holder could accomplish two important tasks:
  - The ability to take the scientific portion of the exam twice;
  - Accumulate the necessary clinical cases to take the second part of the exam.
- However, continued practice under a temporary license can **only** be conducted if the candidate successfully completed the scientific exam during that first twelve-month period.
- Any subsequent failure of the clinical application examination would result in an immediate and permanent revocation of a temporary license.
  
- This would create a structure that allows two strikes at the scientific examination, but more importantly provides temporary license holders the ability to accumulate the necessary clinical prerequisite (primary perfusionist in 50 cases) in order to take the second phase of the examination process – clinical component.
- The other important principle this alternative creates is the notion that in one year's time, every individual will have been able to acquire all the prerequisites necessary to take both examinations. Thus providing them the ability to pass any previous failures in "one sitting"; therefore, becoming eligible for a regular license. Eliminating the contention from a temporary license holder that he/she is placed in a position of hardship because a failure of the first exam (and subsequent loss of their temporary license) places them in a position whereby they are unable to accumulate the necessary clinical cases for the second exam.



---

**Alternative C:**

The final alternative involving an exam failure, would be predicated on an individual acting in a more limited scope of practice under the direct supervision of a licensed perfusionist until successful completion of the examination process. This alternative would necessitate the creation of a "probationary temporary license". A specific set of guidelines would have to be created in order to identify the degree of direct supervision and where the scope of practice would be limited for a "probationary temporary license" holder.

There are, however, two attractive components to this alternative:

- The actions of a "probationary temporary licensee" are closely monitored by a licensed perfusionist;
- The "probationary temporary licensee" will remain in the work force, in a highly supervised capacity, until he/she has successfully passed the examination process.

In conclusion, it is my hope that the MEB considers the information provided to them on behalf of the Wisconsin Perfusion Society and come to an amenable alternative to the "one strike and out" examination process pertaining to an individual holding a temporary license to practice perfusion.

I thank you for your time and consideration in this matter.

Sincerely,

Michael Gough, BS, CCP  
Chairman  
Legislative Task Force  
Wisconsin Perfusion Society



2500 professionals  
in CO.



← Ron  
Mills  
ABCP

TENUTA-HERMES  
CORPORATION

administers test.

Am. Soc. of Perf. Technicians  
Society  
U.S.  
encourage through silver

TO: Members of the Senate Committee on Health, Children, Families, Aging and Long Term Care  
FR: Ron Hermes – Lobbyist  
WI Perfusion Society  
DATE: July 21, 2003  
RE: Public hearing on CR 03-023, licensure and regulation of perfusionist

encourage idea and exam be taken as soon

The Wisconsin Perfusion Society (WPS) is concerned with one section of CR 03-023 relating to temporary licenses for perfusionist. In advance of the testimony that will be presented at the hearing the WPS wanted to provide you with a brief background and the suggested alternatives to help facilitate discussion at the hearing.

Ron  
is paid  
to x under  
more direct  
supervision

These rules have been promulgated as a result of the passage of 2001 AB 256. The bill licensed perfusionists. A perfusionist is a skilled member of an open-heart surgical team that utilizes specialized technology to temporarily replace the heart and/or lung function of a patient undergoing open-heart surgery.

Specifically, the WPS is opposed to a specific provision within Med 22.05(3) which states that a temporary license expires if "... applicant is notified of having failed either the perfusion basic science examination or the clinical application in perfusion examination..."

Unfortunately, the rule as drafted does not take into account the unique nature of the two separate examinations, the basic science exam and the clinical exam.

**Background Facts of the ABCP Examination Process:**

- The examination process administered by the ABCP to become a Certified Clinical Perfusionist (CCP) is divided into two separate examinations:
  - Perfusion Basic Science Examination
  - Clinical Applications in Perfusion Examination
- The ABCP administers the exam at a predetermined time and location on a biannually frequency. During each examination event, both parts of the exam are offered to eligible examinees.
- In order to be examined in the Perfusion Basic Science Examination each applicant must be a graduate of an accredited program.
- In order to be examined in the Clinical Applications in Perfusion Examination each applicant must report to the ABCP the completion of 50 clinical cases performed as the primary perfusionist. - total clinical
- It would take a new graduate approximately six month to complete 50 clinical cases as a primary perfusionist.

fail - no go period

under rules failed seeking relief only for basic science exam.

Under the rules as proposed, if a new graduate could take the science exam shortly after graduation and failed, they would have no way of meeting the necessary 50 clinical hours to take the second exam. The WPS does not take failure of an exam lightly, but there are circumstances in which an individual may have just tested poorly, when they are in fact very capable to perform the necessary tasks.

The WPS is offering two alternatives that ensures the public is protected at the highest levels. Under either alternative, any individual that has failed the science exam could continue to practice in order to obtain the necessary 50 clinical hours. The alternatives only address the failure of the science exam. Should an applicant fail the clinical portion of the exam, the applicant temporary license will be revoked immediately.

**Alternative A**

- An initial temporary license would be granted for a period of one year (with no revocation clause associated with an examination failure of the scientific examination).
  - At the end of the twelve-month period, before re-issuance of the temporary license, the holder must illustrate to the MEB successful completion of the scientific examination.
  - Granting a temporary license for a full twelve-month period would ensure that the temporary license holder could accomplish two important tasks:
    - The ability to take the scientific portion of the exam twice;
    - Accumulate the necessary clinical cases to take the second part of the exam.
- However, continued practice under a temporary license can only be conducted if the candidate successfully completed the scientific exam during that first twelve-month period. Any failure of the clinical application examination would result in an immediate and permanent revocation of a temporary license.

**Alternative B**

Under this alternative, an individual would practice in a more limited scope of practice and under the direct supervision of a licensed perfusionist until successful completion of the basic science exam. This alternative would necessitate the creation of a "probationary temporary license". A specific set of guidelines would have to be created in order to identify the degree of direct supervision and where the scope of practice would be limited for a "probationary temporary license" holder.

There are two attractive components to this alternative:

- The actions of a "probationary temporary licensee" are closely monitored by a licensed perfusionist;
- The "probationary temporary licensee" will remain in the work force, in a highly supervised capacity, until he/she has successfully passed the science exam.

The WPS looks forward to discussing these issues with you in greater detail at the public hearing on July 22.

If you have any questions, please feel free to contact me.

March 2002 → U.S. Examiners  
64 Pass  
34 Failed

Clinical  
7400 Passes  
3690 Fails

W/ me to mos - fail -  
submit - plus assets - 2k yr. -  
= nurses can take as many as  
want on computer

Professionals  
2 components  
Destruction

D. of  
options  
vs others  
= process  
no electrical  
test  
with it all  
off to 3k

Lama  
Kick back  
to P. Advisory  
Committee

Tom  
warrant -  
Mike

As for

Physicians  
Can delegate  
not too  
many  
actors  
upon  
engaging  
Dr. to  
work  
by  
licensing  
limited  
B. O. does  
raise nurses  
concern.

direct  
at higher  
at all x  
Present  
in OP  
arena  
directly  
Present

Rule -  
up to 50%  
reinstated upon passage

have to  
want.

1 possibility  
Employ

next #

Vote Record

Committee on Health, Children, Families, Aging and Long Term Care

Date: 7/22/03

Moved by: Roessler

Seconded by: Schultz

AB \_\_\_\_\_

SB \_\_\_\_\_

Clearinghouse Rule CR 03-023 (Perfusion)

AJR \_\_\_\_\_

SJR \_\_\_\_\_

Appointment \_\_\_\_\_

AR \_\_\_\_\_

SR \_\_\_\_\_

Other \_\_\_\_\_

A/S Amdt \_\_\_\_\_

A/S Amdt \_\_\_\_\_ to A/S Amdt \_\_\_\_\_

A/S Sub Amdt \_\_\_\_\_

A/S Amdt \_\_\_\_\_ to A/S Sub Amdt \_\_\_\_\_

A/S Amdt \_\_\_\_\_ to A/S Amdt \_\_\_\_\_ to A/S Sub Amdt \_\_\_\_\_

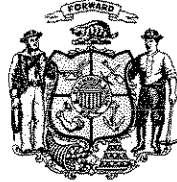
Be recommended for:

- Passage
- Adoption
- Confirmation
- Concurrence
- Indefinite Postponement
- Introduction
- Rejection
- Tabling
- Nonconcurrence

<u>Committee Member</u>	<u>Aye</u>	<u>No</u>	<u>Absent</u>	<u>Not Voting</u>
Senator Carol Roessler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Ted Kanavas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Ronald Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Robert Welch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Dale Schultz	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Judith Robson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Charles Chvala	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Robert Jauch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Tim Carpenter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Totals: 9 \_\_\_\_\_

WISCONSIN STATE SENATE



**Carol Roessler**  
STATE SENATOR

July 28, 2003

Alfred Franger, M.D., Secretary  
State Medical Examining Board  
Department of Regulation and Licensing  
1400 East Washington Avenue  
Madison, WI 53703

Dr. Sidney Johnson, Chair  
State Medical Examining Board  
Department of Regulation and Licensing  
1400 East Washington Avenue  
Madison, WI 53703

Dear Secretary Franger and Dr. Johnson,

On July 22, 2003, the Senate Committee on Health, Children, Families, Aging and Long Term Care held a public hearing on Clearinghouse Rule 03-023, relating to licensure and regulation of perfusionists.

As chair of this Committee, I am writing to inform the State Medical Examining Board that the Committee voted 9-0 to request further modifications to CR 03-023. This request is in response to concerns expressed at the hearing relating to temporary licenses.

I ask that you please respond in writing as to whether the Department agrees to work with the Committee on making modifications.

Sincerely,

Carol Roessler, Chair

Senate Committee on Health, Children, Families, Aging and Long Term Care

Cc: Chris Klein  
Wayne Austin

# Department of Regulation & Licensing

State of Wisconsin  
(608) 266-5511

TTY# (608) 267-2416, hearing or speech  
TRS# 1-800-947-3529, impaired only

P.O. Box 8935, Madison, WI 53708-8935  
E-Mail: [dorl@drl.state.wi.us](mailto:dorl@drl.state.wi.us)  
Website: <http://www.drl.state.wi.us/>  
FAX #: (608) 267-3816

8/1/03

## FAX COVER SHEET

DATE:

7/1/03

TO:

Senator Carol Roessler

Recipient's FAX Number:

608-266-0423

Recipient's Phone Number:

608-266-5300

FROM:

Wisconsin Department of Regulation and Licensing

Sender's FAX Number:

267-3816

Sender's Phone Number:

266-8098

REMARKS:

Response to 7/28 letter re: Pertusionists' rate.

*Tom Ryan*  
RLC

**Jim Doyle**  
Governor

**WISCONSIN DEPARTMENT OF  
REGULATION & LICENSING**

1400 E Washington Ave  
PO Box 8935  
Madison WI 53708-8935  
Email: [web@drl.state.wi.us](mailto:web@drl.state.wi.us)  
Voice: 608-266-2112  
FAX: 608-267-0644  
TTY: 608-267-2416

**Donsia Strong Hill**  
Secretary



August 1, 2003

The Honorable Carol Roessler  
Chair, Senate Committee on Health, Children, Families, Aging and Long Term Care  
Wisconsin State Capitol  
P.O. Box 7882  
Madison, WI 53707-7882

Dear Senator Roessler:

Dr. Franger and I have received your July 28 letters regarding CR -3-023. I respond to advise you that the Medical Examining Board agrees to work with the Senate Committee on Health, Children, Families, Aging and Long Term Care on making modifications to the perfusionists' licensure rule, CR 03-023.

For further information regarding modification of the rule, please contact Wayne Austin, Legal Counsel, at the Wisconsin Department of Regulation and Licensing, or Tom Ryan, Director, Bureau of Health Professions.

Sincerely,

Sidney Johnson, M.D.  
Chair, Wisconsin Medical Examining Board

c: Chris Klein, Executive Assistant, Department of Regulation and Licensing

*via facsimile (and u.s mail)*



**Carol Roessler**  
STATE SENATOR

To: Members of the Senate Committee on Health, Children, Families, Aging and Long Term Care

From: Senator Carol Roessler, Chair

Date: August 1, 2003

Re: Clearinghouse Rule 03-023, relating to licensure for perfusionists and the Perfusionist Examining Council.

---

CR 03-023 has been referred to the Senate Health, Children, Families, Aging and Long Term Care Committee. This proposed rule was issued pursuant to 2001 Wisconsin Act 89. This Act creates the Perfusionist Examining Council to serve the Medical Examining Board in an advisory capacity.

If you would like the committee to hold a hearing on CR 03-023, please contact Sara Jermstad in my office at 266-5300. The committee has jurisdiction over this rule until Friday, August 1, 2003.

**Halbur, Jennifer**

---

**From:** Ferris, Amy  
**Sent:** Thursday, August 21, 2003 1:42 PM  
**To:** Halbur, Jennifer  
**Subject:** Perfusionist rule.

Hi Jennifer.

Out of the two alternatives proposed by the WI Perfusion Society in their memo dated July 21, 2003, Bob likes Alternative A more than Alternative B.

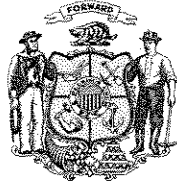
(Thank you for the revised hearing notice also.)

Amy  
Office of Senator Welch

DRL thinks that if a  
person fails the  
science exam, they  
should not be able to  
perform clinicals + take  
2nd exam.



WISCONSIN STATE SENATE



**Carol Roessler**  
STATE SENATOR

October 3, 2003

To: Senate Health, Children, Families, Aging and Long Term Care Committee  
Members

From: Senator Carol Roessler, Chair

Re: CR 03-023 relating to licensure and regulation of perfusionists.

On July 22, 2003, the Committee voted 9-0 to request further modifications to CR 03-023.

The modifications suggested by the Medical Examining Board and the Perfusionists Examining Council are attached for your review.

The Committee's jurisdiction over CR 03-023 will expire on October 14, 2003. Please let Jennifer Halbur in my office know by **October 7, 2003** if you have any concerns.

Jim Doyle  
Governor

WISCONSIN DEPARTMENT OF  
REGULATION & LICENSING

Donsia Strong Hill  
Secretary



1400 E Washington Ave  
PO Box 8935  
Madison WI 53708-8935  
Email: web@drl.state.wi.us  
Voice: 608-266-2112  
FAX: 608-267-0644  
TTY: 608-267-2416

September 26, 2003

SEP 30 2003

The Honorable Carol Roessler  
Chair, Senate Health Committee  
Room 8 South  
State Capitol  
P.O. Box 7882  
Madison 53707-7882

Dear Senator Roessler:

The Wisconsin Medical Examining Board met on September 24 to consider recommendations made by the Perfusionists Examining Council to modify the proposed rule implementing 2001 Wisconsin Act 89, which created licensure for perfusionists, and created the Perfusionists Examining Council to serve the Medical Examining Board in an advisory capacity.

The Medical Examining Board had voted at its April 23 meeting to approve a one year license renewable for five years. The license was to expire upon failure of either the perfusion basic science examination or the clinical examination, but no requirement to sit for the exam at any time during the five year period of renewal was imposed. The Senate Health Committee then requested modification to Wis. Admin. Code § MED 22.05 (3), relating to temporary licensure of perfusionists, following a Committee hearing on the proposed rule.

In response to the Committee's recommendation, the Perfusionists Examining Council met on September 11 to address both the duration of the temporary license and heightened supervision for applicants who fail the basic science examination. After reviewing the original rule draft and suggested modifications from the Perfusionists Examining Council, the Board passed a Motion to recommend the following modifications to the Senate Health Committee:

Wis. Admin. Code § MED 22.05 (3)

- (3) Temporary license. (a) A temporary license expires one year from the date of its issuance. Upon application, and upon submission of evidence of having passed the perfusion basic scientific examination, the temporary license may be renewed for an additional period of one year. The Board may extend the term of the temporary license for an additional period of 6 months if the applicant was unable to complete the perfusion basic scientific examination within the one year period due to extreme hardship, including but not limited to illness of the applicant, the

Senator Carol Roessler  
September 26, 2003  
Page Two

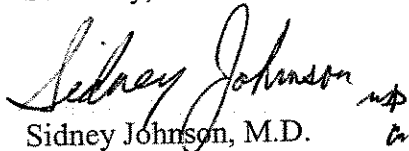
illness or death of a family member of the applicant, an accident or natural disaster. A written affidavit of the hardship must be provided.

(b) If the applicant fails the perfusion basic science examination prior to the expiration of the temporary permit, the applicant shall work under the direct supervision of a licensed perfusionist who is available on the hospital premises to assist.

(c) If the applicant fails the clinical application in perfusion examination prior to the expiration of the temporary permit, the temporary license expires.

The Board believes that the foregoing modifications to the rule will adequately safeguard the health and safety of patients in Wisconsin. We urge the Committee to adopt the modifications.

Sincerely,

A handwritten signature in cursive script that reads "Sidney Johnson". To the right of the signature, there are small initials "ms" and a checkmark.

Sidney Johnson, M.D.  
Chair, Medical Examining Board

C: Secretary Donsia Strong Hill, Wisconsin Department of Regulation and Licensing



TENUTA-HERMES  
CORPORATION

TO: Chairwoman Sen. Roessler and members of the Senate Committee on  
Health, Children, Families, Aging and Long-Term Care

FR: Ron Hermes – Lobbyist  
Wisconsin Perfusion Society

DATE: October 6, 2003

RE: modification to CR 03-023

On behalf of the Wisconsin Perfusion Society (WPS), I would like to thank you for your support in requesting the Medical Examining Board (MEB) to make modifications in CR03-023 relating to the temporary licensing of perfusionists.

The WPS fully supports the modification to the temporary license that has been submitted to Sen. Roessler's office by the MEB. The modification meets the charge of the MEB to protect the public's safety, and accommodates the uniqueness of the testing requirements for perfusionists.

The WPS encourages members of the Senate Committee on Health, Children, Families, Aging and Long-Term Care to support the MEB modifications to CR 03-023.

If you have any questions, please do not hesitate to contact me.

9-2-03

# Perfusion

- Welch prefers alt. B.

- no creating temp lic. (probationary lic).

- ~~then~~ Herms suggests that we get rid of the temp lic suggestion. Rather, notify

higher  
direct  
pres  
immediate  
supervisor  
for

supervisor and let him/her know that direct supervision is necessary. \* make them pass it next time it's offered.

- Other perfusions - if you fail - you can't practice.

## Uniqueness of Perfusion.

2 the test - Science + clinical. Science exam only offered ~~once~~<sup>twice</sup> a yr and not in state. Usually have to travel.

Other perfusions, tests are given 3 X's a yr & electronically (taken in state).

## March 2002 (national #'s)

118 examinees  
64% passed  
36% failed



Science

This does not take into acct if a person passed the first time or second time.

74% pass  
26% fail



Clinical exam

- 50 hr. requirement.
- Q - how long does it take to meet requirement.
- A - very individual specific (3 mos - 6 mos).
- Under <sup>stats</sup> CFR - a physician could delegate perfusion responsibility to someone who failed an exam. Hermes says likely would not occur.
- MEB did not seem concerned about perfusionists shortage if nothing done.

AMS ~~GET~~ - national professional society.  
 - They (WE Perfusionists) have contacted them + continue to lobby them to ~~go~~ the test more often + electronically.

- allowing them to work prevents putting the employer @ risk (losing work).

## Laura

Require "immediate" supervision if exam is failed.

## Hermes

MEB should possibly send rule back to Perfusionist Council (created to keep MEB on <sup>Perfusion</sup> issues).

- Is MEB willing to send it back.

## Halbur, Jennifer

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**To:** Senate Committee on Health, Children, Families, Aging and Long Term Care  
**Subject:** Perfusion and Child Support

Hi,

Just as an FYI, Senator Roessler will be meeting with the Department of Regulation and Licensing on Sept 2nd to discuss changes the Committee requested to CR 03-023. She is planning to use the Perfusion testimony as a starting point in determining the extent of the changes. The Perfusionists provided two alternatives to the way the rule is currently written. Please let me know if your boss prefers one option over the other or has a different idea entirely. If you need another copy of the Perfusionist testimony, let me know.

I will be sending over a copy of the letter DWD sent to Senator Roessler which indicated their willingness to modify CR 03-022 (relating to child support). I apologize for not sending this sooner. The Department has as long as it wants to make the changes, however, JoAnna Richard has told me that the Department has been working with interested parties and is getting close to having something to send back to us.

Please don't hesitate to ask any questions if any of this is not clear!

Thank you,

Jennifer