

Chapter Med 26

MILITARY MEDICAL PERSONNEL

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Med 26.01 Authority and purpose. The rules in this chapter are adopted by the medical examining board pursuant to the authority delegated by ss. 15.08 (5) (b) and 448.40 (1m), Stats.

History: EmR2308: emerg. cr., eff. 6–1–23; CR 23–037: cr. Register March 2024 No. 819, eff. 4–1–24.

Med 26.02 Definitions. In this chapter:

(1) “Adequate supervision” means the licensed supervising practitioner is competent and authorized under his or her applicable license or certification to perform the delegated clinical act, and must have reasonable evidence that the supervised individual is minimally competent to perform the act under the circumstances.

(2) “Administering facility” means an inpatient health care facility, as defined in s. 50.135 (1), Stats., an outpatient health care location, a community–based residential facility, as defined in s. 50.01 (1g), Stats., or a residential care apartment complex, as defined in s. 50.01 (6d), Stats., that is a party to the memorandum of understanding specified in s. Med 26.05 (1) and maintains a written policy governing registered military medical personnel specified in s. Med 26.05 (1) (g).

(3) “Advanced practice nurse prescriber” means a certified advanced practice nurse prescriber authorized to issue prescription orders under s. 441.16 (2), Stats.

(4) “Basic patient care” means care that can be performed following a defined procedure with minimal modification in which the responses of the patient to the care are predictable.

(5) “Basic patient situation” as determined by a licensed supervising practitioner means the following 3 conditions prevail at the same time in a given situation:

- (a) The patient’s clinical condition is predictable.
- (b) Medical or nursing orders are not changing frequently and do not contain complex modifications.
- (c) The patient’s clinical condition requires only basic patient care.

(6) “Complex patient situation” as determined by a licensed supervising practitioner means any one or more of the following conditions exist in a given situation:

- (a) The patient’s clinical condition is not predictable.
- (b) Medical or nursing orders are likely to involve frequent changes or complex modifications.
- (c) The patient’s clinical condition indicates care that is likely to require modification of procedures in which the responses of the patient to the care are not predictable.

(7) “Direct supervision” means immediate availability to continually coordinate, direct, and inspect in real time the practice of another.

(8) “General supervision” means to continually coordinate, direct, and inspect the practice of another.

(9) “Licensed supervising practitioner” means a physician licensed under s. 448.03 (1), Stats., a physician assistant licensed under s. 448.972 (1), Stats., a podiatrist licensed under s. 448.63 (1), Stats., a registered nurse licensed under s. 441.06 (1), Stats., or an advanced practice nurse prescriber.

(10) “Military medical personnel” means a person who served as an army medic, a navy or coast guard corpsman, or an air force aerospace medical technician in the U.S. armed forces.

(11) “Military medical personnel program participant” means a military medical personnel who qualifies to participate in the program created under s. 440.077 (2) (a), Stats.

History: EmR2308: emerg. cr., eff. 6–1–23; CR 23–037: cr. Register March 2024 No. 819, eff. 4–1–24; corrections in (2) made under ss. 13.92 (4) b. 7. and 35.17, Stats., and correction in (9) made under s. 35.17, Stats., Register March 2024 No. 819.

Med 26.03 Program participation. A military medical program participant shall meet all of the requirements in s. SPS 11.03.

History: EmR2308: emerg. cr., eff. 6–1–23; CR 23–037: cr. Register March 2024 No. 819, eff. 4–1–24.

Med 26.04 Delegated authority. (1) Except as otherwise prohibited by any other rule or statute, a licensed supervising practitioner may delegate their licensed or certified professional practice authority to perform a clinical act to a person who is a military medical personnel program participant if all of the following are true:

(a) The licensed supervising practitioner is competent and authorized under their applicable license or certification to perform the delegated clinical act.

(b) The licensed supervising practitioner has reasonable evidence that the supervised military medical personnel program participant is minimally competent to perform the delegated clinical act under the circumstances based on the individual’s level of training and experience. Such reasonable evidence may include the memorandum of understanding signed by the military medical personnel program participant and the administering facility specified in s. Med 26.05. Reasonable evidence may also include any other relevant information as determined by the licensed supervising practitioner.

(c) The delegated clinical act is not a surgical procedure or the issuance of a prescription order.

(d) The delegated clinical act is performed in an administering facility.

(2) The licensed supervising practitioner who delegates a clinical act for a patient to a registered military medical personnel pursuant to this section retains responsibility for the care of the patient.

(3) Subject to the limitation in s. 440.077 (2) (b), Stats., and except as provided in sub. (4), the scope in which a registered military medical personnel may practice is limited to the performance of acts in basic patient situations under the general supervision of a licensed supervising practitioner, which includes the following:

(a) Accept only patient care assignments which the military medical personnel program participant is competent to perform.

(b) Provide basic patient care.

(c) Record patient care given and report changes in the condition of a patient to the appropriate person.

(d) Consult with a provider in cases where the military medical personnel program participant knows or should know a delegated clinical act may harm a patient.

- (e) Perform the following other acts when applicable:
1. Assist with the collection of data.
 2. Assist with the development and revision of a patient care plan.
 3. Reinforce the teaching provided by a licensed provider and provide basic health care instruction.
 4. Participate with other health team members in meeting basic patient needs.

(f) Any other task authorized by the memorandum of understanding and delegated to the program participant by their licensed supervising practitioner.

(4) In the performance of acts in complex patient situations the military medical personnel program participant shall perform delegated clinical acts beyond basic patient care only under the direct supervision of a licensed supervising practitioner. A military medical personnel program participant shall, upon request of the medical examining board, provide documentation of his or her education, training, or experience which prepares the military medical personnel program participant to competently perform these assignments.

History: EmR2308: emerg. cr., eff. 6–1–23; CR 23–037: cr. Register March 2024 No. 819, eff. 4–1–24; corrections in (3) (intro.) made under ss. 13.92 (4) (b) 7. and 35.17, Stats., and correction in (3) (f), (4) made under s. 35.17, Stats., Register March 2024 No. 819.

Med 26.05 Documentation of training and experience. **(1)** A military medical personnel who practices pursuant to this chapter shall sign a memorandum of understanding form published by the medical examining board that includes all of the following:

- (a) The name of the administering facility at which the military medical personnel will be providing delegated clinical care pursuant to this chapter.
- (b) An identification of the military medical personnel as either an army medic, a navy corpsman, a coastguard corpsman, or an air force aerospace medical technician, and the individual's dates of service in such role.
- (c) The date of the military medical personnel's date of honorable or regular discharge from military service. Such date must be within the 12 months prior to the date the memorandum of understanding is signed by the military medical personnel and the administering facility.
- (d) A description of the medical training and experience the individual received as an army medic, a navy corpsman, a coastguard corpsman, or an air force aerospace medical technician.
- (e) A reasonable timeline, consistent with s. 440.077 (3) (c), Stats., that describes the actions the military medical personnel intends to take to acquire a license under s. 441.06, 441.10, 448.04, 448.61, or 448.974, Stats., including the date by which the military medical personnel agrees to acquire the license. Except as provided in s. Med 26.06, the memorandum of understanding shall terminate one day after the date specified above or the date the military medical personnel acquires the license, whichever is earlier. A reasonable timeline shall be subject to approval by the board or its designee. Such approval may include consideration of any of the following factors:

1. The amount of time left in a military medical personnel's education program related to the license or certification they are applying for.

2. The dates and locations of examinations required for licensure or certification.

3. A military medical personnel's own serious medical condition diagnosed by a physician or that of an immediate family member.

4. Any other information that the board deems necessary to approve a reasonable timeline.

(f) An attestation by the military medical personnel that they will not accept a delegation of practice authority under this chapter to perform a clinical act if his or her training and experience as a military medical personnel did not include that clinical act.

(g) An attestation by the administering facility that it has a written policy governing clinical practice by registered military medical personnel, and that policy is shared with the military medical personnel subject to the memorandum of understanding and those licensed supervising practitioners authorized to delegate clinical acts to the individual.

(h) An attestation by the administering facility that the administering facility to the best of the administering facility's knowledge and with a reasonable degree of certainty, all of the information in the memorandum of understanding is true.

(i) The memorandum of understanding is signed and dated by the military medical personnel and an authorized representative of the administering facility.

Note: The memorandum of understanding form can be located on the department's website at <http://dsps.wi.gov>.

(2) The military medical personnel shall submit a completed memorandum of understanding that meets all of the requirements in sub. (1) to the military medical personnel's employer.

(3) The military medical personnel shall submit the completed timeline under sub. (1) (e) to the department in the manner specified by the medical examining board on its published timeline form.

History: EmR2308: emerg. cr., eff. 6–1–23; CR 23–037: cr. Register March 2024 No. 819, eff. 4–1–24; correction in (1) (e) (intro.) made under s. 35.17, Stats., Register March 2024 No. 819.

Med 26.06 Extension of memorandum of understanding expiration date. The medical examining board may extend the termination date of a signed memorandum of understanding under s. Med 26.05 if it appears that, because of unforeseen circumstances, the applicant requires more time to receive a license under s. 441.06, 441.10, 448.04, 448.61, or 448.974, Stats.

History: EmR2308: emerg. cr., eff. 6–1–23; CR 23–037: cr. Register March 2024 No. 819, eff. 4–1–24; correction made under s. 35.17, Stats., Register March 2024 No. 819.

Med 26.07 Complaints, investigations, suspension, and termination of authorization. The medical examining board may receive and investigate complaints against a military medical personnel program participant performing delegated clinical acts pursuant to this chapter. The medical examining board may suspend or terminate a military medical personnel program participant's authority to perform delegated clinical acts pursuant to this chapter.

History: CR 23–037: cr. Register March 2024 No. 819, eff. 4–1–24.