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Governor Scott Walker Secretary Dave Ross

DENTISTRY EXAMINING BOARD
Room 121A, 1400 E. Washington Avenue, Madison
Contact: Angela Hellenbrand (608) 266-2112
November 6, 2013

The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of the actions of the Board.

AGENDA

8:30 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A.** Pledge of Allegiance
- B.** Recognition of Board Members
- C.** Welcome New Board Members
- D. Adoption of Agenda (1-4)**
- E. Approval of Minutes – September 4, 2013 (5-8)**
- F. Administrative Updates**
 - 1) Staff Updates
 - 2) DSPS Economic Impact and Recent Accomplishments Report **(9-38)**
 - 3) Other
- G.** DLSC Matters
- H. Credentialing Matters – Discussion and Consideration**
 - 1) Foreign Trained Dentists
 - a. Surrounding State’s Standards – Report from Leo Huck
 - b. Meeting with Marquette University School of Dentistry – Report from Lyndsay Knoell and Mark Braden
 - c. Gary Stafford, DMD, Marquette University School of Dentistry, Email Correspondence **(39-40)**
- I. Education and Examination Matters – Discussion and Consideration**
 - 1) Discussion of Examination Failures and Retakes –
 - a. Dr. Bruce Barrette comments **(41-42)**
 - b. Board Retakes – Report from Eileen Donohoo

J. Legislative/Administrative Rule Matters – Discussion and Consideration

- 1) **9:30 A.M. – Public Hearings – Chs. DE 9, 11 and 102 Relating to Lab Work Authorization, Sedation Permits and Training Verification Forms (CR 13-060, 13-061 and 13-074) (43-62)**
- 2) Discuss and Consider Hearing Comments, Clearinghouse Comments and Legislative Report, Chs. DE 9, 11 and 12 (CR 13-060, 13-061 and 13-074) **(63-64)**
 - a) Rules Update – Ch. DE 8, Patient Dental Records; Possible Scope for CE Requirements
 - b) SB 311 – Hygienists Administering Nitrous Oxide Inhalation Analgesia

K. Practice Matters – Discussion and Consideration

- 1) Jeffrey Chaffin Presentation on Infection Control Emergency **(65-66)**
- 2) Laser Use by Dental Hygienists **(67-68)**

L. Speaking Engagements, Travel or Public Relations Requests

- 1) ADEX House of Representatives Meeting **(69-72)**

M. Informational Items – Discussion and Consideration

- 1) Hygiene Report (HERC) August 2013 – CRDTS Annual Meeting **(73-76)**

N. Items Added After Preparation of Agenda

- 1) Introductions, Announcements and Recognition
- 2) Presentations of Petition(s) for Summary Suspension
- 3) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s)
- 4) Presentation of Final Decisions
- 5) Disciplinary Matters
- 6) Administrative Matters
- 7) Education and Examination Matters
- 8) Credentialing Matters
- 9) Class 1 Hearing(s)
- 10) Practice Matters
- 11) Legislative/Administrative Rule Matters
- 12) Liaison Report(s)
- 13) Informational Item(s)
- 14) Speaking Engagement(s), Travel, or Public Relation Request(s)

O. Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.; consider closing disciplinary investigation with administrative warning (s. 19.85(1)(b), Stats. and 440.205, Stats., to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.; and, to confer with legal counsel (s. 19.85(1)(g), Stats.)

P. Presentation and Deliberation on Proposed Stipulations, Final Decisions and Orders by the Division of Legal Services and Compliance (DLSC)

- 1) 12 DEN 113 – Anelin Feilen, DDS **(77-82)**
 - o Case Advisor – Beth Welter
- 2) 12 DEN 122 – Stephen Schwalbach, DDS **(83-90)**
 - o Case Advisor – Mark Braden

Q. Proposed Administrative Warnings

- 1) 12 DEN 026 **(91-92)**

R. Credentialing Matters – Application Review(s) and Request for Waiver

- 1) M.J.M, RDH. – Application for Re-Registration of Dental Hygiene License **(93-102)**
- 2) W.F.F., DMD – Dentistry Application by Endorsement **(103-208)**
- 3) **APPEARANCE – Jamie Adams, Records Management Supervisor, Division of Professional Credentialing – Presentation of a Request from S.F.D. for Waiver of the CPR Requirement (209-210)**

S. Monitoring

- 1) Steven Schnoll, DDS – Requesting Reduction in Drug and Alcohol Screens **(211-232)**

T. DLSC Matters

- 1) Case Status Report **(233-234)**
- 2) Case Closing(s)

U. Deliberation of Items Received After Printing of the Agenda

- 1) Disciplinary Matters
- 2) Education and Examination Matters
- 3) Credentialing Matters
- 4) Class 1 Hearings
- 5) Monitoring Matters
- 6) Professional Assistance Procedure (PAP) Matters
- 7) Petition(s) for Summary Suspensions
- 8) Petition(s) for Extension of Time
- 9) Proposed Stipulations, Final Decisions and Orders
- 10) Administrative Warnings
- 11) Proposed Decisions
- 12) Matters Relating to Costs
- 13) Motions
- 14) Petitions for Rehearing
- 15) Case Closings
- 16) Appearances from Requests Received or Renewed

V. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

W. Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate

ADJOURNMENT

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**DENTISTRY EXAMINING BOARD
MINUTES
SEPTEMBER 4, 2013**

PRESENT: Debra Beres, RDH; Mark Braden, DDS; Eileen Donohoo, RDH; Leonardo Huck, DDS; Adriana Jaramillo, DDS; Lyndsay Knoell, DDS; Sandra Linhart, RDH; Kirk Ritchie, DDS; Beth Welter, DDS

STAFF: Angela Hellenbrand, Executive Director; Karen Rude-Evans, Bureau Assistant

CALL TO ORDER

Lyndsay Knoell, Chair, called the meeting to order at 8:30 a.m. A quorum of nine (9) members was confirmed.

ADOPTION OF AGENDA

MOTION: Eileen Donohoo moved, seconded by Deb Beres, to adopt the agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF JULY 10, 2013

MOTION: Eileen Donohoo moved, seconded by Deb Beres, to approve the minutes of July 10, 2013 as published. Motion carried unanimously.

ADMINISTRATIVE UPDATES

Appointment of Credentialing Liaison

Chair Lyndsay Knoell appointed Leonardo Huck as the credentialing liaison.

MOTION: Eileen Donohoo moved, seconded by Mark Braden, to reaffirm the appointment of Leonardo Huck as the credentialing liaison. Motion carried unanimously.

CREDENTIALING MATTERS

Review of Conscious Sedation Training Verification Form

MOTION: Beth Welter moved, seconded by Mark Braden, to have DSPS Staff review the Sedation Verification form and make recommendations for revisions. Motion carried unanimously.

LEGISLATIVE/ADMINISTRATIVE RULE MATTERS

Scope Statement Relating to Ch. DE 8, Patient Dental Records Retention

MOTION: Eileen Donohoo moved, seconded by Adriana Jaramillo, to approve the scope statement as amended for ch. DE 8 regarding Patient Dental Records Retention, and to have Dr. Knoell review prior to publishing the scope statement and implementation after publication. Motion carried unanimously.

Review of Rule Draft Relating to Ch. DE 12, Training Verification Forms

MOTION: Adriana Jaramillo moved, seconded by Mark Braden, to approve the text of the rule change as amended for ch. DE 12 regarding Training Verification Forms, establish hearing at the next meeting and publish notice of a public hearing. Motion carried unanimously.

PRACTICE MATTERS

Dental Inspection Checklist

MOTION: Lyndsay Knoell moved, seconded by Deb Beres, to recommend to the Department to use the portion of the dental inspection checklist that pertains to the complaint being investigated, and to utilize other portions if additional violations are apparent. Motion carried unanimously.

CLOSED SESSION

MOTION: Lyndsay Knoell moved, seconded by Deb Beres, to invite Dr. Tim McConville and Dr. Wendy Pietz to sit in during closed session. Dr. McConville and Dr. Pietz are non-voting members. Motion carried unanimously.

Lyndsay Knoell, Board Chair, read the motion to convene to closed session.

MOTION: Lyndsay Knoell moved, seconded by Eileen Donohoo, to convene to closed session pursuant to Wisconsin State statutes 19.85(1)(a)(b)(f) and (g) for the purpose of conducting appearances, reviewing monitoring requests, requests for licensure, deliberate on stipulations, administrative warnings, proposed decisions and orders, consulting with Legal Counsel and Division of Legal Services and Compliance case status reports. Roll Call Vote: Debra Beres – yes; Mark Braden – yes; Eileen Donohoo – yes; Leonardo Huck-yes; Adriana Jaramillo – yes; Lyndsay Knoell

– yes; Sandra Linhart – yes; Kirk Ritchie-yes; Beth Welter-yes.
Motion carried unanimously.

The Board convened into Closed Session at 11:46 a.m.

RECONVENE TO OPEN SESSION

MOTION: Adriana Jaramillo moved, seconded by Beth Welter, to reconvene into open session. Motion carried unanimously.

The Board reconvened into open session at 2:27 p.m.

ADMINISTRATIVE WARNING(S)

MOTION: Adriana Jaramillo moved, seconded by Eileen Donohoo, to issue the Administrative Warning in case **12 DEN 125 (G.O.M.)**. Motion carried unanimously.

APPLICATION REVIEW(S)

MOTION: Eileen Donohoo moved, seconded by Lyndsay Knoell, to approve the application of **M.J.D., DDS**, for Dentistry licensure by examination once all licensing requirements are met. Motion carried. One member opposed.

MOTION: Eileen Donohoo moved, seconded by Deb Beres, to approve the application of **B.A.K, DDS**, for Dentistry licensure by endorsement once all licensing requirements are met. Motion carried. One member opposed.

MOTION: Adriana Jaramillo moved, seconded by Mark Braden, to approve the application of **D.C.N., DDS**, for Dentistry licensure by endorsement once all licensing requirements are met. Motion carried unanimously.

MONITORING

MOTION: Lyndsay Knoell moved, seconded by Eileen Donohoo, to deny the request of **Howard Lubin, DDS**, for a reduction in screens. Motion carried unanimously.

MOTION: Eileen Donohoo moved, seconded by Mark Braden, to grant the request of **Jeffrey Slavik, DDS**, for termination of the therapy requirement with continued attendance at twice weekly AA meetings; to grant the modification of the elimination of the general dentist mentor, and retain the oral surgeon mentor requirement. Dr. Slavik cannot repetition the Board for

modifications for one year. No petition will be considered without supporting documentation, as discussed. Motion carried unanimously.

PRESENTATION OF MOTION TO DESIGNATE FINAL DECISION MAKER

MOTION: Lyndsay Knoell moved, seconded by Leonardo Huck, to adopt the motion to designate Chief Legal Counsel Michael Berndt as the final decision maker in case 13 DEN 021. Motion carried. Sandra Linhart recused herself during the presentation and deliberation and abstained from voting.

ADJOURNMENT

MOTION: Lyndsay Knoell moved, seconded by Deb Beres, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 2:59 p.m.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

| | | | |
|---|--|--|--|
| 1) Name and Title of Person Submitting the Request: Angela Hellenbrand Executive Director | | 2) Date When Request Submitted: 21 October 2013 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others | |
| 3) Name of Board, Committee, Council, Sections: Dentistry Examining Board | | | |
| 4) Meeting Date: 6 November 2013 | 5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 6) How should the item be titled on the agenda page? Administrative Matters 1) DSPS Economic Footprint and Recent Accomplishments Report | |
| 7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both | 8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by _____ (name) <input type="checkbox"/> No | 9) Name of Case Advisor(s), if required: | |
| 10) Describe the issue and action that should be addressed: The DSPS Recent Accomplishments and Economic Footprint Report was created as part of an effort to identify the agency's stakeholders, explain the ways we currently provide important services, and identify ways to improve services going forward. | | | |
| 11) Authorization | | | |
| Signature of person making this request | | Date | |
| Supervisor (if required) | | Date | |
| Bureau Director signature (indicates approval to add post agenda deadline item to agenda) | | Date | |
| Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting. | | | |



DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES

Recent Accomplishments and Economic Footprint Report

Regulating industries that contribute over \$75 billion annually to the Wisconsin economy

September 2013

INTRODUCTION

The regulated professions and industries within the Department of Safety and Professional Services (DSPS) have a significant impact on the economy and the health, safety, and welfare of Wisconsin's residents. This report assesses the contribution of DSPS to Wisconsin's economy specifically focusing on the health care, construction, and real estate industries. Without the Department's regulatory oversight, proper functioning of these industries could not be maintained.

Highlights from this report include:

- Since its creation, DSPS has made great strides to increase responsiveness, drive productivity, and reduce operational costs to meet the increasing demands of its customers while making efficient use of valuable taxpayer dollars.
- Earning \$18 billion annually on average, health and business professionals credentialed by DSPS are a vital component to economic growth in Wisconsin.
- In 2009, health care professionals credentialed by DSPS generated \$40 billion in economic activity, almost 17% of Wisconsin's gross state product.
- With DSPS regulatory oversight, the construction sector safely and competently contributed approximately \$6.9 billion to Wisconsin real gross domestic product (GDP) in 2012.
- With DSPS regulatory oversight, the construction sector provided over 152,000 well-paying jobs to Wisconsin workers in 2011.
- Construction projects regulated by DSPS can be effective economic stimuli that create jobs and increase spending in a wide range of other sectors of the economy.
- With DSPS regulatory oversight, the real estate industry accounted for \$28.2 billion or 12.5% of Wisconsin GDP in 2012
- When a real estate professional credentialed by DSPS sells a home in Wisconsin, it generates over \$13,000 in income from real estate related industries; over \$5,000 in additional expenditures on consumer items such as furniture, appliances, and paint services; and over \$3,000 in expenditures on remodeling within two years of the home purchase.

MISSION

The mission of the Department of Safety and Professional Services is to promote economic growth and stability while protecting the citizens of Wisconsin as designated by statute.

PURPOSE

- competent practice of licensed professionals
- safety of the construction and use of public and private buildings
- compliance with professional and industry standards

The contribution this Department makes to Wisconsin's economy far exceeds these numbers alone, as every day over 380,000 credential holders go to work in a DSPS regulated industry.¹

This report contains four parts. The first section provides a general overview of the Department's roles and responsibilities and describes recent process improvements for greater Departmental productivity. The second section assesses the economic contribution of DSPS through the regulation of the health care industry. The third section examines the impact of DSPS on the Wisconsin economy through the regulation of the construction industry. The fourth section evaluates the economic impact of DSPS through the regulation of the real estate industry.

¹ For a complete list of DSPS regulated industries please visit: <http://dsps.wi.gov/Licenses-Permits/Credentialing>.

GENERAL RESPONSIBILITIES AND RECENT ACCOMPLISHMENTS

DSPS protects the citizens of Wisconsin by ensuring safe and competent practice of licensed professionals and safe and sanitary conditions in public and private buildings. Divisions within DSPS perform a variety of tasks to successfully accomplish this mission.²

DIVISION RESPONSIBILITIES

The Division of Policy Development (DPD) provides administrative support and policy guidance to the professional boards in the state by facilitating board meetings, serving as a liaison between the boards and the Department, and managing the administrative rule promulgation process for self-regulated professions. DPD also manages the administrative rule promulgation process for professions that are directly regulated by the Department. *In 2012, DPD provided administrative services to over 40 boards and councils and facilitated approximately 180 meetings related to board activities.*

The Division of Professional Credential Processing (DPCP) processes all credential applications and oversees credential eligibility, renewal, continuing education requirements, and examination requirements for regulated professions. *Between June of 2011 and June of 2013, DPCP processed roughly 72,000 initial credentials and 212,000 renewals. As of June, 2013, there were over 388,000 active credential holders.*

The Division of Legal Services and Compliance (DLSC) provides legal services to professional boards and the department regarding the investigation and discipline of licensed credential holders for violations of professional regulations. The Division is also responsible for the complaint intake process, monitoring compliance with disciplinary orders, managing a confidential program for impaired professionals, performing audits of trust accounts, and conducting business inspections for pharmacies, drug distributors and manufacturers, funeral establishments, and barber and cosmetology schools and establishments.

The Division of Industry Services (DIS) contains multiple bureaus. The Bureau of Field Services provides services related to construction and operation of buildings, along with ensuring compliance with health and safety codes. The Bureau of Technical Services (BTS) provides services such as plan review, consultation, inspections, and product evaluation. *In 2012, BTS staff completed over 14,000 plan reviews and 100,000 inspections.* The Division also administers the Wisconsin Two-Percent Fire

DSPS protects the citizens of Wisconsin by ensuring safe and competent practice of licensed professionals and safe and sanitary conditions in public and private buildings.

² To achieve greater efficiencies, the DSPS recently recommended the transfer of responsibilities related to petroleum products and storage tank systems. The enactment of 2013 Wisconsin Act 20 transferred these responsibilities to the WI Department of Natural Resources and WI Department of Agriculture, Trade and Consumer Protection.

Dues Payments Program. Funded by fire insurance premiums paid in Wisconsin, DIS distributes payments to municipalities to be used to purchase fire protection equipment, fund fire prevention inspection and public fire education, train fire fighters and fire inspectors, or fund pension or other special funds for disabled or superannuated fire fighters. *In 2013, DIS distributed approximately \$15.9 million to Wisconsin municipalities through the Two-Percent Fire Dues Payments Program.*³

RECENT ACCOMPLISHMENTS

Since its creation, DSPS has made great strides to increase responsiveness, drive productivity, and reduce operational costs to meet the increasing demands of its customers while making efficient use of valuable taxpayer dollars.

Since its creation, DSPS has made great strides to increase responsiveness, drive productivity, and reduce operational costs in order to meet the increasing demands of its customers while making efficient use of valuable taxpayer dollars.

Reducing Prescription Drug Abuse

DPD recently implemented the Wisconsin Prescription Drug Monitoring Program (PDMP). *As a HIPAA⁴-compliant database, the Wisconsin PDMP stores data about controlled substances and other highly abused substances prescribed to individuals in Wisconsin and lawfully discloses the data to authorized individuals.*

Pharmacies and other dispensers of prescription drugs collect and submit data to the PDMP database including information about the prescriber, the dispenser, the drug, and the patient for each prescription. Authorized users may obtain data stored in the PDMP database to verify prescription information. PDMP helps to improve patient care and safety, reduce the abuse and diversion of prescription drugs in Wisconsin, and ensure that patients with a legitimate medical need for the prescription medications are not adversely affected.

Effective June 1, 2010, 2009 Wisconsin Act 362 directed DSPS to manage the operations of PDMP in accordance with the rules and policies developed by the Pharmacy Examining Board. In September of 2011, DSPS received grant funding to manage PDMP. The Pharmacy Examining Board began the administrative rule-writing process on October 1, 2011 and the rules, ch. Phar 18, became effective on January 1, 2013. Since this date, DSPS staff members have travelled the state educating the public through outreach and training events.

³ The Department also contains a Division of Management Services. The Division of Management Services provides administrative services to the Office of the Secretary and all other Divisions within the Department. These services include human resources, payroll, planning, budget, accounting, and information technology.

⁴ Health Insurance Portability and Accountability Act is a Federal legislation designed to improve the portability and continuity of health insurance. Another important objective is to reduce administrative costs for providers and payers while protecting the privacy of health information.

The Wisconsin PDMP became fully operational on June 1, 2013. The Department established memoranda of understanding (MOUs) with sovereign tribes and the Indian Health Services (HIS) to participate in PDMP and participated in several Alcohol and Other Drug Abuse prevention events. PDMP staff continues to strengthen state tribal collaboration through outreach to the Great Lakes Inter-Tribal Council, Inc., tribal leaders, tribal health directors, and tribal law enforcement. *Currently the PDMP database stores approximately 6 million prescription records, 1,800 dispensers submit data, and 3,200 users have query accounts.* DSPS staff seek to further enhance the PDMP database by working to improve processes to allow access to data and exchange data with neighboring states.

The Prescription Drug Monitoring Program will reduce the abuse and diversion of prescription drugs in Wisconsin.

Issuing Licenses More Quickly

DPCP recently developed and piloted the Online License Application System (OLAS) that allows individuals to apply and pay fees for professional credentials online. This system will significantly decrease the turnaround time for applicants to receive their professional credential and begin working in Wisconsin.

OLAS for nursing licenses piloted in spring of 2013 to reduce the processing time of nursing applications and provide schools with an efficient paperless process to approve and submit graduation information to DSPS. A sample of 10 percent showed that DSPS granted OLAS applicants permission to take the required National Council Licensure Examination (NCLEX) one to two business days after the receipt of the OLAS application from the school and *granted OLAS applicants a license one to two business days* after receipt of NCLEX exam results. This processing time is a significant improvement over applications sent by postal mail. Using the paper method it took one to five business days for the application to reach credentialing staff from the mail room and another 17 business days (on average, while waiting for additional paperwork) before DSPS granted permission to take the NCLEX exam. Since the implementation of Nursing OLAS, the processing time between receipt of an application and NCLEX authorization has decreased by 90 percent on average. DPCP is working to expand OLAS to several other professions.

Since the implementation of Nursing OLAS, the processing time between receipt of an application and NCLEX authorization has decreased by 90 percent on average.

DPCP has similarly encouraged applicants to renew their credentials online via the website. *As a result, the percent of online renewals increased from 84% in 2011 to 95% in 2012.* The Division also implemented a live call center that allows customers and the general public to contact the Department via telephone and speak with a live representative to address their immediate concerns.

Creating Efficiencies

In June of 2012, DSPS commenced a paperless office initiative to promote operational effectiveness, a more productive use of space, and simplified processes. DPD began providing electronic board agendas and laptops to board members in place of paper agendas for an *estimated annual savings of \$21,000*. Further, this initiative also allowed for the elimination of 214 file cabinets, 18 bookcases, and 144 feet of open shelving giving the Department the ability to add workstations to its flagship location at 1400 East Washington Avenue. Efforts like this allowed for the Madison-based staff of the Division of Industry Services (DIS) to completely vacate its space at the former Department of Commerce building and move to the East Washington location, *saving the Department roughly \$65,000 each month*.

Industry Services implemented several additional initiatives to increase staff productivity and improve customer satisfaction. First, in the interest of delivering consistent performance and code enforcement, DIS has made great strides at standardizing the inspection process and report format across all division programs. Process improvements include using technology tools to assist field team members in report preparation and submission.

DIS recently implemented electronic plan review saving the Department and its customers valuable time and money. Historically, individuals have submitted paper plans to various locations in the state. Occasionally, specific locations would experience a high volume of plan submittals resulting in increased turnaround time. *Electronic plan review provides for greater organizational flexibility by allowing reviewers all over Wisconsin to share the workload which expedites the plan review process.*

In order to further expedite processes for customers, DIS staff are developing electronic forms for all applications, registrations, and permits that will allow customers to complete the paperwork online. The Division is similarly developing the database management required to electronically process these applications.

Clearing the Red Tape

In compliance with 2012 Executive Order 61, DPD and the professional boards supported by the Division identified and changed administrative rules that hindered job creation and small business growth; such as,

- A less burdensome pathway to licensure for barbers
- A more convenient online open book exam option for funeral directors
- Deletion of a requirement that certain municipalities hire two full-time plumbing inspectors

Boards supported by the division initiated the administrative rule writing process for a number of additional changes as a result of 2012 Executive Order 61, for example:

The Division of Policy Development and the professional boards managed by the Division identified and changed administrative rules that hindered job creation and small business growth including implementing a less burdensome path to licensure for barbers.

- The Optometry Examining Board seeks to allow electronic signatures for prescription eyeglasses, which will allow thousands of optometry patients to enjoy the increased speed and accuracy of electronic prescription eyeglasses.
- The Real Estate Examining Board plans to provide brokers the ability to retain records in electronic format and recognizing the ledger and journaling software widely utilized in the real estate industry.
- The Dentistry Examining Board seeks to reduce unnecessary regulatory burdens on dentistry professionals by eliminating nonessential paperwork associated with the training of unlicensed persons, modernizing rules to allow for electronic authorization of dental laboratory work, and developing guidelines for patient dental record retention removing significant paper storage costs.

DPD has worked to *create predictability* in the enforcement of administrative rules by updating forms to better align with statutory requirements and codifying internal policy procedures; this gives members of the public *clear expectations* of what they can expect when they walk through the doors of our agency. The Division has also greatly *increased transparency* in the rule writing process by using the website to notice public comment periods on all rule projects.

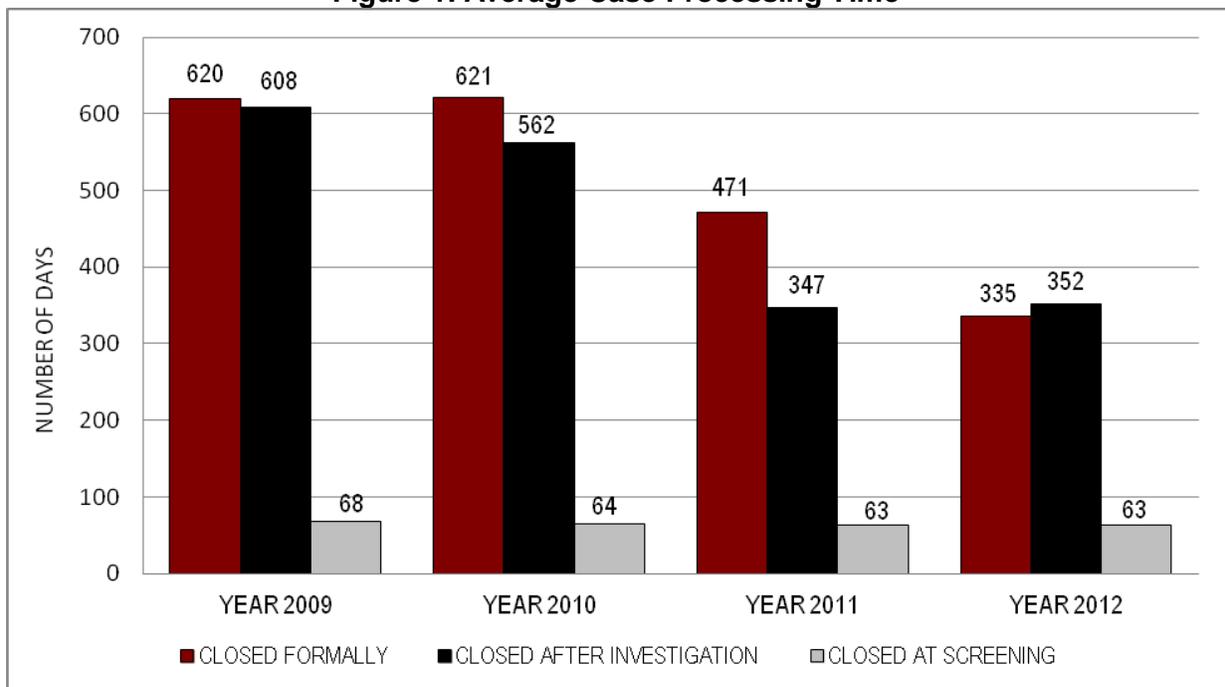
Saving Taxpayer Dollars

Shortly after the establishment of DSPS, Department management and staff analyzed agency expenditures and found several opportunities for cost savings. For example, it was discovered that the agency continued to pay for landlines and voicemail boxes that once belonged to former employees. *As of April 2012, the Department eliminated 152 landlines and 54 voicemail boxes for a combined annual base savings of approximately \$22,000.* Several additional disconnections have occurred since that date resulting in even greater cost savings.

Protecting the Public

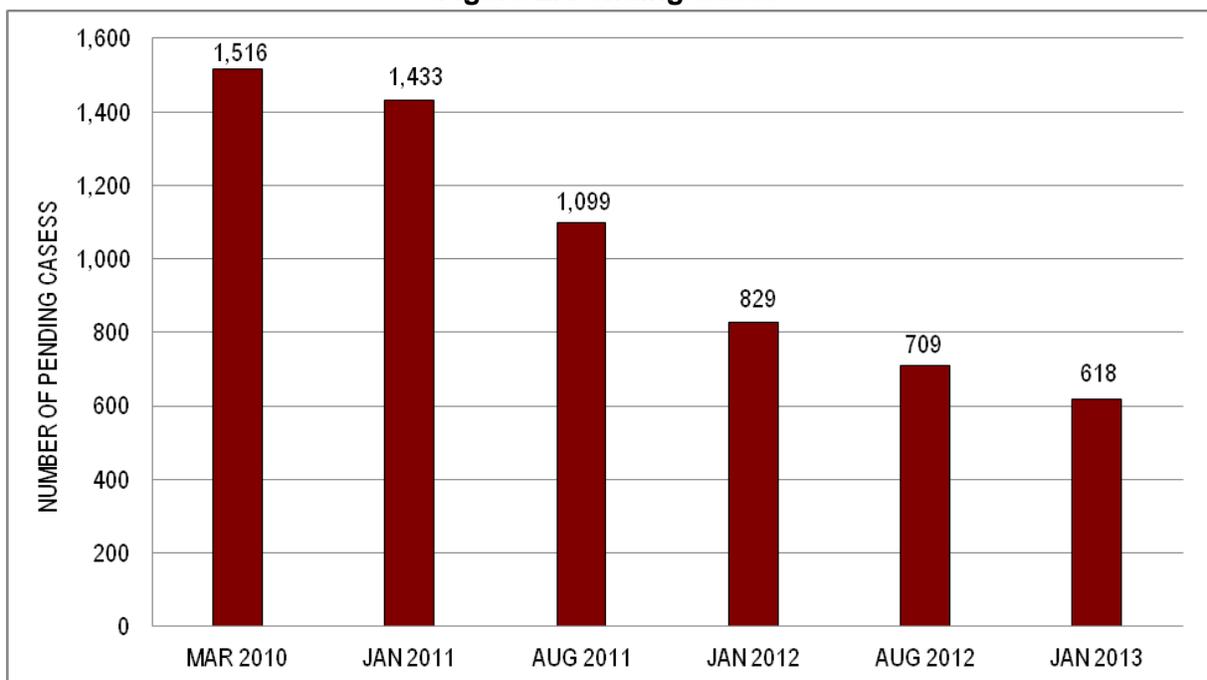
In 2011, under Governor Walker's administration, an increased focus was placed on timely enforcement and resolution of cases. This insured prompt protection of the public without comprising adequacy and appropriateness of enforcement actions. DLSC case processing time has improved significantly from 2009. *The average number of days to process improved as follows: closed formal from 620 days in 2009 down to 335 days in 2012; closed after investigation from 608 days down to 352 days, and closed at screening from 68 days in 2009 down to 63 days in 2012.* (See Figure 1)

Figure 1: Average Case Processing Time

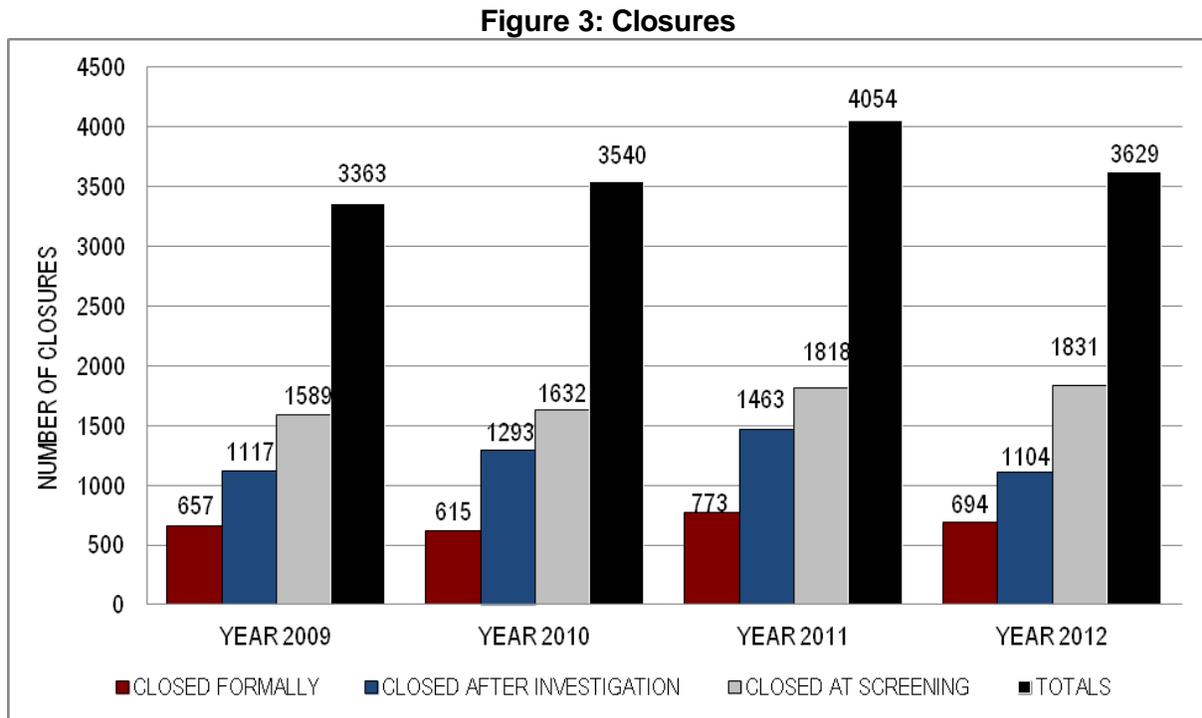


Through effective management and increased operational efficiency, DLSC has reduced its pending caseload from 1,516 to 618 cases (Figure 2).

Figure 2: Pending Cases



As shown in the chart below, protection of the public has been a top priority in DLSC, as the number of enforcement actions has increased in the past 2 years (Figure 3).



In addition to the case closures mentioned in the charts above, in 2012 DLSC completed 206 audits, 153 inspections, had 69 participants enrolled in a confidential assistance program for chemically impaired professionals, and monitored approximately 1,890 professional credential holders for compliance with disciplinary orders. However, numbers alone don't tell the whole story. The Division continuously looks for ways of ensuring that cases are handled in the best manner possible through precise attention to detail, intense legal scrutiny, and high quality customer service. For example, the division recently created online tutorials to explain the legal process to professional board members who serve as case advisors on disciplinary actions. These tutorials can be accessed by board members from the board room, work, or home 24 hours a day, 7 days a week on any computer. This is just one of the many ways DLSC delivers first rate service to the citizens of Wisconsin.

HEALTH AND BUSINESS REGULATION

Occupational regulation in Wisconsin began in 1882 with the creation of the Pharmacy Examining Board. This board set the credential requirements for pharmacists, granted credentials, promulgated administrative rules applicable to pharmacists, and collected credential fees. Between 1882 and 1965, 16 additional independent examining boards or councils were created that had separate budgets and directly employed staff (Austin 2013).

Several extensive reorganizations of Wisconsin state government in the mid-1960s sought to improve operational efficiency and responsiveness to the public. A substantial reorganization of the executive branch resulted from the Kellett Commission, named after its chair, William R. Kellett. Many of the Kellett Commission’s proposals impacted occupational licensure in Wisconsin, including the creation of a single Department of Regulation and Licensing (DRL) to provide centralized administrative services to the existing independent examining boards and councils. Under the consolidated administrative structure, each board maintained the independent regulation of its own profession, and the Department took on the direct regulation of specific professions where no examining board existed. These recommendations became law in 1967 (Chapter 75, Laws of 1967; Austin 2013).

Subsequent legislation further consolidated occupational regulation under DRL and shifted most administrative responsibilities from the independent boards to the Department (Austin 2013):

Earning \$18 billion annually on average, health and business professionals credentialed by DSPS are a vital component to economic growth in Wisconsin.

| | |
|-------------|--|
| 1975 | <ul style="list-style-type: none"> • The regulation of barbering and the regulation of the funeral industry transferred to DRL from the Department of Health and Social Services • DRL authorized to hire staff for all the boards with a few exceptions |
| 1977 | <ul style="list-style-type: none"> • Single appropriation created for the expenditure of all license fee revenue and budgetary authority centralized under DRL |
| 1979 | <ul style="list-style-type: none"> • DRL authorized to reorganize staff along functional lines rather than by the boards they served and to eliminate the last employee positions remaining under the boards’ direct authority • Legislation eliminated the Watchmaking Examining Board and Athletic Examining Board |
| 2009 | <ul style="list-style-type: none"> • Second appropriation created to split the budget and staffing of the professions regulated by the Medical Examining Board and affiliated credentialing boards from the remaining DRL professions |

In 2011, the Department of Safety and Professional Services was created and assumed all responsibilities performed by the former DRL and certain functions performed by the former Department of Commerce (2011 Wisconsin Act 32; Austin 2013).

In June of 2013, over 300,000 health and business professionals credentialed by DSPS worked in the state of Wisconsin earning *\$18 billion dollars annually on average*.⁵ These professionals contribute to economic growth in Wisconsin by spending their earnings at Wisconsin businesses, providing in-state capital for business investment and job creation, and supporting state and local governments through the payment of a variety of taxes.

⁵ Annual average earnings for professions with many subcategories such as Professional Engineering were calculated by taking an average of the subcategories. Annual average earnings for professionals “in-training” were calculated by dividing the annual average earning for a fully credentialed professional by two. The total annual earnings for all credential holders in each profession were estimated by multiplying the number of active licenses in each profession by the most recent estimates of average annual earnings for professions in Wisconsin as provided in the Occupational and Employment Statistics (Wisconsin Department of Workforce Development 2012).

HEALTH CARE INDUSTRY

The Centers for Medicare and Medicaid Services (CMS), a federal agency within the United States Department of Health and Human Services (DHHS), estimates that *roughly \$40 billion⁶ were spent on health care services in Wisconsin in 2009* (Centers for Medicare and Medicaid Services 2011).⁷

Professionals credentialed by DSPS account for the vast majority of health spending in Wisconsin. DSPS ensures the safe and competent practice of 62 different health professions. Appendix A provides a complete list of health-related professions and boards under the purview of DSPS.

In 2009, health care professionals credentialed by DSPS generated \$40 billion in economic activity, almost 17% of state gross domestic product.

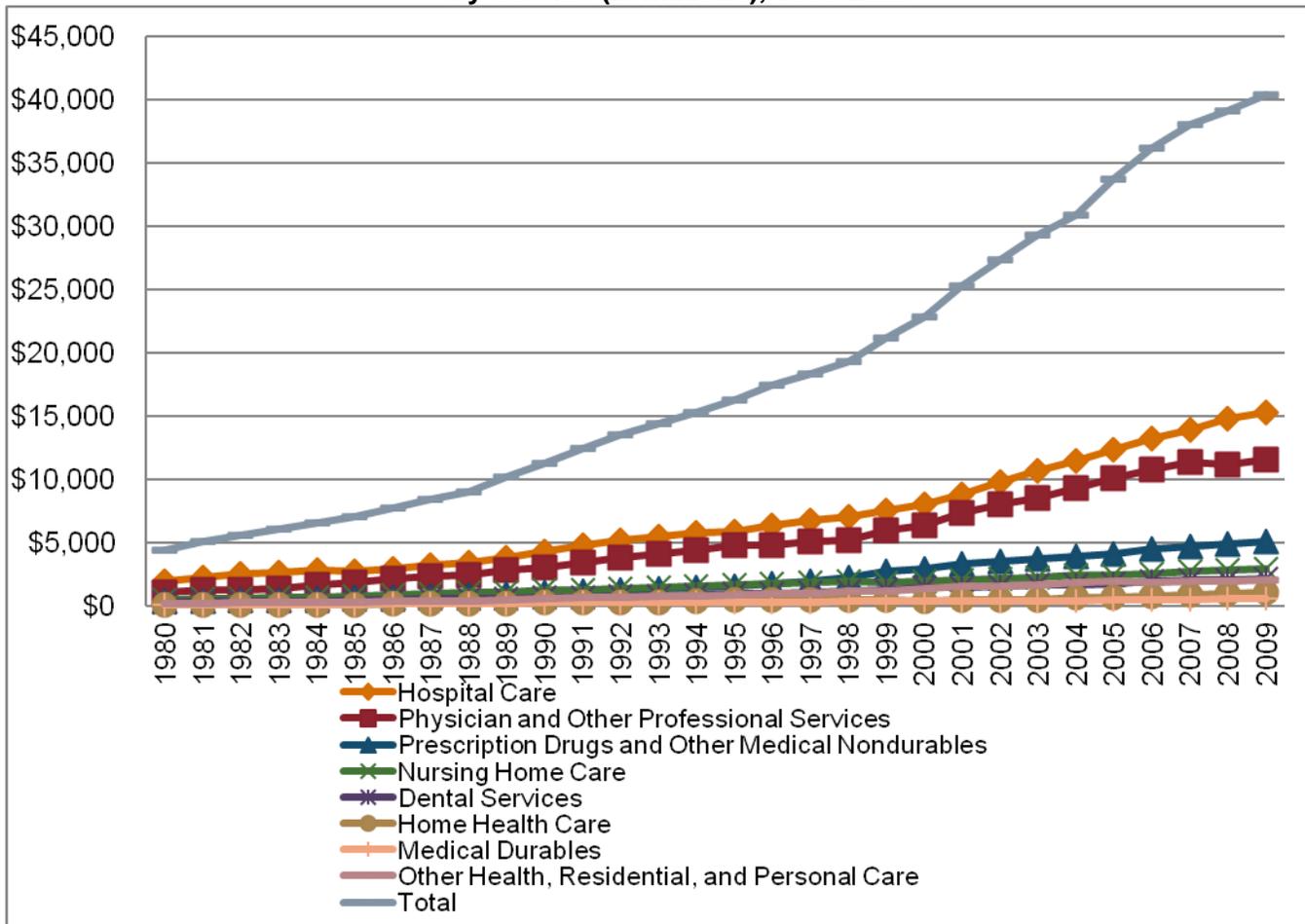
Between June of 2011 and June of 2013, the Department processed approximately 34,000 initial credentials and over 57,000 renewals for health care professionals. As of June 2013, there were over 197,000 active Wisconsin credential holders in health care professions. In 2012, DSPS provided administrative services to 27 health-related boards and councils and facilitated approximately 115 meetings for health-related board activities.

⁶ The data used in this report are state-of-provider estimates which reflect spending for services delivered in each state to residents and nonresidents. These estimates are useful in measuring the role of health spending in a state's economy.

⁷ Health care spending data produced by the National Health Expenditure Accounts (NHEA) of the Department of Health and Human Services Center for Medicare and Medicaid Services are larger than those produced by Bureau of Labor Statistics Consumer Expenditure Survey (CE); however, both are valid and widely utilized estimates of health care expenditures. Differences in definitions, sources, and methods are responsible for differences in the estimates. See http://www.bls.gov/cex/nhe_compare_200710.pdf for more a more detailed explanation.

Figure 4 shows the composition of total health care expenditures by service category in Wisconsin. The economic activity of each service category is either directly or indirectly generated by health care professionals credentialed by DSPS. Appendix C details the service categories and DSPS involvement in each category.

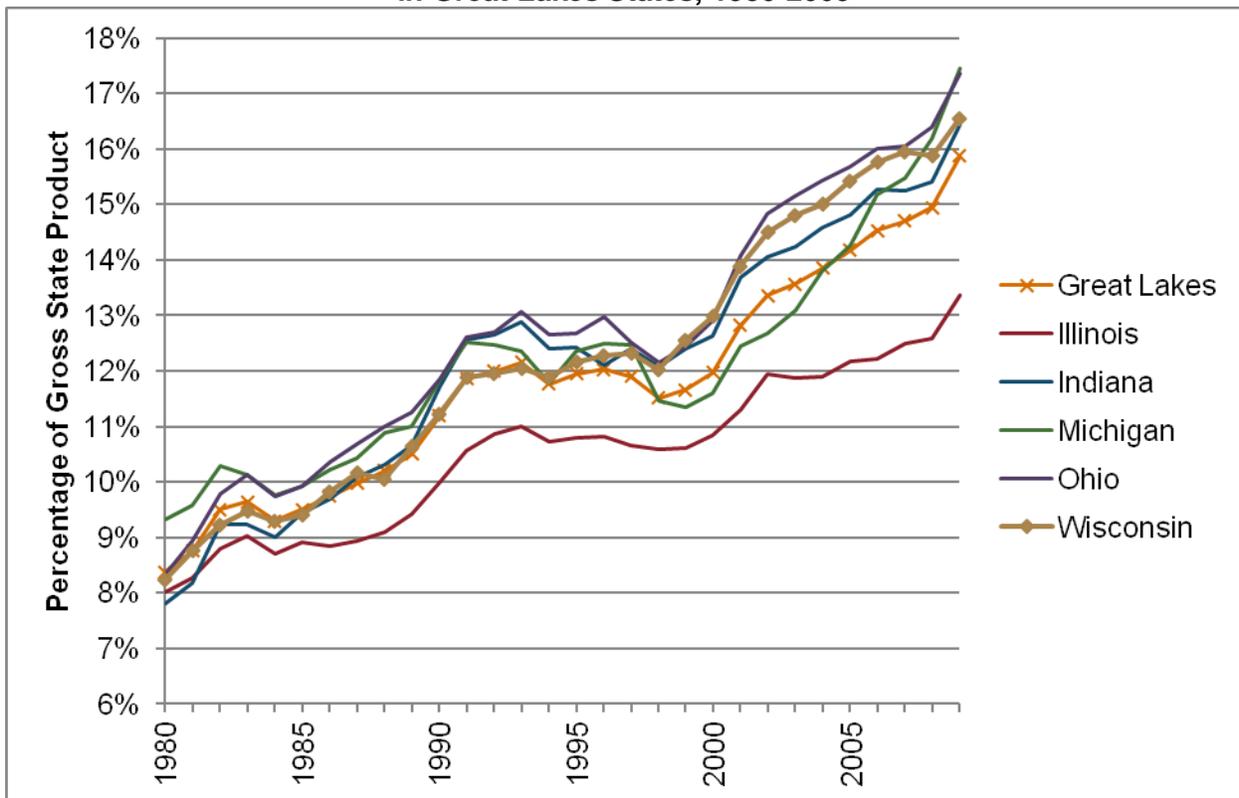
Figure 4: Health Care Spending in Wisconsin by Service (in millions), 1980-2009



Source: Centers for Medicare & Medicaid Services (2011), National Health Expenditure Accounts

Over the past 30 years, the health care industry has comprised a growing share of the state's gross domestic product (GDP). As shown in Figure 5, between 1980 and 1991, expenditures generated by health care professionals grew from 8.2% to 12.1% of the GDP and remained at this level for roughly eight years. Health care expenditures in Wisconsin grew from 12.1% of state GDP in 1999 to 17% in 2009.

Figure 5: Health Care Expenditures as a Percentage of State Gross Domestic Product in Great Lakes States, 1980-2009



Source: Centers for Medicare & Medicaid Services (2011), National Health Expenditure Accounts

Also shown in Figure 5, Wisconsin's neighboring states have experienced similar growth in health care industry expenditures (Centers for Medicare and Medicaid Services 2011). *If these trends continue, DSPS will play even more vital of a role in the state's economy as these health care professionals continue generating considerable economic activity.*

CONSTRUCTION SECTOR

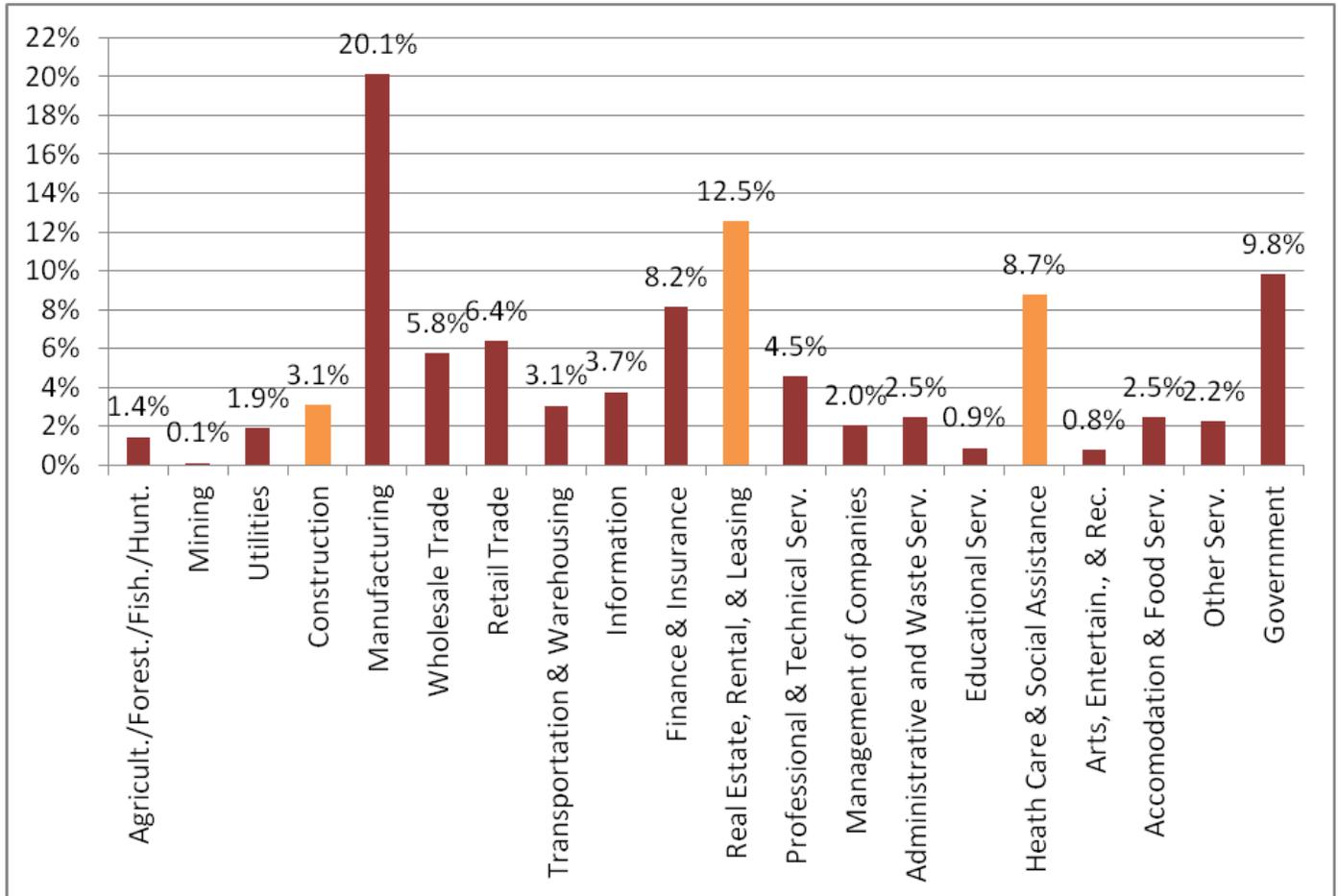
Between June of 2011 and June of 2013, the Department processed approximately 34,000 initial credentials and over 57,000 renewals for construction sector professionals. As of June 2013, there were *over 83,000 active DSPS credential holders in construction sector professions*. In 2012, Bureau of Technical Services staff completed *over 14,000 plan reviews and 100,000 inspections*. With DSPS regulatory oversight, the construction sector safely and competently contributed approximately \$6.9 billion to Wisconsin real GDP in 2012 (U.S. Bureau of Economic Analysis 2013a).

With DSPS regulatory oversight, the construction sector safely and competently contributed approximately \$6.9 billion to Wisconsin gross state product in 2012.

A handful of mid-sized industrial sectors, including construction, comprise the core of the Wisconsin economy. This is demonstrated using conventional measures of economic activity including output (gross domestic product) and employment. The U.S. Bureau of Economic Analysis (BEA) publishes annual estimates of Real Gross Domestic Product (RGDP) by state and provides estimates of shares of Wisconsin RGDP produced by each major industrial sector.

As shown in Figure 6, compared to the other major industrial sectors, construction is a moderate contributor to Wisconsin GDP. In 2012, the construction sector directly produced approximately \$6.9 billion or 3.1% of Wisconsin RGDP (U.S. Bureau of Economic Analysis 2013a).

Figure 6: Sectoral Shares of 2012 Wisconsin Real GDP⁸



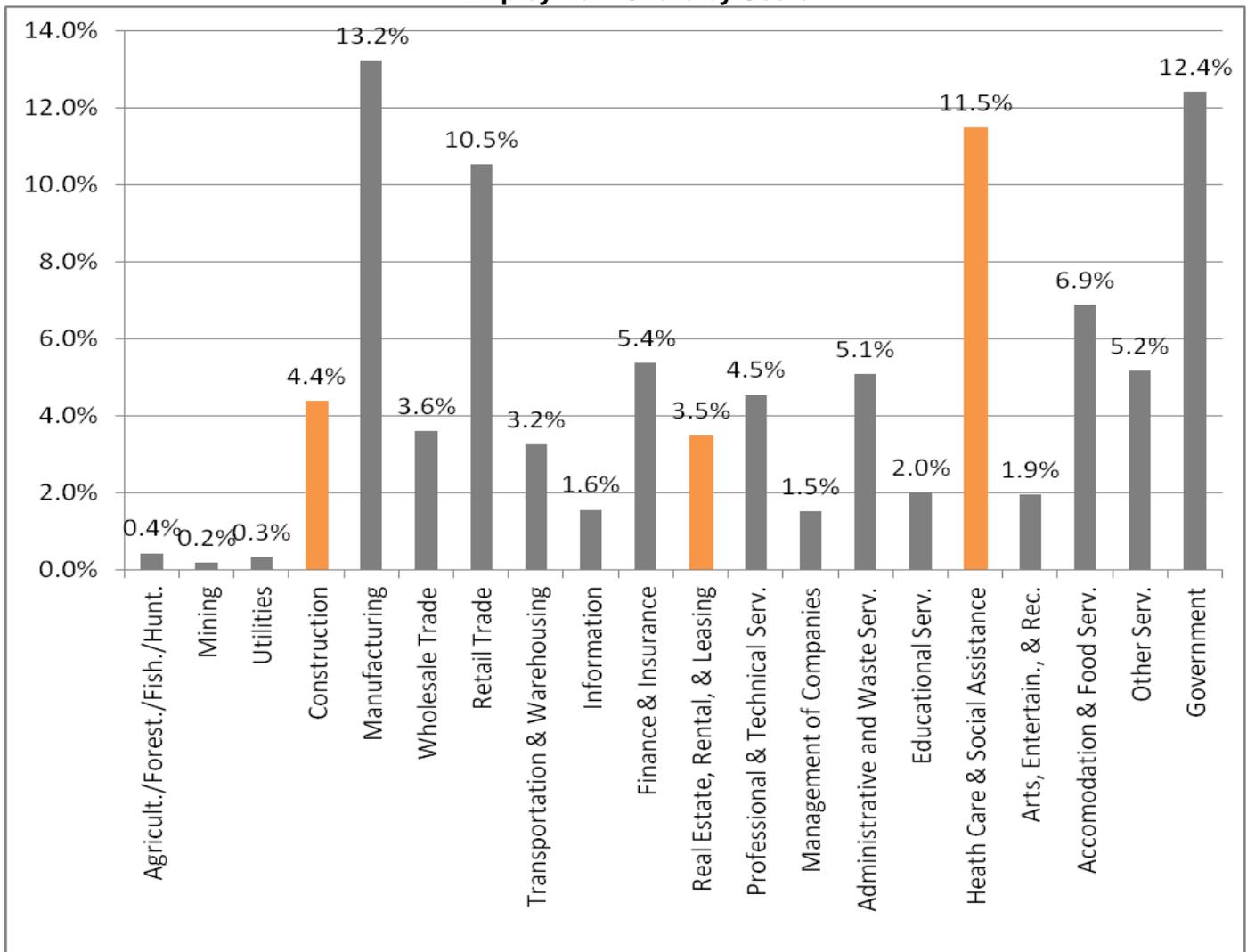
Source: U.S. Bureau of Economic Analysis (2013a)

⁸ Health care spending data produced by the National Health Expenditure Accounts (NHEA) of the Department of Health and Human Services Center for Medicare and Medicaid Services (used in the previous section) are larger than those produced by Bureau of Labor Statistics Consumer Expenditure Survey (CE); however, both are valid and widely utilized estimates of health care expenditures. Differences in definitions, sources, and methods are responsible for differences in the estimates. See http://www.bls.gov/cex/nhe_compare_200710.pdf for more a more detailed explanation.

With DSPS regulatory oversight, the construction sector provided over 152,000 well-paying jobs to Wisconsin workers in 2011.

Construction is a mid-sized component of the overall Wisconsin labor market. The sector contained over 152,000 jobs in 2011 and accounted for 4.4% of the overall 2011 state employment as shown in Figure 7.

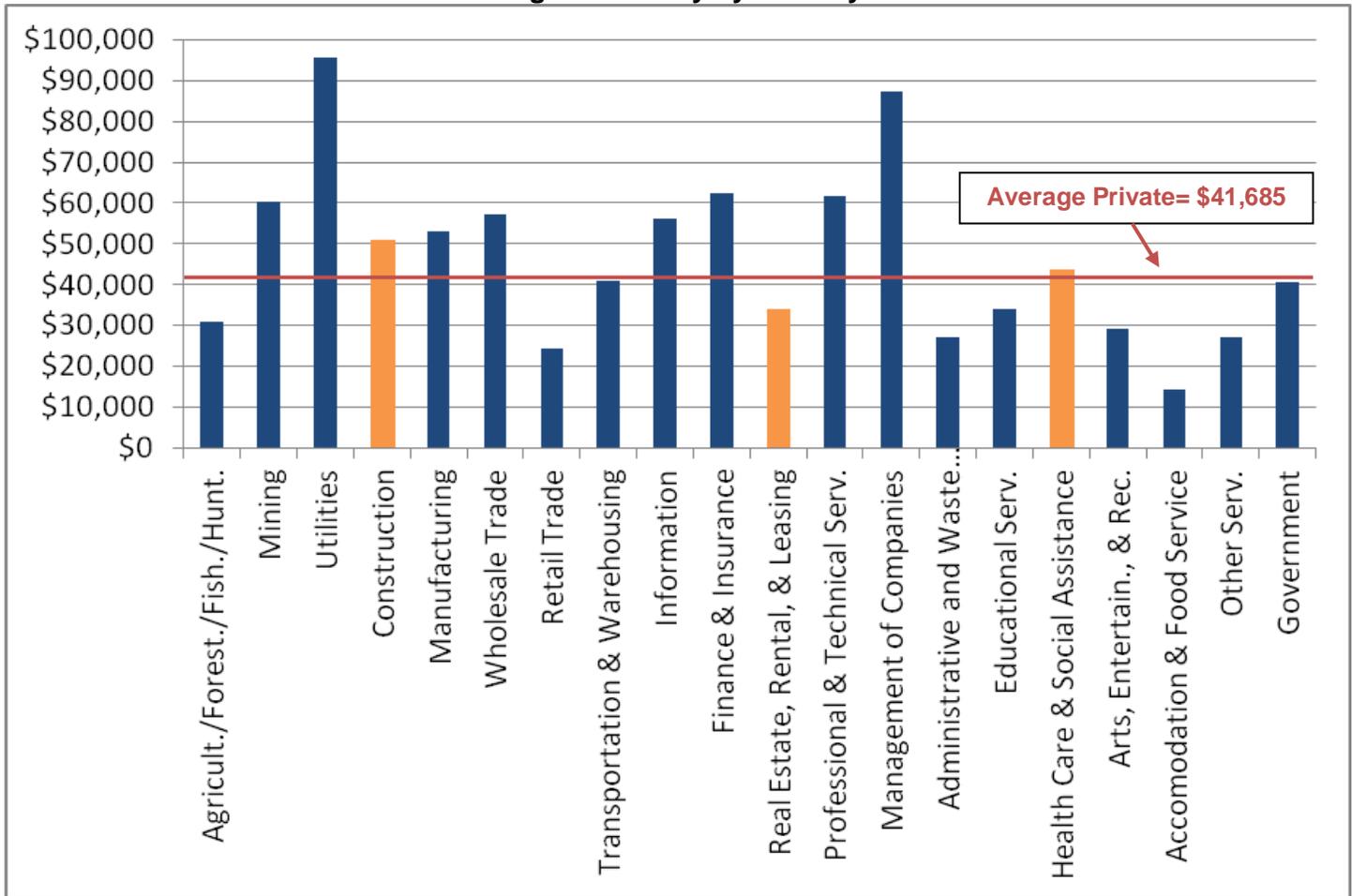
**Figure 7: Wisconsin 2011
Employment Share by Sector**



Source: U.S. Bureau of Economic Analysis (2013b)

Construction jobs tend to be relatively high skilled and high paying. Figure 8 provides the wage profile showing the average wage and salary income in Wisconsin for the year 2011 by major NAICS sector.⁹ The construction sector had an annual average wage greater than 11 of the major NAICS sectors of roughly \$51,000, almost \$10,000 above the average.

Figure 8: 2011 Wisconsin Average Annual Wage and Salary by Industry



Source: U.S. Bureau of Economic Analysis (2013c)

In addition to being an important component of the Wisconsin economy, the construction sector plays a vital role in stimulating economic growth. Construction projects generate output, income, and employment within the construction sector and create “ripple effects” in a wide range of other sectors of the economy.

⁹ The annual wage and salary income is calculated by dividing the Bureau of Economic Analysis total for wage and salary disbursements (Table SA07N) by wage and salary employment (Table SA27N).

In a report prepared for the Skill Integrity Responsibility Council, Inc., researchers estimated the total economic impact of two hypothetical construction projects: (1) A \$10 million new building project, and (2) A \$1 million remodeling project (Clark and Crane 2011).¹⁰ Table 1 summarizes their findings.

Table 1: Total Economic Impact of Hypothetical Construction Projects

| Industry | Case Study 1: | | | Case Study 2: | | |
|---------------------|-----------------------------------|--------------------|-----------------------------|--------------------------------|--------------------|-----------------------------|
| | \$10 Million New Building Project | | | \$1 Million Remodeling Project | | |
| | Total Economic Impact | Total Job Increase | Total Tax Revenue Generated | Total Economic Impact | Total Job Increase | Total Tax Revenue Generated |
| Construction Sector | \$10.1 million | 91 | x | \$1 million | 10 | x |
| All Other Sectors | \$9.1 million | 79 | x | \$0.92 million | 8 | x |
| Total | \$19.2 million | 170 | \$853 thousand | \$1.92 million | 18 | \$91 thousand |

Source: Clark and Crane (2011)

As shown in Table 1, a \$10 million new building project translates into \$19.2 million in economic impact, 170 jobs (91 jobs in the construction sector and 79 jobs elsewhere in the economy), and \$853 thousand in tax revenue. The total value added (after inputs are subtracted) from a \$10 million new building project is *\$10.3 million, with 75% of that coming from labor income*. Also shown in Table 1, a \$1 million remodeling project for a nonresidential building translates into *\$1.92 million in total economic impact, 18 jobs* (10 jobs in construction and 8 jobs elsewhere), and *\$91 thousand in state and local tax revenues*. The total value added (after inputs are subtracted) from a \$1 million dollar remodeling project is \$1.1 million, with 73% of that coming from labor income (Clark and Crane 2011).¹¹ The findings of this report show that construction projects regulated by DSPS can be effective as short run economic stimuli. Furthermore, the resulting infrastructure leads to improved economic productivity in the long run.

Construction projects regulated by DSPS can be effective economic stimuli that create jobs and increase spending in a wide range of other sectors of the economy.

¹⁰ Crane and Clark used the IMPLAN Input-Output or I-O modeling developed by the U.S. Department of Agriculture to measure the “ripple effects” that cause construction projects to have a greater impact on the state economy. This model has been widely tested and used for state and sub-state regional impact analysis.

¹¹ The model used to estimate these impacts assumes that no capacity constraints will prevent the economy from expanding to the full impact. In reality, very large construction projects can cause bottlenecks that may prevent the full scalable impact from being realized.

REAL ESTATE INDUSTRY

As of June 2013, over 21,000 real estate industry professionals credentialed by DSPS contributed to the Wisconsin economy. The Real Estate Examining Board and Real Estate Appraisers Board attached to DSPS regulate real estate brokers, real estate salespersons, timeshare salespersons, real estate business entities, licensed appraisers, certified residential appraisers, and certified general appraisers in Wisconsin. According to the United States Bureau of Economic Analysis estimates, the real estate industry accounted for *\$28.2 billion or 12.5% of Wisconsin GDP in 2012* (as shown above in Figure 6). In 2011, the real estate industry comprised roughly 3.5% of overall 2011 state employment (as shown above in Figure 7).¹²

When a real estate professional credentialed by DSPS sells a home in Wisconsin, it generates over \$13,000 in income from real estate related industries; over \$5,000 in expenditures on consumer items; and over \$3,000 in expenditures on remodeling.

When a real estate professional credentialed by DSPS sells a home in Wisconsin, it generates over \$13,000 in income from real estate related industries; over \$5,000 in additional expenditures on consumer items such as furniture, appliances, and paint services; and over \$3,000 in expenditures on remodeling within two years of the home purchase. Aside from house-related expenditures, a new home sale results in greater spending at restaurants, sporting events, and charity events of approximately \$11,000 on average (NAR Research 2013).

Wisconsin home sales jumped an astounding 11.4 percent in the first half of 2013 compared to 2012. Median house prices also increased to \$140,000, a 7.7 percent increase from the first

half of 2012 (Wisconsin REALTORS® Association). These trends indicate that DSPS will continue to play an essential role in Wisconsin’s economy through its regulation of the real estate industry.

¹² Components of the BEA real estate industry estimates are not regulated by DSPS.

Appendix A: Health Care Professions and Boards under purview of DSPS

Health Care Professions

| | |
|---|---|
| Acupuncturist | Occupational Therapy Assistant |
| Advanced Practice Nurse Prescriber | Optometrist |
| Anesthesiologist Assistant | Perfusionist |
| Art Therapist | Pharmacist |
| Athletic Trainer | Pharmacy (In State) |
| Audiologist | Pharmacy (Out of State) |
| Behavior Analyst | Physical Therapist |
| Chiropractic Radiological Technician | Physical Therapist Assistant |
| Chiropractic Technician | Physician |
| Chiropractor | Physician Assistant |
| Clinical Substance Abuse Counselor | Podiatrist |
| Clinical Supervisor In Training | Prevention Specialist |
| Controlled Substances Special Use Authorization | Prevention Specialist in Training |
| Dance Therapist | Private Practice School Psychologist |
| Dental Hygienist | Professional Counselor |
| Dentist | Psychologist |
| Dietitian | Registered Nurse |
| Drug or Device Manufacturer | Registered Sanitarian |
| Hearing Instrument Specialist | Respiratory Care Practitioner |
| Independent Clinical Supervisor | Sign Language Interpreter |
| Intermediate Clinical Supervisor | Sign Language Interpreter (Restricted) |
| Licensed Midwife | Social Worker |
| Licensed Practical Nurse | Social Worker- Advanced Practice |
| Licensed Radiographer | Social Worker- Independent |
| Limited X-Ray Machine Operator Permit | Social Worker- Licensed Clinical |
| Marriage and Family Therapist | Social Worker- Training Certificate |
| Massage Therapist or Bodywork Therapist | Speech-Language Pathologist |
| Music Therapist | Substance Abuse Counselor |
| Nurse-Midwife | Substance Abuse Counselor in Training |
| Occupational Therapist | Veterinarian |
| | Veterinary Technician |
| | Wholesale Distributor of Prescription Drugs |

Health Care Boards

Examining Boards

Chiropractic Examining Board
Dentistry Examining Board
Hearing and Speech Examining Board
Marriage and Family Therapy, Professional Counseling and Social Work Examining Board
Medical Examining Board

Board of Nursing
Nursing Home Administrator Examining Board
Optometry Examining Board
Pharmacy Examining Board
Physical Therapy Examining Board
Psychology Examining Board
Radiography Examining Board
Veterinary Examining Board

Boards

Controlled Substance Board

Credentialing Boards Attached to the Medical Examining Board

Athletic Trainers Affiliated Credentialing Board
Dietitians Affiliated Credentialing Board
Massage Therapy and Bodywork Therapy Affiliated Credentialing Board
Occupational Therapists Affiliated Credentialing Board
Podiatry Affiliated Credentialing Board

Councils

Council on Anesthesiologist Assistants
Examining Council on Registered Nurses
Examining Council on Licensed Practical Nurses
Perfusionist Examining Council
Pharmacist Advisory Council
Council on Physician Assistants
Respiratory Care Practitioners Examining Council
Sign Language Interpreter Council

Appendix B: All Boards and Councils under purview of DSPS

Examining Boards

Accounting Examining Board
Examining Board of Architects, Landscape Architects, Professional Engineers, Designers, and Land Surveyors
Chiropractic Examining Board
Cosmetology Examining Board
Dentistry Examining Board
Funeral Directors Examining Board
Examining Board of Professional Geologists, Hydrologists, and Soil Scientists
Hearing and Speech Examining Board
Marriage and Family Therapy, Professional Counseling, and Social Work Examining Board
Medical Examining Board
Board of Nursing
Nursing Home Administrator Examining Board
Optometry Examining Board
Pharmacy Examining Board
Physical Therapy Examining Board
Psychology Examining Board
Radiography Examining Board
Real Estate Examining Board
Veterinary Examining Board

Boards

Auctioneer Board
Building Inspector Review Board
Cemetery Board
Controlled Substances Board
Real Estate Appraisers Board

Affiliated Credentialing Boards

Athletic Trainers Affiliated Credentialing Board
Dietitians Affiliated Credentialing Board
Massage Therapy and Bodywork Therapy

Affiliated Credentialing Board
Occupational Therapists Affiliated Credentialing Board
Podiatry Affiliated Credentialing Board

Councils

Council on Anesthesiologist Assistants
Crematory Authority Council
Automatic Fire Sprinkler System Contractors and Journeymen Council
Contractor Certification Council
Conveyance Safety Code Council
Dwelling Code Council
Manufactured Housing Code Council
Multifamily Dwelling Code Council
Examining Council on Registered Nurses
Examining Council on Licensed Practical Nurses
Perfusionist Examining Council
Pharmacist Advisory Council
Plumbers Council
Council on Physician Assistants
Council on Real Estate Curriculum and Examinations
Respiratory Care Practitioners Examining Council
Sign Language Interpreter Council

Advisory Committees¹³

Alteration and Change of Occupancy Council
Amusement Ride Code Council
Boiler and Pressure Vessel Code Council
Commercial Buildings Code Council
Conveyance Safety Code Council
Electrical Code Council

¹³ Under Wisconsin Statute 440.042, the Secretary of DSPS may convene an advisory committee to advise on any matter related to the regulation of credential holders.

Energy Conservation Council
Erosion and Stormwater Council
Fire Department Safety and Health Code
Council
Fire Prevention Code Council
Fire Protection Systems Council
Fire Safety Council
Gas Systems Code Council
General Task Group
HVAC Council
Means of Egress Council
Mechanical Refrigeration Code Council

Passenger Ropeways Code Council
Plumbing Code Council
Pool Code Council
POWTS Code Council
POWTS Technical Committee
Public Employee Safety and Health Code
Council
Rental Unit Energy Efficiency Code Council
Stormwater Workgroup
Structural Review Council
Wisconsin Fund Code Council

Appendix C: Health Care Service Categories

| Health Care Service Category | Relation to DSPS |
|---|--|
| <p>Hospital Care: Covers all services provided by hospitals to patients. These include room and board, ancillary charges, services of resident physicians, inpatient pharmacy, hospital-based nursing home and home health care, and any other services billed by hospitals in the United States. The value of hospital services is measured by total net revenue, which equals gross patient revenues (charges) less contractual adjustments, bad debts, and charity care. It also includes government tax appropriations as well as non-patient and non-operating revenues.</p> | <p>These services are generated by DSPS credentialed health care professionals.</p> |
| <p>Physician and Clinical Services: Covers services provided in establishments operated by Doctors of Medicine (M.D.) and Doctors of Osteopathy (D.O.), outpatient care centers, plus the portion of medical laboratories services that are billed independently by the laboratories. This category also includes services rendered by a doctor of medicine (M.D.) or doctor of osteopathy (D.O.) in hospitals, if the physician bills independently for those services. Clinical services provided in freestanding outpatient clinics operated by the U.S. Department of Veterans' Affairs, the U.S. Coast Guard Academy, the U.S. Department of Defense, and the U.S. Indian Health Service are also included.</p> | <p>DSPS credentials Doctors of Medicine and Doctors of Osteopathy.</p> |
| <p>Other Professional Services: Covers services provided in establishments operated by health practitioners other than physicians and dentists. These professional services include those provided by private-duty nurses, chiropractors, podiatrists, optometrists, and physical, occupational and speech therapists, among others.</p> | <p>DSPS credentials nurses; chiropractors; podiatrists; optometrists; physical, occupational, and speech therapists; among other health professionals. See Appendix A for a complete list.</p> |
| <p>Prescription Drugs: Covers the "retail" sales of human-use dosage-form drugs, biological drugs, and diagnostic products that are available only by a prescription.</p> | <p>DSPS credentials pharmacists, pharmacies, wholesale distributors of prescription drugs, drug or device manufacturers, and professionals with the authority to prescribe.</p> |
| <p>Other Non-Durable Medical Products: Covers the "retail" sales of non-prescription drugs and medical sundries.</p> | <p>DSPS credentials pharmacists, drug or device manufacturers, and</p> |

| | |
|---|---|
| | the health professionals advising purchases of non-durable medical products. |
| Nursing Home Care: Covers nursing and rehabilitative services provided in freestanding nursing home facilities. These services are generally provided for an extended period of time by registered or licensed practical nurses and other staff. Care received in state and local government facilities and nursing facilities operated by the U.S. Department of Veterans Affairs are also included. | DSPS credentials registered nurses, licensed practical nurses, and advanced practice nurse prescribers. |
| Dental Services: Covers services provided in establishments operated by a Doctor of Dental Medicine (D.M.D.) or Doctor of Dental Surgery (D.D.S.) or a Doctor of Dental Science (D.D.Sc.). | DSPS credentials dentists and dental hygienists. |
| Home Health Care: Covers medical care provided in the home by freestanding home health agencies (HHAs). Medical equipment sales or rentals not billed through HHAs and non-medical types of home care (e.g., Meals on Wheels, chore-worker services, friendly visits, or other custodial services) are excluded. | DSPS credentials health professionals responsible for providing home health care. See Appendix A for a complete list of health professions regulated by DSPS. |
| Medical Durables: Covers “retail” sales of items such as contact lenses, eyeglasses and other ophthalmic products, surgical and orthopedic products, hearing aids, wheelchairs, and medical equipment rentals. | Health professionals credentialed by DSPS directly and indirectly induce the consumption of medical durables. |
| Other Health, Residential, and Personal Care: This category includes spending for Medicaid home and community based waivers, care provided in residential care facilities, ambulance services, school health and worksite health care. Generally these programs provide payments for services in non-traditional settings such as community centers, senior citizens centers, schools, and military field stations. The residential establishments are classified as facilities for the intellectually disabled and mental health and substance abuse facilities. The ambulance establishments are classified as Ambulance services. | DSPS credentials health professionals typically responsible for health, residential, and personal care including professional counselors, substance abuse counselors, psychiatrists, and psychologists. See Appendix A for a complete list of health professions regulated by DSPS. |

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**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

| | | | |
|---|--|--|--|
| 1) Name and Title of Person Submitting the Request: Karen Rude-Evans, Bureau Assistant on Behalf of Executive Director Angela Hellenbrand | | 2) Date When Request Submitted: 10/24/2013 Items will be considered late if submitted after 4:30 p.m. on the deadline date: <ul style="list-style-type: none"> ▪ 8 business days before the meeting for paperless boards ▪ 14 business days before the meeting for all others | |
| 3) Name of Board, Committee, Council, Sections: Dentistry Examining Board | | | |
| 4) Meeting Date: November 6, 2013 | 5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 6) How should the item be titled on the agenda page? Informational Item Comments from Gary Stafford, DMD, Marquette Univ. School of Dentistry | |
| 7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both | 8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No | 9) Name of Case Advisor(s), if required: | |
| 10) Describe the issue and action that should be addressed: Informational item. | | | |
| 11) Authorization | | | |
| Signature of person making this request | | Date | |
| Supervisor (if required) | | Date | |
| Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date | | | |
| Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting. | | | |

From: Lyndsay Knoell [knoellds@hotmail.com]
Sent: Thursday, September 05, 2013 7:24 AM
To: Hellenbrand, Angie - DSPS
Subject: FW: Today's DEB Meeting

Angie-
Please include this e-mail in the November agenda packet.
Thanks,
Lyndsay Knoell

From: gary.stafford@marquette.edu
To: knoellds@hotmail.com
Subject: Today's DEB Meeting
Date: Wed, 4 Sep 2013 21:32:24 +0000

Lindsay,

I recieved word that my name was brought up today during remarks by Dan Domagala. Although I am unsure as to the context of his remarks, I want to make sure that the board understands that no one speaks for me, but me, and that I am personally shocked that he would use my name to support whatever argument he was making.

Please pass this message along to the board as you see fit and should you ever wish to know where I stand on a particular topic, trust me in that I will always be candid with you but would prefer to relay that information directly.

Thank you for leading the board and I hope that today's events weren't too stressful.

All my best,

Gary

Gary L. Stafford DMD
Chair
Department of General Dental Sciences
Marquette University School of Dentistry
PO Box 1881, Rm 336C
1801 W. Wisconsin Ave.
Milwaukee, WI 53201-1881
414.288.5409
gary.stafford@mu.edu

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

| | | | |
|---|---|--|--|
| 1) Name and Title of Person Submitting the Request: Karen Rude-Evans, Bureau Assistant on Behalf of Executive Director Angela Hellenbrand | | 2) Date When Request Submitted: 10/24/2013 Items will be considered late if submitted after 4:30 p.m. on the deadline date: <ul style="list-style-type: none"> ▪ 8 business days before the meeting for paperless boards ▪ 14 business days before the meeting for all others | |
| 3) Name of Board, Committee, Council, Sections: Dentistry Examining Board | | | |
| 4) Meeting Date: November 6, 2013 | 5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 6) How should the item be titled on the agenda page? Comments from Bruce Barrette Regarding Examination Failures | |
| 7) Place Item in: <input type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both | 8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No | 9) Name of Case Advisor(s), if required: | |
| 10) Describe the issue and action that should be addressed: Review and Discuss. | | | |
| 11) Authorization | | | |
| Signature of person making this request | | Date | |
| Supervisor (if required) | | Date | |
| Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date | | | |
| Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting. | | | |

From: Lyndsay Knoell [knoellds@hotmail.com]
Sent: Monday, September 23, 2013 9:56 AM
To: Hellenbrand, Angie - DSPS
Subject: FW: ADEX Annual Meeting

Angie-
Can you send back the paperwork he is requesting? Also, see his response to testing failure inquiry.
Thanks,
Lyndsay

> From: bbarrette@mac.com
> Subject: ADEX Annual Meeting
> Date: Thu, 19 Sep 2013 13:32:25 -0500
> To: knoellds@hotmail.com
>
> Hi Lyndsay,
>
> It was nice talking to you yesterday and I just wanted to follow up with the appointments to the ADEX Annual Meeting with you. On the Dental Examining Committee - Keith Clemence and Leo Huck. Dental Hygiene Examining Committee - Beth Clemence. The ADEX House of Representatives - Keith Clemence is the Director and DEB appointees are: Dentist - Leo Huck, Dental Hygienist - Nan Dreves, and Consumer - Judith Ficks.
>
> Also, if it wouldn't be too much trouble, could either you or the department return the request that we sent you with the above appointments. Thanks.
>
> I also checked with NERB and SRTA regarding your question about if a person fails 3 times how does a state board become aware of that. Both agencies say they have a complete record on each person and if a board would call them they would be able to find out. I'm a little more concerned about a situation where a candidate would have 2 failures in one agency and 1 failure in another agency. There wouldn't be a mechanism by the state board to be able to detect that without calling all the agencies. Another good reason for having a National exam. Just so you know, we are working to integrate our reporting mechanism among all the agencies that belong to ADEX.
>
> Take care and thanks for all the good work you do on the DEB.
>
> Bruce
>
>

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

| | | | | | | | | | | | |
|---|--|---|--|-----------------------|------------|---|------|--------------------------|------|--|--|
| 1) Name and Title of Person Submitting the Request: Jean MacCubbin, Admin. Rules Coordinator | | 2) Date When Request Submitted: 11/06/2013 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others | | | | | | | | | |
| 3) Name of Board, Committee, Council, Sections: Dentistry Examining Board | | | | | | | | | | | |
| 4) Meeting Date: 20131106 | 5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 6) How should the item be titled on the agenda page? PUBLIC HEARINGS Public Hearings—Chs. DE 9, 11 and 12 relating to: lab work authorization, sedation permits and training verification forms (CR 13-060, 13-061, 13-074) | | | | | | | | | |
| 7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both | 8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No | 9) Name of Case Advisor(s), if required: | | | | | | | | | |
| 10) Describe the issue and action that should be addressed: <p style="text-align: center;">Hold Public Hearings, Chs. DE 9, 11 & 12</p> | | | | | | | | | | | |
| 11) Authorization <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black;"><i>Jean MacCubbin</i></td> <td style="width: 30%; border-bottom: 1px solid black; text-align: right;">10/14/2013</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Signature of person making this request</td> <td style="border-bottom: 1px solid black; text-align: right;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Supervisor (if required)</td> <td style="border-bottom: 1px solid black; text-align: right;">Date</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date</td> </tr> </table> | | | | <i>Jean MacCubbin</i> | 10/14/2013 | Signature of person making this request | Date | Supervisor (if required) | Date | Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date | |
| <i>Jean MacCubbin</i> | 10/14/2013 | | | | | | | | | | |
| Signature of person making this request | Date | | | | | | | | | | |
| Supervisor (if required) | Date | | | | | | | | | | |
| Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date | | | | | | | | | | | |
| Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting. | | | | | | | | | | | |

9

STATE OF WISCONSIN
DENTISTRY EXAMINING BOARD

IN THE MATTER OF RULE-MAKING :
PROCEEDINGS BEFORE THE :
DENTISTRY EXAMINING BOARD : NOTICE OF PUBLIC HEARING
: :
: (CR 13-060)
:

NOTICE IS HEREBY GIVEN that pursuant to authority vested in the Dentistry Examining Board in ss. 15.08 (5) (b), 227.11 (2), and 447.03 (3) (f) 1., Stats., and interpreting s. 447.03 (3) (f) 1., Stats., the Dentistry Examining Board will hold a public hearing at the time and place indicated below to consider an order repeal and recreate DE 9.01; amend DE 9.02 (intro.), (1), (2) and (4); and create DE 9.015, relating to lab work authorizations.

Hearing Date, Time and Location

Date: November 6, 2013
Time: 9:30 a.m.
Location: 1400 East Washington Avenue*
Room 121A
Madison, Wisconsin

* Enter at 55 North Dickenson Street

APPEARANCES AT THE HEARING:

Interested persons are invited to present information at the hearing. Persons appearing may make an oral presentation but are urged to submit facts, opinions and argument in writing as well. Facts, opinions and argument may also be submitted in writing without a personal appearance by mail addressed to the Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8935, Madison, Wisconsin 53708. Written comments must be received at or before the public hearing to be included in the record of rule-making proceedings.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: Section 447.03 (3) (f) 1., Stats.

Statutory authority: Sections 15.08 (5) (b), 227.11 (2), and 447.03 (3) (f) 1., Stats.

Explanation of agency authority:

Section 15.08 (5) (b), Stats., requires that examining boards shall promulgate rules for their own guidance and for the guidance of the professions over which they have jurisdiction, which reads:

Section 227.11 (2), Stats., permits an agency to promulgate rules interpreting the provisions of any statute enforced or administered by the agency, which reads:

Section 447.03 (3) (f) 1., Stats., provides exceptions to licensees regarding practices, such as lab work authorizations, which reads:

“(3) EXCEPTIONS. No license or certificate under this chapter is required for any of the following: ... (f) A dental laboratory or dental laboratory technician to construct appliances or restorations for dentists if all of the following apply: 1. The appliances or restorations are constructed upon receipt from a dentist of impressions or measurements, directions, and a written work authorization on a form approved by the examining board.”

Related statute or rule:

There are no other related statutes or rules beyond those indicated above.

Plain language analysis: The objective of the proposed rule is to eliminate the requirement that a written authorization for dental laboratory work shall be on a form approved by the board. The proposed rule will also allow for the continued use of current technologies, such as the request may be made electronically and work orders detailed digitally.

SECTIONS 1. and 2. These sections are proposed to separate the subjects of authority and definitions from the current section, s. DE 9.01 whereby creating two renumbered sections ss. 9.01 and 9.015. The definitions for both dental laboratory and work authorization now clearly remove any reference to a written request or the use of a board-approved form.

SECTION 3. This section deals primarily with the changes to no longer requiring written lab work authorizations, in so far as amending ss. DE 9.02 (Intro.), (1), (2) and (4) to remove references to out-dated methods of work order requests.

Summary of, and comparison with, existing or proposed federal regulation:

No rules or laws were found in an Internet-based search of the U.S. Code or the Code of Federal Register (CFR) for dental lab work authorizations, written or electronic, made by dentists.

Comparison with rules in adjacent states:

An Internet-based searched resulted in the following findings:

Illinois: The Illinois statutes and codes were researched via the Internet and no specifications were found for dental work authorizations, either written or electronic.
[PART 1220 ILLINOIS DENTAL PRACTICE ACT]

Iowa: In searching Iowa codes, ch. 153, Dentistry, no specifications were found for dental work authorizations, either written or electronic.
[http://www.state.ia.us/dentalboard/board/rules-policy/docs/IowaCode153_2013.pdf]

Michigan: Board of Dentistry **2012-111 LR**, No specifications were found for dental work authorizations, either written or electronic.
[http://www7.dleg.state.mi.us/orr/Files/AdminCode/1118_2012-111LR_AdminCode.pdf]

Minnesota: Minnesota board of dentistry rules for dentists, hygienists, and assistants are contained in ch. 3100 [<https://www.revisor.mn.gov/rules/?id=3100>]. No specifications were found for dental work authorizations, either written or electronic.

Summary of factual data and analytical methodologies:

The Board, in reviewing their rules in response to Executive Order 61, recognized these out-dated methods for making lab work order requests and authorizations. These methods are costly and time consuming to small business.

The proposed provisions are expected to make such requests more efficient, more accurate and less costly for small business.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

The Dentistry Examining Board in reviewing their rules in response to Executive Order 61 found that the industry has replaced an outdated process with technological advances.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis is attached.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Greg.Gasper@wisconsin.gov, or by calling (608) 266-8608.

Initial Regulatory Flexibility Analysis or Summary:

Environmental Assessment/Statement: [if required]

The preliminary environmental recommendation is a finding of
A copy of the preliminary assessment/statement is available upon request and will be available at the public hearing.

Agency contact person:

Jean MacCubbin, Program Manager, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8935, Madison, Wisconsin 53708; telephone 608-266-0955 or telecommunications relay services via 711; email at Jean.MacCubbin@wisconsin.gov.

Place where comments are to be submitted and deadline for submission:

Comments may be submitted to Jean MacCubbin, Program Manager, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8935, Madison, WI 53708-8935, or by email to Jean.MacCubbin@wisconsin.gov. Comments must be received before the public hearing to be held on November 6, 2013 to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. DE 9.01 is repealed and recreated to read:

DE 9.01 Authority. The provisions in this chapter are adopted pursuant to authority in ss. 15.08 (5) and 227.11 (2) (a), Stats., and ch. 447, Stats.

SECTION 2. DE 9.015 created to read:

DE 9.015 Definitions. In this chapter:

(1) “Dental laboratory” means any dental workroom directly or indirectly engaged in the construction, repair or alteration of appliances to be used as substitutes for or as a part of natural teeth or jaws or associated structures, or for the correction of malocclusions or deformities.

(2) “Work authorization” means an official, signed request to a dental workroom or laboratory from a licensed dentist that clearly and thoroughly transmits at least the date of request, the doctor’s name, license number and contact information, the patient information, choice of base material, choice of metal alloy or type of porcelain to be used

for the prosthesis, choice of margin and pontic design of the prosthesis, impressions or measurements, and shade description.

SECTION 3. DE 9.02 (Intro.), (1), (2) and (4) are amended to read:

DE 9.02 Work authorizations. ~~Written work~~ Work authorizations shall ~~be on a form approved by the board~~ include data which is substantially similar to the ~~official board~~ form set forth below:

(1) Each work authorization ~~or a carbon copy thereof~~ shall be retained and filed by the issuing dentist and by the dental laboratory for a period of at least 3 years from the date of issuance. The filed work authorization ~~or carbon copy thereof~~ shall be available for inspection by the board or its representatives during such period.

(2) No dental laboratory shall have in its possession any prosthetic dentures, bridges, orthodontic or other appliances or structures to be used as substitutes for or as a part of natural teeth or jaws or associated structures, or for the correction of malocclusions or deformities, either completed or being fabricated, without having in its possession ~~a written, signed work authorization therefore.~~

(4) The board, its agents or employees may inspect dental laboratories' records of work authorization. Any dental laboratory which violates any provisions of this ~~act~~ chapter, or refuses to allow the board, its agents or employees to inspect the work authorization records is subject to such penalties as provided ~~by law~~ in s. 470.09, Stats.

SECTION 4. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin administrative register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

COPIES OF RULE

Copies of this proposed rule are available upon request to Jean MacCubbin, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708-8935, by email at Jean.MacCubbin@wisconsin.gov or on our website at <http://dsps.wi.gov/Default.aspx?Page=44e541e8-abdd-49da-8fde-046713617e9e>.

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

| | |
|--|---|
| 1. Type of Estimate and Analysis <input checked="" type="checkbox"/> Original <input type="checkbox"/> Updated <input type="checkbox"/> Corrected | |
| 2. Administrative Rule Chapter, Title and Number DE 9 Laboratories and Work Authorizations | |
| 3. Subject Lab Work Authorizations | |
| 4. Fund Sources Affected <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 | 5. Chapter 20, Stats. Appropriations Affected 20.165(1)(g) |
| 6. Fiscal Effect of Implementing the Rule <input checked="" type="checkbox"/> No Fiscal Effect <input type="checkbox"/> Increase Existing Revenues <input type="checkbox"/> Increase Costs <input type="checkbox"/> Indeterminate <input type="checkbox"/> Decrease Existing Revenues <input type="checkbox"/> Could Absorb Within Agency's Budget <input type="checkbox"/> Decrease Cost | |
| 7. The Rule Will Impact the Following (Check All That Apply) <input type="checkbox"/> State's Economy <input type="checkbox"/> Specific Businesses/Sectors <input type="checkbox"/> Local Government Units <input type="checkbox"/> Public Utility Rate Payers <input type="checkbox"/> Small Businesses (if checked, complete Attachment A) | |
| 8. Would Implementation and Compliance Costs Be Greater Than \$20 million? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 9. Policy Problem Addressed by the Rule The current rule relies on out-dated methods to request dental lab work; modern technology is used in the industry. | |
| 10. Summary of the businesses, business sectors, associations representing business, local governmental units, and individuals that may be affected by the proposed rule that were contacted for comments. Licensees and commercial dental laboratories | |
| 11. Identify the local governmental units that participated in the development of this EIA. None | |
| 12. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred) The proposed provisions are expected to make such requests more efficient, more accurate and less costly for small business. | |
| 13. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule The proposed provisions are expected to make such lab requests more efficient, more accurate and less costly for small business. To do nothing relies on an outdated and possibly cumbersome process. | |
| 14. Long Range Implications of Implementing the Rule The proposed provisions are expected to make such lab requests more efficient, more accurate and less costly for small business. | |
| 15. Compare With Approaches Being Used by Federal Government None | |
| 16. Compare With Approaches Being Used by Neighboring States (Illinois, Iowa, Michigan and Minnesota) For the four neighboring states, no specifications were found for dental work authorizations, either written or electronic. | |
| 17. Contact Name Jean MacCubbin | 18. Contact Phone Number 608.266.0955 |

This document can be made available in alternate formats to individuals with disabilities upon request.

STATE OF WISCONSIN
DENTISTRY EXAMINING BOARD

IN THE MATTER OF RULE-MAKING :
PROCEEDINGS BEFORE THE :
DENTISTRY EXAMINING BOARD : NOTICE OF PUBLIC HEARING
: :
: (CR 13-061)
:

NOTICE IS HEREBY GIVEN that pursuant to authority vested in the Dentistry Examining Board in ss. 15.08 (5) (b) and 447.02 (2) (b), Stats., and interpreting s. 447.02 (2) (b), Stats., the Dentistry Examining Board will hold a public hearing at the time and place indicated below to consider an order to amend ss. DE 11.05 (1), 11.06 (1) and 11.07 (1) and create DE 11.02 (9m), relating to sedation permits and classes of permits.

Hearing Date, Time and Location

Date: November 6, 2013
Time: 9:30 a.m.
Location: 1400 East Washington Avenue*
Room 121A
Madison, Wisconsin

* Enter at 55 North Dickenson Street

APPEARANCES AT THE HEARING:

Interested persons are invited to present information at the hearing. Persons appearing may make an oral presentation but are urged to submit facts, opinions and argument in writing as well. Facts, opinions and argument may also be submitted in writing without a personal appearance by mail addressed to the Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8935, Madison, Wisconsin 53708-8935. Written comments must be received at or before the public hearing to be included in the record of rule-making proceedings.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: s. 447.02 (2) (b), Stats.

Statutory authority: ss. 15.08 (5) (b) and 447.02 (2) (b), Stats.

Explanation of agency authority:

15.08 (5) (b), Stats. The examining board shall promulgate rules for the guidance of the profession to which it pertains and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular trade or profession.

447.02 (2) (b), Stats. The examining board shall promulgate rules specifying the “...standards, conditions and any educational requirements that are in addition to the requirements specified in s. 447.04(1) that must be met by a dentist to be permitted to induce general anesthesia or conscious sedation in connection with the practice of dentistry”.

Related statute or rule: s. 447.01 (8) (d), Stats.

Plain language analysis:

The intent of the rule is to allow the Dentistry Examining Board discretion in approving sedation permits for licensees who have discipline action against them; therefore, the granting of permits shall be permissive. In addition, the definitions of classes of sedation permits are added as no such reference occurs in the rule or the rule series, chs. DE 1 to 13.

SECTION 1. provides a definition of sedation permit classes which correspond to the permit application process as well as specifying what types of sedation may be administered by each permit.

SECTIONS 2. to 4. modify the current text making the approval of permits permissive, particularly when an applicant is under investigation or disciplinary action has been taken, and updates the permit classes as now defined in DE 11.02 (9m).

Summary of, and comparison with, existing or proposed federal regulation:

No existing or proposed rules or laws were found in an Internet-based search of the U.S. Code or the Code of Federal Register (CFR) regarding classes of sedation, sedation permits for licensed dentists or how discipline may affect dentists applying for or maintaining such permits.

Comparison with rules in adjacent states:

Illinois - The State of Illinois has an application process for dental sedation permits, which includes conscious sedation - Permit A and deep sedation and general anesthesia - Permit B. A permit application includes a request for information on fines, reprimands, probations, censures, revocations, suspensions, license surrenders, restrictions or limitations, but does not specifically list a prohibition of permit approval as a consequence of any discipline. [Title 68, subch. VIIIb, sec. 1220.510]

Iowa - Iowa rules, IAC 650--Chapter 29, much like Illinois, have permits for sedation and their application forms request the following information: “ have your clinical activities ever been limited, suspended, revoked, not renewed, voluntarily relinquished, or subject to other disciplinary or probationary conditions?” In order to obtain a permit for deep sedation/general anesthesia, a dentist must hold current certification in *Advanced Cardiac Life Support (ACLS)* 650 IAC 29.3(4) – procedures by a dentist with a permit for deep sedation/general anesthesia can only be done with the assistance of at least two auxiliary personnel that have current basic life support certification. IAC 29.3(5) In this search, no rule or law was found to specifically prohibit applying for or maintaining such a permit while a licensee has been disciplined.

Michigan – In a search of ch. 33 Michigan health code, no provisions for application for sedation classes or permits were found.

Minnesota – In Minnesota, dentists must obtain a certificate from the Board to administer general anesthesia or conscious sedation per Ch. 3100.3600 Subp 9. Requirements for both general anesthesia and conscious sedation stipulate for the dentist to have current *ACLS certification*, Subp 2, 3.

Dentists, dental hygienists and registered dental assistants may administer nitrous oxide inhalation analgesia with current CPR certification (Subp 4 D). The required continuing education includes both advanced cardiac life support (ACLS) and pediatric advanced life support (PALS). There is no mention of the ability to apply for or termination of such certification based on discipline or a licensee.

Summary of factual data and analytical methodologies:

No factual data and analytical methodologies were used to draft these rules.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

The information comparing the states listed in this analysis was obtained directly from an Internet-based search and a review of the applicable regulations and rules, when found.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis is attached.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department’s Regulatory Review Coordinator may be contacted by email at Greg.Gasper@wisconsin.gov, or by calling (608) 266-8608.

Agency contact person:

Jean MacCubbin, Program Manager, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8935, Madison, Wisconsin 53708-8935; telephone (608) 266-0955 or Contact Through Relay (711); email at Jean.MacCubbin@wisconsin.gov

Place where comments are to be submitted and deadline for submission:

Comments may be submitted to Jean MacCubbin, Program Manager, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8935, Madison, WI 53708-8935, or by email to Jean.MacCubbin@wisconsin.gov. Comments must be received at or before the public hearing to be held on November 6, 2013 or by 9:30 a.m. on that date to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. DE 11.02 (9m) is created to read:

DE 11.02 (9m) “Sedation permit classes” mean all of the following:

- (a) A class I permit only enables a dentist to do oral conscious sedation-enteral.
- (b) A class II permit enables a dentist to do conscious sedation-parenteral and conscious sedation-enteral.

Note: Dentists who hold a Class II permit do not have to obtain a Class I Permit.

- (c) A class III permit enables a dentist to do deep sedation, general anesthesia, conscious sedation-parenteral, and conscious sedation-enteral.

Note: Dentists who hold Class III Permits do not have to obtain any other class of sedation permit.

SECTION 2. DE 11.05(1) (intro.) is amended to read:

DE 11.05 (1) ~~Beginning on January 1, 2007, no~~ No dentist may administer conscious sedation via an enteral route without having first obtained a class-~~one~~ I permit from the board, unless a dentist has been granted a permit under s. DE 11.06 or 11.07. A class-~~one~~ I permit enables a dentist to utilize conscious sedation enterally. The board ~~shall~~ may grant a class-~~one~~ I permit to administer conscious sedation enterally to a dentist who ~~does~~ meets all of the following:

SECTION 3. DE 11.06(1) is amended to read:

DE 11.06 (1) ~~Beginning on January 1, 2007, no~~ No dentist may administer conscious sedation via a parenteral route without having first obtained a class-2 II permit from the board, unless a dentist has been granted a permit under s. DE 11.07. A class-2 II permit enables a dentist to utilize conscious sedation=enteral, and conscious sedation-parenteral. The board ~~shall~~ may grant a class-2 II permit to administer conscious sedation-parenterally to a dentist who ~~does~~ meets all the following:

[NOTE TO LRB: In s. DE 11.06 (1), the change is correcting the equals sign to a hyphen in the following: “sedation=enteral” to “sedation-enteral”.]

SECTION 4. DE 11.07(1) is amended to read:

DE 11.07 (1) ~~Beginning on January 1, 2007, no~~ No dentist may administer deep sedation=or, general anesthesia deep sedation or general anesthesia without having first obtained a class-3 III permit from the board. A class-3 III permit enables a dentist to utilize conscious sedation-enteral, conscious sedation-parenteral, deep sedation, and general anesthesia. The board ~~shall~~ may grant a class-3 III permit to administer deep sedation or general anesthesia to a dentist who does all of the following:

SECTION 5. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin administrative register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

COPIES OF RULE

Copies of this proposed rule are available upon request to Jean MacCubbin, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708-8935, by email at Jean.MacCubbin@wisconsin.gov or on our website at <http://dsps.wi.gov/Default.aspx?Page=44e541e8-abdd-49da-8fde-046713617e9e>.

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

| | |
|--|---|
| 1. Type of Estimate and Analysis <input checked="" type="checkbox"/> Original <input type="checkbox"/> Updated <input type="checkbox"/> Corrected | |
| 2. Administrative Rule Chapter, Title and Number Ch. DE II Anesthesia | |
| 3. Subject Sedation Permits | |
| 4. Fund Sources Affected <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 | 5. Chapter 20, Stats. Appropriations Affected 20.165(1)(g) |
| 6. Fiscal Effect of Implementing the Rule <input checked="" type="checkbox"/> No Fiscal Effect <input type="checkbox"/> Increase Existing Revenues <input type="checkbox"/> Increase Costs <input type="checkbox"/> Indeterminate <input type="checkbox"/> Decrease Existing Revenues <input type="checkbox"/> Could Absorb Within Agency's Budget <input type="checkbox"/> Decrease Cost | |
| 7. The Rule Will Impact the Following (Check All That Apply) <input type="checkbox"/> State's Economy <input type="checkbox"/> Specific Businesses/Sectors <input type="checkbox"/> Local Government Units <input type="checkbox"/> Public Utility Rate Payers <input type="checkbox"/> Small Businesses (if checked, complete Attachment A) | |
| 8. Would Implementation and Compliance Costs Be Greater Than \$20 million? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 9. Policy Problem Addressed by the Rule The objective of the proposed rule is to allow the Board to use discretion in granting sedation permits to a dentist who is currently being investigated or has had disciplinary action relating to general anesthesia or conscious sedation. | |
| 10. Summary of the businesses, business sectors, associations representing business, local governmental units, and individuals that may be affected by the proposed rule that were contacted for comments. Licensees | |
| 11. Identify the local governmental units that participated in the development of this EIA. None | |
| 12. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred) None. | |
| 13. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule Providing the Board to use discretion in granting sedation permits based on investigation or disciplinary actions of licensees. | |
| 14. Long Range Implications of Implementing the Rule None known. | |
| 15. Compare With Approaches Being Used by Federal Government None found. | |
| 16. Compare With Approaches Being Used by Neighboring States (Illinois, Iowa, Michigan and Minnesota) Illinois and Iowa request information pertaining to arrests, convictions, etc. Neither Minnesota or Michigan appears to request such information at time of permit application. | |
| 17. Contact Name Jean MacCubbin | 18. Contact Phone Number 608.266.0955 |

This document can be made available in alternate formats to individuals with disabilities upon request.

12

STATE OF WISCONSIN
DENTISTRY EXAMINING BOARD

IN THE MATTER OF RULE-MAKING :
PROCEEDINGS BEFORE THE :
DENTISTRY EXAMINING BOARD : NOTICE OF PUBLIC HEARING
: :
: :
: :
: (CR 13-)

NOTICE IS HEREBY GIVEN that pursuant to authority vested in the Dentistry Examining Board in ss. 15.08 (5) (b) and 447.02 (2) (b), Stats., and interpreting s. 447.02 (2) (b), Stats., the Dentistry Examining Board will hold a public hearing at the time and place indicated below to consider an order to renumber and amend DE 12.03 (intro.) as DE 12.03 (1) and (2), and to amend DE 12.02 (intro.) and DE 12.03 (intro.), relating to training of unlicensed persons.

Date: November 6, 2013
Time: 9:30 a.m.
Location: 1400 East Washington Avenue*
Room 121A
Madison, Wisconsin

***Enter at 55 North Dickenson Street**

APPEARANCES AT THE HEARING:

Interested persons are invited to present information at the hearing. Persons appearing may make an oral presentation but are urged to submit facts, opinions and argument in writing as well. Facts, opinions and argument may also be submitted in writing without a personal appearance by mail addressed to the Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8935, Madison, Wisconsin 53708-8935. Written comments must be received at or before the public hearing to be included in the record of rule-making proceedings.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: s. 447.02 (2) (b), Stats.

Statutory authority: ss. 15.08 (5) (b) and 447.02 (2) (b), Stats.

Explanation of agency authority:

15.08 (5) (b), Stats. The examining board shall promulgate rules for the guidance of the profession to which it pertains and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular trade or profession.

447.02 (2) (b), Stats. The examining board shall promulgate rules specifying the "...standards, conditions and any educational requirements that are in addition to the requirements specified in s. 447.04(1) that must be met by a dentist to be permitted to induce general anesthesia or conscious sedation in connection with the practice of dentistry".

Related statute or rule: s. 447.01 (8), Stats.

Plain language analysis:

The Board desires to provide clarity on delegating procedures and functions to unlicensed persons and in addition clarifying licensee's roles in reporting such violations.

Section 1. includes a minor amendment relating to currently acceptable format and adds the phrase "and functions" in s. DE 12.01 (intro.) to the list of activities to be delegated to an unlicensed person. The term "function" is used throughout the chapter when dental procedures are listed.

Sections 2. and 3. are the major revisions to this rule whereby deleting the verification form and the reporting to the board if training of unlicensed persons is made. In addition, this section also clarifies various violations if a licensee fails to report any known violations conducted by other licensees.

Summary of, and comparison with, existing or proposed federal regulation:

No existing or proposed rules or laws were found in an Internet-based search of the U.S. Code or the Code of Federal Register (CFR) regarding dentists training unlicensed individuals and required forms verifying such training.

Comparison with rules in adjacent states:

An Internet-based search of the statutes, rules and codes of the four adjacent states revealed the following with respect to training of unlicensed individuals, and any required forms to verify such training.

Illinois: Illinois Department of Financial & Professional Regulation issues temporary training licenses during residency requirements for dentists, hygienists and dental specialists. In the code, there is no mention of a requirement to apply or report such activity to the Division of Professional Regulation.

Iowa: The Iowa Dental Board has responsibility over dentistry, dental hygiene and dental assisting and administers the state code, section 1220.156. Iowa chapter 11, Licensure to Practice Dentistry or Dental Hygiene, contains no reference to training of unlicensed individuals or for any forms so required.

Michigan: The Michigan Board of Dentistry is charged with the licensing and practice requirements of dentists; these rules include dentists training on various methods of sedation and proper handling of waste. No rules currently list training and verification forms for the training of unlicensed individuals. [Public Health Code: Act 368 of 1978, Part 166, Dentistry]

Minnesota: Under the Minnesota Board of Dentistry, "...dentists employing, assisting, or enabling in any manner an unlicensed person to practice dentistry..." as found in Minnesota Statutes, section 150A.08, subdivision 1, is in violation of the state code. A brief review of the code did not reveal that a licensee has the authority to train an unlicensed individual, nor is there a means to report such training to the board. [Chapter 3100, Dentists, Hygienists, and Assistants]

Summary of factual data and analytical methodologies:

The Board, in reviewing their rules in response to Executive Order 61, recognized that in practice, no form has been approved by the Board or required to be submitted to the Board for each circumstance of training an unlicensed person.

The proposed provisions are expected to reflect current practice.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

The Dentistry Examining Board in reviewing their rules in response to Executive Order 61 found that neither the Board nor the industry was in conformance to the rule, which was deemed unnecessary.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis is attached.

Initial Regulatory Flexibility Analysis or Summary:

This rule change will not have an effect on small business.

Environmental Assessment/Statement: [if required]

None required.

Agency contact person:

Jean MacCubbin, Program Manager, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8935, Madison, Wisconsin 53708-8935; telephone (608)266-0955; email at Jean.MacCubbin@wisconsin.gov or telecommunications contact at 711..

Place where comments are to be submitted and deadline for submission:

Comments may be submitted to Jean MacCubbin, Program Manager, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8935, Madison, WI 53708-8935, or by email to Jean.MacCubbin@wisconsin.gov. Comments must be received on or before the public hearing to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. DE 12.01 (intro.) is amended to read:

DE 12.01 Nondelegated functions. A dentist may not delegate any dental procedure of any description to an unlicensed person if the procedure or function to be delegated includes any of the following:

SECTION 2. DE 12.02 (intro.) is amended to read:

DE 12.02 Training. A dentist who delegates any remediable dental procedure or function to an unlicensed person ~~must first train or verify the training of~~ shall provide training to the person in the performance of the procedure or function, and must maintain verifiable records on forms approved by the board of the successful completion of the training by the unlicensed person.

SECTION 3. DE 12.03 (intro.) is renumbered and amended as renumbered DE 12.03 (1) and (2) read:

DE 12.03 Reporting violations. (1) ~~A dentist or dental hygienist who becomes aware that~~ licensee shall report to the board any dentist who is improperly delegating the performance of any dental procedure or function to an unlicensed person, or is delegating to a person who is performing the delegated any dental procedure or function in a manner which is less than minimally competent, ~~shall report the circumstances to the board.~~

(2) ~~Failure~~ A licensee who fails to report the circumstances of ~~improper delegation by a dentist as specified in sub. (1)~~ constitutes aiding and abetting the violation of a law substantially related to the practice of dentistry or dental hygiene, and ~~is a~~ shall be in violation of s. DE 5.02 (20), (21), or (22).

SECTION 4. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin administrative register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

COPIES OF RULE

Copies of this proposed rule are available upon request to Jean MacCubbin, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708-8935, by email at Jean.MacCubbin@wisconsin.gov or on our website at <http://dsps.wi.gov/Default.aspx?Page=44e541e8-abdd-49da-8fde-046713617e9e>.

File: 165-DE 12 training unlicensed persons NOTICE OF PH final

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

| | |
|--|---|
| 1. Type of Estimate and Analysis <input checked="" type="checkbox"/> Original <input type="checkbox"/> Updated <input type="checkbox"/> Corrected | |
| 2. Administrative Rule Chapter, Title and Number Ch. DE 12, Delegation of Functions to Unlicensed Persons | |
| 3. Subject Training of Unlicensed Persons and Deletion of Required Form(s) | |
| 4. Fund Sources Affected <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 | 5. Chapter 20, Stats. Appropriations Affected 20.165(1)(g) |
| 6. Fiscal Effect of Implementing the Rule <input checked="" type="checkbox"/> No Fiscal Effect <input type="checkbox"/> Increase Existing Revenues <input type="checkbox"/> Increase Costs <input type="checkbox"/> Indeterminate <input type="checkbox"/> Decrease Existing Revenues <input type="checkbox"/> Could Absorb Within Agency's Budget <input type="checkbox"/> Decrease Cost | |
| 7. The Rule Will Impact the Following (Check All That Apply) <input type="checkbox"/> State's Economy <input type="checkbox"/> Specific Businesses/Sectors <input type="checkbox"/> Local Government Units <input type="checkbox"/> Public Utility Rate Payers <input type="checkbox"/> Small Businesses (if checked, complete Attachment A) | |
| 8. Would Implementation and Compliance Costs Be Greater Than \$20 million? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 9. Policy Problem Addressed by the Rule Chapter DE 12, delegation of functions to unlicensed persons, has not been revised since 1991. The Dentistry Examining Board requests to repeal the requirements for the submittal of a form to verify a dentist's training and delegation of any remediable dental procedure to an unlicensed person. | |
| 10. Summary of the businesses, business sectors, associations representing business, local governmental units, and individuals that may be affected by the proposed rule that were contacted for comments. Licensed dentists | |
| 11. Identify the local governmental units that participated in the development of this EIA. None known. | |
| 12. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred) The proposed rule would have no affect on Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole. The major impact would be the deletion of a process not currently followed while maintaining both the delegation responsibilities with the licensed dentist and reporting of violations by dentists and dental hygienists. | |
| 13. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule Rules will be contemporary and reflect current practice in the industry. | |
| 14. Long Range Implications of Implementing the Rule Licensed dentists will continue to be responsible for training unlicensed persons in practices and functions, but so communicating to the board will not be practice. | |
| 15. Compare With Approaches Being Used by Federal Government An Internet-based search of the U.S. Code or the Code of Federal Register did not reveal any current or proposed rules relating to dentists training unlicensed individuals or any forms recording such training. | |
| 16. Compare With Approaches Being Used by Neighboring States (Illinois, Iowa, Michigan and Minnesota) Illinois: The rules for Illinois Department of Financial & Professional Regulation for dentistry has no mention of a licensed dentist providing such training be required to apply or report such activity to the Division of Professional Regulation. Iowa: The rules for the Iowa Dental Board have no reference to training of unlicensed individuals or forms so required. Michigan: Under the Michigan Board of Dentistry, there are no rules currently listing training and verification forms for unlicensed individuals. Minnesota: Under the Minnesota Board of Dentistry rules, a review did not reveal that a licensee has the authority to train an unlicensed individual, nor is there a means to report such training to the Board. | |
| 17. Contact Name Jean MacCubbin | 18. Contact Phone Number 608.266.0955 |

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**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

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|---|--|--|--|
| 1) Name and Title of Person Submitting the Request: Jean MacCubbin, Admin. Rules Coordinator | | 2) Date When Request Submitted: 11/06/2013 <small>Items will be considered late if submitted after 4:30 p.m. and less than:</small> <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others | |
| 3) Name of Board, Committee, Council, Sections: Dentistry Examining Board | | | |
| 4) Meeting Date: 20131106 | 5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 6) How should the item be titled on the agenda page? LEG_ADMIN MATTERS 1. Discuss and Consider Hearing Comments, Clearinghouse Comments and Legislative Report, Chs. DE 9, 11 & 12 (CR 13-060, 13-061, 13-074) 2. Rules Update-- Ch. DE 8, Patient Dental Records; possible Scope for CE Requirements 3. SB 311—Hygienists administering NO2 | |
| 7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both | 8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No | 9) Name of Case Advisor(s), if required: | |
| 10) Describe the issue and action that should be addressed: <ol style="list-style-type: none"> 1. Discuss and Consider Hearing Comments, Clearinghouse Comments and Legislative Report, Chs. DE 9, 11 & 12— (3 SEPARATE MOTIONS to approve draft changes to ch. De xx relating to xx, designate Board Chair to approve final rules and approve submittal to Governor's Office and Legislative Review) 2. Verbal Rules Update DE 8 and Possible Scope for DE 6 CE Requirements 3. SB 311 Proposed Bill on Hygienists and use of NO2 (possible Motion #1: First moved, seconded by Second, to request DSPS staff to follow SB 311 and draft a Scope Statement relating to hygienists administering nitrous oxide inhalation analgesia. | | | |
| 11) Authorization | | | |
| <i>Jean MacCubbin</i> | | 10/14/2013 | |
| Signature of person making this request | | Date | |
| Supervisor (if required) | | Date | |
| Executive Director signature (indicates approval to add post agenda deadline item to agenda) | | Date | |
| Directions for including supporting documents: <ol style="list-style-type: none"> 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting. | | | |

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**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

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| 1) Name and Title of Person Submitting the Request: Angela Hellenbrand Executive Director | | 2) Date When Request Submitted: 27 August 2013 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others | |
| 3) Name of Board, Committee, Council, Sections: Dentistry Examining Board | | | |
| 4) Meeting Date: 6 November 13 | 5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 6) How should the item be titled on the agenda page? Practice Matters Infection Control Emergency – Discussion | |
| 7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both | 8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by _____ (name) <input type="checkbox"/> No | 9) Name of Case Advisor(s), if required: | |
| 10) Describe the issue and action that should be addressed: Discussion of how the state would handle an emergency similar to the Oklahoma dentist that exposed thousands of patients with HIV and hepatitis. Appearance: Jeffrey Chaffin, DDS, MPH, MBA, MHA State Dental Director Division of Public Health Department of Health Services | | | |
| 11) Authorization | | | |
| Signature of person making this request | | Date | |
| Supervisor (if required) | | Date | |
| Bureau Director signature (indicates approval to add post agenda deadline item to agenda) | | Date | |
| Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting. | | | |

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**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

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| 1) Name and Title of Person Submitting the Request: Angela Hellenbrand Executive Director | | 2) Date When Request Submitted: 7 October 2013 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others | |
| 3) Name of Board, Committee, Council, Sections: Dentistry Examining Board | | | |
| 4) Meeting Date: 6 November 2013 | 5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 6) How should the item be titled on the agenda page? Practice Matters – Discussion and Consideration 1) Laser Use by Dental Hygienist | |
| 7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both | 8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by _____ (name) <input type="checkbox"/> No | 9) Name of Case Advisor(s), if required: | |
| 10) Describe the issue and action that should be addressed: Can a dental hygiene utilize the laser in the treatment of aphthous ulcers and/or herpetic lesions of the oral cavity and surrounding tissues?? WISCONSIN DEB POSITION STATEMENT REGARDING LASER USE BY DENTAL HYGIENIST It is the position of the Wisconsin Dental Examining Board that utilization of a laser device by a hygienist, is allowed when used within the scope of practice of dental hygiene and in adherence to section 447.06(2)(b), (c), (d), and (e) of the Wisconsin statutes. - At this time, laser use within the scope of dental hygiene practice is as an adjunct device to scaling and root planning. - Training is necessary and should include a hands-on proficiency course provided by a recognized sponsor of continuing education, in accordance with the current rules for continuing education. - Licensees utilizing laser technology should maintain documentation of the satisfactory completion of the formal continuing education or training. | | | |
| 11) Authorization <hr/> Signature of person making this request Date <hr/> Supervisor (if required) Date <hr/> Bureau Director signature (indicates approval to add post agenda deadline item to agenda) Date | | | |
| Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting. | | | |

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**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

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|---|--|--|--|
| 1) Name and Title of Person Submitting the Request: Karen Rude-Evans, Bureau Assistant on Behalf of Executive Director Angela Hellenbrand | | 2) Date When Request Submitted: 10/24/2013 Items will be considered late if submitted after 4:30 p.m. on the deadline date: <ul style="list-style-type: none"> ▪ 8 business days before the meeting for paperless boards ▪ 14 business days before the meeting for all others | |
| 3) Name of Board, Committee, Council, Sections: Dentistry Examining Board | | | |
| 4) Meeting Date: November 6, 2013 | 5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 6) How should the item be titled on the agenda page? ADEX House of Representatives Meeting - Board Consideration and Authorization to Travel | |
| 7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both | 8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No | 9) Name of Case Advisor(s), if required: | |
| 10) Describe the issue and action that should be addressed: Review information on the ADEX meeting and authorize Dr. Huck to attend. | | | |
| 11) Authorization | | | |
| Signature of person making this request | | Date | |
| Supervisor (if required) | | Date | |
| Executive Director signature (indicates approval to add post agenda deadline item to agenda) | | Date | |
| Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting. | | | |



AMERICAN BOARD OF DENTAL EXAMINERS, INC.

Bruce Barrette, D.D.S., President
Stanwood Kanna, D.D.S., Vice-President
William Pappas, D.D.S., Secretary
Robert Jolly, D.D.S. Treasurer
Guy Champaine, D.D.S., Past President

August 1, 2013

TO: Presidents/Chairs, Member State Boards
FROM: Bruce Barrette, D.D.S., ADEX President
SUBJECT: ADEX House of Representatives (ADEXHR) Meeting

Attached you will find a preliminary agenda for the 9th ADEX House of Representatives, Sunday, November 10, 2013, 8:00 a.m. to 12:00 p.m., Doubletree Hotel, Rosemont, IL.

The primary responsibility of the state representatives attending will be:

- To elect the officers of ADEX
- To elect Members of the Board of Directors (Attached is a list of current Board Members and their terms of office.)
- To elect the Consumer Representatives and Dental Hygienists from the districts for the next year. (Attached is a list of members of the 2012 ADEX House of Representatives.)
- To approve Bylaws amendments
- To approve the examinations in Dentistry and Dental Hygiene:

This year examination committees will meet on November 8th and 9th, the Board of Directors will meet on November 9th and the testing agencies will be invited to attend the open meeting of the Board of Directors. This should facilitate greater communication and the ability to implement any exam changes during the next examination cycle rather than two cycles down the road. The member states should keep this in mind during their district elections for dental hygiene and consumer representatives.

Each member state should select their representative (dentist or executive director). This representative will be funded and reimbursed by ADEX as well as the district dental hygiene and consumer representatives who were elected at the November 2012 ADEXHR

If a dental hygiene or consumer representative from your state chooses to attend the meeting their attendance will not be reimbursed unless they are the district representatives at the meeting.

Representatives will be housed in the Doubletree Hotel in Rosemont, IL.

Presidents/Chairs Letter
August 1, 2013
Page 2

Official representatives of your state board need to make their own hotel reservations by going to the Web site that the hotel has created for ADEX, so please have them go to:

The web page address is: http://doubletree.hilton.com/en/dt/groups/personalized/C/CHIDTDT-DEX-20131104/index.jhtml?WT.mc_id=POG

Group Name: ADEX
Group Code: DEX
Check-in: 04-NOV-2013
Check-out: 13-NOV-2013
Hotel Name: [DoubleTree by Hilton Hotel Chicago O'Hare Airport - Rosemont](#)
Hotel Address: 5460 North River Road
Rosemont, Illinois 60018

Phone Number: 847-928-7630

They will not need to pay for their room as rooms are to be billed to the ADEX Master Account.

Please have your representatives make their hotel reservation as soon as possible, so that we will know that we have enough rooms in the ADEX Block. We can always cancel a room reservation prior to the meeting so there is no harm in making the reservation early.

On Saturday, November 9, 2013, ADEX will host an evening Reception featuring Chicago Restaurants from 5:30 p.m. to 7:30 p.m., all those attending the Meetings on this weekend are invited and funded to attend the ADEX Reception on Saturday, the exact room location will be provided in the follow-up material before the meeting.

Delegates to the ADEX House of Representatives who do not serve on any other ADEX Committees that will be meeting during the weekend are expected to arrive on Saturday, November 9, 2013 and depart on Sunday November 10, 2013. ADEX will not reimburse for attendance at meetings that representatives are not official members of the Committee.

Also please complete the attached form indicating your state's representative and mail it to ADEX, P.O. Box 8733, Portland, OR 97207-8733 or email it to ADEXOFFICE@aol.com.

We have made considerable progress during the past seven years in the development of uniform initial licensure examinations in dentistry and dental hygiene and I look forward meeting and working with all of you. Please call 503-724-1104 if you have any questions.

Enclosures

cc: Administrators, State Boards
Members, ADEX Board of Directors

NOTICE OF NINTH ANNUAL MEETING
OF THE MEMBERS OF
AMERICAN BOARD OF DENTAL EXAMINERS, INC.
TO BE HELD
November 10, 2013

TO THE MEMBERS OF
AMERICAN BOARD OF DENTAL EXAMINERS, INC.,

Notice is hereby given that the Ninth Annual Meeting of the Members of the American Board of Dental Examiners, Inc., a Kansas, not-for-profit corporation, will be held at the Doubletree Hotel, Rosemont, Illinois (room to be announced), on Sunday, November 10, 2013 commencing at 8:00 a.m. for the following purposes:

1. To elect Officers including a President, a Vice President, a Secretary and a Treasurer to serve a term of one year or until their successors have been duly elected; and
2. To transact such other business as may properly come before the meeting; and
3. To adjourn the meeting from time to time.

The close of business on November 10, 2013 is the record date for the purpose of determining the Members Boards entitled to vote at said meeting.

By Order of the President



Bruce Barrette, D.D.S., President

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

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| 1) Name and Title of Person Submitting the Request: Angela Hellenbrand Executive Director <i>for</i> Dr. Knoell | | 2) Date When Request Submitted: 3 September 2013 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others | |
| 3) Name of Board, Committee, Council, Sections: Dentistry Examining Board | | | |
| 4) Meeting Date: 6 November 2013 | 5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 6) How should the item be titled on the agenda page? Informational Items Hygiene Report (HERC) August 2013 - CRDTS Annual Meeting Report | |
| 7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both | 8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by _____ (name) <input type="checkbox"/> No | 9) Name of Case Advisor(s), if required: | |
| 10) Describe the issue and action that should be addressed: | | | |
| 11) Authorization | | | |
| Signature of person making this request | | | Date |
| Supervisor (if required) | | | Date |
| Bureau Director signature (indicates approval to add post agenda deadline item to agenda) | | | Date |
| Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting. | | | |

This is a report of the CRDTS 2013 Annual Meeting and Workshop and serves as a follow up to my face to face meeting with the Wisconsin DEB in July of 2013.

The CRDTS 2013 Annual Meeting & Workshop program began on Thursday, August 22 and ran until Saturday, August 24, 2013.

Some of the programs included on Thursday & Friday were: Dental Exam Review Committee meeting, Dental Team Captains meeting, Dental chiefs Meeting, Executive Committee Meeting, Steering committee meeting, Dental Deans & Faculty Roundtable, Hygiene program Directors & Faculty Roundtable, Dental Exam Changes for 2014, Dental Hygiene Exam changes for 2014, Dental Deans & Faculty Meeting, Hygiene Program Director & Faculty meeting, Dental Examiner Profiles, and Hygiene Examiners Profiles.

As you can see, there is every opportunity for education and dialog during the numerous workshops meeting the needs of those that choose to attend.

During the numerous Hygiene meetings we were informed of the changes to the Hygiene 2014 exam. These recommendations were formulated from our HERC meeting in July and approved by Steering.

Keep in mind that the CRDTS examination is administered by nonbiased examiners as a 3rd party assessment by 3 independent examiners.

The changes to the Dental Hygiene 2014 exam are:

- The fee for the Hygiene examination in 2014 will again remain the same-no increase
- Treatment Selections remain at 4 opportunities for initial patient submission
- Anesthesia will remain at 2 initial cartridges of anesthetic and an additional Dentist authorization necessary for any additional cartridges. (This suggestion came from the site Dentists.)
- Extra Oral BWX will be acceptable for treatment selection.
- Patient Acceptability changes: (was 14 pieces of subgingival calculus) In 2014 this changes to 12. This will result in finding a qualifying patient easier. Each piece will carry more weight (5 points per piece). 8 must be subgingival posterior calc (was 9) with 3 pieces of the 8 subgingival calc on molars.
- Oral Assessment will go from 7 categories to 8 and carry a weight of 16 points from 14. This is out of a possible 100 points, with 75 points passing in Wisconsin.
- Supra gingival deposits will be weighted at 2 points each error
- Tissue Trauma is weighted at 5 points per error. (again, all of this is calibrated with 3 independent examiners)
- 3 tissue trauma errors it will count as a critical error and a failure will result.
- Periodontal Probing measurements will remain at 12 points of the Hygiene Exam
- Most hygiene exams will be on Friday-Sunday to accommodate the patients schedules

We were told that within 10 days of the closing date for registration, all Hygiene applicants will have their exam date and time confirmed.

On Saturday, the Annual Meeting began with the **Key Note Speaker, John Littlefield, PhD** on: "*ePortfolios in Dental Licensure Testing: Pros, Cons, and a 21st Century Vision.*"

Hearing the presentation, I was again reminded why all CRDTS member state Dental Board members and their Bureau Directors should attend this Annual Meeting for up to date information on relevant topics! Some brief highlights of that presentation are as follows:

ePortfolios are in our future. Yet, some of the current challenging issues facing dentistry would be Portfolios' current security issues, inability for most cameras to go subgingival, the reliable examination of root surfaces, and the high cost of ePortfolios, just to name a few of the concerns that were explained by Dr. Littlefield .

And the question was posed to the audience that day, "Why do colleges graduate those that should not be allowed to practice?" There were many relevant and interesting answers from the audience.

Next on the agenda for Saturday was the State of the States Presentation where all new Dentistry Board members in attendance are introduced. I remember the day I was introduced as a new WDEB member from Wisconsin and how very proud I was!

That was followed by the CRDTS Annual Business Meeting. Next on the days agenda was a Dental Break out Question and Answer Session, and a Hygiene Break out Question and Answer Session. Thus ended the program.

Again, thank you for allowing me the pleasure to serve you as the Hygiene member of the Hygiene Exam Review Committee, (HERC).

You may contact me with any questions or concerns at:

CEMartin@madisoncollege.edu

Respectfully submitted,

Catherine E. Martin R.D. H.
August 30, 2013

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