



**TELECONFERENCE/VIRTUAL
DENTISTRY EXAMINING BOARD**
Virtual, 4822 Madison Yards Way, Madison
Contact: Christian Albouras, (608) 266-2112
July 1, 2020

The following agenda describes the issues that the Dentistry Examining 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 record of the actions of the Dentistry Examining Board.

AGENDA

9:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

A. Pledge of Allegiance

B. Adoption of Agenda (1-4)

C. Approval of Minutes

- 1) May 6, 2020 **(5-7)**
- 2) May 11, 2020 **(8-9)**
- 3) May 29, 2020 **(10-11)**

D. Introductions, Announcements and Recognition

E. Conflicts of Interest

F. Administrative Matters

- 1) Department, Staff and Board Updates
- 2) Delegation of Authorities
- 3) Board Members – Term Expiration Dates

G. Legislative and Policy Matters – Discussion and Consideration

H. Administrative Rule Matters – Discussion and Consideration

- 1) Adopt CR 19-132 Relating to Laboratories and Work Authorizations, and Anesthesia **(12-28)**
- 2) DE 2, Relating to Temporary Licenses
- 3) Scope Amending DE 2, Relating to Approved Testing Services **(29-30)**
- 4) Pending or Possible Rulemaking Projects

I. 2020 Report on Opioid Abuse – Discussion and Consideration (31)

J. COVID-19 – Discussion and Consideration

K. Report of Recommendations from the Dentistry Examining Board Licensure Forms Committee – Discussion and Consideration

- 1) Dental License Application
- 2) Dental Faculty License Application
- 3) Practicing Without Compensation

L. Discussion and Consideration of Items Added After Preparation of Agenda:

- 1) Introductions, Announcements and Recognition
- 2) Administrative Matters
- 3) Election of Officers
- 4) Appointment of Liaisons and Alternates
- 5) Delegation of Authorities
- 6) Education and Examination Matters
- 7) Credentialing Matters
- 8) Practice Matters
- 9) Legislative and Policy Matters
- 10) Administrative Rule Matters
- 11) Liaison Reports
- 12) Board Liaison Training and Appointment of Mentors
- 13) Informational Items
- 14) Division of Legal Services and Compliance (DLSC) Matters
- 15) Presentations of Petitions for Summary Suspension
- 16) Petitions for Designation of Hearing Examiner
- 17) Presentation of Stipulations, Final Decisions and Orders
- 18) Presentation of Proposed Final Decisions and Orders
- 19) Presentation of Interim Orders
- 20) Petitions for Re-Hearing
- 21) Petitions for Assessments
- 22) Petitions to Vacate Orders
- 23) Requests for Disciplinary Proceeding Presentations
- 24) Motions
- 25) Petitions
- 26) Appearances from Requests Received or Renewed
- 27) Speaking Engagements, Travel, or Public Relation Requests, and Reports

M. Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85(1)(b), 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.).

N. Division of Legal Services and Compliance (DLSC) Matters

- 1) **Stipulations, Final Decisions and Orders**
 - a. 18 DEN 023 – James Shipley, DDS **(32-39)**
 - b. 18 DEN 079 – J. Charles Mesec, DDS **(40-45)**
 - c. 18 DEN 127 – Robert Wallock, DDS **(46-51)**
 - d. 18 DEN 130 – Mark Millington, DDS **(52-57)**
 - e. 18 DEN 134 – Ian Dozier, DDS **(58-63)**
 - f. 18 DEN 137 – Jeffrey Goetz, DDS **(64-69)**

- g. 18 DEN 155 – Natalie R. Neu, DDS **(70-76)**
- h. 18 DEN 156 – Brian P. Chybowski, DDS **(77-82)**
- i. 19 DEN 077 – William G. Aiello, DDS **(83-88)**
- j. 19 DEN 109 – Rebecca J. Ganley, DDS **(89-95)**
- k. 19 DEN 139 – Judie Villarias-Cotey, DDS **(96-102)**
- 2) Administrative Warnings**
 - a. 18 DEN 046 – A.A.P. **(103-104)**
 - b. 19 DEN 155 – K.A.D. **(105-106)**
 - c. 19 DEN 158 – F.L.K. **(107-108)**
- 3) Case Closing(s)**
 - a. 18 DEN 073 – M.A.R. **(109-113)**
 - b. 18 DEN 092 – M.J.H., T.J.D., D.K.V. **(114-124)**
 - c. 18 DEN 102 – J.E.D. **(125-128)**
 - d. 18 DEN 116 – L.A.H. **(129-134)**
 - e. 18 DEN 126 – P.E.S. **(135-144)**
 - f. 18 DEN 129 – C.J.M. **(145-162)**
 - g. 18 DEN 154 – M.Z.A., K.A.K. **(163-173)**
 - h. 19 DEN 010 – D.A.H. **(174-178)**
 - i. 19 DEN 027 – M.L.S. **(179-182)**
 - j. 19 DEN 023 – A.P. **(183-186)**
 - k. 19 DEN 050 – D.R., J.B. **(187-191)**
 - l. 19 DEN 061 – D.P. **(192-196)**
 - m. 19 DEN 132 – K.K.L. **(197-199)**
 - n. 19 DEN 138 – A.M. **(200-202)**
 - o. 19 DEN 152 – T.M.D. **(203-205)**
 - p. 20 DEN 014 – R.L.H. **(206-209)**
 - q. 20 DEN 025 – C.B. **(210-215)**

O. Deliberation of Items Added After Preparation of the Agenda

- 1) Education and Examination Matters
- 2) Credentialing Matters
- 3) DLSC Matters
- 4) Monitoring Matters
- 5) Professional Assistance Procedure (PAP) Matters
- 6) Petitions for Summary Suspensions
- 7) Petitions for Designation of Hearing Examiner
- 8) Proposed Stipulations, Final Decisions and Order
- 9) Proposed Interim Orders
- 10) Administrative Warnings
- 11) Review of Administrative Warnings
- 12) Proposed Final Decisions and Orders
- 13) Matters Relating to Costs/Orders Fixing Costs
- 14) Case Closings
- 15) Board Liaison Training
- 16) Petitions for Assessments and Evaluations
- 17) Petitions to Vacate Orders
- 18) Remedial Education Cases

- 19) Motions
- 20) Petitions for Re-Hearing
- 21) Appearances from Requests Received or Renewed

P. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

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

R. Open Session Items Noticed Above Not Completed in the Initial Open Session

ADJOURNMENT

NEXT DATE: SEPTEMBER 2, 2020

MEETINGS AND HEARINGS ARE OPEN TO THE PUBLIC, AND MAY BE CANCELLED WITHOUT NOTICE.

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held at 4822 Madison Yards Way, Madison, Wisconsin, unless otherwise noted. In order to confirm a meeting or to request a complete copy of the board's agenda, please call the listed contact person. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of disciplinary hearings may be changed by the examiner for the convenience of the parties. Interpreters for the hearing impaired provided upon request by contacting the Affirmative Action Officer at 608-266-2112 or the Meeting Staff at 608-266-5439.

**TELECONFERENCE/VIRTUAL
DENTISTRY EXAMINING BOARD
MEETING MINUTES
MAY 6, 2020**

PRESENT: Lisa Bahr, RDH; Matthew Bistan, DDS; Shaheda Govani, DDS; Leonardo Huck, DDS; Herbert Kaske, DDS (*joined at 9:20 a.m.*); Dennis Myers (*joined at 9:54 a.m.*), Wendy Pietz, DDS; Katherine Schrubbe, RDH; Peter Sheild, DDS; Diana Whalen, RDH (*joined at 9:27 a.m.*)

STAFF: Christian Albouras, Executive Director; Jameson Whitney, Legal Counsel; Sharon Henes, Administrative Rules Coordinator; Megan Glaeser, Bureau Assistant; and other Department staff

CALL TO ORDER

Matthew Bistan, Chairperson, called the meeting to order at 9:14 a.m. A quorum was confirmed with seven (7) board members present.

ADOPTION OF AGENDA

MOTION: Wendy Pietz moved, seconded by Katherine Schrubbe, to adopt the Agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF MARCH 4, 2020

MOTION: Wendy Pietz moved, seconded by Leonardo Huck, to approve the Minutes of March 4, 2020 as published. Motion carried unanimously.

(Herbert Kaske joined at 9:20 a.m.)

ADMINISTRATIVE RULE MATTERS

Scope Amending DE 2, Relating to Reciprocal Credentials for Service Members, Former Service Members and Their Spouses

MOTION: Peter Sheild moved, seconded by Leonardo Huck, to approve the Scope Statement revising DE 2, relating to Reciprocal Credentials for Service Members, Former Service Members and Their Spouses, for submission to the Department of Administration and Governor's Office and for publication. Additionally, the Board authorizes the Chairperson to approve the Scope Statement for implementation no less than 10 days after publication. Motion carried unanimously.

(Diana Whalen joined at 9:27 a.m.)

(Dennis Myers joined at 9:54 a.m.)

CLOSED SESSION

MOTION: Dennis Myers moved, seconded by Peter Shield, to convene to Closed Session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85 (1)(b), 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.). **Matthew Bistan, Chairperson, (read by Christian Albouras)**, read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Lisa Bahr-yes; Matthew Bistan-yes; Shaheda Govani-yes; Leonardo Huck-yes; Herbert Kaske-yes; Dennis Myers-yes; Wendy Pietz-yes; Katherine Schrubbe-yes; Peter Sheild-yes; and Diana Whalen-yes. Motion carried unanimously.

The Board convened into Closed Session at 10:32 a.m.

DIVISION OF LEGAL SERVICES AND COMPLIANCE (DLSC) MATTERS

Stipulations, Final Decisions and Orders

MOTION: Dennis Myers moved, seconded by Wendy Pietz, to adopt the Finding of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings for the following cases:

1. 16 DEN 105 – Stephen A. Sevenich, D.D.S.
2. 17 DEN 129, 18 DEN 030, 18 DEN 160, 19 DEN 020, 19 DEN 038 – Patrick J. Crawford, D.D.S.
3. 18 DEN 042 – Raymond J. Mazuchowski, D.D.S.
4. 18 DEN 064 – John R. Ulloa, D.D.S.
5. 18 DEN 070 – Joseph D. Uker, D.D.S.
6. 18 DEN 083 – Paul V. Kruehl, D.D.S.

Motion carried unanimously.

Administrative Warnings

MOTION: Lisa Bahr moved, seconded by Shaheda Govani, to issue an Administrative Warning in the matter of the following cases:

1. 18 DEN 025 – M.E.G.
2. 18 DEN 067 – B.L.B.
3. 19 DEN 092 – E.D.I.

Motion carried unanimously.

Case Closings

MOTION: Wendy Pietz moved, seconded by Lisa Bahr, to close the DLSC cases for the reasons outlined below:

1. 18 DEN 067 – A.K.F. – Prosecutorial Discretion (P2)
2. 18 DEN 088 – S.S. – Insufficient Evidence
3. 18 DEN 098 & 18 DEN 106 – Y.W. – No Violation
4. 18 DEN 112 – L.T.N. – Lack of Jurisdiction (L2)
5. 18 DEN 117 – M.S.B. – No Violation
6. 18 DEN 120 – P.M.M. – No Violation
7. 18 DEN 122 – M.J.C. – Prosecutorial Discretion (P5)

8. 18 DEN 131 – D.P.S. – Insufficient Evidence
9. 18 DEN 141 – L.T.N. – Lack of Jurisdiction (L2)
10. 18 DEN 142 – B.B.C. – Prosecutorial Discretion (P3)
11. 19 DEN 031 – J.R.F. – No Violation
12. 19 DEN 045 – S.B.S. – Prosecutorial Discretion (P2)
13. 19 DEN 111 – T.S.N. – No Violation
14. 19 DEN 156 – E.C.I. – Prosecutorial Discretion (P2)
15. 20 DEN 002 – C.S. & A.F. – No Violation

Motion carried unanimously.

DELIBERATION ON ORDERS FIXING COSTS

James F. Murphy, D.D.S. (DHA Case Number SPS-18-0036/DLSC Case Number 17 DEN 080)

MOTION: Peter Sheild moved, seconded by Dennis Myers, to adopt the Order Fixing Costs in the matter of disciplinary proceedings against James F. Murphy, D.D.S., Respondent – DHA Case Number SPS-18-0036/DLSC Case Number 17 DEN 080. Motion carried unanimously.

RECONVENE TO OPEN SESSION

MOTION: Dennis Myers moved, seconded by Kathrine Schrubbe, to reconvene into Open Session. Motion carried unanimously.

The Board reconvened into Open Session at 11:06 a.m.

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

MOTION: Dennis Myers moved, seconded by Wendy Pietz, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

(Be advised that any recusals or abstentions reflected in the Closed Session motions stand for the purposes of the affirmation vote.)

ADJOURNMENT

MOTION: Dennis Myers moved, seconded by Peter Shield, to reconvene on Friday, May 8, 2020 at 1:30 p.m. Motion carried unanimously.

MOTION: Herbert Kaske moved, seconded by Katherine Schrubbe, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 11:41 a.m.

**TELECONFERENCE/VIRTUAL
DENTISTRY EXAMINING BOARD
MEETING MINUTES
MAY 11, 2020**

PRESENT: Lisa Bahr, RDH; Matthew Bistan, DDS; Shaheda Govani, DDS; Leonardo Huck, DDS; Herbert Kaske, DDS; Dennis Myers, Wendy Pietz, DDS; Katherine Schrubbe, RDH; Peter Sheild, DDS; Diana Whalen, RDH

STAFF: Christian Albouras, Executive Director; Jameson Whitney, Legal Counsel; Sharon Henes, Administrative Rules Coordinator; Megan Glaeser, Bureau Assistant; and other Department staff

CALL TO ORDER

Matthew Bistan, Chairperson, called the meeting to order at 12:10 p.m. A quorum was confirmed with ten (10) board members present.

ADOPTION OF AGENDA

MOTION: Dennis Myers moved, seconded by Leonardo Huck, to adopt the Agenda as published. Motion carried unanimously.

COVID-19

Licensure Requirements

MOTION: Herbert Kaske moved, seconded by Peter Sheild, to request that Department staff draft a guidance document expressing the following: The Dentistry Examining Board believes the citizens of Wisconsin need unrestricted access to dental services for public health and safety. We believe the dental profession is able to use their training, education, experience and expertise to determine the best course of care for our Wisconsin residents and our patients. Dentistry has always followed the highest level of infection control. Motion carried unanimously.

Supplies and Armamentarium

MOTION: Wendy Pietz moved, seconded by Lisa Bahr, to delegate Kathrine Schrubbe, Herbert Kaske and Shaheda Govani to work with the Department of Health Services and to communicate the concerns of the board and the industry for consideration during the determination of any further guidance or guidelines by DHS regarding the COVID-19 emergency and any related measures. Motion carried unanimously.

ADMINISTRATIVE RULE MATTERS

Scope Amending DE 2, Relating to Reciprocal Credentials for Service Members, Former Service Members and Their Spouses

MOTION: Wendy Pietz moved, seconded by Herbert Kaske, to reaffirm the May 6, 2020 approval of the Scope Statement revising DE 2, relating to Reciprocal Credentials for Service Members, Former Service Members and Their Spouses, for submission to the Department of Administration and Governor's Office and for publication. Additionally, the Board authorizes the Chairperson to approve the Scope Statement for implementation no less than 10 days after publication. Motion carried unanimously.

Dennis Myers rejoined the meeting at 1:38 p.m.

ADJOURNMENT

MOTION: Dennis Myers moved, seconded by Herbert Kaske, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 2:56 p.m.

**TELECONFERENCE/VIRTUAL
DENTISTRY EXAMINING BOARD
MEETING MINUTES
MAY 28, 2020**

PRESENT: Lisa Bahr, RDH; Matthew Bistan, DDS; Shaheda Govani, DDS; Herbert Kaske, DDS; Dennis Myers (*joined at 12:30 p.m.*), Wendy Pietz, DDS; Katherine Schrubbe, RDH; Peter Sheild, DDS; Diana Whalen, RDH

EXCUSED: Leonardo Huck, DDS

STAFF: Christian Albouras, Executive Director; Jameson Whitney, Legal Counsel; Sharon Henes, Administrative Rules Coordinator; Megan Glaeser, Bureau Assistant; and other Department staff

CALL TO ORDER

Matthew Bistan, Chairperson, called the meeting to order at 12:10 p.m. A quorum was confirmed with eight (8) board members present.

ADOPTION OF AGENDA

MOTION: Wendy Pietz moved, seconded by Peter Sheild, to adopt the Agenda as published. Motion carried unanimously.

(Dennis Myers joined at 12:30 p.m.)

LICENSURE AND EXAMINATION MATTERS

Scope Amending DE 2, Relating to Temporary Licenses

MOTION: Peter Sheild moved, seconded by Shaheda Govani, to approve the Scope Statement revising DE 2, relating to temporary licenses, for submission to the Department of Administration and Governor's Office and for publication. Additionally, the Board authorizes the Chairperson to approve the Scope Statement for implementation no less than 10 days after publication. Motion carried unanimously.

ADJOURNMENT

MOTION: Dennis Myers moved, seconded by Herbert Kaske, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 1:34 p.m.

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Sharon Henes Administrative Rules Coordinator		2) Date When Request Submitted: 19 June 2020 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Dentistry Examining Board			
4) Meeting Date: 1 July 2020	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Administrative Rule Matters 1. Adopt CR 19-132 Relating to Laboratories and Work Authorizations, and Anesthesia 2. DE 2 Relating to Temporary Licenses 3. Scope Amending DE 2, Relating to Approved Testing Services 4. Updates on Pending or Possible Rulemaking Projects	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:			
11) Authorization			
<i>Sharon Henes</i>		<i>19 June 2020</i>	
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.			

STATE OF WISCONSIN
DENTISTRY EXAMINING BOARD

IN THE MATTER OF RULE-MAKING	:	ORDER OF THE
PROCEEDINGS BEFORE THE	:	DENTISTRY EXAMINING BOARD
DENTISTRY EXAMINING BOARD	:	ADOPTING RULES
	:	(CLEARINGHOUSE RULE 19-132)

ORDER

An order of the Dentistry Examining Board to repeal DE 11.02(1), (1m), (2), (7), (8), and (9), 11.04, 11.05, 11.06, 11.07, 11.08 and 11.10 (intro.); to renumber DE 11.10 (1), (2), (3), (4), (5), (6), and (7); to amend DE 9.015 (2), 11.02 (1s), (1t), and (1u), 11.02 (3), 11.02 (4), 11.02 (6) and 11.10 (title); to repeal and recreate DE 9.02, 11.025, 11.03 and 11.09; and to create DE 11.02 (1g), (2g), (2r), (3m), (4s), (4m), (4s), (6g) and (6r), 11.035, 11.075, 11.085 and 11.10 (1), (2) and (3)(intro.) relating to laboratory work authorizations, sedation and anesthesia.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: ss. 447.02 (2) (b), and 447.03 (3) (f) 1., Stats.

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

Explanation of agency authority:

Each Examining Board shall promulgate rules for its own guidance and 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 profession. [s. 15.08 (5) (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. [s. 447.02 (2) (b), Stats.]

Related statute or rule: N/A

Plain language analysis:

Section 1 simplifies the definition to just an official, signed request from a dentist to a laboratory.

Section 2 eliminates the prescribed format for the dental laboratory work authorization and simplifies the requirements to include the patient's name or id number, the dentist's name and the prescription information.

Sections 3, 5, 9, and 17 repeal definitions no longer utilized in the chapter.

Section 4 defines ASA as the American Society of Anesthesiologists.

Sections 6, 7, and 8 amends the definitions for Class 1, Class 2 and Class 3 permits. Currently the permits are issued based upon method of sedation and this proposed rule bases the permits on level of sedation which is in line with the American Dental Association's guidelines. A Class 1 is no longer being issued or valid as minimal sedation is being considered as part of the scope of dentistry that does not require a sedation permit. A Class 2 - Enteral permit allows the dentist to do moderate sedation by enteral route and a Class 2 – Parenteral permit allows the dentist to do moderate sedation by parenteral route. A Class 3 permit allows a dentist to do deep sedation or general anesthesia.

Section 10 defines continual to mean repeated regularly and frequently in a stead succession and continual to mean prolonged without interruption.

Section 11 redefines deep sedation as a drug induced depression of consciousness. A patient cannot be easily aroused but respond to repeated painful stimulation. A patient may require assistance in maintaining an airway and spontaneous ventilation may be inadequate. Cardiovascular function usually is maintained.

Section 12 creates a definition for enteral for agents which are absorbed through the gastrointestinal tract or through the oral, rectal or nasal mucous membranes.

Section 13 redefines general anesthesia as a drug-induced loss of consciousness. The patient is not arousable. The patient often requires assistance to maintain an airway and ventilation is required. Cardiovascular function may be impaired.

Section 14 defines immediately available as the person is actually in the dental office or facility and can immediately available to respond.

Minimal sedation is defined as a depressed level of consciousness allowing the patient to maintain an airway and respond to stimulation or command. Ventilatory and cardiovascular functions are unaffected.

Moderate sedation is defined as a drug-induced depression of consciousness which the patient can respond to oral commands either alone or with a light stimulation. No interventions are necessary to maintain airway or ventilation. Cardiovascular function is maintained. If more than one enteral drug is administered or it is administered at a dosage that exceeds the maximum recommended dose during one appointment, it is considered moderate sedation instead of minimal.

Section 15 revises the term being defined to “nitrous oxide” and defines it as a combination of nitrous oxide and oxygen in a patient.

Section 16 creates a definition for parenteral which means the administration of a drug which bypasses the gastrointestinal tract. It is administered into a muscle, vein, nasal structures, areolar connective tissue lying beneath a mucous membrane, interocular, or under the skin. The definition of a pediatric patient is a patient who is 12 years or younger.

Section 18 indicates a permit is not required for minimal sedation. A Class 2 – Enteral or Class 2 - Parenteral is required for moderate sedation and a Class 3 is required for moderate or deep sedation or general anesthesia. A person applies for a permit by submitting the following: an application; fee; verification of any permit or credential for anesthesia or sedation held by the application; disclosure of any previous adverse incident involving anesthesia or sedation; evidence of current Wisconsin dentistry licensure; evidence of certification in advanced cardiovascular life support or pediatric advanced life support; affidavit indicating the dentist has required equipment and medications for sedation; and approved education. Class 2 – Enteral or Class 2 - Parenteral permit requires one of the following: board certification or a candidate for board certification by the American Board of Oral and Maxillofacial Surgery; completion of an accredited fellowship in oral and maxillofacial surgery; diplomate or candidate of the American Dental Board of Anesthesiology; or successful completion of a Board approved education program. Class 3 permit requires one of the following: board certification or a candidate for board certification by the American Board of Oral and Maxillofacial Surgery; diplomate or candidate of the American Dental Board of Anesthesiology; or postdoctoral residency in an accredited dental program in dental anesthesiology. This section also provides for a grandfathering for those currently holding a Class I permit or a Class 2 permit to show evidence of 20 moderate sedation cases in the previous 5 years in lieu of meeting the education requirements to receive a Class II – enteral or Class II – parenteral respectively.

Section 19 clarifies that nitrous oxide when used in combination with a sedative agent may produce minimal, moderate or deep sedation. If a patient enters a deeper level of sedation than the dentist is authorized to provide, the dentist must stop the sedation and procedures until the patient returns to the intended level of sedation.

Section 20 provides the education requirements approved by the Board for Class 2 permits. For a Class 2 – Enteral, the program shall be at least 18 hours in administration and management of moderate sedation and include:

- Aspects of anxiety and pain control.
- Patient evaluation and selection based upon review of medical history, physical diagnosis and psychological profiling.
- Use of patient history and examination for ASA classification, risk assessment and fasting instructions.
- Definitions and descriptions of physiological psychological aspects of anxiety and pain.
- Description of the sedation anesthesia continuum.
- Review of adult respiratory and circulatory physiology and related anatomy.
- Pharmacology of local anesthetics and agents used in moderate sedation.
- Indications and contraindications for use of moderate sedation.
- Review of dental procedures possible under moderate sedation.
- Patient monitoring using observation and monitoring equipment.
- Maintaining proper records with accurate chart entries.
- Prevention, recognition and management of complications and emergencies.
- Description, maintenance and use of moderate sedation monitors and equipment.
- Discussion of abuse potential.

- Description and rationale for the technique to be employed.
- Prevention, recognition and management of systemic complications of moderate sedation.
- 20 cases, which may include group observation cases.

For a Class 2 – Parenteral, the program shall be at least 60 hours in administration and management of moderate sedation and include:

- Aspects of anxiety and pain control.
- Patient evaluation and selection based upon review of medical history, physical diagnosis and psychological profiling.
- Use of patient history and examination for ASA classification, risk assessment and fasting instructions.
- Definitions and descriptions of physiological psychological aspects of anxiety and pain.
- Description of the sedation anesthesia continuum.
- Review of adult respiratory and circulatory physiology and related anatomy.
- Pharmacology of local anesthetics and agents used in moderate sedation.
- Indications and contraindications for use of moderate sedation.
- Review of dental procedures possible under moderate sedation.
- Patient monitoring using observation and monitoring equipment.
- Maintaining proper records with accurate chart entries.
- Prevention, recognition and management of complications and emergencies.
- Description, maintenance and use of moderate sedation monitors and equipment.
- Discussion of abuse potential.
- Intravenous access anatomy, equipment and technique.
- Prevention, recognition and management of complications of venipuncture and other parenteral techniques.
- Description and rationale for the technique to be employed.
- Prevention, recognition and management of systemic complications of moderate sedation.
- 20 individually managed cases.

Section 21 repeals the sections on requirements for anxiolysis, conscious sedation-enteral, conscious sedation-parenteral, and deep sedation and general anesthesia sue to being obsolete.

Section 22 creates a requirement for a dentist holding a sedation permit must complete 2 hours of continuing education on the topic of sedation and anesthesia each biennium. The continuing education can count toward the general continuing education requirements for dentists.

Section 23 repeals the office facilities and equipment section as it is addressed under the standards of care section.

Section 24 requires auxiliary personnel to be certified in basic life support for the health care provider. A dentist administering moderate sedation must have one additional person present during the procedure and another person on the premises and available to respond to a patient emergency. A dentist administering general anesthesia or deep sedation must have two

additional persons present during the procedure. If the dentist is both performing the dental procedures administering moderate or deep sedation, or general anesthesia, then an auxiliary person must be designated to only monitor the patient.

Section 25 delineates the standards of care. A dentist administering anesthesia or sedation must be in the room to continuously monitor the patient until the patient meets the criteria for transfer to recovery. The dentist may not leave the dental office or facility until the patient meets the criteria for discharge and is discharged from the dental office or facility.

Preoperative preparation includes:

- Determine the adequacy of the oxygen supply and equipment necessary.
- Take and record the patient's baseline vital signs.
- Complete medical history and a focused physical evaluation.
- Instruct the patient on specific dietary limitations based upon the sedative and anesthetic technique to be used and patient's physical status.
- Provide pre-operative instructions to the patient.
- Notify and require a patient to arrive and leave with a vested escort.
- Establish and secure, an intravenous line throughout the procedure.
- Advise the patient of fasting requirements.

Utilizing moderate or deep sedation or general anesthesia, a dentist must continuously monitor and evaluate:

- Level of consciousness.
- Oxygenation saturation by pulse oximetry.
- Chest excursions.
- Ventilation monitored by end-tidal carbon dioxide.
- Auscultation of breath sounds by precordial or pretracheal stethoscope.
- Respiration rate.
- Heart rate and rhythm via electrocardiogram.
- Blood pressure.
- Color of mucosa, skin or blood.
- Body temperature whenever triggering agents associated with malignant hyperthermia are administered.

Utilizing minimal sedation, a dentist must continuously monitor and evaluate:

- Level of consciousness.
- Chest excursions.
- Ventilation by either auscultation of breath sounds or by verbal communication with the patient.
- Color of mucosa, skin or blood.
- Blood pressure, heart rate, and oxygenation saturations by pulse oximetry pre-operatively and postoperative and intraoperatively.

A dentist shall maintain and implement recovery and discharge procedures which must include:

- Immediate availability of oxygen and suction equipment.
- Monitor and document the patient's blood pressure, heart rate, oxygenation and level of consciousness during recovery.
- Determine and document that blood pressure, heart rate, level of consciousness, oxygenation, ventilation, and circulation are satisfactory for discharge.

- Post-operative verbal and written instructions are provided.
- If a reversal agent is administered before discharge criteria have been met, the patient must be monitored until recover is assured.

A dentist administering anesthesia or sedation shall have immediately available and maintain in good working order the following equipment:

- Alternative light source for use during power failure.
- Automated external defibrillator.
- Disposable syringes in assorted sizes.
- Oxygen in a portable cylinder E tank capable of administering positive pressure ventilation via a bag-valve-mask system.
- Sphygmomanometer and stethoscope for pediatric and adult patients.
- Suction and backup system.
- An operating chair capable of withstanding cardiopulmonary resuscitation or a back board.
- Emergency airway equipment.

A dentist administering sedation or anesthesia shall maintain and properly store drugs in current and unexpired condition (and properly dispose of expired drugs). The emergency drug kit shall include:

- Non-enteric coated aspirin.
- Ammonia inhalants.
- Antihistamine
- Antihypoglycemic agent.
- Bronchodilator.
- Epinephrine.
- Oxygen.
- Nitroglycerin.
- Reversal agents.
- Muscle relaxant.

A dentist administering anesthesia or sedation must be responsible for the management, diagnosis and treatment of emergencies and for ensuring the equipment, drugs and protocols for patient rescue are immediately available.

A dentist must maintain an anesthesia record that documents all events related to the administration of the sedative or anesthetic agent.

Sections 26, 27, 28, and 29 require a dentist to report to the board any anesthesia or sedation related mortality within two business days and any morbidity which may result in permanent physical or mental injury within 30 days.

Summary of, and comparison with, existing or proposed federal regulation: None

Summary of public comments received on statement of scope and a description of how and to what extent those comments and feedback were taken into account in drafting the proposed rule: N/A

Comparison with rules in adjacent states:

Illinois: Illinois does not have rules related to laboratory work authorizations. Illinois does not require a permit for minimal sedation. Moderate sedation requires a Permit A. To receive a Permit A, a dentist must complete an anesthesiology training program that includes 75 hours of didactic and clinical study in moderate sedation (conscious sedation), physical evaluation, venipuncture, advanced airway management, technical administration, recognition and management of complications and emergencies, and monitoring with additionally supervised experience in providing moderate sedation to 20 patients. The following personnel are required to remain in the treatment room for moderate sedation: the dentist who holds the Permit A; a dental hygienist or dental assistant who has completed training; and one additional hygienist or dental assistant. Deep sedation or general anesthesia requires a Permit B. To receive a Permit B, a dentist must be a diplomate of the American board of Oral and Maxillofacial Surgery, or complete 2 years of advanced training in anesthesiology or have a specialty license in oral and maxillofacial surgery. The following equipment is required: sphygmomanometer; stethoscope; oxygen delivery system; emergency drugs; suction equipment; emergency backup lighting system; pulse oximeter; laryngoscope; advanced airway devices; tonsillar or pharyngeal suction tips; nasal and oral airways; defibrillator; equipment for the establishment of an intravenous infusion; operating chair or table; and recovery area with available oxygen, lighting, suction and electrical outlets. Adverse reactions are required to be reported to the Board. Nine hours of continuing education is required per renewal cycle.

Iowa: Iowa does not have rules related to laboratory work authorizations Iowa requires a moderate sedation permit or general anesthesia permit if the dentist is doing moderate sedation, deep sedation or general anesthesia. To qualify for a moderate sedation permit, the applicant shall complete a training program approved by the board that consists of a minimum of 60 hours of instruction and management of at least 20 patients or an accredited residency program that includes: formal training and clinical experiences in moderate sedation; a training that includes rescuing patients from a deeper level of sedation than intended; and if intends to utilize on pediatric or ASA III or IV patients, an accredited residency program that includes formal training in anesthesia and clinical experience in managing pediatric or ASA III or IV patients. To qualify for a general anesthesia permit, the applicant shall complete an advanced education program accredited by the Commission on Dental Accreditation that provides training in deep sedation and general anesthesia; a minimum of one year of advanced training in anesthesiology and related academic subjects in a training program approved by the anesthesia credentials committee of the board; formal training in airway management; and current ACLS certification. The dentist must evaluate a patient prior to the start of any sedative procedure. The dentist must not leave the facility until the patient meets the criteria for discharge and the dentist or another designated permit holder or licensed sedation provider must be available for postoperative aftercare for a minimum of 48 hours following the administration of sedation. A dentist who administers moderate sedation, deep sedation or general anesthesia is required to have the following equipment: electrocardiogram monitor; positive pressure oxygen; suction; laryngoscope and blades; endotracheal tubes; magill forceps; oral airways; stethoscope; blood pressure monitoring device; pulse oximeter; emergency drugs; defibrillator; capnography machine to monitor end-tidal carbon dioxide; pretracheal or precordial stethoscope; and any additional equipment necessary to establish intravascular or intraosseous access. Dentists must

report any adverse occurrence related to sedation or nitrous oxide within a period of 7 days. Permits expire every 2 years.

Michigan: Michigan does not have rules related to laboratory work authorizations Michigan adopts the standards for advanced training in anesthesia and pain control and training in intravenous conscious sedation and related subjects set forth by the Commission on Dental Education of the American Dental Association in the publication entitled “Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students” (October 2012). Michigan adopts the standards for enteral sedation course as outlined in the Dental Education of the American Dental Association in the publication entitled “Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students” (October 2012). Michigan adopts the standards regarding the equipment within a facility set forth by the American Association of Oral and Maxillofacial Surgeons in the publication entitled “Office Anesthesia Evaluation Manual” (8th edition). Dentists must report morbidity reports within 30 days after the incident and mortality report within 5 days after the incident.

Minnesota: Minnesota does not have rules related to laboratory work authorizations Minnesota requires the following education for deep sedation or general anesthesia: a didactic and clinical program at a dental school, hospital, or graduate medical or dental program accredited by the Commission on Dental Accreditation equivalent to a program for advanced specialty education in oral and maxillofacial surgery or a one year residency in general anesthesia at an institution certified by the American Society of Anesthesiology, the American Medical Association, or the Joint Commission on Hospital Accreditation consisting of a minimum of 390 hours of didactic study, 1, 040 hours of clinical anesthesiology and 260 cases of administration of general anesthesia to an ambulatory outpatient. The dentist has ACLS or PALS certification and CPR certification. Minnesota requires the following education for moderate sedation: a course consisting of a minimum of 60 hours of didactic education in both enteral and parenteral administration, personally administering and managing at least 10 individual supervised cases of parenteral moderate sedation (5 may be on a simulated manikin); ACLS or PALS certification and CPR certification. A dentist who is administering general anesthesia, deep sedation, or moderate sedation, or is administering nitrous oxide inhalation analgesia shall inform the board of that fact on forms provided by the board. A dentist who has a current license to practice dentistry in Minnesota may administer minimal sedation or analgesia. Adverse incidents must be reported to the board. Dentists administering general anesthesia, deep sedation, or moderate sedation need the following equipment: defibrillator; positive pressure oxygen delivery system; suction device; auxiliary lighting; a gas storage facility; recovery area; a method to monitor respiratory function; and board approved emergency cart or kit.

Summary of factual data and analytical methodologies: The Dentistry Examining Board conducted a comprehensive review of chapters DE 9 and 11 to ensure the chapters are statutorily compliant, current with professional standards and practices and removed obsolete or unnecessary provisions. The Dentistry Examining Board reviewed the American Dental Association Guidelines for the Use of Sedation and General Anesthesia by Dentists (October 2016) and other state requirements.

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

This rule was posted for economic impact comments and none were received.

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 Daniel.Hereth@wisconsin.gov, or by calling (608) 267-2435.

Agency contact person:

Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 4822 Madison Yards Way, P.O. Box 8366, Madison, Wisconsin 53708; telephone 608-261-2377; email at DSPSAdminRules@wisconsin.gov.

TEXT OF RULE

SECTION 1. DE 9.015 (2) is amended to read:

DE 9.015 (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 2. DE 9.02 is repealed and recreated to read:

DE 9.02 Work authorizations. Work authorizations shall include all of the following:

- (1) The patient's name or identification number.
- (2) The dentist's name.
- (3) Prescription information.

SECTION 3. DE 11.02 (1) is repealed.

SECTION 4. DE 11.02 (1g) is created to read:

DE 11.02 (1g) "ASA" means American Society of Anesthesiologists.

SECTION 5. DE 11.02 (1m) is repealed.

SECTION 6. DE 11.02 (1s), (1t) and (1u) are amended to read:

DE 11.02 (1s) “Class I permit” means a sedation permit ~~enabling a dentist to administer oral conscious sedation enteral~~ issued prior to [LRB insert effective date]. This permit is no longer valid.

(1t) “Class II permit - enteral” means a sedation permit enabling a dentist to administer, ~~conscious sedation parenteral and conscious sedation enteral~~ by enteral route, moderate sedation.

SECTION 7. DE 11.02 (1tm) is created to read:

(1tm) “Class II permit – parenteral” means a sedation permit enabling a dentist to administer, by parenteral route, moderate sedation.

SECTION 8. DE 11.02 (1u) is amended to read:

(1u) “Class III permit” means a sedation permit enabling a dentist to administer moderate or deep sedation, or general anesthesia, ~~conscious sedation parenteral, and conscious sedation enteral.~~

SECTION 9. DE 11.02 (2) is repealed.

SECTION 10. DE 11.02 (2g) and (2r) are created to read:

DE 11.02 (2g) “Continual” means repeated regularly and frequently in a steady succession.

(2r) “Continuous” means prolonged without any interruption at any time.

SECTION 11. DE 11.02 (3) is amended to read:

DE 11.02 (3) “Deep sedation” means a ~~controlled state~~ drug-induced depression of depressed consciousness, ~~accompanied by partial loss of protective reflexes, including the ability to independently and continuously maintain an airway and to respond purposefully to verbal command, produced by~~ during which a pharmacologic patient cannot be easily aroused but respond purposefully following repeated or non-pharmacologic method, or a combination of pharmacologic and non-pharmacologic methods painful stimulation. The ability to independently maintain ventilatory function may be impaired. A patient may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

SECTION 12. DE 11.02 (3m) is created to read:

DE 11.02 (3m) “Enteral” means administration by which the agent is absorbed through the gastrointestinal tract or through the oral, rectal, or nasal mucosa.

SECTION 13. DE 11.02 (4) is amended to read:

DE 11.02 (4) ~~“General anesthesia” means a controlled state of unconsciousness accompanied by partial or complete drug-induced loss of protective reflexes, including the ability to independently maintain an airway and respond purposefully to physical stimulation or verbal command, produced by consciousness during which a pharmacologic or non-pharmacologic method, or a combination of pharmacologic and non-pharmacologic methods patient is not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. A patient often requires assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.~~

SECTION 14. DE 11.02 (4e) (4m) and (4s) are created to read:

DE 11.02 (4e) “Immediately available” means physically located in the dental office or facility and ready for immediate use or response.

(4m) “Minimal sedation” means a minimally depressed level of consciousness, produced by a pharmacological method that retains the patient’s ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected.

(4s) “Moderate sedation” means a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. If more than one enteral drug is administered or if an enteral drug is administered at a dosage that exceeds the maximum recommended dose during a single appointment, such administration is considered moderate sedation.

SECTION 15. DE 11.02 (6) is amended to read:

DE 11.02 (6) ~~“Nitrous oxide inhalation” means analgesia by administration of a combination of nitrous oxide and oxygen in a patient.~~

SECTION 16. DE 11.02 (6g) and (6r) are created to read:

DE 11.02 (6g) “Parenteral” means administration by which the drug bypasses the gastrointestinal tract through intramuscular, intravenous, intranasal, submucosal, subcutaneous, or intraocular methods.

(6r) “Pediatric patient” means a patient who is 12 years old and under.

SECTION 17. DE 11.02 (7), (8) and (9) are repealed.

SECTION 18. DE 11.025 is repealed and recreated to read:

DE 11.025 Permit to administer anesthesia. (1) Minimal sedation does not require a permit.

(2) The board may issue an anesthesia permit at the following levels:

- (a) Class 2 – Enteral is for the administration of moderate sedation by enteral route.

- (b) Class 2 – Parenteral is for the administration of moderate sedation by either enteral or parenteral route,
 - (c) Class 3 is for the administration of moderate or deep sedation, or general anesthesia.
- (3) A dentist may apply to the board for an anesthesia permit by submitting all of the following:
- (a) Application and fee.
 - (b) Verification of any permit or credential authorizing anesthesia or sedation held by the dentist.
 - (c) Disclosure of any previous anesthesia or sedation related incident, morbidity, mortality or any Board investigation or discipline relating to the delivery of anesthesia or sedation.
 - (d) Evidence of current licensure to practice dentistry in the state of Wisconsin.
 - (e) Evidence of certification in Advanced Cardiovascular Life Support or Pediatric Advanced Life Support through a course that follows the American Heart Association guidelines. Pediatric Advanced Life Support is required if treating pediatric patients.
 - (f) Affidavit indicating the dentist has the required equipment and medications.
 - (g) If applying for a Class 2 - Enteral Permit, evidence of one of the following:
 - 1. Current board certification or a candidate for board certification by the American Board of Oral and Maxillofacial Surgery.
 - 2. Completion of an accredited oral and maxillofacial surgery residency.
 - 3. Diplomate or candidate of the American Dental Board of Anesthesiology.
 - 4. Successful completion of a board approved education program that provides comprehensive training meeting the requirements in s. DE 11.035.
 - (h) If applying for a Class 2 - Parenteral Permit, evidence of one of the following:
 - 1. Current board certification or a candidate for board certification by the American Board of Oral and Maxillofacial Surgery.
 - 2. Completion of an accredited oral and maxillofacial surgery residency.
 - 3. Diplomate or candidate of the American Dental Board of Anesthesiology.
 - 4. Successful completion of a board approved education program that provides comprehensive training meeting the requirements in s. DE 11.035.
 - (i) If applying for a Class 3 Permit, evidence of one of the following:
 - 1. Current board certification or a candidate for board certification by the American Board of Oral and Maxillofacial Surgery.
 - 2. Completion of an accredited oral and maxillofacial surgery residency.
 - 3. Diplomate or candidate of the American Dental Board of Anesthesiology.
 - 4. Postdoctoral residency in an accredited dental program in dental anesthesiology.
 - (j) Notwithstanding par. (g) or (h), a dentist holding a Class 1 Permit on [effective date of rule to be inserted by LRB] shall be granted a Class 2 - Enteral Permit upon evidence of 20 cases within the last 5 years of providing moderate sedation.
NOTE: As of [LRB insert effective date], a Class 1 Permit is no longer valid and moderate sedation requires either a Class 2 - Enteral Permit or Class 2 – Parenteral Permit.
 - (k) Notwithstanding par. (h), a dentist holding a Class 2 Permit on [effective date of rule to be inserted by LRB] shall be granted a Class 2 - Parenteral Permit.
- (4) A dentist may not administer anesthesia or sedation without a permit at the appropriate level of anesthesia or sedation.

SECTION 19. DE 11.03 is repealed and recreated to read:

DE 11.03 Requirements for nitrous oxide in combination with sedative agent. Nitrous oxide when used in combination with sedative agent may produce minimal, moderate or deep sedation. During the administration of moderate or nitrous-oxide oxygen sedation, if a patient enters a deeper level of sedation than the dentist is authorized by permit to provide, then the dentist shall stop the sedation and dental procedures until the patient returns to the intended level of sedation.

SECTION 20. DE 11.035 is created to read:

DE 11.035 Board approved education program content. (1) A board approved education program that provides comprehensive training for a Class 2 - Enteral Permit shall consist of a minimum of 18 hours in administration and management of moderate sedation, including all of the following course content:

- (a) Historical, philosophical and psychological aspects of anxiety and pain control.
- (b) Patient evaluation and selection through review of medical history taking, physical diagnosis and psychological profiling.
- (c) Use of patient history and examination for ASA classification, risk assessment and pre-procedure fasting instruction.
- (d) Definitions and descriptions of physiological and psychological aspects of anxiety and pain.
- (e) Description of the sedation anesthesia continuum, with special emphasis on the distinction between the conscious and the unconscious state.
- (f) Review of adult respiratory and circulatory physiology and related anatomy.
- (g) Pharmacology of local anesthetics and agents used in moderate sedation, including drug interactions and contraindications.
- (h) Indications and contraindications for use of moderate sedation.
- (i) Review of dental procedures possible under moderate sedation.
- (j) Patient monitoring using observation, monitoring equipment, with particular attention to vital signs, ventilation, breathing and reflexes related to consciousness.
- (k) Maintaining proper records with accurate chart entries recording medical history, physical examination, informed consent, time oriented anesthesia record, including the names of all drugs administered, doses and monitored physiological parameters.
- (L) Prevention, recognition and management of complications and emergencies.
- (m) Description, maintenance and use of moderate sedation monitors and equipment.
- (n) Discussion of abuse potential.
- (o) Description and rationale for the technique to be employed.
- (p) Prevention, recognition and management of systemic complications of moderate sedation, with particular attention to airway maintenance and support of the respiratory and cardiovascular systems.
- (q) 20 cases, which may include group observation cases.

(2) A board approved education program that provides comprehensive training for a Class 2 - Parenteral Permit shall consist of a minimum of 60 hours in administration and management of moderate sedation, including all of the following course content:

- (a) Historical, philosophical and psychological aspects of anxiety and pain control.
- (b) Patient evaluation and selection through review of medical history taking, physical diagnosis and psychological profiling.

- (c) Use of patient history and examination for ASA classification, risk assessment and pre-procedure fasting instruction.
- (d) Definitions and descriptions of physiological and psychological aspects of anxiety and pain.
- (e) Description of the sedation anesthesia continuum, with special emphasis on the distinction between the conscious and the unconscious state.
- (f) Review of adult respiratory and circulatory physiology and related anatomy.
- (g) Pharmacology of local anesthetics and agents used in moderate sedation, including drug interactions and contraindications.
- (h) Indications and contraindications for use of moderate sedation.
- (i) Review of dental procedures possible under moderate sedation.
- (j) Patient monitoring using observation, monitoring equipment, with particular attention to vital signs, ventilation, breathing and reflexes related to consciousness.
- (k) Maintaining proper records with accurate chart entries recording medical history, physical examination, informed consent, time oriented anesthesia record, including the names of all drugs administered, doses and monitored physiological parameters.
- (L) Prevention, recognition and management of complications and emergencies.
- (m) Description, maintenance and use of moderate sedation monitors and equipment.
- (n) Discussion of abuse potential.
- (o) Intravenous access anatomy, equipment and technique.
- (p) Prevention, recognition and management of complications of venipuncture and other parenteral techniques.
- (q) Description and rationale for the technique to be employed.
- (r) Prevention, recognition and management of systemic complications of moderate sedation, with particular attention to airway maintenance and support of the respiratory and cardiovascular systems.
- (s) 20 individually managed cases.

SECTION 21. DE 11.04, 11.05, 11.06 and 11.07 are repealed.

SECTION 22. DE 11.075 is created to read:

DE 11.075 Continuing education. A dentist with a sedation permit shall complete 2 hours of continuing education on the topic of sedation and anesthesia each biennium. The continuing education completed under this section shall count toward the continuing education requirement under s. DE 13.03.

SECTION 23. DE 11.08 is repealed

SECTION 24. DE 11.085 is created to read:

DE 11.085 Auxiliary Personnel. (1) Auxiliary personnel shall be certified in basic life support for the health care provider.

(2) A dentist administering sedation shall have one additional individual present during the procedure and another individual on the premises and available to respond to a patient emergency.

- (3) A dentist administering general anesthesia or deep sedation shall have 2 additional individuals present during the procedure.
- (4) If a dentist is both performing the dental procedure and administering moderate or deep sedation, or general anesthesia, one auxiliary personnel must be designated to only monitor the patient. The designated auxiliary personnel may be one of the additional individuals required in sub. (2) or (3).

SECTION 25. DE 11.09 is repealed and recreated to read:

DE 11.09 Standards of Care. (1) GENERAL. A dentist administering anesthesia or sedation shall be in the room to continuously monitor the patient until the patient meets the criteria for transfer to recovery and may not leave the dental office or facility until the patient meets the criteria for discharge and is discharged from the dental office or facility.

(2) PREOPERATIVE PREPARATION. Preoperative preparation for the administration of anesthesia or sedation shall include all of the following steps:

- (a) Determine the adequacy of the oxygen supply and equipment necessary to deliver oxygen under positive pressure.
- (b) Take and record the patient's baseline vital signs, including blood pressure, respiratory rate and heart rate. For the administration of general anesthesia and deep and moderate sedation, baseline vital signs include weight, height, blood pressure, heart rate, respiratory rate, blood oxygen saturation by pulse oximetry, and body temperature when appropriate. The inability to take vital signs due to the patient's behavior or condition shall be documented in the patient record.
- (c) Complete medical history and a focused physical evaluation.
- (d) Instruct the patient on specific dietary limitations based upon the sedative and anesthetic technique to be used and patient's physical status.
- (e) Provide preoperative instructions to the patient, or as appropriate, to the patient's parent or legal guardian.
- (f) Notify and require a patient to arrive and leave with a vested escort.
- (g) Establish and secure, where clinically indicated, an intravenous line throughout the procedure, except as provided for pediatric or special needs patients.
- (h) Advise the patient of fasting requirements.

(3) MONITORING AND EVALUATION OF GENERAL ANESTHESIA, DEEP SEDATION OR MODERATE SEDATION. A dentist administering general anesthesia, deep sedation, or moderate sedation shall continuously monitor and evaluate all of the following:

- (a) Level of consciousness.
- (b) Oxygenation saturation by pulse oximetry.
- (c) Chest excursions.
- (d) Ventilation monitored by end-tidal carbon dioxide.
- (e) Auscultation of breath sounds by precordial or pretracheal stethoscope.
- (f) Respiration rate.
- (g) Heart rate and rhythm via electrocardiogram.
- (h) Blood pressure.
- (i) Color of mucosa, skin or blood.
- (j) Body temperature whenever triggering agents associated with malignant hyperthermia are administered.

(4) MONITORING AND EVALUATION OF MINIMAL SEDATION. A dentist administering minimal sedation shall continuously monitor and evaluate all of the following:

- (a) Level of consciousness.
- (b) Chest excursions.
- (c) Ventilation by either auscultation of breath sounds or by verbal communication with the patient.
- (d) Color of mucosa, skin or blood.
- (e) Blood pressure, heart rate, and oxygenation saturation by pulse oximetry pre-operatively and post-operative and intraoperatively.

(5) RECOVERY AND DISCHARGE. A dentist shall maintain and implement recovery and discharge procedures which include all of the following:

- (a) Immediate availability of oxygen and suction equipment.
- (b) Monitor and document the patient's blood pressure, heart rate, oxygenation and level of consciousness during recovery.
- (c) Determine and document that blood pressure, heart rate, level of consciousness, oxygenation, ventilation, and circulation are satisfactory for discharge.
- (d) Post-operative verbal and written instructions provided.
- (e) If a reversal agent is administered before discharge criteria have been met, the patient must be monitored until recovery is assured.

(6) EQUIPMENT. A dentist administering anesthesia or sedation shall have immediately available and maintain equipment, appropriate for patients served, in good working order according to manufacturer's directions all the following equipment:

- (a) Alternative light source for use during power failure.
- (b) Automated external defibrillator.
- (c) Disposable syringes in assorted sizes.
- (d) Oxygen in a portable cylinder E tank capable of administering positive pressure ventilation via a bag-valve-mask system.
- (e) Sphygmomanometer and stethoscope for pediatric and adult patients.
- (f) Suction and backup system.
- (g) An operating chair capable of withstanding cardiopulmonary resuscitation or a back board.
- (h) Emergency airway equipment including oral and nasal airway and advanced airway devices for appropriate patient populations being served.

(7) DRUGS. A dentist administering anesthesia or sedation shall be responsible to maintain and properly store drugs in current and unexpired condition and properly dispose of expired drugs. The following drugs shall be maintained in an emergency drug kit:

- (a) Non-enteric coated aspirin.
- (b) Ammonia inhalants.
- (c) Antihistamine.
- (d) Antihypoglycemic agent.
- (e) Bronchodilator.
- (f) Epinephrine.
- (g) Oxygen.
- (h) Nitroglycerin.
- (i) Reversal agents.
- (j) Muscle relaxant.

(8) EMERGENCY MANAGEMENT. A dentist administering anesthesia or sedation shall be responsible for the sedative or anesthetic management, diagnosis and treatment of emergencies related to the administration of anesthesia or sedation and for ensuring the equipment, drugs and protocols for patient rescue are immediately available.

(9) ANESTHESIA RECORD. A dentist shall maintain an anesthesia record that documents all events related to the administration of the sedative or anesthetic agents, including all of the following:

- (a) Time-oriented anesthesia record that includes the date, names of all drugs administered, dosages, methods of administration and monitored physiological parameters.
- (b) Heart rate, respiratory rate, blood pressure, pulse oximetry, and end-tidal carbon dioxide measurements shall be recorded in 5-minute intervals for general anesthesia, deep and moderate sedation.
- (c) The duration of the procedure.
- (d) The individuals present during the procedure.

SECTION 26. DE 11.10 (title) is amended to read:

DE 11.10 Reporting of adverse occurrences related to sedation or anesthesia administration.

SECTION 27. DE 11.10 (intro.) is repealed.

SECTION 28. DE 11.10 (1), (2), (3), (4), (5), (6), and (7) are renumbered to DE 11.10 (3) (a), (b), (c), (d), (e), (f) and (g).

SECTION 29. DE 11.10 (1m), (2m) and (3m) (intro.) are created to read:

DE 11.10 (1m) A dentist shall report to the board any anesthesia or sedation related mortality which occurs during or as a result of treatment provided by the dentist within 2 business days of the dentist's notice of such mortality.

(2m) A dentist shall report any morbidity which may result in permanent physical or mental injury as a result of the administration of anesthesia or sedation by the dentist to the Board within 30 days of the notice of the occurrence of any such morbidity.

(3m) The report shall include all of the following:

SECTION 30. 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)

Dated _____

Agency _____

Chairperson
Dentistry Examining Board

STATEMENT OF SCOPE

Dentistry Examining Board

Rule No.: DE 2

Relating to: Approved testing services

Rule Type: Both Permanent and Emergency

1. Finding/nature of emergency (Emergency Rule only):

The Joint Commission on National Dental Boards has a new clinical examination which does not utilize live patients or manikins. Marquette University has requested the Dentistry Examining Board remove the live patient or manikin requirement to allow its graduates to have a pathway to initial licensure in light of the difficulties of arranging for live patients in the current pandemic situation. A delay for new graduates receiving licensure due to lack of availability of patient-based licensure exams creates the inability for new dentists to begin practice in areas of the state experiencing a dentist shortage.

2. Detailed description of the objective of the proposed rule:

The proposed rule will remove the requirement for approval that a testing service must have all their clinical exams include a practical component utilizing live human patients or simulated patients.

3. Description of the existing policies relevant to the rule, new policies proposed to be included in the rule, and an analysis of policy alternatives:

Currently in order for a testing service be approved, all the exams testing clinical knowledge must include a practical component on application of the basic principles utilizing live human patients or simulated patients.

The Joint Commission on National Dental Boards has a new clinical examination which was designed to reliably and accurately reflect the practice of clinical dentistry without utilization of a live patient or manikin. This clinical exam is similar to other health profession clinical examinations which test clinical knowledge, skills and judgement without utilization of a live patient or manikin. This clinical exam assesses candidates' clinical judgement and skills using sophisticated 3-D models.

The Dentistry Examining Board is pursuing the emergency rule to allow recent graduates another option for a licensing examination. The Dentistry Examining Board will solicit comments during the public hearing process to determine whether to pursue a permanent rule to provide for this option beyond the emergency rule timeframe.

4. Detailed explanation of statutory authority for the rule (including the statutory citation and language):

15.08(5)(b) Each Examining Board shall promulgate rules for its own guidance and for the guidance of the trade or 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.

227.11 (2) (a) Each agency may promulgate rules interpreting the provisions of any statute enforced or administered by the agency, if the agency considers it necessary to effectuate the purpose of the statute, but a rule is not valid if the rule exceeds the bounds of correct interpretation...

[This rule interprets s. 447.04 (1) (a) 4. (Submits evidence satisfactory to the examining board that he or she has passed the national dental examination and the examination of a dental testing service approved Rev. 3/6/2012

by the examining board) by providing in rule the requirements for a dental testing service to meet in order to be considered approved by the Dentistry Examining Board.]

447.04 (1) (a) 6. Completes any other requirements established by the examining board by rule.

5. Estimate of amount of time that state employees will spend developing the rule and of other resources necessary to develop the rule:

100 hours

6. List with description of all entities that may be affected by the proposed rule:

Dentist applicants, students and schools.

7. Summary and preliminary comparison with any existing or proposed federal regulation that is intended to address the activities to be regulated by the proposed rule:

None

8. Anticipated economic impact of implementing the rule (note if the rule is likely to have a significant economic impact on small businesses):

None to minimal. This rule is not likely to have a significant economic impact on small businesses.

Contact Person: Sharon Henes, Administrative Rules Coordinator, (608) 261-2377

Authorized Signature

Date Submitted

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Sharon Henes Administrative Rules Coordinator		2) Date When Request Submitted: 22 June 2020 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: Dentistry Examining Board			
4) Meeting Date: 1 July 2020	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? 2020 Report on Opioid Abuse	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: The 2019 Report on Opioid Abuse set the following goals: 1. Increase the Number of Dentists Registered with the Prescription Drug Monitoring Program to 65% 2. Expand educational outreach on the topics of prescribing controlled substances (Best Practices for Prescribing Controlled Substances Guidelines) and utilizing the PDMP. This year's report is due November 1 st . The report is to include: 1. Action taken on the 2019 goals. 2. New goals for the next year.			
11) Authorization			
<i>Sharon Henes</i>		<i>22 June 2020</i>	
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.			