



VIRTUAL/TELECONFERENCE
PODIATRY AFFILIATED CREDENTIALING BOARD
Virtual, 4822 Madison Yards Way, Madison
Contact: Tom Ryan (608) 266-2112
February 22, 2023

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 record of the actions of the Board.

AGENDA

9:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A. Adoption of Agenda (1-3)**
- B. Approval of Minutes of June 9, 2022 (4-6)**
- C. Introductions, Announcements and Recognition – Discussion and Consideration
- D. Reminders: Conflicts of Interest, Scheduling Concerns
- E. Administrative Matters – Discussion and Consideration**
 - 1) Board, Department and Staff Updates
 - 2) 2023 Meeting Dates **(7)**
 - 3) Annual Policy Review **(8-11)**
 - 4) Election of Officers, Appointment of Liaisons and Alternates, Delegation of Authorities **(12-20)**
 - 5) Board Members – Term Expiration Dates
 - a. Hutter, Jack – 7/1/2023
 - b. Kittleson, Randal – 7/1/2023
 - c. Sage, Robert – 7/1/2024
 - 6) Wis. Stat. § 15.085(3)(b) Biannual Meeting with the Medical Examining Board
- F. Legislative and Policy Matters – Discussion and Consideration
- G. Administrative Rule Matters – Discussion and Consideration**
 - 1) Pending and Possible Rulemaking Projects
- H. Wisconsin Medical Examining Board Amended Opioid Prescribing Guideline – Board Review for Adoption – Discussion and Consideration (21-25)**
- I. 2022 Controlled Substances Board Annual Report – Discussion and Consideration (26-30)**

J. 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) Legislation and Policy Matters
- 10) Administrative Rule Matters
- 11) Public Health Emergencies
- 12) Liaison Reports
- 13) Board Liaison Training and Appointment of Mentor
- 14) Informational Items
- 15) Division of Legal Services and Compliance (DLSC) Matters
- 16) Presentations of Petitions for Summary Suspension
- 17) Petitions for Designation of Hearing Examiner
- 18) Presentation of Proposed Stipulations, Final Decisions and Orders
- 19) Presentation of Proposed Final Decisions and Orders
- 20) Presentation of Interim Orders
- 21) Petitions for Re-Hearing
- 22) Petitions for Assessments
- 23) Petitions to Vacate Orders
- 24) Requests for Disciplinary Proceeding Presentations
- 25) Motions
- 26) Petitions
- 27) Appearances from Requests Received or Renewed
- 28) Speaking Engagement(s), Travel, or Public Relation Request(s)

K. 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.).

L. Credentialing Matters

- 1) **Application Reviews**
 - a. Kevin Denis – Initial Application by Exam **(31-66)**

M. Deliberation on Division of Legal Services and Compliance (DLSC) Matters

- 1) **Case Closings**
 - a. 21 POD 018 – T.N.C. **(67-72)**
 - b. 21 POD 020 – R.E.H. **(73-86)**
 - c. 22 POD 006 – R.D.M. **(87-98)**

N. Deliberation of Items Added After Preparation of the Agenda

- 1) Education and Examination Matters
- 2) Credentialing Matters
- 3) Disciplinary 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 Orders
- 9) Administrative Warnings
- 10) Review of Administrative Warnings
- 11) Proposed Final Decisions and Orders
- 12) Matters Relating to Costs/Orders Fixing Costs
- 13) Case Closings
- 14) Proposed Interim Orders
- 15) Petitions for Assessments and Evaluations
- 16) Petitions to Vacate Orders
- 17) Remedial Education Cases
- 18) Motions
- 19) Petitions for Re-Hearing
- 20) Appearances from Requests Received or Renewed

O. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

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

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

R. Delegation of Ratification of Examination Results and Ratification of Licenses and Certificates

ADJOURNMENT

NEXT MEETING: JUNE 8, 2023

 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 virtually unless otherwise indicated. In-person meetings are typically conducted at 4822 Madison Yards Way, Madison, Wisconsin, unless an alternative location is listed on the meeting notice. In order to confirm a meeting or to request a complete copy of the board's agenda, please visit the Department website at <https://dps.wi.gov>. 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. Requests for interpreters for the hard of hearing, or other accommodations, are considered upon request by contacting the Affirmative Action Officer, or the Meeting Staff at 608-267-7213.

**VIRTUAL/TELECONFERENCE
PODIATRY AFFILIATED CREDENTIALING BOARD
MEETING MINUTES
JUNE 9, 2022**

PRESENT: Kerry Connelly, Jack Hutter, DPM; Robert Sage, DPM

EXCUSED: Randal Kittleson, DPM

STAFF: Tom Ryan, Executive Director; Joseph Ricker, Legal Counsel; Nilajah Hardin, Administrative Rules Coordinator; Kimberly Wood, Program Assistant Supervisor-Adv.; and other Department staff

CALL TO ORDER

Robert Sage, Chairperson, called the meeting to order at 9:05 a.m. A quorum was confirmed with three (3) members present.

ADOPTION OF AGENDA

MOTION: Jack Hutter moved, seconded by Kerry Connelly, to adopt the Agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF MARCH 3, 2022

MOTION: Jack Hutter moved, seconded by Kerry Connelly, to approve the Minutes of March 3, 2022 as published. Motion carried unanimously.

INTRODUCTIONS, ANNOUNCEMENTS AND RECOGNITION

Recognition: Kerry Connelly, Public Member (Resigns: June 30, 2022)

MOTION: Robert Sage moved, seconded by Jack Hutter, to recognize and thank Kerry Connelly for his years of dedicated service to the Board and State of Wisconsin. Motion carried unanimously.

**PUBLIC HEARING: CLEARINGHOUSE RULE 22-018 ON POD 1 AND 2, RELATING TO
LICENSURE AND UNPROFESSIONAL CONDUCT**

Review and Respond to Public Hearing Comments and Clearinghouse Report

MOTION: Robert Sage moved, seconded by Jack Hutter, to acknowledge receipt of the Clearinghouse Report and recognize that Legislative Council Staff did not make any comments for Clearinghouse Rule 22-018 (Pod 1 and 2), relating to Licensure and Unprofessional Conduct. Motion carried unanimously.

MOTION: Robert Sage moved, seconded by Jack Hutter, to authorize the Chairperson to approve the Legislative Report and Draft for Clearinghouse Rule 22-018 (Pod 1 and 2), relating to Licensure and Unprofessional Conduct, for submission to the Governor's Office and Legislature. Motion carried unanimously.

BOARD CHAIR MEETINGS AND OPTIONS TO ADDRESS DEPARTMENT RESOURCES

MOTION: Robert Sage moved, seconded by Kerry Connelly, to request that the state legislature increase the number of staff positions and increase the spending authority of the Department of Safety and Professional Services. The fee revenue paid by podiatrists to obtain and renew licenses should not be diverted to other purposes. Continued diversions of fee revenue prevent the Department from hiring additional staff and inhibits the Podiatry Affiliated Credentialing Board's ability to protect the public and license professionals without undue delay. Motion carried unanimously.

MOTION: Robert Sage moved, seconded by Jack Hutter, to authorize Jack Hutter to discuss with the Wisconsin Podiatric Medical Association initiatives involving the state legislature, its Joint Finance Committee and the state budget aimed at increasing the number of DSPS staff positions and the spending authority of DSPS. Reports will be provided at future meetings, with this topic listed as a standing item on Board agendas. Motion carried unanimously.

MOTION: Robert Sage moved, seconded by Jack Hutter, to authorize Jack Hutter as the Board's designee to attend the Wisconsin Podiatric Medical Association Annual Scientific Conference August 11-13, 2022 at the Brookfield Conference Center. Motion carried unanimously.

CLOSED SESSION

MOTION: Robert Sage moved, seconded by Kerry Connelly, 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 448.02(8), 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.). Robert Sage, Chairperson, read the language of the motion aloud for the record. The vote of each member was ascertained by voice vote. Roll Call Vote: Kerry Connelly-yes; Jack Hutter-yes; and Robert Sage-yes. Motion carried unanimously.

The Board convened into Closed Session at 9:45 a.m.

DIVISION OF LEGAL SERVICES AND COMPLIANCE (DLSC) MATTERS

Case Closings

21 POD 017 – J.J.P.

MOTION: Robert Sage moved, seconded by Jack Hutter, to close DLSC Case Number 21 POD 017, against J.J.P., for Insufficient Evidence. Motion carried unanimously.

RECONVENE TO OPEN SESSION

MOTION: Robert Sage moved, seconded by Kerry Connelly, to reconvene in Open Session. Motion carried unanimously.

The Board reconvened into Open Session at 9:47 a.m.

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION, IF VOTING IS APPROPRIATE

MOTION: Robert Sage moved, seconded by Jack Hutter, 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.)

DELEGATION OF RATIFICATION OF EXAMINATION RESULTS AND RATIFICATION OF LICENSES AND CERTIFICATES

MOTION: Robert Sage moved, seconded by Jack Hutter, to delegate ratification of examination results to DSPS staff and to ratify all licenses and certificates as issued. Motion carried unanimously.

ADJOURNMENT

MOTION: Robert Sage moved, seconded by Jack Hutter, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 9:49 a.m.

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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Katlin Schwartz, Bureau Assistant		2) Date when request submitted: 2/10/2023 <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: Podiatry Affiliated Credentialing Board			
4) Meeting Date: 2/22/2023	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? 2023 Meeting Dates	
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 checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if applicable: N/A
10) Describe the issue and action that should be addressed: The Board will review and potentially make a motion to approve the follow 2023 meeting dates: a. Wednesday, February 22, 2023 – Virtual b. Thursday, June 8, 2023 – Virtual c. Thursday, October 12, 2023 - Virtual			
11) Authorization			
<i>Katlin Schwartz</i>		<i>2/10/2023</i>	
Signature of person making this request		Date	
Supervisor (Only required for post agenda deadline items)		Date	
Executive Director signature (Indicates approval for post agenda deadline items)		Date	
Directions for including supporting documents: 1. This form should be saved with any other documents submitted to the Agenda Items folders. 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
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Katlin Schwartz, Bureau Assistant on behalf of Division of Policy Development Executive Directors		2) Date when request submitted: 12/14/2022 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: All Boards			
4) Meeting Date: First Meeting of 2023	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Annual Policy Review	
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 checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if applicable: N/A	
10) Describe the issue and action that should be addressed: Please be advised of the following Annual Policy Review items: <ol style="list-style-type: none"> 1. In-Person Meeting Policy: Depending on the frequency of Board meetings, a Board may be allowed a certain number of in-person meetings. <ul style="list-style-type: none"> • 4-5 Meetings per year = 1 in-person opportunity • 6-8 Meetings per year = 2 in-person opportunities • 12 Meetings per year = 4 in-person opportunities 2. Attendance/Quorum: Thank you for your service and for your commitment to meeting attendance. If you cannot attend a meeting or if you have scheduling conflicts impacting your attendance, please let us know ASAP. Timely notification is appreciated as quorum is required for our Boards, Sections and Councils to meet pursuant to Open Meetings Law. 3. Walking Quorum: Board/Section/Council members must not collectively discuss the body's business outside of a properly noticed meeting. Should several members of a body do so, the members could be violating the open meetings law. 4. Mandatory Training: All Board Members must complete their annual Public Records and Ethics Trainings, if not complete, the training will be done at the next meeting. 5. Agenda Deadlines: Please communicate agenda topics to your Executive Director before the agenda submission deadline which is at 12:00 pm, 8 business days prior to a meeting. (Attachment: Timeline of a Meeting) 6. Travel Voucher and Per Diem Submissions: Please submit all Per Diem and Reimbursement claims to DSPS within 30 days of the close of each month in which expenses are incurred. (Attachments: Per Diem Example, Travel Voucher Example) 7. Lodging Accommodations/Hotel Cancellation Policy: Lodging accommodations are available to eligible members. Standard eligibility: member must leave home before 6:00 a.m. to attend a meeting by the scheduled start time. <ul style="list-style-type: none"> • If a member cannot attend a meeting it is their responsibility to cancel their reservation within the applicable cancellation timeframe. If a meeting is changed to occur remotely or is cancelled or rescheduled DSPS staff will cancel or modify reservations as appropriate. 8. Inclement Weather Policy: In the event of inclement weather the agency may change a meeting from an in-person venue to one that is executive remotely. 			
11) Authorization			
Katlin Schwartz		12/14/2022	
Signature of person making this request		Date	
Supervisor (Only required for post agenda deadline items)		Date	
Executive Director signature (Indicates approval for post agenda deadline items)		Date	
Directions for including supporting documents: <ol style="list-style-type: none"> 1. This form should be saved with any other documents submitted to the Agenda Items folders. 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. 			

Timeline of a Meeting

8 business days prior to the meeting: All agenda materials are due to the Department by 12:00 pm, 8 business days prior to the meeting date.

7 business days prior to the meeting: The draft agenda page is due to the Executive Director. The Executive Director transmits to the Chair for review and approval.

5 business days prior to the meeting: The approved agenda is returned to the Bureau Assistant for agenda packet production and compilation.

4 business days prior to the meeting: Agenda packets are posted on the DSPS Board SharePoint site and on the Department website.

Agenda Item Examples:

- Approval of the Agenda and Minutes (from the last meeting)
- Open Session Items
 - Public Hearings (on Admin Rules)
 - Administrative Matters
 - Legislation and Policy Matters
 - Administrative Rules Matters
 - Credentialing Matters
 - Education and Exam Issues
 - Public Agenda Requests
 - Current Issues Affecting the Profession
 - Public Comments
- Closed Session items
 - Deliberations on Proposed Disciplinary Actions
 - Stipulations
 - Administrative Warnings
 - Case Closings
 - Monitoring Matters
 - Professional Assistance Procedure (PAP) Issues
 - Proposed Final Decisions and Orders
 - Orders Fixing Costs/Matters Relating to Costs
 - Credentialing Matters
 - Education and Exam Issues

Thursday of the Week Prior to the Meeting: Agendas are published for public notice on the Public Notices and Meeting Minutes website: publicmeetings.wi.gov.

1 business day after the Meeting: "Action" lists are distributed by staff detailing board actions on closed session business.

5 business days after the Meeting: "To Do" lists are distributed to staff to ensure that board decisions are acted on and/or implemented within the appropriate divisions in the Department. Minutes approved by the board are published on the the Public Notices and Meeting Minutes website: publicmeetings.wi.gov.

Department of Safety and Professional Services

PER DIEM REPORT

INSTRUCTIONS: Claimant records board-related activities by entering the date of an activity, the duration of time spent in that activity, the relevant purpose code (see purpose code descriptions below), where the activity is conducted, and the type of activity performed. Only one (1) \$25.00 per diem payment can be issued on any given calendar day.

Purpose Codes:

- A. Official meetings including video/teleconference calls** (automatic day of per diem): i.e., board, committee, board training or screening panels; **Hearings**, i.e., Senate Confirmation, legislative, disciplinary or informal settlement conferences; **Examinations and Test Development Sessions**, i.e., test administration, test review or analysis events, national testing events, tour of test facilities, etc.)
- B. Other** (One (1) per diem will be issued for every five (5) hours spent in category B, per calendar month): i.e., review of disciplinary cases, consultation on cases, review of meeting materials, board liaison work e.g., contacts regarding Monitoring, Professional Assistance Procedure, Credentialing, Education and Examinations

NAME OF EXAMINING BOARD OR COUNCIL EXAMPLE EXAMINING BOARD			BOARD OR COUNCIL MEMBER'S NAME MARY SUNSHINE	
Activity Date MM/DD/YY	Duration of Activity Hours/Minutes	Purpose Code A or B	Where Performed City/Location (Home, Work, DSPS)	Activity Describe Activity Performed (see purpose codes)
12/2/20	2 hrs	B	Pleasant Prairie/Home	Review of screening panel materials
12/3/20	2 hr / 30 mins	B	Pleasant Prairie/Home	Review of screening panel materials
12/10/20	1 hr	A	Pleasant Prairie/Home	Screening Panel Meeting - Teleconference
12/12/20	1 hr / 30 mins	B	Pleasant Prairie/Home	Case consultation
12/13/20	1 hr	B	Pleasant Prairie/Home	Liaison: Application Review
12/16/20	6 hrs	A	Madison/DSPS	Board Member Training
				<p>The 5-hour rule applies to "B" code activities. Add the 'B' codes within the calendar month and then divide by five (5) hours to calculate your per diem payment. In this case the total is seven (7) hours which equals one (1) day of per diem.</p> <p>Each 'A' code is an automatic day of per diem regardless of time spent in that activity. Ms. Sunshine is eligible for two (2) additional days of payment.</p> <p>Department staff completes the fields titled "Total Days Claimed".</p>
CLAIMANT'S CERTIFICATION			Comments:	
The undersigned certifies, in accordance with § 16.53, Wis. Stats., that this account for per diem, is just and correct; and that this claim is for service necessarily incurred in the performance of duties required by the State, as authorized by law.				
<i>Mary Sunshine</i>		<i>1/4/2021</i>		
Claimant's Signature	Date	Supervisor	Date	

EMPL ID: 100012345-0

To be completed by Department staff: TOTAL DAYS CLAIMED: 3 @ \$25.00 = 75.00

Travel Voucher

Staple Receipts Face Up On Backside

For Agency Use Only

Safety & Professional Services

Department/ Division Example Examining Board
State Officer/Employee Name Mary Sunshine
Mo/Yr From/To:

Emp ID 100012345 Z
Address 2424 Happy Road
City Pleasant Prairie State WI Zip-Code 53158

Table with columns: FY, FUND, BUSINESS UNIT, DEPART, APPR CLASS, OBJECT, PROJECT, BALANCE SHEET ACCT, REPORTING CATEGORY, PROJECT NUMBER, AMOUNT (DEBIT, CREDIT)

TOTALS

Main table for travel expenses with columns: Official Business, Travel Points, HDQS-TIME, Personal Vehicle, Lodging, Meals, Other Allowable Expenses, Total Allowable Expenses

LEGEND: Staff can fill in these areas. Board Member MUST fill in these areas

*Item billed directly to the state agency

Sub-Totals

Summary table with rows: Mileage Costs, Totals, Total Expenditure, Less Travel Advance, Net Amount Due

Claimant's Statement § 16.53 Wisconsin Statutes

I declare, under penalties, that all claimed travel expenses are true and correct and are in conformity with Wisconsin statute 16.53 and related agreements.

I certify that all expenses on this voucher conform to statutory, departmental or applicable collective bargaining provisions, and were necessary in the official performance of duties required by the State Expenditures are determined to be reasonable and proper, and that sufficient funds are available to pay this claim.

Date Claimant's Signature

I certify that this travel claim is reasonable, proper, and in conformity with applicable statutes, travel schedule amounts, and/or collective bargaining agreements.

Agency Head or Authorized Representative

Date Supervisor's Signature

Audited in accordance with S. 16.53 Wisconsin Statutes and allowed by the provisions of chapter 20.

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

AGENDA REQUEST FORM

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3) Name of Board, Committee, Council, Sections: Podiatry Affiliated Credentialing Board			
4) Meeting Date: 2/22/2023	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Administrative Matters <ul style="list-style-type: none"> • Election of Officers, Appointment of Liaisons and Alternates, Delegation of Authorities 	
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 checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if applicable: N/A	
10) Describe the issue and action that should be addressed: <ol style="list-style-type: none"> 1) The Board, Council or Section should conduct Election Officers: Chairperson, Vice Chairperson & Secretary 2) The newly elected Chairperson should review and appoint/reappoint Liaisons and Alternates as appropriate 3) The Board should review and then consider its existing delegated authorities including any modification of these delegations and any proposals for additional delegations. <ol style="list-style-type: none"> a. Credentialing Delegations b. Monitoring Delegations c. Pre-Screening Delegations 			
11) Authorization <hr/> <div style="display: flex; justify-content: space-between;"> <i>Katlin Schwartz</i> <i>2/10/2023</i> </div> <hr/> <div style="display: flex; justify-content: space-between;"> Signature of person making this request Date </div> <hr/> <div style="display: flex; justify-content: space-between;"> Supervisor (Only required for post agenda deadline items) Date </div> <hr/> <div style="display: flex; justify-content: space-between;"> Executive Director signature (Indicates approval for post agenda deadline items) Date </div>			
Directions for including supporting documents: <ol style="list-style-type: none"> 1. This form should be saved with any other documents submitted to the Agenda Items folders. 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. 			

PODIATRY AFFILIATED CREDENTIALING BOARD

2022 Elections, Liaisons and Delegations

Election of Officers

ELECTION RESULTS	
Chairperson	Robert Sage
Vice Chairperson	Kerry Connelly
Secretary	Jack Hutter

Appointment of Liaisons

LIAISON APPOINTMENTS	
Credentialing Liaison	Robert Sage <i>Alternate: Kerry Connelly</i>
Education and Exams Liaison	Jack Hutter <i>Alternate: Randal Kittleson</i>
Monitoring Liaison	Kerry Connelly <i>Alternate: Robert Sage</i>
Professional Assistance Procedure Liaison	Kerry Connelly <i>Alternate: Robert Sage</i>
Legislative Liaison	Robert Sage <i>Alternate: Randal Kittleson</i>
Travel Liaison	Jack Hutter <i>Alternate: Kerry Connelly</i>
Screening Panel	Jack Hutter, Robert Sage, Randal Kittleson <i>Alternate: Kerry Connelly</i>

Delegation of Authorities

Document Signature Delegations

MOTION: Robert Sage moved, seconded by Randal Kittleson, to delegate authority to the Chairperson (or in absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) to sign documents on behalf of the Board in order to carry out its duties. Motion carried unanimously.

MOTION: Robert Sage moved, seconded by Jack Hutter, in order to carry out duties of the Board, the Chairperson (or in absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) has the ability to delegate signature authority for purposes of facilitating the completion of assignments during or between meetings. The members of the Board hereby delegate to the Executive Director or DPD Division Administrator, the authority to sign on behalf of a board member as necessary. Motion carried unanimously.

Delegated Authority for Urgent Matters

MOTION: Jack Hutter moved, seconded by Randal Kittleson, that in order to facilitate the completion of urgent matters between meetings, the Board delegates its authority to the Chairperson (or, in the absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession), to appoint liaisons to the Department to act in urgent matters. Motion carried unanimously.

Delegation to Chief Legal Counsel Due to Loss of Quorum

MOTION: Robert Sage moved, seconded by Jack Hutter, to delegate the review and authority to act on disciplinary cases to the Department's Chief Legal Counsel due to lack of/loss of quorum after two consecutive meetings. Motion carried unanimously.

Monitoring Delegations

Delegation of Authorities for Monitoring

MOTION: Jack Hutter moved, seconded by Robert Sage, to adopt the "Roles and Authorities Delegated for Monitoring" document as presented in the March 3, 2022 agenda materials on pages 17-18. Motion carried unanimously.

Delegation of Authorities for Legal Counsel to Sign Monitoring Orders

MOTION: Robert Sage moved, seconded by Jack Hutter, to delegate to Legal Counsel the authority to sign Monitoring orders that result from Board meetings on behalf of the Board Chairperson. Motion carried unanimously.

Credentialing Authority Delegations

Delegation of Authority to Credentialing Liaison

MOTION: Jack Hutter moved, seconded by Randal Kittleson, to delegate authority to the Credentialing Liaison(s) to serve as a liaison between the Department and the Board and to act on behalf of the Board in regard to credentialing applications or questions presented to them, including the signing of documents related to applications, except that potential denial decisions shall be referred to the full Board for final determination. Motion carried unanimously.

Delegation of Authority to DSPS When Credentialing Criteria is Met

MOTION: Robert Sage moved, seconded by Jack Hutter, to delegate credentialing authority to the Department to act upon applications that meet all credentialing statutory and regulatory requirements without Board or Board liaison review. Motion carried unanimously.

Delegation of Authority for Predetermination Reviews

MOTION: Robert Sage moved, seconded by Jack Hutter, to delegate authority to the Department Attorneys to make decisions regarding predetermination applications pursuant to Wis. Stat. § 111.335(4)(f). Motion carried unanimously.

Delegation of Authority for Conviction Reviews

MOTION: Jack Hutter moved, seconded by Randal Kittleson, to delegate authority to the Department Attorneys to review and approve applications with convictions which are not substantially related to the practice of podiatry. Motion carried unanimously.

Delegation to DSPS When Applicant's History has been Previously Reviewed

MOTION: Jack Hutter moved, seconded by Randal Kittleson, to delegate authority to Department staff to approve applications where criminal background checks have been approved for a previous podiatry credential and there is no new conviction record. Motion carried unanimously.

Delegated Authority for Application Denial Reviews

MOTION: Jack Hutter moved, seconded by Robert Sage, to delegate authority to the Department's Attorney Supervisors to serve as the Board's designee for purposes of reviewing and acting on requests for hearing as a result of a denial of a credential. Motion carried unanimously.

Pre-Screening Delegation to Open Cases

MOTION: Randal Kittleson moved, seconded by Jack Hutter, to delegate pre-screening decision making authority to the Department screening attorney for opening cases as outlined below:

1. OWIs of 3 or more that occurred in the last 5 years.
2. Reciprocal discipline cases.
3. Impairment and/or diversion at work that includes a positive drug/alcohol test or admission by respondent.
4. Conviction of a misdemeanor or felony that the attorney believes is substantially related and is not otherwise excluded from consideration via Wis. Stat. ch. 111.
5. No response from the respondent after intake requested a response (case would be opened for the failure to respond issue as well as the merits).

Motion carried unanimously.

Pre-Screening Delegation to Close Cases

MOTION: Robert Sage moved, seconded by Jack Hutter, to delegate pre-screening decision making authority to the Department screening attorney for closing cases as outlined below:

1. One OWI that is non-work related and if AODA assessment completed, assessment does not indicate dependency.
2. Complaints that even if allegations are true, do not amount to a violation of law or rules.

Motion carried unanimously.

Voluntary Surrenders

MOTION: Jack Hutter moved, seconded by Randal Kittleson, to delegate authority to the assigned case advisor to accept or refuse a request for voluntary surrender pursuant to Wis. Stat. § 440.19 for a credential holder who has a pending complaint or disciplinary matter. Motion carried unanimously.

Education and Examination Liaison(s) Delegation

MOTION: Robert Sage moved, seconded by Jack Hutter, to delegate authority to the Education and Examination Liaison(s) to address all issues related to education and examinations. Motion carried unanimously.

Authorization for DSPS to Provide Board Member Contact Information to National Regulatory Related Bodies

MOTION: Jack Hutter moved, seconded by Robert Sage, to authorize the Department staff to provide national regulatory related bodies with all board member contact information that the Department retains on file. Motion carried unanimously.

Optional Renewal Notice Insert Delegation

MOTION: Robert Sage moved, seconded by Jack Hutter, to designate the Chairperson (or, in the absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) to provide a brief statement or link relating to board-related business within the license renewal notice at the Board's or Board designee's request. Motion carried unanimously.

Legislative Liaison Delegation

MOTION: Robert Sage moved, seconded by Randal Kittleson, to delegate authority to the Legislative Liaisons to speak on behalf of the Board regarding legislative matters. Motion carried unanimously.

Travel Authorization Liaison Delegation Updated language

MOTION: Robert Sage moved, seconded by Jack Hutter, to delegate authority to the Travel Authorization Liaison to approve any board member travel to and/or participation in events germane to the board, and to designate representatives from the Board to speak and/or act on the Board's behalf at such events. Motion carried unanimously.

Roles and Authorities Delegated for Monitoring

The Monitoring Liaison (“Liaison”) is a Board/Section designee who works with department monitors (“Monitor”) to enforce Board/Section orders as explained below.

Authorities Delegated to the Monitoring Liaison

The Liaison may take the following actions on behalf of the Board/Section:

1. Grant a temporary reduction in random drug screen frequency upon Respondent’s request if he/she is unemployed and is otherwise compliant with Board/Section order. The temporary reduction will be in effect until Respondent secures employment in the profession. The Department Monitor (“Monitor”) will draft an order and sign on behalf of the Liaison.
2. Grant a stay of suspension if Respondent is eligible per the Board/Section order. The Monitor will draft an order and sign on behalf of the Liaison.
3. Remove the stay of suspension if there are repeated violations or a substantial violation of the Board/Section order. In conjunction with removal of any stay of suspension, the Liaison may prohibit Respondent from seeking reinstatement of the stay for a specified period of time. The Monitor will draft an order and sign on behalf of the Liaison.
4. Grant or deny approval when Respondent proposes continuing/disciplinary/remedial education courses, treatment providers, mentors, supervisors, change of employment, etc. unless the order specifically requires full-Board/Section approval.
- ~~5. Grant a maximum of one 90-day extension, if warranted and requested in writing by Respondent, to complete Board/Section ordered continuing/disciplinary/remedial education.~~
- ~~6. Grant a maximum of one extension or payment plan for proceeding costs and/or forfeitures if warranted and requested in writing by Respondent.~~
- ~~7. Grant a maximum of one extension, if warranted and requested in writing by Respondent, to complete a Board/Section ordered evaluation or exam.~~
5. Grant full reinstatement of licensure if Respondent has fully complied with all terms of the order without deviation. The Monitor will draft an order and obtain written authorization from the Liaison to sign on their behalf.
6. Grant or deny a request to appear before the Board/Section in closed session.
7. The Liaison may determine whether Respondent’s petition is eligible for consideration by the full Board/Section.
8. *(Except Pharmacy and Medical)* Accept Respondent’s written request to surrender credential. If accepted by the Liaison, Monitor will consult with Board Counsel to determine if a stipulation is necessary. If a stipulation is not necessary, Monitor will draft an order and sign on behalf of the Liaison. If denied by the Liaison, the request to surrender credential will go to the full Board for review.

9. Grant Respondent's petition for a reduction in drug screens per the standard schedule, below. If approved, Monitor will draft an order and sign on behalf of the Liaison. Orders that do not start at 49 screens will still follow the same standard schedule.
 - a. Initial: 49 screens (including 1 hair test, if required by original order)
 - b. 1st Reduction: 36 screens (plus 1 hair test, if required by original order)
 - c. 2nd Reduction: 28 screens plus 1 hair test
 - d. 3rd Reduction: 14 screens plus 1 hair test
10. (*Dentistry only*) Ability to approve or deny all requests from a respondent.

~~11. The Liaison may approve or deny Respondent's request to be excused from drug and alcohol testing for work, travel, etc.~~

Authorities Delegated to the Department Monitor

The Monitor may take the following actions on behalf of the Board/Section, draft an order and sign:

1. Grant full reinstatement of licensure if education is the sole condition of the limitation and Respondent has submitted the required proof of completion for approved courses.
2. Suspend the license if Respondent has not completed Board/Section-ordered education and/or paid costs and forfeitures within the time specified by the Board/Section order. The Monitor may remove the suspension and issue an order when proof of completion and/or payment have been received.
3. Suspend the license (or remove stay of suspension) if Respondent fails to enroll and participate in an Approved Program for drug and alcohol testing within 30 days of the order, or if Respondent ceases participation in the Approved Program without Board approval. This delegated authority only pertains to respondents who must comply with drug and/or alcohol testing requirements.
4. Grant or deny approval when Respondent proposes treatment providers [, mentors, supervisors, etc.] unless the Order specifically requires full-Board/Section or Board designee approval.
5. Grant a maximum of one 90-day extension, if warranted and requested in writing by Respondent, to complete Board/Section-ordered continuing/disciplinary/remedial education.
6. Grant a maximum of one 90-day extension or payment plan for proceeding costs and/or forfeitures if warranted and requested in writing by Respondent.
7. Grant a maximum of one 90-day extension, if warranted and requested in writing by Respondent, to complete a Board/Section-ordered evaluation or exam.

Authorities Delegated to Board Legal Counsel

Board Legal Counsel may take the following actions on behalf of the Board/Section:

1. Sign Monitoring orders that result from Board/Section meetings on behalf of the Board/Section Chair.

Updated 12/13/2021

2022 Roles & Authorities

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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Robert Sage, Board Chair		2) Date when request submitted: 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: Podiatry Affiliated Credentialing Board			
4) Meeting Date:	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Wisconsin Medical Examining Board Amended Opioid Prescribing Guideline – Board Review for Adoption	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if applicable: N/A	
10) Describe the issue and action that should be addressed: The Wisconsin Medical Examining Board (MEB) amended its Opioid Prescribing Guideline. The Podiatry Board adopted the last amended MEB Guideline on June 11, 2020, and it is posted on the Board's web page: https://dsps.wi.gov/Pages/BoardsCouncils/MEB/Podiatry/Default.aspx The Board will review the amended Guideline and decide if it will adopt the Guideline.			
11) Authorization			
Signature of person making this request			Date
Supervisor (Only required for post agenda deadline items)			Date
Executive Director signature (Indicates approval for post agenda deadline items)			Date
Directions for including supporting documents: 1. This form should be saved with any other documents submitted to the Agenda Items folders. 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.			



Wisconsin Medical Examining Board Opioid Prescribing Guideline Amended 12/2022

Guideline Scope and Purpose

To help providers make informed decisions about acute and chronic pain treatment -- pain lasting longer than three months or past the time of normal tissue healing.

Opioids pose a potential risk to all patients. The Guideline encourages providers to implement safe practices for responsible prescribing which includes prescribing the lowest effective dose for the shortest possible duration for post-operative care and acutely injured patients.

Guideline Core Principles

Identify and treat the cause of the pain, use non-opioid therapies

Use non-pharmacologic therapies (such as yoga, exercise, cognitive behavioral therapy and complementary/alternative medical therapies) and non-opioid pharmacologic therapies (such as acetaminophen and anti-inflammatories) for acute and chronic pain. Don't use opioids routinely for chronic pain. When opioids are used, combine them with non-pharmacologic or non-opioid pharmacologic therapy, as appropriate, to provide greater benefits.

Start low and go slow

When opioids are used, prescribe the lowest possible effective dosage and start with immediate release opioids instead of extended-release/long-acting opioids. Only provide the quantity needed for the expected duration of pain.

Close follow-up

Regularly monitor patients to make sure opioids are improving pain and function without causing harm. If benefits do not outweigh harms, optimize other therapies and work with patients to taper or discontinue opioids, if needed.

Guideline Focus Areas

The Guideline addresses patient-centered clinical practices including conducting thorough assessments, considering all possible treatments, treating the cause of the pain, closely monitoring risks, and safely discontinuing opioids. The three main focus areas in the Guideline include:

Determining when to initiate or continue opioids

- Selection of non-pharmacologic therapy, non-opioid pharmacologic therapy, opioid therapy

- Establishment of treatment goals
- Discussion of risks and benefits of therapy with patients

Opioid selection, dosage, duration, follow up and discontinuation

- Selection of immediate-release or extended-release and long-acting opioids
- Dosage considerations
- Duration of treatment
- Considerations for follow-up and discontinuation of opioid therapy

Assessing risk and addressing harms of opioid use

- Evaluation of risk factors for opioid-related harms and ways to mitigate/reduce patient risk - Review of prescription drug monitoring program (PDMP) data
- Use of urine drug testing
- Considerations for co-prescribing benzodiazepines
- Arrangement of treatment for opioid use disorder

Opioid Prescribing Guideline

1. **The guideline is not intended for patients who are in active cancer treatment, palliative care, sickle cell or end-of-life care.** Although not specifically designed for pediatric pain, many of the principles upon which they are based could be applied there, as well.
2. In treating acute pain, non-opioids should be considered first. If non-opioids are not efficacious, opioid therapy may be considered if benefits are anticipated to outweigh the risks. Before prescribing opioid therapy for acute pain, realistic benefits and known risks of opioid therapy should be discussed. Consultation should be considered if diagnosis and treatment is outside the scope of the prescribing practitioner. If a practitioner is not familiar with safe opioid prescribing, they are not required to prescribe.
3. Nonopioid therapy is preferred for subacute and chronic pain (pain greater than 3 months). If non-opioids are not adequate and expected benefits for pain and function outweigh risks, opioids may be acceptable. Risks and benefits should be discussed. The goal is to establish treatment goals and functional improvement and how opioid therapy will be discontinued. Therapies such as physical therapy, behavioral health, yoga etc. should be considered. If pain is beyond the expected healing period of surgery or trauma or etiology of pain is unclear, a consultation with a pain specialist (completed an ACGME fellowship) should be placed. A patient should have at least 30% improvement in pain scores, functional improvement, no signs of abuse or aberrant behavior and side effects screened for such as sedation or constipation.
4. Patients should not receive opioid prescriptions from multiple physicians. There should be a dedicated provider such as a primary care or pain specialist to provide all opioids used in treating any patient's chronic pain, with existing pain contracts being honored.

5. Physicians are encouraged to review the patient's history of controlled substance prescriptions using the Wisconsin Prescription Drug Monitoring Program (PDMP) data to determine whether the patient is receiving opioid dosages or dangerous combinations that put him or her at high risk for overdose. As of April 2017, Wisconsin state law requires prescribers to review the PDMP before prescribing any controlled substance for greater than a three-day supply.
6. Prescribing of opioids is strongly discouraged in patients taking benzodiazepines or other respiratory depressants (gabapentin, lyrica, muscle relaxants, sleep aids). Benzodiazepines triple the already high increases in respiratory depression and annual mortality rates from opioids. If they are used concurrently, clear clinical rationale must exist.
7. Patients presenting for chronic pain treatment should have a thorough evaluation, which may include the following:
 - a. Medical history and physical examination targeted to the pain condition.
 - b. Nature and intensity of the pain.
 - c. Current and past treatments, with response to each treatment.
 - d. Underlying or co-existing diseases or conditions, including those which could complicate treatment (i.e., renal disease, sleep apnea, chronic obstructive pulmonary disease (COPD), etc.).
 - e. Effect of pain on physical and psychological functioning.
 - f. Personal and family history of substance abuse.
 - g. History of psychiatric disorders associated with opioid abuse (bipolar, attention deficit disorders (ADD/ADHD), sociopathic, borderline, untreated/severe depression).
 - h. Medical indication(s) for use of opioids.
 - i. Use of an opioid risk tool
8. Components of ongoing assessment of risk include:
 - a. Review of the Prescription Drug Monitoring Program (PDMP) information.
 - b. Periodic urine drug testing (including chromatography) – at least yearly in low-risk cases, more frequently with evidence of increased risk.
 - c. Violations of the opioid agreement.
 - d. Periodic pill counts may also be considered for high-risk patients.
9. All patients on chronic opioid therapy should have informed consent consisting of:
 - a. Specifically detailing significant possible adverse effects of opioids, including (but not limited to) addiction, overdose, and death. It is also recommended practitioners discuss with patients the effect opioid use may have on the ability to safely operate machinery or a vehicle in any mode of transportation.

- b. Treatment agreement, documenting the behaviors required of the patient by the prescribing practitioner to ensure that they are remaining safe from these adverse effects.
10. Opioids should be prescribed in the lowest effective dose. Literature shows diminished returns for doses above 50 morphine equivalents. This includes prescribing the lowest effective dose for the shortest possible duration for post-operative care and acutely injured patients. Given that there is no evidence base to support efficacy of doses over 90 MMEs, with dramatically increased risks, dosing above this level is discouraged, and appropriate documentation to support such dosing should be present on the chart. It is understood there is variation in response to opioid doses.
11. Prescribing of opioids is strongly discouraged for patients abusing illicit drugs. These patients are at extremely high risk for abuse, overdose, and death. If opioids are prescribed to such patients, a clear and compelling justification should be present.
12. During initial opioid titration, practitioners should re-evaluate patients every 1-4 weeks. During chronic therapy, patients should be seen at least every 3 months, more frequently if they demonstrate higher risk.
13. Practitioners should consider prescribing naloxone for home use in case of overdose for patients at higher risk, including:
 - a. History of overdose (a relative contraindication to chronic opioid therapy).
 - b. Opioid doses over 50 MMEs/day.
 - c. Clinical depression.
 - d. Evidence of increased risk by other measures (behaviors, family history, PDMP, UDS, risk questionnaires, etc.).

The recommended dose is 0.4 mg for intramuscular or intranasal use, with a second dose available if the first is ineffective or wears off before Emergency Medical Services (EMS) arrives. Family members can be prescribed naloxone for use with the patient.

14. All practitioners are expected to provide care for potential complications of the treatments they provide, including opioid use disorder. As a result, if a patient receiving opioids develops behaviors indicative of opioid use disorder, the practitioner, when possible, should assist the patient in obtaining addiction treatment, either by providing it directly (buprenorphine, naltrexone, etc. plus behavioral therapy) or referring them to an appropriate treatment center or provider willing to accept the patient. Discharging a patient from the provider's practice solely due to an opioid use disorder is not considered acceptable.
15. If a patient has had chronic pain and has not been evaluated by a pain specialist (completed an ACGME fellowship) in the last 5 years, a referral should be placed.

Doug Englebert
Chairperson

Alan Bloom
Vice Chairperson

Yvonne Bellay
Secretary

CONTROLLED SUBSTANCES BOARD



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Annual Report

I. Membership

Statutory membership of the Board:

1. A psychiatrist (appointed by the Governor)
2. A pharmacologist (appointed by the Governor)
3. Chair of the Pharmacy Examining Board or designee
4. Chair of the Board of Nursing or designee
5. Chair of the Dentistry Examining Board or designee
6. Chair of the Medical Examining Board or designee
7. State Attorney General or designee
8. Secretary of the Department of Agriculture, Trade & Consumer Protection or designee
9. Secretary of the Department of Health Services or designee

II. Drug Scheduling

The Controlled Substances Board may add substances to or delete or reschedule substances listed in the schedules of chapter 961.

Scheduling

The Controlled Substances Board took the following scheduling actions in 2022:

Schedule I:

- Addition of 7 synthetic benzimidazole-opioid substances

Schedule III:

- Addition of 38 anabolic steroids

Schedule IV:

- Addition of daridorexant

Schedule V:

- Addition of ganaxolone

III. Drug Use Trends in Wisconsin

The Controlled Substances Board received the following information at the public hearing held on November 11, 2022 in accordance with Executive Order 228:

Trends

According to the Wisconsin State Crime Laboratories, the most prevalent drugs seen in 2022 are:

- methamphetamine
- cannabis

- cocaine
- fentanyl/ fentanyl analogs
- heroin

The data listed below was compiled by the Wisconsin Department of Health Services and can be found on the Dose of Reality: Opioids Data Dashboard.

2021 Overdose Data

*Data for 2022 was not available for the reporting year at the time this report was required for submission

- The statewide death rate per 100,000 people was 24.6 for all opioids and 6.1 for prescription opioids
 - 54.9 in Milwaukee County
 - 26.1 in Dane County
 - 24.7 in Waukesha County

Wisconsin Overdose Deaths

(Data source: WI Department of Health Services)

*Please note that a single death can be represented in multiple drug categories

2020	2021
All Opioids: 1,231	All Opioids: 1,425
Heroin: 265	Heroin: 162
Prescription Opioids: 335	Prescription Opioids: 355
Synthetic Opioids (Including Fentanyl): 1,052	Synthetic Opioids (Including Fentanyl): 1,293
Cocaine: 397	Cocaine: 549

National Overdose Deaths

(Data source: Centers for Disease Control and Prevention National Vital Statistics System and *CDC WONDER)

2020	2021
All Opioids: 69,061	All Opioids: 80,926
Heroin: 13,253	Heroin: 9,259
*Prescription Opioids: 7,790	(Data not yet available)
Synthetic Opioids (Including Fentanyl): 56,894	Synthetic Opioids (Including Fentanyl): 71,074
Cocaine: 19,601	Cocaine: 24,688

IV. Special Use Authorization (SUA) Permits

The Board under Chapter 961 issues permits that authorize individuals to manufacture, obtain, possess, use, administer or dispense controlled substances. Permits are necessary for research, teaching, analytical laboratories, industrial applications, humane societies, and drug detection dog training.

SUA Types	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Year Totals
Analytical Lab	3	1	3		10			5	7	8	2		39
Humane Society	6	9	1	1	3	1	5	5	7	4	4	1	47

Instructional Activities					1								1
Narcotic Dog Training									1				1
Research	15	1	17	6	20	2	1	8	30	17	11	2	130
Other	1												1
Law Enforcement Animal Control Officers									1				1
Industrial/Commercial Processing	1								1				2
									Total SUA's Issued in 2022				219

V. The Wisconsin enhanced Prescription Drug Monitoring Program (WI ePDMP).

The ePDMP is a tool to help combat the ongoing prescription drug abuse epidemic in Wisconsin. By providing valuable information about monitored prescription drugs that are dispensed in the state, it aids healthcare professionals in their prescribing and dispensing decisions. The ePDMP also fosters the ability of pharmacies, healthcare professionals, law enforcement agencies, and public health officials to work together to reduce the misuse, abuse, and diversion of prescribed monitored prescription drugs.

2022 Accomplishments

- In 2022, the WI PDMP was awarded \$1,400,000 in federal funding through the Bureau of Justice Assistance (BJA) Harold Rogers PDMP Grant program. This funding will allow the PDMP to improve on-demand training materials as well as create new interactive testing opportunities for data submitters and healthcare professionals. Along with updating current training materials, DSPS will create a sandbox environment, equipped with tutorials, allowing users to test data submission processes and better understand the analytics and new functionalities of the ePDMP system.
- In 2022, the PDMP began to allow healthcare organizations to access ePDMP data via electronic health record (EHR) without the payment of monthly subscription fees. This will continue to greatly benefit under-resourced and rural healthcare facilities.
- DSPS has conducted a survey of ePDMP users on a quarterly basis which began the second quarter of 2021 to measure user satisfaction and inform current and future system enhancements. Survey results indicated a 78% overall user satisfaction rate amongst respondents, a 6% increase compared to the same timeframe in 2021.

2022 Referrals

The Controlled Substances Board refers to relevant boards, suspicious or critically dangerous conduct or practices of a pharmacy, pharmacist, or practitioner.

The Controlled Substances Board made the following referrals in 2022:

- 36 physicians to the Medical Examining Board
- 18 dentists to the Dentistry Examining Board
- 5 physician assistants to the Physician Assistant Affiliated Credentialing Board
- 4 advanced practice nurse prescribers to the Board of Nursing

Top 15 Dispensed Monitored Prescription Drugs

In general, the top 15 drugs have annually remained the same with some changes in the ranking with the exception of gabapentin, which joined to the list in 2021 for the first time.

The Top 15 Dispensed Monitored Prescription Drugs by Dispensing in the third quarter of 2022 were:

1. Gabapentin (Other)
2. Hydrocodone-Acetaminophen (Opioid)
3. Amphetamine-Dextroamphetamine (Stimulant)
4. Tramadol HCl (Opioid)
5. Oxycodone HCl (Opioid)
6. Pregabalin (Other)
7. Alprazolam (Benzodiazepine)
8. Clonazepam (Benzodiazepine)
9. Lorazepam (Benzodiazepine)
10. Methylphenidate HCl (Stimulant)
11. Oxycodone w/ Acetaminophen (Opioid)
12. Lisdexamfetamine Dimesylate (Stimulant)
13. Zolpidem Tartrate (Other)
14. Buprenorphine HCl-Naloxone HCl Dihydrate (Opioid)
15. Diazepam (Benzodiazepine)

2022 Dispensing Trends

There was an 8% increase in monitored prescription drugs being dispensed in Wisconsin through Q3 2022 compared to same quarter in 2021. This increase in dispensing can largely be attributed to gabapentin being introduced as a monitored drug in Q3 2021 which had 157,175 dispensings in that timeframe. In Q3 2022, gabapentin accounted for 388,049 dispensings, a 115% increase compared to the same quarter in 2021.

- 5% decrease in the total number of monitored prescription drugs dispensed through Q3 2022 compared to 2021 including:
 - 32% decrease in the number of opioid prescriptions dispensed.
 - 27% decrease in the number of benzodiazepine prescriptions dispensed.
 - 17% increase in the number of stimulant prescriptions dispensed.
- 38% decrease in the total number of data-driven alerts generated by the WI ePDMP through Q3 2022 compared to 2021 including:
 - 39% decrease in the number of alerts for multiple same day prescriptions.

- 33% decrease in the number of alerts for multiple prescribers or pharmacies.
- 65% decrease in the number of alerts for high opioid daily dose
- 42% decrease in the number of alerts for concurrent benzodiazepine and opioid prescriptions.
- 35% decrease in the number of alerts for long-term opioid therapy.
- 30% decrease in the number of alerts for early refills.