Wisconsin Department of Safety and Professional Services
Division of Policy Development
4822 Madison Yards Way, 2nd Floor
PO Box 8366
Madison WI 53708-8366

Phone: 608-266-2112
Web: http://dsps.wi.gov
Email: dsps@wisconsin.gov

Tony Evers, Governor
Dan Hereth, Secretary

VIRTUAL/TELECONFERENCE
CONTROLLED SUBSTANCES BOARD
Virtual, 4822 Madison Yards Way, Madison
Contact: Tom Ryan (608) 266-2112
July 10, 2026

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

10:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

A. Adoption of Agenda (1-3)

B. Approval of Minutes of May 8, 2026 (4-5)

C. Reminders: Conflicts of Interest, Scheduling Concerns

D. Introductions, Announcements and Recognition
1. Introductions:
   a. Tina DeGroot, Board of Nursing Representative Alternate
   b. Tara Streit, Physician Assistant Affiliated Credentialing Representative
2. Recognition: David Gundersen, Dentistry Examining Board Representative (Resigned: 7/1/2026)

E. Administrative Matters – Discussion and Consideration
1. Department, Staff and Board Updates
2. **Appointment of Liaisons and Alternates**
3. Board Members – Term Expiration Dates
   a. Barman, Subhadeep – 5/1/2019
   b. Bellay, Yvonne – DATCP Representative
   c. Eberhardy, Cullen – AG Representative
   d. Englebert, Doug – DHS Representative
   e. Jarrett, Jennifer L. – Physician Assistant Affiliated Credentialing Board Representative
   f. Kane, Amanda – Board of Nursing Representative
   g. Majeed-Haqqi, Lubna – Medical Examining Board Representative
   h. Olsen, Christopher M. – Pharmacologist Representative
   i. Weitekamp, John – Pharmacy Examining Board Representative
4. Alternates
   a. Alton, Troy – Dentistry Examining Board Representative
   b. DeGroot, Tina – Board of Nursing Representative
   c. Leuthner, Steven – Medical Examining Board Representative

F. Administrative Rule Matters – Discussion and Consideration (6-47)

1. Federal Scheduling Action:
   a. 2-fluorodeschloroketamine **(7-12)**
   b. O-desmethyltramadol **(13-17)**
2. Scope Statement:
   a. CSB 2.018, Relating to Scheduling Bromazolam **(18-19)**
   b. CSB 2.019, Relating to Scheduling 3-methoxyphencyclidine **(20-21)**
3. Preliminary Rule Draft:
   a. CSB 2.015, Relating to Scheduling 7 Synthetic Benzimidazole-opioids **(22-26)**
4. Final Rule Draft:
   a. CSB 2.013, Relating to Scheduling Dipentylone **(27-35)**
   b. CSB 2.014, Relating to Scheduling 2 Synthetic Benzimidazole-opioids **(36-46)**
5. Pending or Possible Rulemaking Projects
   a. Rule Projects Chart **(47)**

G. Prescription Drug Monitoring Program (PDMP) Updates – Discussion and Consideration (48-57)

1. US DOJ BJA Harold Rogers PDMP 2025 Award
2. WI ePDMP Operations
   a. Recent and Upcoming Releases
   b. EHR Integration Status
3. WI PDMP Outreach

H. Request from Pharmacy Society of Wisconsin/Wisconsin Pharmacy Foundation for Speaker – Discussion and Consideration (58)

I. DSPS Interdisciplinary Advisory Committee Liaison Report – Discussion and Consideration

J. Board Member Reports – Discussion and Consideration

1. Medical Examining Board
2. Dentistry Examining Board
3. Board of Nursing
4. Pharmacy Examining Board
5. Physician Assistant Affiliated Credentialing Board

K. Report from the Referral Criteria Work Group – Discussion and Consideration

L. Liaison Reports

M. Deliberation on Special Use Authorizations – Discussion and Consideration

N. 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. Informational Items
7. Division of Legal Services and Compliance (DLSC) Matters
8. Education and Examination Matters
9. Credentialing Matters
10. Practice Matters

11. Legislative and Administrative Rule Matters
12. Liaison Reports
13. Public Health Emergencies
14. Appearances from Requests Received or Renewed
15. Speaking Engagements, Travel, or Public Relations Requests, and Reports
16. Consulting with Legal Counsel

O. 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 individual histories or disciplinary data (s. 19.85(1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.).

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 MEETING: SEPTEMBER 18, 2026

****

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:\\dsps.wi.gov. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of any agenda item may be changed by the board for the convenience of the parties. The person credentialed by the board has the right to demand that the meeting at which final action may be taken against the credential be held in open session. Requests for interpreters for the hard of hearing, or other accommodations, are considered upon request by contacting the Affirmative Action Officer or reach the Meeting Staff by calling 608-267-7213.

VIRTUAL/TELECONFERENCE
CONTROLLED SUBSTANCES BOARD
MEETING MINUTES
MAY 8, 2026

PRESENT: Yvonne Bellay, Cullen Eberhardy, Doug Englebert, David Gundersen, Jennifer Jarrett, Amanda Kane, Lubna Majeed-Haqqi, Christopher Olsen; John Weitekamp

ABSENT: Subhadeep Barman

STAFF: Tom Ryan, Executive Director; Jameson Whitney, Legal Counsel; Nilajah Hardin, Administrative Rules Coordinator; Tracy Drinkwater, Board Administrative Specialist; and other DSPS Staff

CALL TO ORDER

Doug Englebert, Chairperson, called the meeting to order at 10:00 a.m. A quorum was confirmed with nine (9) members present.

ADOPTION OF AGENDA

MOTION: Cullen Eberhardy moved, seconded by Yvonne Bellay, to adopt the Agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF MARCH 13, 2026

MOTION: Cullen Eberhardy moved, seconded by Jennifer Jarrett, to adopt the Minutes of March 13, 2026, as published. Motion carried unanimously.

ADMINISTRATIVE RULE MATTERS

Affirmative Action Order

CSB 2.018, Relating to Scheduling Bromazolam

MOTION: Doug Englebert moved, seconded by Yvonne Bellay, to approve the affirmative action order adding Bromazolam as a schedule I controlled substance. The order shall take effect upon publication in the Administrative Register. Motion carried unanimously.

CSB 2.019, Relating to Scheduling 3-methoxyphencyclidine

MOTION: Christopher Olsen moved, seconded by Cullen Eberhardy, to approve the affirmative action order adding 3-methoxyphencyclidine as a schedule I controlled substance. The order shall take effect upon publication in the Administrative Register. Motion carried unanimously.

Scope Statement

CSB 2.016, Relating to Scheduling 4-chloromethcathinone

MOTION: David Gundersen moved, seconded by Yvonne Bellay, to approve the Scope Statement creating CSB 2.016, relating to Scheduling 4-chloromethcatinone, 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. If the Board is directed to hold a preliminary public hearing on the Scope Statement, the Chairperson is authorized to approve the required notice of hearing. Motion carried unanimously.

CSB 2.017, Relating to Scheduling 4-fluoroamphetamine

MOTION: David Gundersen moved, seconded by Cullen Eberhardy, to approve the Scope Statement creating CSB 2.017, Relating to Scheduling 4-fluoroamphetamine, 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. If the Board is directed to hold a preliminary public hearing on the Scope Statement, the Chairperson is authorized to approve the required notice of hearing. Motion carried unanimously.

ADJOURNMENT

MOTION: Yvonne Bellay moved, seconded by Christopher Olsen, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 10:22 a.m.

State of Wisconsin
Department of Safety & Professional Services
AGENDA REQUEST FORM

1) Name and title of person submitting the request:	2) Date when request submitted:
Nilajah Hardin **Administrative Rules Coordinator**	**6/30/26** **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:

Controlled Substances Board

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
7/10/26	☒ Yes ☐ No	**Administrative Rule Matters – Discussion and Consideration** **1. Federal Scheduling Action:** **a. 2-fluorodeschloroketamine** **b. O-desmethyltramadol** **2. Scope Statement:** **a. CSB 2.018, Relating to Scheduling Bromazolam** **b. CSB 2.019, Relating to Scheduling 3-methoxyphencyclidine** **3. Preliminary Rule Draft:** **a. CSB 2.015, Relating to Scheduling 7 Synthetic Benzimidazole-opioids** **4. Final Rule Draft:** **a. CSB 2.013, Relating to Scheduling Dipentylone** **b. CSB 2.014, Relating to Scheduling 2 Synthetic Benzimidazole-opioids** **5. Pending or Possible Rulemaking Projects** **a. Rule Projects Chart**

7) Place Item in:	8) Is an appearance before the Board being scheduled? *(If yes, please complete **Appearance Request** for Non-DSPS Staff)*	9) Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session	☐ Yes ☒ No	**N/A**

10) Describe the issue and action that should be addressed:

Review and take action on Scope Statement, Preliminary Rules Drafts, and Final Rule Drafts.

Attachments:

- Federal Scheduling Action – 2 fluorodeschloroketamine; O-desmethyltramadol
- Scope Statement – CSB 2.018 and 2.019
- Preliminary Rule Draft – CSB 2.015
- Final Rule Draft, Legislative Report, Clearinghouse Report, EIA – CSB 2.013 and 2.014
- Rule Projects Chart

(All Board Rule Projects can be Viewed Here if Needed: https://dsps.wi.gov/Pages/RulesStatutes/PendingRules.aspx)

11) Authorization

Nilajah D. Hardin — 6/30/26

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.

or M.A.606(h)1, as applicable;'', this AD requires replacing that text with ''Operational checks specified in paragraph (1) of EASA AD 2026–0073 may be accomplished by personnel authorized in accordance with the operator's approved maintenance or inspection program. In accordance with 14 CFR 121.363 and 121.369, certificate holders are responsible for establishing procedures for the accomplishment, coordination, recording, and corrective action associated with required maintenance and inspections. Operators should evaluate the appropriateness of flightcrew accomplishment of these actions within the context of their specific operation, including applicable training programs, standard operating procedures, maintenance coordination processes, flightcrew workload considerations, and safety risk management practices.''

(4) Where paragraph (2) of EASA AD 2026–0073 defines a discrepancy as ''any discrepancy, as identified in the AOT'', this AD requires replacing that text with ''any result that does not match the applicable result identified in the ''Result'' column in the table of paragraph A., ''Operational check of the Standby Fuel Pump,'' in paragraph 5.5 of the AOT''.

(5) Where paragraph (3) of EASA AD 2026–0073 states ''it is determined that an affected part is defective'', this AD requires replacing that text with ''it is determined the affected part cannot meet all results identified in the ''Result'' column in the table of paragraph A., ''Operational check of the Standby Fuel Pump,'' in paragraph 5.5 of the AOT''.

(6) This AD does not adopt the ''Remarks'' section of EASA AD 2026–0073.

(i) Additional AD Provisions

The following provisions also apply to this AD:

(1) *Alternative Methods of Compliance (AMOCs):* The Manager, AIR–520, Continued Operational Safety Branch, FAA, has the authority to approve AMOCs for this AD, if requested using the procedures found in 14 CFR 39.19. In accordance with 14 CFR 39.19, send your request to your principal inspector or responsible Flight Standards Office, as appropriate. If sending information directly to the manager of the Continued Operational Safety Branch, send it to the attention of the person identified in paragraph (j) of this AD and email to: *AMOC@faa.gov*. Before using any approved AMOC, notify your appropriate principal inspector, or lacking a principal inspector, the manager of the responsible Flight Standards Office.

(2) *Contacting the Manufacturer:* For any requirement in this AD to obtain instructions from a manufacturer, the instructions must be accomplished using a method approved by the Manager, AIR–520, Continued Operational Safety Branch, FAA; or EASA; or Airbus SAS's EASA Design Organization Approval (DOA). If approved by the DOA, the approval must include the DOA-authorized signature.

(3) *Required for Compliance (RC):* Except as required by paragraph (i)(2) of this AD, if any material referenced in EASA AD 2026–0073 that contains paragraphs that are labeled as RC, the instructions in RC paragraphs, including subparagraphs under an RC paragraph, must be done to comply with this AD; any paragraphs, including subparagraphs under those paragraphs, that are not identified as RC are recommended. The instructions in paragraphs, including subparagraphs under those paragraphs, not identified as RC may be deviated from using accepted methods in accordance with the operator's maintenance or inspection program without obtaining approval of an AMOC, provided the instructions identified as RC can be done and the airplane can be put back in an airworthy condition. Any substitutions or changes to instructions identified as RC require approval of an AMOC.

(j) Additional Information

For more information about this AD, contact Tak Kobayashi, Aviation Safety Engineer, FAA, 2200 South 216th St., Des Moines, WA 98198; phone: 206–231–3553; email: *takahisa.kobayashi@faa.gov*.

(k) Material Incorporated by Reference

(1) The Director of the Federal Register approved the incorporation by reference (IBR) of the material listed in this paragraph under 5 U.S.C. 552(a) and 1 CFR part 51.

(2) You must use this material as applicable to do the actions required by this AD, unless this AD specifies otherwise.

(i) European Union Aviation Safety Agency (EASA) AD 2026–0073, dated April 1, 2026; corrected April 7, 2026.

(ii) [Reserved]

(3) For EASA material identified in this AD, contact EASA, Konrad-Adenauer-Ufer 3, 50668 Cologne, Germany; telephone +49 221 8999 000; email *ADs@easa.europa.eu*. You may find this material on the EASA website at *ad.easa.europa.eu*.

(4) You may view this material at the FAA, Airworthiness Products Section, Operational Safety Branch, 2200 South 216th St., Des Moines, WA. For information on the availability of this material at the FAA, call 206–231–3195.

(5) You may view this material at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, visit *www.archives.gov/federal-register/cfr/ibr-locations* or email *fr.inspection@nara.gov*.

Issued on May 14, 2026.

Brian Knaup,

Acting Deputy Director, Integrated Certificate Management Division, Aircraft Certification Service.

[FR Doc. 2026–10272 Filed 5–20–26; 11:15 am]

BILLING CODE 4910–13–P

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

21 CFR Part 1308

[Docket No. DEA–1442]

Schedules of Controlled Substances: Temporary Placement of 2-Fluorodeschloroketamine in Schedule I

AGENCY: Drug Enforcement Administration, Department of Justice.

ACTION: Temporary amendment; temporary scheduling order.

SUMMARY: The Drug Enforcement Administration (DEA) issues this temporary order to schedule 2-(2-fluorophenyl)-2-(methylamino)cyclohexan-1-one (commonly known as 2-fluorodeschloroketamine or 2–FDCK), including its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation, in schedule I of the Controlled Substances Act. DEA bases this action on a finding that placing 2-fluorodeschloroketamine in schedule I is necessary to avoid an imminent hazard to public safety. This order imposes the regulatory controls and administrative, civil, and criminal sanctions applicable to schedule I controlled substances on persons who handle (manufacture, distribute, reverse distribute, import, export, engage in research, conduct instructional activities or chemical analysis, or possess), or propose to handle this substance.

DATES: This temporary order is effective May 22, 2026, until May 22, 2028. If this order is extended or made permanent, DEA will publish a document in the **Federal Register**.

ADDRESSES: 8701 Morrissette Drive, Springfield, Virginia 22152.

FOR FURTHER INFORMATION CONTACT: Dr. Terrence L. Boos, Drug and Chemical Evaluation Section, Diversion Control Division, Drug Enforcement Administration; Mailing Address: 8701 Morrissette Drive, Springfield, Virginia 22152; Telephone: (571) 362–3249.

SUPPLEMENTARY INFORMATION: The Drug Enforcement Administration (DEA) issues a temporary scheduling order [1] (in the form of a temporary amendment) to add 2-(2-fluorophenyl)-2-

[1] Though DEA has used the term ''final order'' with respect to temporary scheduling orders in the past, this action adheres to the statutory language of 21 U.S.C. 811(h), which refers to a ''temporary scheduling order.'' No substantive change is intended.

(methylamino)cyclohexan-1-one (commonly known as 2-fluorodeschloroketamine or 2–FDCK), including its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible, to schedule I under the Controlled Substances Act (CSA).

Legal Authority

The CSA provides the Attorney General with the authority to temporarily place a substance in schedule I of the CSA for two years without regard to the evaluation requirements of 21 U.S.C. 811(b), if he finds that such action is necessary to avoid an imminent hazard to the public safety.[2] In addition, if proceedings to control a substance are initiated under 21 U.S.C. 811(a)(1) while the substance is temporarily controlled under section 811(h), the Attorney General may extend the temporary scheduling for up to one year.[3]

Where the necessary findings are made, a substance may be temporarily scheduled if it is not listed in any other schedule under 21 U.S.C. 812, or if there is no exemption or approval in effect for the substance under section 505 of the Federal Food, Drug, and Cosmetic Act (FD&C Act), 21 U.S.C. 355.[4]

In addition, the United States is a party to the 1971 United Nations Convention on Psychotropic Substances (1971 Convention), Feb. 21, 1971, 32 U.S.T. 543, 1019 U.N.T.S. 175, as amended. Procedures respecting changes in drug schedules under the 1971 Convention are set forth in 21 U.S.C. 811(d)(2)–(4). When the United States receives notification of a scheduling decision pursuant to Article 2 of the 1971 Convention indicating that a drug or other substance has been added to a schedule specified in the notification, the Secretary of the Department of Health and Human Services (HHS), after consultation with the Attorney General, shall first determine whether existing legal controls under subchapter I of the CSA and the FD&C Act meet the requirements of the schedule specified in the notification with respect to the specific drug or substance. In the event that the Secretary did not consult with the Attorney General, and the Attorney General did not issue a temporary order, as provided under 21 U.S.C. 811(d)(4), the procedures for permanent scheduling set forth in 21 U.S.C. 811(a) and (b) control. The Attorney General has delegated scheduling authority under 21 U.S.C. 811 to the Administrator of DEA (Administrator).[5]

Background

On June 6, 2024, the Secretariat of the United Nations advised the Secretary of State of the United States that the Commission on Narcotic Drugs (CND), during its 67th session on March 19, 2024, voted to place 2-fluorodeschloroketamine in Schedule II of the Convention on Psychotropic Substances of 1971 (CND Decision 67/4). As a signatory to this international treaty, the United States is required to place appropriate controls within the CSA on 2-fluorodeschloroketamine to meet the requirements of the treaty. To meet the minimum requirements of this treaty and to confront these emerging substances, DEA is temporarily placing 2-fluorodeschloroketamine in schedule I of the CSA.

The CSA requires the Administrator to notify the Secretary of HHS of an intent to temporarily place a substance in schedule I of the CSA (*i.e.,* to issue a temporary scheduling order).[6] By letter dated November 1, 2024 (the November 1 DEA letter), the previous Administrator transmitted the required notice to place 2-fluorodeschloroketamine in schedule I on a temporary basis to the then-Assistant Secretary for Health of HHS (Assistant Secretary).[7] By letter dated November 8, 2024 (the November 8 HHS letter), the previous Assistant Secretary responded to this notice and advised DEA that, based on a review by the Food and Drug Administration (FDA), there were currently no investigational new drug applications (IND) or approved new drug applications (NDA) for 2-fluorodeschloroketamine. The previous Assistant Secretary also stated that HHS had no objection to the temporary placement of this substance in schedule I of the CSA. However, DEA requested an updated response from HHS by letter dated May 28, 2025 (the May 28 DEA letter), due to the change in HHS's leadership after the November 8 HHS letter. By letter dated June 11, 2025 (the June 11 HHS letter), the then-Acting Assistant Secretary of HHS responded that, based on an updated review by FDA, there were currently no NDAs or INDs for 2-fluorodeschloroketamine. Therefore, HHS had no objections to the temporary placement of 2-fluorodeschloroketamine in schedule I. 2-Fluorodeschloroketamine is not currently listed in any schedule under the CSA, and no exemptions or approvals under 21 U.S.C. 355, are in effect for this substance.

DEA has taken into consideration the then-Acting Assistant Secretary's comments as required by 21 U.S.C. 811(h)(4). DEA has found the control of 2-fluorodeschloroketamine in schedule I on a temporary basis is necessary to avoid an imminent hazard to public safety.

As required by 21 U.S.C. 811(h)(1)(A), DEA published a notice of intent (NOI) to temporarily schedule 2-fluorodeschloroketamine in the **Federal Register** on January 20, 2026.[8] That NOI discussed findings from DEA's three-factor analysis dated January 2026, which DEA made available on *www.regulations.gov.*

To find that temporarily placing a substance in schedule I of the CSA is necessary to avoid an imminent hazard to public safety, the Administrator must consider three of the eight factors set forth in 21 U.S.C. 811(c): the substance's history and current pattern of abuse; the scope, duration, and significance of abuse; and what, if any, risk there is to public health.[9] Consideration of these factors includes any information indicating actual abuse, diversion from legitimate channels, and clandestine importation, manufacture, or distribution of this substance.[10]

Substances meeting the statutory requirements for temporary scheduling may only be placed in schedule I.[11] Substances in schedule I have high potential for abuse, no currently accepted medical use in treatment in the United States, and a lack of accepted safety for use under medical supervision.[12]

2-Fluorodeschloroketamine

The availability of new psychoactive substances on the illicit drug market continues to pose an imminent hazard to public safety. Adverse health effects associated with the abuse of such substances and their increased popularity have become a serious concern in recent years. Such substances include 2-fluorodeschloroketamine, which has been identified on the illicit drug

[2] 21 U.S.C. 811(h)(1).

[3] 21 U.S.C. 811(h)(2).

[4] 21 U.S.C. 811(h)(1); 21 CFR part 1308.

[5] 28 CFR 0.100.

[6] 21 U.S.C. 811(h)(4).

[7] The Secretary of HHS has delegated to the Assistant Secretary for Health of HHS the authority to make domestic drug scheduling recommendations. *Comprehensive Drug Abuse Prevention and Control Act of 1970, Public Law 91–513, As Amended; Delegation of Authority,* 58 FR 35460 (July 1, 1993).

[8] *Schedules of Controlled Substances: Temporary Placement of 2-Fluorodeschloroketamine in Schedule I,* 91 FR 2323 (Jan. 20, 2026).

[9] 21 U.S.C. 811(c)(4)–(6), (h)(3).

[10] *Id.*

[11] 21 U.S.C. 811(h)(1).

[12] 21 U.S.C. 812(b)(1).

market in the United States and worldwide.

The positive identification of 2-fluorodeschloroketamine in law enforcement seizures and toxicology reports poses a serious concern to public safety. 2-Fluorodeschloroketamine has been detected in 61 drug seizures across 12 states since 2018, and this substance has been detected in biological samples from 3 overdose cases in the United States.

Data obtained from preclinical pharmacology studies show that 2-fluorodeschloroketamine has a pharmacological profile similar to that of other arylcyclohexylamines, such as phencyclidine (PCP) and ketamine, which are schedule II and III controlled substances, respectively. Due to these pharmacological similarities, the use of 2-fluorodeschloroketamine presents a high risk of abuse and may negatively affect users and their communities. These pharmacological similarities also lead to similar clinical presentations of intoxication that range from hallucinogenic-like adverse effects to death. Thus, 2-fluorodeschloroketamine poses an imminent hazard to public safety.

Available data and information for 2-fluorodeschloroketamine, summarized below, indicate that this substance has a high potential for abuse, no currently accepted medical use in treatment in the United States, and a lack of accepted safety for use under medical supervision.[13] DEA's three-factor analysis is available in its entirety under ''Supporting and Related Material'' of the public docket for this action at *www.regulations.gov* under Docket Number DEA–1442.

Factor 4. History and Current Pattern of Abuse

2-Fluorodeschloroketamine belongs to a chemical structural class of substances known as arylcyclohexylamines that includes dissociative anesthetics PCP (a schedule II substance) and ketamine (a schedule III substance). Details on 2-fluorodeschloroketamine synthesis have been available since 2014, long after its first reported synthesis without details in 1987. In 2015, online forum users began to discuss the psychoactive properties of 2-fluorodeschloroketamine and commonly compared 2-fluorodeschloroketamine to ketamine. Unlike ketamine, however, 2-fluorodeschloroketamine has no currently approved medical use. In the November 8 HHS letter to DEA, the then-Assistant Secretary stated that there were no FDA-approved NDAs or INDs for 2-fluorodeschloroketamine. In the June 11 HHS letter to DEA, the then-Acting Assistant Secretary reaffirmed that there were no FDA-approved NDAs or INDs for 2-fluorodeschloroketamine.

2-Fluorodeschloroketamine emerged on the illicit drug market similarly to other dissociative anesthetics that are trafficked for their psychoactive effects; this is evidenced by the identification of this substance in forensic drug exhibits and toxicology samples. Based on available data from user reports and law enforcement seizures, individuals typically purchase 2-fluorodeschloroketamine as powder or crystals, which are then crushed and placed into capsules or solubilized. Common routes of administration include oral consumption or insufflation, while less commonly mentioned routes include intramuscular injection, sublingual administration, and rectal insertion. In addition, scientific literature and toxicological reports indicate that 2-fluorodeschloroketamine is likely co-ingested with other substances, whether as separate products or a single product containing multiple licit and illicit substances. In toxicological reports, substances co-identified with 2-fluorodeschloroketamine included, but were not limited to, 2-fluoromethamphetamine (schedule I); 3,4-methylenedioxyamphetamine (MDA; schedule I); 3,4-methylenedioxymethamphetamine (MDMA; schedule I); 4-methoxy PCP; ADB–BUTINACA (schedule I); ketamine (schedule III); fentanyl (schedule II); mitragynine; morphine (schedule II); and various prescription drugs.

Factor 5. Scope, Duration and Significance of Abuse

Users on online forums began to discuss 2-fluorodeschloroketamine and its consumption in 2015. In 2016, government authorities in Spain first documented the appearance of 2-fluorodeschloroketamine on the illicit drug market, and this substance has since been detected in numerous countries, such as Australia, Austria, Canada, China, Denmark, Finland, France, Italy, the Netherlands, the United Kingdom, and the United States. Some of these countries actively regulated 2-fluorodeschloroketamine under psychoactive drug control regulations prior to its international control in 2024.

Law enforcement data indicate that the presence of 2-fluorodeschloroketamine is widespread in the United States. Since 2018, DEA's National Forensic Laboratory Information System (NFLIS-Drug)[14] registered a total of 61 reports, across 12 states, pertaining to the trafficking,

[13] When finding schedule I placement on a temporary basis is necessary to avoid imminent hazard to the public, 21 U.S.C. 811(h) does not require DEA to consider whether the substance has a currently accepted medical use in treatment in the United States. Nonetheless, there is no evidence suggesting that 2-fluorodeschloroketamine has a currently accepted medical use in treatment in the United States. First, DEA looks to whether the drug or substance has FDA approval for marketing in interstate commerce. When no FDA approval exists, DEA has traditionally applied a five-part test to determine whether a drug or substances has a currently accepted medical use: (1) The drug's chemistry must be known and reproducible; (2) there must be adequate safety studies; (3) there must be adequate and well-controlled studies proving efficacy; (4) the drug must be accepted by qualified experts; and (5) the scientific evidence must be widely available. *See Marijuana Scheduling Petition; Denial of Petition; Remand,* 57 FR 10499 (Mar. 26, 1992), pet. for rev. denied, *Alliance for Cannabis Therapeutics* v. *Drug Enforcement Admin.,* 15 F.3d 1131, 1135 (D.C. Cir. 1994). DEA applied the traditional five-part test and concluded the test was not satisfied. In a recent published letter in a different context, HHS applied an additional two-part test to determine currently accepted medical use for substances that do not satisfy the five-part test: (1) whether there exists widespread, current experience with medical use of the substance by licensed health care providers operating in accordance with implemented jurisdiction-authorized programs, where medical use is recognized by entities that regulate the practice of medicine, and, if so, (2) whether there exists some credible scientific support for at least one of the medical conditions for which part (1) is satisfied. On April 11, 2024, the Department of Justice's Office of Legal Counsel (OLC) issued an opinion, which, among other things, concluded that HHS's two-part test would be sufficient to establish that a drug has a currently accepted medical use. Office of Legal Counsel, Memorandum for Merrick B. Garland Attorney General Re: Questions Related to the Potential Rescheduling of Marijuana at 3 (April 11, 2024). For purposes of this temporary order, there is no evidence that health care providers have widespread experience with medical use of 2-fluorodeschloroketamine or that the use of 2-fluorodeschloroketamine is recognized by entities that regulate the practice of medicine, so the two-part test also is not satisfied. In the November 8 HHS letter, HHS advised DEA that there were currently no approved NDAs or INDs for 2-fluorodeschloroketamine. Additionally, HHS communicated no objections to the temporary placement of 2-fluorodeschloroketamine into schedule I of the CSA. In the June 11 HHS letter, HHS reaffirmed its position and advised DEA that there were currently no approved NDAs or INDs for 2-fluorodeschloroketamine. Additionally, HHS reaffirmed that it had no objections to the temporary placement of 2-fluorodeschloroketamine in schedule I of the CSA.

[14] NFLIS-Drug represents an important resource in monitoring illicit drug trafficking, including the diversion of legally manufactured pharmaceuticals into illegal markets. NFLIS-Drug is a comprehensive information system that includes data from forensic laboratories that handle more than 96 percent of an estimated 1 million distinct annual federal, state, and local drug analysis cases. NFLIS-Drug includes drug chemistry results from completed analyses only. While NFLIS-Drug data are not direct evidence of abuse, these can lead to an inference that a drug has been diverted and abused. *See Schedules of Controlled Substances: Placement of Carisoprodol Into Schedule IV,* 76 FR 77330, 77332 (Dec. 12, 2011).

distribution, and abuse of 2-fluorodeschloroketamine.[15] These states include California, Connecticut, Florida, Illinois, Louisiana, Michigan, New Jersey, New York, Ohio, Pennsylvania, Virginia, and West Virginia.

Factor 6. What, if Any, Risk There Is to Public Health

2-Fluorodeschloroketamine is a potent arylcyclohexylamine, and evidence suggests that users abuse this substance for its dissociative effects. Literature and case reports indicate that the clinical presentation of 2-fluorodeschloroketamine intoxication is similar to that from other arylcyclohexylamines, such as PCP (schedule II) and ketamine (schedule III), and ranges from hallucinogenic-like adverse effects to death. In nonfatal intoxications, adverse effects include acute neurological symptoms resulting in cognitive and behavioral abnormalities, as well as cardiovascular symptoms, such as hypertension and tachycardia. Literature also indicates that 2-fluorodeschloroketamine has been used as a ''date rape'' drug and was detected among 11 cases of drug-facilitated sexual assault internationally.

In addition, according to findings by the DEA Toxicology Testing Program (DEA TOX),[16] 2-fluorodeschloroketamine has been positively identified in a total of three polysubstance overdose cases, two of which were fatal, and included both male (n = 2, both age 31) and female (n = 1, age 36) users. While toxicological and forensic case reports are available in medical and scientific literature and provide evidence of 2-fluorodeschloroketamine abuse, commonly used drug screening methods may not yet be able to identify 2-fluorodeschloroketamine. Consequently, additional emergency room admissions and fatalities involving 2-fluorodeschloroketamine have potentially occurred without report.

Lastly, U.S. law enforcement data indicate that 2-fluorodeschloroketamine has been encountered since 2018 and that this substance is easily and affordably obtainable online and on the illicit market. Due to the unknown purity and composition of drugs purchased online or on the illicit market, individuals may be unknowingly exposed to this substance despite their intentions to consume other drugs, such as bucinnazine, ketamine, or methoxphenidine. Analytical testing of seized samples indicates single and combinations of substances, suggesting that 2-fluorodeschloroketamine may be frequently used as an adulterant or ketamine substitute. The unpredictable levels of adulterant or drug purity across samples may pose significant harm to public health.

Finding of Necessity of Schedule I Placement To Avoid Imminent Hazard to Public Safety

In accordance with 21 U.S.C. 811(h)(3), based on the available data and information summarized above, the uncontrolled manufacture, distribution, reverse distribution, importation, exportation, conduct of research and chemical analysis, possession, and abuse of 2-fluorodeschloroketamine pose an imminent hazard to public safety. 2-Fluorodeschloroketamine has not been approved by FDA and has not been lawfully marketed in the United States. DEA is not aware of any currently accepted medical uses for 2-fluorodeschloroketamine in the United States. A substance meeting the statutory requirements for temporary scheduling, found in 21 U.S.C. 811(h)(1), may only be placed in schedule I. Substances in schedule I must have a high potential for abuse, no currently accepted medical use in treatment in the United States, and a lack of accepted safety for use under medical supervision. Available data and information for 2-fluorodeschloroketamine indicate that this substance meets the three statutory criteria.

As required by 21 U.S.C. 811(h)(4), in the November 1 DEA letter, the then-Administrator notified the then-Assistant Secretary of DEA's intention to temporarily place 2-fluorodeschloroketamine in schedule I. HHS had no objection to the temporary placement of this substance in schedule I. However, due to the change in HHS's leadership after the November 8 HHS letter, DEA requested an updated response from HHS in the May 28 DEA letter. In the June 11 HHS letter, the then-Acting Assistant Secretary reaffirmed that HHS had no objection to the temporary placement of 2-fluorodeschloroketamine in schedule I. DEA subsequently published this NOI in the **Federal Register** on January 20, 2026.[17]

Conclusion

In accordance with 21 U.S.C. 811(h)(1) and (3), the Administrator considered available data and information, herein set forth the grounds for his determination that it is necessary to temporarily schedule 2-fluorodeschloroketamine in schedule I of the CSA, and finds that placement of this substance in schedule I is necessary to avoid an imminent hazard to the public's safety.

The temporary placement of 2-fluorodeschloroketamine in schedule I of the CSA will take effect on the date the order is published in the **Federal Register** and will remain in effect for two years, with a possible extension of one year, pending completion of the regular (permanent) scheduling process.[18]

The CSA sets forth specific criteria for scheduling drugs or other substances. Permanent scheduling actions in accordance with 21 U.S.C. 811(a) are subject to formal rulemaking procedures ''on the record after opportunity for a hearing'' conducted pursuant to the provisions of 5 U.S.C. 556 and 557.[19] The permanent scheduling process of formal rulemaking affords interested parties appropriate process and the government any additional relevant information needed to make a determination. Final decisions that conclude the permanent scheduling process of formal rulemaking are subject to judicial review.[20] Temporary scheduling orders are not subject to judicial review.[21]

Requirements for Handling

Upon the effective date of this temporary order, 2-fluorodeschloroketamine will be subject to the regulatory controls and administrative, civil, and criminal sanctions applicable to the manufacture, distribution, reverse distribution, importation, exportation, possession of, and engagement in research and conduct of instructional activities or chemical analysis with, schedule I controlled substances, including but not limited to the following:

1. *Registration.* Any person who handles (possesses, manufactures, distributes, reverse distributes, imports,

[15] NFLIS-Drug data were queried on May 5, 2026. NFLIS-Drug reports are still pending for 2025 and 2026 due to normal lag time.

[16] DEA TOX is a surveillance program that aims to detect novel psychoactive substances (NPS) in fatal and nonfatal overdose cases within the United States. From these cases, biological samples, as well as drug paraphernalia (on limited occasions), are submitted for analysis by hospitals, medical examiners, poison centers, and law enforcement nationwide. DEA TOX data include confirmed detections of NPS through the data query date, May 5, 2026.

[17] *Schedules of Controlled Substances: Temporary Placement of 2-Fluorodeschloroketamine in Schedule I,* 91 FR 2323 (Jan. 20, 2026).

[18] 21 U.S.C. 811(h)(1) and (2).

[19] 21 U.S.C. 811.

[20] 21 U.S.C. 877.

[21] 21 U.S.C. 811(h)(6).

exports, engages in research, or conducts instructional activities or chemical analysis with) or desires to handle, 2-fluorodeschloroketamine must be registered with DEA to conduct such activities, pursuant to 21 U.S.C. 822, 823, 957, and 958, and in accordance with 21 CFR parts 1301 and 1312, as of May 22, 2026. Any person who currently handles 2-fluorodeschloroketamine and is not registered with DEA to conduct research with a schedule I controlled substance must submit an application for registration and may not continue to handle 2-fluorodeschloroketamine as of May 22, 2026, unless DEA has approved that application for registration pursuant to 21 U.S.C. 822, 823, 957, and 958, and in accordance with 21 CFR parts 1301 and 1312.

Notwithstanding the foregoing, pursuant to 21 U.S.C. 822(h), if, on May 22, 2026, a person is conducting research on 2-fluorodeschloroketamine and is already registered to conduct research with another controlled substance in schedule I, the person may continue to conduct research on 2-fluorodeschloroketamine if they submit a completed application for registration or modification of existing registration, as applicable, to conduct research with 2-fluorodeschloroketamine not later than 90 calendar days after May 22, 2026. The person may continue to conduct such research until the person withdraws the application or the Administrator serves on the person an order to show cause proposing denial of the application pursuant to 21 U.S.C. 824(c) and in accordance with 21 CFR 1301.37. If the Administrator serves an order to show cause proposing denial of the application or modification, the person may not continue to conduct research with 2-fluorodeschloroketamine and may not receive or otherwise obtain additional 2-fluorodeschloroketamine. If an order to show cause is served and the person requests a hearing in accordance with 21 CFR 1301.37(d), the hearing shall be held in accordance with 21 CFR 1301.41–1301.46 on an expedited basis and not later than 45 calendar days after the request is made, except that the hearing may be held at a later time if so requested by the person. If the person sends a copy of the application to a manufacturer or distributor of 2-fluorodeschloroketamine, receipt of the copy by the manufacturer or distributor constitutes sufficient evidence that the person is authorized to receive 2-fluorodeschloroketamine pursuant to 21 U.S.C. 822(h)(4). Continuation of research under 21 U.S.C. 822(h) does not authorize any other handling (*e.g.,* distribution) of 2-fluorodeschloroketamine.

Retail sales of schedule I controlled substances to the general public are not allowed under the CSA. Possession of any quantity of 2-fluorodeschloroketamine in a manner not authorized by the CSA on or after May 22, 2026 is unlawful, and those in possession of any quantity of 2-fluorodeschloroketamine may be subject to prosecution pursuant to the CSA.

2. *Disposal of Stocks.* Any person who does not desire or is unable to obtain a schedule I registration to handle 2-fluorodeschloroketamine must surrender all currently held quantities of this substance.

3. *Security.* 2-Fluorodeschloroketamine is subject to schedule I security requirements and must be handled in accordance with 21 CFR 1301.71–1301.93, as of May 22, 2026.

4. *Labeling and Packaging.* All labels, labeling, and packaging for commercial containers of 2-fluorodeschloroketamine must comply with 21 U.S.C. 825 and 958(e) and 21 CFR part 1302. Current DEA registrants will have 30 calendar days from May 22, 2026 to comply with all labeling and packaging requirements.

5. *Inventory.* Every DEA registrant who possesses any quantity of 2-fluorodeschloroketamine on the effective date of this order must take an inventory of all stocks of this substance on hand pursuant to 21 U.S.C. 827 and 958, and in accordance with 21 CFR 1304.03, 1304.04, and 1304.11. Current DEA registrants will have 30 calendar days from the effective date of this order to comply with all inventory requirements. After the initial inventory, every DEA registrant must take an inventory of all controlled substances (including 2-fluorodeschloroketamine) on hand on a biennial basis pursuant to 21 U.S.C. 827 and 958 and in accordance with 21 CFR 1304.03, 1304.04, and 1304.11.

6. *Records.* All DEA registrants must maintain records with respect to 2-fluorodeschloroketamine pursuant to 21 U.S.C. 827 and 958(e) and in accordance with 21 CFR parts 1304, 1312, and 1317, and section 1307.11. Current DEA registrants authorized to handle 2-fluorodeschloroketamine shall have 30 calendar days from the effective date of this order to comply with all recordkeeping requirements.

7. *Reports.* All DEA registrants must submit reports with respect to 2-fluorodeschloroketamine pursuant to 21 U.S.C. 827 and in accordance with 21 CFR parts 1304, 1312, and 1317, and sections 1301.74(c) and 1301.76(b), as of May 22, 2026. Manufacturers and distributors must also submit reports regarding 2-fluorodeschloroketamine to the Automation of Reports and Consolidated Order System pursuant to 21 U.S.C. 827 and in accordance with 21 CFR parts 1304 and 1312.

8. *Order Forms.* All DEA registrants who distribute 2-fluorodeschloroketamine must comply with order form requirements pursuant to 21 U.S.C. 828 and in accordance with 21 CFR part 1305 as of May 22, 2026.

9. *Importation and Exportation.* All importation and exportation of 2-fluorodeschloroketamine must be in compliance with 21 U.S.C. 952, 953, 957, and 958, and in accordance with 21 CFR part 1312 as of May 22, 2026.

10. *Quota.* Only DEA-registered manufacturers may manufacture 2-fluorodeschloroketamine in accordance with a quota assigned pursuant to 21 U.S.C. 826 and in accordance with 21 CFR part 1303, as of May 22, 2026.

11. *Liability.* Any activity involving 2-fluorodeschloroketamine not authorized by or in violation of the CSA, occurring as of May 22, 2026, is unlawful, and may subject the person to administrative, civil, and/or criminal sanctions.

Regulatory Analyses

The CSA provides for expedited temporary scheduling actions where necessary to avoid an imminent hazard to public safety. Under 21 U.S.C. 811(h)(1), the Administrator, as delegated by the Attorney General, may, by order, temporarily place substances in schedule I. Such orders may not be issued before the expiration of 30 days from: (1) the publication of a notice in the **Federal Register** of the intent to issue such order and the grounds upon which such order is to be issued, and (2) the date that notice of the proposed temporary scheduling order is transmitted to the Assistant Secretary, as delegated by the Secretary of HHS.[22]

Inasmuch as section 811(h) directs that temporary scheduling actions be issued by order (as distinct from a rule) and sets forth the procedures by which such orders are to be issued, DEA believes the notice-and-comment requirements of the Administrative Procedure Act (APA) at 5 U.S.C. 553, which are applicable to rulemaking, do not apply to this temporary scheduling order. The APA expressly differentiates between orders and rules, as it defines an ''order'' to mean a ''final disposition, whether affirmative, negative, injunctive, or declaratory in form, of an agency *in a matter other than rule*

[22] 21 U.S.C. 811(h)(1).

making.'' [23] This contrasts with permanent scheduling actions, which are subject to formal rulemaking procedures done ''on the record after opportunity for a hearing,'' and final decisions that conclude the scheduling process and are subject to judicial review.[24] The specific language chosen by Congress indicates its intent that DEA issue *orders* instead of proceeding by rulemaking when temporarily scheduling substances. Given that Congress specifically requires the Administrator (as delegated by the Attorney General) to follow rulemaking procedures for *other* kinds of scheduling actions,[25] it is noteworthy that, in section 811(h)(1), Congress authorized the issuance of temporary scheduling actions by order rather than by rule.

Even assuming that this action is subject to the notice-and-comment requirements of the APA, the Administrator finds that there is good cause to forgo these requirements pursuant to 5 U.S.C. 553(b)(B), as any further delays in the process for issuing temporary scheduling orders would be impracticable and contrary to the public interest given the manifest urgency to avoid an imminent hazard to public safety.

Although DEA believes this temporary scheduling order is not subject to the notice-and-comment requirements of the APA, DEA notes that in accordance with 21 U.S.C. 811(h)(4), the Administrator took into consideration comments submitted by the then-Acting Assistant Secretary in response to the notices that DEA transmitted to the then-Acting Assistant Secretary pursuant to such subsection.

Further, DEA believes that this temporary scheduling action is not a ''rule'' as defined by 5 U.S.C. 601(2), and, accordingly, is not subject to the requirements of the Regulatory Flexibility Act (RFA). The requirements for the preparation of an initial regulatory flexibility analysis in 5 U.S.C. 603(a) are not applicable where, as here, DEA is not required by the APA or any other law to publish a general notice of proposed rulemaking. Therefore, in this instance, since DEA believes this temporary scheduling action is not a ''rule,'' it is not subject to the requirements of the RFA when issuing this temporary action.

In accordance with the principles of Executive Orders (E.O.) 12866 and 13563, this action is not a significant regulatory action. E.O. 12866 directs agencies to assess all costs and benefits of available regulatory alternatives and, if regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health, and safety effects; distributive impacts; and equity). E.O. 13563 is supplemental to and reaffirms the principles, structures, and definitions governing regulatory review as established in E.O. 12866. E.O. 12866, Section 3(f), provides the definition of a ''significant regulatory action,'' requiring review by the Office of Management and Budget. Because this is not a rulemaking action, this is not a significant regulatory action as defined in Section 3(f) of E.O. 12866. In addition, DEA scheduling actions are not subject to either E.O. 14192, Unleashing Prosperity Through Deregulation, or E.O. 14294, Fighting Overcriminalization in Federal Regulations.

This action will not have substantial direct effects on the states, on the relationship between the national government and the states, or on the distribution of power and responsibilities among the various levels of government. Therefore, in accordance with E.O. 13132, it is determined that this action does not have sufficient federalism implications to warrant the preparation of a Federalism Assessment.

List of Subjects in 21 CFR Part 1308

Administrative practice and procedure, Drug traffic control, Reporting and recordkeeping requirements.

For the reasons set out above, DEA amends 21 CFR part 1308 as follows:

PART 1308—SCHEDULES OF CONTROLLED SUBSTANCES

■ 1. The authority citation for part 1308 continues to read as follows:

Authority: 21 U.S.C. 811, 812, 871(b), 956(b), unless otherwise noted.

■ 2. In § 1308.11, add paragraph (h)(87) to read as follows:

§ 1308.11 Schedule I.

* * * * *

(h) * * *

* * * * * * *	
(87) 2-Fluorodeschloroketamine, its salts, isomers, and salts of isomers (other name: 2-(2-fluorophenyl)-2-(methylamino)cyclohexan-1-one; also known as 2-FDCK)	7284

Signing Authority

This document of the Drug Enforcement Administration was signed on May 14, 2026, by DEA Administrator Terrance C. Cole. That document with the original signature and date is maintained by DEA. For administrative purposes only, and in compliance with requirements of the Office of the Federal Register, the undersigned DEA Federal Register Liaison Officer has been authorized to sign and submit the document in electronic format for publication, as an official document of DEA. This administrative process in no way alters the legal effect of this document upon publication in the **Federal Register**.

Heather Achbach,

Federal Register Liaison Officer, Drug Enforcement Administration.

[FR Doc. 2026–10253 Filed 5–21–26; 8:45 am]

BILLING CODE 4410–09–P

[23] 5 U.S.C. 551(6) (emphasis added).

[24] 21 U.S.C. 811(a) and 877.

[25] *See* 21 U.S.C. 811(a).

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

24 CFR Part 50

[Docket No. FR–6598–I–01]

RIN 2502–AJ82

Removal of Environmental Clearance Officer Review and Comment for Assessments for Projects Over 200 Lots/Dwelling Units or Beds

AGENCY: Office of Community Planning and Development, Department of Housing and Urban Development (HUD).

SUPPLEMENTARY INFORMATION: The placement of bromazolam under schedule I was effective on March 16, 2026.[1] After publication of the temporary scheduling order, DEA included an invalid chemical name for bromazolam as 8-bromo-1-methyl-6-phenyl-4*H*-benzo[*f*][1,2,4]triazolo[4,3-*a*][l, 4]diazepine. This document corrects the chemical name for bromazolam as 8-bromo-1-methyl-6-phenyl-4*H*-benzo[*f*][1,2,4]triazolo[4,3-*a*][1,4]diazepine.

List of Subjects in 21 CFR Part 1308

Administrative practice and procedure, Drug traffic control, Reporting and recordkeeping requirements.

For the reasons set out above, DEA corrects 21 CFR part 1308 with the following correcting amendment:

PART 1308—SCHEDULES OF CONTROLLED SUBSTANCES

■ 1. The authority citation for part 1308 continues to read as follows:

Authority: 21 U.S.C. 811, 812, 871(b), 956(b), unless otherwise noted.

■ 2. In § 1308.11 revise paragraph (h)(86) to read as follows:

§ 1308.11 Schedule I.

* * * * *

(h) * * *

* * * * * * *

(86) 8-bromo-1-methyl-6-phenyl-4*H*-benzo[*f*][1,2,4]triazolo[4,3-*a*][1,4]diazepine, its salts, isomers, and salts of isomers (Other name: bromazolam) 2778

* * * * * * *

Signing Authority

This document of the Drug Enforcement Administration was signed on June 16, 2026, by DEA Administrator Terrance C. Cole. That document with the original signature and date is maintained by DEA. For administrative purposes only, and in compliance with requirements of the Office of the Federal Register, the undersigned DEA Federal Register Liaison Officer has been authorized to sign and submit the document in electronic format for publication, as an official document of DEA. This administrative process in no way alters the legal effect of this document upon publication in the **Federal Register**.

Heather Achbach,

Federal Register Liaison Officer, Drug Enforcement Administration.

[FR Doc. 2026–12653 Filed 6–23–26; 8:45 am]

BILLING CODE 4410–09–P

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

21 CFR Part 1308

[Docket No. DEA–1641]

Schedules of Controlled Substances: Temporary Placement of O-Desmethyltramadol in Schedule I

AGENCY: Drug Enforcement Administration, Department of Justice.

ACTION: Proposed amendment; notice of intent.

SUMMARY: The Administrator of the Drug Enforcement Administration is issuing this notice of intent to publish a temporary order to schedule *O*-desmethyltramadol (other names: *O*-DSMT; desmetramadol; 3-[(1R,2R)-2-[(dimethylamino)methyl]-1-hydroxycyclohexyl]phenol), including its isomers, esters, ethers, salts, and salts of isomers, esters and ethers, in schedule I of the Controlled Substances Act. When it is issued, the temporary scheduling order will impose the regulatory controls and administrative, civil, and criminal sanctions applicable to schedule I controlled substances on persons who handle (manufacture, distribute, reverse distribute, import, export, engage in research, conduct instructional activities or chemical analysis with, or possess) or propose to handle *O*-DSMT.

DATES: June 24, 2026.

ADDRESSES: 8701 Morrissette Drive, Springfield, Virginia 22152.

FOR FURTHER INFORMATION CONTACT: Dr. Terrence L. Boos, Drug and Chemical Evaluation Section, Diversion Control Division, Drug Enforcement Administration; Mailing Address: 8701 Morrissette Drive, Springfield, Virginia 22152; Telephone: (571) 362–3249.

SUPPLEMENTARY INFORMATION: The notice of intent contained in this document is issued pursuant to the temporary scheduling provisions of 21 U.S.C. 811(h). The Drug Enforcement Administration (DEA) intends to issue a temporary scheduling order [1] (in the form of a temporary amendment) to add *O*-desmethyltramadol (other names: *O*-DSMT; desmetramadol), its isomers, esters, ethers, salts, and salts of isomers, esters and ethers, to schedule I under the Controlled Substances Act (CSA). The temporary scheduling order will be published in the **Federal Register** on or after July 24, 2026.

Legal Authority

The CSA provides the Attorney General with the authority to temporarily place a substance in schedule I of the CSA for two years without regard to the requirements of 21 U.S.C. 811(b), if he finds that such action is necessary to avoid an imminent hazard to the public safety.[2] In addition, if proceedings to control a substance are initiated under 21 U.S.C. 811(a)(1) while the substance is temporarily controlled under section 811(h), the Attorney General may extend the temporary scheduling for up to one year.[3]

Where the necessary findings are made, a substance may be temporarily scheduled if it is not listed in any other schedule under 21 U.S.C. 812, or if there is no exemption or approval in effect for the substance under section 505 of the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. 355.[4] The Attorney General has delegated scheduling authority under 21 U.S.C. 811 to the Administrator of DEA (Administrator).[5]

Background

The CSA requires the Administrator to notify the Secretary of Health and Human Services (HHS) of an intent to

[1] Schedules of Controlled Substances: Temporary Placement of Bromazolam in Schedule I, 91 FR 12504 (Mar. 16, 2026).

[1] Though DEA has used the term ''final order'' with respect to temporary scheduling orders in the past, this notice of intent adheres to the statutory language of 21 U.S.C. 811(h), which refers to a ''temporary scheduling order.'' No substantive change is intended.

[2] 21 U.S.C. 811(h)(1).

[3] 21 U.S.C. 811(h)(2).

[4] 21 U.S.C. 811(h)(1); 21 CFR part 1308.

[5] 28 CFR 0.100.

temporarily place a substance in schedule I of the CSA (*i.e.,* to issue a temporary scheduling order).[6] By letter dated May 27, 2025, the previous Acting Administrator transmitted the required notice to place *O*-DSMT in schedule I on a temporary basis to the then-Acting Assistant Secretary for HHS (Assistant Secretary).[7] On June 11, 2025, the previous Acting Assistant Secretary responded to this notice and advised DEA that, based on a review by the Food and Drug Administration (FDA), there were currently no investigational new drug applications (INDs) or approved new drug applications (NDAs) for *O*-DSMT. The previous Assistant Secretary also stated that HHS had no objection to the temporary placement of *O*-DSMT in schedule I of the CSA. *O*-DSMT is not currently listed in any schedule under the CSA.

To find that temporarily placing a substance in schedule I of the CSA is necessary to avoid an imminent hazard to the public safety, the Administrator must consider three of the eight factors set forth in 21 U.S.C. 811(c): the substance's history and current pattern of abuse; the scope, duration, and significance of abuse; and what, if any, risk there is to the public health.[8] This consideration includes any information indicating actual abuse, diversion from legitimate channels, and clandestine importation, manufacture, or distribution of *O*-DSMT.[9]

Substances meeting the statutory requirements for temporary scheduling may only be placed in schedule I.[10] Substances in schedule I have high potential for abuse, no currently accepted medical use in treatment in the United States, and a lack of accepted safety for use of the drug under medical supervision.[11]

O-Desmethyltramadol (O-DSMT)

O-DSMT is a mu-opioid agonist that is being abused for its psychoactive effects. *O*-DSMT is one of two metabolites produced by liver enzymes following the ingestion of the parent compound tramadol. Tramadol, in and of itself, prior to being metabolized, is active as a norepinephrine and serotonergic reuptake inhibitor, in addition to being a weak mu-opioid receptor agonist. While the second metabolite, *N*-DSMT, is inactive, *O*-DSMT is an active metabolite of tramadol with a strong affinity for the mu-opioid receptor. *O*-DSMT is responsible for the majority of the opioidergic effects following the ingestion of the parent compound tramadol.

In the United States, since tramadol is only approved as a pill formulation, a user must ingest tramadol orally, thus allowing the drug to be metabolized via the liver, to experience the analgesic effects. In the absence of any approved medical product or identified lawful commercial source of *O*-DSMT in the United States due to its lack of accepted medical use, understanding of the metabolism of tramadol and its opioidergic metabolite has resulted in the clandestine production of *O*-DSMT. Data has demonstrated that *O*-DSMT has a significantly higher affinity for opioid receptors (K_i–3.4 nM) than the parent drug tramadol (K_i–2400 nM) and is more potent in producing analgesia. In addition, overdoses and deaths, both internationally and within the United States, have been documented involving *O*-DSMT. With no approved medical use and limited safety or toxicological information, *O*-DSMT has emerged in the designer drug market, and the abuse of this substance is a significant public health concern in the United States.

Available data and information for *O*-DSMT, summarized below, indicate that this substance has a high potential for abuse, no currently accepted medical uses in treatment in the United States,[12] and a lack of accepted safety for use under medical supervision. DEA's Three-Factor analysis is available in its entirety under ''Supporting and Related Material'' of the public docket for this action at *www.regulations.gov* under Docket Number DEA–1641.

Factor 4. Its History and Current Pattern of Abuse

As described previously, *O*-DSMT is a major metabolite of tramadol. *O*-Demethylation of the parent drug tramadol results in the formation of *O*-DSMT, which is primarily catalyzed by the liver enzyme CYP2D6. Individuals of various backgrounds have been identified as either ultrarapid metabolizers, normal metabolizers, intermediate metabolizers, or poor metabolizers of tramadol based upon genotyping of the cytochrome P450 enzyme CYP2D6. The current Clinical Pharmacogenetics Implementation Consortium guidelines recommend avoiding tramadol in CYP2D6 ultrarapid metabolizers (due to possible toxicity from increased formation of *O*-DSMT) and CYP2D6 poor metabolizers (due to possible lack of efficacy from decreased formation of *O*-DSMT). Ultrarapid metabolizers have approximately 40 percent greater serum concentration of *O*-DSMT and subsequently experience a stronger opioid response compared with poor metabolizers.

O-DSMT has been encountered in various forms, including as a solid powder, pressed into pills or tablets, in a capsule, as a semi-solid paste/slurry, and in liquid formulations. Direct ingestion of *O*-DSMT avoids the need for metabolic activation via liver enzymes, resulting in a compound that is pharmacologically active at the mu-opioid receptor. Injection or insufflation by drug abusers of tramadol would be devoid of most immediate opioid

[6] 21 U.S.C. 811(h)(4).

[7] The Secretary of HHS has delegated to the Assistant Secretary for Health of HHS the authority to make domestic drug scheduling recommendations. *Comprehensive Drug Abuse Prevention and Control Act of 1970, Public Law 91–513, As Amended; Delegation of Authority,* 58 FR 35460 (July 1, 1993).

[8] 21 U.S.C. 811(c)(4)–6), (h)(3).

[9] 21 U.S.C. 811(h)(3).

[10] 21 U.S.C. 811(h)(1).

[11] 21 U.S.C. 812(b)(1).

[12] When finding schedule I placement on a temporary basis is necessary to avoid imminent hazard to the public, 21 U.S.C. 811(h) does not require DEA to consider whether the substance has a currently accepted medical use in treatment in the United States. Nonetheless, there is no evidence suggesting that *O*-DSMT has a currently accepted medical use in treatment in the United States. First, DEA looks to whether the drug or substance has FDA approval. When no FDA approval exists, DEA has traditionally applied a five-part test to determine whether a drug or substances has a currently accepted medical use: (1) The drug's chemistry must be known and reproducible; (2) there must be adequate safety studies; (3) there must be adequate and well-controlled studies proving efficacy; (4) the drug must be accepted by qualified experts; and (5) the scientific evidence must be widely available. *See Marijuana Scheduling Petition; Denial of Petition; Remand,* 57 FR 10499 (Mar. 26, 1992), pet. for rev. denied, *Alliance for Cannabis Therapeutics* v. *Drug Enforcement Admin.,* 15 F.3d 1131, 1135 (D.C. Cir. 1994). DEA applied the traditional five-part test and concluded the test was not satisfied. In a recent published letter in a different context, HHS applied an additional two-part test to determine currently accepted medical use for substances that do not satisfy the five-part test: (1) whether there exists widespread, current experience with medical use of the substance by licensed health care providers operating in accordance with implemented jurisdiction-authorized programs, where medical use is recognized by entities that regulate the practice of medicine, and, if so, (2) whether there exists some credible scientific support for at least one of the medical conditions for which part (1) is satisfied. On April 11, 2024, the Department of Justice's Office of Legal Counsel (OLC) issued an opinion, which, among other things, concluded that HHS's two-part test would be sufficient to establish that a drug has a currently accepted medical use. Office of Legal Counsel, Memorandum for Merrick B. Garland Attorney General Re: Questions Related to the Potential Rescheduling of Marijuana at 3 (April 11, 2024). For purposes of this notice of intent, there is no evidence that health care providers have widespread experience with medical use of *O*-DSMT or that the use of *O*-DSMT is recognized by entities that regulate the practice of medicine, so the two-part test also is not satisfied. By letter dated June 11, 2025, DEA has been advised by HHS that there are currently no approved new drug applications or investigational new drug applications for *O*-DSMT. Additionally, HHS communicated no objections to the temporary placement of *O*-DSMT into Schedule I of the CSA.

activity due to the parent compound having little affinity for the opioid receptors. As further described in Factor 5, drug seizures have demonstrated *O*-DSMT both alone and in combination with multiple other drugs. In a randomized, double-blind, placebo and active comparator-controlled trial, the pharmacokinetics and analgesic properties of *O*-DSMT, as compared to tramadol, in 103 healthy participants were investigated. The study also investigated CYP2D6 inhibition on the ability of both tramadol and *O*-DSMT to influence analgesia. The results showed that 20 mg of *O*-DSMT was equivalent in its analgesic potency as compared to 50 mg of tramadol following chronic dosing at steady state, whereby both were significantly greater than placebo (*see* Three-Factor analysis).

Factor 5. The Scope, Duration, and Significance of Abuse

With the first encounters appearing in 2011, law enforcement continues to report seizures of *O*-DSMT. The threat of serious injury to the individual and the imminent threat to public safety following the ingestion of *O*-DSMT persists. DEA's National Forensic Laboratory Information System (NFLIS) [13] has reported 148 encounters of *O*-DSMT across 30 states to date.[14] Because not every forensic laboratory has the capacity to test for *O*-DSMT, it is likely that encounters of *O*-DSMT are underreported.

Among these various reports, *O*-DSMT has been found as the only drug in a majority of these encounters (n=118 of 148, 79.7 percent), or co-reported with various other substances to include mitragynine (kratom alkaloid), heroin, isopropyl-U-47700 (synthetic opioid), methamphetamine, fentanyl, acetyl fentanyl, 5F-AEB (synthetic cannabinoid), methoxyacetyl fentanyl, *N*-benzylfuranylfentanyl, 3-OH-PCE (synthetic hallucinogen), tramadol, bromazolam, *para*-fluorofentanyl, dipentylone (synthetic cathinone), and/or cocaine, among others. *O*-DSMT has also been identified in conjunction with other substances, as evidenced by toxicology reports (*see* Factor 6). *O*-DSMT was found to be mixed with the kratom plant as determined by packaging material and the confirmation of both *O*-DSMT and mitragynine in toxicology results of individuals.

Factor 6. What, if Any, Risk There Is to the Public Health

Public health risks associated with *O*-DSMT abuse relates to its pharmacological similarities with known opioids such as morphine, oxycodone, and fentanyl. The ingestion of *O*-DSMT has resulted in serious adverse effects including lung congestion, brain edema, and death. The following four examples discussed briefly below can be found in their entirety in DEA's Three-Factor analysis at *www.regulations.gov* under Docket Number DEA–1641.

In 2009, reports in Sweden described nine deaths due to intoxication with *O*-DSMT combined with mitragynine and confirmed via forensic autopsies. Occurring between October 2009 and October 2010, ten forensic medical investigations found concomitant use of *O*-DSMT and mitragynine in the blood of these deceased individuals. It was noted that in nine of these cases, the death was explained by intoxication with *O*-DSMT. Other substances were identified, but it was stated that these substances were not at toxic levels. Ages of the individuals ranged between 22–35 years old, concentrations of *O*-DSMT ranged between 0.4 and 4.3 µg/g in blood, and all the individuals died before arriving at a hospital. Deaths for all individuals were noted to be accidental. Additional information in the reports detailed significant lung congestion and edema following use of ''Krypton'' (a mix of kratom and *O*-DSMT).

Around the same time as the deaths were reported in Sweden, a group in Germany were asked to analyze urine samples for ''Krypton'' in a former opiate-addicted woman. The woman's clinical picture included miosis, itchiness, agitation, and moderate euphoria following three months of use. Both immunoassays and liquid chromatography-tandem mass spectrometry (LC–MS/MS) were conducted on the samples. Results were negative for tramadol or its metabolites using the immunoassays. LC–MS/MS detected the kratom alkaloids mitragynine, speciociliatine, speciogynine, mitraciliatine, and paynantheine and approximately 9 mg/L *O*-DSMT, but no tramadol nor *N*-desmethyltramadol. Once confronted with these results, the woman admitted to having drunk ''3–4 infusions of Krypton'' during the past week. The researchers ruled out the use of tramadol because both tramadol and *N*-desmethyltramadol were not detectable. It was concluded that the most likely source of the *O*-DSMT was the ''Krypton'' product, containing both kratom alkaloids and *O*-DSMT.

In 2021 in Portugal, a 25-year-old male was found dead in his room at a boarding house where he lived. He was a chemistry student who, according to relatives, was ''trying to find a cure to his illness using chemical products bought by himself.'' Drug paraphernalia found at the scene included a spoon, a syringe, and six different plastic bags found with powders inside. It was noted that all six bags were labeled with the supposed name of the compounds. Further testing confirmed that the labels were accurate for each substance, including *O*-DSMT. His past medical history included schizophrenia and bipolar disorder. In addition, needle puncture marks in the victim's arms, indicative of drug abuse, were noted during autopsy.

In 2021 in Kansas City, Kansas, a 19-year-old male with a history of anxiety and depression was last observed by a roommate lying on his bed and reported to be ''snoring and sweaty.'' The autopsy did not reveal any significant anatomical abnormalities. Drug evidence at the scene was noted to be labeled as clonazolam, flubromazolam, *O*-desmethyltramadol (*O*-DSMT), and 2-methyl-AP-237. Toxicological analysis of whole blood from autopsy identified the following: 2-methyl AP-237 (379 ng/mL), delta-9 THC (56.8 ng/mL), 11-nor-9-carboxy-delta-9-THC (141 ng/mL), 8-aminoclonazolam (4.6 ng/mL), *O*-DSMT (10.9 ng/mL), and mitragynine (2.7 ng/mL). 7-Amino clonazepam, diphenhydramine, fluoxetine, norfluoxetine, trazodone, and propranolol were also identified but not quantified.

As noted in Factor 5, counterfeit pills pressed to resemble tramadol may contain *O*-DSMT either alone or in combination with other substances. Clandestine manufacturers will commonly use legitimate markings when producing counterfeit pills. Should a user ingest a pill marked as tramadol that was surreptitiously produced with *O*-DSMT, the individual might experience serious adverse effects due to the stronger analgesic potential of *O*-DSMT as compared to tramadol.

As users obtain these drugs through unknown sources, the identity and

[13] NFLIS-Drug is a national forensic laboratory reporting system that systematically collects results from drug chemistry analyses conducted by state, local, and federal forensic laboratories in the United States. NFLIS-Drug represents an important resource in monitoring illicit drug trafficking, including the diversion of legally manufactured pharmaceuticals into illegal markets. NFLIS-Drug is a comprehensive information system that includes data from forensic laboratories that handle more than 96 percent of an estimated 1.0 million distinct annual State and local drug analysis cases. NFLIS-Drug includes drug chemistry results from completed analyses only. While NFLIS data is not direct evidence of abuse, it can lead to an inference that a drug has been diverted and abused. *See Schedules of Controlled Substances: Placement of Carisoprodol Into Schedule IV,* 76 FR 77330, 77332 (Dec. 12, 2011).

[14] NFLIS-Drug query date: May 22, 2026. Reports to NFLIS-Drug are still pending for 2025 and 2026.

purity of these substances is uncertain and inconsistent, thus posing significant adverse health risks to users. *O*-DSMT is being encountered on the illicit drug market in the United States, has no accepted medical use in the United States, and continues to be available and abused for its psychoactive properties. In summary, *O*-DSMT has been reported to cause serious adverse effects, including death, following its use.

Finding of Necessity of Schedule I Placement To Avoid Imminent Hazard to Public Safety

In accordance with 21 U.S.C. 811(h)(3), based on the available data and information summarized above, the uncontrolled manufacture, distribution, reverse distribution, importation, exportation, conduct of research and chemical analysis, possession, and abuse of *O*-DSMT poses an imminent hazard to public safety. *O*-DSMT has not been approved by the FDA and has not been marketed in the United States, and DEA is not aware of any currently accepted medical uses for *O*-DSMT in the United States. A substance meeting the statutory requirements for temporary scheduling, found in 21 U.S.C. 811(h)(1), may only be placed in schedule I. Substances in schedule I must have a high potential for abuse, no currently accepted medical use in treatment in the United States, and a lack of accepted safety for use under medical supervision. Available data and information for *O*-DSMT indicate that this substance meets the three statutory criteria.

As required by 21 U.S.C. 811(h)(4), in a letter dated May 27, 2025, the previous Acting Administrator notified the previous Acting Assistant Secretary of DEA's intention to temporarily place *O*-DSMT in schedule I. In a letter dated June 11, 2025, the previous Acting Assistant Secretary did not object to the temporary placement of *O*-DSMT in schedule I.

Conclusion

This notice of intent provides the 30-day notice pursuant to 21 U.S.C. 811(h)(1) of DEA's intent to issue a temporary scheduling order. In accordance with 21 U.S.C. 811(h)(1) and (3), the Administrator considered available data and information, herein sets forth the grounds for his determination that it is necessary to temporarily schedule *O*-DSMT in schedule I of the CSA, and finds that placement of this substance in schedule I is necessary to avoid an imminent hazard to the public safety.

The temporary placement of *O*-DSMT in schedule I of the CSA will take effect upon publication of a temporary scheduling order in the **Federal Register**, which will not be issued before July 24, 2026. Because the Administrator hereby finds this temporary scheduling order necessary to avoid an imminent hazard to the public safety, it will take effect on the date the order is published in the **Federal Register** and it will remain in effect for two years, with a possible extension of an additional year, pending completion of the regular (permanent) scheduling process.[15] The Administrator intends to issue a temporary scheduling order as soon as possible after the expiration of 30 days from the date of publication of this document. Upon the temporary order's publication, *O*-DSMT will then be subject to the CSA's schedule I regulatory controls and to administrative, civil, and criminal sanctions applicable to the manufacture, distribution, reverse distribution, importation, exportation, research, conduct of instructional activities and chemical analysis, and possession.

The CSA sets forth specific criteria for scheduling drugs or other substances. Regular scheduling actions in accordance with 21 U.S.C. 811(a) are subject to formal rulemaking procedures ''on the record after opportunity for a hearing'' conducted pursuant to the provisions of 5 U.S.C. 556 and 557.[16] The regular scheduling process of formal rulemaking affords interested parties appropriate process and the government any additional relevant information needed to make a determination. Final decisions that conclude the regular scheduling process of formal rulemaking are subject to judicial review.[17] Temporary scheduling orders are not subject to judicial review.[18]

Regulatory Analyses

The CSA provides for expedited temporary scheduling actions where necessary to avoid an imminent hazard to public safety. Under 21 U.S.C. 811(h)(1), the Administrator (as delegated by the Attorney General) may, by order, temporarily schedule substances in schedule I. Such orders may not be issued before the expiration of 30 days from: (1) the publication of a notice in the **Federal Register** of the intent to issue such order and the grounds upon which such order is to be issued, and (2) the date that notice of the proposed temporary scheduling order is transmitted to the Assistant Secretary, as delegated by the Secretary of HHS.[19]

Inasmuch as section 811(h) directs that temporary scheduling actions be issued by order and sets forth the procedures by which such orders are to be issued, including the requirement to publish in the **Federal Register** a notice of intent, the notice-and-comment requirements of the Administrative Procedure Act (APA), 5 U.S.C. 553, do not apply to this notice of intent. The APA expressly differentiates between an order and a rule, as it defines an ''order'' to mean a ''final disposition, whether affirmative, negative, injunctive, or declaratory in form, of an agency *in a matter other than rule making*.'' [20] This contrasts with permanent scheduling actions, which are subject to formal rulemaking procedures done ''on the record after opportunity for a hearing,'' and final decisions that conclude the scheduling process and are subject to judicial review.[21] The specific language chosen by Congress indicates its intent that DEA issue *orders* instead of proceeding by rulemaking when temporarily scheduling substances. Given that Congress specifically requires the Administrator (as delegated by the Attorney General) to follow rulemaking procedures for *other* kinds of scheduling actions,[22] it is noteworthy that, in section 811(h)(1), Congress authorized the issuance of temporary scheduling actions by order rather than by rule.

Even assuming that this notice of intent is subject to the notice-and-comment requirements of the APA, the Administrator finds that there is good cause to forgo the notice-and-comment requirements pursuant to 5 U.S.C. 553(b)(B), as any further delays in the process for issuing temporary scheduling orders would be impracticable and contrary to the public interest given the manifest urgency to avoid an imminent hazard to public safety.

Although DEA believes this notice of intent to issue a temporary scheduling order is not subject to the notice-and-comment requirements of the APA, DEA notes that in accordance with 21 U.S.C. 811(h)(4), the Administrator took into consideration comments submitted by the previous Acting Assistant Secretary in response to the notice that DEA transmitted to the previous Acting Assistant Secretary pursuant to such subsection.

[15] 21 U.S.C. 811(h)(1) and (2).
[16] 21 U.S.C. 811.
[17] 21 U.S.C. 877.
[18] 21 U.S.C. 811(h)(6).
[19] 21 U.S.C. 811(h)(1).
[20] 5 U.S.C. 551(6) (emphasis added).
[21] 21 U.S.C. 811(a) and 877.
[22] *See* 21 U.S.C. 811(a).

Further, DEA believes that this temporary scheduling action is not a ''rule'' as defined by 5 U.S.C. 601(2), and, accordingly, is not subject to the requirements of the Regulatory Flexibility Act (RFA). The requirements for the preparation of an initial regulatory flexibility analysis in 5 U.S.C. 603(a) are not applicable where, as here, DEA is not required by the APA or any other law to publish a general notice of proposed rulemaking. As discussed above, DEA is issuing this notice of intent pursuant to DEA's authority to issue a temporary scheduling order.[23] Therefore, in this instance, since DEA believes this temporary scheduling action is not a ''rule,'' it is not subject to the requirements of the RFA when issuing this temporary action.

In accordance with the principles of Executive Orders (E.O.) 12866 and 13563, this action is not a significant regulatory action. E.O. 12866 directs agencies to assess all costs and benefits of available regulatory alternatives and, if regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health, and safety effects; distributive impacts; and equity). E.O. 13563 is supplemental to and reaffirms the principles, structures, and definitions governing regulatory review as established in E.O. 12866. Because this is not a rulemaking action, this is not a significant regulatory action as defined in Section 3(f) of E.O. 12866. In addition, DEA scheduling actions are not subject to either E.O. 14192, Unleashing Prosperity Through Deregulation, or E.O. 14294, Fighting Overcriminalization in Federal Regulations.

This action will not have substantial direct effects on the states, on the relationship between the national government and the states, or on the distribution of power and responsibilities among the various levels of government. Therefore, in accordance with E.O. 13132, it is determined that this action does not have sufficient federalism implications to warrant the preparation of a Federalism Assessment.

List of Subjects in 21 CFR Part 1308

Administrative practice and procedure, Drug traffic control, Reporting and recordkeeping requirements.

For the reasons set out above, DEA proposes to amend 21 CFR part 1308 as follows:

PART 1308—SCHEDULES OF CONTROLLED SUBSTANCES

■ 1. The authority citation for part 1308 continues to read as follows:

Authority: 21 U.S.C. 811, 812, 871(b), 956(b), unless otherwise noted.

■ 2. In § 1308.11, add paragraph (h)(88) to read as follows:

§ 1308.11 Schedule I

* * * * *

(h) * * *

*	*	*	*	*	*	*
(88) *O*-Desmethyltramadol (other names: *O*-DSMT; desmetramadol; 3-[(1R,2R)-2-[(dimethylamino)methyl]-1-hydroxycyclohexyl]phenol)						9677
*	*	*	*	*	*	*

Signing Authority

This document of the Drug Enforcement Administration was signed on June 16, 2026, by DEA Administrator Terrance C. Cole. That document with the original signature and date is maintained by DEA. For administrative purposes only, and in compliance with requirements of the Office of the Federal Register, the undersigned DEA Federal Register Liaison Officer has been authorized to sign and submit the document in electronic format for publication, as an official document of DEA. This administrative process in no way alters the legal effect of this document upon publication in the **Federal Register**.

Heather Achbach,

Federal Register Liaison Officer, Drug Enforcement Administration.

[FR Doc. 2026–12654 Filed 6–23–26; 8:45 am]

BILLING CODE 4410–09–P

[23] 21 U.S.C. 811(h)(1).

DEPARTMENT OF COMMERCE

Patent and Trademark Office

37 CFR Part 1

[Docket No.: PTO–P–2025–0413]

RIN 0651–AD92

Conditions for Additional Information and Fee in Petitions Filed in Patent Applications and Patents Based on Unintentional Delay

AGENCY: United States Patent and Trademark Office, Department of Commerce.

ACTION: Final rule.

SUMMARY: The United States Patent and Trademark Office (USPTO) is revising its practice of requiring additional information for delays in taking certain actions in patent applications and patents from requiring additional information for delays exceeding two years to requiring additional information for delays exceeding one year. This action is being taken to increase certainty and predictability concerning patent rights, and to encourage the timely filing of grantable petitions to revive applications, accept delayed maintenance fee payments, accept delayed priority or benefit claims, and excuse an applicant's failure to act within prescribed time limits in connection with international design applications. In addition, the USPTO is changing the conditions for when the corresponding petition fee is required.

DATES: This rule is effective August 13, 2026, and will be applicable to any new petition filed after the effective date.

FOR FURTHER INFORMATION CONTACT: Christina Tartera Donnell, Attorney Advisor, Office of Petitions, or Douglas I. Wood, Attorney Advisor, Office of Petitions, by telephone at 571–272–3282; or by mail addressed to: Mail Stop Comments-Patents, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313–1450; or Brannon Smith, Legal Advisor, Office of Patent Legal Administration, at 571–270–1601.

SUPPLEMENTARY INFORMATION: The USPTO is revising the rules in part 1 of title 37 of the Code of Federal Regulations to increase certainty and predictability concerning patent rights and to improve efficiency of patent operations.

STATEMENT OF SCOPE

CONTROLLED SUBSTANCES BOARD

Rule No.: CSB 2.018

Relating to: Scheduling Bromazolam

Rule Type: Permanent

1. Finding/nature of emergency: N/A

2. Detailed description of the objective of the proposed rule:
The objective of the proposed rule is to add Bromazolam to schedule I under ch. 961, Stats.

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:
On March 16, 2026, the Department of Justice, Drug Enforcement Administration published its temporary rule in the Federal Register listing Bromazolam in schedule I of the federal Controlled Substances Act. The rule was effective March 16, 2026. The Controlled Substances Board did not receive an objection to similarly listing Bromazolam in schedule I under ch. 961, Stats. within 30 days of the date of publication in the federal register of the order listing Bromazolam as a schedule I controlled substance. Pursuant to s. 961.11(4), Stats., the Controlled Substances Board by affirmative action similarly treats Bromazolam under chapter 961, Stats. by creating the following:

> **CSB 2.018 Addition of Bromazolam to Schedule I**. **(1)** Sections 961.14.(5) (aa), (ab), (ac), (ad), (ae), (ag), (am), and (b) are renumbered to 961.14 (5) (bm), (cm), (dm), (em), (fm), (gm), (hm), and (im).
>
> **(2)** Section 961.14 (5) (an), Stats., is created to read:
>
> **961.14 (5) (an)** Bromazolam (8-bromo-1-methyl-6-phenyl-4H-benzo[*f*][1, 2, 4]triazolo[4,3-a][l, 4]diazepene).

The Affirmative Action order, dated May 14, 2026, took effect on May 26, 2026, upon publication in the Administrative Register and expires upon promulgation of a final rule.

4. Detailed explanation of statutory authority for the rule:
Section 961.11 (1), Stats. provides that "[t]he controlled substances board shall administer this subchapter and may add substances to or delete or reschedule all substances listed in the schedules in ss. 961.14, 961.16, 961.18, 961.20 and 961.22 pursuant to the rule-making procedures of ch. 227."

Section 961.11(4), Stats. provides that "[i]f a substance is designated, rescheduled or deleted as a controlled substance under federal law and notice thereof is given to the controlled substances board, the board by affirmative action shall similarly treat the substance under this chapter after the expiration of 30 days from the date of publication in the federal register of a final order designating the substance as a controlled substance or rescheduling or deleting the substance or from the date of issuance of an order of temporary scheduling under 21 USC 811 (h), unless within that 30−day period, the board or an interested party objects to the treatment of the substance. If no objection is made, the board shall promulgate, without making the determinations or findings required by subs. (1), (1m), (1r) and (2) or s. 961.13, 961.15, 961.17, 961.19 or 961.21, a final rule, for which notice of proposed rulemaking is omitted, designating, rescheduling, temporarily scheduling or deleting the substance. If an objection is made the board shall publish notice of receipt of the objection and the reasons for objection and afford all interested parties an opportunity to be heard. At the conclusion of the hearing, the board shall make a determination

with respect to the treatment of the substance as provided in subs. (1), (1m), (1r) and (2) and shall publish its decision, which shall be final unless altered by statute. Upon publication of an objection to the treatment by the board, action by the board under this chapter is stayed until the board promulgates a rule under sub. (2)."

5. Estimate of amount of time that state employees will spend developing the rule and of other resources necessary to develop the rule:
Approximately 80 hours.

6. List with description of all entities that may be affected by the proposed rule:
Law enforcement, district attorney offices, Dept of Justice, state courts and the Controlled Substances Board.

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:
On March 16, 2026, the Department of Justice, Drug Enforcement Administration published its temporary rule in the Federal Register listing Bromazolam in schedule I of the federal Controlled Substances Act. The rule was effective March 16, 2026.

8. Anticipated economic impact of implementing the rule: None to minimal.

Contact Person: Nilajah Hardin, Administrative Rules Coordinator, DSPSAdminRules@wisconsin.gov

Approved for publication:	Approved for implementation:
_____	_____
Authorized Signature	Authorized Signature
_____	_____
Date Submitted	Date Submitted

STATEMENT OF SCOPE

CONTROLLED SUBSTANCES BOARD

Rule No.: CSB 2.019

Relating to: Scheduling 3-methoxyphencyclidine

Rule Type: Permanent

1. Finding/nature of emergency: N/A

2. Detailed description of the objective of the proposed rule:
The objective of the proposed rule is to add 3-methoxypehncyclidine to schedule I under ch. 961, Stats.

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:
On March 23, 2026, the Department of Justice, Drug Enforcement Administration published its final rule in the Federal Register listing 3-methoxyphencyclidine in schedule I of the federal Controlled Substances Act. The rule is effective as of April 22, 2026. The Controlled Substances Board did not receive an objection to similarly listing 3-methoxyphencyclidine in schedule I under ch. 961, Stats. within 30 days of the date of publication in the federal register of the final order listing 3-methoxyphencyclidine as a schedule I controlled substance. Pursuant to s. 961.11(4), Stats., the Controlled Substances Board by affirmative action similarly treats 3-methoxyphencyclidine under chapter 961, Stats. by creating the following:

CSB 2.019 Addition of 3-methoxyphencyclidine to Schedule I. Section 961.14 (4) (xc), Stats., is created to read:

961.14 (4) (xc). 3-methoxyphencyclidine, commonly known as 3-MeO-PCP.

The Affirmative Action order, dated May 14, 2026, took effect on May 26, 2026, upon publication in the Administrative Register and expires upon promulgation of a final rule.

4. Detailed explanation of statutory authority for the rule:
Section 961.11 (1), Stats. provides that "[t]he controlled substances board shall administer this subchapter and may add substances to or delete or reschedule all substances listed in the schedules in ss. 961.14, 961.16, 961.18, 961.20 and 961.22 pursuant to the rule-making procedures of ch. 227."

Section 961.11(4), Stats. provides that "[i]f a substance is designated, rescheduled or deleted as a controlled substance under federal law and notice thereof is given to the controlled substances board, the board by affirmative action shall similarly treat the substance under this chapter after the expiration of 30 days from the date of publication in the federal register of a final order designating the substance as a controlled substance or rescheduling or deleting the substance or from the date of issuance of an order of temporary scheduling under 21 USC 811 (h), unless within that 30−day period, the board or an interested party objects to the treatment of the substance. If no objection is made, the board shall promulgate, without making the determinations or findings required by subs. (1), (1m), (1r) and (2) or s. 961.13, 961.15, 961.17, 961.19 or 961.21, a final rule, for which notice of proposed rulemaking is omitted, designating, rescheduling, temporarily scheduling or deleting the substance. If an objection is made the board shall publish notice of receipt of the objection and the reasons for objection and afford all interested parties an opportunity to be heard. At the conclusion of the hearing, the board shall make a determination with respect to the treatment of the substance as provided in subs. (1), (1m), (1r) and (2) and shall publish its decision, which shall be final unless altered by statute. Upon publication of an objection to the

treatment by the board, action by the board under this chapter is stayed until the board promulgates a rule under sub. (2)."

5. Estimate of amount of time that state employees will spend developing the rule and of other resources necessary to develop the rule:
Approximately 80 hours.

6. List with description of all entities that may be affected by the proposed rule:
Law enforcement, district attorney offices, Dept of Justice, state courts and the Controlled Substances Board.

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:
On March 23, 2026, the Department of Justice, Drug Enforcement Administration published its final rule in the Federal Register listing 3-methoxyphencyclidine in schedule I of the federal Controlled Substances Act. The rule is effective as of April 22, 2026.

8. Anticipated economic impact of implementing the rule: None to minimal.

Contact Person: Nilajah Hardin, Administrative Rules Coordinator, DSPSAdminRules@wisconsin.gov

Approved for publication:	Approved for implementation:
Authorized Signature	Authorized Signature
Date Submitted	Date Submitted

STATE OF WISCONSIN
CONTROLLED SUBSTANCES BOARD

IN THE MATTER OF RULE-MAKING PROCEEDINGS BEFORE THE CONTROLLED SUBSTANCES BOARD	:	PROPOSED ORDER OF THE CONTROLLED SUBSTANCES BOARD ADOPTING RULES (CLEARINGHOUSE RULE)

PROPOSED ORDER

An order of the Controlled Substances Board to create CSB 2.015, relating to scheduling 7 Synthetic Benzimidazole-Opioids.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: s. 961.14, Stats.

Statutory authority: s. 961.11 (1) and (4), Stats.

Explanation of agency authority:
Section 961.11 (1), Stats. provides that "[t]he controlled substances board shall administer this subchapter and may add substances to or delete or reschedule all substances listed in the schedules in ss. 961.14, 961.16, 961.18, 961.20 and 961.22 pursuant to the rule-making procedures of ch. 227."

Section 961.11(4), Stats. provides that "[i]f a substance is designated, rescheduled or deleted as a controlled substance under federal law and notice thereof is given to the controlled substances board, the board by affirmative action shall similarly treat the substance under this chapter after the expiration of 30 days from the date of publication in the federal register of a final order designating the substance as a controlled substance or rescheduling or deleting the substance or from the date of issuance of an order of temporary scheduling under 21 USC 811 (h), unless within that 30−day period, the board or an interested party objects to the treatment of the substance. If no objection is made, the board shall promulgate, without making the determinations or findings required by subs. (1), (1m), (1r) and (2) or s. 961.13, 961.15, 961.17, 961.19 or 961.21, a final rule, for which notice of proposed rulemaking is omitted, designating, rescheduling, temporarily scheduling or deleting the substance. If an objection is made the board shall publish notice of receipt of the objection and the reasons for objection and afford all interested parties an opportunity to be heard. At the conclusion of the hearing, the board shall make a determination with respect to the treatment of the substance as provided in subs. (1), (1m), (1r) and (2) and shall publish its decision, which shall be final unless altered by statute. Upon publication of an objection to the treatment by the board, action by the board under this chapter is stayed until the board promulgates a rule under sub. (2)."

Related statute or rule: s. 961.14, Stats.

Summary of, and comparison with, existing or proposed federal regulation:
On October 15, 2025, the Department of Justice, Drug Enforcement Administration published its temporary scheduling order in the Federal Register adding the seven synthetic benzimidazole-opioids listed above to schedule I of the federal Controlled Substances Act. The scheduling action was effective October 15, 2025.

Plain language analysis:
The objective of the proposed rule is to schedule the following seven synthetic benzimidazole-opioids as schedule I controlled substances under s. 961.11 (4), Stats:

- Ethyleneoxynitazene
- Methylenedioxynitazene
- 5-methyl Etodesnitazene
- N-desethyl Etonitazene
- N-desethyl Protonitazene
- N,N-dimethylamino Etonitazene
- N-pyrrolidino Isotonitazene

The Controlled Substances Board will promulgate a final rule, without making the determinations or findings required by ss. 961.11(1), (1m), (1r) and (2) or s. 961.19 and omitting the notice of proposed rulemaking, listing the 7 synthetic benzimidazole-opioids in this rule as schedule I controlled substances. Pursuant to s. 961.11(4), Stats., the Controlled Substances Board by affirmative action similarly treats 7 synthetic benzimidazole-opioids in this rule under chapter 961, Stats. by creating the following:

> **CSB 2.015 Addition of 7 Synthetic Benzimidazole-Opioids to Schedule I**. **(1)** Section 961.14 (2) (xm) 1m., 5m., 5p., 7b., 7h., 7k., and 8b. are created to read:
>
> 961.14 (2) (xm) 1m. Ethyleneoxynitazene (2-(2-((2,3-dihydrobenzofuran-5-yl)methyl)-5-nitro-1H-benzimidazol-1-yl)-N,N-diethylethan-1-amine).
>
> 5m. Methylenedioxynitazene or 3',4'-methylenedioxynitazene (2-(2-(benzodioxol-5-ylmethyl)-5-nitro-1H-benzimidazol-1-yl)-N,N-diethylethan-1-amine).
>
> 5p. 5-methyl etodesnitazene (2-(2-(4-ethoxybenzyl)-5-methyl-1H-benzimidazol-1-yl)-N,N-diethylethan-1-amine).
>
> 7b. N-desethyl etonitazene (2-(2-(4-ethoxybenzyl)-5-nitro-1H-benzimidazol-1-yl)-N-ethyethan-1-amine).
>
> 7h. N-desethyl protonitazene (N-ethyl-2-(5-nitro-2-(4-propoxybenzyl)-1H-benzimidazol-1-yl)ethan-1-amine).
>
> 7k. N,N-dimethylamino etonitazene (2-(2-(4-ethoxybenzyl)-5-nitro-1H-benzimidazol-1-yl)-N,N-dimethylethan-1-amine).

8b. N-pyrrolidino isotonitazene (2-(4-isopropoxybenzyl)-5-nitro-1-(2-(pyrrolindin-1-yl)ethyl)-1H-benzimidazole).

The Affirmative Action order, dated November 18, 2025, took effect on December 8, 2025, upon publication in the Administrative Register and expires upon promulgation of a final rule.

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 has not listed the 7 synthetic benzimidazole-opioids in this rule as schedule I controlled substances [720 Illinois Compiled Statutes 570 Section 204].

Iowa: Iowa has not listed the 7 synthetic benzimidazole-opioids in this rule as schedule I controlled substances [Iowa Code 124.204].

Michigan: Michigan has not listed the 7 synthetic benzimidazole-opioids in this rule as schedule I controlled substances [Michigan Compiled Laws s. 333.7212].

Minnesota: Minnesota has not listed the 7 synthetic benzimidazole-opioids in this rule as schedule I controlled substances [Minnesota Statutes 152.02 (2)].

Summary of factual data and analytical methodologies:
The methodology was to schedule the following 7 synthetic benzimidazole-opioids as schedule I controlled substances:

- Ethyleneoxynitazene
- Methylenedioxynitazene
- 5-methyl Etodesnitazene
- N-desethyl Etonitazene
- N-desethyl Protonitazene
- N,N-dimethylamino Etonitazene
- N-pyrrolidino Isotonitazene

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:
The proposed rule will be posted for a period of 14 days to solicit public comment on economic impact, including how the proposed rules may affect businesses, local government units, and individuals.

Fiscal Estimate and Economic Impact Analysis:
The fiscal estimate and economic impact analysis will be attached upon completion.

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 Jennifer.Garrett@wisconsin.gov, or by calling (608) 266-2112.

Agency contact person:
Nilajah Hardin, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 4822 Madison Yards Way, P.O. Box 14497, Madison, Wisconsin 53708-0497; email at DSPSAdminRules@wisconsin.gov.

Place where comments are to be submitted and deadline for submission:
Comments may be submitted to Nilajah Hardin, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 4822 Madison Yards Way, Madison, WI 53708-0497, or by email to DSPSAdminRules@wisconsin.gov. Comments must be received by (date) to be included in the record of rulemaking proceedings.

TEXT OF RULE

SECTION 1. CSB 2.015 is created to read:

CSB 2.015 Addition of 7 Synthetic Benzimidazole-Opioids to Schedule I. **(1)** Section 961.14 (2) (xm) 1m., 5m., 5p., 7b., 7h., 7k., and 8b. are created to read:

961.14 (2) (xm) 1m. Ethyleneoxynitazene (2-(2-((2,3-dihydrobenzofuran-5-yl)methyl)-5-nitro-1H-benzimidazol-1-yl)-N,N-diethylethan-1-amine).

5m. Methylenedioxynitazene or 3',4'-methylenedioxynitazene (2-(2-(benzodioxol-5-ylmethyl)-5-nitro-1H-benzimidazol-1-yl)-N,N-diethylethan-1-amine).

5p. 5-methyl etodesnitazene (2-(2-(4-ethoxybenzyl)-5-methyl-1H-benzimidazol-1-yl)-N,N-diethylethan-1-amine).

7b. N-desethyl etonitazene (2-(2-(4-ethoxybenzyl)-5-nitro-1H-benzimidazol-1-yl)-N-ethyethan-1-amine).

7h. N-desethyl protonitazene (N-ethyl-2-(5-nitro-2-(4-propoxybenzyl)-1H-benzimidazol-1-yl)ethan-1-amine).

7k. N,N-dimethylamino etonitazene (2-(2-(4-ethoxybenzyl)-5-nitro-1H-benzimidazol-1-yl)-N,N-dimethylethan-1-amine).

8b. N-pyrrolidino isotonitazene (2-(4-isopropoxybenzyl)-5-nitro-1-(2-(pyrrolindin-1-yl)ethyl)-1H-benzimidazole).

SECTION 2. 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)

STATE OF WISCONSIN
CONTROLLED SUBSTANCES BOARD

IN THE MATTER OF RULE-MAKING PROCEEDINGS BEFORE THE CONTROLLED SUBSTANCES BOARD	:	PROPOSED ORDER OF THE CONTROLLED SUBSTANCES BOARD ADOPTING RULES (CLEARINGHOUSE RULE 26-032)

PROPOSED ORDER

An order of the Controlled Substances Board to create CSB 2.013, relating to scheduling Dipentylone.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: s. 961.14, Stats.

Statutory authority: s. 961.11 (1) and (4), Stats.

Explanation of agency authority:
Section 961.11 (1), Stats. provides that "[t]he controlled substances board shall administer this subchapter and may add substances to or delete or reschedule all substances listed in the schedules in ss. 961.14, 961.16, 961.18, 961.20 and 961.22 pursuant to the rule-making procedures of ch. 227."

Section 961.11(4), Stats. provides that "[i]f a substance is designated, rescheduled or deleted as a controlled substance under federal law and notice thereof is given to the controlled substances board, the board by affirmative action shall similarly treat the substance under this chapter after the expiration of 30 days from the date of publication in the federal register of a final order designating the substance as a controlled substance or rescheduling or deleting the substance or from the date of issuance of an order of temporary scheduling under 21 USC 811 (h), unless within that 30−day period, the board or an interested party objects to the treatment of the substance. If no objection is made, the board shall promulgate, without making the determinations or findings required by subs. (1), (1m), (1r) and (2) or s. 961.13, 961.15, 961.17, 961.19 or 961.21, a final rule, for which notice of proposed rulemaking is omitted, designating, rescheduling, temporarily scheduling or deleting the substance. If an objection is made the board shall publish notice of receipt of the objection and the reasons for objection and afford all interested parties an opportunity to be heard. At the conclusion of the hearing, the board shall make a determination with respect to the treatment of the substance as provided in subs. (1), (1m), (1r) and (2) and shall publish its decision, which shall be final unless altered by statute. Upon publication of an objection to the treatment by the board, action by the board under this chapter is stayed until the board promulgates a rule under sub. (2)."

Related statute or rule: s. 961.14, Stats.

Summary of, and comparison with, existing or proposed federal regulation:
On August 8, 2025, the Department of Justice, Drug Enforcement Administration published its final rule in the Federal Register adding Dipentylone to schedule I of the federal Controlled Substances Act. The scheduling action was effective August 8, 2025.

Plain language analysis:
This rule schedules Dipentylone as a schedule I controlled substance. The Controlled Substances Board will promulgate a final rule, without making the determinations or findings required by ss. 961.11(1), (1m), (1r) and (2) or s. 961.19 and omitting the notice of proposed rulemaking, listing Dipentylone as a schedule I controlled substance. Pursuant to s. 961.11(4), Stats., the Controlled Substances Board by affirmative action similarly treats Dipentylone under chapter 961, Stats. by creating the following:

> **CSB 2.013 Addition of Dipentylone to Schedule I**. Section 961.14 (7) (L) 41., Stats., is created to read:
>
> **961.14 (7) (L) 41.** 1-(1,3-benzodioxol-5-yl)-2-(dimethylamino)pentan-1-one, commonly known as Dipentylone or N,N-dimethylpentylone.

The Affirmative Action order, dated September 29, 2025, took effect on October 6, 2025, upon publication in the Administrative Register and expires upon promulgation of a final rule.

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: No comments were received.

Comparison with rules in adjacent states:
Illinois: Illinois has not listed Dipentylone as a schedule I controlled substance [720 Illinois Compiled Statutes 570 Section 204].

Iowa: Iowa has not listed Dipentylone as a schedule I controlled substance [Iowa Code 124.204].

Michigan: Michigan has not listed Dipentylone as a schedule I controlled substance [Michigan Compiled Laws s. 333.7212].

Minnesota: Minnesota has not listed Dipentylone as a schedule I controlled substance [Minnesota Statutes 152.02 (2)].

Summary of factual data and analytical methodologies:
The methodology was to schedule Dipentylone to conform with the federal Controlled Substances Act.

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

The proposed rule was posted for a period of 14 days to solicit public comment on economic impact, including how the proposed rules may affect businesses, local government units, and individuals. No comments 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 Jennifer.Garrett@wisconsin.gov, or by calling (608) 266-2112.

Agency contact person:
Nilajah Hardin, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 4822 Madison Yards Way, P.O. Box 14497, Madison, Wisconsin 53708-0497; email at DSPSAdminRules@wisconsin.gov.

TEXT OF RULE

SECTION 1. CSB 2.013 is created to read:

CSB 2.013 Addition of Dipentylone to Schedule I. Section 961.14 (7) (L) 41., Stats., is created to read:

961.14 (7) (L) 41. 1-(1,3-benzodioxol-5-yl)-2-(dimethylamino)pentan-1-one, commonly known as Dipentylone or N,N-dimethylpentylone.

SECTION 2. 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)

This Proposed Order of the Controlled Substances Board is approved for submission to the Governor and Legislature.

Dated _____ Agency _____

Chairperson
Controlled Substances Board

STATE OF WISCONSIN
CONTROLLED SUBSTANCES BOARD

IN THE MATTER OF RULEMAKING	**:**	
PROCEEDINGS BEFORE THE	**:**	**REPORT TO THE LEGISLATURE**
CONTROLLED SUBSTANCES BOARD	**:**	**CR 26-032**

I. THE PROPOSED RULE: The proposed rule, including the analysis and text, is attached.

II. REFERENCE TO APPLICABLE FORMS: N/A

III. FISCAL ESTIMATE AND EIA: The Fiscal Estimate and EIA is attached.

IV. DETAILED STATEMENT EXPLAINING THE BASIS AND PURPOSE OF THE PROPOSED RULE, INCLUDING HOW THE PROPOSED RULE ADVANCES RELEVANT STATUTORY GOALS OR PURPOSES:

This rule schedules Dipentylone as a schedule I controlled substance. The Controlled Substances Board will promulgate a final rule, without making the determinations or findings required by ss. 961.11(1), (1m), (1r) and (2) or s. 961.19 and omitting the notice of proposed rulemaking, listing Dipentylone as a schedule I controlled substance. Pursuant to s. 961.11(4), Stats., the Controlled Substances Board by affirmative action similarly treats Dipentylone under chapter 961, Stats. by creating the following:

CSB 2.013 Addition of Dipentylone to Schedule I. Section 961.14 (7) (L) 41., Stats., is created to read:

961.14 (7) (L) 41. 1-(1,3-benzodioxol-5-yl)-2-(dimethylamino)pentan-1-one, commonly known as Dipentylone or N,N-dimethylpentylone.

The Affirmative Action order, dated September 29, 2025, took effect on October 6, 2025, upon publication in the Administrative Register and expires upon promulgation of a final rule.

V. SUMMARY OF PUBLIC COMMENTS AND THE BOARD'S RESPONSES, EXPLANATION OF MODIFICATIONS TO PROPOSED RULES PROMPTED BY PUBLIC COMMENTS:

Per s. 961.11(4), Stats., if no objection is made, the board shall promulgate a final rule for which notice of proposed rulemaking is omitted. Therefore, the Board did not hold a public hearing. No other public comments were received.

VI. RESPONSE TO LEGISLATIVE COUNCIL STAFF RECOMMENDATIONS: Legislative Council Staff did not make any recommendations.

VII. REPORT FROM THE SBRRB AND FINAL REGULATORY FLEXIBILITY ANALYSIS: N/A

STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION
DOA-2049 (R09/2016)

DIVISION OF EXECUTIVE BUDGET AND FINANCE
101 EAST WILSON STREET, 10TH FLOOR
P.O. BOX 7864
MADISON, WI 53707-7864
FAX: (608) 267-0372

ADMINISTRATIVE RULES
Fiscal Estimate & Economic Impact Analysis

1. Type of Estimate and Analysis
☒ Original ☐ Updated ☐ Corrected

2. Date
5/26/26

3. Administrative Rule Chapter, Title and Number (and Clearinghouse Number if applicable)
CSB 2.013

4. Subject
Scheduling Dipentylone

5. Fund Sources Affected
☐ GPR ☐ FED ☒ PRO ☐ PRS ☐ SEG ☐ SEG-S

6. Chapter 20, Stats. Appropriations Affected
s. 20.165 (1) (g) (hg)

7. Fiscal Effect of Implementing the Rule
☐ No Fiscal Effect ☐ Increase Existing Revenues ☒ Increase Costs ☐ Decrease Costs
☐ Indeterminate ☐ Decrease Existing Revenues ☐ Could Absorb Within Agency's Budget

8. The Rule Will Impact the Following (Check All That Apply)
☐ State's Economy
☐ Local Government Units
☐ Specific Businesses/Sectors
☐ Public Utility Rate Payers
☐ Small Businesses **(if checked, complete Attachment A)**

9. Estimate of Implementation and Compliance to Businesses, Local Governmental Units and Individuals, per s. 227.137(3)(b)(1).
$0

10. Would Implementation and Compliance Costs Businesses, Local Governmental Units and Individuals Be $10 Million or more Over Any 2-year Period, per s. 227.137(3)(b)(2)?
☐ Yes ☒ No

11. Policy Problem Addressed by the Rule
This rule schedules Dipentylone as a schedule I controlled substance. The Controlled Substances Board will promulgate a final rule, without making the determinations or findings required by ss. 961.11(1), (1m), (1r) and (2) or s. 961.19 and omitting the notice of proposed rulemaking, listing Dipentylone as a schedule I controlled substance. Pursuant to s. 961.11(4), Stats., the Controlled Substances Board by affirmative action similarly treats Dipentylone under chapter 961, Stats. by creating the following:

CSB 2.013 Addition of Dipentylone to Schedule I. Section 961.14 (7) (L) 41., Stats., is created to read:

961.14 (7) (L) 41. 1-(1,3-benzodioxol-5-yl)-2-(dimethylamino)pentan-1-one, commonly known as Dipentylone or N,N-dimethylpentylone.

The Affirmative Action order, dated September 29, 2025, took effect on October 6, 2025, upon publication in the Administrative Register and expires upon promulgation of a final rule..

12. Summary of the Businesses, Business Sectors, Associations Representing Business, Local Governmental Units, and Individuals that may be Affected by the Proposed Rule that were Contacted for Comments.
The proposed rule was posted on the DSPS Website for a period of 14 days to solicit public comment on economic impact, including how the proposed rules may affect businesses, local government units, and individuals. No comments were received.

13. Identify the Local Governmental Units that Participated in the Development of this EIA.
None.

14. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred)

DIVISION OF EXECUTIVE BUDGET AND FINANCE
101 EAST WILSON STREET, 10TH FLOOR
P.O. BOX 7864
MADISON, WI 53707-7864
FAX: (608) 267-0372

ADMINISTRATIVE RULES
Fiscal Estimate & Economic Impact Analysis

DSPS estimates a total of $4,800.00 in one-time costs to implement the rule. The estimated need for 0.1 limited term employee (LTE) is for internal review and consultation, rule promulgation, board meeting preparation and annual reporting. The one-time costs cannot be absorbed in the currently appropriated agency budget.

15. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule

The benefit is that the federal and state controlled substances acts will be uniform to avoid stakeholder confusion.

16. Long Range Implications of Implementing the Rule

The long range implications of implementing the rule are that Dipentylone will be added to Wis. Stat. ch. 961 as a schedule I controlled substances.

17. Compare With Approaches Being Used by Federal Government

On August 8, 2025, the Department of Justice, Drug Enforcement Administration published its final rule in the Federal Register adding Dipentylone to schedule I of the federal Controlled Substances Act. The scheduling action was effective August 8, 2025.

18. Compare With Approaches Being Used by Neighboring States (Illinois, Iowa, Michigan and Minnesota)

Illinois: Illinois has not listed Dipentylone as a schedule I controlled substance [720 Illinois Compiled Statutes 570 Section 204].

Iowa: Iowa has not listed Dipentylone as a schedule I controlled substance [Iowa Code 124.204].

Michigan: Michigan has not listed Dipentylone as a schedule I controlled substance [Michigan Compiled Laws s. 333.7212].

Minnesota: Minnesota has not listed Dipentylone as a schedule I controlled substance [Minnesota Statutes 152.02 (2)].

19. Contact Name	20. Contact Phone Number
Nilajah Hardin, Administrative Rules Coordinator	608-267-7139

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

STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION
DOA-2049 (R09/2016)

DIVISION OF EXECUTIVE BUDGET AND FINANCE
101 EAST WILSON STREET, 10TH FLOOR
P.O. BOX 7864
MADISON, WI 53707-7864
FAX: (608) 267-0372

ADMINISTRATIVE RULES
Fiscal Estimate & Economic Impact Analysis

ATTACHMENT A

1. Summary of Rule's Economic and Fiscal Impact on Small Businesses (Separately for each Small Business Sector, Include Implementation and Compliance Costs Expected to be Incurred)

2. Summary of the data sources used to measure the Rule's impact on Small Businesses

3. Did the agency consider the following methods to reduce the impact of the Rule on Small Businesses?
☐ Less Stringent Compliance or Reporting Requirements
☐ Less Stringent Schedules or Deadlines for Compliance or Reporting
☐ Consolidation or Simplification of Reporting Requirements
☐ Establishment of performance standards in lieu of Design or Operational Standards
☐ Exemption of Small Businesses from some or all requirements
☐ Other, describe:

4. Describe the methods incorporated into the Rule that will reduce its impact on Small Businesses

5. Describe the Rule's Enforcement Provisions

6. Did the Agency prepare a Cost Benefit Analysis (if Yes, attach to form)
☐ Yes ☐ No

LCRC
FORM 2

Wisconsin Legislative Council

RULES CLEARINGHOUSE

Scott Grosz
Clearinghouse Director

Margit Kelley
Clearinghouse Assistant Director

Anne Sappenfield
Legislative Council Director

CLEARINGHOUSE REPORT TO AGENCY

[THIS REPORT HAS BEEN PREPARED PURSUANT TO S. 227.15, STATS. THIS IS A REPORT ON A RULE AS ORIGINALLY PROPOSED BY THE AGENCY; THE REPORT MAY NOT REFLECT THE FINAL CONTENT OF THE RULE IN FINAL DRAFT FORM AS IT WILL BE SUBMITTED TO THE LEGISLATURE. THIS REPORT CONSTITUTES A REVIEW OF, BUT NOT APPROVAL OR DISAPPROVAL OF, THE SUBSTANTIVE CONTENT AND TECHNICAL ACCURACY OF THE RULE.]

CLEARINGHOUSE RULE **26-032**

AN ORDER to create CSB 2.013, relating to scheduling Dipentylone.

Submitted by **CONTROLLED SUBSTANCES BOARD**

05-26-2026 RECEIVED BY LEGISLATIVE COUNCIL.
06-12-2026 REPORT SENT TO AGENCY.

MSK:KAM

LEGISLATIVE COUNCIL RULES CLEARINGHOUSE REPORT

This rule has been reviewed by the Rules Clearinghouse. Based on that review, comments are reported as noted below:

1. STATUTORY AUTHORITY [s. 227.15 (2) (a)]

   Comment Attached YES ☐ NO ☑

2. FORM, STYLE AND PLACEMENT IN ADMINISTRATIVE CODE [s. 227.15 (2) (c)]

   Comment Attached YES ☐ NO ☑

3. CONFLICT WITH OR DUPLICATION OF EXISTING RULES [s. 227.15 (2) (d)]

   Comment Attached YES ☐ NO ☑

4. ADEQUACY OF REFERENCES TO RELATED STATUTES, RULES AND FORMS [s. 227.15 (2) (e)]

   Comment Attached YES ☐ NO ☑

5. CLARITY, GRAMMAR, PUNCTUATION AND USE OF PLAIN LANGUAGE [s. 227.15 (2) (f)]

   Comment Attached YES ☐ NO ☑

6. POTENTIAL CONFLICTS WITH, AND COMPARABILITY TO, RELATED FEDERAL REGULATIONS [s. 227.15 (2) (g)]

   Comment Attached YES ☐ NO ☑

7. COMPLIANCE WITH PERMIT ACTION DEADLINE REQUIREMENTS [s. 227.15 (2) (h)]

   Comment Attached YES ☐ NO ☑

STATE OF WISCONSIN
CONTROLLED SUBSTANCES BOARD

IN THE MATTER OF RULE-MAKING PROCEEDINGS BEFORE THE CONTROLLED SUBSTANCES BOARD	:	PROPOSED ORDER OF THE CONTROLLED SUBSTANCES BOARD ADOPTING RULES (CLEARINGHOUSE RULE 26-034)

PROPOSED ORDER

An order of the Controlled Substances Board to create CSB 2.014, relating to scheduling 2 Synthetic Benzimidazole-Opioids.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: s. 961.14, Stats.

Statutory authority: s. 961.11 (1) and (4), Stats.

Explanation of agency authority:
Section 961.11 (1), Stats. provides that "[t]he controlled substances board shall administer this subchapter and may add substances to or delete or reschedule all substances listed in the schedules in ss. 961.14, 961.16, 961.18, 961.20 and 961.22 pursuant to the rule-making procedures of ch. 227."

Section 961.11(4), Stats. provides that "[i]f a substance is designated, rescheduled or deleted as a controlled substance under federal law and notice thereof is given to the controlled substances board, the board by affirmative action shall similarly treat the substance under this chapter after the expiration of 30 days from the date of publication in the federal register of a final order designating the substance as a controlled substance or rescheduling or deleting the substance or from the date of issuance of an order of temporary scheduling under 21 USC 811 (h), unless within that 30−day period, the board or an interested party objects to the treatment of the substance. If no objection is made, the board shall promulgate, without making the determinations or findings required by subs. (1), (1m), (1r) and (2) or s. 961.13, 961.15, 961.17, 961.19 or 961.21, a final rule, for which notice of proposed rulemaking is omitted, designating, rescheduling, temporarily scheduling or deleting the substance. If an objection is made the board shall publish notice of receipt of the objection and the reasons for objection and afford all interested parties an opportunity to be heard. At the conclusion of the hearing, the board shall make a determination with respect to the treatment of the substance as provided in subs. (1), (1m), (1r) and (2) and shall publish its decision, which shall be final unless altered by statute. Upon publication of an objection to the treatment by the board, action by the board under this chapter is stayed until the board promulgates a rule under sub. (2)."

Related statute or rule: s. 961.14, Stats.

Summary of, and comparison with, existing or proposed federal regulation:
On August 15, 2025, the Department of Justice, Drug Enforcement Administration published its temporary scheduling order in the Federal Register adding N-pyrrolidino metonitazene and N-pyrrolidino protonitazene to schedule I of the federal Controlled Substances Act. The scheduling action was effective August 15, 2025.

Plain language analysis:
This rule schedules N-pyrrolidino metonitazene and N-pyrrolidino protonitazene as schedule I controlled substances. The Controlled Substances Board will promulgate a final rule, without making the determinations or findings required by ss. 961.11(1), (1m), (1r) and (2) or s. 961.19 and omitting the notice of proposed rulemaking, listing N-pyrrolidino metonitazene and N-pyrrolidino protonitazene as schedule I controlled substances. Pursuant to s. 961.11(4), Stats., the Controlled Substances Board by affirmative action similarly treats N-pyrrolidino metonitazene and N-pyrrolidino protonitazene under chapter 961, Stats. by creating the following:

> **CSB 2.014 Addition of 2 Synthetic Benzimidazole-Opioids to Schedule I**. Section 961.14 (2) (xm) 8e. and 8m., Stats., are created to read:
>
> **961.14 (2) (xm) 8e.** N-pyrrolidino metonitazene also known as metonitazepyne (2-(4-methyoxbenzyl)-5-nitro-1-(2-(pyrrolidin-1-yl)ethyl)-1H-benzimidazole).
>
> **961.14 (2) (xm) 8m.** and N-pyrrolidino protonitazene also known as protonitazepyne (5-nitro-2-(4-propoxybenzyl)-1-(2-(pyrrolidin-1-yl)ethyl)-1H-benzimidazole).

The Affirmative Action order, dated September 29, 2025, took effect on October 6, 2025, upon publication in the Administrative Register and expires upon promulgation of a final rule.

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: No comments were received.

Comparison with rules in adjacent states:
Illinois: Illinois has not listed N-pyrrolidino metonitazene and N-pyrrolidino protonitazene as schedule I controlled substances [720 Illinois Compiled Statutes 570 Section 204].

Iowa: Iowa has not listed N-pyrrolidino metonitazene and N-pyrrolidino protonitazene as schedule I controlled substances [Iowa Code 124.204].

Michigan: Michigan has not listed N-pyrrolidino metonitazene and N-pyrrolidino protonitazene as schedule I controlled substances [Michigan Compiled Laws s. 333.7212].

Minnesota: Minnesota has not listed N-pyrrolidino metonitazene and N-pyrrolidino protonitazene as schedule I controlled substances [Minnesota Statutes 152.02 (2)].

Summary of factual data and analytical methodologies:

The methodology was to schedule N-pyrrolidino metonitazene and N-pyrrolidino protonitazene to conform with the federal Controlled Substances Act.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:
The proposed rule was posted for a period of 14 days to solicit public comment on economic impact, including how the proposed rules may affect businesses, local government units, and individuals. No comments 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 Jennifer.Garrett@wisconsin.gov, or by calling (608) 266-2112.

Agency contact person:
Nilajah Hardin, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 4822 Madison Yards Way, P.O. Box 14497, Madison, Wisconsin 53708-0497; email at DSPSAdminRules@wisconsin.gov.

TEXT OF RULE

SECTION 1. CSB 2.014 is created to read:

CSB 2.014 Addition of 2 Synthetic Benzimidazole-Opioids to Schedule I. Section 961.14 (2) (xm) 8e. and 8m., Stats., are created to read:

961.14 (2) (xm) 8e. N-pyrrolidino metonitazene also known as metonitazepyne (2-(4-methyoxbenzyl)-5-nitro-1-(2-(pyrrolidin-1-yl)ethyl)-1H-benzimidazole).

961.14 (2) (xm) 8m. and N-pyrrolidino protonitazene also known as protonitazepyne (5-nitro-2-(4-propoxybenzyl)-1-(2-(pyrrolidin-1-yl)ethyl)-1H-benzimidazole).

SECTION 2. 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)

This Proposed Order of the Controlled Substances Board is approved for submission to the Governor and Legislature.

Dated _____ Agency _____

Chairperson
Controlled Substances Board

STATE OF WISCONSIN
CONTROLLED SUBSTANCES BOARD

IN THE MATTER OF RULEMAKING	**:**	
PROCEEDINGS BEFORE THE	**:**	**REPORT TO THE LEGISLATURE**
CONTROLLED SUBSTANCES BOARD	**:**	**CR 26-034**

I. THE PROPOSED RULE: The proposed rule, including the analysis and text, is attached.

II. REFERENCE TO APPLICABLE FORMS: N/A

III. FISCAL ESTIMATE AND EIA: The Fiscal Estimate and EIA is attached.

IV. DETAILED STATEMENT EXPLAINING THE BASIS AND PURPOSE OF THE PROPOSED RULE, INCLUDING HOW THE PROPOSED RULE ADVANCES RELEVANT STATUTORY GOALS OR PURPOSES:

This rule schedules N-pyrrolidino metonitazene and N-pyrrolidino protonitazene as schedule I controlled substances. The Controlled Substances Board will promulgate a final rule, without making the determinations or findings required by ss. 961.11(1), (1m), (1r) and (2) or s. 961.19 and omitting the notice of proposed rulemaking, listing N-pyrrolidino metonitazene and N-pyrrolidino protonitazene as schedule I controlled substances. Pursuant to s. 961.11(4), Stats., the Controlled Substances Board by affirmative action similarly treats N-pyrrolidino metonitazene and N-pyrrolidino protonitazene under chapter 961, Stats. by creating the following:

CSB 2.014 Addition of 2 Synthetic Benzimidazole-Opioids to Schedule I. Section 961.14 (2) (xm) 8e. and 8m., Stats., are created to read:

961.14 (2) (xm) 8e. N-pyrrolidino metonitazene also known as metonitazepyne (2-(4-methyoxbenzyl)-5-nitro-1-(2-(pyrrolidin-1-yl)ethyl)-1H-benzimidazole).

961.14 (2) (xm) 8m. and N-pyrrolidino protonitazene also known as protonitazepyne (5-nitro-2-(4-propoxybenzyl)-1-(2-(pyrrolidin-1-yl)ethyl)-1H-benzimidazole).

The Affirmative Action order, dated September 29, 2025, took effect on October 6, 2025, upon publication in the Administrative Register and expires upon promulgation of a final rule.

V. SUMMARY OF PUBLIC COMMENTS AND THE BOARD'S RESPONSES, EXPLANATION OF MODIFICATIONS TO PROPOSED RULES PROMPTED BY PUBLIC COMMENTS:

Per s. 961.11(4), Stats., if no objection is made, the board shall promulgate a final rule for which notice of proposed rulemaking is omitted. Therefore, the Board did not hold a public hearing. No other public comments were received.

VI. RESPONSE TO LEGISLATIVE COUNCIL STAFF RECOMMENDATIONS:

Legislative Council Staff did not make any recommendations.

VII. REPORT FROM THE SBRRB AND FINAL REGULATORY FLEXIBILITY ANALYSIS: N/A

STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION
DOA-2049 (R09/2016)

DIVISION OF EXECUTIVE BUDGET AND FINANCE
101 EAST WILSON STREET, 10TH FLOOR
P.O. BOX 7864
MADISON, WI 53707-7864
FAX: (608) 267-0372

ADMINISTRATIVE RULES
Fiscal Estimate & Economic Impact Analysis

1. Type of Estimate and Analysis	2. Date
☒ Original ☐ Updated ☐ Corrected	5/26/26

3. Administrative Rule Chapter, Title and Number (and Clearinghouse Number if applicable)
CSB 2.014

4. Subject
Scheduling 2 Synthetic Benzimidazole-Opioids

5. Fund Sources Affected	6. Chapter 20, Stats. Appropriations Affected
☐ GPR ☐ FED ☒ PRO ☐ PRS ☐ SEG ☐ SEG-S	s. 20.165 (1) (g) (hg)

7. Fiscal Effect of Implementing the Rule
☐ No Fiscal Effect ☒ Increase Existing Revenues ☐ Increase Costs ☐ Decrease Costs
☐ Indeterminate ☐ Decrease Existing Revenues ☐ Could Absorb Within Agency's Budget

8. The Rule Will Impact the Following (Check All That Apply)
☐ State's Economy ☐ Specific Businesses/Sectors
☐ Local Government Units ☐ Public Utility Rate Payers
☐ Small Businesses **(if checked, complete Attachment A)**

9. Estimate of Implementation and Compliance to Businesses, Local Governmental Units and Individuals, per s. 227.137(3)(b)(1).
$0

10. Would Implementation and Compliance Costs Businesses, Local Governmental Units and Individuals Be $10 Million or more Over Any 2-year Period, per s. 227.137(3)(b)(2)?
☐ Yes ☒ No

11. Policy Problem Addressed by the Rule
This rule schedules N-pyrrolidino metonitazene and N-pyrrolidino protonitazene as schedule I controlled substances. The Controlled Substances Board will promulgate a final rule, without making the determinations or findings required by ss. 961.11(1), (1m), (1r) and (2) or s. 961.19 and omitting the notice of proposed rulemaking, listing N-pyrrolidino metonitazene and N-pyrrolidino protonitazene as schedule I controlled substances. Pursuant to s. 961.11(4), Stats., the Controlled Substances Board by affirmative action similarly treats N-pyrrolidino metonitazene and N-pyrrolidino protonitazene under chapter 961, Stats. by creating the following:

CSB 2.014 Addition of 2 Synthetic Benzimidazole-Opioids to Schedule I. Section 961.14 (2) (xm) 8e. and 8m., Stats., are created to read:
961.14 (2) (xm) 8e. N-pyrrolidino metonitazene also known as metonitazepyne (2-(4-methyoxbenzyl)-5-nitro-1-(2-(pyrrolidin-1-yl)ethyl)-1H-benzimidazole).

961.14 (2) (xm) 8m. and N-pyrrolidino protonitazene also known as protonitazepyne (5-nitro-2-(4-propoxybenzyl)-1-(2-(pyrrolidin-1-yl)ethyl)-1H-benzimidazole).

The Affirmative Action order, dated September 29, 2025, took effect on October 6, 2025, upon publication in the Administrative Register and expires upon promulgation of a final rule.

12. Summary of the Businesses, Business Sectors, Associations Representing Business, Local Governmental Units, and Individuals that may be Affected by the Proposed Rule that were Contacted for Comments.
The proposed rule was posted on the DSPS Website for a period of 14 days to solicit public comment on economic impact, including how the proposed rules may affect businesses, local government units, and individuals. No comments were received.

13. Identify the Local Governmental Units that Participated in the Development of this EIA.
None.

STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION
DOA-2049 (R09/2016)

DIVISION OF EXECUTIVE BUDGET AND FINANCE
101 EAST WILSON STREET, 10TH FLOOR
P.O. BOX 7864
MADISON, WI 53707-7864
FAX: (608) 267-0372

ADMINISTRATIVE RULES
Fiscal Estimate & Economic Impact Analysis

14. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred)

DSPS estimates a total of $4,800.00 in one-time costs to implement the rule. The estimated need for 0.1 limited term employee (LTE) is for internal review and consultation, rule promulgation, board meeting preparation and annual reporting. The one-time costs cannot be absorbed in the currently appropriated agency budget.

15. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule

The benefit is that the federal and state controlled substances acts will be uniform to avoid stakeholder confusion.

16. Long Range Implications of Implementing the Rule

The long range implications of implementing the rule are that N-pyrrolidino metonitazene and N-pyrrolidino protonitazene will be added to Wis. Stat. ch. 961 as a schedule I controlled substances.

17. Compare With Approaches Being Used by Federal Government

On August 15, 2025, the Department of Justice, Drug Enforcement Administration published its temporary scheduling order in the Federal Register adding N-pyrrolidino metonitazene and N-pyrrolidino protonitazene to schedule I of the federal Controlled Substances Act. The scheduling action was effective August 15, 2025.

18. Compare With Approaches Being Used by Neighboring States (Illinois, Iowa, Michigan and Minnesota)

Illinois: Illinois has not listed N-pyrrolidino metonitazene and N-pyrrolidino protonitazene as schedule I controlled substances [720 Illinois Compiled Statutes 570 Section 204].

Iowa: Iowa has not listed N-pyrrolidino metonitazene and N-pyrrolidino protonitazene as schedule I controlled substances [Iowa Code 124.204].

Michigan: Michigan has not listed N-pyrrolidino metonitazene and N-pyrrolidino protonitazene as schedule I controlled substances [Michigan Compiled Laws s. 333.7212].

Minnesota: Minnesota has not listed N-pyrrolidino metonitazene and N-pyrrolidino protonitazene as schedule I controlled substances [Minnesota Statutes 152.02 (2)].

19. Contact Name	20. Contact Phone Number
Nilajah Hardin, Administrative Rules Coordinator	608-267-7139

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

STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION
DOA-2049 (R09/2016)

DIVISION OF EXECUTIVE BUDGET AND FINANCE
101 EAST WILSON STREET, 10TH FLOOR
P.O. BOX 7864
MADISON, WI 53707-7864
FAX: (608) 267-0372

ADMINISTRATIVE RULES
Fiscal Estimate & Economic Impact Analysis

ATTACHMENT A

1. Summary of Rule's Economic and Fiscal Impact on Small Businesses (Separately for each Small Business Sector, Include Implementation and Compliance Costs Expected to be Incurred)

2. Summary of the data sources used to measure the Rule's impact on Small Businesses

3. Did the agency consider the following methods to reduce the impact of the Rule on Small Businesses?
☐ Less Stringent Compliance or Reporting Requirements
☐ Less Stringent Schedules or Deadlines for Compliance or Reporting
☐ Consolidation or Simplification of Reporting Requirements
☐ Establishment of performance standards in lieu of Design or Operational Standards
☐ Exemption of Small Businesses from some or all requirements
☐ Other, describe:

4. Describe the methods incorporated into the Rule that will reduce its impact on Small Businesses

5. Describe the Rule's Enforcement Provisions

6. Did the Agency prepare a Cost Benefit Analysis (if Yes, attach to form)
☐ Yes ☐ No

LCRC
FORM 2

Wisconsin Legislative Council

RULES CLEARINGHOUSE

Scott Grosz
Clearinghouse Director

Margit Kelley
Clearinghouse Assistant Director

Anne Sappenfield
Legislative Council Director

CLEARINGHOUSE REPORT TO AGENCY

[THIS REPORT HAS BEEN PREPARED PURSUANT TO S. 227.15, STATS. THIS IS A REPORT ON A RULE AS ORIGINALLY PROPOSED BY THE AGENCY; THE REPORT MAY NOT REFLECT THE FINAL CONTENT OF THE RULE IN FINAL DRAFT FORM AS IT WILL BE SUBMITTED TO THE LEGISLATURE. THIS REPORT CONSTITUTES A REVIEW OF, BUT NOT APPROVAL OR DISAPPROVAL OF, THE SUBSTANTIVE CONTENT AND TECHNICAL ACCURACY OF THE RULE.]

CLEARINGHOUSE RULE **26-034**

AN ORDER to create CSB 2.014, relating to scheduling 2 Synthetic Benzimidazole-Opioids.

Submitted by **CONTROLLED SUBSTANCES BOARD**

06-10-2026 RECEIVED BY LEGISLATIVE COUNCIL.
06-22-2026 REPORT SENT TO AGENCY.

MSK:KAM

LEGISLATIVE COUNCIL RULES CLEARINGHOUSE REPORT

This rule has been reviewed by the Rules Clearinghouse. Based on that review, comments are reported as noted below:

1. STATUTORY AUTHORITY [s. 227.15 (2) (a)]

   Comment Attached YES ☐ NO ☑

2. FORM, STYLE AND PLACEMENT IN ADMINISTRATIVE CODE [s. 227.15 (2) (c)]

   Comment Attached YES ☐ NO ☑

3. CONFLICT WITH OR DUPLICATION OF EXISTING RULES [s. 227.15 (2) (d)]

   Comment Attached YES ☐ NO ☑

4. ADEQUACY OF REFERENCES TO RELATED STATUTES, RULES AND FORMS [s. 227.15 (2) (e)]

   Comment Attached YES ☐ NO ☑

5. CLARITY, GRAMMAR, PUNCTUATION AND USE OF PLAIN LANGUAGE [s. 227.15 (2) (f)]

   Comment Attached YES ☐ NO ☑

6. POTENTIAL CONFLICTS WITH, AND COMPARABILITY TO, RELATED FEDERAL REGULATIONS [s. 227.15 (2) (g)]

   Comment Attached YES ☐ NO ☑

7. COMPLIANCE WITH PERMIT ACTION DEADLINE REQUIREMENTS [s. 227.15 (2) (h)]

   Comment Attached YES ☐ NO ☑

Controlled Substances Board
Rule Projects (updated 6/30/26)

CH Rule Number	Scope Number	Scope Expiration Date	Code Chapter Affected	Relating Clause	Stage of Rule Process	Next Step
25-094	055-25	02/25/2028	CSB 2.011 (Renumbered to 2.012)	Scheduling 7 Fentanyl-related Substances	Effective 7/1/26	N/A
26-032	002-26	07/12/2028	CSB 2.013	Scheduling Dipentylone	Final Rule Draft Reviewed at 7/10/26 Meeting	Governor's Office Approval, Notification to the Legislature, and Publication
26-034	003-26	07/12/2028	CSB 2.014	Scheduling 2 Synthetic Benzimidazole-Opioids	Final Rule Draft Reviewed at 7/10/26 Meeting	Governor's Office Approval, Notification to the Legislature, and Publication
Not Assigned Yet	023-26	10/20/2028	CSB 2.015	Scheduling 7 Synthetic Benzimidazole-Opioids	Preliminary Rule Draft Reviewed at 7/10/26 Meeting	EIA Comment Period and Clearinghouse Review
Not Assigned Yet	Not Assigned Yet	TBD	CSB 2.016	Scheduling 4-Chloromethcathinone	Scope Statement Approved by Governor's Office on 6/11/26	Publication (Preliminary Public Hearing likely to be Ordered by JCRAR)
Not Assigned Yet	Not Assigned Yet	TBD	CSB 2.017	Scheduling 4-Fluoroamphetamine	Scope Statement Approved by Governor's Office on 6/11/26	Publication (Preliminary Public Hearing likely to be Ordered by JCRAR)
Not Assigned Yet	Not Assigned Yet	TBD	CSB 2.018	Scheduling Bromazolam	Scope Statement Reviewed at 7/10/26 Meeting	Governor's Office Approval and Publication (Preliminary Public Hearing likely to be Ordered by JCRAR)
Not Assigned Yet	Not Assigned Yet	TBD	CSB 2.019	Scheduling 3-methoxyphencyclidine	Scope Statement Reviewed at 7/10/26 Meeting	Governor's Office Approval and Publication (Preliminary Public Hearing likely to be Ordered by JCRAR)

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Marjorie Liu Program Lead, PDMP		**2) Date when request submitted:** 06/29/2026 **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: Controlled Substances Board			
4) Meeting Date: 07/10/2026	**5) Attachments:** ☒ Yes ☐ No	**6) How should the item be titled on the agenda page?** Prescription Drug Monitoring Program (PDMP) Updates – Discussion and Consideration	
7) Place Item in: ☒ Open Session ☐ Closed Session	**8) Is an appearance before the Board being scheduled?** *(If yes, please complete* ***Appearance Request*** *for Non-DSPS Staff)* ☐ Yes ☒ No	**9) Name of Case Advisor(s), if required:**	

10) Describe the issue and action that should be addressed:

1. US DOJ BJA Harold Rogers PDMP 2025 Award
2. WI ePDMP Operations
    a. Recent and Upcoming Releases
    b. EHR Integration Status
3. WI PDMP Outreach

11) Authorization

Marjorie Liu — 6/29/2026

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.

2024-2026 Development and Release Summary

Updated 6.25.2026

Release Date	Description
R33.32 **June 2026**	**Administration** • Submitter on Behalf of a Pharmacy account profile changes workflow fix Data • Duplicate Dispensings Marked as Inactive
R33.31 **May 2026**	NPI Enforcement • Fixes for prescriber EHR Queries to be restricted if NPI is not in account, following the same behavior as a query through the website Accessibility • Updated PDMP forms – links to online AccessGov form • Updated Healthcare Professional & Medical Coordinator User Guides User Interface • Fix for Patient Search Button Grayed After Failed Search • Fix Submitter on Behalf Accounts requiring NPI on Account Management Administration • User Account Detail Report - Add Pharmacy License Types • PDMP Automatic Email Notification Updates: Registration Email Confirmation Request Subject Line • Prescriber Query Compliance Report Time Out fix • Prescriber address zip code does not seem to match DEA or NPI registry • Fix for Pending Account Change Stuck - Red error message when approving • Redundant admin compliance reports decommissioned
R33.29 **March 2026**	**DEA -> NPI Systemic Changeover** • Admin Tool: Unique Prescriber Query • Medical Coordinators user interface updates • Dispensing Practitioner account registration updates **Administration** • Non-prescriber account profile changes are routed through Admin for Approval • Password rules and help text are matching across different areas of the system
R33.28 **February 2026**	**DEA -> NPI Systemic Changeover** • NPI field added for Detailed Prescriber Monitoring Report • Enabling pharmacies to void/revise records submitted with DEA prior to the enforcement of NPI requirements **User Interface** • All Users: Updates to username help text • Pharmacy: Updates to Void/Revise screen

	• Non-prescribing Healthcare Professionals: Fixes for NPI requirement error for registration and query access **Website Updates pursuant to Title II of Americans with Disabilities Act**
R33.27 **January 2026**	**DEA -> NPI Systemic Changeover** • LE/Gov Dispenser Query Redesign **User Interface** • Void/Revise screen instruction updates • Expire Old Errors (before 1/1/2025) **Administration** • Display of Additional DEA Numbers of Prescribers for admin • Fix for November 2025 Dispenser Compliance Report Error **BadgerTraCS Law Enforcement Reports Ingestion:** fixes for API connection & test data transmission errors
R33.26 **December 2025**	Dummy NPI fixes to accept controlled substance & compound drug records Password reset fixes for Healthcare Professional accounts with no DEA on file Enabling Medical Coordinator account upload practitioner list by NPI
R33.25 **December 2025**	Data System: • Dummy NPI of 9999999999 enabled • Dummy NPI dispenser report available for admin User Interface: • Pharmacy: Revise/Void screen updated to NPI entry • Pharmacy: Allow voided/revised without a DEA (for non-scheduled monitored drugs, i.e., Gabapentin) Automated Notification: • Updated language for Delegate and Medical Coordinator Assistant activation email
R33.24 **October 2025**	User Interface Updates: • Submitter: Remove Old Pharmacy Error Logs • Law Enforcement/Government Employee: Data Request Attestation Filename Criteria Language Update Website Management: • Delegate and Medical Coordinator Assistant Activation Email updates • User's First Name Updates to Reflect Name in LicensE
R33.23 **September 2025**	User Interface Updates: • Submitter: Update Manual Prescription Entry to ASAP4.2B • Submitter: Remove Old Pharmacy Error Logs • Dispensing Practitioner: account registration NPI field ready for entry Website Management: • Patient Matching Processing Job Enhancement • Patient's Gender on the Patient Report to pull in the Gender from the Most Recent Dispensing Admin Portal: Territories Added to inter-State Query Services Configuration Screen

R33.22 **August 2025**	**DEA -> NPI Systemic Changeover** • NPI information auto-populated on the Record Entry screen for Pharmacy and Dispensing Practitioner account types • Erroneously flagged errors of historical records removed from pharmacy error logs **Administration** Dispenser Report workflow fixes for Law Enforcement or Government user
R33.21 **July 2025**	**DEA -> NPI Systemic Changeover** • Dispenser Compliance Report reverted to using DEA first, switching to NPI on 12/1 • Pharmacy Zero Report auto populates NPI or leaves blank if account profile doesn't Include NPI • Data Submitter Guide updates **Administration** Fixes for Detailed Prescriber Monitoring Report **User Interface** • Dispenser Report download fixes for Law Enforcement or Government user • Submission data field PHA05 (Pharmacy Address 1) now accepts up to 55 characters
R33.20 **June 2025**	**Website changes adapting to NPI Requirements** Automated Notification Language Updates: • Submission compliance notification when NPI is missing • Gabapentin reporting guideline updates User Portal • Healthcare Professional Account – NPI requirement pop up updates • Law enforcement/investigative unit account: NPI added to prescriber and dispenser report request screen for Data Analytics • Metrics calculations revert to DEA-based
R33.19 **May 2025**	**Website changes adapting to NPI Requirements** Data Analytics • NPI Search Added to Detailed Prescriber Monitoring Report • NPI Added to Opioid Prescribing Practice Summary Report **Admin Portal Fixes and Updates**
R33.18 **April 2025**	Website Administration: • On-going Formatting and Calculation cleanups for automated Reports

	• NPI data field added to reports User Portal: NPI field added to search screen (for law enforcement, prosecutorial, and regulatory agencies)
R33.17 **March 2025**	User Portal: • Additional DEA fields in Prescribers account profile • NPI field added in Pharmacy account profile
R33.16 **February 2025**	Data Analytics Updates: • MME Conversion Factors updates • Buprenorphine exclusion rules applied to automated reporting of prescribing reports User Interface Updates • Healthcare Professionals - MME Calculator & Addiction Resource Updates • Investigators - Dispenser Report Request via User Accounts Administrative workflow updates - NPI added to Pending Account Registration Review Webpage Language Updates: Registration Page, Dashboard charts
R33.15.1 **February 2025**	Emergency Release to fix errors for out of state queries connecting via PMPi hub
R33.15 **January 2025**	Data Analytics Updates: • New admin tool of adding additional DEA numbers to automate Detailed Prescriber Monitoring Report • Formatting updates on Opioid Practice Summary Report User Interface Updates: • Pharmacy Account data revise/edit screen now with multiple DEAs dropdown selection
R33.14 **January 2025**	Updates to online form “Report Suspected Errors in WI ePDMP Date” PDF Pharmacy additional DEA display Increased License Number Character Limits from 7 to 8 File Processing Updates - Skipping Duplicate Files
R33.13 **December 2024**	User Interface: • Updated Text on the Delegate Management Screen • Updated Calculations for Daily Prescribing Volume Ranking for Opioids • License Number is no Longer a Required Field for a Medical Coordinator Account Admin Portal Updates: • Added Submission Date to Prescriber Alerts Table • NDC of Dispensed Medications displayed in the prescriber Report • Updated the Prescriber Query Compliance Report
R33.12 **November 2024**	ePDMP Webpage Updates: Contact Us info & user registration screen for Medical Coordinator and Researcher Analytics and Reports Updates- • Prescriber Monitoring Report Charts Readability • Prescriber Address populated on Dispensing History Details

	Administrative Workflow Enhancement: Alert reviewing screen updates
R33.11 **September 2024**	Non – HCP Alert Displays on Requested Reports Detailed Prescriber Monitoring Report Rework Updated Quarterly CSB Reports Prescriber Address Visible on Patient Report Table
R33.10 **August 2024**	Automation of Reports: • Opioid Prescribing Practice Summary Report Review • Quarterly Statistics for CSB Report Review • Detailed Prescriber Monitoring Report Review • Prescriber Address Populated on UI EHR Support Partial Refill Review
R33.9 **July 2024**	Opioid Prescribing Practice Summary Report Review Text Updates in UI Updates to notification emails Prescriber Query Compliance Report update
R33.8 **June 2024**	Opioid Prescribing Practice Summary Report Review Quarterly CSB Report Review Compound Drug UI Statistic utilization optimizations Addition of email address to non-HCP query requests
R33.7 **May 2024**	Dispenser Compliance Report Review Submitter/Dispenser Report Review
R33.6 **April 2024**	System Updates • Pending Account Changes UI language • UAT email notification links • Controlled Substance UI language Updated error messages for Submitters RXCheck 3.1 Update and Patch Statistics Dashboard populate counties' logic EHR Support

WI ePDMP Integration Services Summary

Updated 6.25.2026

Pending Health Systems and EHR Platforms	Status			Notes
Internal Medicine Associates	In discussion			
MECFS Clinic MN	In discussion			
CareATC	In discussion			
Connected Health Systems (61% of monthly patient queries)	**Free Pricing Model**	**Implementation Date**	**Est. Total # of Users**	**Notes**
Advent Health	N	03/05/2023	15	
Allina Health	Y	09/18/2023	100	
Ascension Wisconsin				
Aspirus Health Care				
Aurora Health Care	Y	05/08/2024	12,000	
Children's Hospital of Wisconsin	Y	09/01/2022	300	
Clark County	Y	11/01/2023		
Clean Slate	Y	09/01/2022	26	
CompuGroup Medical	Y	08/14/2024	50	
DrFirst	Y	05/01/2025		
Froedtert & the Medical College of Wisconsin			100	Pending signed Free agreement
GHC of South Central Wisconsin	Y	09/01/2024		
Gundersen Health System			800	Pending signed Free agreement
HealthPartners				
HSHS / Prevea Health	Y	01/01/2023	500	
M Health Fairview	Y	08/01/2022	30	
Marshfield Clinic	Y	09/01/2022	100	
Mayo Clinic				
Mercy Health	Y	08/01/2022	766	
Monroe Clinic				
NOVO Health Technology Group	Y	02/01/2023		

OakLeaf	Y	6/11/2025	116	
Ochin	Y	12/21/2022	100	
ProHealth Care	Y	1/17/2025		
QuadMed, LLC	Y	5/17/2023	40	
SSM Health				
Thedacare				Pending signed Free agreement
UnityPoint				
UW Health			4000	
Wisconsin Statewide Health Information Network	Y	09/01/2022	3500	

DrFirst Facilities	
Alay Health Team	Mindful Healing and Wellness LLC
Associated Mental Health Consultants	National Medical Groups
Behavioral Health Services of Racine Co.	**Northstar**
Benjamin S. Gozon MDSC D/B/A Capitol Rehabilitation Clinic	Northwest Passage
Best Self Counseling Center	Nova Integrated Care LLC
Christian Family Solutions	Oak Medical
Curana Health of Wisconsin	Oral Surgery Associates of Milwaukee
Door County Memorial Hospital	Orthopedic Hospital of Wisconsin
Dr. Colleen Worth, DNP, APNP	Pain Management and Treatment Center
Empower Recovery	Pediatrics Associates
Envision ADHD Clinic	Rainbow Palliative Care
FAMILY PSYCHIATRIC CARE, LLC	Reka Furedi MD
Fort Healthcare	Red Oak Counseling
GI Associates LLC	Regional Medical Center
Healthy Minds LLC	Richland Hospital
Heartland Hospice	Rogers Memorial Hospital
Housing Initiatives	RULA-WI
Jonathan Hoerl PMHNP	Sauk Prairie Memorial Hospital
Kelly Pickens	Shorewood Behavioral Health
Lake Superior Community Health Center	Third Eye Health
LifePoint	UHS_PA_WI

Linc Health Clinic	University of Wisconsin - Milwaukee
Lifestance Health WI	Watertown Rainbow Hospice
Madison Recovery Center	Wauwatosa Children's Clinic
Marshfield Clinic Health System	Watertown Regional Medical Center
Mental Health Specialty Group PA	Yee Xiong MD
Mile Bluff Medical Center	
Milwaukee Medical Associate, SC	

2026 WI PDMP Outreach Calendar

MONTH	EVENT	DESCRIPTION	DATES	NOTES
January				
February	Overdose Fatality Review (OFR) State Advisory Group	DSPS Representative; inter-agency advisory board for OFR participating local sites	2/12/2026	Virtual; Quarterly Meeting
March	RxCheck Governance Board Meeting	Board Member-Participant; Interstate PDMP data exchange discussion	3/122026	Virtual; Quarterly Meeting
April	Overdose Fatality Review (OFR) State Advisory Group	DSPS Representative; inter-agency advisory board for OFR participating local sites	4/9/2026	Virtual; Quarterly Meeting
May				
June	RxCheck Governance Board Meeting	Board Member-Participant; Interstate PDMP data exchange discussion	6/11/2026	Virtual; Quarterly Meeting
	PMP InterConnect Steering Committee Meeting	Participant; Annual national meeting for PDMP administrators organized by National Association of Boards of Pharmacy (NABP)	6/23-6/24/2026	Mount Prospect, IL
July	Overdose Fatality Review (OFR) State Advisory Group	DSPS Representative; inter-agency advisory board for OFR participating local sites	7/9/2026	Virtual; Quarterly Meeting
	PDMP Current State & Future Goals, Pharmacy Society of Wisconsin	Presenter & Participant	7/21/2026	Madison, WI
August	Wisconsin Substance Use Summit	PDMP Information Booth	8/5-8/6/2026	Green Bay, WI
September	RxCheck Governance Board Meeting	Board Member-Participant; Interstate PDMP data exchange discussion	9/10/2026	Virtual; Quarterly Meeting
October	Overdose Fatality Review (OFR) State Advisory Group	DSPS Representative; inter-agency advisory board for OFR participating local sites	10/8/2026	Virtual; Quarterly Meeting
	NASCSA Conference (National Association of State Controlled Substances Authorities)	Presenter; annual national meeting organized by NASCSA for government controlled substances authority, PDMP and healthcare professionals	10/26-10/29/2026	Portland, ME
November				
December	RxCheck Governance Board Meeting	Board Member-Participant; Interstate PDMP data exchange discussion	12/10/2026	Virtual; Quarterly Meeting

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Doug Englebert, Board Chair		2) Date when request submitted: 5/21/2026 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: Controlled Substances Board			
4) Meeting Date: 7/10/2026	5) Attachments: ☐ Yes ☒ No	6) How should the item be titled on the agenda page? Wisconsin Pharmacy Foundation Request for Speaker	
7) Place Item in: ☒ Open Session ☐ Closed Session	8) Is an appearance before the Board being scheduled? *(If yes, please complete Appearance Request for Non-DSPS Staff)* ☐ Yes ☒ No	9) Name of Case Advisor(s), if applicable: N/A	

10) Describe the issue and action that should be addressed:

Kate Hartkopf, Wisconsin Director, Strategic Initiatives, Wisconsin Pharmacy Foundation, sent an invitation on May 19 to Chair Englebert. Details:

"In partnership with the Wisconsin Opioid Overdose Response Center (WOORC) and the Wisconsin Prescription Drug Monitoring Program (PDMP) team, the Wisconsin Pharmacy Foundation is undertaking a coordinated effort to assess and inform opportunities for WI PDMP future enhancements. This session will bring together individuals directly involved in integrating, using, or monitoring PDMP workflows to discuss current use, identify gaps and opportunities, and help inform a shared vision for an optimized future state. Date and time of event: Tuesday, July 21 from 1:00–4:00 p.m."

The Board is asked to consider a motion authorizing the Chair's participation.

11) Authorization

Tom Ryan	5/21/2026
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.