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Tony Evers, Governor
Dan Hereth, Secretary

VIRTUAL/TELECONFERENCE
CONTROLLED SUBSTANCES BOARD
Virtual, 4822 Madison Yards Way, Madison
Contact: Tom Ryan (608) 266-2112
September 18, 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 July 10, 2026 (4-6)

C. Reminders: Conflicts of Interest, Scheduling Concerns

D. Introductions, Announcements and Recognition

1. Introductions:
   a. Joan Fox, Dentistry Examining Board Representative
   b. Tiffany O'Hagan, Pharmacy Examining Board Representative
2. Recognition: John Weitekamp, Pharmacy Examining Board Representative (Resigned: 8/13/2026)

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. Fox, Joan – Dentistry Examining Board Representative
   f. Jarrett, Jennifer L. – Physician Assistant Affiliated Credentialing Board Representative
   g. Kane, Amanda – Board of Nursing Representative
   h. Majeed-Haqqi, Lubna – Medical Examining Board Representative
   i. Olsen, Christopher M. – Pharmacologist Representative
   j. O'Hagan, Tiffany – 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 (7-16)

1. Pending or Possible Rulemaking Projects
    a. 2025 WI Act 148
    b. Rules Project Chart

G. Prescription Drug Monitoring Program (PDMP) Updates – Discussion and Consideration (17-26)

1. WI ePDMP Operations
    a. Recent and Upcoming Releases
    b. EHR Integration Status
2. WI PDMP Outreach

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

I. 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

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

K. Liaison Reports

L. Deliberation on Special Use Authorizations – Discussion and Consideration

M. 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

N. 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.).

O. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

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

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

ADJOURNMENT

NEXT MEETING: NOVEMBER 13, 2026

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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
JULY 10, 2026

PRESENT: Subhadeep Barman, Yvonne Bellay, Cullen Eberhardy, Doug Englebert, Amanda Kane, Lubna Majeed-Haqqi (*arrived at 10:01 a.m.; excused at 10:33 a.m.)*, Christopher Olsen; Tara Streit, John Weitekamp (*arrived at 10:01 a.m.)*

ABSENT: Jennifer Jarrett

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

Tara Streit served as the Physician Assistant Affiliated Credentialing Board Representative at this meeting.

CALL TO ORDER

Doug Englebert, Chairperson, called the meeting to order at 10:00 a.m. A quorum was confirmed with seven (7) members present.

ADOPTION OF AGENDA

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

Lubna Majeed Haqqi and John Weitekamp arrived at 10:01 a.m.

APPROVAL OF MINUTES OF MAY 8, 2026

MOTION: Cullen Eberhardy moved, seconded by Yvonne Bellay, to adopt the Minutes of May 8, 2026, as published. Motion carried unanimously.

INTRODUCTIONS, ANNOUNCEMENTS AND RECOGNITION

Recognition: David Gundersen, Dentistry Examining Board Representative (Resigned: 7/1/2026)

MOTION: Doug Englebert moved, seconded by Amanda Kane, to recognize and thank David Gundersen for their years of dedicated service to the Board and State of Wisconsin. Motion carried unanimously.

ADMINISTRATIVE RULE MATTERS

Scope Statement:

CSB 2.018, Relating to Scheduling Bromazolam

MOTION: Subhadeep Barman moved, seconded by Yvonne Bellay, to approve the scope statement creating CSB 2.018, relating to scheduling Bromazolam, for submission to the Governor's Office and for publication. Additionally, the board authorizes the Chair 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 Chair is authorized to approve the required notice of hearing. Motion carried unanimously.

CSB 2.019, Relating to Scheduling 3-methoxyphencyclidine

MOTION: Subhadeep Barman moved, seconded by Cullen Eberhardy, to approve the scope statement creating CSB 2.019, relating to scheduling 3-methoxyphencyclidine, for submission to the Governor's Office and for publication. Additionally, the board authorizes the Chair 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 Chair is authorized to approve the required notice of hearing. Motion carried unanimously.

Preliminary Rule Draft:

CSB 2.015, Relating to Scheduling 7 Synthetic Benzimidazole-opioids

MOTION: Subhadeep Barman moved, seconded by Christopher Olsen, to approve the preliminary rule draft of CSB 2.015, Relating to Scheduling 7 Synthetic Benzimidazole-opioids, for posting for economic impact comments and submission to the Clearinghouse. Motion carried unanimously.

Final Rule Draft:

CSB 2.013, Relating to Scheduling Dipentylone

MOTION: Subhadeep Barman moved, seconded by Yvonne Bellay, to approve the legislative report and final rule draft for CR 26-032, CSB 2.013, relating to scheduling Dipentylone for submission to the Governor's Office and Legislature. The board also authorizes the Chair to approve the adoption order after the final rule draft is approved by the Governor. Motion carried unanimously.

CSB 2.014, Relating to Scheduling 2 Synthetic Benzimidazole-opioids

MOTION: Subhadeep Barman moved, seconded by Cullen Eberhardy, to approve the legislative report and final rule draft for CR 26-034, CSB 2.014, relating to scheduling 2 Synthetic Benzimidazole-opioids for submission to the Governor's Office and Legislature. The board also authorizes the Chair to approve the adoption order after the final rule draft is approved by the Governor. Motion carried unanimously.

REQUEST FROM PHARMACY SOCIETY OF WISCONSIN/WISCONSIN PHARMACY FOUNDATION FOR SPEAKER

MOTION: John Weitekamp moved, seconded by Amanda Kane, to designate Doug Englebert to participate on the Board's behalf at the PDMP Optimization Discussion sponsored by Pharmacy Society of Wisconsin and Wisconsin Pharmacy Foundation on July 21, 2026. Motion carried unanimously.

Lubna Majeed-Haqqi excused at 10:33 a.m.

ADJOURNMENT

MOTION: Subhadeep Barman moved, seconded by John Weitekamp, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 10:43 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:
Sofia Anderson, Administrative Rules Coordinator	09/08/2026
	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:	5) Attachments:	6) How should the item be titled on the agenda page?
September 18, 2026	☒ **Yes** ☐ **No**	Administrative Rules Matters – Discussion and Consideration 1. Pending and Possible rulemaking projects. a. 2025 WI Act 148

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:

Attachments:

1. 2025 WI Act 148.
2. 2025 WI Act 148 LC Memo.
3. Rule projects chart.

11) Authorization

SAnderson

09/08/2026

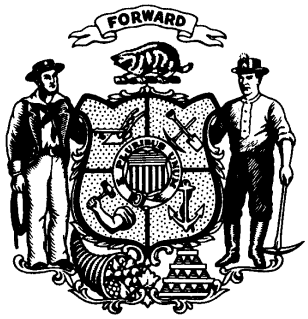
Signature of person making this request **Date**

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.

State of Wisconsin



Date of enactment: April 2, 2026
2025 Assembly Bill 192 Date of publication*: April 3, 2026

2025 WISCONSIN ACT 148

AN ACT ***to amend*** 48.396 (1), 48.396 (2) (a), 48.78 (2) (a), 48.981 (7) (a) 15., 938.396 (1) (a), 938.396 (2) (a) and 938.78 (2) (a); ***to create*** 51.30 (4) (b) 29., 146.82 (2) (d), 250.22 and 961.385 (2) (cm) 5. of the statutes; **relating to:** fatality review teams.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 48.396 (1) of the statutes is amended to read:

48.396 **(1)** Law enforcement officers' records of children shall be kept separate from records of adults. Law enforcement officers' records of the adult expectant mothers of unborn children shall be kept separate from records of other adults. Law enforcement officers' records of children and the adult expectant mothers of unborn children shall not be open to inspection or their contents disclosed except under sub. (1b), (1d), (5), or (6) or s. 48.293 ~~or~~, 250.22, or 938.396 (2m) (c) 1p. or by order of the court. This subsection does not apply to the representatives of newspapers or other reporters of news who wish to obtain information for the purpose of reporting news without revealing the identity of the child or adult expectant mother involved, to the confidential exchange of information between the police and officials of the public or private school attended by the child or other law enforcement or social welfare agencies, or to children 10 years of age or older who are subject to the jurisdiction of the court of criminal jurisdiction. A public school official who obtains information under this subsection shall keep the information confidential as required under s. 118.125, and a private school official who obtains information under this subsection shall keep the information confidential in the same manner as is required of a public school official under s. 118.125. This subsection does not apply to the confidential exchange of information between the police and officials of the tribal school attended by the child if the police determine that enforceable protections are provided by a tribal school policy or tribal law that requires tribal school officials to keep the information confidential in a manner at least as stringent as is required of a public school official under s. 118.125. A law enforcement agency that obtains information under this subsection shall keep the information confidential as required under this subsection and s. 938.396 (1) (a). A social welfare agency that obtains information under this subsection shall keep the information confidential as required under ss. 48.78 and 938.78.

SECTION 2. 48.396 (2) (a) of the statutes is amended to read:

48.396 **(2)** (a) Records of the court assigned to exercise jurisdiction under this chapter and ch. 938 and of courts exercising jurisdiction under s. 48.16 shall be entered in books or deposited in files kept for that purpose only. Those records shall not be open to inspection or their contents disclosed except by order of the court assigned to exercise jurisdiction under this chapter and ch.

* Section 991.11, WISCONSIN STATUTES: Effective date of acts. "Every act and every portion of an act enacted by the legislature over the governor's partial veto which does not expressly prescribe the time when it takes effect shall take effect on the day after its date of publication."

938 or as required or permitted under this subsection, sub. (3) (b) or (c) 1g., 1m., or 1r. or (6), or s. 48.375 (7) (e) or 250.22.

SECTION 3. 48.78 (2) (a) of the statutes is amended to read:

48.78 **(2)** (a) No agency may make available for inspection or disclose the contents of any record kept or information received about an individual who is or was in its care or legal custody, except as provided under sub. (2m) or s. 48.371, 48.38 (5) (b) or (d) or (5m) (d), 48.396 (3) (bm) or (c) 1r., 48.432, 48.433, 48.48 (17) (bm), 48.57 (2m), 48.66 (6), 48.93, 48.981 (7), 250.22, 938.396 (2m) (c) 1r., 938.51, or 938.78 or by order of the court.

SECTION 4. 48.981 (7) (a) 15. of the statutes is amended to read:

48.981 **(7)** (a) 15. A fatality review team established under s. 250.22, a child fatality review team recognized by the county department, or, in a county having a population of 750,000 or more, the department or a licensed child welfare agency under contract with the department.

SECTION 5. 51.30 (4) (b) 29. of the statutes is created to read:

51.30 **(4)** (b) 29. To an authorized member of a fatality review team established under s. 250.22. The recipient of any treatment records under this subdivision shall keep the records confidential in accordance with s. 250.22.

SECTION 6. 146.82 (2) (d) of the statutes is created to read:

146.82 **(2)** (d) Notwithstanding sub. (1), patient health care records may be released, upon request, to a fatality review team, as defined in s. 250.22 (1) (a), acting as a public health authority for the purpose of reviewing a death as described under s. 250.22. Records that may be released under this paragraph for the public health purposes under s. 250.22 may be disclosed to a fatality review team only in accordance with that section, and the recipient of any records released shall keep the records confidential.

SECTION 7. 250.22 of the statutes is created to read:

250.22 Fatality review teams. (1) DEFINITIONS. In this section:

(a) "Fatality review team" means a multidisciplinary and multiagency team examining one or more types of reviewable death among children or adults and developing recommendations to prevent future deaths of similar circumstances.

(b) "Local fatality review team" means a fatality review team that examines reviewable deaths from specific municipalities or counties. A "local fatality review team" may include a team formed by a collaboration of 2 or more municipalities, counties, local health departments, or tribal health departments.

(c) "Municipality" means a city, village, or town.

(d) 1. "Reviewable death" includes any of the following types of deaths:

a. Suicide.

b. Homicide or death involving domestic violence, intimate partner violence, or homicide related to community violence.

c. Motor vehicle incident.

d. Overdose death.

e. Child abuse or neglect.

f. Stillbirth.

g. Fetal death or infant death.

h. A maternal death occurring during or within a year of a pregnancy.

i. Any unexpected or unintentional death of a child.

2. "Reviewable death" does not include a death subject to review under s. 175.47.

(2) FATALITY REVIEW TEAMS; PURPOSE, DUTIES, MEMBERSHIP, AND RECORD ACCESS. (a) Fatality review teams shall have the purpose of gathering information concerning reviewable deaths to examine the risk factors and circumstances leading to reviewable deaths and understand how the deaths could have been prevented through all of the following:

1. Identification of recommendations for cross-sector, system-level policy and practice changes to address the identified risk factors and prevent future reviewable deaths.

2. Promotion of cooperation and coordination among agencies involved in understanding the causes of reviewable deaths or in providing services to surviving family members.

(b) 1. If established, each fatality review team shall do all of the following:

a. Establish and implement a protocol for the fatality review team.

b. Collect and maintain data appropriate to the type of review undertaken.

c. Create strategies and make and track the implementation of recommendations for the prevention and reduction of reviewable deaths in the area served by the fatality review team.

d. Evaluate the fatality review team's review process, interagency collaboration, and development and implementation of recommendations to ensure adherence to the purpose described in par. (a).

2. A fatality review team may address a reviewable death that occurred in the area served by the fatality review team or that relates to a resident of the area served by the fatality review team if the incident or death occurred elsewhere in the state.

(c) When conducting a fatality review under this

section, a fatality review team may be provided with information from the records held by any of the following, if the records pertain to a person or incident within the scope of the review:

1. The department of health services or a local health department.

2. The department of children and families.

3. A law enforcement agency.

4. A medical examiner or coroner.

5. A treatment provider for substance use or mental health.

6. A hospital or health care provider.

7. Emergency medical services, including a fire department.

8. A Women, Infants, and Children program under s. 253.06.

9. The department of corrections.

10. A district attorney's office.

11. A circuit or municipal court.

12. A social or human services agency.

13. Service providers or advocates that provide support in response to violence, including domestic abuse.

14. Child protective services or a child welfare agency.

15. A school or university.

16. If the fatality review team is an overdose fatality review team, a suicide review team, or a maternal mortality review team, prescription drug monitoring program records.

17. Any other agency or organization identified as necessary for the review by a specific fatality review team.

(d) If established, the members of a fatality review team may include any of the following types of individuals, organizations, agencies, and areas of expertise:

1. Public health.

2. Tribal health centers.

3. Medical examiners and coroners.

4. Funeral directors.

5. Law enforcement.

6. The district attorney with jurisdiction, or his or her designee.

7. Medical professionals, including physicians, physician assistants, and nurses.

8. Emergency medical responders, as defined in s. 256.01 (4p), or emergency medical services practitioners, as defined in s. 256.01 (5).

9. Behavioral health professionals.

10. Service providers or advocates that provide support in response to violence, including domestic abuse.

11. Individuals with relevant personal experience.

12. Education professionals, including school counselors and school representatives.

13. Child protective services or child welfare agency.

14. Any other person requested by members of the team.

(e) A fatality review team shall enter data regarding each reviewable death into a secure database.

(3) DISCLOSURE OF INFORMATION; IMMUNITY. (a) Information and records provided to or created by a fatality review team are confidential, except as otherwise provided in this section, and are not subject to inspection or copying under s. 19.35. Before a member of a fatality review team may participate in the review of a reviewable death, the member shall sign a copy of a confidentiality agreement and review the purpose and goals of the fatality review team. Any person who is invited to a fatality review team meeting must sign a copy of a confidentiality agreement before attending or participating in the meeting.

(b) Except as otherwise provided in this section, a member of a fatality review team may share information disclosed to the fatality review team regarding a reviewable death with other members of that fatality review team or with another fatality review team conducting a review of the same individual's death, except that the member may not distribute additional, printed copies of any information or record that is disclosed to him or her to other members of the member's fatality review team.

(c) Any person participating in the review of a reviewable death by a fatality review team, including any member of a fatality review team, a person attending a fatality review meeting, or a person who presents information to the fatality review team, and any person providing information or records to the fatality review team for the purpose of reviewing a reviewable death, may not testify in any civil or criminal action as to the information specifically obtained through the person's participation in the fatality review team's meeting or to any conclusion of the fatality review team regarding a reviewable death. This paragraph does not prohibit a person from testifying to information that is obtained independently of a fatality review team or that is public information.

(d) A person who attends a fatality review team meeting or presents information to a fatality review team is not prohibited under par. (a) or (b) from disclosing information or records obtained independently of the review if that disclosure is otherwise permitted under state or federal law.

(e) 1. A fatality review team may disclose information if the disclosure is made for the purpose of fulfilling a purpose of the fatality review team and if the information meets all of the following criteria:

a. The information does not contain any information that identifies the names or identifying numbers of indi-

viduals and does not contain other information for which there is reasonable basis to believe that the information could be used to identify an individual or entity.

b. The information does not contain addresses other than zip codes.

c. The information does not contain dates of birth, death, or incident other than the year.

d. The information does not contain conclusory information attributing fault, not including findings or judgments by law enforcement agencies, courts, or child welfare agencies.

2. Any of the following items, if the item does not contain any information that would allow the identity of an individual to be ascertained, may be disclosed or treated as public information:

a. Statistical or aggregate compilations of data.

b. Reports from fatality review teams.

(f) Information and records provided or obtained in the course of a fatality review under this section are not subject to discovery or subpoena in a civil or criminal action or an administrative proceeding and are not admissible as evidence during the course of a civil or criminal action or an administrative proceeding, except that information and records obtained independently of a review under this section are not immune from discovery merely because the information or records were presented to a fatality review team.

(g) Any person participating in a fatality review team's meeting under this section is immune from any civil or criminal liability for any good faith act or omission in connection with providing information or recommendations relevant to review of a reviewable death to the fatality review team in accordance with this section or any conclusions or recommendations reached by the fatality review team made in good faith. The immunity granted under this paragraph applies to persons conducting the review as well as persons providing information or records to the fatality review team for the meeting. For the purpose of any civil or criminal action, any person participating in a review under this section is presumed to be acting in good faith.

(4) MEETINGS. (a) Meetings of a fatality review team shall be closed to the public and are not subject to subch. V of ch. 19. A fatality review team may hold a public meeting to share summary findings and recommendations of reviews by fatality review teams.

(b) During a public meeting under par. (a), no person may disclose information on or agency involvement with any of the following:

1. A deceased individual.

2. A family member, guardian, or caretaker of a deceased individual.

3. An individual convicted of a crime or adjudicated as having committed a delinquent act that caused a death or near fatality.

(c) This subsection does not prohibit a fatality review team from requesting the attendance at a team meeting of a person who has information relevant to the team's exercise of its purpose and duties, provided that any person attending the meetings signs a confidentiality agreement.

SECTION 8. 938.396 (1) (a) of the statutes is amended to read:

938.396 **(1)** (a) *Confidentiality.* Law enforcement agency records of juveniles shall be kept separate from records of adults. Law enforcement agency records of juveniles may not be open to inspection or their contents disclosed except under par. (b) or (c), sub. (1j), (2m) (c) 1p., or (10), or s. 250.22 or 938.293 or by order of the court.

SECTION 9. 938.396 (2) (a) of the statutes is amended to read:

938.396 **(2)** (a) Records of the court assigned to exercise jurisdiction under this chapter and ch. 48 and of municipal courts exercising jurisdiction under s. 938.17 (2) shall be entered in books or deposited in files kept for that purpose only. Those records shall not be open to inspection or their contents disclosed except by order of the court assigned to exercise jurisdiction under this chapter and ch. 48 or as required or permitted under sub. (2g), (2m) (b) or (c), or (10) or s. 250.22.

SECTION 10. 938.78 (2) (a) of the statutes is amended to read:

938.78 **(2)** (a) No agency may make available for inspection or disclose the contents of any record kept or information received about an individual who is or was in its care or legal custody, except as provided under sub. (2m) or (3) or s. 48.396 (3) (bm) or (c) 1r., 250.22, 938.371, 938.38 (5) (b) or (d) or (5m) (d), 938.396 (2m) (c) 1r., 938.51, or 938.57 (2m) or by order of the court.

SECTION 11. 961.385 (2) (cm) 5. of the statutes is created to read:

961.385 **(2)** (cm) 5. An overdose fatality review team, a suicide review team, or a maternal mortality review team under s. 250.22 (3) (c) 15.

SECTION 12. Effective date.

(1) This act takes effect on the first day of the 13th month beginning after publication.

Wisconsin Legislative Council
Act Memo

Prepared by: Anna Henning, Principal Attorney April 21, 2026

2025 Wisconsin Act 148
[2025 Assembly Bill 192]

Fatality Review Teams

Background

Prior law did not provide a statutory framework governing fatality review teams. In practice, several types of such teams existed in Wisconsin prior to the enactment of 2025 Wisconsin Act 148, based on voluntary efforts primarily organized by counties, with state-level technical assistance available for certain types of teams.

2025 Wisconsin Act 148

2025 Wisconsin Act 148 creates a framework under state law for optional fatality review teams[1] formed by municipalities, counties, tribes, or local health departments. The act specifies that two or more municipalities, counties, local health departments, or tribal health departments may collaborate to form a local fatality review team.[2]

As summarized below, the act specifies: (1) fatality review teams' purposes and duties; (2) potential areas of expertise for review team members; (3) types of deaths that may be reviewed by fatality review teams; and (4) recordkeeping, confidentiality, disclosure, and immunity provisions governing fatality review teams.

Purposes and Duties

The act specifies that fatality review teams have the purpose of gathering information concerning reviewable deaths, as defined below, to examine the risk factors and circumstances leading to reviewable deaths and to understand how the deaths could have been prevented. Under the act, a fatality review team may carry out those purposes by doing both of the following: (1) identifying recommendations for cross-sector, system-level policy and practice changes to address the identified risk factors and prevent future reviewable deaths; and (2) promoting cooperation and coordination among agencies involved in understanding the causes of reviewable deaths or in providing services to surviving family members.

If established, a fatality review team must do all of the following:

- Establish and implement a protocol for the fatality review team.
- Collect and maintain data appropriate to the type of review team undertaken.

[1] The act defines "fatality review team" to mean "an interdisciplinary and multiagency team examining one or more types of reviewable death among children or adults and developing recommendations to prevent future deaths of similar circumstances."

[2] The act defines "local fatality review team" to mean "a fatality review team that examines reviewable deaths from specific municipalities or counties."

- Create strategies and make and track the implementation of recommendations for the prevention and reduction of reviewable deaths in the area served by the fatality review team.
- Create strategies and make and track the implementation of recommendations for the prevention and reduction of reviewable deaths in the area served by the fatality review team.
- Evaluate the fatality review team's review process, interagency collaboration, and development and implementation of recommendations to ensure adherence to fatality review teams' purposes, described above.

Membership

The act specifies that a fatality review team's members may include any of the following types of individuals, organizations, agencies, and areas of expertise:

- Public health.
- Tribal health centers.
- Medical examiners and coroners.
- Funeral directors.
- Law enforcement.
- The district attorney with jurisdiction, or his or her designee.
- Medical professionals, including physicians, physician assistants, and nurses.
- Certain emergency medical responders and emergency medical services practitioners.
- Behavioral health professionals.
- Service providers or advocates that provide support in response to violence, including domestic abuse.
- Individuals with relevant personal experience.
- Education professionals, including school counselors and school representatives.
- Child protective services or a child welfare agency.
- Any other person requested by members of the team.

Types of Deaths That May be Reviewed

For purposes of fatality review teams, the act defines "reviewable death" to mean any of the following types of deaths:

- Suicide.
- Homicide or death involving domestic violence, intimate partner violence, or homicide related to community violence.
- Motor vehicle incident.
- Overdose death.
- Child abuse or neglect.
- Stillbirth.

- Fetal death or infant death.
- A maternal death occurring during or within a year of pregnancy.
- Any unexpected or unintentional death of a child.

The act excludes officer-involved deaths from the scope of "reviewable death" under the act. Under prior law, unaffected by the act, officer-involved deaths are reviewed pursuant to policies developed by law enforcement agencies.

The act specifies that a fatality review team may address a reviewable death that occurred in the area served by the fatality review team or that relates to a resident of that area.

Recordkeeping, Confidentiality, and Disclosure Requirements

The act requires a fatality review team to enter data regarding each reviewable death into a secure database. The act specifies that information and records provided to or created by a fatality review team are generally confidential, and are generally not subject to inspection or copying under Wisconsin's public records law. The act requires fatality review team members to sign confidentiality agreements before participating in reviews of reviewable deaths or attending or participating in meetings of a fatality review team.

However, the act does not prohibit a person who attends a fatality review team meeting or who presents information to a fatality review team from disclosing information that was obtained independently of the review, if the disclosure is otherwise permitted under state or federal law. In addition, the act allows a fatality review team to disclose information if the disclosure is made for purposes of fulfilling a purpose of the fatality review team and the disclosure fulfills all of the following criteria:

- The information does not contain any information that identifies the names or identifying numbers of individuals and does not contain other information for which there is reasonable basis to believe that the information could be used to identify an individual or entity.
- The information does not contain addresses other than zip codes.
- The information does not contain dates of birth, death, or incident other than the year.
- The information does not contain conclusory information attributing fault, not including findings or judgments by law enforcement agencies, courts, or child welfare agencies.

The act generally prohibits various persons who participate in a fatality review team's review of a reviewable death from testifying in any civil or criminal action as to information specifically obtained through that participation, unless the information was obtained independently or is public information. The act likewise prohibits various persons from testifying in any civil or criminal action as to any conclusion reached by a fatality review team regarding a reviewable death.

In addition, the act provides that information and records provided or obtained in the course of a fatality review team's review are not subject to discovery or subpoena in a civil or criminal action or an administrative proceeding and are not admissible as evidence during the course of a civil or criminal action or an administrative proceeding, unless the information or records were obtained independently of the fatality review team's review.

Finally, the act provides that any person who conducts a review or participates in a review by a fatality review team is generally immune from any civil or criminal liability for any good faith act or omission in connection with providing information or recommendations to the fatality review team relevant to the fatality review team's review of a reviewable death. For purposes of that immunity, the act provides a general presumption that a person participating in a fatality review team's review is acting in good faith.

Effective date: April 4, 2026

For a full history of the bill, visit the Legislature's bill history page.

AH:jal

Controlled Substances Board
Rule Projects (updated 09/08/2026)

CH Rule Number	Scope Number	Scope Expiration Date	Code Chapter Affected	Relating Clause	Stage of Rule Process	Next Step
26-032	002-26	07/12/2028	CSB 2.013	Scheduling Dipentylone	Effective October 1, 2026	N/A
26-034	003-26	07/12/2028	CSB 2.014	Scheduling 2 Synthetic Benzimidazole-Opioids	Effective October 1, 2026	N/A
Not Assigned Yet	023-26	10/20/2028	CSB 2.015	Scheduling 7 Synthetic Benzimidazole-Opioids	EIA Comment Period until September 17, 2026	Submission to Clearinghouse for review
Not Assigned Yet	037-26	01/06/2029	CSB 2.016	Scheduling 4-Chloromethcathinone	Drafting Rule	EIA Comment Period and Clearinghouse Review
Not Assigned Yet	036-26	01/06/2029	CSB 2.017	Scheduling 4-Fluoroamphetamine	Drafting Rule	EIA Comment Period and Clearinghouse Review
Not Assigned Yet	053-26	02/03/2029	CSB 2.018	Scheduling Bromazolam	Scope Statement submitted to Chair for implementation	Drafting Rule
Not Assigned Yet	063-26	02/24/2029	CSB 2.019	Scheduling 3-methoxyphencyclidine	Scope Statement submitted to Chair for implementation	Drafting Rule

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:
Marjorie Liu Program Lead, PDMP	09/08/2026 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:	5) Attachments:	6) How should the item be titled on the agenda page?
09/18/2026	☒ Yes ☐ No	Prescription Drug Monitoring Program (PDMP) Updates – Discussion and Consideration

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	

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

1. WI ePDMP Operations
    a. Recent and Upcoming Releases
    b. EHR Integration Status
2. WI PDMP Outreach

11) Authorization

Marjorie Liu 9/8/2026

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 9.8.2026

Release Date	Description
R33.33 **August 2026**	Administration • Job to Disconnect all Delegates Connected to a Master Prescribing Healthcare Professional Account Missing an NPI • Reduced Duplicate Entries in Admin queue for Pending Account Changes Compliance Report Updates • Opioid Prescribing Practice Summary & Alert History by Prescriber Report: Count of Patients added • Opioid Prescribing Practice Summary Report: Peer/Specialty Percentile • Dispenser Compliance Report: Download Restored User Interface updates • Added Warning for Users Activating an Account with an NPI Already in Use • NPI/DEA Updates Routed through Admin Approval • Username Validation Updates • Last Dispensing by Me Date on Patient Panel Update
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

WI ePDMP Integration Services Summary

Updated 9.8.2026

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	**Mindara Mordern Psychiatry LLC**
Behavioral Health Services of Racine Co.	National Medical Groups
Benjamin S. Gozon MDSC D/B/A Capitol Rehabilitation Clinic	Northstar
Best Self Counseling Center	Northwest Passage
Christian Family Solutions	Nova Integrated Care LLC
Curana Health of Wisconsin	Oak Medical
Deer Path Integrated Inc. Frayed Edges	Oral Surgery Associates of Milwaukee
Door County Memorial Hospital	
Dr. Colleen Worth, DNP, APNP	Orthopedic Hospital of Wisconsin
Empower Recovery	Pain Management and Treatment Center
Envision ADHD Clinic	Pediatrics Associates
FAMILY PSYCHIATRIC CARE, LLC	Rainbow Palliative Care
Family Therapy Center of Madison	Reka Furedi MD
Fort Healthcare	
GI Associates LLC	Red Oak Counseling
Healthy Minds LLC	Regional Medical Center
Heartland Hospice	Richland Hospital
Housing Initiatives	Rogers Memorial Hospital
Jonathan Hoerl PMHNP	RULA-WI
Kelly Pickens	Sauk Prairie Memorial Hospital

Lake Superior Community Health Center	Shorewood Behavioral Health
LifePoint	Third Eye Health
Linc Health Clinic	UHS_PA_WI
Lifestance Health WI	University of Wisconsin - Milwaukee
Madison Recovery Center	Watertown Rainbow Hospice
Marshfield Clinic Health System	Wauwatosa Children's Clinic
Mental Health Specialty Group PA	Watertown Regional Medical Center
Mile Bluff Medical Center	Yee Xiong MD
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 & 9/24/2026	Virtual; Quarterly Meeting
October	State Patrol BadgerTraCS Form Advisory Committee Meeting	PDMP Incident Form Discussion	10/1/2026	DeForest, WI
	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