



Scott Walker, Governor
Laura Gutiérrez, Secretary

DENTISTRY EXAMINING BOARD
Room 121A, 1400 E. Washington Avenue, Madison
Contact: Erin Karow (608) 266-2112
May 9, 2018

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

AGENDA

9:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

A. Adoption of Agenda (1-3)

B. Approval of Minutes of:

1. March 7, 2018 **(4-7)**
2. March 9, 2018 **(8-9)**
3. March 29, 2018 **(10-11)**

C. Administrative Matters

1. Board and Staff Updates
2. Department Updates

D. Legislation and Rule Matters – Discussion and Consideration (12)

1. DE 12, Relating to Unlicensed persons **(13)**
2. De 2 & 3, Relating to Licensure and the Practice of Dental Hygiene **(14-24)**
3. Act 262 Report Relating to Controlled Substances **(25)**
4. Update on Legislation and Pending and Possible Rulemaking Projects

E. Comparison Document of Regional Examination Content – Discussion and Consideration (26-29)

F. Education and Examination Matters – Discussion and Consideration

1. Review of Conscience Sedation Permit Requirements **(30-33)**

G. Prescription Drug Monitoring Program (PDMP) Update – Discussion and Consideration (34-35)

H. Items Added After Preparation of Agenda

1. Introductions, Announcements and Recognition
2. Election of Board Officers
3. Appointment of Board Liaison(s)
4. Administrative Updates
5. Education and Examination Matters
6. Credentialing Matters
7. Practice Matters
8. Legislative/Administrative Rule Matters
9. Liaison Report(s)
10. Informational Item(s)
11. Disciplinary Matters
12. Presentations of Petition(s) for Summary Suspension
13. Petitions for Designation of Hearing Examiner
14. Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s)
15. Presentation of Proposed Final Decision(s) and Order(s)
16. Presentation of Interim Orders
17. Petitions for Re-Hearing
18. Petitions for Assessments
19. Petitions to Vacate Orders
20. Requests for Disciplinary Proceeding Presentations
21. Motions
22. Petitions
23. Appearances from Requests Received or Renewed
24. Speaking Engagement(s), Travel, or Public Relation Request(s)

I. Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (Wis. Stat. s. 19.85(1)(a),); to consider licensure or certification of individuals (Wis. Stat s. 19.85(1)(b), Stats.; to consider closing disciplinary investigations with administrative warnings (Wis. Stat. s. 19.85 (1)(b), and 440.205,); to consider individual histories or disciplinary data (Wis. Stat. s. 19.85 (1)(f),); and to confer with legal counsel (Wis. Stat. s. 19.85(1)(g),).

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

1. **Administrative Warning**
 - a. 16 DEN 090 – P.K.M. **(36-38)**
2. **Proposed Stipulations, Final Decisions and Orders**
 - a. 16 DEN 063 – Randall C. Pack, D.D.S. **(39-45)**
3. **Case Closings**
 - a. 16 DEN 090 – S.P. **(46-49)**
 - b. 16 DEN 104 – S.R. **(50-54)**
 - c. 17 DEN 093 – T.N. **(55-57)**
 - d. 17 DEN 102 – A.J.S. **(58-60)**

K. Consulting with Legal Counsel

L. Deliberation of Items Received After Preparation of the Agenda

1. Education and Examination Matters
2. Credentialing Matters
3. Disciplinary Matters
4. Monitoring Matters
5. Professional Assistance Procedure (PAP)
6. Petition(s) for Summary Suspensions
7. Petitions for Designation of Hearing Examiner
8. Proposed Stipulations, Final Decisions and Orders
9. Administrative Warnings
10. Review of Administrative Warning
11. Proposed Final Decisions and Orders
12. Matters Relating to Costs/Orders Fixing Costs
13. Case Closings
14. Proposed Interim Orders
15. Petitions for Assessments and Evaluations
16. Petitions to Vacate Orders
17. Remedial Education Cases
18. Motions
19. Petitions for Re-Hearing
20. Appearances from Requests Received or Renewed

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

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

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

ADJOURNMENT

NEXT MEETING DATE: SEPTEMBER 5, 2018

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

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held at 1400 East Washington Avenue, Madison, Wisconsin, unless otherwise noted. In order to confirm a meeting or to request a complete copy of the board's agenda, please call the listed contact person. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of disciplinary hearings may be changed by the examiner for the convenience of the parties. Interpreters for the hearing impaired provided upon request by contacting the Affirmative Action Officer, 608-266-2112.

**DENTISTRY EXAMINING BOARD
MEETING MINUTES
March 7, 2018**

PRESENT: Debra Beres, RDH; Matthew Bistan, DDS (*via GoToMeeting*); Mark Braden, DDS; Christopher J. Callen (*arrived at 9:05 a.m.*); Eileen Donohoo, RDH; Leonardo Huck, DDS; Lyndsay Knoell, DDS; Dennis Myers, Wendy Pietz, DDS; Carrie Stempski, RDH; Beth Welter, DDS

STAFF: Erin Karow, Executive Director; Kimberly Wood, Program Assistant Supervisor-Advanced; and other Department staff

CALL TO ORDER

Debra Beres, Chair, called the meeting to order at 9:03 a.m. A quorum of ten (10) members was confirmed.

ADOPTION OF AGENDA

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

APPROVAL OF MINUTES

MOTION: Eileen Donohoo moved, seconded by Beth Welter, to approve the minutes of January 3, 2018 as published. Motion carried unanimously.

ADMINISTRATIVE UPDATES

Board and Staff Updates

MOTION: Lyndsay Knoell moved, seconded by Dennis Myers, to recognize Mark Braden's service as Board Chair in 2017. Motion carried unanimously.

(Christopher J. Callen arrived at 9:05 a.m.)

Appointment of Liaisons and Alternates

MOTION: Eileen Donohoo moved, seconded by Dennis Myers, to appoint Christopher J. Callen to the DE 9 and 11 Ad Hoc Committee in place of Debra Beres. Motion carried unanimously.

LEGISLATIVE/ADMINISTRATIVE RULE MATTERS

DE 2 & 3, Relating to Licensure and Practice of Dental Hygiene as Revised by the Ad Hoc Committee

MOTION: Mark Braden moved, seconded by Eileen Donohoo, to conduct a roll call vote identifying any board member participation, resulting in any financial compensation, from a dental testing service and/or agency, for the purposes of transparency. Motion carried.
Opposed: Two

Roll Call Vote: A yes vote indicates participation in a dental testing service and/or agency.

Debra Beres-yes; Matthew Bistan-no; Mark Braden-no; Christopher J. Callen-no; Eileen Donohoo-yes; Leonardo Huck-yes; Lyndsay Knoell-no; Dennis Myers-no; Wendy Pietz-no; Carrie Stempski-yes; and Beth Welter-yes.

MOTION: Wendy Pietz moved, seconded by Leonardo Huck, to accept the proposed revisions to DE 2 & 3, relating to Licensure and Practice of Dental Hygiene, as proposed by the Ad Hoc Committee, with amendments in the endorsements changing “examination” to “testing service” and in DE 2.04(1)(a). Roll Call Vote: Debra Beres-no; Matthew Bistan-no; Mark Braden-no; Christopher J. Callen-yes; Eileen Donohoo-yes; Leonardo Huck-yes; Lyndsay Knoell-no; Dennis Myers-yes; Wendy Pietz-yes; Carrie Stempski-yes; and Beth Welter-yes. Motion carried.

DE 12, Relating to Delegation of Functions to Unlicensed Persons

MOTION: Christopher J. Callen moved, seconded by Eileen Donohoo, to accept changes to DE 12 as outlined below:

- 12.01(3) should read “Intended, interpreted, or represented to be preliminary assessments, dental hygiene treatment planning, oral screenings, supragingival or subgingival calculus removal.”
- 12.02 – Add “or verify competence” after “first provide training to the person”
- 12.04 – Remove in entirety

Motion carried unanimously.

CLOSED SESSION

MOTION: Dennis Myers moved, seconded by Christopher J. Callen, to convene to closed session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85 (1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.). Debra Beres, Chair, read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Debra Beres-yes; Matthew Bistan-yes; Mark Braden-yes; Christopher J. Callen-yes; Eileen Donohoo-yes; Leonardo Huck-yes; Lyndsay Knoell-yes; Dennis Myers-yes; Wendy Pietz-yes; Carrie Stempski-yes; Beth Welter-yes. Motion carried unanimously.

The Board convened into Closed Session at 12:16 p.m.

RECONVENE TO OPEN SESSION

MOTION: Eileen Donohoo moved, seconded by Carrie Stempski, to reconvene to Open Session. Motion carried unanimously.

The Board reconvened into Open Session at 1:54 p.m.

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

MOTION: Eileen Donohoo moved, seconded by Christopher J. Callen, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

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

DELIBERATION DIVISION OF LEGAL SERVICES AND COMPLIANCE (DLSC) MATTERS

Administrative Warning

17 DEN 067

MOTION: Mark Braden moved, seconded by Lyndsay Knoell, table the Administrative Warning in the matter DLSC Case Number 17 DEN 067. Motion carried unanimously.

Case Closings

17 DEN 027

MOTION: Mark Braden moved, seconded by Carrie Stempski, to close DLSC Case Number 17 DEN 027, against L.A.B., for Insufficient Evidence. Motion carried.

(Eileen Donohoo recused herself and left the room for deliberation and voting in the matter concerning L.A.B., DLSC Case Number 17 DEN 027.)

17 DEN 041

MOTION: Dennis Myers moved, seconded by Matthew Bistan, to close DLSC Case Number 17 DEN 041 for Insufficient Evidence. Motion carried.

(Wendy Pietz recused herself and left the room for deliberation and voting in the matter concerning DLSC Case Number 17 DEN 041.)

17 DEN 088

MOTION: Mark Braden moved, seconded by Beth Welter, to close DLSC Case Number 17 DEN 088, against S.T.T., for No Violation. Motion carried unanimously.

17 DEN 108

MOTION: Eileen Donohoo moved, seconded by Leonardo Huck, to close DLSC Case Number 17 DEN 108, against J.K.A., for No Violation. Motion carried unanimously.

Proposed Stipulations, Final Decisions and Orders

15 DEN 087, 16 DEN 002 & 16 DEN 041 – Andy Mancini, DDS

MOTION: Christopher J. Callen moved, seconded by Dennis Myers, to adopt the Finding of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Andy Mancini, DDS, DLSC Case Numbers 15 DEN 087, 16 DEN 002 & 16 DEN 041. Motion carried unanimously.

16 DEN 005 & 16 DEN 020 – Daniel P. Witkowski, DDS

MOTION: Wendy Pietz moved, seconded by Mark Braden, to adopt the Finding of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Daniel P. Witkowski, DDS, DLSC Case Numbers 16 DEN 005 & 16 DEN 020. Motion carried unanimously.

16 DEN 104 – Sham S. Chandok, DDS

MOTION: Christopher J. Callen moved, seconded by Dennis Myers, to adopt the Finding of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Sham S. Chandok, DDS, DLSC Case Number 16 DEN 104. Motion carried unanimously.

17 DEN 023 – Anelin Feilen, DDS

MOTION: Dennis Myers moved, seconded by Christopher J. Callen, to adopt the Finding of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Anelin Feilen, DDS, DLSC Case Number 17 DEN 023. Motion carried.

(Leonardo Huck recused himself and left the room for deliberation and voting in the matter concerning Anelin Feilen, DDS, DLSC Case Number 17 DEN 023.)

DISCIPLINARY MATTERS

MOTION: Eileen Donohoo moved, seconded by Debra Beres, to delegate to DLSC staff, the authority to prescreen complaints for the purpose of reviewing submitted continuing education (CE) materials and to determine if CE requirements are met. If CE requirements are met, then DLSC staff should remove such CE documentation from the screening materials prior to screening. If the submitted documentation does not clearly establish that CE requirements are met, such documentation shall be forwarded to the screening panel for review. Motion carried unanimously.

ADJOURNMENT

MOTION: Matthew Bistan moved, seconded by Eileen Donohoo, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 1:55 p.m.

**DENTISTRY EXAMINING BOARD
TELECONFERENCE/VIRTUAL MEETING MINUTES
March 9, 2018**

PRESENT: Debra Beres, RDH; Matthew Bistan, DDS; Mark Braden, DDS; Christopher J. Callen; Leonardo Huck, DDS; Dennis Myers; Carrie Stempski, RDH

EXCUSED: Eileen Donohoo, RDH; Leonardo Huck, DDS; Lyndsay Knoell, DDS; Wendy Pietz, DDS; Beth Welter, DDS

STAFF: Erin Karow, Executive Director; Kimberly Wood, Program Assistant Supervisor-Advanced; and other Department staff

CALL TO ORDER

Debra Beres, Chair, called the meeting to order at 9:00 a.m. A quorum of seven (7) members was confirmed.

ADOPTION OF AGENDA

MOTION: Dennis Myers moved, seconded by Mark Braden, to adopt the agenda as published. Motion carried unanimously.

CLOSED SESSION

MOTION: Dennis Myers moved, seconded by Christopher J. Callen, to convene to closed session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85 (1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.). Debra Beres, Chair, read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Debra Beres-yes; Matthew Bistan-yes; Mark Braden-yes; Christopher J. Callen-yes; Leonardo Huck-yes; Dennis Myers-yes; and Carrie Stempski-yes. Motion carried unanimously.

The Board convened into Closed Session at 9:04 a.m.

RECONVENE TO OPEN SESSION

MOTION: Leonardo Huck moved, seconded by Dennis Myers, to reconvene to Open Session. Motion carried unanimously.

The Board reconvened into Open Session at 9:40 a.m.

(Matthew Bistan and Dennis Myers left the meeting at 9:41 a.m.)

(Lyndsay Knoell joined at 9:43 a.m.)

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

MOTION: Christopher Callen moved, seconded by Leonardo Huck, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

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

DELIBERATION DIVISION OF LEGAL SERVICES AND COMPLIANCE (DLSC) MATTERS

Reconsideration of the Stipulation, Final Decision and Order in the Matter of Andy Mancini, DDS, DLSC Case Numbers 15 DEN 087, 16 DEN 002 & 16 DEN 041

MOTION: Mark Braden moved, seconded by Dennis Myers, to rescind the Board’s motion made on March 7, 2018, adopting the Final Decision and Order in Case Numbers 15 DEN 087, 16 DEN 002 and 16 DEN 041 (FDO). The Board became aware of an additional complaint with similar allegations against the Respondent, who is the subject of the aforementioned FDO. Based upon this additional information presented as well as the underlying facts of the above cases, the Board rejects the FDO as presented to the Board on March 7, 2018, as it does not serve to protect the public health, safety, and welfare. These matters are remanded back to the Division for further proceedings. Motion failed. Deb Beres-yes; Matthew Bistan-no; Mark Braden-yes; Christopher J. Callen-no; Leonardo Huck-no; Dennis Myers-no; Carrie Stempski-yes.

ADJOURNMENT

MOTION: Leonardo Huck moved, seconded by Debra Beres, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 9:45 a.m.

**DENTISTRY EXAMINING BOARD
TELECONFERENCE/VIRTUAL MEETING MINUTES
March 29, 2018**

PRESENT: Debra Beres, RDH; Matthew Bistan, DDS; Christopher J. Callen; Eileen Donohoo, RDH; Leonardo Huck, DDS; Lyndsay Knoell, DDS; Dennis Myers (*in-person*); Wendy Pietz, DDS; Carrie Stempski, RDH

EXCUSED: Mark Braden, DDS; Beth Welter, DDS

STAFF: Erin Karow, Executive Director; Kimberly Wood, Program Assistant Supervisor-Advanced; and other Department staff

CALL TO ORDER

Debra Beres, Chair, called the meeting to order at 9:03 a.m. A quorum of nine (9) members was confirmed.

ADOPTION OF AGENDA

MOTION: Wendy Pietz moved, seconded by Dennis Myers, to adopt the agenda as published. Motion carried unanimously.

CLOSED SESSION

MOTION: Dennis Myers moved, seconded by Eileen Donohoo, to convene to closed session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85 (1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.). Debra Beres, Chair, read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Debra Beres-yes; Matthew Bistan-yes; Christopher J. Callen-yes; Eileen Donohoo-yes; Leonardo Huck-yes; Lyndsay Knoell-yes; Dennis Myers-yes; Wendy Pietz-yes; and Carrie Stempski-yes. Motion carried unanimously.

The Board convened into Closed Session at 9:06 a.m.

RECONVENE TO OPEN SESSION

MOTION: Eileen Donohoo moved, seconded by Christopher J. Callen, to reconvene to Open Session. Motion carried unanimously.

The Board reconvened into Open Session at 9:21 a.m.

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

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

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

DELIBERATION DIVISION OF LEGAL SERVICES AND COMPLIANCE (DLSC) MATTERS

Proposed Stipulations, Final Decisions and Orders

17 DEN 137, 18 DEN 021 & 18 DEN 022 – Andy Mancini, DDS

MOTION: Matthew Bistan moved, seconded by Debra Beres, to adopt the Finding of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Andy Mancini, DDS, DLSC Case Numbers 17 DEN 137, 18 DEN 021 & 18 DEN 022. Motion carried unanimously.

ADJOURNMENT

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

The meeting adjourned at 9:22 a.m.

DRAFT

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Sharon Henes Administrative Rules Coordinator		2) Date When Request Submitted: 20 April 2018 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Dentistry Examining Board			
4) Meeting Date: 9 May 2018	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Legislation and Rule Matters – Discussion and Consideration 1. DE 12 Relating to Unlicensed persons 2. De 2, 3 Relating to Licensure and the Practice of Dental Hygiene 3. Act 262 Report Relating to Controlled Substances 4. Update on Legislation and Pending and Possible Rulemaking Projects	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:			
11) Authorization			
<p style="font-size: 1.5em; font-family: cursive;"><i>Sharon Henes</i></p>			
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.			

TEXT OF RULE

SECTION 1. DE 12.01 (3) is amended to read:

DE 12.01 (3) Intended, interpreted, or represented to be preliminary assessments, dental hygiene treatment planning, oral screenings, ~~oral prophylaxes, sealing or root planning, or dental sealants, or any portion of an oral prophylaxis other than~~ supragingival or subgingival ~~rubber cup and air polishing after calculus~~ removal ~~is removed if necessary.~~

SECTION 2. DE 12.02 is amended to read:

DE 12.02 Training. A dentist who delegates any remediable dental procedure or function to an unlicensed person shall first provide training to or verify competency of the person in the performance of the procedure or function.

SECTION 3. DE 12.04 is repealed.

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

(END OF TEXT OF RULE)

STATE OF WISCONSIN
DENTISTRY EXAMINING BOARD

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

PROPOSED ORDER

An order of the Dentistry Examining Board to repeal DE 2.03 (7), 2.04 (1) (c) and (d), 2.04 (2) (c), 2.04 (2) (f), 2.06, 2.07, 2.08 and 2.09; to amend DE 2.01 (1) (d) and (g), 2.01 (2) (b), 2.015 (1) (d), 2.03 (5) (title), 2.03 (5) (a) 2., 2.04 (1), 2.04 (1) (e) and (g), 2.04 (2), 2.04 (2) (d) 2.05 and 3.04 (2); to repeal and recreate DE 2.03 (5) (b), 2.03 (6), 3.02 and 3.03; and to create DE 2.01 (1) (h), 2.01 (1m) (e), 2.01 (2) (c) and (d), and 2.015 (1) (f) relating to dental licensure and the practice of dental hygiene.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: 447.04, 447.05, and 447.06 (2), Stats.

Statutory authority: ss. 15.08 (5) (b), 440.08 (3) (b)447.02 (1) (a), (d) and (e), 447.02 (2) (d), 447.07 (1) (a) 6., 447.04 (1) (a) 6. and (b) 1. and 447.04 (2) (a) 6. and (b) 1., Stats.

Explanation of agency authority:

Each examining board shall promulgate rules for its own guidance and for the guidance of the profession to which it pertains, and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular profession. [s. 15.08 (5) (b) , Stats.]

The examining may promulgate rules requiring the holder of a credential who fails to renew the credential within 5 years after its renewal date to complete requirements in order to restore the credential, in addition to the applicable requirements for renewal established under ch. 447, that the examining board determines are necessary to protect the public health, safety or welfare. The rules may not require the holder to complete educational requirements or pass examinations that are more extensive than the educational or examination requirements that must be completed in order to obtain an initial credential from the examining board. [s. 440.08 (3) (b), Stats.]

The examining board may promulgate rules governing the reexamination of an applicant who fails an examination specified in s. 447.04 (1) (a) 5. or (2) (a) 5. The rules may specify additional educational requirements for those applicants and may specify the number of times an applicant may be examined. [s. 447.02 (1) (a) , Stats.]

The examining board may promulgate rules specifying practices, in addition to the practices specified under s. 447.01 (3) (a) to (f), that are included within the practice of dental hygiene. [s. 447.02 (1) (d) , Stats.]

The examining board may promulgate rules providing for the granting of temporary licenses under this chapter. [s. 447.02 (1) (e) , Stats.]

The examining board shall promulgate rules specifying the oral systemic premedications and subgingival sustained release chemotherapeutic agents that may be administered by a dental hygienist licensed under this chapter under s. 447.06 (2) (e) 1. and 3. [s. 447.02 (2) (d) , Stats.]

The examining board shall grant a license to practice dental hygiene to an individual who completes any other requirements established by the examining board by rule and to an individual licensed in another state or territory or another country if the applicant meets the requirements for licensure established by the examining board by rule. [ss. 447.04 (1) (a) 6. and 447.04 (1) (b) 1., Stats.]

The examining board shall grant a license to practice dentistry to an individual who completes any other requirements established by the examining board by rule and to an individual licensed in another state or territory or another country if the applicant meets the requirements for licensure established by the examining board by rule. [ss. 447.04 (2) (a) 6. and 447.04 (2) (b) 1., Stats.]

Related statute or rule: N/A

Plain language analysis:

Section 1 amends the provision to statutes and rules relating to dentistry rather than listing the statutory and code references in order to eliminate the need to update each time the chapter numbers change.

Sections 2, 3 and 7 update the requirements to include the statutory requirement to provide proof of current cardiopulmonary resuscitation (CPR) training.

Section 4 amends the requirement to a board-approved testing service recognizing that there are several testing services. The term “clinical and laboratory demonstrations” is repealed as the phrase is outdated. It also states the exam must be taken within 1 year preceding application to create consistency.

Section 5 updates the requirements to include the statutory requirements of graduation from an accredited dental hygiene school and proof of CPR training.

Section 6 removes the requirement that applicant for a faculty license must have an interview with the board to prove competency, but allows the board to interview the applicant as necessary.

Section 8 amends the title of the subsection in order to address the requirements for late renewal and reinstatement separately.

Section 9 updates the renewal fee statutory reference.

Section 10 provides the requirements for renewing a license after 5 years. A person renewing after 5 years is required to pay the renewal fee and late fee, proof of CPR training and then evidence of one of the following to show competency: licensed in another state; passed an examination within the past year; competed a one year general practice residency; completed a clinical education program approved by the board.

Section 11 repeals and recreates the requirements for reinstatement of license after suspension or revocation or unmet disciplinary requirements and a license lapsed more than 5 years. The individual must provide evidence of completion of any disciplinary requirements and rehabilitation or change in circumstances showing that reinstatement to the practice will not constitute a danger to the public or a patient. In addition, if the license has not been renewed within 5 years the individual is required to complete the renewing after 5 years requirements.

Section 12 repeals the requirement that the license must be displayed in a prominent place. This requirement creates an unnecessary burden and is obsolete due to the ease of electronic license verification for the public and registrations are no longer mailed to the licensees.

Sections 13 and 16 clarify the license held in another jurisdiction is in good standing and updates the statutory reference.

Section 14 repeals the requirement for endorsement that the applicant has not failed an examination within the last three years recognizing that the passage of the examination reflects competency. This repeal makes the requirement consistent with non-endorsement applicants. This section also removes the requirement that an endorsement applicant must demonstrate active practice within at least 48 or the last 60 months. This requirement created a burden on applicants and barred those applicants who had a license less than 48 months.

Section 15 clarifies the examination requirement for endorsement applicants by requiring the applicant to have passed a test which the board determines is substantially equivalent to a board approved examination. It also amends the CPR requirement to create consistency throughout the rule.

Section 17 repeals the requirement for endorsement that the applicant has not failed an examination within the last three years recognizing that the passage of the examination reflects competency. This repeal makes the requirement consistent with non-endorsement applicants.

Section 18 clarifies the examination requirement for endorsement applicants by requiring the applicant to have passed a test which the board determines is substantially equivalent to a board approved examination.

Section 19 This section removes the requirement that an endorsement applicant must demonstrate active practice. This requirement created a burden on applicants and barred those applicants who recently obtained a license in another state.

Section 20 simplifies the examination passing score to be the recommended passing score of the exam provider.

Section 21 repeals obsolete provisions relating to examinations including unauthorized assistance, examination review, and claim of examination error. It also repeals the limitation an applicant can fail an examination only 3 times without more training or education. The board does not have knowledge of what questions the applicant fails, therefore can't prescribe further training or education to remediate those areas.

Section 22 creates conformity with the statutes regarding the practice of dental hygiene. It also removes the confusing references regarding a dentist being present in the dental facility which is not referenced in statute. The new language also allows for the scope of practice to evolve without a list of items which can be performed by a dental hygienist.

Section 24 further defines subgingival sustained release chemotherapeutic agents as antibiotics.

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

Comparison with rules in adjacent states:

Illinois: Illinois accepts the following examinations: North East Regional Board of Dental Examiners (NERB); Central Regional Dental Testing Service (CRDTS); Southern Regional Testing Agency (SRTA), Western Regional Examining Board (WREB) or Council of Interstate Testing Agencies (CITA) completed within the last 5 years if never licensed in another jurisdiction. The examination scores are set by the testing service. Illinois requires Basic Life Support (BLS) certification. Applicants for a faculty license are not required to appear before the Board for an interview. A dentist or dental hygienist renewing after 5 years shall complete 48 hours of continuing education and provide one of the following: active practice in another jurisdiction for 3 of the last 5 years; military service; or pass one of the licensing examinations. A dental hygienist may not perform procedures that require the professional judgment and skill of dentist or those procedures that constitute the practice of dentistry.

Iowa: Iowa accepts the following regional examinations: CRDTS, WREB, SRTA, Commission on Dental Competency Assessments (CDCA) [*NOTE: CDCA was formerly known as NERB*], CITA within the previous 5 years. A passing grade of at least 75% is required. Iowa requires CPR certification. Applicants based upon licensure in another state shall have passed a regional examination within the previous 5 year period or 3 consecutive years immediately prior to the filing of the application been in active practice of dentistry. Applicants for a faculty license are not required to appear before the Board for an interview. Renewal of a lapsed license requires evidence of completion of a total of 15 hours of continuing education per each lapsed year up to a maximum of 75 hours or evidence of licensure in another state in good standing.

Michigan: Michigan accepts the NERB examination or one that is substantially equivalent. The board adopts the score recommended by NERB but not less than a converted score of 75 on each component of the examination. Applicants for a faculty license are not required to appear before the Board for an interview. Applicants based upon license in another state are required to demonstrate practicing in another state of a minimum of 5 years immediately preceding the application or successful completion of a regional examination. Renewal of a license which has lapsed more than 5 years may be renewed by meeting initial licensure requirements or evidence held a license in another state within 3 years immediately preceding renewal. The license shall be displayed in the principal place of practice. A dentist may not delegate, the following: the diagnosing or prescribing for disease, pain, deformity, deficiency, injury or physical condition; the cutting of hard and soft tissue; the removal of accretions, stains, or calculus deposits; deep scaling; root planning; any intra-oral restorative procedures (some procedures allowed under direct supervision); administration of local anesthesia, nitrous oxide analgesia (may perform if certain qualifications are met) or acupuncture; irrigation and medication of root canals, try-in of cones or points, filing or filling of root canals; taking impressions for any purpose other than study or opposing models; or permanent cementation of any restorative or appliance.

Minnesota: Minnesota requires passage of a board approved clinical examination. Applications for a faculty license are not required to appear before the Board for an interview. An application based upon licensure in another state requires at least 2,000 of active practice within 36 months of application. Renewal of a lapsed license after 2 years requires a jurisprudence exam, physical examination attesting to the applicant's physical and mental condition and optical examination; and successfully pass an examination or completion or board approved education. A dental hygienist may perform various procedures based upon direct or indirect supervision and whether a dentist is present on the premises.

Summary of factual data and analytical methodologies:

The Board conducted a comprehensive review of chapters DE 2 and 3 to ensure the chapters are statutorily compliant, current with professional standards and practices and remove obsolete provisions.

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

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

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis is attached.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Kirsten.Reader@wisconsin.gov, or by calling (608) 267-2435.

Agency contact person:

Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, Wisconsin 53708; telephone 608-261-2377; email at DSPSAdminRules@wisconsin.gov.

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

Comments may be submitted to Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, WI 53708-8366, or by email to DSPSAdminRules@wisconsin.gov. Comments must be received at or before the public hearing to be held on November 1, 2017 to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. DE 1.02 (1m), (2) and (4) are repealed.

SECTION 2. DE 2.005 is created to read:

DE 2.005 **Dental testing service and dental hygiene testing service requirements.** A dental testing service or dental hygiene testing service may be approved if all the testing service's exams meet all of the following requirements:

- (1) Test clinical knowledge, including operative and restorative techniques, and cognitive skills.
- (2) Practical component on application of the basic principles utilizing live human patients or simulated patients.

SECTION 1. DE 2.01 (1) (d) and (g) are amended to read:

DE 2.01 (1) (d) Evidence of successful completion of an examination on ~~provisions in ch. 447, Stats, and chs. DE 1 to 9~~ the statutes and rules relating to dentistry.

(g) Verification from ~~the central regional dental testing service or other~~ a board-approved testing services of successful completion of an examination ~~in clinical and laboratory demonstrations~~ taken within ~~the 5 1~~ year period immediately preceding application. ~~In this paragraph, "successful completion" means an applicant has passed all parts of the examination in no more than 3 attempts on any one part, as required in s. DE 2.09.~~

SECTION 2. DE 2.01 (1) (h) is created to read:

DE 2.01 (1) (h) Submits evidence satisfactory to the board the applicant has current proficiency in cardiopulmonary resuscitation, including the use of an automated external defibrillator

achieved through instruction provided by an individual, organization, or institution of higher education approved by the Wisconsin department of health services.

SECTION 3. DE 2.01 (1m) (e) is created to read:

DE 2.01 (1m) (e) Submits evidence satisfactory to the board the applicant has current proficiency in cardiopulmonary resuscitation, including the use of an automated external defibrillator achieved through instruction provided by an individual, organization, or institution of higher education approved by the Wisconsin department of health services.

SECTION 4. DE 2.01 (2) (b) is amended to read:

DE 2.01 (2) (b) Verification from the ~~central regional dental hygiene testing service or other a~~ board-approved testing service of successful completion of an examination ~~in clinical and laboratory demonstrations~~ taken within the ~~5~~ 1 year period immediately preceding application.

SECTION 5. DE 2.01 (2) (c) and (d) are created to read:

DE 2.01 (2) (c) Evidence satisfactory to the board of having graduated from an accredited dental hygiene school.

(d) Evidence satisfactory to the board the applicant has current proficiency in cardiopulmonary resuscitation, including the use of an automated external defibrillator achieved through instruction provided by an individual, organization or institution of higher education approved by the Wisconsin department of health services.

SECTION 6. DE 2.015 (1) (d) is amended to read:

DE 2.015 (1) (d) Submits to ~~an initial interview and any other~~ interview that the board may require that demonstrates, to the board's satisfaction, that the applicant is competent to practice dentistry.

SECTION 7. DE 2.015 (1) (f) is created to read:

DE 2.015 (1) (f) Submits evidence satisfactory to the board the applicant has current proficiency in cardiopulmonary resuscitation, including the use of an automated external defibrillator achieved through instruction provided by an individual, organization or institution of higher education approved by the Wisconsin department of health services.

SECTION 8. DE 2.03 (5) (title) is amended to read:

DE 2.03 (5) REQUIREMENTS FOR LATE RENEWAL; REINSTATEMENT.

SECTION 9. DE 2.03 (5) (a) 2. is amended to read:

DE 2.03 (5) (a) 2. The fee ~~authorized by s. 440.08 (2)~~ as determined by the department under s. 440.03 (9) (a), Stats., plus the applicable late renewal fee authorized by s. 440.08 (3), Stats.

SECTION 10. DE 2.03 (5) (b) is repealed and recreated to read:

DE 2.03 (5) (b). This paragraph does not apply to dentists or dental hygienists who have unmet disciplinary requirements. A dentist or dental hygienist renewing the license after 5 years shall do all of the following:

1. Pay the renewal fee as determined by the department under s. 440.03 (9) (a), Stats. and the renewal late fee.
2. Submits evidence satisfactory to the board the applicant has current proficiency in cardiopulmonary resuscitation, including the use of an automated external defibrillator achieved through instruction provided by an individual, organization or institution of higher education approved by the Wisconsin department of health services.
3. Provide evidence of one of the following:
 - a. An active license in good standing in another state.
 - b. If a dentist, successful completion of a board approved testing service examination within the 1 year of renewal.
 - c. If a dental hygienist, successful completion of a board approved examination within 1 year of renewal.
 - d. Completion of a 1 year general practice residency.
 - e. Completion of a clinical education program approved by the Board.

SECTION 11. DE 2.03 (6) is repealed and recreated to read:

DE 2.03 (6) REINSTATEMENT. A dentist or dental hygienist who has unmet disciplinary requirements and failed to renew the license within 5 years or whose license has been surrendered or revoked may apply to have the license reinstated in accordance with all of the following:

- (a) Evidence of completion of the requirements in DE 2.03 (5) (b) if the license has not been active within 5 years
- (b) Evidence of completion of the disciplinary requirements, if applicable.
- (c) Evidence of rehabilitation or change in circumstances that indicates reinstatement to practice will not constitute a danger to the public or a patient.

SECTION 12. DE 2.03 (7) is repealed.

SECTION 13. DE 2.04 (1) is amended to read:

DE 2.04 (1) The board may grant a license as a dentist to an applicant who holds a valid license in good standing issued by the proper authorities of any other jurisdiction of the United States or Canada upon payment of the fee ~~authorized by s. 440.05 (2)~~ as determined by the department under s. 440.03 (9) (a), Stats., and submission of evidence satisfactory to the board that all of the following conditions are met:

SECTION 14. DE 2.04 (1) (c) and (d) is repealed.

SECTION 15. DE 2.04 (1) (e) and (g) are amended to read:

DE 2.04 (1) (e) The applicant has successfully completed a ~~clinical and laboratory demonstration~~ licensing examination ~~on a human subject~~ which, in the board's judgment, is substantially equivalent to ~~the clinical and laboratory demonstration examination administered by the central regional dental testing service~~ a board approved examination, or, alternative, has successfully completed a board specialty certification examination in a dental specialty recognized by the American Dental Association.

(g) The applicant possesses a current certificate of current proficiency in cardiopulmonary resuscitation, ~~from a course provider including the use of an automated external defibrillator, achieved through instruction provided by an individual, organization, or institution of higher education~~ approved by the Wisconsin department of health services.

SECTION 16. DE 2.04 (2) is amended to read:

DE 2.04 (2) The board may grant a license as a dental hygienist to an applicant who holds a license in good standing issued by the proper authorities of any other jurisdiction of the United States or Canada upon payment of the fee ~~authorized by s. 440.05 (2) as determined by the department under s. 440.03 (9) (a), Stats., and submission of evidence satisfactory to the board~~ that all of the following conditions are met:

SECTION 17. DE 2.04 (2) (c) is repealed.

SECTION 18. DE 2.04 (2) (d) are amended to read:

DE 2.04 (2) (d) The applicant has successfully completed a ~~clinical and laboratory demonstration~~ an-examination ~~on a human subject~~ which, in the board's judgment, is substantially equivalent to ~~the clinical and laboratory demonstration examination administered by the central regional dental testing service~~ a board approved examination.

SECTION 19. DE 2.04 (2) (f) is repealed.

SECTION 20. DE 2.05 is amended to read:

DE 2.05 Examination passing score. The score required to pass an examination shall be the recommended passing score of the examination provider. ~~based on the board's determination of the level of examination performance required for minimum acceptable competence in the profession. The board shall make the determination after consultation with subject matter experts who have reviewed a representative sample of the examination questions and available candidate performance statistics, and shall set the passing score for the examination at that point which represents minimum acceptable competence in the profession~~

SECTION 21. DE 2.06, 2.07, 2.08 and 2.09 are repealed.

SECTION 22. DE 3.02 and 3.03 are repealed and recreated to read:

DE 3.02 Practice of dental hygiene. (1) (a) This subsection applies to a dental hygienist who is practicing dental hygiene or performing remediable procedures as an employee or as an independent contractor in a dental office.

(b) A dental hygienist may practice dental hygiene or perform remediable procedures only as authorized by a licensed dentist who is present in the facility in which those practices or procedures are performed, except as provided in par. (c).

(c) A dental hygienist may practice dental hygiene or perform remediable procedures if a licensed dentist is not present in the facility in which those practices or procedures are performed only if all of the following conditions are met:

1. The dental hygiene practices or remediable procedures are performed under a written or oral prescription.
2. The dentist who made the written or oral prescription has examined the patient at least once during the 12-month period immediately preceding all of the following:
 - a. The date on which the written or oral prescription was made.
 - b. The date on which the dental hygiene practices or remediable procedures are performed.
3. The written or oral prescription specifies the practices and procedures that the dental hygienist may perform with the informed consent of the patient or, if applicable, the patient's parent or legal guardian.

(2) (a) This subsection applies to a dental hygienist who is practicing dental hygiene or performing remediable procedures as an employee or as an independent contractor as follows:

1. For a school board, a governing body of a private school, as defined in s. 115.001(3d), Stats., or a governing body of a tribal school, as defined in s. 115.001 (15m), Stats..
2. For a school for the education of dentists or dental hygienists.
3. For a state or federal prison, county jail or other federal, state, county or municipal correctional or detention facility, or a facility established to provide care for terminally ill patients.
4. For a local health department, as defined in s. 250.01(4), Stats.
5. For a charitable institution open to the general public or to members of a religious sect or order.
6. For a nonprofit home health care agency.
7. For a nonprofit dental care program serving primarily indigent, economically disadvantaged or migrant worker populations.
8. At a facility, as defined in s. 50.01 (1m) , Stats., an adult family home certified under s. 50.032, Stats. or licensed under s. 50.033, Stats., an adult day care center, as defined in s. 49.45 (47) (a) , Stats., a community rehabilitation program, a hospital, as defined in s. 50.33 (2) , Stats., or a facility that is primarily operated to provide outpatient medical services.

(b) A dental hygienist may only practice dental hygiene as defined in s. 447.01 (3), Stats. or perform remediable procedures as defined by s. 447.01 (12), Stats.

3.03 Prohibited practices. A dental hygienist may not do any of the following:

- (1) Diagnose a dental disease or ailment.
- (2) Determine any treatment or any regimen of any treatment outside of the scope of dental hygiene.
- (3) Prescribe or order medication or radiograph.
- (4) Perform any procedure that involves the intentional cutting of soft or hard tissue of the mouth by any means.
- (5) Administer nitrous oxide inhalation, except as provided in ch. DE 15.
- (6) Administer local anesthesia, except as provided in ch. DE 7.

SECTION 23. DE 3.04 (2) is amended to read:

DE 3.04 (2) “Subgingival sustained release chemotherapeutic agents” means ~~medications~~ antibiotics that are applied under the gum tissue in periodontal pockets to treat periodontal or gum disease.

SECTION 24. 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)

credentialed by the examining board or affiliated credentialing board, or in the establishing of regulatory policy or the exercise of administrative discretion with regard to the qualifications or discipline of applicants or persons who are credentialed by the examining board, affiliated credentialing board or accreditation.

(c) Maintain, in conjunction with their operations, in central locations designated by the department, all records pertaining to the functions independently retained by them.

(d) Compile and keep current a register of the names and addresses of all persons who are credentialed to be retained by the department and which shall be available for public inspection during the times specified in s. 230.35 (4) (a). The department may also make the register available to the public by electronic transmission.

(2) Except as otherwise permitted in chs. 440 to 480, an examining board or affiliated credentialing board attached to the department or an examining board may require a credential holder to submit proof of the continuing education programs or courses that he or she has completed only if a complaint is made against the credential holder.

(2m) (a) In this subsection, “controlled substance” has the meaning given in s. 961.01 (4).

(b) The medical examining board, the podiatry affiliated credentialing board, the board of nursing, the dentistry examining board, or the optometry examining board may issue guidelines regarding best practices in prescribing controlled substances for persons credentialed by that board who are authorized to prescribe controlled substances.

(c) 1. The medical examining board, the podiatry affiliated credentialing board, the board of nursing, the dentistry examining board, and the optometry examining board shall, by November 1, 2018, and annually thereafter, submit a report to the persons specified in subd. 2. that does all of the following:

a. Details proactive efforts taken by the board to address the issue of opioid abuse. The board shall specify whether the board has required, or otherwise encouraged, continuing education related to prescribing controlled substances for persons credentialed by that board who are authorized to prescribe controlled substances.

b. Sets goals for addressing the issue of opioid abuse, as that issue pertains to or implicates the practices of the professions regulated by the board.

c. Describes the actions taken by the board so that the goals described in subd. 1. b. that were identified in the board’s previous reports under this paragraph can be achieved, whether those goals have been achieved, and, if the goals have not been achieved, the reasons therefor.

2. A report under subd. 1. shall be submitted to all of the following:

a. Any committee, task force, or other body or person designated by the governor.

b. To the appropriate standing committees of the legislature with jurisdiction over health issues under s. 13.172 (3).

History: 1977 c. 418 ss. 25, 793, 929 (41); 1979 c. 32 s. 92 (1); 1979 c. 34; 1989 a. 56 s. 259; 1991 a. 39; 1993 a. 107; 1997 a. 27, 191, 237; 2015 a. 269; 2017 a. 59, 262.

440.04 Duties of the secretary. The secretary shall:

(1) Centralize, at the capital and in such district offices as the operations of the department and the attached examining boards and affiliated credentialing boards require, the routine housekeeping functions required by the department, the examining boards and the affiliated credentialing boards.

(2) Provide the bookkeeping, payroll, accounting and personnel advisory services required by the department and the legal services, except for representation in court proceedings and the preparation of formal legal opinions, required by the attached examining boards and affiliated credentialing boards.

(3) Control the allocation, disbursement, and budgeting of the funds received by the examining boards and affiliated credentialing boards in connection with their credentialing and regulation, including the reimbursement of board members for actual and necessary expenses, including travel expenses, incurred in the performance of their duties.

(4) Employ, assign and reassign such staff as are required by the department and the attached examining boards and affiliated credentialing boards in the performance of their functions.

(5) With the advice of the examining boards or affiliated credentialing boards:

(a) Provide the department with such supplies, equipment, office space and meeting facilities as are required for the efficient operation of the department.

(b) Make all arrangements for meetings, hearings and examinations.

(c) Provide such other services as the examining boards or affiliated credentialing boards request.

(6) Appoint outside the classified service an administrator for any division established in the department and a director for any bureau established in the department as authorized in s. 230.08 (2). The secretary may assign any bureau director appointed in accordance with this subsection to serve concurrently as a bureau director and a division administrator.

(7) Unless otherwise specified in chs. 440 to 480, provide examination development, administration, research and evaluation services as required.

History: 1977 c. 418 s. 26; 1979 c. 34; 1981 c. 20; 1985 a. 29; 1987 a. 27; 1989 a. 316; 1991 a. 39; 1993 a. 102, 107; 1995 a. 333; 2003 a. 270; 2011 a. 32; 2017 a. 329.

440.042 Advisory committees. (1) The secretary may appoint persons or advisory committees to advise the department and the boards, examining boards, and affiliated credentialing boards in the department on matters relating to the regulation of credential holders. A person or an advisory committee member appointed under this subsection shall serve without compensation, but may be reimbursed for his or her actual and necessary expenses incurred in the performance of his or her duties.

(2) Any person who in good faith testifies before the department or any examining board, affiliated credentialing board or board in the department or otherwise provides the department or any examining board, affiliated credentialing board or board in the department with advice or information on a matter relating to the regulation of a person holding a credential is immune from civil liability for his or her acts or omissions in testifying or otherwise providing such advice or information. The good faith of any person specified in this subsection shall be presumed in any civil action and an allegation that such a person has not acted in good faith must be proven by clear and convincing evidence.

History: 1993 a. 16 ss. 3269, 3299; 1993 a. 107; 1997 a. 156; 1999 a. 32; 2005 a. 292; 2015 a. 192.

440.043 Behavioral health review committee. (1) The secretary shall appoint an advisory committee under s. 440.042 to provide advice concerning behavioral health. The advisory committee shall semiannually conduct a review of the requirements for obtaining a credential under s. 440.88 or ch. 457 or for other credentials related to behavioral health.

(2) The advisory committee shall accept comments from the public related to its review under sub. (1). Before conducting a review under sub. (1), the department shall publish a class 1 notice under ch. 985 and shall publish notice on its Internet site announcing the opportunity for public comment.

(3) The advisory committee established under sub. (1) may propose changes in statutes and rules to the department; the marriage and family therapy, professional counseling, and social work examining board; or other appropriate credentialing board.

History: 2017 a. 262.

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Erin Karow, Executive Director on behalf of Deb Beres, Chair		2) Date When Request Submitted: 4/6/2018 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Dentistry Examining Board			
4) Meeting Date: 5/9/2018	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Comparison Document of Regional Examination Content – Discussion and Consideration	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: None	
10) Describe the issue and action that should be addressed: This document is to supplement the Board's discussion regarding DE 2 and 3.			
11) Authorization 4/6/2018 <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px;"> <i>Erin E. Karow</i> Date </div> <hr/> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px;"> Supervisor (if required) Date </div> <hr/> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px;"> Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date </div>			
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.			

CITA administers **ADEX since 7/2015**.

CIF (Curriculum Integrated Format) allows D3 students to participate in manikin portion – have 18 months to pass all components.

TRADITIONAL – D4 can start and is proctored over 2 days.

COMPONENTS (consist of 5 parts)–

- One written computer examination Section I:
 - Diagnostic Skills Examination (OSCE) (computer-based)
- Two simulated clinical examination components:
 - Section II: Endodontic Clinical Examination (manikin-based)
 - Section III: Prosthodontic Clinical Examination (manikin-based)
- Two clinical examinations performed on patients:
 - Section IV: Periodontal Scaling Clinical Examination (optional, based on the requirements in the state where the candidate seeks licensure)
 - Section V: Restorative Clinical Examination (includes anterior and posterior)

CDCA (Formerly known as NERB) administers **ADEX since 1/2015**.

CIF (Curriculum Integrated Format) allows D3 students to participate in manikin portion – have 18 months to pass all components.

TRADITIONAL – D4 can start and is proctored over 2 days.

COMPONENTS (consist of 5 parts)–

- One written computer examination Section I:
 - Diagnostic Skills Examination (OSCE) (computer-based)
- Two simulated clinical examination components:
 - Section II: Endodontic Clinical Examination (manikin-based)
 - Section III: Prosthodontic Clinical Examination (manikin-based)
- Two clinical examinations performed on patients:
 - Section IV: Periodontal Scaling Clinical Examination (optional, based on the requirements in the state where the candidate seeks licensure)
 - Section V: Restorative Clinical Examination (includes anterior and posterior)

WREB This is also the only other regional Hygiene board accepted other than CRDTS.

The 2018 WREB Dental exam consists of the following components (only Operative/Endo and CTP are required, unless specified by the individual state boards):

- One written computer examination:
 - Comprehensive Treatment Planning (CTP).
- Two simulated clinical exam components:
 - Endodontics
 - An **optional Prosthodontic section is also offered, if the state to which a Candidate is applying for initial licensure requires it.** The Prosthodontic section is not a required section of the WREB exam, but there is no additional fee to take it.
- Two clinical components performed on patients:
 - The Periodontal section remains part of the exam and is included in the full exam fee, but the Candidate **may opt out during registration if the state to which they are applying for initial licensure does not require this procedure.** The Periodontal section is not a required section of the WREB exam, but there is no additional fee to take it.
 - Operative section- Must perform a Class II, there is an optional 2nd restoration, if the State Board requires it.

CRDTS

CIF (Curriculum Integrated Format) allowed for D3/D4 students. All components must be passed prior to graduation.

COMPONENTS (consist of 4 parts)–

- CRDTS did away with Part I in lieu of accepting National Boards Part I/II in 2016.
- Two simulated clinical examinations
 - Section II: Endodontic Clinical Examination (manikin-based)
 - Section III: Prosthodontic Clinical Examination (manikin-based)
- Two clinical examinations performed on patients
 - Section IV: Periodontal Scaling Clinical Examination
 - Section V: Restorative Clinical Examination (includes anterior and posterior)

SRTA established 1960's

CIF (Curriculum Integrated Format) allowed for D3/D4 students. All components must be passed prior to graduation.

COMPONENTS (consist of 4 parts)–

- CRDTS did away with Part I in lieu of accepting National Boards Part I/II.
- Two simulated clinical examinations
 - Section II: Endodontic Clinical Examination (manikin-based)
 - Section III: Fixed Prosthodontic Clinical Examination (manikin-based)
- Two clinical examinations performed on patients
 - Section IV: Periodontal Scaling Clinical Examination Candidate ***may opt out during registration if the state to which they are applying for initial licensure does not require this procedure***
 - Section V: Restorative Clinical Examination (includes anterior and posterior)

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Sharon Henes on behalf of Deb Beres		2) Date When Request Submitted: 3 May 2018 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Dentistry Examining Board			
4) Meeting Date: 9 May 2018	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Review of Conscience Sedation Permit Requirements	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:			
11) Authorization			
<p style="font-size: 1.2em; font-family: cursive;"><i>Sharon Henes</i></p>			
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.			

Chapter DE 11

ANESTHESIA

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DE 11.01 Authority and purpose. The rules in this chapter are adopted under authority in ss. 15.08 (5) (b), 227.11 (2) (a) and 447.02 (2) (b), Stats., for the purpose of defining standards for the administration of anesthesia by dentists. The standards specified in this chapter shall apply equally to general anesthesia and sedation, regardless of the route of administration.

History: Cr. Register, August, 1985, No. 356, eff. 9–1–85; am. Register, October, 1988, No. 394, eff. 11–1–88; am. Register, August, 1991, No. 428, eff. 9–1–91.

DE 11.02 Definitions. In this chapter,

(1) “Analgesia” means the diminution or elimination of pain in a conscious patient.

(1m) “Anxiolysis” means the use of medication to relieve anxiety before or during a dental procedure which produces a minimally depressed level of consciousness, during which the patient’s eyes are open and the patient retains the ability to maintain an airway independently and to respond appropriately to physical and verbal command.

(1s) “Class I permit” means a sedation permit enabling a dentist to administer oral conscious sedation–enteral.

(1t) “Class II permit” means a sedation permit enabling a dentist to administer conscious sedation–parenteral and conscious sedation–enteral.

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

(2) “Conscious sedation” means a depressed level of consciousness during which the patient mimics physiological sleep, has vitals that are not different from that of sleep, has his or her eyes closed most of the time while still retaining the ability to independently and continuously maintain an airway and respond appropriately to physical stimulation and verbal command, produced by a pharmacologic or non–pharmacologic method, or a combination of pharmacologic and non–pharmacologic methods.

(3) “Deep sedation” means a controlled state of depressed consciousness, accompanied by partial loss of protective reflexes, including the ability to independently and continuously maintain an airway and to respond purposefully to verbal command, produced by a pharmacologic or non–pharmacologic method, or a combination of pharmacologic and non–pharmacologic methods.

(4) “General anesthesia” means a controlled state of unconsciousness accompanied by partial or complete loss of protective reflexes, including the ability to independently maintain an airway and respond purposefully to physical stimulation or verbal command, produced by a pharmacologic or non–pharmacologic method, or a combination of pharmacologic and non–pharmacologic methods.

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

(7) “Operative supervision” means the dentist is in the operating room performing procedures with the aid of qualified staff.

(8) “Qualified staff” means a person is certified in the administration of basic life support in compliance with the standards set forth by the American Heart Association, the American Red

Cross, or other organization approved by the board, and has training in how to monitor vital signs, and how to use a pulse oximeter, blood pressure cuff, and a precordial or a pretracheal stethoscope. If the dentist is administering deep sedation and general anesthesia under s. DE 11.07, a person shall also be trained in how to use an EKG.

(9) “Routes of administration” include the following:

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

(b) “Inhalation” means administration by which a gaseous or volatile agent is introduced into the pulmonary tree and whose primary effect is due to absorption through the pulmonary bed.

(c) “Parenteral” means administration by which the drug bypasses the gastrointestinal tract through either intramuscular (IM), intravenous (IV), intranasal (IN), submucosal (SM), subcutaneous (SC), or intraocular (IO) methods.

(d) “Transdermal or transmucosal” means administration by which the drug is administered by patch or iontophoresis.

(10) “Time–oriented anesthesia record” means documentation at appropriate intervals of drugs, doses and physiologic data obtained during patient monitoring.

History: Cr. Register, August, 1985, No. 356, eff. 9–1–85; r. and rec. Register, October, 1988, No. 394, eff. 11–1–88; r. (4), renum. (1) to (3) to be (2) to (4) and am., cr. (1) and (5), Register, August, 1991, No. 428, eff. 9–1–91; CR 04–095: am. (1) to (4), cr. (1m) and (6) to (10), r. (5) Register August 2006 No. 608, eff. 1–1–07; CR 13–061: cr. (1s) to (1u) Register June 2014 No. 702, eff. 7–1–14.

DE 11.025 Permit to administer anesthesia. (1) Dentists shall submit an application to administer anesthesia as specified in this chapter on a form prepared for and approved by the board. Each application shall be specific to the sedation permit class.

Note: Copies of the Application For Dental Permit to Administer Conscious Sedation are accessible from the department’s webpage at: <http://dps.wi.gov/>.

(2) The board may grant a sedation permit and shall consider any of the following actions in developing their decision on an application:

(a) Defer a decision if the licensee has a pending investigation or has not met the conditions of a previous investigation.

(b) Defer a decision if any sedation permits held by the licensee have been temporally suspended.

(c) Defer a decision or recommend denial if any permits held by the licensee have been revoked or conditions of revocation have not been satisfactorily met.

(d) Recommend denial based on the severity of any investigations regarding noncompliance with ch. DE 5.

(e) Take any other action or actions necessary to maintain the health, welfare and safety of a patient or the public.

History: CR 13–061: cr. Register June 2014 No. 702, eff. 7–1–14.

DE 11.03 Requirements for nitrous oxide inhalation. (1) A dentist or a dental hygienist who holds a valid certificate under ch. DE 15 may use nitrous oxide inhalation on an outpatient basis for dental patients provided that he or she utilizes

adequate equipment with failsafe features and a 25% minimum oxygen flow.

(2) A dentist utilizing nitrous oxide inhalation shall be trained and certified in administering basic life support. This certification shall be renewed in compliance with the standards set forth by the American Heart Association, the American Red Cross, or other organization approved by the board.

History: CR 04-095: cr. Register August 2006 No. 608, eff. 1-1-07; CR 15-056: am. (1) Register February 2016 No. 722, eff. 3-1-16.

DE 11.04 Requirements for anxiolysis. A dentist utilizing anxiolysis shall be trained and certified in administering basic life support. This certification shall be renewed in compliance with the standards set forth by the American Heart Association, the American Red Cross, or any other organization approved by the board.

History: CR 04-095: cr. Register August 2006 No. 608, eff. 1-1-07.

DE 11.05 Requirements for conscious sedation—enteral. (1) No dentist may administer conscious sedation via an enteral route without having first obtained a class I permit from the board, unless a dentist has been granted a permit under s. DE 11.06 or 11.07. A class I permit enables a dentist to utilize conscious sedation enterally. The board may grant a class I permit to administer conscious sedation enterally to a dentist who submits a completed application for this sedation permit class and does all of the following:

(a) Provides proof of one of the following:

1. A board approved training course which includes:

a. Eighteen hours of didactic instruction which addresses physical evaluation of patients, conscious sedation—enteral, emergency management, and conforms to the principles in part one or part 3 of the American Dental Association's "Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry."

b. Twenty clinical cases utilizing an enteral route of administration to achieve conscious sedation, which may include group observation.

2. Graduate level training approved by the board that, at a minimum, includes the requirements as set forth in subd. 1. a. and b.

(b) Provides proof of certification in basic cardiac life support for the health care provider and a board approved training program in airway management or a course in advanced cardiac life support. If the dentist is sedating patients age 14 or younger, the dentist shall provide proof of certification in pediatric advanced life support. This certification shall be renewed in compliance with the standards set forth by the American Heart Association, the American Red Cross, or any other organization approved by the board.

(2) Any dentist who utilizes an enteral route of administration to achieve conscious sedation shall have qualified staff present throughout the dental procedure.

History: CR 04-095: cr. Register August 2006 No. 608, eff. 1-1-07; CR 13-061: am. (1) (intro.) Register June 2014 No. 702, eff. 7-1-14.

DE 11.06 Requirements for conscious sedation—parenteral. (1) No dentist may administer conscious sedation via a parenteral route without having first obtained a class II permit from the board, unless a dentist has been granted a permit under s. DE 11.07. A class II permit enables a dentist to utilize conscious sedation—enteral, and conscious sedation—parenteral. A dentist who holds a class II permit does not have to obtain a class I sedation permit. The board may grant a class II permit to administer conscious sedation—parenterally to a dentist who submits a completed application for this sedation permit class and does all the following:

(a) Provides proof of one of the following:

1. A board approved training course which includes:

a. A minimum of 60 hours of didactic instruction which addresses the physical evaluation of patients, IV sedation, and emergency management.

b. Twenty clinical cases of managing parenteral routes of administration.

2. Graduate level training approved by the board that, at a minimum, includes the requirements as set forth in subd. 1.

3. The utilization of conscious sedation administered parenterally on an outpatient basis for 5 years preceding January 1, 2007, by a dentist licensed under this chapter.

(b) Provides proof of certification in advanced cardiac life support. If the dentist is a pediatric specialist, the dentist is allowed to substitute certification in pediatric advanced life support. This certification shall be renewed in compliance with the standards set forth by the American Heart Association, or any other organization approved by the board.

(2) Any dentist who utilizes a parenteral route of administration to achieve conscious sedation shall have qualified staff present throughout the dental procedure.

History: CR 04-095: cr. Register August 2006 No. 608, eff. 1-1-07.; CR 13-061: am. (1) Register June 2014 No. 702, eff. 7-1-14.

DE 11.07 Requirements for deep sedation and general anesthesia. (1) No dentist may administer deep sedation or general anesthesia without having first obtained a class III permit from the board and submits a completed application for this sedation permit class. A class III permit enables a dentist to utilize conscious sedation—enteral, conscious sedation—parenteral, deep sedation, and general anesthesia. A dentist who holds class III sedation permit shall not have to obtain any other class of sedation permit. The board may grant a class III permit to administer deep sedation or general anesthesia to a dentist who does all of the following:

(a) Provides proof of one of the following:

1. Successful completion of a board approved postdoctoral training program in the administration of deep sedation and general anesthesia.

2. Successful completion of a postdoctoral training program in anesthesiology that is approved by the Accreditation Council for Graduate Medical Education.

3. Successful completion of a minimum of one year advanced clinical training in anesthesiology provided it meets the objectives set forth in part 2 of the American Dental Association's "Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry."

4. Has been a licensed dentist under this chapter who has been utilizing general anesthesia for 5 years prior to January 1, 2007.

(b) Provides proof of certification in advanced cardiac life support. If the dentist is a pediatric specialist, the dentist is allowed to substitute certification in pediatric advanced life support. This certification shall be renewed in compliance with the standards set forth by the American Heart Association, or any other organization approved by the board.

(2) Any dentist who administers deep sedation or general anesthesia shall have qualified staff present throughout the dental procedure.

(3) Nothing in this section may be construed to prevent a dentist from employing or working in conjunction with a certified registered nurse anesthetist, or with a licensed physician or dentist who is a member of the anesthesiology staff of an accredited hospital, provided that the anesthesia personnel must remain on the premises of the dental facility until the patient under general anesthesia or deep sedation regains consciousness.

History: CR 04-095: cr. Register August 2006 No. 608, eff. 1-1-07; CR 13-061: am. (1) (intro.) Register June 2014 No. 702, eff. 7-1-14.

DE 11.08 Office facilities and equipment. (1) A dental office shall have all of the following if a dentist is administering

conscious sedation–enteral, conscious sedation–parenteral, deep sedation, and general anesthesia:

- (a) An operating room containing all of the following:
 1. Oxygen and supplemental gas–delivery system capable of delivering positive pressure oxygen ventilation.
 2. Suction and backup system.
 3. Auxiliary lighting system.
 4. Gas storage facilities.
 5. An operating chair capable of withstanding cardiopulmonary resuscitation or a back board.
 6. Emergency equipment including a defibrillator, cardiopulmonary pocket mask, and appropriate emergency medications.
 7. Monitoring equipment including a pulse oximeter, blood pressure cuff, and precordial or pretracheal stethoscope.
 8. An EKG if administering deep sedation or general anesthesia.
- (b) A recovery room containing all of the following:
 1. Oxygen and supplemental gas–delivery system capable of delivering positive pressure oxygen ventilation.
 2. Suction and backup system.
 3. Auxiliary lighting system.
 4. Wheelchair.
 5. An operating chair capable of withstanding cardiopulmonary resuscitation or a back board.
 6. Emergency equipment including a defibrillator, cardiopulmonary pocket mask, and appropriate emergency medications.

(2) Nothing in this section shall be construed to prevent an operating room from also being used as a recovery room, nor shall it be construed to prevent the sharing of equipment between an operating room and a recovery room, provided all the required equipment is in the room being used.

History: CR 04–095; cr. Register August 2006 No. 608, eff. 1–1–07.

DE 11.09 Standards of care. (1) Before the administration of any type of sedation a complete written medical history shall be obtained from each patient. The medical history shall identify any medications a patient is taking and any allergies to medication a patient has.

(2) The recording of a time–oriented anesthesia record including appropriate vital signs, blood pressure, pulse, and oxygen saturation q 5 minutes, is required for conscious sedation–enteral, conscious sedation–parenteral, deep sedation, and general anesthesia.

(3) During the anesthesia period for conscious sedation–enteral, conscious sedation–parenteral, deep sedation, or general anesthesia, the oxygenation, ventilation, and circulation of the patient shall be continually evaluated, and any medications that are administered shall be documented in writing, including the dosages, time intervals, and the route of administration.

(4) A patient shall be continually observed during the anesthesia period for conscious sedation–enteral, conscious sedation–parenteral, deep sedation, and general anesthesia either by the treating dentist or by qualified staff. No permit holder shall have more

than one person in conscious sedation–enteral, conscious sedation–parenteral, deep sedation, or general anesthesia at one time, notwithstanding patients in recovery.

(5) Operative supervision is required for deep sedation and general anesthesia.

(6) Qualified staff shall continuously monitor post–treatment patients before final evaluation and discharge by the dentist. Written post–operative instructions shall be given to each patient or to a responsible adult who accompanies the patient for those individuals having undergone conscious sedation–enteral, conscious sedation–parenteral, deep sedation, or general anesthesia. Documentation of the post–operative instructions shall be noted in the patient’s chart.

(8) Any dentist whose patient lapses into conscious sedation–enteral from anxiety shall meet the requirements found in s. DE 11.05 and shall follow any applicable requirements in s. DE 11.09.

(9) Unless a dentist holds a class 3 permit, he or she shall not administer any drug that has a narrow margin for maintaining consciousness including, but not limited to, ultra–short acting barbiturates, propofol, ketamine, or any other similarly acting drugs.

(10) Dentists shall maintain verifiable records of the successful completion of any and all training of staff.

History: CR 04–095; cr. Register August 2006 No. 608, eff. 1–1–07.

Note: Section DE 11.09 (7) dealing with titration, has been removed from the rule in compliance with statutory restraints based on the objections by the Senate Committee on Health and the Joint Committee for Review of Administrative Rules. The Wisconsin Dentistry Examining Board intends to promulgate s. DE 11.09 (7) upon resolution of those objections.

DE 11.10 Reporting of adverse occurrences related to anesthesia administration. Dentists shall submit a report within 30 days to the board of any mortality or other incident which results in temporary or permanent physical or mental injury requiring hospitalization of a patient during, or as a result of, anesthesia administration under this chapter. The report shall be on a form approved by the board and shall include, at the minimum, responses to all of the following:

- (1) A description of the dental procedures.
- (2) The names of all participants in the dental procedure and any witnesses to the adverse occurrence.
- (3) A description of the preoperative physical condition of the patient.
- (4) A list of drugs and dosage administered before and during the dental procedures.
- (5) A detailed description of the techniques utilized in the administration of all drugs used during the dental procedure.
- (6) A description of the adverse occurrence, including the symptoms of any complications, any treatment given to the patient, and any patient response to the treatment.
- (7) A description of the patient’s condition upon termination of any dental procedures undertaken.

Note: Forms are available at the office of the Dentistry Examining Board located at 1400 East Washington Avenue, P.O. Box 8935, Madison, WI 53708.

History: CR 04–095; cr. Register August 2006 No. 608, eff. 1–1–07.

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Andrea Magermans		2) Date When Request Submitted: 04/30/2018 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting																
3) Name of Board, Committee, Council, Sections: Dentistry Examining Board																		
4) Meeting Date: 05/09/18	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Prescription Drug Monitoring Program (PDMP) Update – Discussion and Consideration																
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input checked="" type="checkbox"/> Yes, by PDMP Staff <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:																
10) Describe the issue and action that should be addressed: 1. PDMP Update 2. Discussion of criteria for CSB/PDMP Referrals, based on the following motions from 3/9/18 CSB meeting: <u>Discussion of Disclosures of PDMP Data to Relevant Boards Under CSB 4.15(5)</u> MOTION: Leonardo Huck moved, seconded by Yvonne Bellay, to create a Work Group of Peter Kallio, Timothy Westlake, Doug Englebert, and Philip Trapskin to develop criteria for analyzing prescribing and dispensing practices that should be brought to the Board’s attention. Motion carried unanimously. MOTION: Peter Kallio moved, seconded by Yvonne Bellay, to request that the Department place an appearance by PDMP staff for the following Boards at their next meeting: Board of Nursing, Medical Examining Board, Dentistry Examining Board, Optometry Examining Board, Podiatry Affiliated Credentialing Board and Pharmacy Examining Board. Motion carried unanimously. CSB 4.15 is attached, for reference.																		
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;">11) Signature of person making this request</td> <td style="width: 40%; text-align: center; border-bottom: 1px solid black;">Authorization</td> <td style="width: 30%; text-align: right; border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Andrea Magermans 4/30/18</td> <td></td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Supervisor (if required)</td> <td></td> <td style="text-align: right; border-bottom: 1px solid black;">Date</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">Executive Director signature (indicates approval to add post agenda deadline item to agenda)</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">Date</td> </tr> </table>				11) Signature of person making this request	Authorization	Date	Andrea Magermans 4/30/18			Supervisor (if required)		Date	Executive Director signature (indicates approval to add post agenda deadline item to agenda)			Date		
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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.																		

CSB 4.15 Disclosure of suspicious or critically dangerous conduct or practices.

- (1) The board may review dispensing data, monitored prescription drug history reports, PDMP data, and data compiled pursuant to s. CSB 4.12 to determine whether circumstances indicate suspicious or critically dangerous conduct or practices of a pharmacist, pharmacy, practitioner, or patient.
- (2) The board may include any of the following factors when determining whether circumstances indicate suspicious or critically dangerous conduct or practices of a pharmacist or pharmacy:
 - (a) The pharmacist or pharmacy's monitored prescription drug dispensing practices deviate from accepted pharmacist or pharmacy practices.
 - (b) There are unusual patterns in the payment methodology used by patients to whom monitored prescription drugs are dispensed by the pharmacist or pharmacy.
 - (c) The history of actions taken against the pharmacist or pharmacy by other state agencies, agencies of another state, or law enforcement.
 - (d) The type and number of monitored prescription drugs dispensed by the pharmacist or at the pharmacy.
 - (e) The pharmacist or pharmacy has dispensed forged prescription orders for a monitored prescription drug.
 - (f) The distance patients travel to have monitored prescription drugs dispensed at the pharmacy.
 - (g) The number of patients dispensed monitored prescription drugs at the pharmacy or by the pharmacist who satisfy any of the criteria identified in sub. (4).
- (3) The board may include any of the following factors when determining whether circumstances indicate suspicious or critically dangerous conduct or practices of a practitioner:
 - (a) The practitioner's monitored prescription drug prescribing practices deviate from accepted prescribing practices.
 - (b) The practitioner prescribes potentially dangerous combinations of monitored prescription drugs to the same patient.
 - (c) The type and number of monitored prescription drugs prescribed by the practitioner.
 - (d) The history of actions taken against the practitioner by other state agencies, agencies of another state, or law enforcement.
 - (e) The distance patients travel to obtain monitored prescription drug prescriptions from the practitioner.
 - (f) The number of patients to whom the practitioner prescribed a monitored prescription who satisfy any of the criteria identified in sub. (4).
- (4) The board may include any of the following factors when determining whether circumstances indicate suspicious or critically dangerous conduct or practices of a patient:
 - (a) The number of practitioners from whom the patient has obtained a prescription for a monitored prescription drug.
 - (b) The number of pharmacies from where the patient was dispensed a monitored prescription drug.
 - (c) The number of prescriptions for a monitored prescription drug obtained by the patient.
 - (d) The number of monitored prescription drug doses dispensed to the patient.
 - (e) Whether the monitored prescription drugs dispensed to the patient include dangerous levels of any drug.
 - (f) The number of times the patient is prescribed or dispensed a monitored prescription drug before the previously dispensed amount of the same or a similar monitored prescription drug would be expected to end.
 - (g) The payment methodology used by the patient to obtain controlled substances at a pharmacy.
- (5) Upon determining that circumstances indicate suspicious or critically dangerous conduct or practices of a pharmacy, practitioner, or patient, the Board may disclose monitored prescription drug history reports, audit trails, and PDMP data to any of the following:
 - (a) A relevant patient.
 - (b) A relevant pharmacist or practitioner.
 - (c) A relevant state board or agency.
 - (d) A relevant agency of another state.
 - (e) A relevant law enforcement agency.
- (6) Upon determining that a criminal violation may have occurred, the board may refer a pharmacist, pharmacy, or practitioner to the appropriate law enforcement agency for investigation and possible prosecution. The board may disclose monitored prescription drug history reports, audit trails, and PDMP data to the law enforcement agency as part of the referral.