



**TELECONFERENCE/VIRTUAL
DENTISTRY EXAMINING BOARD**
Virtual, 4822 Madison Yards Way, 2nd Floor, Madison
Contact: Will Johnson, (608) 266-2112
June 12, 2024

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

AGENDA

9:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A. Pledge of Allegiance**
- B. Adoption of Agenda (1-3)**
- C. Approval of Minutes of May 1, 2024 (4-6)**
- D. Introductions, Announcements and Recognition**
- E. Reminders: Conflicts of Interest, Scheduling Concerns**
- F. Administrative Matters**
 - 1) Department, Staff and Board Updates
 - 2) Appointments of Liaisons and Alternates
 - 3) Board Members – Term Expiration Dates
 - a. Alton, Troy – 7/1/2025
 - b. Bahr, Lisa – 7/1/2026
 - c. Bistan, Matthew – 7/1/2025
 - d. Fox, Joan – 7/1/2025
 - e. Govani, Shaheda – 7/1/2026
 - f. Gundersen, David – 7/1/2026
 - g. Kenyon, Chris – 7/1/2026
 - h. Kolste, Debra – 7/1/2024
 - i. Schrubbe, Katherine – 7/1/2026
 - j. Sheild, Peter – 7/1/2026
 - k. Whalen, Diana – 7/1/2024
- G. Legislative and Policy Matters – Discussion and Consideration**

- H. Administrative Rule Matters – Discussion and Consideration (7-40)**
 - 1) Discussion of Emergency Rule Draft of DE 1 to 17 - Dental Therapists (8-36)
 - 2) Consideration of Adoption Order for DE 3 and 7 (37-39)
 - 3) Pending or possible rulemaking items (40)

- I. Appointment of Dentist and Dental Hygienist Compact Commissioner – Discussion and Consideration (41)**

- J. Appointment of Designee(s) to the Central Regional Dental Testing Service Steering Committee – Discussion and Consideration (42-46)**

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

- L. Public Comments**

ADJOURNMENT

NEXT MEETING: JULY 10, 2024

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

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held virtually unless otherwise indicated. In-person meetings are typically conducted at 4822 Madison Yards Way, Madison, Wisconsin, unless an alternative location is listed on the meeting notice. In order to confirm a meeting or to request a complete copy of the board's agenda, please visit the Department website at <https://dsps.wi.gov>. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of disciplinary hearings may be changed by the examiner for the convenience of the parties. Requests for interpreters for the hard of hearing, or other accommodations, are considered upon request by contacting the Affirmative Action Officer, or reach the Meeting Staff by calling 608-267-7213.

**HYBRID (IN-PERSON/VIRTUAL)
DENTISTRY EXAMINING BOARD
MEETING MINUTES
MAY 1, 2024**

PRESENT: Troy Alton, DDS; Lisa Bahr, RDH; Joan Fox, Shaheda Govani (*via Zoom*), DDS; David Gundersen; Christine Kenyon; Debra Kolste; Katherine Schrubbe, RDH (*via Zoom*); Peter Sheild, DDS;

EXCUSED: Matthew Bistan, DDS; Diana Whalen, RDH

STAFF: Will Johnson, Executive Director; Jameson Whitney, Legal Counsel; Jacob Pelegrin, Administrative Rules Coordinator; Ashley Sarnosky, Board Administration Specialist; and other Department staff

CALL TO ORDER

Troy Alton, Secretary, called the meeting to order at 9:04 a.m. A quorum was confirmed with nine (9) members present.

ADOPTION OF AGENDA

MOTION: Peter Sheild moved, seconded by Joan Fox, to adopt the Agenda as published/. Motion carried unanimously.

APPROVAL OF MINUTES OF MARCH 6, 2024

MOTION: David Gundersen moved, seconded by Shaheda Govani, to approve the Minutes of March 6, 2024, as published. Motion carried unanimously.

REMINDERS: CONFLICTS OF INTEREST, SCHEDULING CONCERNS

Shaheda Govani left meeting 10:38 a.m.

ADMINISTRATIVE RULE MATTERS

Scope Statement for DE 5, 8, and 14 - Informed Consent

MOTION: Peter Sheild moved, seconded by David Gundersen, to approve the Scope Statement revising rules DE 5, 8, and 14 related to Informed Consent for submission to the Governor's Office and for publication in the Register. Additionally, the Board authorizes the Chair to approve the Scope Statement for implementation no less than 10 days after publication. If the Board is directed to hold a preliminary public hearing on the Scope Statement, the Chair is authorized to approve the required notice of hearing. Motion carried unanimously.

Scope Statement for DE 1 to 17 - Dentist and Dental Hygienist Compact

MOTION: Lisa Bahr moved, seconded by Chris Kenyon, to approve the Scope Statement revising rules DE 1 to 17 related to the Dentist and Dental Hygienist Compact for submission to the Governor’s Office and for publication in the Register. Additionally, the Board authorizes the Chair to approve the Scope Statement for implementation no less than 10 days after publication. If the Board is directed to hold a preliminary public hearing on the Scope Statement, the Chair is authorized to approve the required notice of hearing. Motion carried unanimously.

Adoption Order for DE 1, 5, 6, 13, and 16 - Certification of EFDAs

MOTION: Joan Fox moved, seconded by David Gundersen, to authorize the Chair to approve the Adoption Order for DE 1, 5, 6, 13, and 16 related to Certification of Expanded Function Dental Auxiliaries. Motion carried unanimously.

OPIOID ABUSE GOAL SETTING AND REPORT PURSUANT TO WIS. STAT. 440.035 (2m)(c)

MOTION: Debra Kolste moved, seconded by Peter Sheild, to designate David Gundersen to serve as liaison to DSPS staff relating to Opioid Abuse Goal Setting and Reporting Pursuant to Wis. Stat. 440.035 (2m)(c). Motion carried unanimously.

CLOSED SESSION

MOTION: Kolste moved, seconded by Kenyon, 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.). Troy Alton, Secretary, read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Troy Alton-yes; Lisa Bahr-yes; Joan Fox-yes; David Gundersen-yes; Christine Kenyon-yes; Debra Kolste-yes; Katherine Schrubbe-yes; and Peter Sheild-yes. Motion carried unanimously.

The Board convened into Closed Session at 11:30 a.m.

Joan Fox left meeting 11:40 a.m.

CREDENTIALING MATTERS

Application Review

Sarah Willard – Nitrous Oxide and Local Anesthesia Certification

MOTION: Peter Sheild moved, seconded by Troy Alton, to approve the Nitrous Oxide and Local Anesthesia Certification application of Sarah Willard, once all requirements are met. Motion carried unanimously.

Judy Burgess-Drain – Dentist

MOTION: Peter Sheild moved, seconded by David Gundersen, to approve the Dentist application of Judy Burgess-Drain, once all requirements are met. Motion carried unanimously.

DIVISION OF LEGAL SERVICES AND COMPLIANCE (DLSC) MATTERS

Proposed Stipulations, Final Decisions and Orders

MOTION: Peter Sheild moved, seconded by Debra Kolste, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of the following cases:
23 DEN 049 – Grant A. Lemke
23 DEN 057 – Paramjit Singh Sidhu
23 DEN 113 – Surinder K. Mehra
Motion carried unanimously.

Case Closings

MOTION: Lisa Bahr moved, seconded by Troy Alton, to close the following DLSC Cases for the reasons outlined below:
23 DEN 110 – S.S.R. – No Violation
23 DEN 138 – L.A.Z. – No Violation
Motion carried unanimously.

RECONVENE TO OPEN SESSION

MOTION: Lisa Bahr moved, seconded by Debra Kolste, to reconvene into Open Session. Motion carried unanimously.

The Board reconvened into Open Session at 12:12 p.m.

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

MOTION: Debra Kolste moved, seconded by Troy Alton, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

ADJOURNMENT

MOTION: Chris Kenyon, seconded by Peter Sheild, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 12:13p.m.

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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Jake Pelegrin Administrative Rules Coordinator		2) Date when request submitted: 5/31/24 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: 6/12/24	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Administrative Rule Matters – Discussion and Consideration 1. Discussion of Emergency Rule Draft of DE 1 to 17, Dental Therapists 2. Consideration of Adoption Order for DE 3 and 7 3. Pending or possible rulemaking items														
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A														
10) Describe the issue and action that should be addressed: Attachments: -Presentation materials for dental therapist supervision of other staff -Emergency Rule Draft of DE 1 to 17, Dental Therapists -Adoption Order for DE 3 and 7 -Dentistry Rules Chart																
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;"> 11) <i>Jake Pelegrin</i> </td> <td style="width: 40%; border-bottom: 1px solid black; text-align: center;"> Authorization </td> <td style="width: 30%; border-bottom: 1px solid black; text-align: right;"> 5/31/24 </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> Signature of person making this request </td> <td colspan="2" style="border-bottom: 1px solid black; text-align: right;"> Date </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> Supervisor (if required) </td> <td colspan="2" style="border-bottom: 1px solid black; text-align: right;"> 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> <td style="border-bottom: 1px solid black; text-align: right;"> Date </td> </tr> </table>				11) <i>Jake Pelegrin</i>	Authorization	5/31/24	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
11) <i>Jake Pelegrin</i>	Authorization	5/31/24														
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.																

This is a small presentation I put together on the topic of exactly when and how a dental therapist can supervise/delegate to a dental hygienist, and where the board has rulemaking authority. During the upcoming board meeting, we will go through this presentation first, and then go through the rule text. This is the most complicated and confusing part of the rule, so it will help to go through this first and answer any questions.

447.06 Practice limitations.

(2)

(b) A dental hygienist may practice dental hygiene or perform remediable procedures under par. (a) 1. only as authorized by a dentist or dental therapist [or dental therapy] who is present in the facility in which those practices or procedures are performed, except as provided in par. (c).

NOTE: Par. (b) is shown as amended by [2023 Wis. Acts 87](#) and [88](#) and as merged by the legislative reference bureau under s. 13.92 (2) (i). The language in brackets was inserted by [2023 Wis. Act 87](#) but rendered without effect by the treatment of s. 447.06 (2) (b) by [2023 Wis. Act 88](#). Corrective legislation is pending.

(c) A dental hygienist may practice dental hygiene or perform remediable procedures under par. (a) 1. if a dentist or dental therapist [or dental therapy] is not present in the facility in which those practices or procedures are performed only if all of the following conditions are met:

NOTE: Par. (c) (intro.) is shown as amended by [2023 Wis. Acts 87](#) and [88](#) and as merged by the legislative reference bureau under s. 13.92 (2) (i). The language in brackets was inserted by [2023 Wis. Act 87](#) but rendered without effect by the treatment of s. 447.06 (2) (c) (intro.) by [2023 Wis. Act 88](#). Corrective legislation is pending.

1. The dental hygiene practices or remediable procedures are performed under a written or oral prescription.
2. The dentist or dental therapist who made the written or oral prescription has examined the patient at least once during the 12-month period immediately preceding:
 - a. The date on which the written or oral prescription was made; and
 - 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.

This is just to acknowledge that these were amended to include dental therapists. Based on this, a dental hygienist performing dental hygiene and remediable procedures can be supervised/delegated by a dental therapist in the same way as a dentist.

The remediable procedures are subject to more restrictions as seen below.

447.06 (2) (e)

- (e) Pursuant to a treatment plan approved by a dentist, a dental hygienist may administer the following upon delegation by the dentist if the dentist remains on the premises in which the practices are performed and is available to the patient throughout the completion of the appointment:
1. Oral systemic premedications specified by the examining board by rule.
 2. If the dental hygienist is certified under s. 447.04 (2) (c) 1., local anesthesia.
 3. Subgingival sustained release chemotherapeutic agents specified by the examining board by rule.
 4. If the dental hygienist is certified under s. 447.04 (2) (d) 1., nitrous oxide inhalation analgesia.

The above paragraph was not amended to include dental therapists.

447.065 (2)

- (2) Subject to the requirements under s. 447.06 (2), a dentist or dental therapist may delegate to a dental hygienist the performance of remediable procedures and the administration of oral systemic premedications, local anesthesia, nitrous oxide inhalation analgesia, and subgingival sustained release chemotherapeutic agents, to the extent the dentist or dental therapist has the authority to perform the activity personally.

The above paragraph was amended to include dental therapists.

Can a dental therapist ever delegate a dental hygienist to do these 4 things? – Only as long as they are delegating it as part of a treatment plan approved by the dentist and the dentist remains on the premises. And, the dental therapist has the authority to perform the activity personally – only if it was covered by their dental therapy education program.

We don't really think this is true supervision, but we have to follow the legislative intent.

All of the standards of conduct in DE 5 apply to dental therapists.

And:

447.06(3)(c)4. A supervising dentist shall accept responsibility for all services performed by a dental therapist pursuant to a collaborative management agreement. If services needed by a patient are beyond the dental therapist's scope of practice or authorization under the collaborative management agreement, the dental therapist shall, to the extent required under the collaborative management agreement, consult with the supervising dentist as needed to arrange for those services to be provided by a dentist or another qualified health care provider.

There is a clear legislative intent that they wanted the dental therapist to be able to delegate certain things, but subject to many restrictions.

We have put these regulations into the appropriate places in the rule text, with the statutory citations.

There is also more rulemaking authority as seen below. But, we have to stay within the legislative intent.

447.02(2) The examining board shall promulgate rules specifying all of the following:

- (a) The conditions for supervision and the degree of supervision required under ss. 447.03 (3) (a), (am), (b) and (d) 2. and 447.065.

447.065 Delegation of remediable procedures and dental practices.

- (1) A dentist or dental therapist may delegate to an individual who is not licensed under this subchapter only the performance of remediable procedures, and only if all of the following conditions are met:

NOTE: Sub. (1) (intro.) is shown as amended by 2023 Wis. Acts 87 and 88 and as merged by the legislative reference bureau under s. 13.92 (2) (i).

- (a) The unlicensed individual performs the remediable procedures in accordance with a treatment plan approved by the dentist or dental therapist.
- (b) The dentist or dental therapist is on the premises when the unlicensed individual performs the remediable procedures.
- (c) The unlicensed individual's performance of the remediable procedures is subject to inspection by the dentist or dental therapist.

- (2) Subject to the requirements under s. 447.06 (2), a dentist or dental therapist may delegate to a dental hygienist the performance of remediable procedures and the administration of oral systemic premedications, local anesthesia, nitrous oxide inhalation analgesia, and subgingival sustained release chemotherapeutic agents, to the extent the dentist or dental therapist has the authority to perform the activity personally.

NOTE: Sub. (2) is shown as amended by 2023 Wis. Acts 87 and 88 and as merged by the legislative reference bureau under s. 13.92 (2) (i).

- (3) A dentist or dental therapist who delegates to another individual the performance of any practice or remediable procedure is responsible for that individual's performance of that delegated practice or procedure.

The board has the rulemaking authority to set the conditions for supervision and the degree of supervision needed when a dental therapist delegates to a dental hygienist:

- **Doing remediable procedures, and,**
- **Administering oral systemic premedications, local anesthesia, nitrous oxide inhalation analgesia, and subgingival sustained release chemotherapeutic agents.**

Again, the dental therapist can only delegate these procedures to a hygienist if they are authorized to perform them personally.

The board has the authority to set conditions for supervision and the degree of supervision. So far, I have added one provision to the rule text based on that authority.

But, we have to stay within the legislative intent. There is a clear legislative intent that they wanted the dental therapist to be able to delegate certain things, but subject to restrictions.

Unlicensed staff:

The board has the rulemaking authority to set the conditions for supervision and the degree of supervision needed when a dental therapist supervises/delegates remediable procedures to unlicensed staff.

Currently in the statutes and rule text, a dental therapist can delegate remediable procedures to unlicensed staff. Again, only if they have the authority to perform the procedure personally.

The board has the authority to set conditions for supervision and degree of supervision.

STATE OF WISCONSIN
DENTISTRY EXAMINING BOARD

IN THE MATTER OF RULEMAKING : ORDER OF THE
PROCEEDINGS BEFORE THE : DENTISTRY EXAMINING BOARD
DENTISTRY EXAMINING BOARD : ADOPTING EMERGENCY RULES

The statement of scope for this rule, SS 031-24, was approved by the Governor on March 14, 2024, published in Register 819A3 on March 18, 2024, and approved by the Dentistry Examining Board on March 29, 2024. This emergency rule was approved by the Governor on (date).

ORDER

An order of the Dentistry Examining Board to **amend** DE 1.01, DE 2.005 (intro.), DE 2.013, DE 2.03 (3), 2.03 (4), DE 2.03 (5) (a), DE 2.03 (5) (b), DE 2.03 (5) (b) 3. b., DE 2.03 (6), DE 2.035 (2) and (2) (e), DE 3.01, DE 3.02 (1) (b), DE 3.02 (1) (c), DE 3.02 (1) (c) 2., DE 3.02 (2) (a) 2., DE 5.02 (intro.), (5), (9), (14), (14m), (15), (20), and (24), DE 6.02 (4) (b), DE 7.04 (3) (b) (Note), DE 8.02 (1), DE 8.035, DE 10.01 (1), DE 10.02 (1) (b), 1., b., and 2., DE 10.02 (2) (c), DE 10.02 (3) (c), DE 10.045, DE 11.10 (3m) (g) (Note), DE 12.01 (intro.), DE 12.02, DE 12.03, DE 13.01, DE 13.02 (3) and (4), DE 14.01 (2), DE 14.02, DE 14.03, DE 14.04, and DE 15.06 (intro.); and to **create** DE 1.02 (4g) and (4r), DE 2.01 (3), DE 2.02 (2m), DE 2.03 (2m), DE 2.04 (3), DE 3.02 (1) (d), DE 3.04 (4) and (5), DE 5.02 (21m), DE 6.03, DE 7.06 (1) and (2), DE 12.04, DE 13.035, DE 13.05 (1m), DE 15.07, and chapter DE 17 relating to Licensure of Dental Therapists.

Analysis prepared by the Department of Safety and Professional Services.

EXEMPTION FROM FINDING OF EMERGENCY

The Legislature by section 65 (2) (a) in 2023 Wisconsin Act 87 provides an exemption from a finding of emergency for the adoption of the rule.

ANALYSIS

Statutes interpreted: Section 447.02 (1) (g), Stats.

Statutory authority: Sections 15.08 (5) (b), 447.02 (1) (a), (1) (b), (1) (g), and 447.02 (2) (a), Stats.

Explanation of agency authority:

Section 15.08 (5) (b), Stats., provides that an examining board “[s]hall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains, and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular trade or profession.”

Section 447.02 (1) (a), Stats., states that the examining board may promulgate rules “[g]overning the reexamination of an applicant who fails an examination specified in s. 447.04 (1) (a) 5., (1m) (e), or (2) (a) 5. The rules may specify additional education requirements for those applicants and may specify the number of times an applicant may be examined.”

Section 447.02 (1) (b), Stats., states that the examining board may promulgate rules “[g]overning the standards and conditions for the use of radiation and ionizing equipment in the practice of dentistry or dental therapy.”

Section 447.02 (1) (g), Stats., states that the examining board may promulgate rules “Specifying services, treatments, or procedures, in addition to those specified under s. 447.06 (3) (b) 1. to 27., that are included within the practice of dental therapy.”

Section 447.02 (2) (a), Stats., states that the examining board shall promulgate rules specifying “[t]he conditions for supervision and the degree of supervision required under ss. 447.03 (3) (a), (am), (b) and (d) 2. and 447.065.”

2023 Wisconsin Act 87, Section 65 (2) (a) provides that “The dentistry examining board shall promulgate emergency rules under s. 227.24 that are necessary to implement this act. Notwithstanding s. 227.24 (1) (c) and (2), emergency rules promulgated under this paragraph remain in effect for 2 years, or until the date on which permanent rules take effect, whichever is sooner.”

Related statute or rule:

2023 Wisconsin Act 87.

Plain language analysis:

The objective of the proposed rule is to implement the statutory changes from 2023 Wisconsin Act 87, providing for the licensure and regulation of dental therapists in Wisconsin. The rule integrates dental therapists into the current code chapters DE 1 to 16 and creates chapter DE 17. The rule sets the licensure application requirements and continuing education requirements for dental therapists. It clarifies and specifies their scope of practice. And, it clarifies and specifies the regulations for supervision from a supervising dentist, and the ability of a dental therapist to supervise other staff.

Summary of, and comparison with, existing or proposed federal regulation:

None.

Comparison with rules in adjacent states:

Illinois:

Illinois statutes and codes do not provide for licensure of dental therapists.

Iowa:

Iowa statutes and codes do not provide for licensure of dental therapists.

Michigan:

Michigan law provides for licensure and regulation of dental therapists [MCL 333.16651 to 16659]. Their scope of practice includes a list of 27 dental therapy services including identifying conditions, dispensing medications prescribed by a health care professional, teeth cleaning, and other basic dental procedures. Their dental therapists can practice only under the supervision of a supervising dentist. The supervising dentist and dental therapist must create a written agreement to agree to the services and procedures the dental therapist is allowed to do. This written practice agreement must be fairly detailed and is regulated by a variety of provisions in Michigan law. Essentially, the supervising dentist has a fair amount of authority over what they will allow the dental therapist to do.

Michigan rules further specify a dental therapist's scope of practice and conditions of supervision [Michigan Rules R 338.11415 to 11417]. For supervision, the supervisor does not always need to be physically present in the office, but must be continuously available by telephone or telecommunication. Also, a dental therapist may supervise dental assistants and dental hygienists (to the extent permitted in the written practice agreement).

Minnesota:

Minnesota law provides for licensure and regulation of dental therapists and advanced dental therapists [2023 Minnesota Statutes, parts 150A.105 to 106]. Their scope of practice is limited to a similar list of 30 dental therapy services and procedures. However, in Minnesota's list, 14 of the more intensive procedures are required to be done under a level of supervision where the supervising dentist is physically present in the office (but doesn't need to be in the room). The remaining 16 less-intensive procedures are allowed to be done if the supervising dentist is not present in the office. However, these are minimums and the supervision can be more direct, as agreed on in the collaborative management agreement between the dental therapist and the supervising dentist. Like Michigan, the requirements for their collaborative management agreements specifies a large level of detail to be agreed on in writing between the two parties. Dental therapists may supervise dental assistants, but not dental hygienists.

Advanced dental therapists have increased education requirements but have a slightly wider scope of practice. In addition to the scope of practice described above, they can also perform nonsurgical extractions of permanent teeth. Also, all their services and procedures are allowed to be done under a level of supervision where the supervising dentist is not present in the office.

Minnesota administrative rules further specify licensure requirements for dental therapists but make minimal other additions to the regulations already in Minnesota statute [Minnesota Rules parts 3100.1170 to 1180].

Summary of factual data and analytical methodologies:

The department, in collaboration with the board, reviewed code chapters DE 1 to 16 to determine what changes need to be made due to 2023 Wisconsin Act 87. Additionally, the department and board decided to create chapter DE 17 to further specify practice requirements for dental therapists.

Fiscal Estimate:

The Fiscal Estimate will be attached upon completion.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted at Jennifer.Garrett@wisconsin.gov or (608) 266-2112.

Agency contact person:

Jake Pelegrin, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 4822 Madison Yards Way, P.O. Box 8366, Madison, Wisconsin 53708; telephone 608-267-0989; email at DSPSAdminRules@wisconsin.gov.

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

Comments may be submitted to Jake Pelegrin, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 4822 Madison Yards Way, P.O. Box 8366, Madison, WI 53708-8366, or by email to DSPSAdminRules@wisconsin.gov. Comments must be received on or before the public hearing, held on a date to be determined, to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. DE 1.01 is amended to read:

DE 1.01 Authority. The provisions in chs. DE 1 to ~~46~~17 are adopted pursuant to authority in ss. 15.08 (5) and 227.11 (2) (a), Stats., and ch. 447, Stats.

SECTION 2. DE 1.02 (4g) is created to read:

DE 1.02 (4g) “Dental therapist” means an individual who practices dental therapy.

SECTION 3. DE 1.02 (4r) is created to read:

DE 1.02 (4r) “Dental therapy” means the limited practice of dentistry, consisting of the services, treatments, and procedures specified in s. 447.06 (3) (b), Stats., and ch. DE 17.

SECTION 4. DE 2.005 (intro.) is amended to read:

DE 2.005 ~~Dental testing service and dental hygiene t~~Testing service requirements. A dental, dental therapy, testing service or dental hygiene testing service may be approved if all the testing service's exams meet all of the following requirements:

SECTION 5. DE 2.01 (3) is created to read:

DE 2.01 (3) An applicant for license as a dental therapist shall meet the requirements in sub. (1) (a) and (c) and shall also submit to the board:

(a) Evidence satisfactory to the board that the applicant has graduated from one of the following programs:

1. An accredited dental therapy education program.
2. A dental therapy education program that was not accredited at the time of graduation, but satisfies all of the following:
 - a. The program was approved by the Minnesota Department of Dentistry on or before February 2, 2024.
 - b. The program was accredited as of the date the individual applies for licensure under this subsection.
3. A dental therapy education program located in Wisconsin that at the time of graduation was not fully accredited but had received initial accreditation. This subdivision applies to a dental therapy education program only during the 4-year period beginning after the program's inception. After that 4-year period has elapsed, an individual may not qualify for a license under this subsection on the basis of graduation from that program unless the program has subsequently become accredited as described in subd. 1.

(b) Evidence satisfactory to the board that the applicant has passed a national board dental therapy examination and a dental therapy clinical examination administered by a regional testing service that has been approved by the board to administer clinical examinations for dental professionals. If a national board examination or a regional testing service examination for dental therapy does not exist, the board shall accept evidence of passing

an alternative examination administered by another entity or testing service that is approved by the board.

(c) Evidence of successful completion of an examination administered by the board on the statutes and rules relating to dental therapy.

(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 under s. 46.03 (38), Stats., to provide such instruction.

(e) If applicable, information relating to the applicant's licensure in other jurisdictions as required by the examining board.

SECTION 6. DE 2.013 is amended to read:

DE 2.013 Student supervision. A dental student under s. 447.03 (3) (a), Stats., a dental therapy student under s. 447.03 (3) (am), Stats., or a dental hygiene student under s. 447.03 (3) (b), Stats., is required to practice under the supervision of a dentist who is present in the facility in which the practice occurs.

SECTION 7. DE 2.02 (2m) is created to read:

DE 2.02 (2m) Every person granted a license as a dental therapist shall be deemed licensed for the current biennial license period.

SECTION 8. DE 2.03 (2m) is created to read:

DE 2.03 (2m) REQUIREMENTS FOR RENEWAL; DENTAL THERAPISTS. A dental therapist shall by October 1 of the odd-numbered year following initial licensure and every 2 years thereafter, meet the requirements for renewal specified in sub. (1) (a) to (d).

SECTION 9. DE 2.03 (3) is amended to read:

DE 2.03 (3) FAILURE TO MEET REQUIREMENTS. A dentist, dental therapist, or dental hygienist who fails to meet the requirements under subs. (1) (a) to (d), ~~and (2),~~ and (2m) by the renewal date shall cease and desist from dental, dental therapy, or dental hygiene practice.

SECTION 10. DE 2.03 (4) is amended to read:

DE 2.03 (4) NEW LICENSEES. Dentists, dental therapists, and dental hygienists are not required to satisfy the continuing education requirements under sub. (1) (d) for the first renewal period following the issuance of their initial licenses.

SECTION 11. DE 2.03 (5) (a) is amended to read:

DE 2.03 (5) (a) A dentist, dental therapist, or dental hygienist who files an application for renewal of a license within 5 years after the renewal date may renew his or her license by filing with the board all of the following:

SECTION 12. DE 2.03 (5) (b) is amended to read:

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

SECTION 13. DE 2.03 (5) (b) 3. b. is amended to read:

DE 2.03 (5) (b) 3. b. If a dentist or dental therapist, successful completion of a board approved testing service examination within one year of renewal.

SECTION 14. DE 2.03 (6) is amended to read:

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

SECTION 15. DE 2.035 (2) and (2) (e) are amended to read:

DE 2.035 (2) Each applicant for reciprocal licensure as a dentist, dental therapist, or dental hygienist shall submit all of the following:

(e) Evidence that the applicant is in good standing with the governmental authorities in every jurisdiction outside this state that have granted the applicant a license, certification, registration, or permit that qualifies the individual to perform acts authorized under a dentist, dental therapist, or dental hygienist license granted by the board.

SECTION 16. DE 2.04 (3) is created to read:

DE 2.04 (3) The board may grant a license as a dental therapist 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 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:

(a) The applicant has graduated from an accredited dental therapy education program.

(b) The applicant submits a certificate from each jurisdiction in which the applicant is or has ever been licensed stating that no disciplinary action is pending against the applicant

or the license, and detailing all discipline, if any, which has ever been imposed against the applicant or the license.

(c) The applicant has successfully completed a licensing examination that, in the board's judgment, is substantially equivalent to an examination administered by a board approved testing service.

(d) The applicant has successfully completed a jurisprudence examination on the provisions of Wisconsin statutes and administrative rules relating to dental therapy.

(e) The applicant possesses a current certificate of proficiency in cardiopulmonary resuscitation from a course provider approved by the Wisconsin department of health services.

(f) The applicant has disclosed all discipline which has ever been taken against the applicant in any jurisdiction shown in reports from the national practitioner data bank and the American Association of Dental Boards.

(g) The applicant has presented satisfactory responses during any personal interview with the board which may be required to resolve conflicts between the licensing standards and the applicant's application.

SECTION 17. DE 3.01 is amended to read:

DE 3.01 Supervision. A dental hygienist shall practice under the supervision of a licensed dentist or dental therapist in a dental facility or a facility specified in s. 447.06 (2), Stats., if applicable.

SECTION 18. DE 3.02 (1) (b) is amended to read:

DE 3.02 (1) (b) A dental hygienist may practice dental hygiene or perform remediable procedures only as authorized by a licensed dentist or dental therapist who is present in the facility in which those practices or procedures are performed, except as provided in par. (c).

SECTION 19. DE 3.02 (1) (c) is amended to read:

DE 3.02 (1) (c) A dental hygienist may practice dental hygiene or perform remediable procedures if a licensed dentist or dental therapist is not present in the facility in which those practices or procedures are performed only if all of the following conditions are met:

SECTION 20. DE 3.02 (1) (c) 2. is amended to read:

DE 3.02 (1) (c) 2. The dentist or dental therapist 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:

SECTION 21. DE 3.02 (1) (d) is created to read:

DE 3.02 (1) (d) Subject to the requirements under this subsection, a dental therapist may delegate to a dental hygienist the performance of remediable procedures only to the extent that the dental therapist has the authority to perform the activity personally, pursuant to the requirements in s. 447.06 (3) (bm) 1. and 2., Stats.

Here, the board has the authority to set the conditions for supervision and the degree of supervision needed for this case.

SECTION 22. DE 3.02 (2) (a) 2. is amended to read:

DE 3.02 (2) (a) 2. For a school for the education of dentists, dental therapists, or dental hygienists.

SECTION 23. DE 3.04 (4) and (5) are created to read:

DE 3.04 (4) Pursuant to the requirements under ss. 447.06 (2) (e) and 447.065 (2), Stats., a dental therapist may delegate to a dental hygienist the administration of oral systemic premedications and subgingival sustained release chemotherapeutic agents to patients only if all of the following conditions are met:

(a) The administration is performed pursuant to a treatment plan for the patient approved by a dentist.

(b) A dentist remains on the premises in which the administration is performed and is available to the patient throughout the completion of the appointment.

(c) The dental therapist has the authority to perform the activity personally, pursuant to the requirements under s. 447.06 (3) (bm) 1. and 2., Stats.

(d) The dental therapist remains under the supervision of the supervising dentist for the duration of the procedure. “Supervising dentist” has the meaning given in s. DE 17.01 (6).

Here, the board has the authority to set the conditions for supervision and the degree of supervision needed for this case.

(5) In sub. (4), the dentist who approves the treatment plan and remains available to the patient may be a different dentist than the supervising dentist for the dental therapist. “Supervising dentist” has the meaning given in s. DE 17.01 (6).

SECTION 24. DE 5.02 (intro.), (5), (9), (14), (14m), (15), (20), and (24) are amended to read:

DE 5.02 Unprofessional conduct. Unprofessional conduct by a dentist, dental therapist, dental hygienist, or expanded function dental auxiliary includes:

(5) Practicing in a manner which substantially departs from the standard of care ordinarily exercised by a dentist, dental therapist, dental hygienist, or expanded function dental auxiliary which harms or could have harmed a patient.

(9) Impersonating another dentist, dental therapist, dental hygienist, or expanded function dental auxiliary.

(14) Having a license, certificate, permit, or registration granted by another state to practice as a dentist, dental therapist, or dental hygienist limited, suspended or revoked, or subject to any other disciplinary action.

(14m) Surrendering, while under investigation, a license, certificate, permit, or registration granted by another state to practice as a dentist, dental therapist, dental hygienist, or expanded function dental auxiliary.

(15) Violating any law or being convicted of a crime the circumstances of which substantially relate to the practice of a dentist, dental therapist, or dental hygienist.

(20) Violating, or aiding or abetting the violation of any law substantially related to the practice of dentistry, dental therapy, dental hygiene, or the practice of an expanded function dental auxiliary.

(24) Failing to hold a current certificate in cardiopulmonary resuscitation unless the ~~licensee or certified individual~~ credential holder has obtained a waiver from the board based on a medical evaluation documenting physical inability to comply. A waiver shall be issued by the board only if it is satisfied that another person with current certification in CPR is immediately available to the ~~licensee~~ credential holder when patients are present.

SECTION 25. DE 5.02 (21m) is created to read:

DE 5.02 (21m) Aiding or abetting or permitting unlicensed persons in the practice of dental therapy, as defined in s. 447.01 (6r), Stats.

SECTION 26. DE 6.02 (4) (b) is amended to read:

DE 6.02 (4) (b) A name of a dentist or dental therapist who has not been associated with the advertising dentist or dental therapist for the past year or longer,

SECTION 27. DE 6.03 is created to read:

DE 6.03 Advertising limitations for dental therapists. (1) A dental therapist may not advertise as a dentist or as providing services other than dental therapy.

(2) A dentist supervising a dental therapist under a collaborative management agreement retains full responsibility for advertising by the dental therapist.

SECTION 28. DE 7.04 (3) (b) (Note) is amended to read:

Note: ~~Applications are available upon request to the board office at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708. Instructions for applications are available on the department of safety and professional services' website at <http://dps.wi.gov> or by calling (608) 266-2112.~~

SECTION 29. DE 7.06 (1) and (2) are created to read:

DE 7.06 (1) Pursuant to the requirements under ss. 447.06 (2) (e) and 447.065 (2), Stats., a dental therapist may delegate to a dental hygienist the administration of local anesthetic only if all of the following conditions are met:

(a) The administration is performed pursuant to a treatment plan for the patient approved by a dentist.

(b) The dentist remains on the premises in which the administration is performed and is available to the patient throughout the completion of the appointment.

(c) The dental therapist has the authority to perform the activity personally, pursuant to the requirements under s. 447.06 (3) (bm) 1. and 2., Stats.

(d) The dental therapist remains under the supervision of the supervising dentist for the duration of the procedure. "Supervising dentist" has the meaning given in s. DE 17.01 (6).

Here, the board has the authority to set the conditions for supervision and the degree of supervision needed for this case.

(2) In sub. (1), the dentist who approves the treatment plan and remains available to the patient may be a different dentist than the supervising dentist for the dental therapist. "Supervising dentist" has the meaning given in s. DE 17.01 (6).

SECTION 30. DE 8.02 (1) is amended to read:

DE 8.02 (1) "Patient" means a person who receives dental services from a licensed dentist, dental therapist, or dental hygienist.

SECTION 31. DE 8.035 is amended to read:

DE 8.035 Preservation of patient health care records. A person who manages or controls a business that offers dental, dental therapy, or dental hygiene services, including management or control of a business through which the person allows another person to offer dental, dental therapy, or dental hygiene services, shall preserve patient health care records for at least 10 years from the date of the last entry.

SECTION 32. DE 10.01 (1) is amended to read:

DE 10.01 (1) "Mobile dentistry program" means a program providing dental hygiene as defined by s. 447.01 (3), Stats., dental therapy as defined by s. 447.01 (6r), Stats., or dentistry as defined by s. 447.01 (8), Stats., excluding a health practitioner practicing within the scope of a license not governed by ch. 447, Stats., in one of the following:

SECTION 33. DE 10.02 (1) (b), 1., b., and 2. are amended to read:

DE 10.02 (1) (b) A program providing dental, dental therapy, or dental hygiene care is not required to register if one of the following requirements is satisfied:

1. The dental, dental therapy, or dental hygiene care is provided within a 50 mile radius of their main or satellite facility and all of the following:

b. The dentist, dental therapist, or dental hygienist provides any necessary follow-up care to the patient.

2. The dental, dental therapy, or dental hygiene care is being provided to a new or established patient of record of the main or satellite dental facility and no more than 2 patients per day are being treated using portable equipment or a self-contained, intact facility that can be moved.

SECTION 34. DE 10.02 (2) (c) is amended to read:

DE 10.02 (2) (c) A list of all employees, contractors, or volunteers who are providing dental, dental therapy, or dental hygiene care in Wisconsin. The list shall include the Wisconsin license number for each person providing dental, dental therapy, or dental hygiene care.

SECTION 35. DE 10.02 (3) (c) is amended to read:

DE 10.02 (3) (c) A list of all employees, contractors or volunteers who are providing dental, dental therapy, or dental hygiene care in Wisconsin. The list shall include the Wisconsin license number for each person providing dental care.

SECTION 36. DE 10.045 is amended to read:

DE 10.045 Notification to department. The mobile dentistry program shall notify the department within 30 days of new employees, contractors or volunteers providing dental, dental therapy, or dental hygiene services in Wisconsin.

SECTION 37. DE 11.10 (3m) (g) (Note) is amended to read:

Note: Forms are available on the department of safety and professional services' website at <http://dsps.wi.gov> or at the office of the Dentistry Examining Board located at 1400 East Washington Avenue 4822 Madison Yards Way, P.O. Box 8935, Madison, WI 537085.

SECTION 38. DE 12.01 (intro.) is amended to read:

DE 12.01 Nondelegated functions. A dentist or dental therapist may not delegate any dental procedure of any description to an unlicensed person if the procedure or function to be delegated is any of the following:

SECTION 39. DE 12.02 is amended to read:

DE 12.02 Training. A dentist or dental therapist 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 40. DE 12.03 is amended to read:

DE 12.03 Reporting violations. (1) A licensee shall report to the board any dentist or dental therapist who is improperly delegating the performance of any dental or dental therapy procedure or function to an unlicensed person, or is delegating to a person performing any dental or dental therapy procedure or function in a manner which is less than minimally competent.

(2) A licensee who fails to report the circumstances as specified in sub. (1) constitutes aiding and abetting the violation of a law substantially related to the practice of dentistry, dental therapy, or dental hygiene, and shall be in violation of s. DE 5.02 (20), (21), (21m), or (22).

SECTION 41. DE 12.04 is created to read:

DE 12.04 Dental therapist delegation to unlicensed persons. (1) A dental therapist may delegate to an unlicensed person only the performance of remediable procedures, and only if all of the following conditions are met:

(a) The unlicensed individual performs the remediable procedures in accordance with a treatment plan approved by the dentist or dental therapist.

(b) The dental therapist is on the premises when the unlicensed individual performs the remediable procedures.

(c) The unlicensed individual's performance of the remediable procedures is subject to inspection by the dentist or dental therapist.

(d) The dental therapist has the authority to perform the activity personally, pursuant to the requirements in s. 447.06 (3) (bm) 1. and 2., Stats.

Here, the board has the authority to set the conditions for supervision and the degree of supervision needed for this case.

(2) In sub. (1), the dentist who approves the treatment plan and may inspect the performance of the remediable procedures may be a different dentist than the supervising dentist for the dental therapist. "Supervising dentist" has the meaning given in s. DE 17.01 (6).

SECTION 42. DE 13.01 is amended to read:

DE 13.01 Authority. The rules in this chapter are adopted by the dentistry examining board under the authority of ss. 227.11 (2), 447.02 (1) (f), 447.055, ~~and~~ 447.056, and 447.057, Stats.

SECTION 43. DE 13.02 (3) and (4) are amended to read:

DE 13.02 (3) "Professional organization" means an organization that seeks to further the dental, dental therapy, dental hygiene, or medical professions, the interests of licensees engaged in those professions, and the public interests. "Professional organization" includes a study group, as defined in sub. (4).

(4) "Study group" means a group of 2 or more dentists, dental therapists, or dental hygienists who discuss continuing education topics relating to the practice of dentistry, dental therapy, or medicine, or the clinical practice of dental hygiene, and that satisfies all of the following:

SECTION 44. DE 13.035 is created to read:

DE 13.035 Continuing education requirements for dental therapists. (1) COMPLETION OF CONTINUING EDUCATION CREDIT HOURS. Except as provided under sub. (5), during the 2-year period immediately preceding the renewal date specified under s. 440.08 (2) (a), Stats., a dental therapist shall complete 12 credit hours of continuing education related to the practice of dental therapy. No more than 2 of the 12 credit hours may be satisfied by training related to basic life support or cardiopulmonary resuscitation. Not less than 2 of the 12 credit hours shall include training in infection control.

(1m) PRESCRIBING CONTROLLED SUBSTANCES CONTINUING EDUCATION. If a dental therapist has a federal drug enforcement administration registration number, the 12 credit hours of continuing education shall include 2 hours in the topic of prescribing of controlled substances for the treatment of dental pain.

(2) CREDIT FOR TEACHING OR PREPARING A PROGRAM. One hour of teaching or preparing a professional dental or medical program is equivalent to one credit hour of continuing education. A licensee who teaches or prepares a professional dental, dental therapy, or medical program may obtain credit for the program only once during a biennium. Not more than 3 of the 12 hours may be from teaching.

(3) CREDIT FOR COLLEGE LEVEL COURSES. One credit hour of a college level course is equivalent to 6 credit hours of continuing education. A licensee may substitute credit hours of college level courses related to the practice of dentistry, dental therapy, or medicine for the required continuing education credit hours.

(4) CREDIT FOR DISTANCE EDUCATION. The credit hours required under sub. (1) may be satisfied by independent study, correspondence, or internet programs or courses.

(5) EXEMPTION FOR NEW LICENSEES. Subsection (1) does not apply to an applicant for renewal of a license that expires on the first renewal date after the date on which the applicant is licensed.

(6) CERTIFICATION STATEMENT. At the time of each renewal, each licensee shall sign a statement certifying that, within the 2 years immediately preceding the renewal date specified under s. 440.08 (2) (a), Stats., he or she has completed the continuing education credit hours required under sub. (1).

(7) FAILURE TO COMPLETE CONTINUING EDUCATION HOURS. A licensee who fails to complete the continuing education requirements by the renewal date specified under s. 440.08 (2) (a), Stats., shall not practice dental therapy until his or her license is restored under s. DE 2.03 (5).

(8) TIME LIMITS ON OBTAINING CREDITS. Credit hours completed before the 2-year period immediately preceding renewal of a license to practice dental therapy may not be applied to fulfill the credit hours required under sub. (1).

(9) RECORDKEEPING. Every licensee shall maintain a written record of the continuing education hours required under sub. (1) for not less than 6 years after completion of each credit.

(10) WAIVER OF CONTINUING EDUCATION HOURS. The board may waive the continuing education requirements under sub. (1) if it finds that exceptional circumstances such as prolonged illness, disability, or other similar circumstances have prevented a licensee from meeting the requirements.

SECTION 45. DE 13.05 (1m) is created to read:

DE 13.05 (1m) DENTAL THERAPISTS. The board accepts continuing education programs for dental therapists that satisfy the following criteria:

(a) The subject matter of the continuing education program relates to the practice of dental therapy or the practice of medicine.

(b) The continuing education program is one of the following:

1. Sponsored or recognized by a local, state, regional, national, or international dental, dental therapy, dental hygiene, dental assisting, or medical related professional organization.

2. A college level course that is offered by a postsecondary institution accredited by the American Dental Association Commission on Dental Accreditation or a successor agency, or by another recognized accrediting body.

3. A study group as specified in s. DE 13.02 (4).

SECTION 46. DE 14.01 (2) is amended to read:

DE 14.01 (2) PURPOSE. The purpose of the rules is to define the obligation of a dentist or dental therapist to communicate alternate modes of treatment to a patient.

SECTION 47. DE 14.02 is amended to read:

DE 14.02 Informed consent. Any dentist or dental therapist who treats a patient shall inform the patient about the availability of reasonable alternate modes of treatment and about the benefits and risks of these treatments prior to treating the patient. The reasonable dentist standard is the standard for informing a patient under this section. The reasonable dentist standard requires disclosure only of information that a reasonable dentist would know and disclose under the circumstances.

SECTION 48. DE 14.03 is amended to read:

DE 14.03 Recordkeeping. A dentist's or dental therapist's patient record shall include documentation that alternate modes of treatment have been communicated to the patient and informed consent has been obtained from the patient.

SECTION 49. DE 14.04 is amended to read:

DE 14.04 Exceptions to communication of alternate modes of treatment. A dentist or dental therapist is not required to disclose the types of information listed in ss. 447.40 (1) to (6), Stats.

Note: Section 447.40, Stats., reads: “Any dentist or dental therapist who treats a patient shall inform the patient about the availability of reasonable alternate modes of treatment and about the benefits and risks of these treatments. The reasonable dentist standard is the standard for informing a patient under this section. The reasonable dentist standard requires disclosure only of information that a reasonable dentist would know and disclose under the circumstances. The dentist’s or dental therapist’s duty to inform the patient under this section does not require disclosure of any of the following: (1) Detailed technical information that in all probability a patient would not understand. (2) Risks apparent or known to the patient. (3) Extremely remote possibilities that might falsely or detrimentally alarm the patient. (4) Information in emergencies where failure to provide treatment would be more harmful to the patient than treatment. (5) Information in cases where the patient is incapable of consenting. (6) Information about alternate modes of treatment for any condition the dentist or dental therapist has not included in his or her diagnosis, assessment, or treatment plan at the time the dentist or dental therapist informs the patient.

SECTION 50. DE 15.06 (intro.) is amended to read:

DE 15.06 Dentist responsibility for the administration of nitrous oxide inhalation analgesia. A dentist may delegate to a dental hygienist ~~may administer~~ the administration of nitrous oxide inhalation analgesia only if all of the following requirements are met:

SECTION 51. DE 15.07 is created to read:

DE 15.07 Dental therapist delegation of the administration of nitrous oxide inhalation analgesia. (1) Pursuant to the requirements under ss. 447.06 (2) (e) and 447.065 (2), Stats., a dental therapist may delegate to a dental hygienist the administration of nitrous oxide inhalation analgesia only if all of the following requirements are met:

- (a) The nitrous oxide inhalation analgesia is administered pursuant to a treatment plan approved by the dentist.
- (b) The dentist remains on the premises.
- (c) The dentist is available to the patient throughout the completion of the appointment.
- (d) The dental therapist has the authority to perform the activity personally, pursuant to the requirements in s. 447.06 (3) (bm) 1. and 2., Stats.
- (e) The dental therapist remains under the supervision of the supervising dentist for the duration of the procedure. “Supervising dentist” has the meaning given in s. DE 17.01 (6).

Here, the board has the authority to set the conditions for supervision and the degree of supervision needed for this case.

(2) In sub. (1), the dentist who approves the treatment plan and remains available to the patient may be a different dentist than the supervising dentist for the dental therapist. “Supervising dentist” has the meaning given in s. DE 17.01 (6).

SECTION 52. Chapter DE 17 is created to read:

Chapter DE 17

PRACTICE OF DENTAL THERAPY

DE 17.01 Definitions. In this chapter:

- (1) “Dental health shortage area” has the meaning given in s. 36.60 (1) (ad), Stats.
- (2) “Direct Supervision” means that the dentist is present in the dental office or other practice setting, personally diagnoses the condition to be treated, personally authorizes each procedure, and before dismissal of the patient, evaluates the performance of the supervised dental personnel.
- (3) “General Supervision” means that the dentist is not present in the dental office or other practice setting or on the premises at the time tasks or procedures are being performed by the supervised dental personnel, but that the tasks or procedures performed by the supervised dental personnel are being performed with the prior knowledge and consent of the dentist.
- (4) “Indirect Supervision” means that the dentist is present in the dental office or other practice setting, authorizes each procedure, and remains in the office while the procedures are being performed by the supervised dental personnel.
- (5) “Medical Assistance patient” means a patient who is a recipient of services under the Medical Assistance program under subch. IV of ch. 49, Stats.
- (6) “Supervising dentist” means a licensed dentist supervising a dental therapist under a collaborative management agreement as described in s. 447.06 (3) (d), Stats., and s. DE 17.03 (5). The dentist must be licensed in this state and must be actively practicing in this state.
- (7) “Uninsured patient” means a patient who lacks dental health coverage, either through a public health care program or private insurance, and has an annual gross family income equal to or less than 200 percent of the federal poverty guidelines.

DE 17.02 Scope of Practice. (1) The scope of practice of a dental therapist shall, subject to the terms of a collaborative management agreement, be limited to providing the following services, treatments, and procedures:

(a) Oral evaluation and assessment of dental disease and formulation of an individualized treatment plan.

(aa) Identification of oral and systemic conditions requiring evaluation or treatment by dentists, physicians, or other health care providers and managing referrals.

(b) Comprehensive charting of the oral cavity.

(bb) Oral health instruction and disease prevention education, including nutritional counseling and dietary analysis.

(c) Exposure and evaluation of radiographic images.

(d) Dental prophylaxis, including subgingival scaling and polishing procedures.

(e) Dispensing and administration via the oral or topical route of nonnarcotic analgesic, anti-inflammatory, and antibiotic medications as prescribed by a licensed health care provider.

(f) Application of topical preventive or prophylactic agents, including fluoride varnish, antimicrobial agents, caries arresting medicaments, and pit and fissure sealants.

(g) Pulp vitality testing.

(h) Application of desensitizing medications or resins.

(i) Fabrication of athletic mouth guards and soft occlusal guards.

(j) Changing of periodontal dressings.

(k) Administration of local anesthetic and nitrous oxide.

(l) Simple extraction of erupted primary teeth.

(m) Nonsurgical extraction of periodontally diseased permanent teeth with tooth mobility of +3 to +4 to the extent authorized in the dental therapist's collaborative management agreement, except for the extraction of a tooth that is unerupted, impacted, or fractured or that needs to be sectioned for removal.

(n) Emergency palliative treatment of dental pain limited to the procedures in this paragraph.

(o) Preparation and placement of direct restoration in primary and permanent teeth.

(p) Fabrication and placement of single-tooth temporary crowns.

- (q) Preparation and placement of preformed crowns on primary teeth.
- (r) Indirect and direct pulp capping on permanent teeth.
- (s) Indirect pulp capping on primary teeth.
- (t) Intraoral suture placement and removal.
- (u) Minor adjustment and repair of removable prostheses.
- (v) Placement and removal of space maintainers.
- (w) Pulpotomy on primary teeth.
- (x) Tooth reimplantation and stabilization.
- (y) Recementing of a permanent crown.

(z)

The board has the authority to add additional services, treatments, or procedures they are allowed to do.

The practice of dental hygiene, as defined in s. 447.01 (3), Stats.?

Some of the practices of dental hygiene are already included in their list, but I'm not sure if they all are. Since the dental therapists will be working in shortage areas where there might not be dental hygienists, the board could make it clear that the therapists are allowed to practice dental hygiene.

(2) Notwithstanding sub. (1), a dental therapist shall, except as provided in sub. (3), limit his or her practice of dental therapy to providing the services, treatments, and procedures covered by his or her dental therapy education program.

(3) If any service, treatment, or procedure under sub. (1) was not covered by a dental therapist's dental therapy education program, the dental therapist may provide that service, treatment, or procedure if the dental therapist has subsequently received additional dental therapy educational training to provide that service, treatment, or procedure.

DE 17.03 Dentist supervision of dental therapists. (1) Except as provided in sub. (2), a dental therapist licensed under ch. DE 2 may provide dental therapy services in this state only under the direct supervision or indirect supervision of a supervising dentist.

(2) (a) Once a dental therapist licensed under ch. DE 2 has provided dental therapy services for at least 2,000 hours under direct supervision or indirect supervision, the dental therapist may provide dental therapy services in this state under the general supervision of a supervising dentist.

(b) For purposes of the 2,000 hours requirement under par. (a), hours may include hours of providing dental therapy services in this state under direct supervision or indirect supervision of a supervising dentist as described in sub. (1) or hours of providing dental therapy services under direct supervision or indirect supervision while licensed as a dental therapist outside this state, but may not include any hours completed prior to graduating from the dental therapy education program.

(3) Notwithstanding subs. (1) and (2), the level of supervision for a dental therapist may be further limited under the terms of a collaborative management agreement under sub. (5).

(4) A supervising dentist shall accept responsibility for all services performed by a dental therapist pursuant to a collaborative management agreement described in sub. (5). If services needed by a patient are beyond the dental therapist's scope of practice or authorization under the collaborative management agreement, the dental therapist shall, to the extent required under the collaborative management agreement, consult with the supervising dentist as needed to arrange for those services to be provided by a dentist or another qualified health care provider.

(5) Prior to providing any dental therapy services, a dental therapist shall enter into a written collaborative management agreement with a licensed dentist who will serve as a supervising dentist under the requirements of this chapter. The dentist must be licensed in this state and must be actively practicing in this state. The agreement must be signed by the dental therapist and the supervising dentist and address all of the following:

(a) The practice settings where services may be provided and the patient populations that may be served.

(b) Consistent with and subject to s. DE 17.02 and subs. (1) to (4), any conditions or limitations on the services that may be provided by the dental therapist, the level of supervision required, and any circumstances requiring consultation with the supervising dentist prior to performing services.

(c) Age-specific and procedure-specific practice protocols.

(d) Dental record-keeping procedures.

(e) Plans for managing dental or medical emergencies.

(f) A quality assurance plan for monitoring care provided by the dental therapist.

(g) Protocols for administering and dispensing medications.

(h) Criteria or protocols relating to the provision of care to patients with specific medical conditions, treatments, or medications.

- (i) Policies relating to supervision of dental hygienists and other staff.
- (j) A plan for the referral of patients to other dental or health care providers or clinics when services needed are beyond the scope of practice or authorization of the dental therapist.
- (k) Whether and to what extent the dental therapist may perform services described in s. DE 17.02 (1) (m).
- (6) A collaborative management agreement shall be limited to covering one supervising dentist and one dental therapist.
- (7) A dental therapist may enter into multiple collaborative management agreements.
- (8) No supervising dentist may have collaborative management agreements with more than 4 dental therapists at any time.

DE 17.04 Dental therapist employment. (1) A dental therapist may, subject to sub. (3), provide dental therapy services only as an employee of one or more of the following that satisfies sub. (2):

- (a) A dentist with whom the dental therapist has entered into a collaborative management agreement.
- (b) A dental practice.
- (c) A school district or the operator of a private school, as defined in s. 115.001 (3r), Stats., or a tribal school, as defined in s. 115.001 (15m), Stats.
- (d) The operator of a school for the education of dentists or dental hygienists.
- (e) A state or federal prison, a county jail, or other federal, state, county, or municipal correctional or detention facility, or a facility established to provide care for terminally ill patients.
- (f) A local health department, as defined in s. 250.01 (4), Stats.
- (g) A charitable institution open to the general public or to members of a religious sect or order.
- (h) A nonprofit home health care agency.
- (i) The operator of a nonprofit dental care program serving primarily indigent, economically disadvantaged, or migrant worker populations.
- (j) A health care employer, as defined in s. 440.094 (1) (b), Stats.

(2) A dentist may not enter into a collaborative management agreement with a dental therapist unless the dentist directly employs the dental therapist as provided in sub. (1) (a) or the dentist is employed by or contracts with the dental therapist's employer described in sub. (1) (b) to (j).

(3) A dental therapist shall at all times comply with at least one of the following:

(a) Limit his or her practice to practicing in one or more dental health shortage areas. If a dental therapist begins practicing in a dental health shortage area, and that area loses its designation as a dental health shortage area while the dental therapist continues to practice in that area, the dental therapist is considered to satisfy this paragraph as long as the dental therapist continues to practice in that area.

(b) Practice in one or more settings in which at least 50 percent of the total patient base of the dental therapist consists of patients who are any of the following:

1. Medical Assistance patients.
2. Uninsured patients.
3. Patients receiving dental care at free and charitable clinics.
4. Patients receiving dental care at federally qualified health centers.
5. Patients who reside in long-term care facilities.
6. Veterans.
7. Patients who are members of a federally recognized Indian tribe or band.
8. Patients receiving dental care at clinics or facilities located on tribal lands.
9. Patients with medical disabilities or chronic conditions that create barriers of access to dental care.

DE 17.05 Dental therapist supervision of other dental staff. (1) DENTAL THERAPIST SUPERVISION OF DENTAL HYGIENISTS.

(a) A dental therapist may authorize a dental hygienist to practice dental hygiene under the requirements of s. 447.06 (2), Stats., and ch. DE 3.

(b) A dental therapist may delegate to a dental hygienist the performance of remediable procedures under the requirements of ss. 447.06 (2) and 447.065 (2), Stats., and ch. DE 3 only to the extent that the dental therapist has the authority to perform the activity personally, pursuant to the requirements in s. 447.06 (3) (bm) 1. and 2., Stats.

Here, the board has the authority to set the conditions for supervision and the degree of supervision needed for this case.

(c) A dental therapist may delegate to a dental hygienist the administration of oral systemic premedications, local anesthesia, subgingival sustained release chemotherapeutic agents, and nitrous oxide inhalation analgesia under the requirements of ss. 447.06 (2) and 447.065 (2), Stats., and chs. DE 3, DE 7, and DE 15 only if all of the following conditions apply:

1. The administration is performed pursuant to a treatment plan for the patient approved by a dentist.
2. The dentist remains on the premises in which the administration is performed and is available to the patient throughout the completion of the appointment.
3. The dental therapist has the authority to perform the activity personally, pursuant to the requirements in s. 447.06 (3) (bm) 1. and 2., Stats.
4. The dental therapist remains under the supervision of the supervising dentist for the duration of the procedure.

Here, the board has the authority to set the conditions for supervision and the degree of supervision needed for this case.

(d) In par. (c), the dentist who approves the treatment plan and remains available to the patient may be a different dentist than the supervising dentist for the dental therapist.

(2) DENTAL THERAPIST SUPERVISION OF UNLICENSED STAFF. (a) A dental therapist may delegate to an unlicensed person the performance of remediable procedures under the requirements of s. 447.065 (1), Stats., and ch. DE 12 only if all of the following conditions apply:

1. The unlicensed individual performs the remediable procedures in accordance with a treatment plan approved by the dentist or dental therapist.
2. The dental therapist is on the premises when the unlicensed individual performs the remediable procedures.
3. The unlicensed individual's performance of the remediable procedures is subject to inspection by the dentist or dental therapist.
4. The dental therapist has the authority to perform the activity personally, pursuant to the requirements in s. 447.06 (3) (bm) 1. and 2., Stats.

Here, the board has the authority to set the conditions for supervision and the degree of supervision needed for this case.

(b) In par. (a), the dentist who approves the treatment plan and may inspect the performance of the remediable procedures may be a different dentist than the supervising dentist for the dental therapist.

(3) DENTAL THERAPIST SUPERVISION OF EXPANDED FUNCTION DENTAL AUXILIARIES. Pursuant to the requirements under s. 447.035, Stats., a dental therapist may not supervise or delegate procedures to expanded function dental auxiliaries.

(4) LIMITATION BY COLLABORATIVE MANAGEMENT AGREEMENT. Notwithstanding subs. (1) and (2), a dental therapist's authorization to supervise or delegate procedures to other dental staff is subject to further limitation by the collaborative management agreement described in s. DE 17.03 (5).

(5) DENTAL THERAPIST RESPONSIBILITY FOR DELEGATED PROCEDURES. A dental therapist who delegates to another individual the performance of any practice or procedure is responsible for that individual's performance of that delegated practice or procedure.

SECTION 53. Pursuant to 2023 Wisconsin Act 87 section 65 (2) (a), this emergency rule shall take effect upon publication in the official state newspaper and remain in effect for 2 years, or until the date on which permanent rules take effect, whichever is sooner.

(END OF TEXT OF RULE)

Dated _____

Chairperson
Dentistry Examining Board

STATE OF WISCONSIN
DENTISTRY EXAMINING BOARD

IN THE MATTER OF RULEMAKING	:	ORDER OF THE
PROCEEDINGS BEFORE THE	:	DENTISTRY EXAMINING BOARD
DENTISTRY EXAMINING BOARD	:	ADOPTING RULES
	:	(CLEARINGHOUSE CR 23-066)

ORDER

An order of the Dentistry Examining Board to amend DE 3.03 (6) and create DE 3.05, relating to topical application of anesthetics by a dental hygienist.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: s. 447.06 (2) (c), Stats.

Statutory authority: s. 15.08 (5) (b), Stats.

Explanation of agency authority:

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

Related statute or rule: None.

Plain language analysis:

The objective of this rule is to revise DE 3 to allow licensed dental hygienists to apply topical anesthetics without the presence of a licensed dentist. This was achieved by creating DE 3.05 to include definitions for “topical anesthetics” and “subgingival anesthetics,” as well as outline the practice limitations associated with their application. The list of prohibited practices in DE 3.03 was also amended to specify that the administration of injectable local anesthesia is prohibited except as provided in ch. DE 7.

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

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

Comparison with rules in adjacent states:

Illinois: In Illinois, a dental hygienist may administer local anesthesia under the supervision of a dentist upon successful completion of a training program approved by the Illinois Department of Financial and Professional Regulation. [225 Illinois Compiled Statutes Section 18]. Additionally, the Illinois Administrative Code specifies that the dental hygienist must function under the supervision of a dentist who remains in the facility when administering local anesthesia [Illinois Administrative Code Title 68 Chapter VII Subchapter b Part 1220 Section 1220.240 (g)].

Iowa: In Iowa, administration of local anesthesia by a dental hygienist may only be performed under the direct supervision of a dentist [650 Iowa Administrative Code Chapter 10 Section 10.3 (4)].

Michigan: In Michigan, a dental hygienist may apply topical anesthetic agents by prescription of a dentist and subgingival medicaments under assignment from a dentist. Assignment means that the dentist has designated a patient and described the procedures to be performed but does not need to be physically present at the time of those procedures being performed. Michigan Administrative Rules R 338.11401 and 338.11411].

Minnesota: In Minnesota, a dental hygienist may administer local anesthesia and place subgingival medicaments under the general supervision of a dentist. Before a dental hygienist administers local anesthesia, they must successfully complete a didactic and clinical program accredited by the Commission on Dental Accreditation [Minnesota Administrative Rules 3100.8700 Subpart. 1].

Summary of factual data and analytical methodologies: The Board reviewed Wisconsin Administrative Code chapter DE 3 to determine where changes were needed to allow for the application of topical anesthesia by a dental hygienist without the presence of a dentist.

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

The proposed rules were posted for a period of 14 days to solicit public comment on economic impact, including how the proposed rules may affect businesses, local government units, and individuals. No comments were received.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis is attached.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Jennifer.Garrett@wisconsin.gov, or by calling (608) 266-2112.

Agency contact person:

Jake Pelegrin, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 4822 Madison Yards Way, P.O. Box 8366,

Madison, Wisconsin 53708; telephone 608-267-0989; email at DSPSAdminRules@wisconsin.gov.

TEXT OF RULE

SECTION 1. DE 3.03 (6) is amended to read:

DE 3.03 (6) Administer injectable local anesthesia, except as provided in ch. DE 7.

SECTION 2. DE 3.05 is created to read:

DE 3.05 Topical anesthetics. (1) In this section:

(a) “Subgingival anesthetics” means non-injectable topical anesthetics applied below the gum tissue as a remediable procedure.

(b) “Topical anesthetics” means anesthetics applied to a body surface such as the skin or mucous membrane as a remediable procedure.

(2) Pursuant to s. 447.06 (2) (c), Stats., a dental hygienist may apply subgingival anesthetics and topical anesthetics to a patient without the presence of a dentist, if all of the following conditions are met:

(a) The remediable procedure is performed under a written or oral prescription.

(b) The dentist who made the written or oral prescription has seen the patient at least once during the 12-month period which immediately precedes all of the following:

1. The date on which the written or oral prescription was made.

2. The date on which the dental hygiene practice or remediable procedure is performed.

(c) 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.

SECTION 3. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

Dated _____

Chair
Dentistry Examining Board

**Dentistry Examining Board
Rule Projects**

Clearinghouse Rule Number	Scope #	Scope Implementation	Scope Expiration	Code Chapter Affected	Relating clause	Current Stage	Next Step
23-051 (EmR 2304)	065-22	08/15/2022	02/01/2025	DE 1, 5, 6, 13, and 16	Certification of Expanded Function Dental Auxiliaries	Adoption Order is with the LRB.	Rule will be effective 7/1/2024.
23-041	086-22	11/21/2022	05/07/2025	DE 2 and 11	Certification in Advanced Cardiovascular Life Support or Pediatric Advanced Life Support	Rule effective.	Rule effective.
23-066	039-23	06/30/2023	12/12/2025	DE 3 and 7	Topical Application of Anesthetics by a Dental Hygienist	The Legislature's jurisdiction ends on 6/15/2024.	Board approval of Adoption Order.
	031-24	3/29/2024	9/18/2026	DE 1 to 17	Dental Therapists (Permanent and Emergency)	Rule drafting and Fiscal Estimate.	Submittal of Emergency Rule Draft to Gov's Office by 7/1/24.
	053-24		11/20/2026	DE 1 to 17	Dentist and Dental Hygienist Compact	Scope published in the Register for 10 days, and no hearing requested.	Scope implementation.
	054-24		11/20/2026	DE 5, 8, and 14	Informed Consent	Scope published in the Register for 10 days, and no hearing requested.	Scope implementation.

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Will Johnson, Executive Director		2) Date When Request Submitted: 5.30.2024 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Dentistry Examining Board			
4) Meeting Date: 06.12.2024	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Discussion and Consideration to Appoint a Dentistry Examining Board Member to the Central Regional Dental Testing Service Steering Committee	
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 checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed:			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Will Johnson, Executive Director		2) Date When Request Submitted: 5/23/2024 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Dentistry Examining Board			
4) Meeting Date: 06/12/2024	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Selection of Dentist and Dental Hygienist Compact Commissioner – Discussion and Consideration	
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 checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed:			
11) Authorization			
Signature of person making this request		Date	
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Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: <ol style="list-style-type: none"> 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. 			

DDH Dentist and Dental Hygienist Compact

DDH Compact Commissioner Appointment Form

Pursuant to (state statutory reference), I affirm I am the duly authorized representative of the appropriate appointing authority for the DDH Compact. In consultation with the agency/board that is responsible for the licensing and regulation of dentists and dental hygienists, I affirm the appointees named below are state actors who have regulatory authority over dentists and dental hygienists in my state:

(Name) _____ is appointed as the DDH Compact Commissioner by the (state) agency/board responsible for the licensing and regulation of dentists and dental hygienists. The commissioner shall be selected by the state licensing authority responsible for licensing dentists and dental hygienists and shall be a member or designee of such authority. The commissioner shall be entitled to one (1) vote regarding the promulgation of rules, creation of bylaws, and other voting matters of the Commission and shall otherwise have an opportunity to participate in the business and affairs of the Commission, subject to the terms of the DDH Compact. They can be reached at (email).

Optional: (name) _____ is appointed as the authorized temporary representative in the unavoidable absence of the appointed commissioner at meetings. They can be reached at (email). The commissioner must notify the Commission in advance of any meeting if the temporary representative will be attending on their behalf. The temporary representative is the only individual authorized to vote on behalf of the commissioner unless a new temporary representative is appointed utilizing this form.

In order to participate and vote at any meeting of the Commission, both the commissioner and the temporary representative must first execute and return the attached Code of Conduct form to be kept on file with the Commission.

These appointments are effective mm/dd/yyyy. If you need additional information regarding this appointment, please contact (name) in my office at (phone number) or (email).

Sincerely,

Title
Organization

DDH Dentist and Dental Hygienist Compact

DDH Compact Welcome Letter

Welcome! We are excited that your state has joined the Dentist and Dental Hygienist Compact (DDH Compact).

The DDH Compact facilitates interstate practice for dentists and dental hygienists while maintaining protection of public health and safety.

Once the compact is fully operational, licensed dentists and dental hygienists will be able to apply for compact privilege to practice in other member states.

The Dentist and Dental Hygienist Compact Commission will hold its inaugural meeting virtually on August 28. More information about the meeting will be provided. At its inaugural meeting, the commission will establish bylaws and committees. It will also take the first steps toward implementing the shared interstate licensure data system that will allow for verification of licensure and sharing of disciplinary information.

As part of the DDH Compact, your state's dentist and dental hygienist regulatory authority must appoint a representative to serve as your state's commissioner on the commission. As stated in Section 7(B) of the DDH Compact legislation, these representatives shall be empowered to act on behalf of the compact state and shall be limited to a member or designee of the state licensing authority.

In appointing your Commissioner, please consider the following:

1. Availability - Aside from the inaugural compact commission meeting and the annual compact commission business meeting, the time commitment for a compact commissioner is dependent on the expectation of the member state and the availability of the commissioner. A state that expects a high level of participation from its commissioner should be aware that this will likely require a significant time commitment. Commissioners who seek leadership roles or choose to serve on committees can expect in-person meetings, monthly conference calls and frequent email correspondence about commission business.

2. Knowledge of state statutes/regulations and compact legislation - It will be essential to have a working knowledge of your state statutes and regulations and of the compact in particular to assist the commission in the development of governing documents and to guide the decision-making process regarding specific components of the compact.

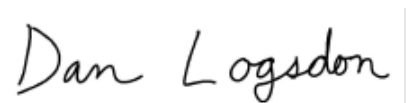
3. Conflict of Interest - A state should consider if any real or potential disqualifying conflict of interest exists when selecting a commissioner. Please refer to the code of

conduct form for more details. For any questions regarding whether a conflict exists, please the Compact's Interim Legal Counsel, Samantha Nance at samantha.nance@emwnlaw.com.

Until the compact has hired a permanent management organization, The Council of State Governments will be working with the member states.

Thank you again and we look forward to working with you.

Sincerely,

A handwritten signature in cursive script that reads "Dan Logsdon". The signature is written in black ink and is positioned to the left of a vertical line.

Dan Logsdon
Director, National Center for Interstate Compacts
The Council of State Governments

DDH Compact Implementation Timeline

On April 22, 2024, the Dentist and Dental Hygienist Compact (DDH Compact) was enacted in its seventh state. The compact legislation specifies that it will come into effect upon enactment of its seventh state. See the [DDH Compact Map](#) for an updated list of participating states. Although the compact has been enacted by seven states, applications for compact privileges are not yet available. Below is a timeline of implementation activities that must take place before the compact can be used by dentists and dental hygienists. The compact will not be fully operational for an estimated 18-24 months.

April 22, 2024 – DDH Compact enacted in 7th state.

The DDH Compact legislation specifies it is effective upon the enactment of the 7th state.

Summer 2024 - Formation of Compact Commission

Each member state must appoint a one representative to serve on the compact commission. The commissioner is selected by the state's dental licensing board. The compact specifies that the commissioner must be a representative of the state licensing board.

Fall 2024 – Inaugural Commission Meeting

The state commissioners will convene for the inaugural meeting of the DDH Compact Commission where they will elect an executive committee, vote on initial rules and bylaws, and take other steps for the compact to move towards being fully operational. Commission meetings will be open to the public.

2025 Ongoing – Creation of Compact Data System

The compact commission will continue to work on operationalizing the compact by acquiring a data system. The data system is a foundational piece of compact operations. Compact member states communicate licensure and compact privilege information via the data system. It is expected that the data system process will take 10-12 months. Once the data system is available, states will be tasked with onboarding to the system. States will have varying timelines to onboard.

2025 Ongoing – Additional Commission Meetings

The compact commission will hold commission meetings throughout 2025 for additional rulemaking. The commission will also hire staff, develop a budget, approve a fee structure, select a secretariat organization and take additional steps for the compact to be fully operational.

Privilege Applications Open

Once the data system is up and running and an application process is established, the compact commission will open applications for compact privileges to dentists and dental hygienists.

The application process will involve verifying the dental professional has a qualifying license and is eligible for compact participation. Once the application has been reviewed, the applicant will receive confirmation that they have been issued compact privileges in the member state(s) they selected. After a privilege is issued, the dentist or dental hygienist can practice in those member states in which they hold a privilege.