



IN-PERSON
DENTISTRY EXAMINING BOARD
Room S107, Marquette University, School of Dentistry, 1801 W Wisconsin Ave, Milwaukee
Contact: Will Johnson, (608) 266-2112
September 4, 2024

TOUR: MARQUETTE UNIVERSITY, SCHOOL OF DENTISTRY

9:00 A.M.

A quorum of the Dentistry Examining Board may be present; however, no Board business will be conducted.

HYBRID (IN-PERSON/VIRTUAL)
DENTISTRY EXAMINING BOARD
Room S107, Marquette University, School of Dentistry, 1801 W Wisconsin Ave, Milwaukee
Contact: Will Johnson, (608) 266-2112
September 4, 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. Be advised that board members may attend meetings designated as “Hybrid” in-person or virtually.

AGENDA

10:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A. Pledge of Allegiance**
- B. Adoption of Agenda (1-4)**
- C. Approval of Minutes of July 10, 2024 (5-9)**
- D. Introductions, Announcements and Recognition**
 - 1) Introduction and Welcome – DSPPS Secretary Daniel Hereth (10)
- 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. Jorgenson, Linda – 7/1/2028
 - h. Kenyon, Chris – 7/1/2026
 - i. Kolste, Debra – 7/1/2028
 - j. Schrubbe, Katherine – 7/1/2026
 - k. Sheild, Peter – 7/1/2026
- G. 10:00 A.M. Public Hearing on Emergency Rule 2410 for DE 1 to 17 relating to the Licensure of Dental Therapists (11-39)**
- H. Administrative Rule Matters – Discussion and Consideration (40-73)**
- 1) Emergency Rule 2410 for DE 1 to 17, Relating to the Licensure of Dental Therapists – Discussion and Consideration of Public Hearing comments
 - 2) Permanent Rule Draft: DE 1 to 17, Relating to the Licensure of Dental Therapists (41-67)
 - 3) Discussion of potential new scope statement relating to dental specializations (68)
 - 4) Rule Draft: DE 5, 8 and 14, Relating to Informed Consent (69-72)
 - 5) Pending or possible rulemaking items (73)
- I. Education and Examination Matters – Discussion and Consideration**
- 1) Presentation: Dr. William Akey, Northcentral Technical College Dental Therapy Program – NTC Dental Therapy Course Competencies (74-100)
- J. Public Agenda Request: Dr. Jay Mackman, American Academy of Orofacial Pain**
- 1) Presentation: ADA Specialty Program (101-119)
- K. Unlicensed Practice – Discussion (120)**
- L. Speaking Engagements, Travel or Public Relation Requests, and Reports – Discussion and Consideration**
- 1) Travel Report: CRDTS Annual Meeting, August 23-24, Kansas City, MO – Linda Jorgenson
- M. Legislative and Policy Matters – Discussion and Consideration**
- N. Expanding Licensure Opportunities – Discussion and Consideration**
- O. 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

P. Public Comments

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

Q. Credentialing Matters

- 1) **Application Review**
 - a. M.A.Y. – Dentist Applicant (IA 12840) (121-325)

R. Division of Legal Services and Compliance (DLSC) Matters

- 1) **Proposed Stipulations, Final Decisions and Orders**
 - a. 23 DEN 030 – Stacey A. Eby (326-333)
 - b. 23 DEN 036 – Conrad Magno (334-339)
 - c. 23 DEB 161 – Robert J. Saphner (340-345)
- 2) **Administrative Warnings**
 - a. 23 DEN 031 – J.C.F. (346-347)
 - b. 23 DEN 039 – B.S.J. (348-349)
 - c. 24 DEN 0029 – D.E.J. (350-351)
- 3) **Case Closings**
 - a. 23 DEN 104 – C.M.K. (352-359)
 - b. 23 DEN 124 – M.R. (360-369)
 - c. 23 DEN 132 – T.J.L. (370-376)
 - d. 24 DEN 0065 – C.A.O.F. (377-382)
 - e. 24 DEN 0074 – M.N.S. (383-387)

S. Deliberation of Items Added After Preparation of the Agenda

- 1) Education and Examination Matters
- 2) Credentialing Matters
- 3) DLSC Matters

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

T. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

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

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

ADJOURNMENT

NEXT MEETING: NOVEMBER 6, 2024

Board Member Training: November 15, 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
JULY 10, 2024**

PRESENT: Troy Alton, DDS; Lisa Bahr, RDH; Matthew Bistan, DDS; Joan Fox (*via Zoom*); Shaheda Govani, DDS (*via Zoom*); David Gundersen; Linda Jorgenson (*via zoom*), Debra Kolste (*via Zoom*); Katherine Schrubbe, RDH; Peter Sheild, DDS (*via Zoom*)

EXCUSED: Christine Kenyon

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

Matthew Bistan, Chairperson, called the meeting to order at 9:03 a.m. A quorum was confirmed with eight (8) members present.

ADOPTION OF AGENDA

MOTION: Katherine Schrubbe moved, seconded by Troy Alton, to adopt the Agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF JUNE 12, 2024

MOTION: Troy Alton moved, seconded by David Gundersen, to approve the Minutes of June 12, 2024, as published. Motion carried unanimously.

Peter Sheild arrived via zoom at 9:06 a.m.

INTRODUCTIONS, ANNOUNCEMENTS AND RECOGNITION

MOTION: Matthew Bistan moved, seconded by Troy Alton, to recognize and thank Diana Whalen for their years of dedicated service to the Board and State of Wisconsin. Motion carried unanimously.

9:00 A.M. Preliminary Public Hearing on Scope Statement SS 053-24 for DE 1 to 17 relating to the Dentist and Dental Hygienist Compact

MOTION: Matthew Bistan moved, seconded by David Gundersen, to affirm the Board has reviewed the public comments received concerning Scope Statement (SS) 053-24 on DE 1 to 17, Relating to the Dentist and Dental Hygienist Compact. Additionally, after considering the public comments received the Board approves SS 053-24 for implementation after consideration of all public comments and feedback. Motion carried unanimously.

9:00 A.M. Preliminary Public Hearing on Scope Statement SS 054-24 for DE 5, 8, and 14 relating to Informed Consent

MOTION: Matthew Bistan moved, seconded by Troy Alton, to affirm the Board has provided an opportunity to receive public comments concerning Scope Statement (SS) 054-24 on DE 5, 8, and 14, Relating to Informed Consent. Additionally, after consideration of all public comments and feedback the Board approves SS 054-24 for implementation. Motion carried unanimously.

Shaheda Govani was excused at 11:04 a.m.

Peter Sheild was excused at 11:09 a.m.

CLOSED SESSION

MOTION: Matthew Bistan moved, seconded by Katherine Schrubbe, 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.). Matthew Bistan, Chairperson, 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; Matthew Bistan-yes; Joan Fox-yes; David Gundersen-yes; Linda Jorgenson-yes; Debra Kolste-yes; and Katherine Schrubbe-yes. Motion carried unanimously.

The Board convened into Closed Session at 11:15 a.m.

DIVISION OF LEGAL SERVICES AND COMPLIANCE (DLSC) MATTERS

Proposed Stipulations and Interim Orders

24 DEN 0040 – Eric J. Meeker

MOTION: Matthew Bistan moved, seconded by Lisa Bahr, to adopt the Findings of Fact, Conclusions of Law and Interim Order in the matter of disciplinary proceedings against Eric J. Meeker, DLSC Case Number 24 DEN 0040. Motion carried unanimously.

Proposed Stipulations, Final Decisions and Orders

MOTION: Lisa Bahr moved, seconded by Matthew Bistan, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of the following cases:
22 DEN 112 – Tawfiq S. Nadi
22 DEN 151 – Paul M. Elcano
23 DEB 037 – Kyle J. Garro
Motion carried unanimously.

MOTION: Matthew Bistan moved, seconded by Katherine Schrubbe, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Patrick J. Crawford, DLSC Case Numbers 21 DEN 100, 22 DEN 037, 22 DEN 062, 22 DEN 183 and 22 DEN 127. Motion carried unanimously.

Joan Fox was excused at: 11:26am

22 DEN 105 and 23 DEN 180 – Sami B. Kawas

MOTION: Matthew Bistan moved, seconded by Troy Alton, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Sami B. Kawas, DLSC Case Number 22 DEN 105 and 23 DEN 180. Motion carried unanimously.

(David Gundersen recused themselves and left the room for deliberation and voting in the matter concerning Sami B. Kawas, DLSC Case Number 22 DEN 105 and 23 DEN 180.)

CREDENTIALING MATTERS

Application Review

Valeriia Barska – Dental Hygienist

MOTION: Matthew Bistan moved, seconded by Troy Alton, to deny the Dental Hygienist application of Valeriia Barska. **Reason for Denial:** Failure to submit evidence satisfactory to the board that the applicant has graduated from an accredited school of dental hygiene. DE 2.04(2)(a). Motion carried unanimously.

DIVISION OF LEGAL SERVICES AND COMPLIANCE (DLSC) MATTERS

Administrative Warnings

MOTION: Matthew Bistan moved, seconded by Katherine Schrubbe, to issue an Administrative Warning in the following DLSC Cases:

1. 23 DEN 033 – D.J.S.
2. 23 DEN 183 – A.S.

Motion carried.

Case Closings

MOTION: David Gundersen moved, seconded by Lisa Bahr, to close the following DLSC Cases for the reasons outlined below:
22 DEN 143 – H.K.A. – No Violation
22 DEN 190 – B.D. & K.R.S. – Insufficient Evidence
23 DEN 001 – M.W.U. – P5
23 DEN 034 – B.L.W. – P1
23 DEN 046 – M.B.M. & M.E.O. – No Violation
23 DEN 063 – M.N.S. – No Violation
23 DEN 115 – V.S.P. – No Violation
23 DEN 123 – R.T. – No Violation
23 DEN 129 – U. – Insufficient Evidence
23 DEN 141 – B.R.F. – P1
23 DEN 150 – O.G. – No Violation
23 DEN 164 – D.W. – No Violation
23 DEN 167 – N.C. – No Violation
23 DEN 210 – L.L.D. – P1
24 DEN 004 – C.P.M. – No Violation
Motion carried.

22 DEN 124 – J.O.M. & J.D.S.

MOTION: Matthew Bistan moved, seconded by Troy Alton, to close DLSC Case Number 22 DEN 124 against J.O.M. and J.D.S., for No Violation. Motion carried unanimously.

(David Gundersen recused himself and left the room for deliberation and voting in the matter concerning J.O.M. AND J.D.S., DLSC Case Number 22 DEN 124.)

23 DEN 035 – D.C.D.

MOTION: Lisa Bahr moved, seconded by Katherine Schrubbe, to close DLSC Case Number 23 DEN 035 against D.C.D., for P1. Motion carried unanimously.

(David Gundersen recused himself and left the room for deliberation and voting in the matter concerning D.C.D., DLSC Case Number 23 DEN 035.)

RECONVENE TO OPEN SESSION

MOTION: David Gundersen moved, seconded by Matthew Bistan, to reconvene into Open Session. Motion carried unanimously.

The Board reconvened into Open Session at 12:02 p.m.

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

MOTION: Matthew Bistan moved, seconded by Lisa Bahr, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

ADJOURNMENT

MOTION: Katherine Schrubbe, seconded by Linda Jorgenson, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 12:03 p.m.

DRAFT

**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: 08/22/2024 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: 09/04/2024	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Secretary Hereth Introduction and Welcome	
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:	
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: Jake Pelegrin Administrative Rules Coordinator		2) Date when request submitted: 8/22/24 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: 9/4/24	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? 10:00AM Public Hearing on Emergency Rule 2410 for DE 1 to 17 relating to Licensure of Dental Therapists																
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: -Notice of public hearing and emergency rule for DE 1 to 17 relating to Licensure of Dental Therapists																		
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border-bottom: 1px solid black;">11)</td> <td style="width: 60%; border-bottom: 1px solid black; text-align: center;">Authorization</td> <td style="width: 30%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"><i>Jake Pelegrin</i></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black; text-align: right;">8/22/24</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Signature of person making this request</td> <td style="border-bottom: 1px solid black;"></td> <td 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 style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black; text-align: right;">Date</td> </tr> <tr> <td 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;"></td> <td style="border-bottom: 1px solid black; text-align: right;">Date</td> </tr> </table>				11)	Authorization		<i>Jake Pelegrin</i>		8/22/24	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
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Notice of Hearing

The Dentistry Examining Board announces that it will hold a public hearing on an emergency rule amending DE 1 to 17 relating to Licensure of Dental Therapists at the time and place shown below.

Hearing Information

Date: September 4, 2024

Time: 10:00 A.M.

Location: Information concerning the location of the hearing will be available at:

<https://dsps.wi.gov/Pages/BoardsCouncils/Dentistry/Meetings.aspx>

Appearances at the Hearing and Submittal of Written Comments

The rule may be reviewed and comments submitted at:

<http://docs.legis.wisconsin.gov/code/chr/hearings>.

Comments may also be submitted to Jake Pelegrin, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, WI 53708-8366, or by email to DSPSAdminRules@wisconsin.gov.

Comments must be received at or before the public hearing to be included in the record of rulemaking proceedings.

Initial Regulatory Flexibility Analysis

The proposed rule will not have an effect on small businesses, as defined under s. 227.114 (1).

Agency Small Business Regulatory Coordinator

The Department's Regulatory Review Coordinator may be contacted by email at Jennifer.Garrett@wisconsin.gov, or by calling (608) 266-2112.

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 July 11, 2024.

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), (am), (d), and (e), DE 3.04 (2m), (4), (5), and (6), DE 5.02 (21m), DE 6.03, DE 7.06 (1), (2), (3), and (4), 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. 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 ~~16~~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 s. DE 17.02 (1).

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

DE 2.005 ~~Dental testing service and dental hygiene testing~~ 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) (am), (d), and (e) are created to read:

DE 3.02 (1) (am) In this subsection:

1. “Direct Supervision” means that the supervising dentist or dental therapist 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.
2. “Supervising dentist” has the meaning given in s. DE 17.01 (6).

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 if all of the following conditions are met:

1. The supervising dentist has allowed the dental therapist to perform the specific remediable procedure within the dental therapist’s collaborative management agreement.
2. The supervising dentist has expressly allowed the dental therapist to delegate the specific remediable procedure within the dental therapist’s collaborative management agreement.
3. The dental therapist has the authority to perform the specific remediable procedure personally, pursuant to the requirements in s. 447.06 (3) (bm) 1. and 2., Stats.
4. The dental hygienist remains under the direct supervision of the dental therapist for the duration of the procedure.

(e) The dental therapist and the dental therapist’s supervising dentist shall be responsible for any services, treatments, or procedures delegated and performed under par. (d).

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 (2m), (4), (5), and (6) are created to read:

DE 3.04 (2m) In this section, “supervising dentist” has the meaning given in s. DE 17.01 (6).

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.

(e) The supervising dentist has allowed the dental therapist to perform the administration personally within the dental therapist's collaborative management agreement.

(f) The supervising dentist has expressly allowed the dental therapist to delegate the administration within the dental therapist's collaborative management agreement.

(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.

(6) The dental therapist and the dental therapist's supervising dentist shall be responsible for any services, treatments, or procedures delegated and performed under sub. (4).

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://dsps.wi.gov> or by calling (608) 266-2112.~~

SECTION 29. DE 7.06 (1), (2), (3), and (4) are created to read:

DE 7.06 (1) In this section, "supervising dentist" has the meaning given in s. DE 17.01 (6).

(2) 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.

(e) The supervising dentist has allowed the dental therapist to administer local anesthetic within the dental therapist's collaborative management agreement.

(f) The supervising dentist has expressly allowed the dental therapist to delegate the administration of local anesthetic within the dental therapist's collaborative management agreement.

(3) In sub. (2), 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.

(4) The dental therapist and the dental therapist's supervising dentist shall be responsible for any services, treatments, or procedures delegated and performed under sub. (2).

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) In this section, “supervising dentist” has the meaning given in s. DE 17.01 (6).

(2) 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.

(e) The unlicensed individual remains under the direct supervision of the dental therapist for the duration of the procedure.

(f) The supervising dentist has allowed the dental therapist to perform the specific remediable procedure within the dental therapist's collaborative management agreement.

(g) The supervising dentist has expressly allowed the dental therapist to delegate the specific remediable procedure within the dental therapist's collaborative management agreement.

(3) In sub. (2), 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.

(4) The dental therapist and the dental therapist's supervising dentist shall be responsible for any services, treatments, or procedures delegated and performed under sub. (2).

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.

(2) **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.

(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) In this section, "supervising dentist" has the meaning given in s. DE 17.01 (6).

(2) 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.
- (f) The supervising dentist has allowed the dental therapist to administer nitrous oxide inhalation analgesia within the dental therapist's collaborative management agreement.
- (g) The supervising dentist has expressly allowed the dental therapist to delegate the administration of nitrous oxide inhalation analgesia within the dental therapist's collaborative management agreement.

(3) In sub. (2), 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.

(4) The dental therapist and the dental therapist's supervising dentist shall be responsible for any services, treatments, or procedures delegated and performed under sub. (2).

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 supervising dentist or dental therapist 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 supervising 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 supervising 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 described in s. DE 17.03 (5).

(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 practice of dental hygiene, as defined in s. 447.01 (3), Stats.
- (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 if all of the following conditions are met:

1. The supervising dentist has allowed the dental therapist to perform the specific remediable procedure within the dental therapist's collaborative management agreement.
2. The supervising dentist has expressly allowed the dental therapist to delegate the specific remediable procedure within the dental therapist's collaborative management agreement.

- 3.** The dental therapist has the authority to perform the specific remediable procedure personally, pursuant to the requirements in s. 447.06 (3) (bm) 1. and 2., Stats.
 - 4.** The dental hygienist remains under the direct supervision of the dental therapist for the duration of the procedure.
- (c)** The dental therapist and the dental therapist's supervising dentist shall be responsible for any services, treatments, or procedures delegated and performed under par. (b).
- (d)** 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.
 - 5.** The supervising dentist has allowed the dental therapist to perform the administration personally within the dental therapist's collaborative management agreement.
 - 6.** The supervising dentist has expressly allowed the dental therapist to delegate the administration within the dental therapist's collaborative management agreement.
- (e)** In par. (d), 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.
- (f)** The dental therapist and the dental therapist's supervising dentist shall be responsible for any services, treatments, or procedures delegated and performed under par. (d).
- (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.
5. The unlicensed individual remains under the direct supervision of the dental therapist for the duration of the procedure.
6. The supervising dentist has allowed the dental therapist to perform the specific remediable procedure within the dental therapist's collaborative management agreement.
7. The supervising dentist has expressly allowed the dental therapist to delegate the specific remediable procedure within the dental therapist's collaborative management agreement.

(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.

(c) The dental therapist and the dental therapist's supervising dentist shall be responsible for any services, treatments, or procedures delegated and performed under par. (a).

(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 07/22/2024



Chairperson
Dentistry Examining Board

**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: 8/22/24 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: 9/4/24	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 any public comments received during the dental therapy emergency rule public hearing 2. Preliminary rule drafting for dental therapy permanent rule 3. Discussion of potential new scope statement 4. Discussion of rule drafting for Informed Consent rule, DE 5, 8, and 14 5. Pending or possible rulemaking projects	
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: -Preliminary rule draft for dental therapists -Information on potential new scope statement -Preliminary rule draft for Informed Consent, and the link to chapter DE 14 is here: https://docs.legis.wisconsin.gov/code/admin_code/de/14 -Dentistry Rules Chart			
11) <i>Jake Pelegrin</i>		Authorization 8/22/24	
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.			

STATE OF WISCONSIN
DENTISTRY EXAMINING BOARD

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

PROPOSED ORDER

A proposed 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), (am), (d), and (e), DE 3.04 (2m), (4), (5), and (6), DE 5.02 (21m), **DE 5.02 (28)**, DE 6.03, DE 7.06 (1), (2), (3), and (4), 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.

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. 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 board reviewed code chapters DE 1 to 16 to determine what changes need to be made due to 2023 Wisconsin Act 87. Additionally, the 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 ~~16~~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 s. DE 17.02 (1).

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

DE 2.005 ~~Dental testing service and dental hygiene testing~~ 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) (am), (d), and (e) are created to read:

DE 3.02 (1) (am) In this subsection:

1. “Direct Supervision” means that the supervising dentist or dental therapist 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.

2. “Supervising dentist” has the meaning given in s. DE 17.01 (6).

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 if all of the following conditions are met:

1. The supervising dentist has allowed the dental therapist to perform the specific remediable procedure within the dental therapist’s collaborative management agreement.

2. The supervising dentist has expressly allowed the dental therapist to delegate the specific remediable procedure within the dental therapist’s collaborative management agreement.

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

4. The dental hygienist remains under the direct supervision of the dental therapist for the duration of the procedure.

(e) The dental therapist and the dental therapist’s supervising dentist shall be responsible for any services, treatments, or procedures delegated and performed under par. (d).

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 (2m), (4), (5), and (6) are created to read:

DE 3.04 (2m) In this section, “supervising dentist” has the meaning given in s. DE 17.01 (6).

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.
- (e) The supervising dentist has allowed the dental therapist to perform the administration personally within the dental therapist's collaborative management agreement.
- (f) The supervising dentist has expressly allowed the dental therapist to delegate the administration within the dental therapist's collaborative management agreement.
- (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.
- (6) The dental therapist and the dental therapist's supervising dentist shall be responsible for any services, treatments, or procedures delegated and performed under sub. (4).

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 5.02 (28) is created to read:

DE 5.02 (28) A dental therapist practicing outside of a practice area or setting described in s. 447.06 (3) (e), Stats., and s. DE 17.04 (3).

SECTION 27. 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 28. 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 29. 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 30. DE 7.06 (1), (2), (3), and (4) are created to read:

DE 7.06 (1) In this section, “supervising dentist” has the meaning given in s. DE 17.01 (6).

(2) 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.

(e) The supervising dentist has allowed the dental therapist to administer local anesthetic within the dental therapist's collaborative management agreement.

(f) The supervising dentist has expressly allowed the dental therapist to delegate the administration of local anesthetic within the dental therapist's collaborative management agreement.

(3) In sub. (2), 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.

(4) The dental therapist and the dental therapist's supervising dentist shall be responsible for any services, treatments, or procedures delegated and performed under sub. (2).

SECTION 31. 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 32. 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 33. 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 34. 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 35. 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 36. 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 37. 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 38. 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 39. 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 40. 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 41. 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 42. DE 12.04 is created to read:

DE 12.04 Dental therapist delegation to unlicensed persons. (1) In this section, “supervising dentist” has the meaning given in s. DE 17.01 (6).

(2) 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.

(e) The unlicensed individual remains under the direct supervision of the dental therapist for the duration of the procedure.

(f) The supervising dentist has allowed the dental therapist to perform the specific remediable procedure within the dental therapist's collaborative management agreement.

(g) The supervising dentist has expressly allowed the dental therapist to delegate the specific remediable procedure within the dental therapist's collaborative management agreement.

(3) In sub. (2), 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.

(4) The dental therapist and the dental therapist's supervising dentist shall be responsible for any services, treatments, or procedures delegated and performed under sub. (2).

SECTION 43. 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 44. 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 45. 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.

(2) **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.

(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 46. 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 47. 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 48. 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 49. 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 50. 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 51. 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 52. DE 15.07 is created to read:

DE 15.07 Dental therapist delegation of the administration of nitrous oxide inhalation analgesia. (1) In this section, “supervising dentist” has the meaning given in s. DE 17.01 (6).

(2) 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.
 - (f) The supervising dentist has allowed the dental therapist to administer nitrous oxide inhalation analgesia within the dental therapist’s collaborative management agreement.
 - (g) The supervising dentist has expressly allowed the dental therapist to delegate the administration of nitrous oxide inhalation analgesia within the dental therapist’s collaborative management agreement.
- (3) In sub. (2), 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.

(4) The dental therapist and the dental therapist’s supervising dentist shall be responsible for any services, treatments, or procedures delegated and performed under sub. (2).

SECTION 53. 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 supervising dentist or dental therapist 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 supervising 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 supervising 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 described in s. DE 17.03 (5).
- (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 practice of dental hygiene, as defined in s. 447.01 (3), Stats.

(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.

Note: “Dental health shortage area” has the meaning given in s. 36.60 (1) (ad), Stats.

(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.

Note: Free and charitable clinics can be found at: [Find a Clinic - Wisconsin Association of Free & Charitable Clinics \(wafcclinics.org\)](http://www.wafcclinics.org).

4. Patients receiving dental care at federally qualified health centers.

Note: Federally qualified health centers can be found at: [Find a Community Health Center | WPHCA | Wisconsin Primary Health Care Association](http://www.wphca.org).

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.

(4) A dental therapist is responsible for verifying and proving that his or her practice areas comply with the practice areas and settings described in sub. (3).

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 if all of the following conditions are met:

- 1.** The supervising dentist has allowed the dental therapist to perform the specific remediable procedure within the dental therapist's collaborative management agreement.
- 2.** The supervising dentist has expressly allowed the dental therapist to delegate the specific remediable procedure within the dental therapist's collaborative management agreement.
- 3.** The dental therapist has the authority to perform the specific remediable procedure personally, pursuant to the requirements in s. 447.06 (3) (bm) 1. and 2., Stats.
- 4.** The dental hygienist remains under the direct supervision of the dental therapist for the duration of the procedure.

(c) The dental therapist and the dental therapist's supervising dentist shall be responsible for any services, treatments, or procedures delegated and performed under par. (b).

(d) 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.
- 5.** The supervising dentist has allowed the dental therapist to perform the administration personally within the dental therapist's collaborative management agreement.
- 6.** The supervising dentist has expressly allowed the dental therapist to delegate the administration within the dental therapist's collaborative management agreement.

(e) In par. (d), 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.

(f) The dental therapist and the dental therapist's supervising dentist shall be responsible for any services, treatments, or procedures delegated and performed under par. (d).

(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.
5. The unlicensed individual remains under the direct supervision of the dental therapist for the duration of the procedure.
6. The supervising dentist has allowed the dental therapist to perform the specific remediable procedure within the dental therapist's collaborative management agreement.
7. The supervising dentist has expressly allowed the dental therapist to delegate the specific remediable procedure within the dental therapist's collaborative management agreement.

(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.

(c) The dental therapist and the dental therapist's supervising dentist shall be responsible for any services, treatments, or procedures delegated and performed under par. (a).

(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 54. 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 _____

Chairperson
Dentistry Examining Board

Potential new scope statement – the issue of general dentists potentially representing themselves as an oral surgeon or orthodontist. Potentially representing themselves as having credentials they don't have, etc.

STATE OF WISCONSIN
DENTISTRY EXAMINING BOARD

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

PROPOSED ORDER

A proposed order of the Dentistry Examining Board to amend DE 5, 8, and 14 relating to informed consent

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: Section 447.40, Stats.

Statutory authority: Sections 15.08 (5) (b), 227.11 (2) (a), 447.02 (2), 447.02 (2) (i), and 447.40, 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 227.11 (2) (a), Stats., provides that “[e]ach agency may promulgate rules interpreting the provisions of any statute enforced or administered by the agency, if the agency considers it necessary to effectuate the purpose of the statute, but a rule is not valid if the rule exceeds the bounds of correct interpretation.”

Sections 447.02 (2) and 447.02 (2) (i), Stats.: “The examining board shall promulgate rules specifying all of the following: (i) Provisions implementing s. 447.40.”

Section 447.40, Stats.: “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. 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.”

Related statute or rule: None.

Plain language analysis:

The objective of the proposed rule is to clarify the regulations on informed consent for dental patients, which may include revisions to DE 5, 8, and 14. The Board has identified a need to clarify the rules on informed consent for dental patients. Current rules are unclear on whether a verbal informed consent or a written, signed informed consent is required for various procedures. The Board will consider updating the code to clarify when a signed informed consent is required, and when a verbal informed consent is acceptable.

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, medical patients have “The right of each patient to care consistent with sound nursing and medical practices, to be informed of the name of the physician responsible for coordinating his or her care, to receive information concerning his or her condition and proposed treatment, to refuse any treatment to the extent permitted by law, and to privacy and confidentiality of records except as otherwise provided by law” [410 Illinois Compiled Statutes 50/3(a)]. This applies to dental patients.

Iowa: Iowa law requires informed consent as follows: “*Informed consent.* Dental records shall include, at a minimum, documentation of informed consent that includes discussion of procedure(s), treatment options, potential complications and known risks, and patient's consent to proceed with treatment” [650 Iowa Administrative Code 27.11 (1) (e)]. It does not specify whether verbal or written informed consent is required, so it is presumed that verbal informed consent is allowed.

Michigan: In Michigan, at the inception of care for a patient, both of the following must occur: “Each dentist, dental therapist, dental assistant, registered dental assistant, and registered dental hygienist shall identify himself or herself to the patient as a dentist, dental therapist, dental assistant, registered dental assistant, or registered dental hygienist,” and “the patient shall be provided with a written consent for treatment” [Michigan Administrative Rules R 338.11103].

Minnesota: In Minnesota, the dental records for each patient must include a notation that: “the dentist, advanced dental therapist, dental therapist, dental hygienist, or licensed dental assistant discussed with the patient the treatment options and the prognosis, benefits, and risks of each treatment that is within the scope of practice of the respective licensee” and “the patient has consented to the treatment chosen” [Minnesota Administrative Rules 3100.9600]. It does not specify whether verbal or written informed consent is required, so it is presumed that verbal informed consent is allowed.

Summary of factual data and analytical methodologies: The Board reviewed Wisconsin Administrative Code chapters DE 5, 8, and 14 to determine where changes were needed to update regulations on informed consent.

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

The proposed rules will be posted for a period of 14 days to solicit public comment on economic impact, including how the proposed rules may affect businesses, local government units, and individuals.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis will be attached upon completion.

Effect on small business:

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

Agency contact person:

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 is amended to read:

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)

This Proposed Order of the Dentistry Examining Board is approved for submission to the Governor and Legislature.

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	Rule effective.	Rule effective.
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	Rule effective.	Rule effective.
(EmR 2410)	031-24	3/29/2024	9/18/2026	DE 1 to 17	Dental Therapists (Emergency)	Emergency rule effective on 7/26/24, first published in the Register on 8/12/24.	Emergency rule effective.
	053-24	7/16/2024	11/20/2026	DE 1 to 17	Dentist and Dental Hygienist Compact	Rule drafting.	Board approval of prelim rule draft.
	054-24	7/16/2024	11/20/2026	DE 5, 8, and 14	Informed Consent	Rule drafting.	Board approval of prelim rule draft.

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Will Johnson, Executive Director, on behalf of Dr. William Akey, Northcentral Technical College		2) Date When Request Submitted: 08/22/2024	
		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: 09/04/2024	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Northcentral Technical College Dental Therapy Program Presentation	
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:	
10) Describe the issue and action that should be addressed: Dr. Akey will present the powerpoint to the board. The second NTC attachment is included in the materials in case the link in the powerpoint doesn't work.			
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.			

Dental Therapy Program Development

Sept. 4, 2024



Northcentral Technical College

Dental Therapy Admissions Requirements

As a prerequisite to program enrollment, an applicant must:

- be a graduate of an accredited Dental Hygiene program through the Commission on Dental Accreditation (CODA)
- be licensed as a Dental Hygienist by the Wisconsin Dentistry Examining Board
- hold certification in Local Anesthesia and Nitrous Oxide administration as granted by the State of Wisconsin DSPS
- hold valid CPR/AED certification

Admissions Requirements for other schools:

School	Admissions Requirements	Degree earned
Alaska- Ilisagvik College Alaska Dental Therapy Education Program	High School Diploma	Associate Degree
Washington- Skagit Valley College	High School Diploma 50-200 hours of dental related experience	Associate Degree
Minnesota- University of Minnesota School of Dentistry	8 Prerequisite courses: Anatomy, Biology, Chemistry, Composition, Psychology, Sociology, Physiology, Statistics	Students earn dual degree (BSDH/MDT) <ul style="list-style-type: none">• BS Dental Hygiene• MS Dental Therapy

Year One

Fall

10-508-201	Advanced Dental Health Safety (1cr)
10-508-202	Advanced Oral <u>Anatomy</u> (4cr)
10-508-203	Dental Therapy Basic Sciences (3cr)
10-508-205	Operative I (4cr)
10-508-204	Advanced Cariology and Nutrition (2cr)
10-806-186	Biochemistry (4cr)
	Total Credits 18

Spring

10-508-210	Biomaterials (2cr)
10-508-211	Dental Therapy Diagnosis & Treatment Planning (3cr)
10-508-207	Pediatric <u>Dentistry</u> (2cr)
10-508-213	Advanced Dental Anxiety and Pain Management (1cr)
10-508-206	Operative II (4cr)
10-806-197	Microbiology (4cr)
	Total Credits 16

Summer

10-508-216	Dental Therapy Clinic I (3cr)
10-508-208	Dental Therapy Oral Surgery (1cr)
	Total Credits 4

Year Two

Fall

10-508-215	Advanced Community Health <u>Education</u> (2cr)
10-508-214	Dental Therapy Pharmacology (2cr)
10-508-217	Community Clinic I (3cr)
10-508-212	Advanced Integrated Strategies (2cr)
10-508-218	Dental Therapy Clinic II (3cr)
10-801-195	Written Communication (3cr)
	Total Credits 14

Spring

10-508-219	Community Clinic II (4cr)
10-508-220	Dental Therapy Clinic III (4cr)
10-508-209	Dental Therapy Prosthodontics (3cr)
10-809-196	Introduction to Sociology (3cr)
10-809-198	Introduction to Psychology (3cr)
	Total Credits 17

Summer

10-508-221	Dental Therapy Clinic IV (4cr)
	Total Credits 4

Year Three

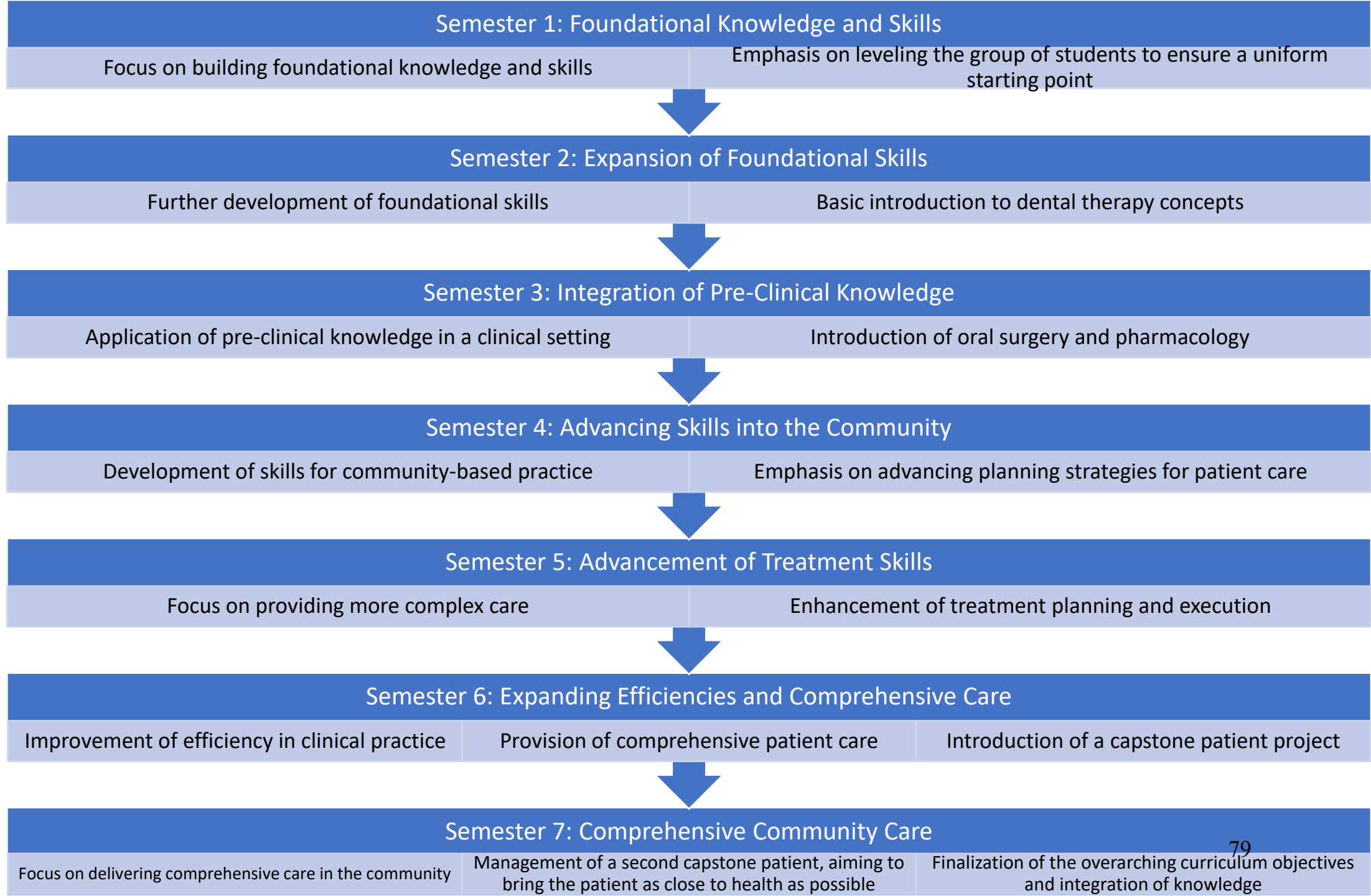
Fall

10-508-223	Contemporary Dental Therapy <u>Practice</u> (3cr)
10-508-222	Dental Therapy Clinic V In <u>The</u> Community (5cr)
10-508-224	Dental Therapy Transition (1cr)
10-801-196	Oral/Interpersonal Communication (3cr)
	Total Credits 12

Total

	Gen Ed Credits	Program Credits
GRAND TOTAL CREDITS	20	66
Total of combined gen-ed and program credits		86

Curricular Themes by Semester



List of Competencies by Semester

Semester 1: Fall, year one

Advanced Dental Health Safety (1 credit)

1. Compose Dental Therapy Clinic Policy Manual based on OSHA standards, professional ethics, and patients' rights.
2. Examine the ethical principles held by the dental profession.
3. Correlate processing and reprocessing of a treatment operatory and instruments to comprehensive standards.
4. Create solutions for treatment operatory safety pitfalls.
5. Manage medical emergency scenarios.

Advanced Cariology and Nutrition (2 credits)

1. Describe the epidemiology of dental caries.
2. Describe the pathogenesis of dental caries
3. Relate salivary influences on dental caries development.
4. Evaluate the biofilm of dental plaque.
5. Explain the impact of diet on dental caries.
6. Assess the role of demineralization and remineralization on the clinical manifestation of dental caries.
7. Explain the foundations of good diagnostic practice.
8. Describe visual-tactile diagnosis and additional detection methods for dental caries.
9. Evaluate fluoride's relationship in dental caries control.
10. Explain the role of oral hygiene in dental caries control.
11. Describe principles of dental caries control for child, adolescent, adult, and geriatric populations.
12. Differentiate among operative interventions on dental caries.

Advanced Oral Anatomy (4 credits)

1. Diagram odontogenesis.
2. Describe the sequences of exfoliation and eruption of teeth.
3. Compare and contrast the morphology of the permanent maxillary anterior teeth.
4. Compare and contrast the morphology of the permanent mandibular anterior teeth.
5. Compare and contrast the morphology of the permanent maxillary posterior teeth.
6. Compare and contrast the morphology of the permanent mandibular posterior teeth.
7. Compare and contrast the morphology of tooth types and classes between arches.
8. Compare and contrast the morphology of the primary maxillary teeth.
9. Compare and contrast the morphology of the primary mandibular teeth to one another and to their permanent successors.
10. Create two-dimensional drawings of permanent teeth.
11. Create wax models of permanent teeth.
12. Compare normal and abnormal development of orofacial structures.
13. Identify osteological landmarks and their clinical significance.
14. Identify anatomical landmarks on CBCT images.
15. Explain how head and neck muscles move bones and create facial expressions.
16. Correlate the arterial and venous circulation of the head and neck and dental structures to clinical implications.
17. Correlate the location and drainage of lymphatics and fascial spaces in the head and neck to clinical implications.
18. Correlate the innervation of the head, neck, and dental structures to clinical implications.
19. Describe the components of an ideal occlusion and common variations, and inter-arch relationships.
20. Describe the masticatory system.

Dental Therapy Basic Sciences (3 credits)

1. Explain microbiology and immunology in periodontal disease.
2. Classify periodontal disease.
3. Analyze systemic effects, plaque control, and host modulation on periodontal disease.
4. Differentiate among and within treatment indications, treatment modalities, and providers of care for periodontal diseases.
5. Assess clinical data to determine periodontal disease activity and the effectiveness of periodontal treatment modalities.
6. Differentiate periodontal surgical therapies.
7. Provide comprehensive patient care in accordance with the Wisconsin Dental Hygiene Practice Act.
8. Describe chemotherapeutic and host modulation agents for periodontal disease.
9. Describe specific supplemental periodontal interventions.
10. Evaluate the variations of normal and developmental disorders for bone, soft tissues, and teeth.
11. Differentiate bacterial, viral, and fungal infections oral presentations.
12. Compare oral manifestations of vitamin deficiencies, endocrine dysfunction, gastrointestinal dysfunction, and bleeding disorders.
13. Contrast oral manifestations of specific systemic diseases.
14. Summarize characteristics of neoplasms of the orofacial tissues and facial skin.
15. Explain clinical features of odontogenic cysts, odontogenic tumors, pulpal lesions, and periapical lesions.
16. Contrast oral presentations of salivary gland and bone pathologies.
17. Describe the dental clinical implications of genetically inherited disorders.
18. Explain oral manifestations of allergy and immune mediated diseases.

Operative I (4 credits)

1. Distinguish dental instruments.
2. Set up rubber dam isolation for different tooth preparations.
3. Relate tooth tissues to restorative requirements.
4. Distinguish terminology utilized in tooth preparations.
5. Explain the stages of tooth preparation.
6. Critique other concepts of tooth preparation.
7. Create Class I amalgam preparations
8. Produce Class I amalgam restorations.
9. Create Class V amalgam preparations.
10. Produce Class V amalgam restorations.
11. Create Class I composite preparations.
12. Produce Class I composite restorations.
13. Create Class V composite preparations.
14. Produce Class V composite restorations.
15. Prepare and restore low-stress areas of teeth with a glass ionomer.
16. Create Class III composite preparations.
17. Produce Class III composite restorations.

Biomaterials (2 credits)

1. Analyze scientific information, levels of evidence, and oral environment.
2. Differentiate the mechanical, optical, thermal, and electrical properties of dental biomaterials.
3. Classify dental biomaterial characteristics creating biocompatibility.
4. Describe the components of adhesion in dentistry.
5. Differentiate types of composites, glass ionomers, and compomers used in dentistry.
6. Explain the characteristics of metal restorative materials.
7. Outline the properties of dental ceramics.
8. Evaluate materials for adhesion and luting.
9. Assess the properties of impression materials.
10. Appraise the properties of preventative and intermediary materials.

Advanced Dental Anxiety and Pain Management (1 credit)

1. Review the eleven injection techniques used in local anesthetic certification in Wisconsin.
2. Perform alternative regional anesthetic techniques.
3. Troubleshoot problems in achieving pain control.
4. Describe recent advances in local anesthesia.
5. Evaluate the overall effectiveness of nitrous oxide/oxygen analgesia during local anesthetic procedures.

Dental Therapy Diagnosis & Treatment Planning (3 credits)

1. Maintain professional clinical decorum.
2. Organize patient evaluation and diagnostic information.
3. Outline cardiovascular diseases affecting dental care.
4. Explain pulmonary diseases affecting dental care.
5. Analyze gastrointestinal diseases affecting dental care.
6. Describe genitourinary diseases affecting dental care.
7. Explain endocrine and metabolic diseases affecting dental care.
8. Analyze immunological diseases affecting dental care.
9. Assess conditions or behaviors serving as risk indicators for oral disease.
10. Develop comprehensive treatment plans tailored to individual patient needs, considering factors such as oral health status, medical history, and patient preferences.
11. Develop the acute phase of the treatment plan.
12. Design the disease control phase of the treatment plan.
13. Create the definitive phase of treatment plans involving collaboration with dentists and dental specialists.
14. Prepare the maintenance phase of the treatment plan.
15. Assess oral needs in a clinical setting.

Pediatric Dentistry (2 credits)

1. Construct an informed consent for a pediatric patient.
2. Select appropriate management techniques for pediatric patients.
3. Examine an infant.
4. Explain fluoride and non-fluoride modalities for caries control in pediatric patients.
5. Describe dental caries and restorations in pediatric patients.
6. Pulpal therapy for primary dentition.
7. Employ proper emergency care for pediatric patients.
8. Evaluate oral pathology and dental anomalies in pediatric patients.
9. Explain dental management of medically compromised pediatric patients.
10. Explain orthodontic diagnosis and interceptive orthodontics in the mixed dentition.
11. Identify child abuse and neglect.

Operative II (4 credits)

1. Produce direct and indirect pulp capping procedures.
2. Perform pulp vitality testing.
3. Create Class II amalgam preparations.
4. Produce Class II amalgam restorations.
5. Create Class II composite preparations.
6. Produce Class II composite restorations.
7. Create Class IV composite preparations.
8. Produce Class IV composite restorations.
9. Create complex amalgam (cuspal coverage) preparations.
10. Produce complex amalgam (cuspal coverage) restorations.
11. Create extensive composite preparations.
12. Produce extensive composite restorations.
13. Prepare amalgam restorations in a clinical simulation.
14. Produce amalgam restorations in a clinical simulation.
15. Prepare composite restorations in a clinical simulation.
16. Produce composite restorations in a clinical simulation.

Dental Therapy Clinic I (3 credits)

1. Maintain professional clinical decorum.
2. Compile patient's histories, diagnostic information, and informed consent.
3. Assist in developing a foundational individualized treatment plan.
4. Provide foundational preventative care within the scope of dental therapy practice with direct supervision.
5. Provide foundational restorative care within the scope of dental therapy practice with direct supervision.
6. Prepare foundational patient case(s) for discussion with faculty and peers.

Dental Therapy Oral Surgery (1 credit)

1. Assess the patient prior to surgical procedures.
2. Assess appropriate diagnostic information.
3. Organize proper oral surgery armamentarium for planned minor oral surgery procedures.
4. Perform minor oral surgery procedures.
5. Manage follow up care for complications of exodontia.
6. Perform suture placement and removal.

Advanced Community Health Education (2 credits)

1. Investigate public health services.
2. Analyze epidemiological factors affecting dentistry.
3. Summarize the social determinants of health.
4. Synthesize oral disease surveillance and dental indices.
5. Relate access to dental care to dental care outcomes.
6. Critique public health funding and workforce issues for dental care.
7. Differentiate health education and health promotion within a community engaged practice.
8. Examine oral health disparities.
9. Design evidence-based intervention strategies for diverse populations.

Advanced Integrated Strategies (2 credits)

1. Maintain professional clinical decorum.
2. Organize patient evaluation and diagnostic information.
3. Integrate a patient's medical history into an individualized treatment plan.
4. Relate disorders of red and white blood cells affecting dental care.
5. Explain acquired bleeding, congenital bleeding, and hypercoagulable disorders.
6. Describe cancer characteristics and oral care of patients with cancer.
7. Explain neurological, behavioral, and psychiatric disorders affecting dental care.
8. Evaluate risk indicators for oral disease.
9. Evaluate individualized comprehensive treatment plans.
10. Develop treatment plan modifications as patient needs change.
11. Develop treatment plans for unique populations.

Dental Therapy Pharmacology (2 credits)

1. Explain pharmacodynamics and pharmacokinetics.
2. Describe pharmacotherapeutics and pharmacogenetics.
3. Summarize the pharmacology of the autonomic nervous system.
4. Differentiate between the pharmacology of non-opioid and opioid analgesics.
5. Explain the pharmacological rationale for the use of antibiotic, antiviral, and antifungal agents.
6. Determine the use and pharmacology of various local and general anesthetic agents.
7. Explain the pharmacology of sedative-hypnotics, anti-convulsant, antiparkinsonian and psychotherapeutic agents.
8. Summarize the pharmacology of cardiovascular agents.
9. Summarize the pharmacology of autocoids, antihistamines, adrenocorticosteroids, hormones and diabetic agents.
10. Explain the pharmacology of antineoplastic, respiratory, and gastrointestinal agents.
11. Summarize the clinical rationale for and significance of prescription writing.
12. Outline drugs of abuse.

Semester 4: Fall, year two (continued)

Dental Therapy Clinic II (3 credits)

1. Illustrate professional clinical decorum.
2. Perform dental examinations.
3. Formulate comprehensive individualized patient treatment plans.
4. Provide comprehensive preventative care within the scope of dental therapy practice under direct supervision.
5. Provide comprehensive restorative care within the scope of dental therapy practice under direct supervision.
6. Prepare patient case(s) for discussion with faculty and peers.

Community Clinic I (3 credits)

1. Maintain professional clinical decorum.
2. Perform dental examinations while respecting cultural backgrounds.
3. Formulate an individualized patient treatment plan while respecting cultural backgrounds.
4. Provide preventative care within the scope of dental therapy practice while respecting cultural backgrounds under direct supervision.
5. Provide restorative care within the scope of dental therapy practice while respecting cultural backgrounds under direct supervision.
6. Prepare patient cases for discussion with faculty, mentors, and peers.

Dental Therapy Prosthodontics (3 credits)

1. Organize the biomechanical and foundational principles of prosthodontics.
2. Diagram the preparation of fixed prosthodontic restorations.
3. Describe the processes of cementation of fixed prosthodontic restorations including recementing a permanent crown.
4. Create a single tooth temporary crown.
5. Describe the characteristics of complete dentures.
6. Describe the characteristics of removable partial dentures.
7. Modify removable prostheses.
8. Generating dental arch replication for fabrication of athletic and soft mouthguards and repairing removable prostheses.
9. Illustrate dental implant designs.
10. Relate implants to fixed and removable prosthodontic restorations.
11. Manage palliative treatment of dental pain within the scope of practice for dental therapy.
12. Defend the process of tooth reimplantation and stabilization.

Dental Therapy Clinic III (4 credits)

1. Espouse professional clinical decorum.
2. Conduct comprehensive dental examinations independently.
3. Facilitate comprehensive treatment plans incorporating evidence-based practices and patient preferences.
4. Demonstrate proficiency in providing preventative care within the scope of dental therapy practice under indirect supervision.
5. Provide restorative care proficiently within the scope of dental therapy practice under indirect supervision.
6. Prepare complex patient case(s) for discussion with faculty and peers.

Community Clinic II (4 credits)

1. Demonstrate professional clinical decorum, including effective communication, empathy, and cultural competence, in diverse community settings.
2. Compile comprehensive patient histories, diagnostic information, and informed consent for various populations in diverse settings.
3. Formulate individualized patient treatment plans that integrate complex medical, social, and behavioral factors, demonstrating critical thinking and problem-solving skills.
4. Provide comprehensive preventative care including risk assessment, patient education, and community-based health promotion activities, to address oral health disparities and improve population health outcomes within the scope of dental therapy practice under indirect supervision.
5. Provide comprehensive restorative care, incorporating innovative techniques and materials as needed to optimize patient outcomes within the scope of dental therapy practice under indirect supervision.
6. Develop patient cases for a collaborative approach to patient care and professional development with faculty, mentors, and peers.

Dental Therapy Clinic IV (4 credits)

1. Integrate professional clinical decorum.
2. Compile comprehensive patient examinations proficiently.
3. Formulate individualized patient treatment plans including coordination of inter-disciplinary care.
4. Revise comprehensive preventative care proficiently within the scope of dental therapy practice.
5. Provide comprehensive restorative care proficiently within the scope of dental therapy practice.
6. Compare developed complex patient case(s) for discussion with faculty and peers.

Contemporary Dental Therapy Practice (3 credits)

1. Describe ethical theories and professional codes of ethics.
2. Judge ethical decision making.
3. Critique ethical decision making within the oral health team.
4. Examine jurisprudence and allied oral health professionals.
5. Assess risk management within dental therapy practice.
6. Formulate strategic plans to innovate and advance the field of dental therapy, integrating emerging technologies and evidence-based practices.
7. Investigate dental therapy care delivery models.
8. Assess the attributes of effective leaders.
9. Present a comprehensive capstone project for dental therapy.

Dental Therapy Transition (1 credit)

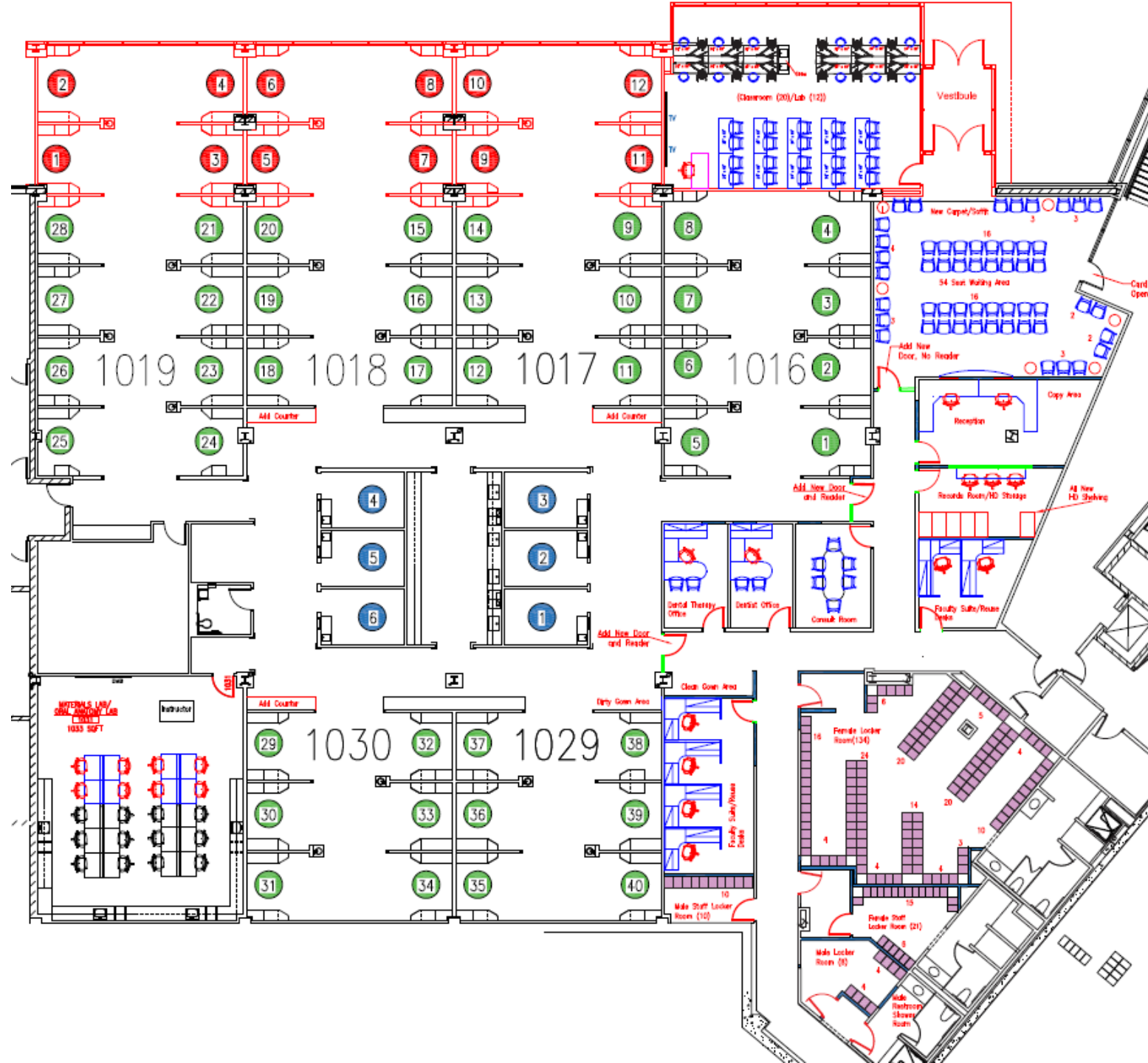
1. Describe post-graduation testing requirements.
2. Evaluating job opportunities.
3. Analyze collaborative management agreements.
4. Describe differing licensure requirements for dental therapists in the United States.
5. Integrate continuing education and professional development with dental therapy professionalism.

Dental Therapy Clinic V in the Community (5 credits)

1. Synthesize professional clinical decorum.
2. Appraise comprehensive dental examinations proficiently and independently.
3. Defend formulated complex treatment plans for all populations independently.
4. Synthesize the applications of comprehensive preventative care within the scope of dental therapy practice for all populations independently.
5. Orchestrate the provisions of comprehensive restorative care within the scope of dental therapy practice for all populations independently.
6. Summarize complex patient case(s) for all populations for discussion with faculty and peers

Dental Clinic

- 58 operatories
- Dental Therapy Classroom with A-dec Simulators
- Six in-room radiography units, 6 nomads, 1 cone-beam panoramic
- Locker room capacity for over 140 students
- Office space for faculty and staff







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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dr. Jay Mackman		2) Date When Request Submitted: 08/23/2024	
		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: 09/04/2024	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Dr. Mackman Presentation on ADA Specialty Program Completion	
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:	
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 Board Admin Specialist prior to the start of a meeting.			

Proposal:

Access to Licensure Upon Completion of a CODA Approved, 24-month Postgraduate Specialty Program in Orofacial Pain

Presentation developed for the Wisconsin State Dental Board – 2024

Jay Mackman, DDS

- Past-president, American Academy of Orofacial Pain
- Board Certified/American Board of Orofacial Pain
- Fellow/American Academy of Orofacial Pain
- Member/American Academy of Dental Sleep Medicine

Connor Peck, DDS, MS

- Board Certified/American Board of Orofacial Pain
- Fellow/American Academy of Orofacial Pain
- Member/American Academy of Dental Sleep Medicine

What is Orofacial Pain

- Pain perceived in the face and/or oral cavity caused by
 - Diseases or disorders of regional structures
 - Dysfunction of the nervous system
 - Referral from distant sources
- Prevalence of 10-26% across the population, with 7-11% of cases being chronic
 - Commonly results in disability, lost days at work, psychosocial impact, economic impact
- Orofacial pain sufferers in Wisconsin face a major access to care problem

OFP Epidemiology

Increasing Prevalence and Impact

Prevalence of Orofacial Pain Disorders (OFP)	% of Population
Temporomandibular disorders	5-31%
Neuropathic pain disorders (burning mouth, neuropathic, atypical pain, neurovascular)	2-3%
Headache disorder (tension-type headaches, migraine, mixed, cluster)	20-25%
Orofacial sleep disorders (e.g. sleep apnea, snoring)	3-4%
Neurosensory/ chemosensory disorders (e.g. taste, paresthesias, numbness)	0.1%
Oromotor disorders (e.g. occlusal dysethesias, dystonias, dyskinesias, severe bruxism)	8-10%

Individual and societal impact of OFP



- “Because oral and facial structures have close associations with functions of eating, communication, sight, and hearing as well as form the basis for appearance, self-esteem and personal expression, persistent pain or disease in this area can deeply affect an individual both psychologically and systemically.” -AAOP guidelines, 2014
- A national poll found more adults working full-time miss work from head and orofacial disorders than any other site of pain - Nuprin Report, 1985

Access to care for patients with persistent orofacial pain is difficult because...

- Care lies between medicine and dentistry
- Billing occurs under medical health plans and few dentists are credentialed
- Patients with chronic pain and delayed recovery are complex and often require a team to manage (our office includes OFP specialists, physical therapy, and PM&R doctor)
- Limited number of U.S. dental specialists

There are 13 advanced education programs in Orofacial Pain training roughly 25 specialists per year, mostly international dentists

Orofacial Pain Specialists evaluate, diagnose, and manage orofacial pain disorders

- Temporomandibular Muscle and Joint (TMJ) disorders
- Orofacial Pain disorders including neurovascular, neuropathic, and burning mouth pain
- Headache disorders including migraine, tension-type, cluster
- Cervical muscle and joint disorders
- Sleep disorders including sleep bruxism, sleep apnea, and snoring
- Neurosensory and chemosensory disorders
- Oromotor disorders including dystonias, dyskinesias, and bruxism



How does one become an orofacial pain specialist?

1. Completion of a 2-year (minimum) CODA-approved advanced education program in Orofacial Pain
 - Involves clinical rotations in fields such as neurology, neurosurgery, rheumatology, psychiatry, orthopedic surgery, PM&R, and sleep medicine
2. Become a fellow of the American Academy of Orofacial Pain (AAOP)
3. Pass the American Board of Orofacial Pain (ABOP) certification exam, consisting of a written and oral component



Wisconsin Dental Specialty Statistics - 2024

Orthodontists – 104-168 specialists

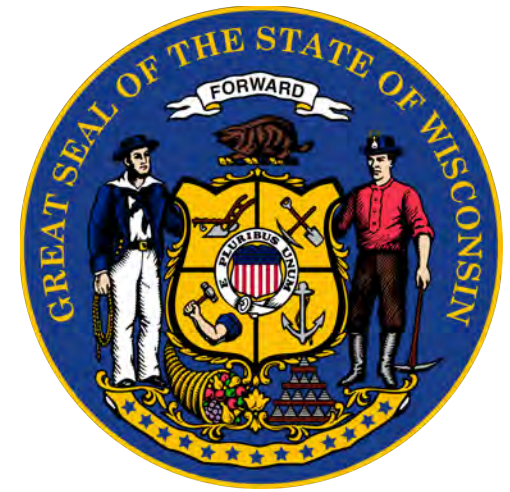
Endodontists – 63-77 specialists

Oral Surgeons – 85-133 specialists

Orofacial Pain – 2 specialists

Based on US News Health and self-report data from WDA

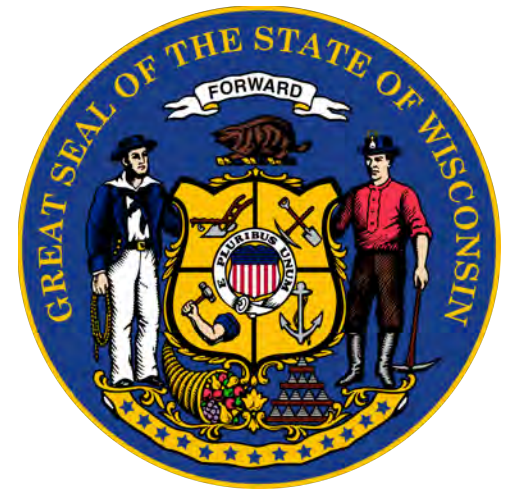




Wisconsin Impact

- 25+% of the population of Wisconsin suffers from OFP
- Population of Wisconsin is 5.89 million
- Up to 1.47 million Wisconsin residents need care for orofacial pain disorders
- There are only 2 Diplomates of the American Board of Orofacial Pain (certified specialists) registered in Wisconsin (Drs. Mackman and Peck)
- Data suggests a **1:735,000** Specialist: Patient ratio for OFP
 - **Access to care is poor**

Wisconsin Impact



Wisconsin currently faces a critical period where two of the few dentists with practices limited to orofacial pain, including one of the two ABOP boarded specialists, are approaching retirement. The state has no clear path to fill their vacancy under the current rules.

Why the shortage of OFP specialists in Wisconsin?

- OFP is a newly recognized specialty
- Limited number of CODA-approved specialty programs in the US graduating a small number of specialists annually
- Majority of OFP specialty graduates earned their dental degree outside the US and **cannot practice in Wisconsin**



Number of ABOP Diplomates in states that have opened licensure-to foreign-trained dentists with degrees from CODA-approved OFP specialty programs

- Minnesota – 19
- Texas – 24
- New Jersey – 15
- Michigan – 7
- Washington – 5
- Vermont – 1



What is the impact of Wisconsin's shortage of OFP providers?



Economic impact

- In the U.S., the annual economic impact of managing TMD, the most common OFP disorder, is \$4 billion (NIH 2018)
- Chronic pain costs U.S. up to \$635 billion annually (American Pain Society 2012)
- With the access to care crisis in Wisconsin, orofacial pain patients are often forced to commit to high-cost, fee-for-service treatment by providers with lesser training and experience



Psychological impact

- When patients with orofacial pain are unable to receive timely *evidence-based* intervention, the pain is more likely to become chronic
 - Patients with chronic OFP demonstrate significantly greater depression and anxiety measures than controls across studies
 - Stress and sleep disturbances are also closely linked to chronic OFP
- Patients frequently see multiple other specialists before ending up in our practice. In regions of Wisconsin where OFP specialists are not present, there is a feeling of hopelessness for OFP sufferers which only amplifies their pain experience
 - In some cases, patients are forced to seek care in neighboring states

Physical impact

- Lack of OFP specialists inhibits dissemination of evidence-based treatment standards in Wisconsin
 - Consequences of this include antiquated and unvalidated treatment approaches and general mistreatment, even if inadvertent, which can both harm the patient and damage the reputation of the profession
 - Examples for TMD:
 - Biomechanical approach to care (occlusion-focused, Phase I-Phase II, etc.) rather than biopsychosocial
 - Pre-mature surgery and other overly aggressive treatment directly related to absence of OFP providers trained in conservative management
 - Unnecessary and costly diagnostic approaches (jaw tracking, posture analysis, etc.)
 - Examples for other OFP disorders:
 - Repeated extractions, endodontic treatments in cases of non-odontogenic pain
 - Over-prescribing of opioid medications and antibiotics





State of Wisconsin

Department of Safety and Professional Services

The first sentence on the Wisconsin Dentistry Examining Board Website:

“The Dentistry Examining Board believes the citizens of Wisconsin need unrestricted access to dental services for public health and safety.”

Proposal

- We ask that the Wisconsin State Dental Board take the necessary steps to address the access to care crisis facing Wisconsin residents suffering from OFP disorders
- As most OFP residency graduates and ABOP diplomates are foreign-trained, the clearest path toward increasing the number of providers in our state is to do what many other states have already done, and pave a path for these specialists to practice orofacial pain in Wisconsin



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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Will Johnson, on behalf of Chair Bistan		2) Date When Request Submitted: 08/26/2024
		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: 09/04/2024	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Unlicensed Practice - Discussion
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:
10) Describe the issue and action that should be addressed:		
11) Authorization		
Signature of person making this request		Date
Supervisor (if required)		Date
Will Johnson		08/26/2024
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date		
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