



**HYBRID (IN-PERSON/VIRTUAL)
DENTISTRY EXAMINING BOARD
N208, 4822 Madison Yards Way, Madison
Contact: Will Johnson, (608) 266-2112
June 24, 2026**

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

AGENDA

9:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

A. Pledge of Allegiance

B. Adoption of Agenda (1-4)

C. Approval of Minutes of May 6, 2026 (5-7)

D. Reminders: Conflicts of Interest, Scheduling Concerns

E. Introductions, Announcements and Recognition

- 1) Introduction: Aditi Bharatkumar, Dentist Member (Succeeds: Bistan)
- 2) Recognition: Matthew Bistan, Dentist Member (Resigned: 5/2026)

F. Administrative Matters

- 1) Department, Staff and Board Updates
- 2) Board Members – Term Expiration Dates
 - a. Alton, Troy – 7/1/2029
 - b. Bahr, Lisa – 7/1/2026
 - c. Bharatkumar, Aditi – 7/1/2029
 - d. Fox, Joan – 7/1/2029
 - e. Govani, Shaheda – 7/1/2026
 - f. Gundersen, David – 7/1/2026
 - g. Jorgenson, Linda – 7/1/2028
 - h. Kolste, Debra – 7/1/2028
 - i. Schrubbe, Katherine – 7/1/2026
 - j. Sheild, Peter – 7/1/2026

G. Administrative Rule Matters – Discussion and Consideration (8-44)

- 1) EIA Comment Posting for Preliminary Rule Draft of DE 1, 5, 8, 10 relating to Dental Practice Records Management (9-17)

- 2) Discussion of DE 1 to 17 Final Rule Draft (18-28)
- 3) Discussion of DE 1 and 2 Final Rule Draft (29-43)
- 4) Pending or possible rulemaking projects (44)

H. Dentist and Dental Hygienist Compact – Discussion

I. Policy Discussion – Equivalency Pathway for Internationally-Trained Dental Professionals Seeking Wisconsin Dental Hygiene Licensure (45-50)

J. Legislative and Policy Matters – Discussion and Consideration

K. Discussion and Consideration of Items Added After Preparation of Agenda:

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

L. Public Comments

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.).

M. Credentialing Matters

- 1) **Application Review**
 - a. R.E. – Dentist Application (IA- 928053) **(51-72)**

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

- 1) **Proposed Stipulations, Final Decisions and Orders**
 - a. 23 DEN 159 – Daniel C. Garcia **(73-79)**
 - b. 25 DEN 0036 – Rahul G. Patel **(80-86)**
- 2) **Case Closings**
 - a. 24 DEN 0047 – T.C.K. **(87-103)**
 - b. 24 DEN 0173 – K.E.A. **(104-111)**
 - c. 25 DEN 0016 – R.G.G. and D.E.V. **(112-124)**
 - d. 25 DEN 0116 – M.B.K. **(125-130)**
 - e. 25 DEN 0127 – N.A.S. **(131-137)**

O. 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

P. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

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

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

ADJOURNMENT

NEXT MEETING: SEPTEMBER 2, 2026

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

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

**HYBRID (IN-PERSON/VIRTUAL)
DENTISTRY EXAMINING BOARD
MEETING MINUTES
MAY 6, 2026**

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

ABSENT: Shaheda Govani, DDS

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

CALL TO ORDER

Troy Alton, Chairperson, called the meeting to order at 9:01 a.m. A quorum was confirmed with nine (9) members present.

ADOPTION OF AGENDA

MOTION: David Gundersen moved, seconded by Peter Sheild, to adopt the Agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF MARCH 4, 2026

MOTION: Linda Jorgenson moved, seconded by Joan Fox, to approve the Minutes of March 4, 2026, as published. Motion carried unanimously.

INTRODUCTIONS, ANNOUNCEMENTS AND RECOGNITION

Introduction and Welcome – DSPS Secretary Hereth

MOTION: Troy Alton moved, seconded by David Gundersen, to acknowledge and thank Secretary Hereth, for their appearance to the Board. Motion carried unanimously.

David Gundersen left at 11:02 a.m.

ADMINISTRATIVE RULE MATTERS

Rule Drafting for DE 1, 5, 8, 10, 18 relating to Dental Practice Records Management

MOTION: Peter Sheild moved, seconded by Debra Kolste, to authorize the Chair to approve the preliminary rule draft for rule DE 1, 5, 8, 10, 18 relating to Dental Records Management for posting for Economic Impact Analysis comments and submittal to the Clearinghouse. Motion carried unanimously.

CLOSED SESSION

MOTION: Lisa Bahr moved, seconded by Peter Sheild, to convene to Closed Session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85(1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85(1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.). Troy Alton, 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; Linda Jorgenson-yes; Debra Kolste-yes; Katherine Schrubbe-yes; and Peter Sheild-yes. Motion carried unanimously.

The Board convened into Closed Session at 11:58 a.m.

DIVISION OF LEGAL SERVICES AND COMPLIANCE (DLSC) MATTERS**Proposed Stipulations, Final Decisions and Orders**

MOTION: Matthew Bistan moved, seconded by Joan Fox, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of the following cases:
 24 DEN 0034 – Pratik Patel
 24 DEN 0040 – Eric J. Meeker
 24 DEN 0059 – Ryan P. McEldowney
 24 DEN 0145 – Mary E. Sexton
 25 DEN 0159 – Surinder K. Mehra
 Motion carried unanimously.

Administrative Warnings

MOTION: Joan Fox moved, seconded by Lisa Bahr, to issue an Administrative Warning in the following DLSC Cases:
 24 DEN 0058 – A.V.
 24 DEN 0099 – M.H.
 25 DEN 0088 – D.R.J.
 Motion carried unanimously.

Case Closings

MOTION: Troy Alton moved, seconded by Katherine Schrubbe, to close the following DLSC Cases for the reasons outlined below:
 24 DEN 0058 – S.S.R. – No Violation
 24 DEN 0134 – S.M.K. – No Violation
 25 DEN 0101 – S.N. – No Violation
 Motion carried unanimously.

CREDENTIALING MATTERS

Application Review

C.P. – Dentist Application (IA-886187)

MOTION: Troy Alton moved, seconded by Joan Fox, to approve the Dentist Application (IA-886187), once all requirements are met. Motion carried.

Predetermination Review

F.B. – Dentist Application (IA-924193)

MOTION: Matthew Bistan moved, seconded by Peter Sheild, to find that Applicant F.B. (IA-924193) is not disqualified from licensure due to Applicant’s conviction record. Motion carried unanimously.

RECONVENE TO OPEN SESSION

MOTION: Linda Jorgenson moved, seconded by Troy Alton, to reconvene in Open Session. Motion carried unanimously.

The Board reconvened to Open Session at 12:48 p.m.

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

MOTION: Peter Sheild moved, seconded by Joan Fox, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

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

ADJOURNMENT

MOTION: Matthew Bistan, seconded by Lisa Bahr, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 12:51 p.m.

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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Jake Pelegrin Administrative Rules Coordinator		2) Date when request submitted: 6/10/26 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Dentistry Examining Board			
4) Meeting Date: 6/24/26	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. EIA comment posting for preliminary rule draft of DE 1, 5, 8, 10 relating to Dental Practice Records Management 2. Discussion of DE 1 to 17 Final Rule Draft 3. Discussion of DE 1 and 2 Final Rule Draft 4. 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: -EIA comment posting for preliminary rule draft of DE 1, 5, 8, 10 -DE 1 to 17 Final Rule Draft and Clearinghouse Report -DE 1 and 2 Final Rule Draft, Clearinghouse Report, and public comments received -Dentistry Rules Chart			
11) <i>Jake Pelegrin</i>		Authorization 6/10/26	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

STATE OF WISCONSIN
DENTISTRY EXAMINING BOARD

IN THE MATTER OF RULEMAKING : NOTICE OF TIME PERIOD
PROCEEDINGS BEFORE THE : FOR COMMENTS FOR THE
DENTISTRY EXAMINING BOARD : ECONOMIC IMPACT ANALYSIS

NOTICE IS HEREBY GIVEN of the time period for public comment on the economic impact of this proposed rule of the Dentistry Examining Board, including how this proposed rule may affect businesses, local government units and individuals. The comments will be considered when the Department of Safety and Professional Services prepares the Economic Impact Analysis pursuant to § 227.137. Written comments may be submitted to:

Jake Pelegrin, Administrative Rules Coordinator
Office of Chief Legal Counsel
Department of Safety and Professional Services
PO Box 14497
Madison, WI 53708-0497
DSPSAdminRules@wisconsin.gov

The deadline for submitting economic impact comments is July 8th, 2026.

PROPOSED ORDER

A proposed order of the Dentistry Examining Board to *renumber and amend* DE 8.035; to *amend* DE 8.03, 8.035 (Title), and 8.04; to *repeal and recreate* DE 8.05; and to *create* DE 5.02 (30) to (35), 8.02 (3), 8.035 (1) (a) and (b) and (2) to (4), and 8.06 relating to dental practice record management.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: Sections 146.819, 146.82, 146.83, 447.02 (4), and 447.063, Stats.

Statutory authority: Sections 15.08 (5) (b), 227.11 (2) (a), and 447.063 (1), 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.”

Section 447.063 (1), Stats.: “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, as defined in s. 146.81 (4), for an amount of time determined by the examining board by rule.”

Related statute or rule: None.

Plain language analysis:

Current rules on records management for dental patient records are primarily contained in Wis. Admin. Code ch. DE 8. Patient health care records are also governed by ch. 146 of the Wisconsin Statutes and other state and federal laws. The board has identified a need to update and clarify regulations on dental practice record management to protect patient health, safety, welfare, and access to their own records. In general, the proposed rule places responsibility on the treating dentist or dental therapist for management of their own patient health care records. The board believes a dental patient record is a tool critical to the practice of dentistry, and that proper care and management of dental patient records is a critical part of the practice of dentistry.

The proposed rule clarifies that the treating dentist or dental therapist is responsible for creating and maintaining their own patient health care records. The rule adds a provision to ch. DE 5, Unprofessional Conduct, stating it is unprofessional conduct to fail to do this. The proposed rule clarifies that patient health care records may only be deleted or destroyed after 10 years after the date of last entry.

The board believes a dental patient record is a tool critical to the practice of dentistry, and that proper care and management of dental patient records is a part of the practice of dentistry. Therefore, the board believes that as part of the proper practice of dentistry, upon ceasing practice or business, a dentist or dental therapist must transfer their dental patient records to another licensed dentist. The proposed rule creates a requirement to this effect. To ensure this happens even in unexpected cases of ceasing practice or business, dentists or dental therapists must name a successor dentist who will assume responsibility for the records and this must be agreed in writing. The proposed rule creates a requirement to this effect. The board considers this to be an important part of the practice of dentistry. The proposed rule also states that it is unprofessional conduct to fail to do this. In the above, the board is choosing to enforce the 10-year record retention time required by s. 447.063 (1), Stats., and ss. DE 8.03 and 8.035 (1), above and beyond the option for providing for the destruction of records in s. 146.819 (1) (b), Stats. The board believes the 10-year record retention time should take precedence over the option for destruction of the records at any time if the health care provider ceases practice or business.

Under current law, patient health care records must be available to the patient or a patient's representative upon request, and must be transferred to a patient's subsequent health care provider upon request. The proposed rule creates provisions to clarify that the responsibility to ensure this falls on both the treating dentist or dental therapist and on the entity that offers dental services. The proposed rule also states that it is unprofessional conduct for the dentist or dental therapist to fail to ensure this.

Under current law, patient health care records must be maintained confidentially. The proposed rule clarifies that the responsibility to ensure this falls on the treating dentist, dental therapist, or other credential holder, and on the entity that offers dental services. The rule also states that it is unprofessional conduct for a credential holder to fail to ensure confidentiality. Finally, the proposed rule creates a requirement that as part of the practice of dentistry, a dentist or dental therapist is responsible for ensuring the setting they practice in is operating in compliance with state and federal law and code pertaining to patient health care records. Again, the board believes this is a critical part of the practice of dentistry and critical to patient health, safety, welfare, and access to their own records.

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

Summary of public comments received on statement of scope:

The Dentistry Examining Board held a preliminary public hearing on the statement of scope for this rule on November 5, 2025. The following written comment was received:

Name: Timothy Bonson
Organization: None.

I am writing to express my strong opposition to the proposed scope statement SS 056-25, concerning dental practice record management and dental franchising. This proposal, as outlined, poses a significant threat to the autonomy of dental professionals, the viability of small, independent dental practices, and the quality of patient care across Wisconsin.

Here are my primary concerns:

- **Burdensome and Unnecessary Regulations:** The proposed changes to record management are likely to impose significant and unnecessary administrative and financial burdens on dental practices, particularly smaller, independent clinics. These new regulations could mandate costly software upgrades, extensive staff training, and an increase in non-clinical administrative tasks, diverting valuable resources away from direct patient care.
- **Negative Impact on Small Businesses:** Encouraging dental franchising threatens the existence of traditional, locally-owned dental practices that have served our communities for generations. This shift towards a corporate model of dentistry prioritizes profits over the personalized, patient-centered care that is the hallmark of independent practitioners. It will create an uneven playing field, making it

difficult for small practices to compete with the resources of large, corporate-backed franchises.

- **Detrimental to the Dentist-Patient Relationship:** The franchising of dental practices risks depersonalizing the dentist-patient relationship. When corporate interests and profit margins become the primary drivers, the focus can shift from the individual needs of the patient to a more standardized, one-size-fits-all approach to treatment. This is fundamentally at odds with the trust and personalized care that is essential for good dental health.
- **Government Overreach:** This proposal represents an unnecessary government intrusion into the dental profession. Dentists are highly trained and capable professionals who are already subject to extensive regulation and ethical guidelines. These proposed new rules will only add another layer of bureaucracy without any clear benefit to patient safety or care.

For these reasons, I urge you to reject SS 056-25. This proposal is a step in the wrong direction for the dental profession in Wisconsin. It will harm small businesses, compromise patient care, and add unnecessary regulatory burdens. We should be supporting our local dental practices, not creating a regulatory environment that favors large corporate interests.

Comparison with rules in adjacent states:

Illinois: In Illinois, dental patient records are subject to the following: “Every dentist shall make a record of all dental work performed for each patient” and “Dental records are the property of the office in which dentistry is practiced. Dental records required by this Section shall be maintained for 10 years. Dental records required to be maintained under this section, or copies of those dental records, shall be made available upon request to the patient or the patient's guardian” [225 Illinois Compiled Statutes 25/50].

In the past, Illinois dentistry code had a section on Employment by Corporation [68 Illinois Administrative Code 1220.431], but this section has been repealed. Illinois has no other regulations on dental clinics specifically or dental franchising. Franchise businesses in general are governed by the Illinois Franchise Disclosure Act [815 ILCS 705].

Iowa: Iowa has very comprehensive regulations around dental patient record management [650 Iowa Administrative Code 27.10 and 27.11]. “Dentists shall maintain patient records in a manner consistent with the protection of the welfare of the patient. Records shall be permanent, timely, accurate, legible, and easily understandable.” A comprehensive list is given of information the records must contain. Records must be maintained for a minimum of 6 years. Additionally, Iowa has a section on records management in the instance of a licensee’s retirement or discontinuance of practice [650 Iowa Administrative Code 27.10]. It requires a licensee to give notice to active patients if they plan to discontinue practice and to encourage them to seek the services of another licensee. It also requires the licensee to “make reasonable arrangements with active patients for the transfer of patient records, or copies thereof, to the succeeding licensee.”

Iowa has minimal regulations on dental clinics or dental franchising. Under 650 IAC 29.8, “Facility and Equipment Requirements for Moderate Sedation, Deep Sedation or General Anesthesia”, the dental facility must be properly equipped to provide such services and the board may conduct facility inspections. However, this is presumed to be only in relation to sedation and anesthesia practices. Iowa has no other regulations on dental clinics specifically or dental franchising. However, franchise businesses in general are governed by Chapter 523H, Iowa Administrative Code.

Michigan: Michigan Administrative Code has basic requirements on dental treatment records. The dentist or dental therapist is responsible for creating a record for each patient with a prescribed list of information that must be in the record. The record must be retained for at least 10 years [Michigan Administrative Rules R 338.11120].

Michigan has minimal regulations on dental clinics and no regulations on dental franchising specifically. Under Michigan Compiled Laws section R 333.16627, “Establishment of Dental Clinic by Nonprofit Corporation”, the board is prohibited from making rules that prohibit the establishment of a dental clinic by a nonprofit corporation or by trustees of a health and welfare fund, as long as certain conditions are met. Franchise businesses in general are governed by the Michigan Franchise Investment Law [Michigan Compiled Laws R 445.1501 to 445.1546].

Minnesota: Minnesota has very comprehensive regulations around dental patient record management [Minnesota Administrative Rules 3100.9600]. A comprehensive list is given of information the record on each patient must contain, including personal data, reason for visit, dental and medical history, diagnosis, treatment plan, and progress notes. Records must be maintained for a minimum of 7 years. Additionally, Minnesota statutes have a Health Records Act that applies to dental patient records [Minnesota Statutes sections 144.291 to 144.298]. They codify basic rights for a patient’s access to their own records and the requirement of a health care provider to transfer the records to a subsequent provider. Compliance with the Health Records Act is required under Minnesota dentistry rules section 3100.6200, Conduct Unbecoming A Licensee.

Minnesota statutes contain some details on regulation of dental corporations. “No corporation shall practice dentistry or engage in it, or hold itself out as being entitled to practice dentistry, or furnish dental services or dentists, or advertise under or assume the title of dentists or dental surgeons or equivalent title. No corporation shall furnish dental advice, or advertise or hold itself out with any other person or alone, that it has or owns a dental office or can furnish dental service, dentists, or dental surgeons, or solicit, through itself, or its agents, officers, employees, directors or trustees, dental patronage for any dentist or dental surgeon” [Minnesota Statutes section 150A.11]. Additionally, Minnesota dentistry rules go into some detail on requirements for safety and sanitation of dental offices [Minnesota Administrative Rules 3100.6300]. Franchise businesses in general are governed by the Minnesota Franchise Act [Minnesota Statutes chapter 80C].

Summary of factual data and analytical methodologies:

The Board reviewed Wis. Stats. chapter 447 and Wis. Admin. Code chapters DE 1, 5, 8, and 10 to determine where changes were needed to update regulations on dental practice record management and dental franchising.

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 comments 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 are not predicted to 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, Office of Chief Legal Counsel, 4822 Madison Yards Way, P.O. Box 14497, Madison, Wisconsin 53708-0497; email at DSPSAdminRules@wisconsin.gov.

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

Comments may be submitted to Jake Pelegrin, Administrative Rules Coordinator, Department of Safety and Professional Services, Office of Chief Legal Counsel, 4822 Madison Yards Way, P.O. Box 14497, Madison, WI 53708-0497, or by email to DSPSAdminRules@wisconsin.gov. Comments must be received on or before the public hearing to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. DE 5.02 (30) to (35) are created to read:

(30) A dentist or dental therapist failing to create or to maintain patient health care records as required under ss. DE 8.03 and 8.035.

(31) A credential holder failing to maintain confidentiality of patient health care records as required under s. 146.82, Stats., and s. DE 8.04.

(32) A dentist or dental therapist failing to name a successor dentist for responsibility for his or her patient health care records if he or she ceases practice or business, as required under ss. DE 8.035 (1) (b) and 8.05.

(33) A dentist or dental therapist failing to ensure transfer of his or her patient health care records to a successor dentist if he or she ceases practice or business, as required under ss. DE 8.035 (1) (a) and 8.05.

Note: If a person who manages or controls a business that offers dental, dental therapy, or dental hygiene services fails to transfer a dentist's or dental therapist's patient health care records to a successor dentist after ceasing practice or business, a dentist or dental therapist associated with the business is responsible for ensuring the transfer of his or her patient health care records as required under ss. DE 8.035 (1) (a) and 8.05.

(34) A dentist or dental therapist failing to provide patient health care records to a patient or a patient's representative upon request, as required under s. 146.83 (1c) or (3f) (a), Stats., and s. DE 8.035.

Note: If a person who manages or controls a business that offers dental, dental therapy, or dental hygiene services fails to provide patient health care records to a patient or a patient's representative upon request, the dentist or dental therapist responsible for the records is responsible for providing the records as required under s. 146.83 (1c) or (3f) (a), Stats.

(35) A dentist or dental therapist failing to transfer patient health care records to a subsequent health care provider upon request, as required under s. 146.83 (1m) (a) Stats., and s. DE 8.035.

Note: If a person who manages or controls a business that offers dental, dental therapy, or dental hygiene services fails to transfer patient health care records to a subsequent health care provider upon request, as required under s. 447.063 (2), Stats., the dentist or dental therapist responsible for the records is responsible for transferring the records as required under s. 146.83 (1m) (a), Stats.

SECTION 2. DE 8.02 (3) is created to read:

DE 8.02 (3) "Person" means an individual human or any business entity regardless of the form of business ownership or management.

SECTION 3. DE 8.03 is amended to read:

DE 8.03 Minimum standards for patient health care record retention. Patient health care records on every patient administered shall be maintained for a period of at least 10 years after the date of the last entry, unless otherwise required by state or federal law. The treating dentist or dental therapist is responsible for creating and maintaining the patient health care records.

SECTION 4. DE 8.035 (Title) is amended to read:

DE 8.035 Preservation of and access to patient health care records.

SECTION 5. DE 8.035 is renumbered to 8.035 (1) and amended to read:

DE 8.035 (1) 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. The treating dentist or dental therapist is also responsible for ensuring the records are preserved, as required under s. DE 8.03. Patient health care records may only be deleted or destroyed after 10 years after the date of last entry.

SECTION 6. DE 8.035 (1) (a) and (b) and (2) to (4) are created to read:

DE 8.035 (1) (a) As part of the practice of dentistry, if the treating dentist or dental therapist ceases practice or business during the 10-year record retention time of any patient health care records, the treating dentist or dental therapist shall ensure the records are transferred to a successor dentist who will assume responsibility for the records.

(b) As part of the practice of dentistry, a dentist or dental therapist shall designate a successor dentist who will assume responsibility for the dentist's or dental therapist's patient health care records in the event of the dentist or dental therapist ceasing practice or business. This designation shall be agreed to in writing between the treating dentist or dental therapist and the successor dentist.

(2) A person who manages or controls a business that offers dental, dental therapy, or dental hygiene services shall, upon request of a patient or representative of the patient, transfer the patient health care records of the patient to another person that the patient or representative of the patient specifies to receive the patient health care records, as required under s. 447.063 (2), Stats.

(3) During the record retention time required under s. DE 8.03 and sub. (1), the patient health care records shall be available to the patient or a representative of the patient as required under s. 146.83 (1c) or (3f) (a), Stats., or shall be transferred to a patient's subsequent health care provider upon request, as required under ss. 146.83 (1m) (a) and 447.063 (2), Stats. The responsibility to ensure access to records falls on both the dentist or dental therapist responsible for the records and on the person who manages or controls the business that offers dental, dental therapy, or dental hygiene services.

Note: Section 146.83 (1c), Stats., reads: "Except as provided in s. 51.30 or 146.82 (2), any patient or person authorized by the patient may, upon submitting a statement of informed consent, inspect the health care records of a health care provider pertaining to that patient at any time during regular business hours, upon reasonable notice." Section 146.83 (3f) (a), Stats., reads: "Except as provided in sub. (1f) or s. 51.30 or 146.82 (2), if a person requests copies of a patient's health care records, provides informed consent, and pays the applicable fees under par. (b), the health care provider shall provide the person making the request copies of the requested records."

Section 146.83 (1m) (a), Stats., reads: “A patient’s health care records shall be provided to the patient’s health care provider upon request and, except as provided in s. 146.82 (2), with a statement of informed consent.”

(4) In the course of investigating a violation of ch. 447, Stats., or a violation of rules of the board, the board may require, by order or subpoena, that a person who manages or controls a business that offers dental or dental hygiene services produce patient health care records.

SECTION 7. DE 8.04 is amended to read:

DE 8.04 Confidentiality of patient health care records. All patient health care records shall remain confidential as provided in s. 146.82, Stats. The responsibility to ensure confidentiality falls on both the credential holder responsible for the records and on the person who manages or controls the business that offers dental, dental therapy, or dental hygiene services.

SECTION 8. DE 8.05 is repealed and recreated to read:

DE 8.05 Management of records upon ceasing practice or business. (1) As required under s. DE 8.035 (1) (b), as part of the practice of dentistry, a dentist or dental therapist shall designate a successor dentist who will assume responsibility for the dentist’s or dental therapist’s patient health care records in the event of the dentist or dental therapist ceasing practice or business. This designation shall be agreed to in writing between the treating dentist or dental therapist and the successor dentist.

(2) As part of the practice of dentistry, upon ceasing practice or business, a dentist or dental therapist with patient health care records within the 10-year record retention time required under ss. DE 8.03 and 8.035 shall ensure the records are transferred to a successor dentist who will assume responsibility for the records.

SECTION 9. DE 8.06 is created to read:

DE 8.06 Dentist or dental therapist responsibility for ensuring compliance. A dentist or dental therapist practicing in a dental practice or clinic is responsible for ensuring the practice or clinic is operating in compliance with state and federal law and code pertaining to patient health care records.

Note: Requirements for notices to patients and requirements for cataloging patient record requests are under s. 146.83 (2) and (3), Stats.

SECTION 10. 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)



Wisconsin Legislative Council

RULES CLEARINGHOUSE

Scott Grosz
Clearinghouse Director

Anne Sappenfield
Legislative Council Director

Margit Kelley
Clearinghouse Assistant Director

CLEARINGHOUSE REPORT TO AGENCY

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

CLEARINGHOUSE RULE **26-021**

AN ORDER to repeal DE 7.05 (3) (a) 1.; to amend DE 2.01 (1) (h) (Note) and (2) (intro.), 2.015 (4) (Note), and 5.02 (14), (15), (24), and (26); to repeal and recreate DE 2.035 (2) (a) (Note); and to create DE 1.02 (4), (5g), (5r), (6), and (8), 2.01 (2) (e), 2.06, and 2.07, relating to the dentist and dental hygienist compact.

Submitted by **DENTISTRY EXAMINING BOARD**

03-18-2026 RECEIVED BY LEGISLATIVE COUNCIL.

04-10-2026 REPORT SENT TO AGENCY.

SG:SM

LEGISLATIVE COUNCIL RULES CLEARINGHOUSE REPORT

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

1. STATUTORY AUTHORITY [s. 227.15 (2) (a)]
Comment Attached YES NO

2. FORM, STYLE AND PLACEMENT IN ADMINISTRATIVE CODE [s. 227.15 (2) (c)]
Comment Attached YES NO

3. CONFLICT WITH OR DUPLICATION OF EXISTING RULES [s. 227.15 (2) (d)]
Comment Attached YES NO

4. ADEQUACY OF REFERENCES TO RELATED STATUTES, RULES AND FORMS
[s. 227.15 (2) (e)]
Comment Attached YES NO

5. CLARITY, GRAMMAR, PUNCTUATION AND USE OF PLAIN LANGUAGE [s. 227.15 (2) (f)]
Comment Attached YES NO

6. POTENTIAL CONFLICTS WITH, AND COMPARABILITY TO, RELATED FEDERAL
REGULATIONS [s. 227.15 (2) (g)]
Comment Attached YES NO

7. COMPLIANCE WITH PERMIT ACTION DEADLINE REQUIREMENTS [s. 227.15 (2) (h)]
Comment Attached YES NO



Wisconsin Legislative Council

RULES CLEARINGHOUSE

Scott Grosz
Clearinghouse Director

Margit Kelley
Clearinghouse Assistant Director

Anne Sappenfield
Legislative Council Director

CLEARINGHOUSE RULE 26-021

Comments

[NOTE: All citations to “Manual” in the comments below are to the Administrative Rules Procedures Manual, prepared by the Legislative Council Staff and the Legislative Reference Bureau, dated November 2020.]

5. Clarity, Grammar, Punctuation and Use of Plain Language

Consider modifying the definitions of “licensed” and “unlicensed” so the definitions could replace the terms as they are used elsewhere in the agency’s code chapters. For example, as the administrative code currently reads, replacing “unlicensed” with its proposed definition would cause s. DE 17.05 (2) (a) 1., to read as: “The [does not hold an active license, certificate, or compact privilege under ch. 447, Stats.] individual performs the remediable procedures in accordance with a treatment plan approved by the dentist or dental therapist.”.

Alternatively, consider using a different defined term to match current usage within the code. For example, should the rule instead define the term “unlicensed person” or “unlicensed individual” and then modify the code to consistently use that single term instead of using “unlicensed person”, “unlicensed individual”, and “unlicensed staff” interchangeably.

Basically what they are saying is they want it to be grammatically perfect in the code when the defined terms "licensed" and "unlicensed" are replaced with the definitions.

In general, I would recommend accepting this comment, to keep everything correct grammatically. Their suggestion in the 2nd paragraph. Ultimately it is the board's decision whether or not to accept the comment.

It is not too complicated, and only requires creating a definition for "licensed dentist", "licensed dental hygienist", and "unlicensed person". Those can be found in the proposed rule text below. Other than that, the rest of the definitions are the same.

The rest of the rule would have to make slight edits to this language throughout the dentistry code chapters, to ensure those terms fit exactly with the new definitions. It's not a change in any policies. Let me know with any thoughts on this.

(For example, changing "unlicensed individual" to "unlicensed person".)

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 26-021)

PROPOSED ORDER

A proposed order of the Dentistry Examining Board to *repeal* DE 7.05 (3) (a) 1.; to *amend* DE 2.01 (1) (h) (Note) and (2) (intro.), 2.015 (4) (Note), 5.02 (14), (15), (24), and (26), 7.04 (3) (b), 7.05 (3) (d), 8.02 (1), 11.025 (3) (d), 12.04 (2) (a) to (c), 15.05 (intro.) and (3), 17.03 (5) (intro.), and 17.05 (2) (Title) and (a) 1. to 3.; to *repeal and recreate* DE 2.035 (2) (a) (Note); and to *create* DE 1.02 (4), (5~~eg~~), (5~~m~~), (5~~s~~), (6), and (8), 2.01 (2) (e), 2.06, and 2.07 relating to the dentist and dental hygienist compact.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: Sections 447.04 (1) (bm) and (2) (bm), Stats.

Statutory authority: Sections 15.08 (5) (b) and 227.11 (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 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.”

Related statute or rule: 2023 Wisconsin Act 88.

Plain language analysis:

The objective of the proposed rule is to update the administrative code of the Dentistry Examining Board in line with the statutory changes from 2023 Wisconsin Act 88, ~~on the Dentist and Dental Hygienist Compact~~. The Act ratifies and enters Wisconsin into the Dentist and Dental Hygienist Compact, providing licensure portability within compact member states. The proposed rule creates a definition for “compact privilege”, giving it

the same definition in code as given in statute. The rule also creates a definition for “license”, specifying that a license means a license or compact privilege to practice in this state. The rule specifies requirements to apply for a compact privilege. Finally, the rule contains updates to various obsolete or incorrect provisions ~~and provisions that needed correction after previous rule projects.~~

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

Summary of public comments received on statement of scope:

The board received two public comments on the scope statement, in support of the scope statement. Dr. Chris Hansen, representing the Wisconsin Dental Association, made the following comment:

“Good morning; Chair Dr. Bistan, Wisconsin Dental Examining Board members, Department of Safety and Professional Services staff and guests.

My name is Dr. Chris Hansen, I currently serve as president of the Wisconsin Dental Association (WDA), have been a dentist for over 40 years, and recently retired from my practice in Two Rivers.

Like many other sectors in our state economy, dentistry is experiencing severe workforce shortages. Between 2015 and 2018 in our small town of Two Rivers, we experienced the retirement of three dentists within 18 months with no successors available to take their place. We went from five dentists in a town of 13,000 (1/2000 is a more ideal ratio) to two in a short time. Usually, dentists can overcome this issue with technology and improved efficiency, but when there is a shortage of auxiliary personnel, it compounds the access issue and worsens the problem.

First, I would like to continue to thank all members of the Wisconsin Legislature and Governor Evers for their support of this crucial bipartisan legislation to improve access to oral healthcare in Wisconsin.

Second, I would like to congratulate longtime WDA member Dr. Matt Bistan for being selected as Wisconsin's first Commissioner as part of the Dentist and Dental Hygienist (DDH) Compact Commission. There is no doubt; he will serve as a fine leader as we move through this new experience together. Thank you board members for your thoughtful consideration.

The WDA recognizes there are workforce shortage issues in our state, and we need to use all the tools available to improve access to oral healthcare. To that point: the WDA believes the Licensure Compacts will streamline that process and will work to attract dentists and dental hygienists from nearby states through participation in the Compact Agreement.

License portability is an important issue with younger dentists and will encourage the migration of professionals into Wisconsin. The WDA believes when professionals from other surrounding states see the economic opportunity and the quality-of-life Wisconsin communities have to offer, it will be a net positive draw into our state.

The Wisconsin Dental Association stands ready to offer any assistance/guidance we can provide and pledges to work with all interested parties to advance the shared goals of the Dental Examining Board and DDH Compact Commission throughout this onboard process.

Thank you for your time, and I welcome any questions.”

Dr. Marinho Del Santo gave comments along the same lines, broadly in support of the goal of including Wisconsin in the compact. He echoed the previous comment by Dr. Hansen. He mentioned he is currently licensed as a dentist in four other states, and now because of the compact, he will be able to be licensed in Wisconsin. He loves Wisconsin and said it will be a great pleasure to stay and work in the state. Finally, he emphasized the importance of the economic impact the compact will have on the state’s economy, saying he believes the compact will attract professionals to come practice in the state and grow the state’s businesses.

Comparison with rules in adjacent states:

Illinois:

Illinois is not part of the dentist and dental hygienist compact. They currently have no pending legislation to join the compact.

Iowa:

Iowa is part of the dentist and dental hygienist compact [Chapter 147G, Iowa Code].

Michigan:

Michigan has pending legislation to join the compact [House Bill 4935 of 2025].

Minnesota:

Minnesota is part of the dentist and dental hygienist compact [Minnesota Statutes, part 150A.051].

Summary of factual data and analytical methodologies:

The Board reviewed Wisconsin Administrative Code chapters DE 1 to 17 to determine where changes were needed to implement the compact.

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

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

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis are attached.

Effect on small business:

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

Agency contact person:

Jake Pelegrin, Administrative Rules Coordinator, Department of Safety and Professional Services, Office of Chief Legal Counsel, 4822 Madison Yards Way, P.O. Box 14497, Madison, Wisconsin 53708; 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, Office of Chief Legal Counsel, 4822 Madison Yards Way, P.O. Box 14497, Madison, Wisconsin 53708-0497; or by email to DSPSAdminRules@wisconsin.gov. Comments must be received on or before the public hearing, scheduled for May 6, 2026, to be included in the record of rule-making proceedings.~~

TEXT OF RULE

SECTION 1. DE 1.02 (4), (5~~eg~~), (5~~m~~), (5~~s~~), (6), and (8) are created to read:

DE 1.02 (4) “Compact privilege” has the meaning given in s. 447.01 (1u), Stats.

(5~~eg~~) “License” means an active license or compact privilege under ch. 447, Stats., to practice dentistry, dental therapy, or dental hygiene.

~~(5~~r~~) “Licensed” means holds an active license or compact privilege under ch. 447, Stats., to practice dentistry, dental therapy, or dental hygiene.~~

(5~~m~~) “Licensed dentist” means dentist with a license or compact privilege under ch. 447, Stats., to practice dentistry.

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~~(5s) “Licensed dental hygienist” means dental hygienist with a license or compact privilege under ch. 447, Stats., to practice dental hygiene.~~

(6) “Licensee” means a holder of an active license or compact privilege under ch. 447, Stats., to practice dentistry, dental therapy, or dental hygiene.

~~(8) “Unlicensed” means does not hold an active license, certificate, or compact privilege under ch. 447, Stats.~~

~~(8) “Unlicensed” means not credentialed or holding a compact privilege under ch. 447, Stats.~~

(8) “Unlicensed person” means person without a credential or compact privilege under ch. 447, Stats.

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

Note: 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 3. DE 2.01 (2) (intro.) is amended to read:

DE 2.01 (2) An applicant for license as a dental hygienist shall meet requirements in sub. (1) (a) ~~through (d)~~ and (c) and shall also submit to the board all of the following:

SECTION 4. DE 2.01 (2) (e) is created to read:

DE 2.01 (2) (e) Evidence of successful completion of an examination on the statutes and rules relating to dental hygiene.

SECTION 5. DE 2.015 (4) (Note) is amended to read:

Note: 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 6. DE 2.035 (2) (a) (Note) is repealed and recreated to read:

DE 2.035 (2) (a) Note: Instructions for applications are available on the department of safety and professional services’ website at <http://dsps.wi.gov>.

SECTION 7. DE 2.06 and 2.07 are created to read:

DE 2.06 Compact privilege requirements for dentists. An applicant for a compact privilege as a dentist shall meet all of the following requirements:

(1) Submit an application for compact privilege to the department.

Note: Application instructions for compact privilege may be obtained from the department of safety and professional services' website at <http://dsps.wi.gov>.

- (2) Pay the applicable fee specified in s. 447.51 (2), Stats.
- (3) Pass an examination administered by the examining board on the statutes and rules relating to dentistry.
- (4) Satisfy all other applicable requirements under s. 447.50 (4), Stats.

DE 2.07 Compact privilege requirements for dental hygienists. An applicant for a compact privilege as a dental hygienist shall meet all of the following requirements:

- (1) Submit an application for compact privilege to the department.

Note: Application instructions for compact privilege may be obtained from the department of safety and professional services' website at <http://dsps.wi.gov>.

- (2) Pay the applicable fee specified in s. 447.51 (2), Stats.
- (3) Pass an examination administered by the examining board on the statutes and rules relating to dental hygiene.
- (4) Satisfy all other applicable requirements under s. 447.50 (4), Stats.

SECTION 8. DE 5.02 (14), (15), (24), and (26) are amended to read:

DE 5.02 (14) Having a license, certificate, permit, or registration granted by another state to practice as a dentist, dental therapist, ~~or dental hygienist,~~ or expanded function dental auxiliary limited, suspended or revoked, or subject to any other disciplinary action.

(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,~~ or expanded function dental auxiliary.

(24) Failing to hold a current certificate in cardiopulmonary resuscitation unless the credential holder or compact privilege 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 credential holder or compact privilege holder when patients are present.

(26) Practicing under an expired license or revoked certificate of registration.

SECTION 9. DE 7.04 (3) (b) is amended to read:

DE 7.04 (3) (b) Shall indicate that the inferior alveolar injection was completed within 6 weeks from the time that the licensed dental hygienist completed the coursework; or, if licensed by endorsement of a dental hygienist license from another state or holding a compact privilege, within 6 weeks of becoming licensed or obtaining a compact privilege to practice as a dental hygienist in this state.

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SECTION 109. DE 7.05 (3) (a) 1. is repealed.

SECTION 11. DE 7.05 (3) (d) is amended to read:

DE 7.05 (3) (d) A dentist licensed under ch. 447, Stats., dentist shall be present in the facility and available to both the patients and to the students of the class.

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SECTION 12. DE 8.02 (1) is amended to read:

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

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SECTION 13. DE 11.025 (3) (d) is amended to read:

DE 11.025 (3) (d) Evidence of a current licensure license to practice dentistry in the state of Wisconsin.

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SECTION 14. DE 12.04 (2) (a) to (c) are amended to read:

DE 12.04 (2) (a) The unlicensed individual person performs the remediable procedures in accordance with a treatment plan approved by the dentist or dental therapist.

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

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

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SECTION 15. DE 15.05 (intro.) and (3) are amended to read:

DE 15.05 Educational requirements. The board shall grant certification to administer nitrous oxide inhalation analgesia to a licensed dental hygienist who completes a certification program that meets all of the following:

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(3) The certification program shall have a dentist licensed under ch. 447, Stats., dentist present in the facility and available to both the patients and to the students of the class.

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SECTION 16. DE 17.03 (5) (intro.) is amended to read:

(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 or hold a compact privilege in this state and must be actively involved in direct patient care in this state, to the satisfaction of the board. The agreement must be signed by the dental therapist and the supervising dentist and address all of the following:

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SECTION 17. DE 17.05 (2) (Title) and (a) 1. to 3. are amended to read:

DE 17.05 (2) DENTAL THERAPIST SUPERVISION OF UNLICENSED STAFF PERSONS.

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(a) 1. The unlicensed individual person performs the remediable procedures in accordance with a treatment plan approved by the dentist or dental therapist.

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2. The unlicensed individual person remains under the direct supervision of the dental therapist for the duration of the procedure.

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

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SECTION 180. 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.

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(END OF TEXT OF RULE)

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

Dated _____

Chair
Dentistry Examining Board



Wisconsin Legislative Council

RULES CLEARINGHOUSE

Scott Grosz
Clearinghouse Director

Margit Kelley
Clearinghouse Assistant Director

Anne Sappenfield
Legislative Council Director

CLEARINGHOUSE REPORT TO AGENCY

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

CLEARINGHOUSE RULE **26-024**

AN ORDER to create DE 2.01 (1) (g) 1. and 2.04 (1) (a) 3., relating to licensure requirements.

Submitted by **DENTISTRY EXAMINING BOARD**

03-18-2026 RECEIVED BY LEGISLATIVE COUNCIL.

03-27-2026 REPORT SENT TO AGENCY.

MSK:KAM

LEGISLATIVE COUNCIL RULES CLEARINGHOUSE REPORT

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

1. STATUTORY AUTHORITY [s. 227.15 (2) (a)]
Comment Attached YES NO

2. FORM, STYLE AND PLACEMENT IN ADMINISTRATIVE CODE [s. 227.15 (2) (c)]
Comment Attached YES NO

3. CONFLICT WITH OR DUPLICATION OF EXISTING RULES [s. 227.15 (2) (d)]
Comment Attached YES NO

4. ADEQUACY OF REFERENCES TO RELATED STATUTES, RULES AND FORMS
[s. 227.15 (2) (e)]
Comment Attached YES NO

5. CLARITY, GRAMMAR, PUNCTUATION AND USE OF PLAIN LANGUAGE [s. 227.15 (2) (f)]
Comment Attached YES NO

6. POTENTIAL CONFLICTS WITH, AND COMPARABILITY TO, RELATED FEDERAL
REGULATIONS [s. 227.15 (2) (g)]
Comment Attached YES NO

7. COMPLIANCE WITH PERMIT ACTION DEADLINE REQUIREMENTS [s. 227.15 (2) (h)]
Comment Attached YES NO



Wisconsin Legislative Council

RULES CLEARINGHOUSE

Scott Grosz
Clearinghouse Director

Anne Sappenfield
Legislative Council Director

Margit Kelley
Clearinghouse Assistant Director

CLEARINGHOUSE RULE 26-024

Comments

[NOTE: All citations to “Manual” in the comments below are to the Administrative Rules Procedures Manual, prepared by the Legislative Council Staff and the Legislative Reference Bureau, dated November 2020.]

1. Statutory Authority

In SECTION 1 of the proposed rule, the rule allows the board to consider certain certificates of program completion as evidence of successful completion of an examination from a board-approved testing service. Section 447.04 (1) (a) 4., Stats., requires an individual to submit evidence satisfactory to the examining board that he or she both has passed the national dental examination and the examination of a dental testing service approved by the examining board. It appears that the rule intends to consider the identified programs as an “examination” of a dental testing service that is approved by the board. Consider explaining in the proposed rule’s plain language analysis how the certificate of completion is considered to meet the statutory examination requirement. For example, does the board consider the competencies, evaluation mechanisms, and practice components of the programs to be adequately comparable to the testing service requirements described in s. DE 2.005?

Recommend accepting this, I added it to the plain language analysis. Simple explanation of the board’s reasoning.

2. Form, Style and Placement in Administrative Code

a. The following comments apply to SECTION 1 of the proposed rule:

- (1) Unless modified as suggested in the next comment, divide s. DE 2.01 (1) (g) into two subunits to separately address the current and new elements as subds. 1. and 2. As proposed, s. DE 2.01 (1) (g) 1. is created as a single subunit of par. (g). When any unit is divided into smaller subunits, at least two subunits must be created. Additionally, the proposed rule does not renumber the current text to “(intro.)” or add introductory language. In the new material, the cross-reference to “par. (g)” should be updated to reflect any reorganization in numbering. [s. 1.10 (1) (a), Manual.]
- (2) Alternatively, consider whether the inserted material would be better placed in s. DE 2.005. As provided in the proposed rule, s. DE 2.01 (1) (g) 1. permits the board to consider a certificate of completion of certain programs as evidence of successful completion of an examination from a board-approved testing service.

The proposed rule is currently placed as a subunit of the requirement that an applicant submit “verification” from a board-approved testing service of successful completion of an examination, while s. DE 2.005 describes the requirements to be an approved testing service. Consider placing the proposed rule text in s. DE 2.005 as an identified “approved” testing service. For example, the board could revise the proposed rule in the following manner: (1) renumber s. DE 2.005 (intro.) to sub. (3); (2) create sub. (4) to specify that an accredited postdoctoral general practice residency in dentistry or an accredited postdoctoral advanced education in a general dentistry program is an approved testing service; and (3) amend s. DE 2.01 (1) (g) to insert “or program” after “an examination”. The renumbering to sub. (3) and creation of sub. (4) would be used to avoid reuse of existing numbering.

This is a question for the board – I would basically recommend accepting this comment. The second option given. Comment number 2. a. (2). It would take the verbiage being created as a new DE 2.01 (1) (g) 1. and add it into DE 2.005. I think this is slightly more logical than what the rule is currently doing.

This would also involve slightly amending DE 2.01 (1) (g) as they suggest. Let me know with any thoughts; ultimately it is a question for the board.

b. Consider whether an initial applicability clause should be included, because the proposed rule modifies requirements in an application process. [s. 1.03 (3), Manual.]

Question for the board. If this rule goes into effect, the department will need to update the application forms, etc.

c. In the caption for the proposed rule, the introductory clause should be revised to reflect any treatment changes made in response to these comments.

5. Clarity, Grammar, Punctuation and Use of Plain Language

a. In SECTION 1 of the proposed rule, the inserted language specifies that the board “may” consider certificate of completion of certain programs as evidence of successful completion of an examination from a board-approved testing service. Are there circumstances in which the board would deny that consideration? If so, the standards for denial should be specified. If not, consider revising the word “may” to “shall”.

Question for the board, are there circumstances in which it should be denied?

If the changes are made from comment 2. a. (2), this comment is no longer applicable because the language added to DE 2.005 would read something like: “an accredited postdoctoral general practice residency in dentistry or an accredited postdoctoral advanced education in general dentistry program is considered to be an approved testing service”

Overall, the board doesn’t want to tie its hands if there are some circumstances where a CODA-accredited AEGD or GPR would not be allowed to count as the examination requirement. Could that happen? Let me know with any thoughts.

b. The following comments apply to SECTION 2 of the proposed rule:

- (1) The subdivision has two components: the certification and the verification of an unrestricted license. Consider reorganizing the proposed language to communicate in a more grammatically straightforward manner that an applicant must meet both of the requirements.

I get what the comment is saying, but I'm not sure how it should be edited or if it is necessary. The reason the proposed new DE 2.04 (1) (a) 3. seems strange grammatically is because the introduction to it is "holds one of the following:". I'm not sure if I can think of any way to make this better that doesn't add a lot of redundant language. Any thoughts?

- (2) For consistency with the current rule and drafting conventions, the plural "applicants" should be revised to the singular "an applicant".

Accept

- (3) Before "the United States", insert the phrase "any other jurisdiction of".

Accept

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 26-024)

PROPOSED ORDER

A proposed order of the Dentistry Examining Board to **create** DE 2.01 (1) (g) 1. and 2.04 (1) (a) 3. relating to **L**icensure **r**Requirements.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: Sections 447.04 (1) (a) 4. and (b), Stats.

Statutory authority: Sections 15.08 (5) (b), 227.11 (2) (a), and 447.04 (1) (a) 6. and (b) 1., 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.”

Section 447.04 (1) (a), Stats.: “The examining board shall grant a license to practice dentistry to an individual who does all of the following: 6. Completes any other requirements established by the examining board by rule.”

Section 447.04 (1) (b), Stats.: “Except as provided in par. (c), the examining board may grant a license to practice dentistry to an individual who is licensed in good standing to practice dentistry in another state or territory of the United States or in another country if the applicant complies with all of the following requirements: 1. Meets the requirements for licensure established by the examining board by rule.”

Related statute or rule: None.

Plain language analysis:

The objective of the proposed rule is to expand licensure pathways for dentists. For initial licensure, current code requires applicants to complete an examination from a board-approved testing service within one year immediately preceding their application. The proposed rule allows a CODA accredited GPR or AEGD program to count as this requirement. The board considers the competencies, evaluation mechanisms, and practice components of these programs to be adequately comparable to the current testing service requirements in section DE 2.005, Wis. Admin. Code. For reciprocity licensure, current code requires a DDS or DMD degree or equivalent from a CODA accredited dental school. The proposed rule allows holding a specialty certification in an American Dental Association specialty as an additional option for receiving reciprocity licensure.

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

Summary of public comments received on statement of scope:

Name: Ankur ~~D~~-Patel, DDS, FAGD

Organization: Self

“I am submitting this attachment and narrative as a solely as private citizen who is a clinical dentist, and not as a representative of the Federal Government & Department of Veterans Affairs (where I conduct my work and practice).

I want to propose common sense changes that improve the licensing process in Wisconsin, without compromising the public safety mission. If DSPS is serious in its commitment to review practices and credentialing requirements, I implore the Wisconsin Dental Examining Board to strongly consider the objectivity and common-sense solutions that I am sharing.

Pathway 1: Recognize CODA Accredited Postdoctoral General Dentistry Residency Programs (Advanced Education in General Dentistry – AEGD & General Practice Residency - GPR) as “dental testing services.”

Recommendations:

1. Recognize the goals, objectives, competencies, evaluation mechanisms, and practical components of application that CODA accredited post-doctoral general dentistry programs require to matriculate the residency programs.

2. Recommend review to the Board’s legal counsel to confirm that the academic milestones are enough to qualify CODA accredited post-doctoral general dentistry programs as “testing-centers.” - (Remember, the State has already accepted that Marquette’s undergraduate dental curriculum is sufficient - why not their soon to be own GPR or other CODA accredited AEGDs/GPRs?)

3. In the pathway for licensure by endorsement, DE 2.04, recognize CODA accredited post-doctoral general dentistry residency programs substantially equivalent to an examination administered by a board-approved testing service.

4. AND/OR Approve CODA Accredited Postdoctoral General Dentistry Residency Programs (AEGD, GPR) as a dental testing services under Wis. Stat. s. 447.04(1)(a)4 as they satisfy the requirements set forth in Wis. Admin. Code s. DE 2.005(1) and (2).”

Pathway 2: Licensure by Residency

Recommendation:

1. Create a Waiver of Clinical Examination//Licensure by Residency Clause with the following requirements – Mirror Minnesota Statute

(a) Subd. 3. Waiver of examination. (a) All or any part of the examination for dentists, dental therapists, dental hygienists, or dental assistants, except that pertaining to the law of Minnesota relating to dentistry and the rules of the board, may, at the discretion of the board, be waived for an applicant who presents a certificate of having passed all components of the National Board Dental Examinations or evidence of having maintained an adequate scholastic standing as determined by the board. (b) The board shall waive the clinical examination required for licensure for any dentist applicant who is a graduate of a dental school accredited by the Commission on Dental Accreditation, who has passed all components of the National Board Dental Examinations, and who has satisfactorily completed a postdoctoral general dentistry residency program (GPR) or an advanced education in general dentistry (AEGD) program after January 1, 2004. The postdoctoral program must be accredited by the Commission on Dental Accreditation, be of at least one year's duration, and include an outcome assessment evaluation assessing the resident's competence to practice dentistry. The board may require the applicant to submit any information deemed necessary by the board to determine whether the waiver is applicable.

Pathway 3: Licensure by Credential

Recommendation:

The current statute as written requires a clinical exam. It is essentially no different than an examination candidate. This is antiquated statute as many safe and quality dentists obtain licenses in a number of ways, which should not discount the safe provision of care over a period of time in another state as a licensed dentist. Consider a third pathway for licensure, alongside examination and endorsement candidates. Create a Licensure by Credential.

(a) Mirror Licensure by Credential, Minnesota – Subd 4.

(b) Mirror Licensure by Credential, Iowa - e. Evidence that the applicant has met at least one of the following: (1) Has less than three consecutive years of practice immediately prior to the filing of the application and evidence of successful passage of a board-approved clinical examination pursuant to subrule 11.2 (2) within the previous five-year period; *or* (2) *Has for three consecutive years immediately prior to the filing of the application been in the lawful practice of dentistry in such other state, territory or district of the United States.*

(c) Mirror Licensure by Credential, Ohio - **Out-of-State** - (See **License Verification** above for instructions) Possess a license in good standing from another state and have actively engaged in the legal and reputable practice of dentistry in another state or in the armed forces of the United States, the United States public health service, or the United States department of veterans' affairs for five years immediately preceding application.

Pathway 4: Licensure by Reciprocity/Modification to DE 2.035

Recommendation:

- Modify “Service Member” nomenclature to include members of the Federal Dental Services of the US Public Health Service and the United States Department of Veterans’ Affairs in Statute 440.09 (b) - Reciprocal credentials for service members, former service members, and their spouses.

- Modify DE 2.035 to rightfully include the other Federal Dental Services for this pathway to licensure in the State of Wisconsin.”

Comparison with rules in adjacent states:

Illinois: For dentists, Illinois allows 2 different pathways to initial licensure. For graduates from a dental college or school in the United States or Canada, the applicant needs 60 semester hours or equivalent of college pre-dental education, and graduation from a dental program in the United States or Canada meeting certain requirements. CODA accreditation is not required for the program.

For graduates from a dental college or school outside of the United States or Canada, the applicant also needs one of the following options to verify clinical training: 1) Certification from an approved dental college or school in the United States or Canada that the applicant has completed a minimum of 2 years of general dental clinical training at the school in which the applicant met the same level of scientific knowledge and clinical competence as all graduates from that school or college; or 2) Completion of an accredited advanced dental education program approved by the Division of no less than 2 academic years. The accredited advanced dental education program must have sufficient clinical and didactic training. (The term “accredited” is not specific to CODA accreditation and is presumed to mean accredited by any accrediting body.) An advanced dental education clinical program in prosthodontics, pediatric dentistry, periodontics, endodontics, orthodontics, and oral and maxillofacial surgery is acceptable. [Illinois Administrative Code Title 68, Chapter VII, Subchapter b, Part 1220, Subpart A]

For initial licensure of dental hygienists, Illinois requires a dental hygiene program accredited by CODA of at least 2 academic years [Illinois Administrative Code Title 68, Chapter VII, Subchapter b, Part 1220, Subpart B].

Iowa: Iowa’s education requirements for initial licensure for dentists are basically the same as Wisconsin’s: graduation with a D.D.S. or D.M.D. or equivalent from a CODA-accredited dental school or college. However, for foreign-trained applicants, they also allow the option of completion of a postgraduate general practice residency program of at least one academic year from a CODA-accredited dental school or college [650 Iowa Administrative Code 11.2 to 11.4].

For initial licensure of dental hygienists, Iowa requires a dental hygiene program accredited by CODA [650 Iowa Administrative Code 11.5 to 11.6].

Michigan: For initial licensure of dentists, Michigan requires a D.D.S. or D.M.D. degree from a CODA-accredited dental school or college or from a school that meets the CODA accreditation standards. For foreign trained applicants, they also allow the option of a minimum 2-year master's degree or certificate program in dentistry from a CODA-accredited school or from a school that meets the CODA accreditation standards in a specialty branch of dentistry [Michigan Administrative Rules R 338.11201 to 11202].

For initial licensure of dental hygienists, Michigan requires a dental hygiene program accredited by CODA or from a school that meets the CODA accreditation standards [Michigan Administrative Rules R 338.11221].

Minnesota: Minnesota issues licenses as either a general dentist or a specialty dentist. General dentists must graduate from a CODA-accredited school of dentistry. It is not specified that they need a D.D.S. or D.M.D. or equivalent [Minnesota Administrative Rules 3100.1100]. Specialty dentists must graduate from a school of dentistry and a postdoctoral specialty program accredited by CODA [Minnesota Administrative Rules 3100.1120].

For initial licensure of dental hygienists, Minnesota requires a dental hygiene program accredited by CODA [Minnesota Administrative Rules 3100.1200].

Summary of factual data and analytical methodologies:

The Board reviewed Wisconsin Administrative Code chapter DE 2 to determine where changes were needed to update regulations on licensure requirements.

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

The proposed rules were posted for a period of 14 days to solicit public comment on economic impact, including how the proposed rules may affect businesses, local government units, and individuals. The following EIA comment was received:

Name: Ankur ~~D.~~ Patel, DDS, FAGD
Organization: Self

“I am writing to voice my full support behind the changes proposed to DE 1 and 2 rules as written. Thank you for pushing forward productive and common-sense changes that will strengthen the dental community and increase access to care in our state.

Also sharing that a resolution passed for PGY-1 to be considered for licensure at the ADA House of Delegates. In other words, this approach has been supported by the ADA.

The DE licensure changes allowing for AEGD or GPR in lieu of clinical exam should be implemented without question

Resolution 410 — Feasibility Study of a Postgraduate Year One (PGY-1) Licensure Pathway”

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis are attached.

Effect on small business:

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

Agency contact person:

Jake Pelegrin, Administrative Rules Coordinator, Department of Safety and Professional Services, Office of Chief Legal Counsel, 4822 Madison Yards Way, P.O. Box 14497, Madison, Wisconsin 53708; 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, Office of Chief Legal Counsel, 4822 Madison Yards Way, P.O. Box 14497, Madison, WI 53708-0497, or by email to DSPSAdminRules@wisconsin.gov. Comments must be received on or before the public hearing, scheduled for May 6, 2026, to be included in the record of rule-making proceedings.~~

TEXT OF RULE

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

DE 2.01 (1) (g) 1. The board may consider an applicant holding a certificate of completion from an accredited postdoctoral general practice residency in dentistry or an accredited postdoctoral advanced education in general dentistry program as evidence of successful completion of an examination from a board-approved testing service. Notwithstanding par. (g), there is no time limit on the date of the certificate of completion.

SECTION 2. DE 2.04 (1) (a) 3. is created to read:

DE 2.04 (1) (a) 3. A specialty certification in an American Dental Association specialty from an accredited program. This option is only available to an applicants who also submit~~s~~ verification of an unrestricted license to practice as a dentist in any other jurisdiction of the United States or Canada.

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

**STATE OF WISCONSIN
DENTISTRY EXAMINING BOARD**

**IN THE MATTER OF RULEMAKING : REPORT TO THE LEGISLATURE
PROCEEDINGS BEFORE THE : CR 26-024
DENTISTRY EXAMINING BOARD :**

I. THE PROPOSED RULE:

The proposed rule, including the analysis and text, is attached.

II. REFERENCE TO APPLICABLE FORMS:

N/A

III. FISCAL ESTIMATE AND EIA:

The Fiscal Estimate and EIA are attached.

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

The objective of the proposed rule is to expand licensure pathways for dentists. For initial licensure, current code requires applicants to complete an examination from a board-approved testing service within one year immediately preceding their application. The proposed rule allows a CODA accredited GPR or AEGD program to count as this requirement. The board considers the competencies, evaluation mechanisms, and practice components of these programs to be adequately comparable to the current testing service requirements in section DE 2.005, Wis. Admin. Code. For reciprocity licensure, current code requires a DDS or DMD degree or equivalent from a CODA accredited dental school. The proposed rule allows holding a specialty certification in an American Dental Association specialty as an additional option for receiving reciprocity licensure.

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

The Dentistry Examining Board held a public hearing on May 6, 2026. The following 3 public comments were received:

Name: Ankur Patel, DDS, FAGD
Organization: Self

“Thank you for considering my comments. I am writing as a private citizen and licensed dentist—not on behalf of the Department of Veterans Affairs where I conduct my practice—to express my strong support for the proposed changes to DE 1 and DE 2 licensure pathways.

These proposed regulations recognize accredited CODA accredited AEGD and GPR post-doctoral dental residency programs as an alternative mechanism to affirm clinical safety and competence. This is not only sensible, it aligns with commitments to public protection. Post-doctoral residencies impose higher clinical expectations, requirements, and outcomes than pre-doctoral dental curricula and are explicitly designed to develop the advanced skills that benefit patient care.

Wisconsin has a strong tradition of pursuing licensure innovations that broaden access to dental care—especially in underserved communities—while maintaining or raising standards. In recent years, the State has approved pathways that are less clinically demanding or less grounded in evidence than what is now proposed, yet those prior changes were deemed consistent with safety and probity. The current proposal is a clear step forward: it exceeds previous precedent in both rigor and alignment with CODA standards.

If approved and implemented, these changes would have multiple benefits for patients, providers, and the state.

- Expanded Access to Care
 - Recognizing residency-trained dentists helps bring highly skilled providers into communities in need—particularly rural areas—without compromising patient safety.
- Alignment with National Best Practices
 - Numerous states already accept CODA-accredited residencies in lieu of traditional licensing exams. This proposal aligns Wisconsin law with national standards adopted elsewhere.
- Efficiency for Qualified Practitioners
 - Dentists who have completed rigorous residency training demonstrate clinical competence through real-world practice, saving time and resources otherwise spent on duplicative testing.
- Enhancing Public Safety
 - The standards embedded in residency training exceed those used to evaluate clinical aptitude in other licensure pathways. This ensures that no hypothetical risk to the public exists; rather, public safety is enhanced.

Wisconsin’s policymakers have shown—through past actions—that pragmatic licensure reforms rooted in evidence are permissible. The current proposal is more demanding than those earlier pathways, reflecting a commitment not just to broaden access, but to uphold public trust. By building on an existing pattern of thoughtful regulation, this proposal honors the state’s mission of safe, responsible healthcare delivery.

I strongly urge the Board to adopt the proposed amendments to DE 1 and DE 2. As a dentist who cares deeply about professional standards and patient well-being, I believe

these changes will benefit our dental community and the public at large. They are carefully designed to elevate care while respecting the state's important regulatory mission.

Thank you for your service and for considering this input.

Ankur D. Patel, DDS, FAGD, FICD
U.S. Department of Veterans Affairs”

Response: The board appreciates the support for the rule and looks forward to working together in the future.

Name: Marinho Del Santo, DDS, MS, PhD

Organization: Self

“Regarding the proposed amendments to DE 1 and DE 2, I congratulate the DEB on this important step forward: the Specialty Licensure.

I also congratulate Secretary Hereth and Deputy Secretary Garrett for their important support, transparency, and deep commitment to the best dental health of all Wisconsinites.

Certainly, the State of Wisconsin is making significant progress in its very genuine interest: to protect and ensure the highest quality of dental care for its population.

Most sincerely,

Dr. Marinho Del Santo, DDS, MS, PhD
Board Certified Orthodontist”

Response: The board appreciates the support for the rule and looks forward to working together in the future.

Name: Madhavi Bhogadi

Organization: Self

“Good morning, Chairperson and members of the Board.

My name is Madhavi Bhogadi. I am an internationally trained dentist, a volunteer with More Smiles Wisconsin, and a Wisconsin resident committed to improving access to oral health care in our state. I am here today to respectfully ask the Board to explore a competency-based licensure pathway that would allow qualified internationally trained dentists to practice as dental hygienists in Wisconsin.

Wisconsin families are facing significant wait times for dental hygiene services, while a pool of internationally trained dentists - many with doctoral-level education and substantial clinical experience - remains unable to help meet this need because of current licensure requirements.

Many of us have already demonstrated competency by passing the National Board Dental Hygiene Examination and CODA-standard clinical board examinations. However, the current requirement for a CODA-accredited dental hygiene degree does not fully recognize this demonstrated competency or our prior clinical training.

This proposal would not lower standards or compromise patient safety. Rather, it would allow the Board to evaluate qualified candidates through a structured, competency-based process that could include credential evaluation, national examinations, clinical board results, and any additional requirements the Board determines are appropriate.

Other states have already recognized this opportunity. Florida has long provided a pathway for internationally trained dentists to qualify for dental hygiene licensure. More recently, Indiana, Virginia, and Massachusetts have established similar pathways, with California and Washington also moving in this direction. Wisconsin has also recognized competency-based licensure in the medical field through its provisional pathway for internationally trained physicians.

Today, I am submitting a packet for the record, including an EGE evaluation and clinical certificates, to illustrate the level of education and clinical experience currently excluded under the existing framework.

I respectfully urge the Board to consider a similar competency-based model to help address Wisconsin's dental workforce shortage while maintaining strong public protection. I am eager to contribute my skills to Wisconsin's patients, and I appreciate your time and service to the public.”

Response: *Response to be determined*

VI. RESPONSE TO LEGISLATIVE COUNCIL STAFF RECOMMENDATIONS:

Responses to be determined

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

N/A

**Dentistry Examining Board
Rule Projects**

Clearinghouse Rule Number	Scope #	Scope Implementation	Scope Expiration	Code Chapter Affected	Relating clause	Current Stage	Next Step
CR 26-021	053-24	7/16/2024	11/20/2026	DE 1 to 17	Dentist and Dental Hygienist Compact	Discuss Clearinghouse comments.	Board approval of final rule draft and submittal to Governor's Office.
CR 26-023	004-25	3/7/2025	7/27/2027	DE 1, 5, and 6	Unprofessional Advertising	Discuss Clearinghouse comments and public comments at a future board meeting.	Board approval of final rule draft and submittal to Governor's Office.
CR 26-024	021-25	5/7/2025	10/7/2027	DE 1 and 2	Licensure Requirements	Discuss Clearinghouse comments and public comments.	Board approval of final rule draft and submittal to Governor's Office.
	056-25	11/6/2025	2/25/2028	DE 1, 5, 8, 10, and 18	Dental Practice Record Management and Dental Franchising	Preliminary rule draft is posted for EIA comments until July 8 th .	Submittal of preliminary rule draft to the Clearinghouse.
	010-26	3/20/2026	8/16/2028	DE 1, 3, and 5	Scope of Practice for Dental Hygienists	Rule drafting.	Board approval of prelim rule draft.
	011-26	3/20/2026	8/16/2028	DE 11	Sedation Permits Obsolete Provisions	Rule drafting.	Board approval of prelim rule draft.



PUBLIC AGENDA REQUEST FORM

Instructions:

1. Fill out this form, and then save to your device.
2. Return to the “[Suggest an Agenda Item](#)” page and select the appropriate Board or Council from the Board/Council list.
3. Attach your completed “Public Agenda Request” form and send.

First Name: Madhavi

Last Name: Bhogadi

Association/Organization: Self (Individual Wisconsin Resident – Madison)

Subject: Policy Discussion — Equivalency Pathway for Internationally-Trained Dental Professionals Seeking Wisconsin Dental Hygiene Licensure

Issue to Address: At the Wisconsin Dentistry Examining Board's May 6, 2026 meeting, I presented a public comment requesting that the Board consider a competency-based equivalency pathway for Internationally trained Dental Professionals seeking Wisconsin Dental Hygiene licensure. The Board indicated this matter would be discussed further at its June 24, 2026 meeting. This Public Agenda Request formalizes that follow-up.

Wisconsin currently has no pathway by which an Internationally-trained Dental Professional may obtain a Wisconsin Dental Hygiene license, even after passing every clinical and didactic examination Wisconsin requires of a CODA-accredited dental hygiene graduate — the National Board Dental Hygiene Examination (NBDHE), the ADEX/CDCA-WREB-CITA clinical examination, the Wisconsin Statutes and Rules examination, and BLS certification through a Wisconsin DHS–approved provider. All three administrative pathways (licensure by examination under Wis. Stat. § 447.04(2)(a)3., licensure by endorsement under Wis. Admin. Code § DE 2.04, and compact privilege under Wis. Stat. §§ 447.50–447.51) require graduation from a CODA-accredited dental hygiene school. Other states — including Florida (Fla. Stat. § 466.007(2)) and California (Cal. Bus. & Prof. Code § 1916) — have closed this gap without compromising standards or producing documented patient-safety problems.

I respectfully request that the Board discuss this policy gap and direct staff to prepare a rulemaking scope statement under Wis. Stat. § 227.135 for two complementary amendments:

(1) Wis. Admin. Code § DE 2.04 — to recognize valid out-of-state RDH licenses regardless of the underlying educational pathway, subject to the Wisconsin Statutes and Rules examination and BLS certification from a Wisconsin DHS–approved provider; and

(2) Wis. Admin. Code § DE 2.01 — to permit demonstration of equivalent professional education through credential evaluation, the Board's own DSPS Form #1463, and passage of every Wisconsin-required examination, as an alternative to graduation from a CODA-accredited dental hygiene school.

A detailed written Policy Submission with full rationale and citations is attached.

WRITTEN POLICY SUBMISSION

Wisconsin Dentistry Examining Board Meeting — June 24, 2026

To: Members, Wisconsin Dentistry Examining Board
From: Madhavi Bhogadi, Madison, Wisconsin
Date: June 9, 2026
Re: Policy Discussion — Equivalency Pathway for Internationally-Trained Dental Professionals Seeking Wisconsin Dental Hygiene Licensure

Introduction

Thank you for the opportunity to address the Board at its June 24, 2026 meeting. This submission follows my public comment at the Board's May 6, 2026 meeting, which the Board indicated would be the subject of further discussion at this meeting.

I respectfully ask the Board to discuss, and to direct staff to develop a rulemaking scope statement on, two complementary rule-level reforms that would create a competency-based pathway to Wisconsin dental hygiene licensure for internationally-trained dental professionals who have demonstrated equivalent competency through the standardized examinations Wisconsin already accepts.

The Policy Gap

Wisconsin has documented workforce shortages in dental hygiene, particularly in safety-net and rural settings. At the same time, every administrative pathway to Wisconsin dental hygiene licensure currently requires graduation from a school of dental hygiene accredited by the Commission on Dental Accreditation:

- **Licensure by examination** — *Wis. Stat.* § 447.04(2)(a)3.; *Wis. Admin. Code* § DE 2.01(2)(c).
- **Licensure by endorsement** — *Wis. Admin. Code* § DE 2.04.
- **Compact privilege** under the Dentist and Dental Hygienist Compact — *Wis. Stat.* §§ 447.50–447.51; *Wis. Admin. Code* ch. DE 13.

Wisconsin currently has no pathway by which an internationally-trained dental professional may demonstrate competency through alternative means, even when that individual has passed every clinical and didactic examination Wisconsin accepts from CODA-accredited graduates — the National Board Dental Hygiene Examination (NBDHE), the ADEX/CDCA-WREB-CITA clinical examination, and the Wisconsin Statutes and Rules examination.

Other states have closed this gap. Florida, under *Fla. Stat.* § 466.007(2), licenses foreign-trained dental professionals as dental hygienists upon completion of the NBDHE, the ADEX clinical examination, and

the Florida laws and rules examination. California, under *Cal. Bus. & Prof. Code* § 1916, recognizes equivalent professional education for dental hygiene licensure. The result is that competent, examined, and available dental hygiene candidates — many of whom already reside and volunteer in Wisconsin — are not permitted to practice here at any level, while neighboring states have absorbed them into their workforce.

Reform A — Endorsement Recognition (Wis. Admin. Code § DE 2.04)

I respectfully propose that the Board amend *Wis. Admin. Code* § DE 2.04 to provide that the Board may issue a Wisconsin dental hygiene license by endorsement to an applicant who:

- (a) holds a valid, unencumbered dental hygiene license in good standing from any United States jurisdiction;
- (b) has passed the Wisconsin Statutes and Rules examination; and
- (c) holds a current Basic Life Support certification from a Wisconsin Department of Health Services–approved provider,

regardless of whether the out-of-state license was issued under that jurisdiction’s CODA pathway or under that jurisdiction’s statutory equivalency pathway for foreign-trained dental professionals.

Rationale: A licensed Registered Dental Hygienist from another U.S. state has already been determined by another sovereign licensing authority to meet that state’s competency standard. Recognizing the license rather than the underlying educational pathway aligns Wisconsin with the principle of reciprocal recognition that already governs most professional licensure, and preserves Wisconsin’s ability to apply its own Statutes and Rules examination and CPR/AED standards as conditions of entry.

Reform B — Competency-Based Equivalency Pathway (Wis. Admin. Code § DE 2.01)

I respectfully propose that the Board amend *Wis. Admin. Code* § DE 2.01 to provide that, as an alternative to graduation from a CODA-accredited dental hygiene school, an applicant may demonstrate equivalent professional education by:

- (a) holding a primary dental professional degree from an institution that has been evaluated as the equivalent of U.S. regional academic accreditation by a recognized credential evaluation service (such as Educational Credential Evaluators);
- (b) submitting a completed Dental Hygiene Certificate of Professional Education (DSPS Form #1463) executed by the institution that awarded the primary degree; and
- (c) passing the NBDHE, the ADEX/CDCA-WREB-CITA clinical examination (including the SPTCE, CSCE OSCE, and a Board-approved state laws and rules examination), the Wisconsin Statutes and Rules examination, and BLS certification from a Wisconsin DHS–approved provider.

Rationale: The combination of evaluated equivalent professional education and passage of every standardized clinical and didactic examination Wisconsin accepts from CODA-accredited graduates

demonstrates the competencies CODA accreditation is designed to certify. The proposed pathway maintains Wisconsin's competency standard while permitting demonstration of that standard through the same objective evidence the Board already accepts. Florida's analogous pathway has operated under *Fla. Stat.* § 466.007(2) for many years without documented adverse patient-safety outcomes.

Why the Two Reforms Are Complementary

Reform A is procedurally narrow and recognizes existing out-of-state licensure decisions. Reform B is substantively broader and creates a direct Wisconsin pathway for applicants who choose not to pursue out-of-state licensure first. Adopting both gives the Board flexibility to license qualified candidates through whichever pathway best fits their individual record, while preserving Wisconsin's competency standard. The Board may also wish to consider whether a compact-privilege equivalent for foreign-trained dental professionals should be developed in parallel under *Wis. Stat.* § 447.50–447.51 as the Dentist and Dental Hygienist Compact becomes operational.

Requested Board Action

I respectfully request that, at its June 24, 2026 meeting, the Board:

- (1) Discuss the policy gap and the proposed reforms identified in this submission;
- (2) Direct Board staff to prepare a scope statement under *Wis. Stat.* § 227.135 for rulemaking to amend *Wis. Admin. Code* §§ DE 2.01 and DE 2.04 to incorporate the proposed reforms; and
- (3) Place this matter on the agenda of a subsequent Board meeting to consider the scope statement, with the opportunity for public input from internationally-trained candidates, the Wisconsin Dental Association, Wisconsin Dental Hygienists' Association, safety-net dental clinics, dental workforce employers, and other interested stakeholders.

Conclusion

Wisconsin's dental hygiene workforce shortage and the demonstrated competency of internationally-trained applicants make this an appropriate matter for the Board's rulemaking attention. The reforms proposed above are modest, evidence-based, and consistent with approaches other state boards have already adopted. They preserve Wisconsin's competency standard while opening a pathway to practice for candidates who have done all of the work Wisconsin asks of any other applicant.

I am available to answer questions and to provide additional information at the Board's convenience. I plan to attend the June 24, 2026 meeting and to participate in the public comment period if so permitted.

Thank you for your consideration of this submission.

Respectfully submitted,

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