



COUNCIL ON PHYSICIAN ASSISTANTS
Room N208, 4822 Madison Yards Way, Madison
Contact: Yolanda McGowan (608) 266-2112
April 9, 2019

The following agenda describes the issues that the Council 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 Council.

AGENDA

9:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A. Adoption of Agenda (1-3)**
- B. Approval of Minutes of November 15, 2018 (4)**
- C. Conflicts of Interest**
- D. Administrative Updates (5-8)**
 - 1. Department and Staff Updates
 - 2. Election of Officers
 - 3. Appointment of Liaisons and Alternates
 - 4. Delegation of Authorities
 - 5. Council Members – Council Member Status
 - a. Jeremiah Barrett – 7/1/2020
 - b. Jennifer Jarrett – 7/1/2019
 - c. Nadine Miller – 7/1/2020
 - d. Jody Wilkins – 7/1/2017
 - e. Vacant - Public Member
- E. 9:00 A.M. APPEARANCE: Wisconsin Academy of Physician Assistants (WAPA) – Reid Bowers, WAPA Advocacy Committee (9-45)**
 - 1. Update on CARES Act
- F. Prescription Drug Monitoring Program (PDMP) Update – Discussion and Consideration (46-54)**
- G. Board Review of the Wisconsin Occupational Licensing Study Legislative Report (55-139)**
- H. Speaking Engagement(s), Travel, or Public Relation Request(s), and Reports (140)**
 - 1. 2019 FSMB Annual Meeting on April 25-27, 2019 in Fort Worth, Texas
- I. Legislative and Administrative Rule Matters – Discussion and Consideration**

1. Updates on Legislation and Pending or Possible Rulemaking Projects
- J. Medical Examining Board Meetings
 1. Updates
- K. Wisconsin Association of Physician Assistants (WAPA) Matters
 1. WAPA Updates
- L. American Association of Physician Assistants (AAPA) Matters
 1. AAPA Updates
- M. Items Added After Preparation of Agenda:
 1. Introductions, Announcements and Recognition
 2. Nominations, Elections, and Appointments
 3. Board Liaison Training and Appointment of Mentors
 4. Administrative Updates
 5. Education and Examination Matters
 6. Credentialing Matters
 7. Practice Matters
 8. Legislation/Administrative Rule Matters
 9. Liaison Report(s)
 10. Informational Item(s)
 11. Disciplinary Matters
 12. Appearances from Requests Received or Renewed
 13. Speaking Engagement(s), Travel, or Public Relation Request(s), and Reports
- N. Public Comments

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

- 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. Stipulations, Final Decisions and Order
 9. Proposed Interim Orders
 10. Administrative Warnings
 11. Review of Administrative Warnings
 12. Proposed Final Decision 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

S. Delegation of Ratification of Examination Results and Ratification of Licenses and Certificates

ADJOURNMENT

ORAL EXAMINATION OF CANDIDATES FOR LICENSURE

ROOM N207

10:30 A.M., OR IMMEDIATELY FOLLOWING THE FULL COUNCIL MEETING

CLOSED SESSION – Reviewing Applications and Conducting Oral Examination of Zero (0) Candidate(s) for Licensure, at time of agenda publication – Jeremiah Barrett, Nadine Miller, and Jennifer Jarrett.

NEXT MEETING DATE: OCTOBER 31, 2019

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

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held at 4822 Madison Yards Way, Madison, Wisconsin, unless otherwise noted. In order to confirm a meeting or to request a complete copy of the board's agenda, please call the listed contact person. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of disciplinary hearings may be changed by the examiner for the convenience of the parties. Interpreters for the hearing impaired provided upon request by contacting the Affirmative Action Officer, 608-266-2112.

**COUNCIL ON PHYSICIAN ASSISTANTS
MEETING MINUTES
NOVEMBER 15, 2018**

PRESENT: Jeremiah Barrett, Jennifer Jarrett, Nadine Miller

EXCUSED: Jody Wilkins

STAFF: Tom Ryan, Executive Director; Dale Kleven, Rule Coordinator; Kate Stolarzyk, Bureau Assistant; and other Department staff

CALL TO ORDER

Jennifer Jarrett, Chair, called the meeting to order at 9:05 a.m. A quorum of three (3) members was confirmed.

ADOPTION OF AGENDA

Amendments to the Agenda:

- *Revising item E. "9:00 A.M. APPEARANCE: Wisconsin Academy of Physician Assistants (WAPA) – Reid Bowers, WAPA Advocacy Committee" to "9:00 A.M. APPEARANCE: Wisconsin Academy of Physician Assistants (WAPA) – Tara Streit, PA-C, WAPA President"*
- *Revising item F.2. "Updated on Legislation and Pending or Possible Rulemaking Projects" to "Updates on Legislation and Pending or Possible Rulemaking Projects"*

MOTION: Nadine Miller moved, seconded by Jeremiah Barrett, to adopt the agenda as amended. Motion carried unanimously.

APPROVAL OF MINUTES OF JUNE 7, 2018

MOTION: Jeremiah Barrett moved, seconded by Nadine Miller, to approve the minutes of June 7, 2018 as published. Motion carried unanimously.

ADJOURNMENT

MOTION: Jeremiah Barrett moved, seconded by Nadine Miller, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 10:26 a.m.

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Kate Stolarzyk, Bureau Assistant		2) Date When Request Submitted: 3/29/19 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>													
3) Name of Board, Committee, Council, Sections: Council on Physician Assistants															
4) Meeting Date: 4/9/2019	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Administrative Matters: 1) Election of Officers 2) Appointment of Liaisons and Alternates 3) Delegation of Authorities													
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes <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: 1) The Board should conduct Election of its Officers for 2019 2) The new Chairperson should review and appoint/reappoint Liaisons and Alternates as appropriate, the Board should affirm appointments by motion. 3) The Board should review and then consider continuation or modification of previously delegated authorities															
<table style="width: 100%;"> <tr> <td style="width: 60%;">11) Authorization</td> <td style="width: 40%;"></td> </tr> <tr> <td><i>Kate Stolarzyk</i></td> <td style="text-align: right;"><i>3/29/2019</i></td> </tr> <tr> <td>Signature of person making this request</td> <td style="text-align: right;">Date</td> </tr> <tr> <td>Supervisor (if required)</td> <td style="text-align: right;">Date</td> </tr> <tr> <td colspan="2">Executive Director signature (indicates approval to add post agenda deadline item to agenda)</td> </tr> <tr> <td colspan="2">Date</td> </tr> </table>				11) Authorization		<i>Kate Stolarzyk</i>	<i>3/29/2019</i>	Signature of person making this request	Date	Supervisor (if required)	Date	Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
11) Authorization															
<i>Kate Stolarzyk</i>	<i>3/29/2019</i>														
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.															

COUNCIL ON PHYSICIAN ASSISTANTS

2018 Elections and Liaison Appointments

2018 ELECTION RESULTS	
Council Chair	Jennifer Jarrett
Vice Chair	Jeremiah Barrett
Secretary	Nadine Miller
2018 LIAISON APPOINTMENTS	
Representative at Medical Examining Board	Jennifer Jarrett <i>Alternate: Jeremiah Barrett</i>
Credentialing Liaison	Nadine Miller <i>Alternate: Jeremiah Barrett, Jennifer Jarrett</i>
Legislative Liaison	Jennifer Jarrett <i>Alternate: Jeremiah Barrett</i>
Education and Exams Liaison	Jeremiah Barrett <i>Alternate: Nadine Miller</i>
Examination Panel	Jeremiah Barrett, Nadine Miller <i>Alternates: Jennifer Jarrett</i>
Practice Question Council Contact	Jeremiah Barrett <i>Alternate: Nadine Miller</i>
Travel Liaison	Jennifer Jarrett <i>Alternate: Nadine Miller</i>
Rules Liaison	Jennifer Jarrett <i>Alternate: Jeremiah Barrett</i>
Website Liaison	Nadine Miller <i>Alternate: Jeremiah Barrett</i>
Prescription Drug Monitoring Program Liaison	Jennifer Jarrett <i>Alternate: Jeremiah Barrett</i>

Delegation of Authorities

Document Signature Delegation

MOTION: Jennifer Jarrett moved, seconded by Jeremiah Barrett, to delegate authority to the Chair or chief presiding officer, or longest serving member of the Council, by order of succession, to sign documents on behalf of the Council. In order to carry out duties of the Council, the Chair, chief presiding officer, or longest serving member of the Council, has the ability to delegate this signature authority for purposes of facilitating the completion of assignments during or between meetings. The Chair, chief presiding officer, or longest serving member of the Council delegates the authority to Executive Director, or designee, to sign the name of any Council member on documents as necessary and appropriate. Motion carried unanimously.

Delegated Authority for Urgent Matters

MOTION: Jennifer Jarrett moved, seconded by Nadine Miller, that, in order to facilitate the completion of urgent matters between meetings, the Council delegates its authority to the Chair or chief presiding officer, or longest serving member of the Council, by order of succession, to appoint liaisons to the Department to act in urgent matters. Motion carried unanimously.

Credentialing Authority Delegations

Delegation of Authority to Credentialing Liaison

MOTION: Jeremiah Barrett moved, seconded by Jody Wilkins, to delegate authority to the Credentialing Liaison(s) to address all issues related to credentialing matters except potential denial decisions which should be referred to the Council on Physician Assistants for recommendation to the Medical Examining Board for final determination. Motion carried unanimously.

Delegated Authority for Application Denial Reviews

MOTION: Jennifer Jarrett moved, seconded by Nadine Miller, that the Board counsel or another department attorney is formally authorized to serve as the Council's designee for purposes of Wis. Admin Code § SPS 1.08(1). Motion carried unanimously.

Authorization for DSPS to Provide Board Member Contact Information to National Regulatory Related Authorities

MOTION: Jennifer Jarrett moved, seconded by Nadine Miller, to authorize Department staff to provide national regulatory related authorities with all Council member contact information that the Department retains on file. Motion carried unanimously.

Optional Renewal Notice Insert Delegation

MOTION: Jeremiah Barrett moved, seconded by Jennifer Jarrett to designate to the Chair or chief presiding officer, or longest serving member of the Council, by order of succession, to provide a brief statement or link relating to council-related business within the license renewal notice at the Council's or Council designee's request. Motion carried unanimously.

Legislative Liaison Delegation

MOTION: Jeremiah Barrett moved, seconded by Nadine Miller, to delegate authority to the Legislative Liaisons to speak on behalf of the Council regarding legislative matters. Motion carried unanimously.

Travel Delegation

MOTION: Jeremiah Barrett moved, seconded by Jody Wilkins, to delegate authority to the Travel Liaison to approve any Board Member travel. Motion carried unanimously.

Occupational Licensure Study Liaison

MOTION: Jeremiah Barrett moved, seconded by Nadine Miller, to designate Jennifer Jarrett as the Council's liaison to represent and speak on behalf of the Council regarding occupational license review and related matters. Motion carried unanimously.

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Jennifer Jarrett, Chair		2) Date When Request Submitted: 3/28/19 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Council on Physician Assistants			
4) Meeting Date: 4/9/2019	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Wisconsin Academy of Physician Assistants (WAPA) – Appearance – Reid Bowers, WAPA Advocacy Committee <ul style="list-style-type: none"> • Update on CARES Act 	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? Yes. Reid Bowers, Wisconsin Academy of Physician Assistants		9) Name of Case Advisor(s), if required:
10) Describe the issue and action that should be addressed: Jennifer Jarrett has requested that WAPA representative Reid Bowers appear before the Board to address the CARES Act.			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Bureau Director signature (indicates approval to add post agenda deadline item to agenda) Date			



State of Wisconsin
2019 - 2020 LEGISLATURE

LRB-0196/P6
MED&TJD:wlj&kjf

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

1 **AN ACT to repeal** 15.407 (2), 50.01 (4p), 252.01 (5), 448.01 (6), 448.03 (1) (b),
2 448.03 (3) (e), 448.04 (1) (f), 448.05 (5), 448.20, 448.21, 448.40 (2) (f), 448.695 (4)
3 and 450.01 (15r); **to renumber** 448.038; **to amend** 15.08 (1m) (b), 16.417 (1)
4 (e) 3m., 46.03 (44), 48.981 (2m) (b) 1., 49.45 (9r) (a) 7. a., 50.08 (2), 50.39 (3),
5 50.60 (1), 55.14 (8) (b), 69.01 (6g), 70.47 (8) (intro.), 97.67 (5m) (a) 3., 118.2925
6 (1) (f), 146.38 (1) (b) 1., 146.81 (1) (d), 146.81 (1) (i), 146.81 (1) (j), 146.82 (3) (a),
7 146.89 (1) (r) 1., 146.997 (1) (d) 5., 155.01 (7), 252.15 (1) (am), 252.15 (1) (ar) 1.,
8 255.07 (1) (d), 255.07 (7), 257.01 (5) (a), 257.01 (5) (b), 343.16 (5) (a), 440.035
9 (2m) (b), 440.035 (2m) (c) 1. (intro.), 448.015 (4) (am) 2., 448.02 (1), 448.03 (2)
10 (a), 448.03 (2) (e), 448.03 (2) (k), 448.03 (5) (b), 448.035 (2) to (4), 448.037 (2) (a)
11 (intro.) and (b) and (3), 448.62 (7), 450.01 (16) (hm) 3., 450.10 (3) (a) 5., 450.11
12 (1), 450.11 (1g) (b), 450.11 (1i) (a) 1., 450.11 (1i) (b) 2. c., 450.11 (1i) (c) 2., 450.11
13 (8) (b), 462.02 (2) (e), 462.04, 895.48 (1m) (a) (intro.), 961.01 (19) (a) and 971.14
14 (4) (a); and **to create** 15.405 (4), 49.45 (9r) (a) 7. am., 69.18 (1) (ck), 146.81 (1)
15 (hr), 146.997 (1) (d) 13m., 180.1901 (1m) (h), 450.10 (3) (a) 12., 450.11 (1i) (b) 2.

1 cm., 450.11 (8) (f), chapter 461 and 990.01 (27s) of the statutes; **relating to:**
2 regulation of physician assistants, creating a Physician Assistant Examining
3 Board, extending the time limit for emergency rule procedures, providing an
4 exemption from emergency rule procedures, granting rule-making authority,
5 and providing a penalty.

Analysis by the Legislative Reference Bureau

This bill makes changes with respect to the licensure, regulation, and practice of physician assistants (PAs).

Under current law, PAs are defined as individuals who are licensed to provide medical care with physician supervision and direction. The Medical Examining Board licenses and regulates PAs as well as physicians and certain other professions. The Medical Examining Board is composed of ten physicians and three public members and is authorized to promulgate rules establishing licensing and practice standards for PAs.

This bill transfers licensure and regulation of PAs to the newly created Physician Assistant Examining Board. The new board is composed of seven PAs, one member who may be either a physician or a PA, and one public member. In addition, the bill does all of the following:

1. Instead of requiring that a PA practice under the supervision and direction of a physician, requires, subject to certain exceptions, that a PA facilitate collaboration with other health care professionals, including at least one physician or, if the PA's practice is limited to the practice of podiatry, at least one podiatrist. If the PA's practice includes both the practice of medicine and surgery and the practice of podiatry, the PA must facilitate collaboration with at least one physician and at least one podiatrist. In addition, the bill allows the board, by rule, to further define collaboration and identify means of facilitating collaboration. However, the bill provides that a PA is individually and independently responsible for the quality of the care he or she renders.

2. As under current law, defines a PA's practice by reference to the definition of the practice of medicine and surgery. The bill also explicitly provides that a PA may prescribe, dispense, and administer drugs and may serve as a primary care provider. The bill requires a PA to limit his or her practice to the scope of his or her skill, education, and training, and retains a number of limitations on the practice of PAs.

3. Includes a number of additional provisions with respect to the obligations of PAs and persons who employ PAs. These include a requirement that a PA have in effect malpractice liability insurance coverage when practicing, subject to certain exceptions and other provisions.

4. Establishes licensure requirements for PAs, which differ in a number of respects from the requirements under current law, including that PAs submit

additional information, including an employment history, with a licensure application. The bill allows the board to require continuing education regarding best practices in prescribing controlled substances for PAs who are authorized to prescribe controlled substances. Currently, PAs are not required to complete continuing education.

5. Specifies various grounds for professional discipline of a PA by the board and allows the board to impose professional discipline consistent with other professions.

Because this bill creates a new crime or revises a penalty for an existing crime, the Joint Review Committee on Criminal Penalties may be requested to prepare a report.

For further information see the *state* fiscal estimate, which will be printed as an appendix to this bill.

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

1 **SECTION 1.** 15.08 (1m) (b) of the statutes is amended to read:

2 15.08 **(1m)** (b) The public members of the chiropractic examining board, the
3 dentistry examining board, the hearing and speech examining board, the medical
4 examining board, the physical therapy examining board, the perfusionists
5 examining council, the respiratory care practitioners examining council and council
6 on, the physician assistants assistant examining board, the board of nursing, the
7 nursing home administrator examining board, the veterinary examining board, the
8 optometry examining board, the pharmacy examining board, the marriage and
9 family therapy, professional counseling, and social work examining board, the
10 psychology examining board, and the radiography examining board shall not be
11 engaged in any profession or occupation concerned with the delivery of physical or
12 mental health care.

13 **SECTION 2.** 15.405 (4) of the statutes is created to read:

1 15.405 (4) PHYSICIAN ASSISTANT EXAMINING BOARD. (a) There is created in the
2 department of safety and professional services a physician assistant examining
3 board consisting of the following members appointed for staggered 4-year terms:

4 1. Seven physician assistants licensed under ch. 461.

5 2. One individual who is either a physician licensed under subch. II of ch. 448
6 or a physician assistant licensed under ch. 461.

7 3. One public member.

8 (b) The governor may appoint a physician assistant to the physician assistant
9 examining board under par. (a) 2. only if the governor has determined that there is
10 no suitable physician who is willing to serve on the board.

11 **SECTION 3.** 15.407 (2) of the statutes is repealed.

12 **SECTION 4.** 16.417 (1) (e) 3m. of the statutes is amended to read:

13 16.417 (1) (e) 3m. A physician assistant who is licensed under s. ~~448.04 (1) (f)~~
14 461.07.

15 **SECTION 5.** 46.03 (44) of the statutes is amended to read:

16 46.03 (44) SEXUALLY TRANSMITTED DISEASE TREATMENT INFORMATION. Prepare and
17 keep current an information sheet to be distributed to a patient by a physician,
18 physician assistant, or certified advanced practice nurse prescriber providing
19 expedited partner therapy to that patient under s. 448.035 or 461.035. The
20 information sheet shall include information about sexually transmitted diseases and
21 their treatment and about the risk of drug allergies. The information sheet shall also
22 include a statement advising a person with questions about the information to
23 contact his or her physician, pharmacist, or local health department, as defined in
24 s. 250.01 (4).

25 **SECTION 6.** 48.981 (2m) (b) 1. of the statutes is amended to read:

1 48.981 **(2m)** (b) 1. "Health care provider" means a physician, as defined under
2 s. 448.01 (5), a physician assistant, as defined under s. 448.01 ~~(6)~~ 461.01 (3), or a
3 nurse holding a license under s. 441.06 (1) or a license under s. 441.10.

4 **SECTION 7.** 49.45 (9r) (a) 7. a. of the statutes is amended to read:

5 49.45 **(9r)** (a) 7. a. A physician ~~or physician assistant~~ licensed under subch. II
6 of ch. 448.

7 **SECTION 8.** 49.45 (9r) (a) 7. am. of the statutes is created to read:

8 49.45 **(9r)** (a) 7. am. A physician assistant licensed under ch. 461.

9 **SECTION 9.** 50.01 (4p) of the statutes is repealed.

10 **SECTION 10.** 50.08 (2) of the statutes is amended to read:

11 50.08 **(2)** A physician, an advanced practice nurse prescriber certified under
12 s. 441.16 (2), or a physician assistant licensed under ~~ch. 448~~, who prescribes a
13 psychotropic medication to a nursing home resident who has degenerative brain
14 disorder shall notify the nursing home if the prescribed medication has a boxed
15 warning under 21 CFR 201.57.

16 **SECTION 11.** 50.39 (3) of the statutes is amended to read:

17 50.39 **(3)** Facilities governed by ss. 45.50, 48.62, 49.70, 49.72, 50.02, 51.09, and
18 252.10, juvenile correctional facilities as defined in s. 938.02 (10p), correctional
19 institutions governed by the department of corrections under s. 301.02, and the
20 offices and clinics of persons licensed to treat the sick under chs. 446, 447, and 448
21 are exempt from ss. 50.32 to 50.39. Sections 50.32 to 50.39 do not abridge the rights
22 of the medical examining board, physician assistant examining board, physical
23 therapy examining board, podiatry affiliated credentialing board, dentistry
24 examining board, pharmacy examining board, chiropractic examining board, and
25 board of nursing in carrying out their statutory duties and responsibilities.

SECTION 12. 50.60 (1) of the statutes is amended to read:

50.60 (1) "Health care provider" has the meaning given in s. 146.81 (1) (a) to ~~(hp)~~ (hr).

SECTION 13. 55.14 (8) (b) of the statutes is amended to read:

55.14 (8) (b) Order the individual to comply with the treatment plan under par. (a). The order shall provide that if the individual fails to comply with provisions of the treatment plan that require the individual to take psychotropic medications, the medications may be administered involuntarily with consent of the guardian. The order shall specify the methods of involuntary administration of psychotropic medication to which the guardian may consent. An order authorizing the forcible restraint of an individual shall specify that a person licensed under s. 441.06, 441.10, ~~or 448.05 (2) or (5),~~ or 461.07 shall be present at all times that psychotropic medication is administered in this manner and shall require the person or facility using forcible restraint to maintain records stating the date of each administration, the medication administered, and the method of forcible restraint utilized.

SECTION 14. 69.01 (6g) of the statutes is amended to read:

69.01 (6g) "Date of death" means the date that a person is pronounced dead by a physician, coroner, deputy coroner, medical examiner, deputy medical examiner, physician assistant, or hospice nurse.

SECTION 15. 69.18 (1) (ck) of the statutes is created to read:

69.18 (1) (ck) 1. For purposes of preparation of the certificate of death and in accordance with accepted medical standards, a physician assistant who is directly involved with the care of a patient who dies may pronounce the date, time, and place of the patient's death if the patient was generally under the care of a physician at the time of death.

1 2. Subdivision 1. may not be construed to authorize a physician assistant to
2 certify under sub. (2) (b) the cause of the patient's death.

3 **SECTION 16.** 70.47 (8) (intro.) of the statutes is amended to read:

4 70.47 (8) HEARING. (intro.) The board shall hear upon oath all persons who
5 appear before it in relation to the assessment. Instead of appearing in person at the
6 hearing, the board may allow the property owner, or the property owner's
7 representative, at the request of either person, to appear before the board, under
8 oath, by telephone or to submit written statements, under oath, to the board. The
9 board shall hear upon oath, by telephone, all ill or disabled persons who present to
10 the board a letter from a physician, osteopath, physician assistant, as defined in s.
11 448.01 (6), or advanced practice nurse prescriber certified under s. 441.16 (2) that
12 confirms their illness or disability. At the request of the property owner or the
13 property owner's representative, the board may postpone and reschedule a hearing
14 under this subsection, but may not postpone and reschedule a hearing more than
15 once during the same session for the same property. The board at such hearing shall
16 proceed as follows:

17 **SECTION 17.** 97.67 (5m) (a) 3. of the statutes is amended to read:

18 97.67 (5m) (a) 3. A physician assistant licensed under subch. II of ch. 448 461.

19 **SECTION 18.** 118.2925 (1) (f) of the statutes is amended to read:

20 118.2925 (1) (f) "Physician assistant" means a person licensed under s. 448.04
21 ~~(1) (f)~~ 461.07.

22 **SECTION 19.** 146.38 (1) (b) 1. of the statutes is amended to read:

23 146.38 (1) (b) 1. A person specified in s. 146.81 (1) (a) to ~~(hp)~~ (hr), (r), or (s).

24 **SECTION 20.** 146.81 (1) (d) of the statutes is amended to read:

1 146.81 (1) (d) A physician, ~~physician assistant~~, perfusionist, or respiratory care
2 practitioner licensed or certified under subch. II of ch. 448.

3 **SECTION 21.** 146.81 (1) (hr) of the statutes is created to read:

4 146.81 (1) (hr) A physician assistant licensed under ch. 461.

5 **SECTION 22.** 146.81 (1) (i) of the statutes is amended to read:

6 146.81 (1) (i) A partnership of any providers specified under pars. (a) to ~~(hp)~~
7 (hr).

8 **SECTION 23.** 146.81 (1) (j) of the statutes is amended to read:

9 146.81 (1) (j) A corporation or limited liability company of any providers
10 specified under pars. (a) to ~~(hp)~~ (hr) that provides health care services.

11 **SECTION 24.** 146.82 (3) (a) of the statutes is amended to read:

12 146.82 (3) (a) Notwithstanding sub. (1), a physician, physician assistant, as
13 ~~defined in s. 448.01 (6)~~, or advanced practice nurse prescriber certified under s.
14 441.16 (2) who treats a patient whose physical or mental condition in the physician's,
15 physician assistant's, or advanced practice nurse prescriber's judgment affects the
16 patient's ability to exercise reasonable and ordinary control over a motor vehicle may
17 report the patient's name and other information relevant to the condition to the
18 department of transportation without the informed consent of the patient.

19 **SECTION 25.** 146.89 (1) (r) 1. of the statutes is amended to read:

20 146.89 (1) (r) 1. Licensed as a physician under ch. 448, a dentist or dental
21 hygienist under ch. 447, a registered nurse, practical nurse, or nurse-midwife under
22 ch. 441, an optometrist under ch. 449, a physician assistant under ch. 448 461, a
23 pharmacist under ch. 450, a chiropractor under ch. 446, a podiatrist under subch. IV
24 of ch. 448, or a physical therapist under subch. III of ch. 448.

25 **SECTION 26.** 146.997 (1) (d) 5. of the statutes is amended to read:

1 146.997 (1) (d) 5. An occupational therapist, occupational therapy assistant,
2 ~~physician assistant~~ or respiratory care practitioner licensed or certified under ch.
3 448.

4 **SECTION 27.** 146.997 (1) (d) 13m. of the statutes is created to read:

5 146.997 (1) (d) 13m. A physician assistant licensed under ch. 461.

6 **SECTION 28.** 155.01 (7) of the statutes is amended to read:

7 155.01 (7) “Health care provider” means a nurse licensed or permitted under
8 ch. 441, a chiropractor licensed under ch. 446, a dentist licensed under ch. 447, a
9 physician, ~~physician assistant~~, perfusionist, podiatrist, physical therapist, physical
10 therapist assistant, occupational therapist, or occupational therapy assistant
11 licensed under ch. 448, a person practicing Christian Science treatment, an
12 optometrist licensed under ch. 449, a psychologist licensed under ch. 455, a physician
13 assistant licensed under ch. 461, a partnership thereof, a corporation or limited
14 liability company thereof that provides health care services, a cooperative health
15 care association organized under s. 185.981 that directly provides services through
16 salaried employees in its own facility, or a home health agency, as defined in s. 50.49
17 (1) (a).

18 **SECTION 29.** 180.1901 (1m) (h) of the statutes is created to read:

19 180.1901 (**1m**) (h) Physician assistant examining board under ch. 461.

20 **SECTION 30.** 252.01 (5) of the statutes is repealed.

21 **SECTION 31.** 252.15 (1) (am) of the statutes is amended to read:

22 252.15 (1) (am) “Health care professional” means a physician ~~or physician~~
23 ~~assistant who is licensed under ch. 448 or~~, a registered nurse or licensed practical
24 ~~nurse who is licensed under ch. 441, or a physician assistant licensed under ch. 461.~~

25 **SECTION 32.** 252.15 (1) (ar) 1. of the statutes is amended to read:

1 252.15 (1) (ar) 1. A person or entity that is specified in s. 146.81 (1) (a) to (hm),
2 ~~(hr)~~, and (i) to (p).

3 **SECTION 33.** 255.07 (1) (d) of the statutes is amended to read:

4 255.07 (1) (d) “Health care practitioner” means a physician, a physician
5 assistant licensed under s. 448.04 (1) (f), or an advanced practice nurse who is
6 certified to issue prescription orders under s. 441.16.

7 **SECTION 34.** 255.07 (7) of the statutes is amended to read:

8 255.07 (7) HEALTH CARE PROVIDERS. Nothing in this section prohibits a health
9 care provider, as defined in s. 146.81 (1) (a) to ~~(hp)~~ (hr) and (q) to (s), from acting
10 within the scope of practice of the health care provider’s license, certificate, permit,
11 or registration.

12 **SECTION 35.** 257.01 (5) (a) of the statutes is amended to read:

13 257.01 (5) (a) An individual who is licensed as a physician, ~~a physician~~
14 assistant, or a podiatrist under ch. 448, licensed as a registered nurse, licensed
15 practical nurse, or nurse-midwife under ch. 441, licensed as a dentist under ch. 447,
16 licensed as a pharmacist under ch. 450, licensed as a physician assistant under ch.
17 461, licensed as a veterinarian or certified as a veterinary technician under ch. 89,
18 or certified as a respiratory care practitioner under ch. 448.

19 **SECTION 36.** 257.01 (5) (b) of the statutes is amended to read:

20 257.01 (5) (b) An individual who was at any time within the previous 10 years,
21 but is not currently, licensed as a physician, ~~a physician assistant~~, or a podiatrist
22 under ch. 448, licensed as a registered nurse, licensed practical nurse or
23 nurse-midwife, under ch. 441, licensed as a dentist under ch. 447, licensed as a
24 pharmacist under ch. 450, licensed as a physician assistant under ch. 461 or as a
25 physician assistant under ch. 448, 2017 stats., licensed as a veterinarian or certified

1 as a veterinary technician under ch. 89, or certified as a respiratory care practitioner
2 under ch. 448, if the individual's license or certification was never revoked, limited,
3 suspended, or denied renewal.

4 **SECTION 37.** 343.16 (5) (a) of the statutes is amended to read:

5 343.16 (5) (a) The secretary may require any applicant for a license or any
6 licensed operator to submit to a special examination by such persons or agencies as
7 the secretary may direct to determine incompetency, physical or mental disability,
8 disease, or any other condition that might prevent such applicant or licensed person
9 from exercising reasonable and ordinary control over a motor vehicle. If the
10 department requires the applicant to submit to an examination, the applicant shall
11 pay for the examination. If the department receives an application for a renewal or
12 duplicate license after voluntary surrender under s. 343.265 or receives a report from
13 a physician, physician assistant, as defined in s. 448.01 (6), advanced practice nurse
14 prescriber certified under s. 441.16 (2), or optometrist under s. 146.82 (3), or if the
15 department has a report of 2 or more arrests within a one-year period for any
16 combination of violations of s. 346.63 (1) or (5) or a local ordinance in conformity with
17 s. 346.63 (1) or (5) or a law of a federally recognized American Indian tribe or band
18 in this state in conformity with s. 346.63 (1) or (5), or s. 346.63 (1m), 1985 stats., or
19 s. 346.63 (2) or (6) or 940.25, or s. 940.09 where the offense involved the use of a
20 vehicle, the department shall determine, by interview or otherwise, whether the
21 operator should submit to an examination under this section. The examination may
22 consist of an assessment. If the examination indicates that education or treatment
23 for a disability, disease or condition concerning the use of alcohol, a controlled
24 substance or a controlled substance analog is appropriate, the department may order
25 a driver safety plan in accordance with s. 343.30 (1q). If there is noncompliance with

1 assessment or the driver safety plan, the department shall revoke the person's
2 operating privilege in the manner specified in s. 343.30 (1q) (d).

3 **SECTION 38.** 440.035 (2m) (b) of the statutes is amended to read:

4 440.035 **(2m)** (b) The medical examining board, the physician assistant
5 examining board, the podiatry affiliated credentialing board, the board of nursing,
6 the dentistry examining board, or the optometry examining board may issue
7 guidelines regarding best practices in prescribing controlled substances for persons
8 credentialed by that board who are authorized to prescribe controlled substances.

9 **SECTION 39.** 440.035 (2m) (c) 1. (intro.) of the statutes is amended to read:

10 440.035 **(2m)** (c) 1. (intro.) The medical examining board, the physician
11 assistant examining board, the podiatry affiliated credentialing board, the board of
12 nursing, the dentistry examining board, and the optometry examining board shall,
13 by November 1, 2018, ~~and annually thereafter~~ of each year, submit a report to the
14 persons specified in subd. 2. that does all of the following:

15 **SECTION 40.** 448.01 (6) of the statutes is repealed.

16 **SECTION 41.** 448.015 (4) (am) 2. of the statutes is amended to read:

17 448.015 **(4)** (am) 2. Any act by a physician ~~or physician assistant~~ in violation
18 of ch. 450 or 961.

19 **SECTION 42.** 448.02 (1) of the statutes is amended to read:

20 448.02 **(1)** LICENSE. The board may grant licenses, including various classes
21 of temporary licenses, to practice medicine and surgery, to practice as an
22 administrative physician, to practice perfusion, and to practice as an
23 anesthesiologist assistant, ~~and to practice as a physician assistant~~.

24 **SECTION 43.** 448.03 (1) (b) of the statutes is repealed.

25 **SECTION 44.** 448.03 (2) (a) of the statutes is amended to read:

1 448.03 (2) (a) Any person lawfully practicing within the scope of a license,
2 permit, registration, certificate or certification granted to practice midwifery under
3 subch. XIII of ch. 440, to practice professional or practical nursing or
4 nurse-midwifery under ch. 441, to practice chiropractic under ch. 446, to practice
5 dentistry or dental hygiene under ch. 447, to practice optometry under ch. 449, to
6 practice acupuncture under ch. 451 or under any other statutory provision, to
7 practice as a physician assistant under ch. 461, or as otherwise provided by statute.

8 **SECTION 45.** 448.03 (2) (e) of the statutes is amended to read:

9 448.03 (2) (e) Any person other than ~~a physician assistant or an~~
10 anesthesiologist assistant who is providing patient services as directed, supervised
11 and inspected by a physician who has the power to direct, decide and oversee the
12 implementation of the patient services rendered.

13 **SECTION 46.** 448.03 (2) (k) of the statutes is amended to read:

14 448.03 (2) (k) Any persons, other than ~~physician assistants~~, anesthesiologist
15 assistants, or perfusionists, who assist physicians.

16 **SECTION 47.** 448.03 (3) (e) of the statutes is repealed.

17 **SECTION 48.** 448.03 (5) (b) of the statutes is amended to read:

18 448.03 (5) (b) No physician ~~or physician assistant~~ shall be liable for any civil
19 damages for either of the following:

20 1. Reporting in good faith to the department of transportation under s. 146.82
21 (3) a patient's name and other information relevant to a physical or mental condition
22 of the patient which in the physician's ~~or physician assistant's~~ judgment impairs the
23 patient's ability to exercise reasonable and ordinary control over a motor vehicle.

24 2. In good faith, not reporting to the department of transportation under s.
25 146.82 (3) a patient's name and other information relevant to a physical or mental

1 condition of the patient which in the physician's or ~~physician assistant's~~ judgment
2 does not impair the patient's ability to exercise reasonable and ordinary control over
3 a motor vehicle.

4 **SECTION 49.** 448.035 (2) to (4) of the statutes are amended to read:

5 448.035 (2) Notwithstanding the requirements of s. 448.30, a physician,
6 ~~physician assistant~~, or certified advanced practice nurse prescriber may provide
7 expedited partner therapy if the patient is diagnosed as infected with a chlamydial
8 infection, gonorrhea, or trichomoniasis and the patient has had sexual contact with
9 a sexual partner during which the chlamydial infection, gonorrhea, or
10 trichomoniasis may have been transmitted to or from the sexual partner. The
11 physician, ~~physician assistant~~, or certified advanced practice nurse prescriber shall
12 attempt to obtain the name of the patient's sexual partner. A prescription order for
13 an antimicrobial drug prepared under this subsection shall include the name and
14 address of the patient's sexual partner, if known. If the physician, ~~physician~~
15 ~~assistant~~, or certified advanced practice nurse prescriber is unable to obtain the
16 name of the patient's sexual partner, the prescription order shall include, in ordinary
17 bold-faced capital letters, the words, "expedited partner therapy" or the letters
18 "EPT."

19 (3) The physician, ~~physician assistant~~, or certified advanced practice nurse
20 prescriber shall provide the patient with a copy of the information sheet prepared by
21 the department of health services under s. 46.03 (44) and shall request that the
22 patient give the information sheet to the person with whom the patient had sexual
23 contact.

24 (4) (a) Except as provided in par. (b), a physician, ~~physician assistant~~, or
25 certified advanced practice nurse prescriber is immune from civil liability for injury

1 to or the death of a person who takes any antimicrobial drug if the antimicrobial drug
2 is prescribed, dispensed, or furnished under this section and if expedited partner
3 therapy is provided as specified under this section.

4 (b) The immunity under par. (a) does not extend to the donation, distribution,
5 furnishing, or dispensing of an antimicrobial drug by a physician, ~~physician~~
6 ~~assistant~~, or certified advanced practice nurse prescriber whose act or omission
7 involves reckless, wanton, or intentional misconduct.

8 **SECTION 50.** 448.037 (2) (a) (intro.) and (b) and (3) of the statutes are amended
9 to read:

10 448.037 **(2)** (a) (intro.) A physician ~~or physician assistant~~ may do any of the
11 following:

12 (b) A physician ~~or physician assistant~~ who prescribes or delivers an opioid
13 antagonist under par. (a) 1. shall ensure that the person to whom the opioid
14 antagonist is prescribed has or has the capacity to provide the knowledge and
15 training necessary to safely administer the opioid antagonist to an individual
16 undergoing an opioid-related overdose and that the person demonstrates the
17 capacity to ensure that any individual to whom the person further delivers the opioid
18 antagonist has or receives that knowledge and training.

19 **(3)** A physician ~~or physician assistant~~ who, acting in good faith, prescribes or
20 delivers an opioid antagonist in accordance with sub. (2), or who, acting in good faith,
21 otherwise lawfully prescribes or dispenses an opioid antagonist, shall be immune
22 from criminal or civil liability and may not be subject to professional discipline under
23 s. 448.02 for any outcomes resulting from prescribing, delivering, or dispensing the
24 opioid antagonist.

25 **SECTION 51.** 448.038 of the statutes is renumbered 461.038.

SECTION 52. 448.04 (1) (f) of the statutes is repealed.

SECTION 53. 448.05 (5) of the statutes is repealed.

SECTION 54. 448.20 of the statutes is repealed.

SECTION 55. 448.21 of the statutes is repealed.

SECTION 56. 448.40 (2) (f) of the statutes is repealed.

SECTION 57. 448.62 (7) of the statutes is amended to read:

448.62 (7) A physician assistant who is acting under the supervision and direction of in collaboration with a podiatrist, subject to s. 448.21 (4) as described in s. 461.10 (2) (a) or an individual to whom the physician assistant delegates a task or order under s. 461.10 (4).

SECTION 58. 448.695 (4) of the statutes is repealed.

SECTION 59. 450.01 (15r) of the statutes is repealed.

SECTION 60. 450.01 (16) (hm) 3. of the statutes is amended to read:

450.01 (16) (hm) 3. The patient's physician assistant, ~~if the physician assistant is under the supervision of the patient's personal attending physician.~~

SECTION 61. 450.10 (3) (a) 5. of the statutes is amended to read:

450.10 (3) (a) 5. A physician, ~~physician assistant~~, podiatrist, physical therapist, physical therapist assistant, occupational therapist, or occupational therapy assistant licensed under ch. 448.

SECTION 62. 450.10 (3) (a) 12. of the statutes is created to read:

450.10 (3) (a) 12. A physician assistant licensed under ch. 461.

SECTION 63. 450.11 (1) of the statutes is amended to read:

450.11 (1) DISPENSING. Except as provided in sub. (1i) (b) 2., no person may dispense any prescribed drug or device except upon the prescription order of a practitioner. All prescription orders shall, except as provided in sub. (1a), specify the

1 date of issue, the name and address of the practitioner, the name and quantity of the
2 drug product or device prescribed, directions for the use of the drug product or device,
3 the symptom or purpose for which the drug is being prescribed if required under sub.
4 (4) (a) 8., and, if the order is written by the practitioner, the signature of the
5 practitioner. Except as provided in ss. 118.2925 (3), 255.07 (2), 441.18 (2) (a) 1.,
6 448.035 (2), and 448.037 (2) (a) 1., 461.035 (2), and 461.037 (2) (a) 1. and except for
7 standing orders issued under s. 441.18 (2) (a) 2. ~~or, 448.037 (2) (a) 2., or 461.037 (2)~~
8 (a) 2., all prescription orders shall also specify the name and address of the patient.
9 A prescription order issued under s. 118.2925 (3) shall specify the name and address
10 of the school. A prescription order issued under s. 255.07 (2) shall specify the name
11 and address of the authorized entity or authorized individual. Any oral prescription
12 order shall be immediately reduced to writing by the pharmacist and filed according
13 to sub. (2).

14 **SECTION 64.** 450.11 (1g) (b) of the statutes is amended to read:

15 450.11 **(1g)** (b) A pharmacist may, upon the prescription order of a practitioner
16 providing expedited partner therapy, as specified in s. 448.035 or 461.035, that
17 complies with the requirements of sub. (1), dispense an antimicrobial drug as a
18 course of therapy for treatment of chlamydial infections, gonorrhea, or
19 trichomoniasis to the practitioner's patient or a person with whom the patient has
20 had sexual contact for use by the person with whom the patient has had sexual
21 contact. The pharmacist shall provide a consultation in accordance with rules
22 promulgated by the board for the dispensing of a prescription to the person to whom
23 the antimicrobial drug is dispensed. A pharmacist providing a consultation under
24 this paragraph shall ask whether the person for whom the antimicrobial drug has
25 been prescribed is allergic to the antimicrobial drug and advise that the person for

1 whom the antimicrobial drug has been prescribed must discontinue use of the
2 antimicrobial drug if the person is allergic to or develops signs of an allergic reaction
3 to the antimicrobial drug.

4 **SECTION 65.** 450.11 (1i) (a) 1. of the statutes is amended to read:

5 450.11 **(1i)** (a) 1. A pharmacist may, upon and in accordance with the
6 prescription order of an advanced practice nurse prescriber under s. 441.18 (2) (a) 1.,
7 ~~or of a physician or physician assistant under s. 448.037 (2) (a) 1.,~~ or of a physician
8 assistant under s. 461.037 (2) (a) 1. that complies with the requirements of sub. (1),
9 deliver an opioid antagonist to a person specified in the prescription order and may,
10 upon and in accordance with the standing order of an advanced practice nurse
11 prescriber under s. 441.18 (2) (a) 2., ~~or of a physician or physician assistant under~~
12 ~~s. 448.037 (2) (a) 2.,~~ or of a physician assistant under s. 461.037 (2) (a) 2. that complies
13 with the requirements of sub. (1), deliver an opioid antagonist to an individual in
14 accordance with the order. The pharmacist shall provide a consultation in
15 accordance with rules promulgated by the board for the delivery of a prescription to
16 the person to whom the opioid antagonist is delivered.

17 **SECTION 66.** 450.11 (1i) (b) 2. c. of the statutes is amended to read:

18 450.11 **(1i)** (b) 2. c. A physician ~~or physician assistant~~ may only deliver or
19 dispense an opioid antagonist in accordance with s. 448.037 (2) or in accordance with
20 his or her other legal authority to dispense prescription drugs.

21 **SECTION 67.** 450.11 (1i) (b) 2. cm. of the statutes is created to read:

22 450.11 **(1i)** (b) 2. cm. A physician assistant may only deliver or dispense an
23 opioid antagonist in accordance with s. 461.037 (2) or in accordance with his or her
24 other legal authority to dispense prescription drugs.

25 **SECTION 68.** 450.11 (1i) (c) 2. of the statutes is amended to read:

450.11 (1i) (c) 2. Subject to par. (a) 2. and ss. 441.18 (3) and, 448.037 (3), and 461.037 (3), any person who, acting in good faith, delivers or dispenses an opioid antagonist to another person shall be immune from civil or criminal liability for any outcomes resulting from delivering or dispensing the opioid antagonist.

SECTION 69. 450.11 (8) (b) of the statutes is amended to read:

450.11 **(8) (b)** The medical examining board, insofar as this section applies to physicians and physician assistants.

SECTION 70. 450.11 (8) (f) of the statutes is created to read:

450.11 **(8)** (f) The physician assistant examining board, insofar as this section applies to physician assistants.

SECTION 71. Chapter 461 of the statutes is created to read:

CHAPTER 461

PHYSICIAN ASSISTANTS

461.01 Definitions. In this chapter, unless the context requires otherwise:

(1) “Board” means the physician assistant examining board.

(2) “Collaboration” means a process that involves 2 or more health care professionals working together, in each other’s presence when necessary, each contributing one’s respective area of expertise to provide more comprehensive care than one alone can offer.

(3) “Physician assistant” means a person licensed under this chapter.

(4) “Podiatrist” has the meaning given in s. 448.60 (3).

(5) “Podiatry” has the meaning given in s. 448.60 (4).

(6) “Practice of medicine and surgery” has the meaning given in s. 448.01 (9).

461.03 License required; exceptions. (1) Except as provided in subs. (2) and (3), no person may represent himself or herself as a “PA,” “physician assistant,”

1 “physician associate,” or “associate physician,” use or assume the title “PA,”
2 “physician assistant,” “physician associate,” or “associate physician,” or append to
3 the person’s name the words or letters “physician assistant,” “physician associate,”
4 “associate physician,” “PA,” “PA-C,” or any other titles, letters, or designation that
5 represents or may tend to represent the person as a physician assistant, unless he
6 or she is licensed by the board under this chapter.

7 (2) Subsection (1) does not apply with respect to any of the following:

8 (a) An individual employed and duly credentialed as a physician assistant or
9 physician associate by the federal government while performing duties incident to
10 that employment, unless a license under this chapter is required by the federal
11 government.

12 (b) A person who satisfies the requirement under s. 461.07 (1) (a) 3. but who
13 is not licensed under this chapter. This paragraph does not allow such a person to
14 practice medicine and surgery in violation of s. 448.03 (1) (a) or to practice podiatry
15 in violation of s. 448.61.

16 (3) A student who is enrolled in an accredited physician assistant educational
17 program may use the title “physician assistant student,” “PA student,” or “PA-S.”

18 **461.035 Expedited partner therapy. (1)** In this section:

19 (b) “Antimicrobial drug” has the meaning given in s. 448.035 (1) (b).

20 (c) “Expedited partner therapy” has the meaning given in s. 448.035 (1) (c).

21 (2) Notwithstanding the requirements of s. 461.40, a physician assistant may
22 provide expedited partner therapy if a patient is diagnosed as infected with a
23 chlamydial infection, gonorrhea, or trichomoniasis and the patient has had sexual
24 contact with a sexual partner during which the chlamydial infection, gonorrhea, or
25 trichomoniasis may have been transmitted to or from the sexual partner. The

1 physician assistant shall attempt to obtain the name of the patient's sexual partner.
2 A prescription order for an antimicrobial drug prepared under this subsection shall
3 include the name and address of the patient's sexual partner, if known. If the
4 physician assistant is unable to obtain the name of the patient's sexual partner, the
5 prescription order shall include, in ordinary, bold-faced capital letters, the words,
6 "expedited partner therapy" or the letters "EPT."

7 (3) The physician assistant shall provide the patient with a copy of the
8 information sheet prepared by the department of health services under s. 46.03 (44)
9 and shall request that the patient give the information sheet to the person with
10 whom the patient had sexual contact.

11 (4) (a) Except as provided in par. (b), a physician assistant is immune from civil
12 liability for injury to or the death of a person who takes any antimicrobial drug if the
13 antimicrobial drug is prescribed, dispensed, or furnished under this section and if
14 expedited partner therapy is provided as specified under this section.

15 (b) The immunity under par. (a) does not extend to the donation, distribution,
16 furnishing, or dispensing of an antimicrobial drug by a physician assistant whose act
17 or omission involves reckless, wanton, or intentional misconduct.

18 **461.037 Prescriptions for and delivery of opioid antagonists.** (1) In this
19 section:

20 (a) "Administer" has the meaning given in s. 450.01 (1).

21 (b) "Deliver" has the meaning given in s. 450.01 (5).

22 (c) "Dispense" has the meaning given in s. 450.01 (7).

23 (d) "Opioid antagonist" has the meaning given in s. 450.01 (13v).

24 (e) "Opioid-related drug overdose" has the meaning given in s. 256.40 (1) (d).

25 (f) "Standing order" has the meaning given in s. 450.01 (21p).

(2) (a) A physician assistant may do any of the following:

1. Prescribe an opioid antagonist to a person in a position to assist an individual at risk of undergoing an opioid-related drug overdose and may deliver the opioid antagonist to that person. A prescription order under this subdivision need not specify the name and address of the individual to whom the opioid antagonist will be administered, but shall instead specify the name of the person to whom the opioid antagonist is prescribed.

2. Issue a standing order to one or more persons authorizing the dispensing of an opioid antagonist.

(b) A physician assistant who prescribes or delivers an opioid antagonist under par. (a) 1. shall ensure that the person to whom the opioid antagonist is prescribed has or has the capacity to provide the knowledge and training necessary to safely administer the opioid antagonist to an individual undergoing an opioid-related overdose and that the person demonstrates the capacity to ensure that any individual to whom the person further delivers the opioid antagonist has or receives that knowledge and training.

(3) A physician assistant who, acting in good faith, prescribes or delivers an opioid antagonist in accordance with sub. (2) or who, acting in good faith, otherwise lawfully prescribes or dispenses an opioid antagonist shall be immune from criminal or civil liability and may not be subject to professional discipline under s. 461.30 for any outcomes resulting from prescribing, delivering, or dispensing the opioid antagonist.

461.05 Powers and duties of board. (1) (a) The board shall promulgate rules implementing s. 461.40.

1 (b) The board may promulgate other rules to carry out the purposes of this
2 chapter, including any of the following:

3 1. Rules defining what constitutes immoral or unprofessional conduct for
4 physician assistants for purposes of s. 461.30 (2) (d).

5 2. Rules under ss. 461.10 (6) and 461.12 (2).

6 (c) The board may promulgate rules requiring the completion of continuing
7 education regarding best practices in prescribing controlled substances, as defined
8 in s. 961.01 (4), for renewal of a physician assistant license by a physician assistant
9 authorized to dispense controlled substances under 21 USC 821 to 831. The board
10 may specify a minimum number of hours of such instruction that must be completed
11 in each 2-year period.

12 **(2)** The board shall include in the register the board maintains under s. 440.035
13 (1m) (d) the names of all persons whose licenses issued under this chapter were
14 suspended or revoked within the past 2 years. The register shall be available for
15 purchase at cost.

16 **(3)** The board may join multistate regulator organizations.

17 **461.07 License; renewal.** (1) (a) Except as provided in par. (b), the board
18 shall grant an initial license to practice as a physician assistant to any applicant who
19 satisfies all of the following requirements, as determined by the board:

20 1. The applicant submits an application on a form provided by the department
21 and pays the initial credential fee determined by the department under s. 440.03 (9)
22 (a).

23 2. The applicant is at least 18 years of age.

24 3. The applicant provides evidence of one of the following:

1 a. That the applicant has successfully completed an educational program for
2 physician assistants or physician associates that is accredited by the Accreditation
3 Review Commission on Education for the Physician Assistant or its successor or,
4 prior to 2001, by the Committee on Allied Health Education and Accreditation or the
5 Commission on Accreditation of Allied Health Education Programs.

6 b. If the applicant does not satisfy subd. 3. a., that the applicant, prior to
7 January 1, 1986, successfully passed the Physician Assistant National Certifying
8 Examination administered by the National Commission on Certification of
9 Physician Assistants.

10 4. The applicant passes the National Commission on Certification of Physician
11 Assistants examination or an equivalent national examination adopted by the board.

12 5. The applicant provides a listing with all employers, practice settings,
13 internships, residencies, fellowships, and other employment for the past 7 years.

14 6. The applicant provides a copy of the results of a self-query from the National
15 Practitioner Data Bank. Subject to ss. 111.321, 111.322, and 111.335, the applicant
16 does not have an arrest or conviction record.

17 (b) Paragraph (a) 3. does not apply to an applicant if the applicant provides
18 evidence that he or she is licensed as a physician assistant or physician associate in
19 another state, the District of Columbia, Puerto Rico, the United States Virgin
20 Islands, or any territory or insular possession subject to the jurisdiction of the United
21 States and the board determines that the requirements for obtaining the license in
22 that state or territory are substantially equivalent to the requirements under par.

23 (a).

1 **(2)** (a) The renewal date for a license issued under this chapter is specified
2 under s. 440.08 (2) (a), and the renewal fees for such licenses are determined by the
3 department under s. 440.03 (9) (a). Renewal of a license is subject to par. (b).

4 (b) An applicant for the renewal of a license under this chapter shall submit
5 with his or her application for renewal proof of having satisfied any continuing
6 education requirements imposed by the board under s. 461.05 (1) (c). This paragraph
7 does not apply to an applicant for renewal of a license that expires on the first
8 renewal date after the date on which the board initially granted the license.

9 **(3)** Notwithstanding sub. (1), an individual who, on the effective date of this
10 subsection [LRB inserts date], was licensed by the medical examining board as
11 a physician assistant under subch. II of ch. 448, 2017 stats., shall be considered to
12 have been licensed under sub. (1) for purposes of this chapter.

13 **461.10 Practice and employment.** **(1)** (a) A physician assistant may
14 practice as defined in s. 448.01 (9) and as provided in s. 461.035, subject to the
15 limitations and requirements under sub. (2) and any rules promulgated under sub.
16 (6).

17 (b) A physician assistant may order, prescribe, procure, dispense, and
18 administer prescription drugs, medical devices, and supplies.

19 (c) A physician assistant may serve as a patient's primary care provider.

20 **(2)** (a) 1. Except as provided in subd. 3. and sub. (6), a physician assistant shall
21 facilitate collaboration with other health care professionals, including whichever of
22 the following applies to the physician assistant:

23 a. At least one physician if the physician assistant's practice consists of the
24 practice of medicine and surgery, except as provided in subd. 1. c.

1 b. At least one podiatrist if the physician assistant's practice is limited to the
2 practice of podiatry.

3 c. At least one physician and one podiatrist if the physician assistant's practice
4 includes both the practice of medicine and surgery and the practice of podiatry.

5 2. Subdivision 1. does not require the physical presence of a physician or
6 podiatrist at the time and place a physician assistant renders a service.

7 3. Subdivision 1. does not apply with respect to a physician assistant who is
8 employed by the federal government as a civilian or member of the uniformed
9 services while performing duties incident to that employment or service.

10 (b) A physician assistant shall limit his or her practice to the scope of his or her
11 skill, education, and training.

12 (c) No physician assistant may provide medical care, except routine screening,
13 in any of the following:

14 1. The practice of dentistry or dental hygiene within the meaning of ch. 447.

15 2. The practice of optometry within the meaning of ch. 449.

16 3. The practice of chiropractic within the meaning of ch. 446.

17 4. The practice of acupuncture within the meaning of ch. 451.

18 **(3)** (a) It shall be the obligation of a physician assistant to ensure all of the
19 following:

20 1. That the scope of the practice of a physician assistant is identified and is
21 appropriate with respect to his or her skill, education, and training.

22 2. That the relationship with and access to a collaborating physician or
23 podiatrist by the physician assistant is defined.

24 3. That the requirements and standards of licensure under this chapter are
25 complied with.

1 4. That consultation with and referral to other licensed health care providers
2 with a scope of practice appropriate for a patient's care needs occurs when the
3 patient's care needs exceed the physician assistant's skill, education, or training. A
4 physician assistant shall ensure that he or she has awareness of options for the
5 management of situations that are beyond the physician assistant's expertise.

6 (b) A physician assistant is individually and independently responsible for the
7 quality of the care he or she renders.

8 (4) A physician assistant may reasonably delegate a care task or order to
9 another clinically trained health care worker who performs the task or carries out
10 the order in performance of his or her patient care role.

11 (5) An employer of a physician assistant, if other than a physician or podiatrist,
12 shall provide for and not interfere with collaboration between the physician
13 assistant and a physician or podiatrist.

14 (6) The board may promulgate any rules necessary to implement this section,
15 including rules to do any of the following:

16 (a) Further define collaboration or identify means of facilitating collaboration
17 for purposes of sub. (2).

18 (b) Allow for continued practice in the event of an interruption of a collaborative
19 relationship under sub. (2).

20 (c) Allow a physician assistant, in the absence of a collaborative relationship
21 under sub. (2), to provide medical care at the scene of an emergency, during a
22 declared state of emergency, or when volunteering at sporting events or at camps.

23 (7) The practice permissions provided in this section are permissions granted
24 by the state authorizing the licensed practice of physician assistants. Nothing in this
25 section prohibits an employer, hospital, health plan, or other similar entity

1 employing or with a relationship with a licensed physician assistant from
2 establishing additional requirements for a licensed physician assistant as a
3 condition of employment or relationship.

4 **461.11 Civil liability.** No physician assistant shall be liable for any civil
5 damages for either of the following:

6 (1) Reporting in good faith to the department of transportation under s. 146.82
7 (3) a patient's name and other information relevant to a physical or mental condition
8 of the patient that in the physician assistant's judgment impairs the patient's ability
9 to exercise reasonable and ordinary control over a motor vehicle.

10 (2) In good faith, not reporting to the department of transportation under s.
11 146.82 (3) a patient's name and other information relevant to a physical or mental
12 condition of the patient that in the physician assistant's judgment does not impair
13 the patient's ability to exercise reasonable and ordinary control over a motor vehicle.

14 **461.12 Malpractice liability insurance.** (1) Except as provided in subs. (2)
15 and (3), no physician assistant may practice as authorized under s. 461.10 unless he
16 or she has in effect malpractice liability insurance coverage evidenced by one of the
17 following:

18 (a) Personal liability coverage in the amounts specified for health care
19 providers under s. 655.23 (4).

20 (b) Coverage under a group liability policy providing individual coverage for the
21 physician assistant in the amounts under s. 655.23 (4).

22 (2) The board may promulgate rules requiring a practicing physician assistant
23 to have in effect malpractice liability insurance coverage in amounts greater than
24 those specified in sub. (1) (a) or (b). If the board promulgates rules under this
25 subsection, no physician assistant may practice as authorized under s. 461.10 unless

1 he or she has in effect malpractice liability insurance coverage as required under
2 those rules, except as provided in sub. (3).

3 (3) A physician assistant who practices as an employee of this state or a
4 governmental subdivision, as defined under s. 180.0103 (10), is not required to
5 maintain in effect malpractice insurance coverage.

6 **461.30 Professional discipline.** (1) Subject to the rules promulgated under
7 s. 440.03 (1), the board may conduct investigations and hearings to determine
8 whether a person has violated this chapter or a rule promulgated under this chapter.

9 (2) Subject to the rules promulgated under s. 440.03 (1), if a person who applies
10 for or holds a license issued under s. 461.07 does any of the following, the board may
11 reprimand the person or deny, limit, suspend, or revoke the person's license:

12 (a) Makes a material misstatement in an application for a license or an
13 application for renewal of a license under s. 461.07.

14 (b) Violates any law of this state or federal law that substantially relates to the
15 practice of a physician assistant, violates this chapter, or violates a rule promulgated
16 under this chapter.

17 (c) Advertises, practices, or attempts to practice under another person's name.

18 (d) Engages in immoral or unprofessional conduct. In this paragraph,
19 "unprofessional conduct" does not include any of the following:

20 1. Providing expedited partner therapy as described in s. 461.035.

21 2. Prescribing or delivering an opioid antagonist in accordance with s. 461.037

22 (2).

23 (e) Subject to ss. 111.321, 111.322, and 111.335, is arrested for or convicted of
24 a felony.

(f) Subject to ss. 111.321, 111.322, and 111.34, practices as a physician assistant while his or her ability is impaired by alcohol or other drugs.

(g) Engages in fraud or deceit in obtaining or using his or her license.

(h) Is adjudicated mentally incompetent by a court.

(i) Demonstrates gross negligence, incompetence, or misconduct in practice.

(j) Violates patient confidentiality, except where required or authorized by law.

(k) Fails to cooperate with the board, or fails to timely respond to a request for information by the board, in connection with an investigation under this section.

(L) Prescribes, sells, administers, distributes, orders, or provides a controlled substance for a purpose other than a medical purpose.

(m) Demonstrates a lack of physical or mental ability to safely practice as a physician assistant.

(n) Engages in any practice that is outside the scope of his or her skill, education, or training.

(o) Is disciplined or has been disciplined by another state or jurisdiction based upon acts or conduct similar to acts or conduct prohibited under pars. (a) to (n).

(3) In addition to or in lieu of a reprimand or limitation, suspension, or revocation of a license under sub. (2), the board may assess against any person who violates sub. (2) (a) to (o) a forfeiture of no more than \$1,000 for each violation.

461.40 Informed consent. Any physician assistant who treats a patient shall inform the patient about the availability of reasonable alternate medical modes of treatment and about the benefits and risks of these treatments. The reasonable physician assistant standard is the standard for informing a patient under this section. The reasonable physician assistant standard requires disclosure only of information that a reasonable physician assistant in the same or a similar medical

1 specialty would know and disclose under the circumstances. The physician
2 assistant's duty to inform the patient under this section does not require disclosure
3 of any of the following:

4 (1) Detailed technical information that in all probability a patient would not
5 understand.

6 (2) Risks apparent or known to the patient.

7 (3) Extremely remote possibilities that might falsely or detrimentally alarm
8 the patient.

9 (4) Information in emergencies where failure to provide treatment would be
10 more harmful to the patient than treatment.

11 (5) Information in cases where the patient is incapable of consenting.

12 (6) Information about alternate medical modes of treatment for any condition
13 the physician assistant has not included in his or her diagnosis at the time the
14 physician informs the patient.

15 **461.50 Penalties.** Any person who violates this chapter is subject to a fine not
16 to exceed \$10,000 or imprisonment not to exceed 9 months, or both.

17 **SECTION 72.** 462.02 (2) (e) of the statutes is amended to read:

18 462.02 (2) (e) A physician assistant licensed under s. 448.04 (1) (f) 461.07.

19 **SECTION 73.** 462.04 of the statutes is amended to read:

20 **462.04 Prescription or order required.** A person who holds a license or
21 limited X-ray machine operator permit under this chapter may not use diagnostic
22 X-ray equipment on humans for diagnostic purposes unless authorized to do so by
23 prescription or order of a physician licensed under s. 448.04 (1) (a), a dentist licensed
24 under s. 447.04 (1), a podiatrist licensed under s. 448.63, a chiropractor licensed
25 under s. 446.02, an advanced practice nurse certified under s. 441.16 (2), a physician

1 assistant licensed under s. ~~448.04 (1) (f)~~ 461.07, or, subject to s. 448.56 (7) (a), a
2 physical therapist licensed under s. 448.53.

3 **SECTION 74.** 895.48 (1m) (a) (intro.) of the statutes is amended to read:

4 895.48 **(1m)** (a) (intro.) Except as provided in par. (b), any physician, ~~physician~~
5 ~~assistant~~, podiatrist, or athletic trainer licensed under ch. 448, chiropractor licensed
6 under ch. 446, dentist licensed under ch. 447, physician assistant licensed under ch.
7 461, emergency medical services practitioner licensed under s. 256.15, emergency
8 medical responder certified under s. 256.15 (8), registered nurse licensed under ch.
9 441, or a massage therapist or bodywork therapist licensed under ch. 460 who
10 renders voluntary health care to a participant in an athletic event or contest
11 sponsored by a nonprofit corporation, as defined in s. 66.0129 (6) (b), a private school,
12 as defined in s. 115.001 (3r), a tribal school, as defined in s. 115.001 (15m), a public
13 agency, as defined in s. 46.856 (1) (b), or a school, as defined in s. 609.655 (1) (c), is
14 immune from civil liability for his or her acts or omissions in rendering that care if
15 all of the following conditions exist:

16 **SECTION 75.** 961.01 (19) (a) of the statutes is amended to read:

17 961.01 **(19)** (a) A physician, advanced practice nurse, dentist, veterinarian,
18 podiatrist, optometrist, scientific investigator ~~or, subject to s. 448.21 (3), a~~, physician
19 assistant, or other person licensed, registered, certified or otherwise permitted to
20 distribute, dispense, conduct research with respect to, administer, or use in teaching
21 or chemical analysis a controlled substance in the course of professional practice or
22 research in this state.

23 **SECTION 76.** 971.14 (4) (a) of the statutes is amended to read:

24 971.14 **(4)** (a) The court shall cause copies of the report to be delivered forthwith
25 to the district attorney and the defense counsel, or the defendant personally if not

1 represented by counsel. Upon the request of the sheriff or jailer charged with care
2 and control of the jail in which the defendant is being held pending or during a trial
3 or sentencing proceeding, the court shall cause a copy of the report to be delivered
4 to the sheriff or jailer. The sheriff or jailer may provide a copy of the report to the
5 person who is responsible for maintaining medical records for inmates of the jail, or
6 to a nurse licensed under ch. 441, to a physician assistant licensed under ch. 461, or
7 to a physician ~~or physician assistant~~ licensed under subch. II of ch. 448 who is a
8 health care provider for the defendant or who is responsible for providing health care
9 services to inmates of the jail. The report shall not be otherwise disclosed prior to
10 the hearing under this subsection.

11 **SECTION 77.** 990.01 (27s) of the statutes is created to read:

12 990.01 **(27s)** PHYSICIAN ASSISTANT OR PHYSICIAN ASSOCIATE. “Physician assistant”
13 or “physician associate” means a person licensed as a physician assistant under ch.
14 461.

15 **SECTION 78. Nonstatutory provisions.**

16 (1) BOARD; APPOINTMENTS.

17 (a) Notwithstanding the length of terms specified for the members of the
18 physician assistant examining board under s. 15.405 (4), 3 of the initial members
19 under s. 15.405 (4) (a) 1. and the initial member under s. 15.405 (4) (a) 2. shall be
20 appointed for terms expiring on July 1, 2021; 3 of the initial members under s. 15.405
21 (4) (a) 1. and the initial member under s. 15.405 (4) (a) 3. shall be appointed for terms
22 expiring on July 1, 2022; and the remaining initial member under s. 15.405 (4) (a)
23 1. shall be appointed for a term expiring on July 1, 2023.

24 (b) Notwithstanding s. 15.08 (1), the governor may provisionally appoint initial
25 members of the physician assistant examining board under s. 15.405 (4). Those

1 provisional appointments remain in force until withdrawn by the governor or acted
2 upon by the senate and if confirmed by the senate, shall continue for the remainder
3 of the unexpired term, if any, of the member and until a successor is chosen and
4 qualifies. A provisional appointee may exercise all the powers and duties of board
5 membership to which the person is appointed during the time in which the appointee
6 qualifies.

7 (c) Notwithstanding s. 15.405 (4) (a) 1. and 2., for purposes of an initial
8 appointment to the physician assistant examining board made before the date
9 specified in SECTION 79 (intro.) of this act, including any provisional appointment
10 made under par. (b), the governor may appoint physician assistants licensed under
11 subch. II of ch. 448 to the positions on the board specified under s. 15.405 (4) (a) 1.
12 and 2.

13 (2) EMERGENCY RULES. Using the procedure under s. 227.24, the physician
14 assistant examining board may promulgate emergency rules under s. 461.05 (1).
15 Notwithstanding s. 227.24 (1) (c) and (2), emergency rules promulgated under this
16 subsection remain in effect for 2 years or until the date on which permanent rules
17 take effect, whichever is sooner. Notwithstanding s. 227.24 (1) (a) and (3), the board
18 is not required to provide evidence that promulgating a rule under this subsection
19 as an emergency rule is necessary for the preservation of the public peace, health,
20 safety, or welfare and is not required to provide a finding of emergency for a rule
21 promulgated under this subsection.

22 (3) BOARD; TRANSFERS.

23 (a) *Tangible personal property.* On the effective date of this paragraph, all
24 tangible personal property, including records, of the medical examining board that
25 the secretary of safety and professional services determines to be primarily related

1 to the regulation of physician assistants is transferred to the physician assistant
2 examining board.

3 (b) *Pending matters.* Any matter pending with the medical examining board
4 on the effective date of this paragraph that is primarily related to the regulation of
5 physician assistants, as determined by the secretary of safety and professional
6 services, is transferred to the physician assistant examining board. All materials
7 submitted to or actions taken by the medical examining board with respect to the
8 pending matter are considered as having been submitted to or taken by the physician
9 assistant examining board.

10 (c) *Contracts.* All contracts entered into by the medical examining board in
11 effect on the effective date of this paragraph that are primarily related to the
12 regulation of physician assistants, as determined by the secretary of safety and
13 professional services, remain in effect and are transferred to the physician assistant
14 examining board. The physician assistant examining board shall carry out any
15 obligations under such a contract until the contract is modified or rescinded by the
16 physician assistant examining board to the extent allowed under the contract.

17 (d) *Assets and liabilities.* On the effective date of this paragraph, the assets and
18 liabilities of the medical examining board that are primarily related to the regulation
19 of physician assistants, as determined by the secretary of safety and professional
20 services, become the assets and liabilities of the physician assistant examining
21 board.

22 (e) *Orders.* All orders issued by the medical examining board in effect on the
23 effective date of this paragraph that are primarily related to the regulation of
24 physician assistants remain in effect until their specified expiration dates or until
25 modified or rescinded by the physician assistant examining board.

SECTION 79. Effective dates. This act takes effect on the first day of the 13th month beginning after publication, except as follows:

(1) BOARD APPOINTMENT. The treatment of s. 15.405 (4) and SECTION 78 (1) and (2) of this act take effect on the day after publication.

(END)

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Andrea Magermans		2) Date When Request Submitted: 3/28/19 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>													
3) Name of Board, Committee, Council, Sections: Council on Physician Assistants															
4) Meeting Date: 4/9/19	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Prescription Drug Monitoring Program (PDMP) Update – Discussion and Consideration													
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session		8) Is an appearance before the Board being scheduled? <input checked="" type="checkbox"/> Yes, by PDMP Staff <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:												
10) Describe the issue and action that should be addressed: <div style="margin-left: 40px;"> <ul style="list-style-type: none"> • Update on CSB referrals based on PDMP data • US Attorney letters to opioid prescribers </div>															
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">11) Signature of person making this request</td> <td style="width: 20%; text-align: center;">Authorization</td> <td style="width: 40%; text-align: right;">Date</td> </tr> <tr> <td>Andrea Magermans</td> <td></td> <td>3/28/19</td> </tr> <tr> <td>Supervisor (if required)</td> <td></td> <td style="text-align: right;">Date</td> </tr> <tr> <td colspan="3" style="border-top: 1px solid black; height: 40px; vertical-align: bottom;"> Executive Director signature (indicates approval to add post agenda deadline item to agenda) </td> </tr> </table>				11) Signature of person making this request	Authorization	Date	Andrea Magermans		3/28/19	Supervisor (if required)		Date	Executive Director signature (indicates approval to add post agenda deadline item to agenda)		
11) Signature of person making this request	Authorization	Date													
Andrea Magermans		3/28/19													
Supervisor (if required)		Date													
Executive Director signature (indicates approval to add post agenda deadline item to agenda)															
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.															



WISCONSIN | ePDMP

Analysis of Monitored Prescription Drug Dispensings: MD/DO/PA

Prepared for:

Medical Examining Board October 2018 Meeting

The following report, prepared by the Wisconsin Department of Safety and Professional Services, is being provided as the result of the Controlled Substances Board Workgroup's effort to identify potentially suspicious or critically dangerous conduct or practices of a practitioner prescribing monitored prescription drugs. *An initial report provided to the Medical Examining Board in August of 2018 did not include PAs in the analysis. This amended report includes 2,581 PAs in the MD/DO analysis.*

Unless otherwise stated, the data in the report covers dispensing data submitted to the Wisconsin Prescription Drug Monitoring Program (PDMP) from December 1, 2017 – May 31, 2018.

Section 1: Prescribing of Opioids, MD/DO/PA

Profession: Physician - MD and DO, PA	
Total Number of Monitored Prescription Drugs Dispensed:	3,225,919
Total Number of Opioid Dispensings:	1,313,876
Total Number of Unique DEA Numbers Associated with Opioid Dispensings:	18,102

Figure 1: Opioid Prescribing Distribution - MD,DO and PA

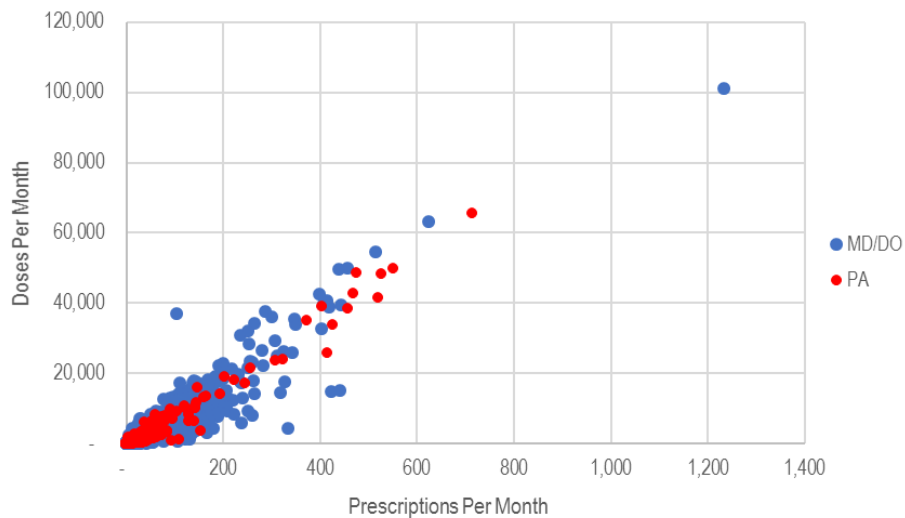
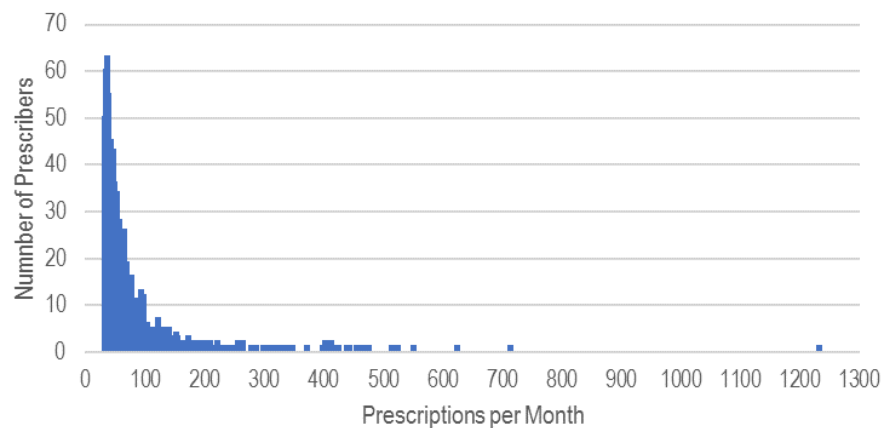


Figure 2: 90th Percentile Opioid Prescribing - MD,DO and PA*



*Top 10% of MD/DO/PA prescribers, based on average number of prescriptions filled/month. n = 1,809.
Average of ≥ 31.5 opioid prescription dispensings/month.

Section 2: Detail on Top Percentile (MD/DO—previously provided)

Top 23 MD/DO prescribers based on opioid prescriptions filled per month, December 1st, 2017 to May 31st, 2018, cutoff at average of approximately 300 opioid prescription dispensings/month. Highlighted rows indicate prescriber referrals from August 2018 meeting.

Table 1: Top Percentile MD/DO							
	Prescriber Detail		Monthly Average				
	Profession	Specialty	Opioid Orders	Percentile	Opioid Doses	Percentile	Avg Doses/ Opioid Script
1.	MD	Anesthesiology	1,233.7	100.00%	101,137.5	100.00%	82.0
2.	MD	Physical Medicine/Rehabilitation	623.3	99.99%	63,150.2	99.99%	101.3
3.	MD	Pain Management	514.8	99.98%	54,592.2	99.98%	106.0
4.	MD	Pain Management	456.2	99.98%	50,098.5	99.98%	109.8
5.	MD	Pain Management	442.5	99.97%	39,627.3	99.94%	89.6
6.	MD	Family Practice	440.3	99.96%	15,348.2	99.60%	34.9
7.	MD	Physical Medicine/Rehabilitation	438.7	99.96%	49,663.7	99.97%	113.2
8.	DO	Pain Management	421.5	99.95%	15,055.2	99.56%	35.7
9.	MD	Pain Management	417.0	99.94%	38,839.7	99.94%	93.1
10.	MD	Surgery- Neurological	413.3	99.94%	40,682.0	99.96%	98.4
11.	MD	Family Practice	406.5	99.93%	39,923.8	99.95%	98.2
12.	MD	Orthopedics	402.2	99.92%	32,736.0	99.89%	81.4
13.	MD	Physical Medicine/Rehabilitation	398.3	99.92%	42,638.3	99.96%	107.0
14.	MD	Pain Management	348.3	99.91%	33,982.0	99.90%	97.6
15.	MD	Orthopedics	347.3	99.90%	35,618.5	99.91%	102.5
16.	MD	Internal Medicine	341.7	99.90%	25,854.2	99.85%	75.7
17.	MD	Internal Medicine	333.2	99.89%	4,552.5	95.93%	13.7
18.	MD	Addiction Medicine	326.8	99.89%	17,575.0	99.67%	53.8
19.	MD	Pain Management	324.2	99.88%	26,292.2	99.85%	81.1
20.	MD	Oncology (including radiation oncology)	316.7	99.87%	14,533.5	99.53%	45.9
21.	MD	Rheumatology	311.7	99.87%	25,119.7	99.84%	80.6
22.	MD	Pain Management	305.5	99.86%	29,228.7	99.87%	95.7
23.	MD	Physical Medicine/Rehabilitation	298.5	99.85%	36,065.5	99.92%	120.8

Section 2: Detail on Top Percentile (including PA)

Top 36 MD/DO/PA prescribers based on opioid prescriptions filled per month, December 1st, 2017 to May 31st, 2018, cutoff at average of approximately 300 opioid prescription dispensings/month.

Highlighted rows indicate prescriber referrals from August 2018 meeting.

Table 1: Top Percentile MD/DO							
	Prescriber Detail		Monthly Average				
	Profession	Specialty	Opioid Orders	Percentile	Opioid Doses	Percentile	Avg Doses/ Opioid Script
1.	MD	Anesthesiology	1,233.7	100.00%	101,137.5	99.99%	82.0
2.	PA	Pain Management	714.3	99.99%	65,637.3	99.98%	91.9
3.	MD	Physical Medicine/Rehabilitation	623.3	99.98%	63,150.2	99.98%	101.3
4.	PA	Pain Management	551.3	99.98%	49,805.0	99.96%	90.3
5.	PA	Pain Management	525.3	99.97%	48,408.3	99.95%	92.1
6.	PA	Pain Management	519.3	99.97%	41,449.2	99.93%	79.8
7.	MD	Pain Management	514.8	99.96%	54,592.2	99.97%	106.0
8.	PA	Pain Management	475.0	99.96%	48,499.0	99.95%	102.1
9.	PA	Pain Management	468.8	99.95%	42,907.0	99.94%	91.5
10.	PA	Pain Management	458.0	99.95%	38,526.2	99.90%	84.1
11.	MD	Pain Management	456.2	99.94%	50,098.5	99.97%	109.8
12.	MD	Pain Management	442.5	99.93%	39,627.3	99.91%	89.6
13.	MD	Family Practice	440.3	99.93%	15,348.2	99.55%	34.9
14.	MD	Physical Medicine/Rehabilitation	438.7	99.92%	49,663.7	99.96%	113.2
15.	PA	Pain Management	425.3	99.92%	33,868.8	99.85%	79.6
16.	DO	Pain Management	421.5	99.91%	15,055.2	99.51%	35.7
17.	MD	Pain Management	417.0	99.91%	38,839.7	99.90%	93.1
18.	PA	Pain Management	413.7	99.90%	25,714.3	99.80%	62.2
19.	MD	Surgery- Neurological	413.3	99.90%	40,682.0	99.92%	98.4
20.	MD	Family Practice	406.5	99.89%	39,923.8	99.92%	98.2
21.	PA	Pain Management	402.5	99.88%	39,095.7	99.91%	97.1
22.	MD	Orthopedics	402.2	99.88%	32,736.0	99.85%	81.4
23.	MD	Physical Medicine/Rehabilitation	398.3	99.87%	42,638.3	99.93%	107.0
24.	PA	Pain Management	372.3	99.87%	35,174.8	99.87%	94.5
25.	MD	Pain Management	348.3	99.86%	33,982.0	99.86%	97.6
26.	MD	Orthopedics	347.3	99.86%	35,618.5	99.87%	102.5
27.	MD	Internal Medicine	341.7	99.85%	25,854.2	99.81%	75.7
28.	MD	Internal Medicine	333.2	99.85%	4,552.5	96.23%	13.7
29.	MD	Addiction Medicine	326.8	99.84%	17,575.0	99.62%	53.8
30.	MD	Pain Management	324.2	99.83%	26,292.2	99.81%	81.1
31.	PA	Pain Management	322.0	99.83%	24,108.5	99.79%	74.9
32.	MD	Oncology (including radiation oncology)	316.7	99.82%	14,533.5	99.49%	45.9
33.	MD	Rheumatology	311.7	99.82%	25,119.7	99.80%	80.6
34.	PA	Pain Management	306.5	99.81%	23,632.0	99.78%	77.1
35.	MD	Pain Management	305.5	99.81%	29,228.7	99.83%	95.7
36.	MD	Physical Medicine/Rehabilitation	298.5	99.80%	36,065.5	99.88%	120.8



THE UNITED STATES ATTORNEY'S OFFICE
EASTERN DISTRICT *of* WISCONSIN

[U.S. Attorneys](#) » [Eastern District of Wisconsin](#) » [News](#)

Department of Justice

U.S. Attorney's Office

Eastern District of Wisconsin

FOR IMMEDIATE RELEASE

Tuesday, February 5, 2019

U.S. Attorneys Issue Warnings to Opioid Prescribers

Matthew D. Krueger, United States Attorney for the Eastern District of Wisconsin, and Scott C. Blader, United States Attorney for the Western District of Wisconsin, announced today that their offices, in coordination with federal and state law enforcement agencies, have sent notification letters to numerous medical professionals around Wisconsin cautioning them about their opioid prescribing practices. These letters are part of a broader federal and state effort to reduce the number of people becoming addicted to opioids.

This week, the U.S. Attorneys have sent letters to over 180 physicians, physician assistants, and nurse practitioners advising that a review of their prescribing practices showed that they were prescribing opioids at relatively high levels compared to other prescribers. The letters warn that these prescribing practices may be contributing to the flow of prescription opioids into illegal markets and fueling dangerous addictions. Although the letters acknowledge that the prescriptions may be medically appropriate, the letters remind the practitioners that prescribing opioids without a legitimate medical purpose could subject them to enforcement action, including criminal prosecution. The names of the practitioners will not be released.

The harm caused by opioid over-prescribing and abuse is staggering. Drug overdoses are the leading cause of death for persons under 50 in the United States. In 2014, an average of 78 people died each day of a drug overdose. By 2017, that figure had risen to 114 deaths per day, and to more than 130 deaths per day in 2018. Nearly 70% of the more than 70,200 drug overdose deaths in 2017 involved an opioid. In Wisconsin alone, 916 people died of opioid overdoses in 2017. Opioid-related deaths now exceed automobile deaths in the state.

Of current heroin users, the majority began their descent into addiction by abusing prescription opioids. Whether an opioid addict begins by receiving a prescription from a physician, by sharing pills with a friend, or by exploring the family medicine cabinet, opioid abusers eventually turn to the street drug market. In Wisconsin, opioids prevalent in street drug markets include Oxycodone and Hydrocodone diverted from clinics and pharmacies through fraudulent, reckless, and negligent over-prescribing. Addicts looking to buy prescription opioids from street drug markets increasingly receive counterfeit pills laced with fentanyl and other deadly synthetic opioids—a recent phenomenon that has fueled dramatic increases in overdose deaths.

The notification letters urge the practitioners to take stock of their prescribing practices and to acquaint themselves with enclosed guidelines for safe and legal opioid prescribing issued by the Centers for Disease

Control and Wisconsin Medical Examining Board. The letters also remind practitioners that Wisconsin law requires them to use the Wisconsin Prescription Drug Monitoring Program to assess a patient's prescription history before prescribing narcotic drugs.

Additional information may be found here:

- CDC Guideline for Prescribing Opioids for Chronic Pain:
<https://www.cdc.gov/drugoverdose/prescribing/guideline.html>
- Wisconsin Medical Examining Board Opioid Prescribing Guideline:
<https://dsps.wi.gov/Documents/BoardCouncils/MED/20180321MEBGuidelinesv8.pdf>

"We know that for many, addiction began with opioids prescribed by a medical professional," said U.S. Attorney Krueger. "By sending these letters, we are asking medical professionals to join the fight against addiction and ensure they prescribe no more opioids than are necessary."

"Opioid addiction has touched the lives of far too many families in our state," said U.S. Attorney Blader. "Medical professionals play a pivotal role in stemming the flow of legal opioids into unlawful channels. Today, we are asking the medical community to help prevent addictions before they start."

The notification letters were sent as part of a broader effort by state and federal law enforcement agencies to address the opioid epidemic. Efforts to combat opioid abuse are yielding results. Nationally, according to the U.S. Drug Enforcement Administration ("DEA")'s National Prescription Audit, opioid prescriptions were down nearly 12% for the first eight months of 2018 from the same period a year earlier. In Wisconsin, the federal and state partners participating in this notification effort include the DEA, the Federal Bureau of Investigation, the U.S. Department of Health and Human Services, the U.S. Department of Defense, and the Wisconsin Department of Justice.

#####

For Additional Information Contact:

United States Attorney for the Eastern District of Wisconsin Matthew D. Krueger

Public Information Officer Kenneth B. Gales – (414) 297-1700

United States Attorney for the Western District of Wisconsin Scott C. Blader

Public Information Officer Myra Longfield – (608) 250-5461

Component(s):

USAO - Wisconsin, Eastern

Updated February 5, 2019



January 10, 2019

**URGENT – PERSONAL RESPONSE FROM
PHYSICIAN ASSISTANT REQUIRED**

RE: Division of Legal Services and Compliance Case No. [REDACTED]
ePDMP Referral

Dear Ms. [REDACTED] P.A.:

The Department of Safety and Professional Services, Division of Legal Services and Compliance (Division) provides investigative and enforcement services to the Wisconsin Medical Examining Board. Pursuant to Wis. Stat. § 961.385(2)(f), the Wisconsin Controlled Substances Board may refer practitioners to the Medical Examining Board for discipline based upon information obtained from the Enhanced Prescription Drug Monitoring Program (ePDMP). As a result of the opioid epidemic adversely affecting our State, the Medical Examining Board has requested the Division investigate certain licensees based upon ePDMP data that was gathered from December 2017, to May 31, 2018. This data identified you as a top opioid prescriber by volume in the state of Wisconsin.

A copy of the Wisconsin Medical Examining Board Opioid Prescribing Guidelines is enclosed. At this time, please provide the Division with the following information:

1. A description of your practice area and prescribing practice.
2. A copy of your ePDMP Prescribing Practice Metrics, as well as the patient names associated with the patient history and law enforcement alerts. This can be found by logging into your ePDMP account and clicking on “Prescribing Practice Metrics”. The names of the patients can be found by clicking on the number associated with each individual alert type.
3. Explain how you utilize ePDMP and the Board’s prescribing guidelines.
4. To your knowledge, in the past two years have any patients you prescribed opioids to suffered a fatal or non-fatal overdose? If so, provide the patient name and date of birth for each incident.
5. Copies of your certificates of completion/attendance for each continuing education course taken during the biennium immediately preceding your most recent renewal.

Please submit one copy of your response to my attention no later than January 24, 2019. For your convenience, you may submit your response electronically to the email address below. Please indicate the case number, [REDACTED], in any contacts with the Department regarding this case. The information you provide will be reviewed by the attorney and case advisor (a member of the Board) assigned to your case to determine whether a violation has taken place. You will be contacted if additional information is required.

Sincerely,

A handwritten signature in black ink, appearing to be 'Shannon Wagner', with a stylized, cursive script.

Shannon Wagner, Investigator
Division of Legal Services and Compliance
Department of Safety and Professional Services
4822 Madison Yards Way
Madison, WI 53705
P: (608) 266-9931 | F: (608) 283-7401
ShannonM.Wagner@wisconsin.gov

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Division of Policy Development Staff		2) Date When Request Submitted: 1/8/2019 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: All Boards, Committees, Councils and Sections			
4) Meeting Date: 1 st Available Date	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Board Review of the Wisconsin Occupational Licensing Study Legislative Report	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session		8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes <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: Board discussion.			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)			
Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			



Wisconsin Occupational Licensing Study Legislative Report

**Submitted by:
Department of Safety and Professional Services**

December 2018

This page intentionally left blank.

Table of Contents

I. Executive Summary	5
II. Introduction.....	7
A. Requirements of 2017 Wisconsin Act 59.....	7
B. About the Report.....	8
C. About the Statewide Occupational Licensing Study	10
D. About Occupational Licensing in Wisconsin.....	11
E. Wisconsin Selected for National Occupational Licensing Consortium	12
III. National Outlook on Occupational Licensing	15
A. The Rise of Occupational Licensure Laws.....	15
B. Alternatives to Occupational Licensing	16
C. Economic Impacts of Occupational Licensing.....	19
D. Protection of Public Health, Safety, and Welfare	20
E. Evaluation of Barriers to Licensure.....	21
IV. Occupational Licensing Study and Survey Results	23
A. How Wisconsin Compares to Other States	23
B. State Agency Survey.....	24
C. Credential Holder and Stakeholder Survey.....	26
D. The Cost and Burdens of Occupational Licensure.....	33
V. Occupational Licensing Reforms.....	35
A. Recent Reforms in Wisconsin	35
B. Recommendations for Reform of Current Regulated Occupations	38
C. Considerations for Future Occupational Licensing Reform	39
D. Strategies for Occupational Licensing Reform.....	41
VI. Conclusion.....	42
VII. Appendices	43
Appendix A - Wisconsin Regulated Occupations	43
Appendix B - State Comparison List of Regulated Occupations	48
Appendix C - List of Occupations Recommended for Reform	50
Appendix D – State Agency Occupational Licensure Survey	55
Appendix E – Stakeholder Occupational Licensure Survey	56
VIII. Resources	57
IX. References	58

This page intentionally left blank.



Scott Walker, Governor
Laura Gutiérrez, Secretary

December 28, 2018

The Honorable Scott Walker
Wisconsin Governor
115 East Capitol
PO Box 7863
Madison, WI 53707

Jeff Renk, Senate Chief Clerk
Wisconsin State Legislature
State Capitol, Room B20 Southeast
PO Box 7882
Madison, WI 53707

Patrick E. Fuller, Assembly Chief Clerk
Wisconsin State Legislature
17 West Main Street, Room 401
PO Box 8952
Madison, WI 53708

Dear Governor Walker and Chief Clerks Renk and Fuller:

The Wisconsin Department of Safety and Professional Services (DPS) is charged with overseeing and regulating over 240 different types of credentials and the examining boards, affiliated boards, and councils that are required by Wisconsin State Statutes.

I have had the pleasure of leading this great agency since February 2017, and I am pleased to provide to Governor Scott Walker and the Wisconsin State Legislature a comprehensive report of our analysis of the occupational licenses regulated in Wisconsin.

DSPS was charged in 2017 Wis. Act 59 to complete a comprehensive review of Wisconsin's credentials and provide recommendations based on a variety of criteria by December 31, 2018.

I would like to thank the staff at the DSPS who have contributed countless hours to researching and extrapolating data related to not only Wisconsin's credentials, but those occupations licensed in other states. I would also like to thank the staff and leadership of those Wisconsin state agencies who contributed to the report research and data related to the occupations they credential.

Thank you,

Laura E. Gutiérrez
Secretary
Wisconsin Department of Safety and Professional Services

This page intentionally left blank.

II. Introduction

A. Requirements of 2017 Wisconsin Act 59

Wisconsin's 2017–19 biennial state budget, 2017 Wisconsin Act 59, required the Department of Safety and Professional Services (DSPS) to study occupational licenses and submit a report of findings to the Governor and Legislature by December 31, 2018.

The Act defines occupational license as:

(a) A license, permit, certification, registration, or other approval granted under section 167.10 (6m) or chapters 101, 145, or 440 to 480 of the statutes. (These statutes relate to building safety, plumbing, fire protection, fireworks, and professional occupations under DSPS, including the occupations regulated by the boards attached to DSPS.); or

(b) A license, permit, certification, registration, or other approval not included under par. (a) if granted to a person by the state in order that the person may engage in a profession, occupation, or trade in Wisconsin, or in order that the person may use one or more titles in association with his or her profession, occupation, or trade.

Pursuant to section 9139 (17w) of 2017 Wisconsin Act 59, the report is to include recommendations for the elimination of occupational licenses based on the following:

- 1) An evaluation of whether the unregulated practice of the profession, occupation, or trade can clearly harm or endanger the health, safety, or welfare of the public, and whether the potential for the harm is recognizable and not remote or speculative;
- 2) An evaluation of whether the public reasonably benefits from the occupational license requirement;
- 3) An evaluation of whether the public can be effectively protected by any means other than requiring an occupational license;
- 4) An analysis of whether licensure requirements for the regulated profession, occupation, or trade exist in other states;
- 5) An estimate of the number of individuals or entities that are affected by the occupational license requirement;
- 6) An estimate of the total financial burden imposed on individuals or entities as a result of the occupational licensure requirement, including education or training costs, examination fees, private credential fees, occupational license fees imposed by the state, and other costs individuals or entities incur in order to obtain the required occupational license;
- 7) Any statement or analysis provided by the agency or board administering the occupational license; and
- 8) An evaluation of the tangible or intangible barriers people may face in obtaining an occupational license.

B. About the Report

This report consists of findings and recommendations from a statewide occupational licensure study that was conducted by DSPS. The purpose of the study was to offer recommendations to the legislature based on the requirements of 2017 Wisconsin Act 59. This report includes data and information from DSPS and other state agencies and boards with responsibility for regulating occupational licenses issued by the State of Wisconsin.

Pursuant to 2017 Wisconsin Act 59, DSPS was directed to provide recommendations for the elimination of occupational licenses based on established criteria set forth in the legislation. This report includes recommendations for the elimination and reform of 28 occupational licenses. It is recognized that any change to state law would be accomplished through the legislative process, which would include an opportunity for stakeholders and the public to provide input and comments at public hearings.

Wisconsin issues four different types of credentials, which are: *licenses*, *certificates*, *registrations*, and *permits*. All types collectively are commonly referred to as *credentials*. For the purposes of this report, the various types are generically referred to as a *license*, unless otherwise specified.

In addition, inaccuracy and misinterpretation are often found in the use of the terms *license*, *certification*, *registration*, and *permit*. Unfortunately, these terms are sometimes used interchangeably, resulting in confusion. Often what appear to be occupational licenses are actually business licenses. Occupational licenses are issued to individuals giving them the right to practice, whereas business licenses are issued to companies.⁷

This report only focuses on individual occupational licenses that fall under the definition of *occupational license* pursuant to 2017 Wisconsin Act 59. This report does not include entity, facility or business-related licenses, or other non-occupational type permits issued by the state of Wisconsin. While there are several state agencies that issue permits and other types of entity or business type licenses, only the agencies and the occupational licenses they administer are included in this report. Additionally, this report does not include licenses, certifications, permits, or registrations issued by local municipalities, counties, professional or trade organizations, or by the federal government.

The data presented in this report represents best efforts in the collection of data and information. Not all state regulatory agencies provided DSPS with comparative data for all 50 states as requested. Therefore, only the data that was made available is included in this report. Where available, comparable data was searched in all 50 states, including Washington, D.C., which is counted as a state for the purposes of this report. Due to a lack of available data, the report may exclude Washington, D.C. for some occupations.

In order to fill gaps with the lack of available data, data collectors researched information from news articles, trade and professional organizations, state and national research organizations, and other reputable sources. Data collectors found that occupational licensing information was difficult to come by for many states and a searchable database in a single location was an even rarer find. While there are some state and national databases that are comprehensive, there were several

searches that yielded limited or no useful information or resulted in outdated or unreliable data. Additionally, there appeared to be conflicts between many of the national databases relating to state comparative data, either due to the everchanging reforms or the ongoing licensing of new occupations. Therefore, confirming the validity or relying on data from these other out-of-state sources proved to be challenging.

Some states allow public access to a comprehensive occupational licensing directory that includes information such as job descriptions, licensing requirements, appropriate regulatory agency and contact information, wage data, number of active licensees, and authorizing statutes. However, this information was a rarity rather than the norm. In most states, occupational licensing information was contained over different web pages in different locations without links to connect these resources resulting in challenges to find similar occupational titles. Even in cases where the titles were similar in nature, the requirements varied vastly.

Some states defined occupational categories more broadly than others. For example, while one state may require licenses for *contractors* (of all kinds), others may require licenses for several specializations of contractors. Wisconsin issues licenses for seven classes of blasters, which determines which duties may be conducted, while several states issue only one blaster category or may have an “umbrella” licensure type. Therefore, this report may contain limited comparative data for some occupations. In other cases, similar occupation types were combined to form more general occupational licensing categories.

The occupational licensing data contained in this report is quantitative, not qualitative. The criteria used by data collectors was to determine whether or not a state requires a license for a comparable occupation. Although an attempt was made to compare other licensing requirements (fees, initial and continuing educational requirements, reciprocity, etc.) from one state to another, the information was not always available for all licensure types and thus is not included in this report.

Additionally, this report may also reflect an underrepresentation (undercount) of a license’s regulation in another state due to the difference in the state’s definition of the occupation. This study analyzed licensing requirements at the state level only. There are numerous other requirements at the local and federal levels in most states, which may also attribute to the inconsistencies between various databases and to the number of licensed occupations that may appear to be undercounted.

Lastly, governments across the country are continuously licensing more and new occupations. While it is rare that states abolish licensing requirements, there are several states that are currently undergoing occupational licensing reform. Because of this, state comparative data contained in this report may not reflect the current licensure status in that state.

C. About the Statewide Occupational Licensing Study

To meet the requirements of 2017 Wisconsin Act 59, DSPS conducted a statewide study to determine which occupational licenses are needed to protect the public and explore areas where less restrictive alternatives may be appropriate. To assist with the collection of data, a 30-question survey was disseminated in early 2018 to all 35 state agencies, as shown in Table 1. Each agency was tasked with consulting their legal counsel to determine if their agency regulates licenses that fall under the *occupational license* definition pursuant to 2017 Wisconsin Act 59.

Of the 35 state agencies, responses revealed that 13 agencies regulate at least one license type. Of the 13 regulatory agencies, 11 agencies submitted data requested in the survey. Following an analysis of the submitted data, some license types were eliminated if it was determined that the license or permit was a business or firm and not related to an occupational license held by an individual. Therefore, this report contains an evaluation of the information supplied by 10 state regulatory agencies.

State agencies with regulatory responsibilities were asked to gather information relating to complaints and disciplinary data, educational requirements, fees, and other related costs, how the general public benefits from the regulation of that occupation, identify barriers or burdens associated with each of the regulated occupations, and research existing regulatory requirements in other states.

Lastly, agencies were asked to provide a summarizing statement to attest that the current level of governance was appropriate for each license type, if the license should be eliminated, or if a less restrictive or alternative reform should be considered while still ensuring public safety and consumer protection. Agency recommendations are included in this report.

Table 1: List of Wisconsin agencies surveyed for occupational licensing study.

State Agency	Regulates Occupational Licenses?
Administration, Department of	No
Agriculture, Trade and Consumer Protection, Dept. of	Yes
Children and Families, Department of	Yes
Corrections, Department of	No
Director of State Courts, Office of	Yes*
Educational Communications Board	No
Elections Commission	No
Employee Trust Funds, Department of	No
Ethics Commission	Yes
Financial Institutions, Department of	Yes
Health Services, Department of	Yes
Higher Educational Aids Board	No
Historical Society	No
Insurance, Office of the Commissioner	Yes
Investment Board, State of Wisconsin	No
Judicial Commission	No
Justice, Department of	No
Natural Resources, Department of	Yes
Public Instruction, Department of	Yes*
Public Lands, Board of Commissioners of	No
Public Service Commission	No
Railroads, Office of the Commissioner of	No
Revenue, Department of	Yes
Safety and Professional Services, Department of	Yes
Secretary of State, Office of the	No
State Public Defender	No
Tourism, Department of	No
Transportation, Department of	Yes
University of Wisconsin System	No
Veterans Affairs, Department of	No
Wisconsin Economic Development Corporation	No
Wisconsin Health and Educational Facilities Authority	No
Wis. Housing and Economic Development Authority	No
Wisconsin Technical College System	No
Workforce Development, Department of	Yes
35 Agencies	13 Regulatory Agencies

* No information received.

In late 2018, a second survey was conducted to gather input from credential holders, members of the public, and stakeholders. This survey was posted on the DSPS website and disseminated to individual credential holders, stakeholders, and provided to the regulatory agencies who submitted data. This survey aimed to solicit feedback about the usefulness credential holders'

primary occupational license serves for: 1) getting a job; 2) keeping a job; 3) keeping employees marketable to employers or clients; 4) improving work skills; and 5) increasing wages or salary. Survey questions also asked credential holders to estimate the costs they incurred, hours of instruction required, and hardships or barriers they faced to obtain and retain their *primary* occupational license.

The survey asked credential holders, stakeholders, and non-credential holders (public) to rate the importance occupational licenses serve to protect public citizens from harm or danger. Individuals were also given the opportunity to provide specific instances where occupational licensing regulations may have impacted the cost of consumer goods or services. If individuals currently hold a similar license in another state, they were also asked to compare that state's requirements, costs, and hardships with Wisconsin's. Lastly, individuals were provided with an opportunity to share any additional comments. The survey results are included later in this report.

D. About Occupational Licensing in Wisconsin

Wisconsin's regulation of occupations affects many professions. Wisconsin issues over one million occupational licenses for 280 different credential types. While DSPS issues 75 percent of the occupational licenses in Wisconsin, there are over a dozen other state agencies, along with attached boards, that also have occupational oversight responsibilities, as shown in Figure 1. Affiliated boards may also have regulatory, credentialing, and examining responsibilities. However, for the purposes of this report, the state agency that administers the occupational license is listed as the regulatory agency.

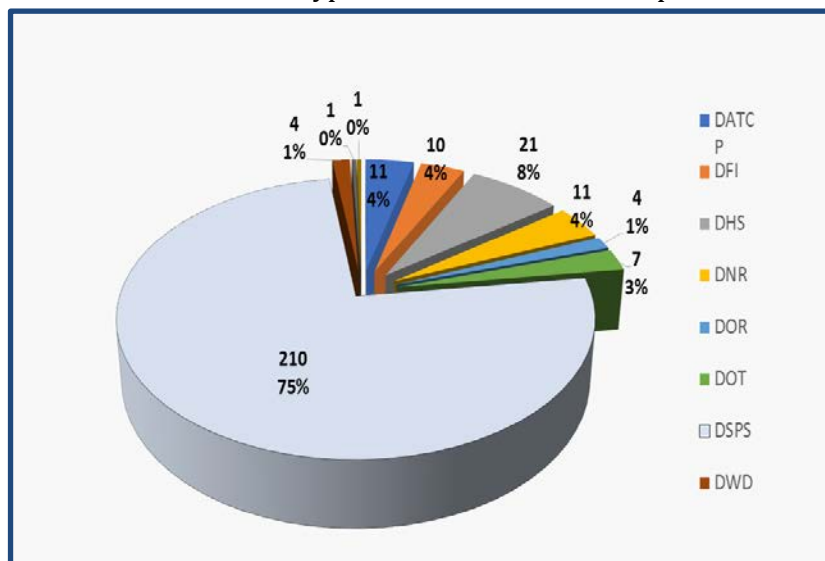


Figure 1: Wisconsin regulated occupational license types issued per state agency.

Occupational licensing in Wisconsin falls into three categories:

- 1) Occupations regulated by independent examining boards attached to a state agency or by affiliated credentialing boards attached to those boards;
- 2) Occupations regulated by semi-autonomous boards that share authority with the state agency; and
- 3) Occupations directly regulated by the state agency.

Wisconsin agencies and attached boards are responsible for ensuring the safe and competent practice of regulated health, social services, business, industry, and trades professionals. In addition to issuing licenses and providing oversight, state regulatory agencies provide administrative, legal, and enforcement services, assist in rulemaking and examinations of the credentialed professions, and

aid the boards in developing regulatory policies that protect the public. The four types of occupational credentials issued include *licenses*, *certificates*, *registrations*, and *permits*. These credentials are generally differentiated by qualification requirements, the use of a professional title, and the range of activities that a credential holder is allowed to perform (i.e. Scope of Practice). While there are additional state agencies that issue other types of permits, or variations of the types listed, for non-occupational or business-related entities, this report only focuses on occupational credentials issued to individuals.

Licenses are considered the most restrictive type of credential. Licenses encompass qualification requirements that typically include an examination, specialized education, and usually specific work experience. Cosmetologists, occupational therapists, and electricians are examples of occupations requiring formal licensure in order to practice in Wisconsin.

Certificates are similar to licenses. Certificates generally provide special recognition to individuals who have fulfilled certain required criteria for a profession, including successful completion of an examination. Examples of occupations requiring Wisconsin certification in order to practice are acupuncturists, substance abuse counselors, and lead sampling technicians.

Registration is generally the least restrictive form of credentialing. Registration simply requires an individual to file with the appropriate regulatory entity their name, address, and registration fee payment. A registration may also restrict the use of a professional title. Examples of occupations requiring Wisconsin registration are interior designers, art therapists, and pipe layers.

Permits are another form of credential issued by regulatory agencies. Permits can be used as a training credential or as a primary credential. Examples of occupations requiring a permit are private security persons, limited x-ray machine operators, and juvenile martial arts instructors.

While the distinctions among credentials help in understanding the general level of regulation of occupations, it is the statutes and administrative rule that outline specific requirements for each occupation's credential. Because individuals in certain occupations are required to *register*, this does not necessarily mean that the group is statutorily less restricted than another occupation where individuals must be *certified*. Common usage of credential terms may be misleading without reviewing the relevant statutes. For example, a "*certified* public accountant" and a "*registered* nurse" practicing in Wisconsin are both required to obtain a *license*. To determine what each license issuance entails, it is important to consult the statutes and administrative codes.⁵

E. Wisconsin Selected for National Occupational Licensing Consortium

Wisconsin was one of 11 initial states chosen to participate in the National Occupational Licensing Learning Consortium, which is a multi-year program that explores ways to further reduce unnecessary barriers to the labor market. Other states selected include: Arkansas, Colorado, Connecticut, Delaware, Illinois, Indiana, Kentucky, Maryland, Nevada, and Utah.

The consortium is supported by the National Conference of State Legislatures (NCSL), the National Governors Association Center for Best Practices (NGA), and the Council of State

Governments (CSG), as well as support from the U.S. Department of Labor (USDOL). These organizations assist participating states in improving their understanding of occupational licensure issues and best practices by providing an opportunity for state teams to engage with experts in the areas of occupational regulation, workforce development and populations with challenges, and developing a road map focused on reducing unnecessary barriers to the labor market.⁸

The 11 participating states (expanded to 15 states in 2018) convened in December 2017 to begin work on their goals and to learn, network, and discuss the practices, costs, opportunities, and challenges related to occupational licensing. The consortium states were required to create a core team of officials to participate in the consortium as well select members for a home team that consisted of a broader group of stakeholders to participate in the in-state learning and planning activities. Each state was required to select specific occupations and target populations to focus on through this work, as well the aspects of licensure regulation that they wanted to address in their action plan.⁸

The selection of these occupations focused on two primary criteria – occupations that are licensed in at least 30 states and occupations that require less than a bachelor’s degree, as well as two additional measures—projected employment growth rate for 2014-2024 at national average or higher and total current employment levels of 10,000 or greater. Through this process, the consortium identified 34 occupations, as shown in Table 2.

Table 2: List of occupations selected by the National Consortium.

TARGET OCCUPATIONS	
Barbers	Pharmacy Technicians
Bus Driver (City/Transit)	Physical Therapy Assistants
Bus Drivers, School or Special Client	Pipefitters and Steamfitters
Construction Managers	Plumbers
Construction and Building Inspectors	Preschool Teachers, Except Special Education
Dental Hygienists	Private Detectives and Investigators
Electricians	Radiologic Technologists
Emergency Medical Technicians and Paramedics	Real Estate Appraisers
Hairdressers, Hairstylists and Cosmetologists	Real Estate Sales Agents
Heating, Air Conditioning, and Refrigeration Mechanics and Installers	Respiratory Therapists
Heavy and Tractor-Trailer Truck Drivers	Security and Fire Alarm Systems Installers
Insurance Sales Agents	Security Guards
Licensed Practical and Licensed Vocational Nurses	Skin care Specialists
Manicurists and Pedicurists	Teacher Assistants
Massage Therapists	Veterinary Technologists and Technicians
Nursing Assistants	Vocational Education Teachers, Postsecondary
Occupational Therapy Assistants	Water and Wastewater Treatment Plant and System Operators

States were required to focus on at least four occupations in their proposed project work, a majority of which must be included on this list. However, states were welcome to include one or more other occupations that are particularly relevant to their state’s occupational licensing landscape and unique needs.⁸

The vision and goals chosen by Wisconsin’s core team were based on the Wisconsin Legislature and Governor Walker’s expressed interest in occupational licensure reform through legislation and proposed budgets. These desires for reform are based on national trends and bipartisan federal recommendations to all states to review their current occupational licensing practices.

Like Wisconsin, some of the states selected to participate in the national consortium had a history of making progress on this issue. Proactively, Wisconsin’s Legislature and Governor had already been looking to alternative ways to license occupations. Wisconsin’s participation in the

national consortium provided the team members with additional opportunities to learn from other progressive states. Inclusion in the consortium, along with this study, also provided an opportunity for Wisconsin stakeholders, such as associations, license holders, other state agencies, and citizens, to provide input and feedback on this issue. The end goal of Wisconsin's participation in the National Occupational Licensure Consortium is to continue to provide meaningful feedback, data, and facts to legislators and ensure that all partners and stakeholders are included in these statewide conversations. Wisconsin's consortium goals are listed in Table 3.

Table 3. Wisconsin's goals and action plan for the National Occupational Licensure Consortium.

GOAL	ACTION PLAN
Goal 1: EXAMINE THE STATE'S CURRENT OCCUPATIONAL LICENSING LANDSCAPE	Conduct study of occupational licenses and regulations in Wisconsin and other states, and report findings to state policymakers.
Goal 2: IDENTIFY THE BEST OPPORTUNITIES FOR OCCUPATIONAL LICENSURE REFORM •	Determine the specific occupational licenses and regulations that do not align with the team's vision statement and prioritize in the order of most likely to least likely for achieving success in reducing or eliminating that license or regulation.
Goal 3: DEVELOP A COMMUNICATIONS PLAN	Incorporate research conducted by policy research institutions, as well as feedback from stakeholders and the public, to grow public awareness and expand the base of understanding for stakeholders and state policymakers.
Goal 4: IMPROVE THE STATE'S LICENSING PRACTICES •	Provide coordination among state licensing agencies to maximize existing regulatory flexibility and efficiencies, and partner with the state Legislature and stakeholders to advance legislative proposals that promote occupational licensure reform.

III. National Outlook on Occupational Licensing

A. The Rise of Occupational Licensure Laws

In the 1950s, roughly five percent of occupations required a government-issued license. Since then, especially in the past 20 years, states across the nation, including Wisconsin, have witnessed a dramatic growth in occupations that have become regulated.¹ In the last two decades, the number of Wisconsin credential holders has increased by 34 percent, with the total number of professional credential types increasing by over 80 percent. This growth far outpaces Wisconsin's growth in population (10.6 percent) and total employment (7.4 percent).³

The national growth of occupational licensing and the barriers it presents to job seekers have attracted mounting bipartisan concern. In recent years, occupational licensing reform has gained momentum. Among policymakers and advocates at both the state and national levels, interest in licensing reform is at an all-time high. Over the past few years, licensing reform has been championed at the state governmental level and by several public policy organizations and state research institutes. While some reforms have aimed at rolling back specific licensing barriers, others have sought to improve licensing practices more generally.²

In 2015, the U.S. Treasury Department, the Council of Economic Advisors and the Labor Department under former President Barack Obama issued a report documenting problems with licensing policy and calling for widespread reform. The Bureau of Labor Statistics has been collecting data on licensed workers through its population surveys and in early 2017 the Federal Trade Commission created an Economic Liberty Task Force focused in part on occupational licensing reform.⁸

In July 2017, the U.S. Secretary of Labor under President Donald Trump, highlighted the issue and encouraged state legislators to undertake occupational licensing reform. The Department of Labor's Employment and Training Administration awarded the National Conference of State Legislatures, in partnership with the Council of State Governments and National Governors Association Center for Best Practices, funding on a three-year project to:

- 1) Ensure that existing and new licensing requirements are not overly broad or burdensome and don't create unnecessary barriers to labor market entry.
- 2) Improve portability for selected occupational licenses across state lines. The national partners produced research and convened state policymakers and experts in the field of occupational licensing.⁹

Between 2017 and 2018, several states enacted laws to reform either the state's requirements or procedures to obtain an occupational license, with Wisconsin enacting nearly 30 laws related to strengthening employment growth and occupational licensing reform. (See Section V of this report for a full list of recent occupational licensing legislation.)

While most states enacted bills reducing the requirements and regulations of licenses, some reform efforts focus on addressing concerns certain demographics face when acquiring a license.¹ Some states also reformed requirements for those with criminal backgrounds and some reform bills

contained clauses for military personnel, making relevant experience in the military transferable to an occupational licensing requirement and streamlined the occupational licensing requirements for military spouses who obtained a license in another state.¹

While several states have attempted to enact occupational licensure reform laws, the success rate is still considered low. One study's research discovered only eight instances in the past 40 years of the successful *de-licensing* of an occupation at the state level. In four of these cases, attempts to relicense the occupations followed soon afterward. Most of these de-licensing proposals have not gone through a sunset review process. Instead, the proposals have been made in the context of legislative concern that excessive government regulation (of which occupational licensing is one example) may have inhibited job growth.⁷

Since the 1970s, approximately 36 sunset laws have passed nationally. These laws require the periodic review of certain programs and agencies (such as occupational licensing and licensing boards). The periodic reviews are commonly called performance audits or legislative audits, and they result in a recommendation to either continue or discontinue the licensing of the occupation under review.⁷

B. Alternatives to Occupational Licensing

Advocates for occupational licensing reform have indicated that policymakers have several options for the regulation of occupational licensure. The regulatory options include a range from the option to license or not license, the least restrictive being *Market Competition* and the most restrictive being *Licensure*. To illustrate the alternatives, the Institute for Justice created an inverted pyramid figure that visually lists these options from least to most restrictive, as shown in Figure 2, with accompanying explanations of each option.²

The Inverted Pyramid: A Hierarchy of Alternatives to Licensing²

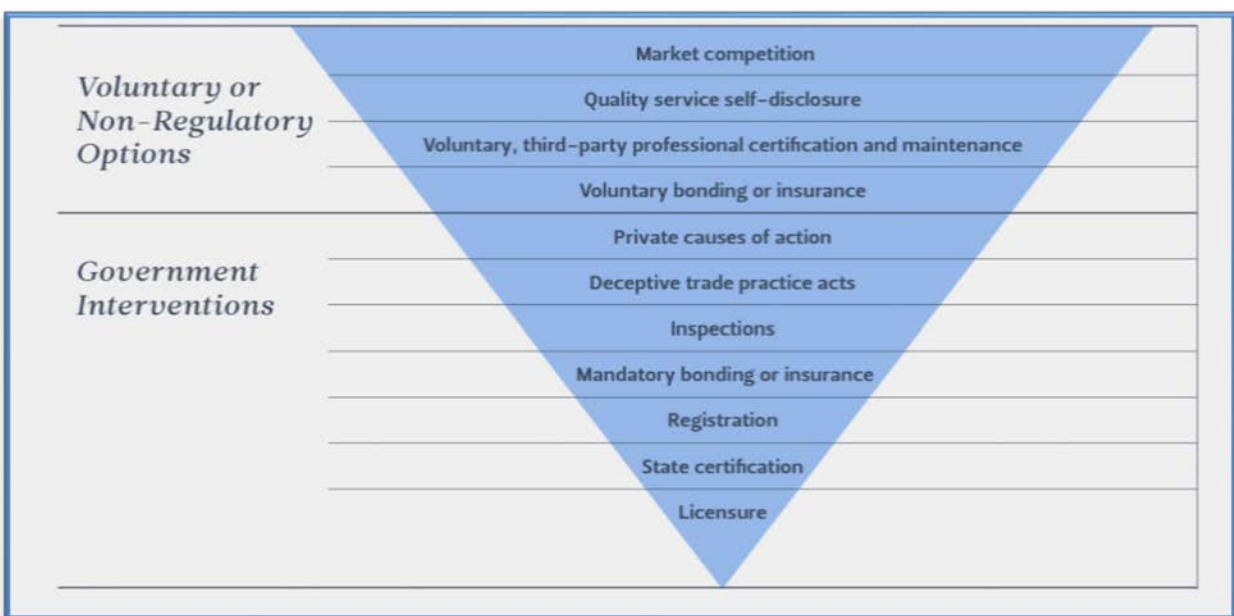


Figure 2: The "Inverted Pyramid" is used to illustrate alternatives to licensing.

In many cases, license alternatives can protect the public as well as or better than licensing without imposing its costs. When undergoing occupational reform, many states have adopted the concept of the inverted pyramid or have created a similar concept. The top four options, which can be considered voluntary or “non-regulatory,” are:

1) Market competition. Market competition takes the primary position in the inverted pyramid’s hierarchy because open markets with no or limited government intervention provide the widest range of consumer choices, allocate resources more efficiently and give businesses strong incentives to keep their reputations as providers of high-quality services. When service providers are free to compete, consumers weed out providers who fail to deliver safe and quality service. They do this by 1) denying repeat business to such service providers; and 2) telling others about their experience.²

2) Quality service self-disclosure. Service providers themselves can help solve the “information problem” through self-disclosure—that is, by proactively sharing information about how previous customers have rated the quality of their goods and services. Occupational practitioners can link to third-party evaluation sites from their websites to provide consumers with an important competitive “signal” that they are open to disclosure regarding their service quality. Practitioners without websites can exercise this option by providing prospective customers with lists of past customers or other references who can provide information about them. And consumers can spur disclosure by demanding such information as a condition of doing business.²

3) Voluntary, third-party professional certification and maintenance. Another way a service provider can help address the problem of asymmetrical information is by voluntarily pursuing and maintaining certification from a non-governmental organization. Like licensing, third-party certification sends a signal that an occupational practitioner has attained a certain degree of education or experience. But unlike licensing, it does so without creating any barriers to entry. It therefore provides the purported benefits of licensing while avoiding the pitfalls, including higher costs and fewer services for consumers. Third-party certification is used by many companies to voluntarily make certain certifications a requirement for employment.²

4) Voluntary bonding or insurance. Some occupations pose greater risks to consumers than others. Voluntary bonding and insurance allow practitioners of such occupations to outsource management of risks to bonding or insurance companies, which will provide a guarantee of protection against, respectively, a provider’s failure to fulfill an obligation (e.g., a moving company’s failure to deliver goods by the agreed date) or losses from theft or damage by the provider. This option is already in common use among temporary personnel agencies, janitorial companies, and companies with government contracts.²

The next six options are government interventions that, although more restrictive than the non-regulatory options above, are nevertheless less restrictive than licensure:²

5) Private causes of action. Private causes of action give consumers the right to bring lawsuits against service providers who have injured them. Where they do not already exist, legislators can create them. The existence of such rights may compel providers to adopt standards of quality to avoid litigation and an accompanying loss of reputation. The cost to consumers of obtaining

a remedy could be reduced by allowing them to sue in small claims court or, if suing in district court, to collect court and attorneys' fees when their claims are successful.²

6) Deceptive trade practice acts. All 50 states and the District of Columbia already have deceptive trade practice acts, consumer protection laws that allow attorneys general and consumers to sue service providers engaged in certain practices deemed false, misleading, or deceptive and permit enforcement agencies to prosecute them. Such deceptive trade practice acts are an important and frequently used means of protecting consumers from predatory and unscrupulous business practices.²

7) Inspections. Inspections are already common in some settings. For example, many municipalities use inspections to ensure restaurant hygiene, favoring them over onerous licensing of food preparers, wait staff, and dishwashers. In other settings where the state may have a legitimate interest in instrument or facility cleanliness, inspections may be sufficient and preferable to new or existing licensing. Periodic random inspections could also replace the licensing of various trades, such as electricians, carpenters, and other building contractors, where the application of skills is repeated and detectable to the experienced eye of an inspector. Where inspections are already used as a complement to licensing, states may find that inspections alone suffice.²

8) Mandatory bonding or insurance. For some occupations, a system of mandatory bonding or insurance can be a better alternative to full licensure. Voluntary bonding or insurance is generally preferable, but states may prefer a mandatory requirement when the risks associated with the services of certain firms extend beyond just the immediate consumer. For example, the state interest in regulating a tree trimmer is in ensuring that the service provider can pay for repairs in the event of damage to power lines or the home or other property of a party—a neighbor, for instance—not involved in the contract between the firm and the consumer. Because tree trimming presents few other threats, states can achieve this objective through bonding or insurance requirements while allowing workers to otherwise practice freely. Similarly, while many states require construction contractors to comply with expensive and burdensome licensing laws, Minnesota requires only bonding for HVAC contractors. If that occupation can be practiced freely and safely with only bonding as a requirement, the same is likely true of other trades both in Minnesota and in other states.²

9) Registration. Registration requires service providers to provide the government with their name, address, and a description of their services. Registration can complement private causes of action because it often requires providers to indicate where and how they take service of process in the event they are sued. However, the simple requirement to register with the state may be sufficient in and of itself to deter bad actors.²

10) State certification. Like voluntary, third-party certification, state certification overcomes the problem of asymmetrical information by sending a signal to potential customers and employers that an occupational practitioner meets certain standards. However, state certification differs from third-party certification in two major respects. First, the certifying body is the government rather than a private association. And second, state certification restricts the use of an occupational title—though not, as licensing does, the practice of an occupation. Under state certification, anyone can work in an occupation, but only those who meet the state's qualifications can use a designated title, such as certified interior designer or certified financial planner. Third-

party certification is generally preferable because state certification requires new or expanded government bureaucracy, which comes with costs. Further, third-party organizations are likely to be more responsive to industry and consumer trends. Nevertheless, state certification is less restrictive than occupational licensing and presents few costs in terms of increased unemployment and consumer prices.²

Finally, at the bottom of the inverted pyramid's hierarchy is licensure, the most restrictive form of occupational regulation. Only where there is proof of demonstrated, substantial harms from an occupation that cannot be mitigated by one of the less restrictive options in the above menu should policymakers consider this regulation of last resort.²

C. Economic Impacts of Occupational Licensing

Research has found that licensing reduces access to jobs, inhibits geographic mobility, and raises the costs of services. Studies indicate that unnecessary licensing requirements reduce employment in licensed occupations and reduce wages for unlicensed workers relative to their licensed counterparts. These studies show that occupational licensing requirements present significant barriers to entering a licensed occupation and can reduce total employment in that profession.⁹

Occupational licensing often carries a cost in terms of opportunity. Wisconsin has several licenses that few other states regulate. For some occupations, Wisconsin's fees, and training requirements, are markedly different and more burdensome from other states. In terms of reciprocity, Wisconsin does not always accept the credentials of licensed professionals who happen to move from another state. In other words, Wisconsin's licensing requirements impose costs to the workforce—many who are of low and middle income—that do not exist in many other states.³

While the intent of occupational regulation is to protect the public from harm, some Wisconsin stakeholders agree this protection comes at a cost and burden to credential holders. One such stakeholder, who is a director of nurses, feels policymakers should remove burdensome regulations for Certified Nurse Aides (CNA). For example, Minnesota requires 70 hours of training. Her recommendation is to allow training requirements for certification to be accepted in Wisconsin if the individual trained in Minnesota. Also, current regulations do not allow CNAs under the age of 18 to operate mobility equipment (lifts and stands) alone. This stakeholder feels individuals old enough to drive a car should be able to move residents with this type of equipment. Additionally, the stakeholder wants Wisconsin to accept the testing at the conclusion of the CNA course instead of the cumbersome requirement to find a testing site to get certified, which require some students to travel up to 100+ miles and wait weeks or months to find a testing site to schedule their test in order to get certified to then be placed on the registry.

D. Protection of Public Health, Safety, and Welfare

The intent of occupational licensure is to safeguard public health and safety and protect consumers by guaranteeing minimum educational requirements and industry oversight, support career development and pathways for licensed workers and enhanced professionalism for licensed workers, and step in when competitive market forces (e.g. litigation or reputation) fail to achieve desired outcomes.⁹

However, many studies have found that unnecessary licensing requirements reduce employment in licensed occupations, reduce geographic mobility, reduce wages for unlicensed workers relative to their licensed counterparts, reduce market competition and innovation, increase the price of goods and services, and disproportionately burden low-income, military veterans and their families, people with criminal history, immigrants with work authorization, and dislocated and unemployed workers.⁹

Researchers have found little evidence that licensure improves the quality of services or protects consumers from harm. In fact, evidence suggests that the most onerous licensure laws may lead to lower-quality services and increased public safety risks.⁹ Licensing reduces the supply of service providers while simultaneously increasing the average operating costs for professionals. The result of limited consumer choice and increased prices could be that consumers forego necessary services because prices are too high, or no one is available for hire. This situation can pose a threat to public safety in certain occupations. For example, the inability to legally hire an electrician for repairs may lead to electrocution or fire. Similarly, licensing that limits the supply and increases the cost of veterinarians may prevent animal owners from vaccinating against contagious diseases like rabies.⁹

According to several studies, research revealed little tangible evidence of public benefit. In theory, licensing should improve the consumer experience and protect public health and safety by weeding out incompetent practitioners, especially in fields where consumers might be unable to tell good providers from bad ones on their own. Yet most research has failed to find a connection between licensing and service quality or safety.²

When implemented appropriately, licensing can offer important health and safety benefits and consumer protections and provide workers with clear professional development and training guidelines, as well as a career path.^{9,10} For decades, policymakers have adopted licensure policies to achieve a variety of goals. The Federal Trade Commission's 1990 report on the costs and benefits of licensure found that well-designed occupational licensing "can protect the public's health and safety by increasing the quality of professionals' services through mandatory entry requirements—such as education—and business practice restrictions—such as advertising restrictions."^{9,11} The report found that occupational licensing helps consumers when they cannot easily assess the professional's skills, and when the costs related to poor quality are especially high, as is the case with emergency health care providers. Economist Jason Furman testified to Congress in 2016 that the argument for licensing "is strongest when low-quality practitioners can potentially inflict serious harm, or when it is difficult for consumers to evaluate provider quality beforehand." Furman points out that the threats to consumers from incompetent commercial pilots and physicians justify a government

intervention; whereas, they face less harm and are better able to assess the quality of florists, barbers, or decorators.^{9,12}

Today's information-sharing economy and the growth of online consumer review websites help consumers evaluate provider quality and reputation. The enhanced access to information and strong provider incentives to deliver high-quality services bolster claims by experts that alternate regulatory approaches could achieve the same goals as licensing.⁹ Harvard and Stanford researchers found that, while licensure is not directly associated with improved quality of goods or services, there is a relationship between licensing and increased consumer confidence that can lead to increased economic activity. Additionally, the study argues that licensure can lead to consumers becoming more informed about the licensed service, which makes it more likely that they will "upgrade to higher quality services." As a result, the researchers find an indirect improvement in the average level of quality provided in a market because of licensing.⁹

While survey responses from state agencies unveiled very few cases in Wisconsin where the public was harmed, many agencies attested that the public does benefit from regulatory oversight and the licenses they regulate are warranted for the protection of public health, safety, and welfare. In some cases, regulatory state agencies acknowledged that certain licensed occupations were of no public benefit and felt that deregulating these would not affect consumers, and therefore, recommended to eliminate them.

E. Evaluation of Barriers to Licensure

A report by the Institute for Justice (IJ) suggests that numerous occupations in various states are licensed unnecessarily. Among the occupations listed were: auctioneer, funeral attendant, and interior designer. Most of these occupations are licensed by only a handful of states, including Wisconsin. Proponents of occupational licensure reform make the argument that if a license were necessary to protect public health and safety, one would expect to see greater consistency in which occupations are licensed across states. For example, only seven states license tree trimmers, but it is highly unlikely that trees in those states—or the tasks required to trim them—are any more complex or dangerous than those in the other 44 that require no license.²

On average, the 102 occupations studied by the IJ are licensed by just 27 states. Only 23 of these occupations are licensed by 40 states or more. The vast majority of these occupations are practiced in at least one state without need of permission from the state and without evidence of widespread harm.² The IJ report cites that legislators rarely create licenses at the behest of consumers seeking protection from a

Benefits and Costs⁸

The intent of occupational licensure is to:

- Safeguard public health and safety
- Protect consumers by guaranteeing minimum educational requirements and industry oversight
- Support career development and pathways for licensed workers and enhanced professionalism for licensed workers
- Step in when competitive market forces (e.g., litigation or reputation) fail to achieve desired outcomes

However, unnecessary licensing requirements have been found to:

- Reduce employment in licensed occupations
- Reduce geographic mobility
- Reduce wages for unlicensed workers relative to their licensed counterparts
- Reduce market competition and innovation
- Increase the price of goods and services
- Disproportionately burden low-income populations, military veterans and families, people with a criminal history, immigrants with work authorization, and dislocated and unemployed workers.

demonstrated threat to health and safety from an occupation. Instead, they most often create licenses in response to lobbying by those already at work in an occupation and their industry associations.¹

Several studies have shown that such regulations disproportionately harm the low income and minority populations, who generally have less work experience and fewer employment opportunities than the rest of the population. These studies show that laws that make it more difficult for these populations to obtain certain jobs or start their own businesses only make it that much harder for them to work their way up the economic ladder.⁶

According to a report by the Reason Foundation, the low income populations, who are in most need of economic opportunity and can least afford to jump through regulatory hoops, are harmed by prohibitively costly licensing requirements.⁶ Many occupations that would otherwise be attractive options for those looking to improve their economic position and quality of life—including entry-level positions, jobs that require little or no formal education, and businesses that require little start-up capital for entrepreneurs—are needlessly regulated and price the poor out of the market. Thus, they must settle for fewer (and less desirable) jobs and lower wages, and the poorest of the poor are prevented from getting back on their feet.⁶

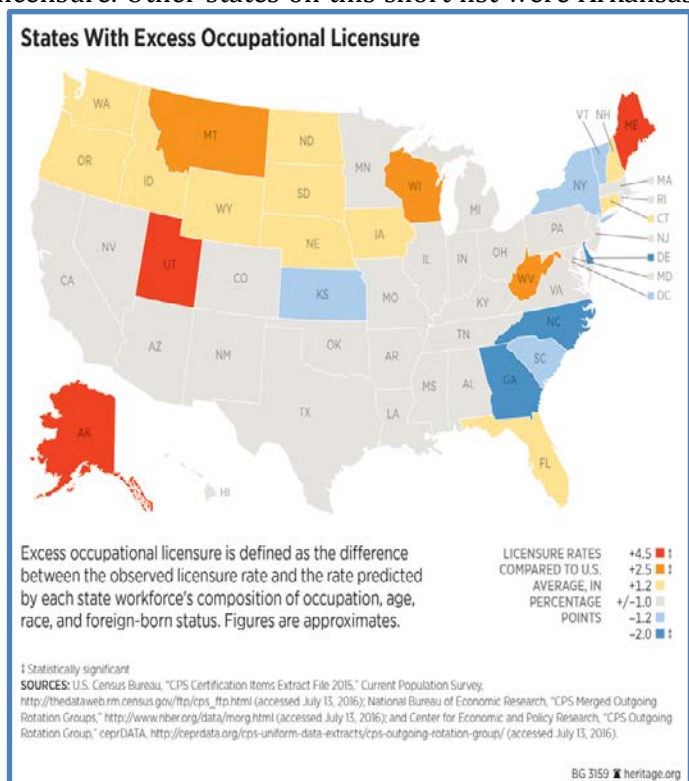
IV. Occupational Licensing Study and Survey Results

A. How Wisconsin Compares to Other States

A 2017 study by the Institute for Justice (IJ) found that Wisconsin licenses 42 of the 102 low- and medium-wage occupations selected for the study.² The report ranked Wisconsin as the 36th *most broadly and onerously licensed* state in the nation and the 42nd *most burdensome*. According to the IJ report—*Licensed to Work, 2nd Edition*—Wisconsin’s licensing laws require, on average, \$259 in fees, 214 days of education and experience, and around one exam.² A report published by the Reason Foundation in 2007 ranked Wisconsin as the 9th highest state in the nation to license the most job categories, only behind California, Connecticut, Maine, New Hampshire, Arkansas, Michigan, Rhode Island, and New Jersey.⁶

Wisconsin's National Rankings		
42	42nd	36th
Number of lower-income occupations licensed	Most burdensome licensing laws	Most broadly and onerously licensed state
Source: Institute for Justice, License to Work 2nd Edition		

According to 2016 data from the U.S Census Bureau, Wisconsin is among the states identified as having the most excessive occupational licensure. Other states on this short list were Arkansas, Maine, and Utah—as the top three—with Montana and West Virginia joining Wisconsin to round out the top six. The data also identifies Wisconsin as a state with a high percentage of licensed workforce. According to data from the Wisconsin Department of Workforce Development, nearly 3.1 million people are employed in Wisconsin. Although Wisconsin issues over one million occupational licenses, some credential holders are not required to hold an occupational license by their employer. Rather, they voluntarily choose to hold one or more occupational license for a variety of reasons. Nevertheless, license types have increased nearly 85 percent over the past 20 years. This growth outpaces the national average and outpaces Wisconsin’s growth in population.³



Wisconsin issues several occupational license types that are unique to Wisconsin or are regulated by only a handful of other states, many of which are being recommended for elimination. Nearly 60 license types that are currently licensed in Wisconsin were found to be regulated in less than 10 other states. For example, interior designers are only regulated in four other states. DSPS regulates seven classes of blasters, whereas few states regulate more than one class. No other state besides Wisconsin regulates Designer of Engineering Systems. Only one other state regulates Dance Therapists and just a few others regulate Art Therapists and Music Therapists.

Additionally, Wisconsin regulates several “sub-specialty” type occupations that were not found to be regulated in other states, if at all. For example, DSPS administers licenses for “assistants”, “helpers”, and “trainers”. These license types are most prevalent in the trades occupations (electrician, plumber, fire sprinkler, and elevator categories), and social services professions (therapists and social workers).

In addition to DSPS, other state regulatory agencies also regulate occupations that fall in the “unique to Wisconsin” category. For example, Department of Agriculture, Trade and Consumer Protection (DATCP) administers three license types that are not regulated by any other state, including cheesemakers. As *America’s Dairyland* and the *Cheese Capitol* of the world, one may think it’s only logical for Wisconsin to be the only state in the country to require its cheesemakers to be licensed in order to make cheese in a licensed facility for public sale. According to DATCP, to become a licensed cheesemaker, individuals are required to have one of five different experience options, complete 240 hours interning under a licensed cheesemaker, and pass an exam.

Wisconsin is also the only state in the nation to license buttermakers. According to DATCP, to become a licensed buttermaker, individuals are required to pass an exam plus have one of six different experience options, complete 120 hours of internship under a licensed buttermaker plus department-approved courses. With only 43 licensed buttermakers in Wisconsin, proponents of change say this places Wisconsin’s butter industry at risk.¹⁴

Additionally, DATCP administers three other licenses that few states regulate. In all states but Wisconsin, a humane officer is regulated at the county level. A veterinarian-faculty license is only licensed by four other states, and the veterinarian-temporary consulting permit is only regulated by one other state. Both latter licenses are recommended for elimination.

Under the licenses administered by the Department of Workforce Development, no other states regulate a certified private rehabilitation specialist or require a “License to Appear at a Worker’s Compensation Hearing Agent/Representative”. Only one other state regulates Registered Private Employment Agents. Consequently, all three of these occupations are also being recommended for elimination.

B. State Agency Survey

As mentioned in the introductory section of this report, two surveys were conducted as part of the Wisconsin Occupational Licensing Study, with the first issued to state agencies. This report contains information and recommendations from 10 of the 13 state regulatory agencies.

In addition to a request to supply certain data related to each of the licenses they administer, each agency was asked to provide a summary statement to attest if the license should be retained and is appropriate to protect consumer health, safety, and welfare. Most agencies felt the licenses they currently administer were appropriate to protect consumers and that the public benefits from the regulation of the occupation.

The Department of Agriculture, Trade and Consumer Protection (DATCP) relayed that while there was no quantitative data available for buttermakers or cheesemakers, it is logical to assume that the common baseline requirements for buttermakers and cheesemakers increase knowledge of the proper procedures for making consistent, high-quality, safe butter and cheese. Over a five-year period, DATCP received no complaints against either occupation. DATCP indicated some industry advocates want the agency to retain the regulation of these occupations.

The Department of Financial Institutions (DFI) feels the regulation of their occupational licenses helps to protect the public from misappropriation, excessive fees, theft, and fraud, enables the delivery of clear and informative information, and ensures the consumer receives the services for which they paid. Like DFI, many of the occupations licensed by state regulatory agencies must also abide by federal regulations.

In the case of certified nurse aides, the Department of Health Services (DHS) stated that federal legislation (Omnibus Budget Reconciliation Act of 1987) and associated regulations (42 CFR 483.152) require that Medicare and Medicaid-certified nursing homes employ nurse aides who are trained and evaluated through training programs approved by their state. Federal regulations require that these training programs consist of at least 75 hours of training, including at least 16 hours of supervised practical or clinical training. Federal regulations also list the subject areas and skills to be taught, outline the qualifications for approved trainers, define the competency evaluation process, and require that each state establish and maintain a registry of nurse aides. Wisconsin statutes and administrative rules establish training, testing, and registry requirements. Supported by several Wisconsin organizations and associations, the minimum 75-hour nurse aide training course was increased in Wisconsin to 120 hours, including 32 hours of hands-on clinical training.

Referring to the emergency medical practitioner licenses, DHS stated that licensing and regulation helps to ensure the public can continue to trust that their emergency medical service practitioners are competent and trustworthy professionals.

This was the common theme from stakeholders and advocacy groups for the medical and health related occupations. A letter and report received by the Wisconsin Society for Respiratory Care states that their related occupational licenses benefit the health and safety of Wisconsin patients and that licensure ensures services, including life-sustaining procedures, provided to patients are performed by practitioners who meet high standards of accredited education and competency.

The Department of Natural Resources (DNR) feels the licensing and regulation of their occupations are necessary to assure these individuals and businesses have the training, resources, and experience required to properly provide services as defined by state regulations. For example, water testing by itself cannot serve as a substitute for proper well grouting and construction that are performed by well drillers and pump installers. The presence of contaminants in water can lead to health issues and cause contamination of the groundwater resource and without certification and licensing, there are risks to public health and the environment.

The Department of Revenue (DOR) feels the regulation of assessors is a minimal cost to the assessor and a great benefit to the public. The certification provides a mechanism for DOR to enforce Wisconsin's uniform taxation clause and require assessors to implement laws and standards.

The Department of Transportation (DOT) feels that current licenses issued by their department provide safeguards to industry partners and the public. The regulations and requirements associated with each license ensure a certain level of truthful and ethical business practices are present during all facets of a transaction. They feel the deregulation of those occupations would result in significant misrepresentation and fraud resulting in the victimization of public citizens.

The Wisconsin Ethics Commission, which regulates lobbyists, feel public disclosure of the identity, expenditures, and activities of persons who hire others or are hired to engage in efforts to influence the actions for the legislative and executive branches is integral to the continued functioning of an open government and the preservation of the integrity in the governmental decision-making process.

The Office of the Commissioner of Insurance (OCI), who regulates insurance producers, feel the licensure requirements and regulatory oversight for insurance producers working the state of Wisconsin are warranted. OCI states they actively monitor the insurance marketplace and investigate any complaints, protect the public, and ensures that the insurance needs of Wisconsin citizens are met responsibly and adequately. OCI feels this system of regulatory oversight ensures that insurance producers have adequate training, operate using sound business practices and comply with state insurance laws and regulations.

C. Credential Holder and Stakeholder Survey

The second survey conducted as part of the Wisconsin Occupational Licensing Study was designed and intended to be taken by credential holders, non-credential holders, and stakeholders. The survey was emailed by DSPS to its credential holders and attached regulatory boards and posted on the department's website. The survey was also provided to the other state regulatory agencies for dissemination to their credential holders.

The survey was taken by a total of 65,319 respondents. The first question asked respondents if they currently have an active occupational or professional license or credential that is issued by the state of Wisconsin. For the purposes of the survey, a definition of "license" was provided to respondents and defined as follows:

"License" means a state of Wisconsin-issued occupational license, credential, certification, or registration. "License" does not include permits, facility or establishment licenses, business licenses (such as a liquor license or vending license), or licenses required by a local or municipal ordinance.

Of the total respondents, 92.71 percent self-identified as holding an active Wisconsin-issued occupational license; 0.35 percent said their license application is pending, 1.35 percent said their license was inactive or expired, and 3,647 individuals (5.58 percent), said they did not hold a Wisconsin-issued license.

The second question asked respondents to specify the type of active license that they held. If they held multiple licenses, they were asked to select the category type that best describes the license

they use for their primary occupation. For the purposes of this survey, “*main job or occupation*” was defined to mean their current and main occupation or job, job from which they are on layoff, or job at which they last worked if between jobs.

Because respondents could choose which category best described their license type, some respondents may have selected different categories for the same license type. Therefore, although minimal, some occupations may be spread over more than one of the categories.

The survey results for each question are provided below.

Q. Specify the type of active license that you hold. If you hold multiple licenses, select the category type that best describes the license you use for your *primary/main* occupation.

Category	No. of Respondents	%
Animal or Agriculture related	1,170	1.90
Banking and Financial related (includes investments, insurance, lenders, collectors, tax assessor, charitable fundraising)	7,087	11.49
Business related	8,220	13.33
Chemical, Environmental, or Utilities Dealer, Supplier, or Applicator (includes fuel, gas, oil, water, power, pesticides, asbestos, hazardous materials, or waste products)	676	1.10
Educator or School related (includes instructor, teacher, administrator, or service provider of elementary, secondary, postsecondary education)	1,560	2.53
Food or Restaurant related	179	0.29
Health or Medical related	29,327	47.55
Legal, Security, or Enforcement related (i.e. attorney, investigator, inspector, tester, certifier, private detective, notary, etc.)	969	1.57
Product or Vehicle Manufacturer, Broker, or Dealer	179	0.29
Sales related	1,716	2.78
Social Services (includes child and adult care services)	3,004	4.87
Sports related	44	0.07
Trades related	6,451	10.46
Other (please specify)	88	0.13
Total Respondents	61,672	94.41

Q. How useful is your license for each of the following?

a. Getting a job?

Category	No. of Respondents	%
Extremely useful	47,257	79.05%
Very useful	6,095	10.20%
Somewhat useful	3,776	6.32%
Not so useful	1,014	1.70%
Not at all useful	1,637	2.74%
Total Respondents	59,779	

b. Keeping a job?

Category	No. of Respondents	%
Extremely useful	47,638	79.69%
Very useful	6,060	10.14%
Somewhat useful	3,536	5.92%
Not so useful	1,081	1.81%
Not at all useful	1,464	2.45%
Total Respondents	59,779	

c. Keeping you marketable to employers or clients?

Category	No. of Respondents	%
Extremely useful	47,857	80.06%
Very useful	6,389	10.69%
Somewhat useful	3,410	5.70%
Not so useful	925	1.55%
Not at all useful	1,198	2.00%
Total Respondents	59,779	

d. Improving your work skills?

Category	No. of Respondents	%
Extremely useful	30,526	51.06%
Very useful	9,872	16.51%
Somewhat useful	9,794	16.38%
Not so useful	4,802	8.03%
Not at all useful	4,785	8.00%
Total Respondents	59,779	

e. Increasing your wages/salary?

Category	No. of Respondents	%
Extremely useful	33,350	55.79%
Very useful	8,361	13.99%
Somewhat useful	8,682	14.52%
Not so useful	4,575	7.65%
Not at all useful	4,811	8.05%
Total Respondents	59,779	

Q. Which of the following was required to obtain your license associated with your primary occupation? (Check all that apply)

Category	No. of Respondents	%
High school diploma or equivalent	26,409	44.55
Passing a test	4,4709	75.43
Demonstrating certain skills	23,518	39.68
Completing an internship or apprenticeship	16,242	27.40
Previous job-related experience	9,002	15.19
Technical certification (Less than 2 years)	6,709	11.32
Some college, no degree	2,634	4.44
Associate degree	14,348	24.21
Bachelor's degree*	7,669	12.94
Master's degree	7,641	12.89
Doctoral or professional degree	8,352	14.09
None of the above	977	1.65
Other (please specify)	3,111	5.25
Total Respondents	59,274	

*This option was inadvertently omitted in the survey. The results represent responses from respondents who added this option under the "other" category.

Q. About how many hours of instruction did you complete to obtain your license associated with your primary occupation?

Category	No. of Respondents	%
Less than 40	5,498	9.34
40 to 159	6,948	11.80
160 to 479	2,574	4.37
480 hours (half a full-time school year) to 959 hours	2,973	5.05
960 hours (1 full-time school year) or more	40,876	69.44
Total Respondents	58,869	

Q. Select the category that best describes the initial costs you incurred to *obtain* your license associated with your primary occupation.

(Include costs for initial education/tuition, registration fees, initial licensing fees, exam fees, **required** association fees, or other **required** costs you incurred to obtain your license.)

Category	No. of Respondents	%
Zero to \$200	5,755	9.85
\$201 to \$500	6,882	11.78
\$501 to \$1,000	3,349	5.73
\$1,001 to \$5,000	5,880	10.06
\$5,001 to \$10,000	6,053	10.36
\$10,001 to \$50,000	17,094	29.25
\$50,001 to \$100,000	8,066	13.80
Greater than \$100,000	5,356	9.17
Total Respondents	58,435	

Q. Select the category that best describes the ongoing costs you incur to *retain* your license associated with your primary occupation.

(Include costs for continuing education, registration fees, renewal licensing fees, exam fees, **required** association fees, or other **required** costs you incur in order to keep your license.)

Category	No. of Respondents	%
Zero to \$200	20,423	35.08
\$201 to \$500	17,349	29.80
\$501 to \$1,000	9,164	15.74
\$1,001 to \$5,000	8,859	15.22
\$5,001 to \$10,000	1,511	2.60
\$10,001 to \$50,000	657	1.13
\$50,001 to \$100,000	149	0.26
Greater than \$100,000	103	0.18
Total Respondents	58,215	

Q. Rate the level of hardship or barriers you faced to *obtain* your initial license.

Category	No. of Respondents	%
None at all	15,268	26.26
A small amount	18,353	31.56
A moderate amount	17,699	30.44
A large amount	6,595	11.34
A great amount that resulted in my inability to get a license.	231	0.40
Total Respondents	58,146	

Q. Rate the level of hardship or barriers you faced to *retain* your initial license.

Category	No. of Respondents	%
None at all	22,921	39.46
A small amount	25,409	43.75
A moderate amount	8,226	14.16
A large amount	1,365	2.35
A great amount that resulted in my inability to get a license.	163	0.28
Total Respondents	58,146	

Q. Rate the importance that your license serves in protecting public citizens from harm or danger.

Category	No. of Respondents	%
Extremely important. It's a matter of life or death.	21,189	36.59
Very important. The public would be at risk for significant harm or danger if a license wasn't required for this occupation.	23,730	40.97
Somewhat important. It's possible the public could be exposed to some risk if a license wasn't required for this occupation.	8,707	15.03
Not so important. It's unlikely the public would be exposed to harm or danger if a license wasn't required for this occupation.	2,478	4.28
Not at all important. There is no risk of harm or danger to the public if a license wasn't required for this occupation.	1,810	3.13
Total Respondents	57,914	

Q. Do you hold a similar occupational license in another state(s)?

Category	No. of Respondents	%
Yes	14,113	24.38
No	43,766	75.62
Total Respondents	57,879	

Q. Select the category that best describes the *initial* requirements to *obtain* your out of state license compared to Wisconsin's initial licensing requirements.

(Compare educational and other requirements, fees, and other costs.)

Category	No. of Respondents	%
Way more than Wisconsin	953	6.76
Somewhat more than Wisconsin	2,112	14.97
About the same as Wisconsin	9,567	67.83
Somewhat less than Wisconsin	930	5.59
Way less than Wisconsin	541	3.84
Total Respondents	14,104	

Q. Select the category that best describes the *ongoing* requirements to *retain* your out of state license compared to Wisconsin's initial licensing requirements.

(Compare educational and other requirements, fees, and other costs.)

Category	No. of Respondents	%
Way more than Wisconsin	823	5.87
Somewhat more than Wisconsin	2,170	15.48
About the same as Wisconsin	9,866	70.37
Somewhat less than Wisconsin	737	5.26
Way less than Wisconsin	425	3.03
Total Respondents	14,021	

Q. Rate the level of hardship or barriers you faced to *obtain* your initial out of state license.

Category	No. of Respondents	%
The state has way more hardships and barriers than Wisconsin.	630	4.52
The state has somewhat more hardships and barriers than Wisconsin.	2,078	14.92
The state has about the same as Wisconsin.	9,880	70.92
The state has somewhat less hardships and barriers than Wisconsin.	934	5.99
The state has way less hardships and barriers than Wisconsin.	509	3.65
Total Respondents	13,931	

Q. Rate the level of hardship or barriers you faced to *retain* your out of state license.

Category	No. of Respondents	%
The state has way more hardships and barriers than Wisconsin.	351	2.53
The state has somewhat more hardships and barriers than Wisconsin.	1,854	13.37
The state has about the same as Wisconsin.	10,582	76.30
The state has somewhat less hardships and barriers than Wisconsin.	624	4.50
The state has way less hardships and barriers than Wisconsin.	458	3.30
Total Respondents	13,869	

Q. Are you aware of any instances where occupational licensing regulations have impacted the cost or availability of consumer goods or services?

(i.e. increased costs for goods or services, decreased availability of practitioners)

Category	No. of Respondents	%
Yes	656	19.30
No	2,743	80.70
Total Respondents	3,399	

Q. How important is it to regulate Wisconsin's occupations in order to protect public citizens from harm or danger?

Category	No. of Respondents	%
Extremely important. It's a matter of life or death.	1,917	62.36
Very important. The public would be at risk for significant harm or danger if a license wasn't required for this occupation.	853	27.75
Somewhat important. It's possible the public could be exposed to some risk if a license wasn't required for this occupation.	174	5.66
Not so important. It's unlikely the public would be exposed to harm or danger if a license wasn't required for this occupation.	85	2.77
Not at all important. There is no risk of harm or danger to the public if a license wasn't required for this occupation.	45	1.46
Total Respondents	3,074	

Q. Indicate what types of licenses should be regulated in order to protect public citizens from harm or danger. (Check all that apply.)

Category	No. of Respondents	%
Animal or Agriculture related	2,328	78.52
Banking and Financial related (includes investments, insurance, lenders, collectors, tax assessor, charitable fundraising)	2,328	88.63
Business related	1,803	60.81
Chemical, Environmental, or Utilities Dealer, Supplier, or Applicator (includes fuel, gas, oil, water, power, pesticides, asbestos, hazardous materials, or waste products)	2,778	93.69
Educator or School related (includes instructor, teacher, administrator, or service provider of elementary, secondary, postsecondary education)	2,670	90.05
Food or Restaurant related	2,425	81.79
Health or Medical related	2,865	96.63
Legal, Security, or Enforcement related (i.e. attorney, investigator, inspector, tester, certifier, private detective, notary, etc.)	2,694	90.86
Product or Vehicle Manufacturer, Broker, or Dealer	2,250	75.89
Sales related	1,344	45.33
Social Services (includes child and adult care services)	1,283	43.27
Sports related	2,657	89.61
Trades related	2,154	72.65
No occupations should be regulated	70	2.36
Other (please specify)	213	7.18
Total Respondents	2,965	

D. The Cost and Burdens of Occupational Licensure

Many studies have found it difficult to obtain data on the total financial burden for every individual occupational license since the largest financial burden for a licensee is the cost of initial tuition or education, which varies vastly depending on the profession (i.e. cost of a doctorate degree vs. a certification course). However, many studies have collected this data for groups or types of occupations.

Information collected by the Institute for Justice (IJ) on 102 low- and medium-wage occupations provides a sense of the range of licensing burden across occupations and across states, in terms of education and experience prerequisites, licensure fees, examinations, and minimum age requirements. States range from Pennsylvania, where it takes an estimated average of 113 days (about four months) to fulfill the educational and experience requirements for the average licensed occupation examined, to Hawaii, where it takes 724 days (about two years).¹⁰ The IJ report reveals that Wisconsin's licensing laws require, on average, \$259 in fees and 214 days of education and experience.²

While several studies have identified common themes when it comes to the many burdens that workers face while pursuing a state license, this report contains barriers that may be specific to Wisconsin occupations. In their survey responses, state regulatory agencies provided examples of barriers and hardships that individuals may face to achieve and maintain the licensure. It should be noted that the agencies included licensing requirements that either they thought were a barrier or that could be considered a barrier from a license holder's perspective.

Some barriers identified by state regulatory agencies include the following:

1. Cost of initial and continuing education to obtain and retain the license.
2. Cost of initial license and renewal fees, including payments for annual registrations, certifications, or applications.
 - Pesticide Commercial Applicators are required to apply and pay a fee annually.
3. Cost of national and state examinations.
4. Cost of ongoing competency testing based on the requirement.
 - Licensed Pesticide Applicators are required to pass a competency test every five years.
5. Lack of availability and/or access for educational programs, courses, and national and state exams, in terms of number of times offered and locations.
 - A national exam for veterinarians is only offered twice per year.
 - No Wisconsin training center currently offers the training as an initial course for (EMT) Intermediates because this level of emergency medical practitioner is no longer included in the National EMS Educational Standard.
 - For lead inspectors, only the initial training is available in Wisconsin (due to very limited demand). Applicants seeking to renew must take an eight-hour refresher training outside of Wisconsin or take the 16-hour initial training over again in lieu of the refresher. The required x-ray fluorescence device training is only offered intermittently by manufacturers of the devices.
 - Lack of instructors and trainers required for certain courses.

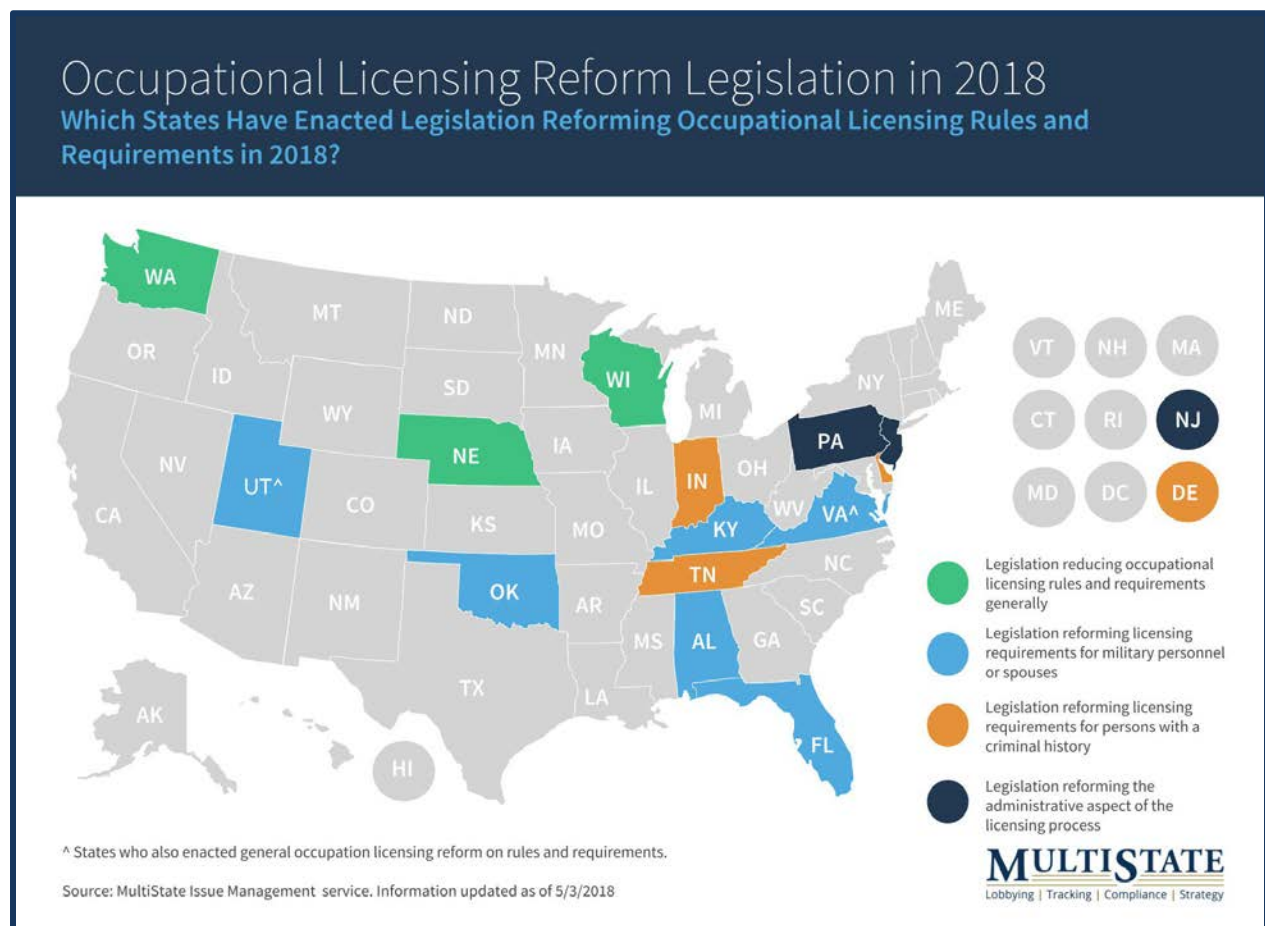
6. Time commitment and costs associated with traveling long distances to obtain required education and testing.
 - There is only one accredited veterinary medical education program in Wisconsin, and only 30 in the United States.
 - Many individuals from rural areas must travel several miles to take a course or exam.
7. Lack of nationwide universal computer application and renewal filing system (applies to some DFI occupations).
8. Requirement to obtain surety bond.
9. Requirement to submit to fingerprinting.
10. Hearing requirements related to “character and fitness” of the applicant (applies to some DOT and DWD occupations).
11. Requirements related to financial responsibility.
12. Requirements for clean driving or criminal history.
 - Applicants for mortgage brokers cannot have been convicted of or pled guilty or no contest to a felony in a seven-year period before date of application.
13. Delinquency checks for taxes, unemployment insurance contributions, and child/family support payments.
14. Lack of available clinical sites for health professions to obtain the required patient contacts while in training.
15. Excessive requirements for initial education for certain occupations.
16. Language barriers for individuals where English is not their primary language.
 - DHS relayed that a large number of people who hold lead or asbestos abatement type licenses, English is their second language, which causes barriers. They struggle to find a training course in their first language that allows them to understand the material in class. If they cannot understand the material taught to them in class, they then have difficulty understanding the exam language which makes it difficult for them to pass the exam in order to obtain a license. When they pass the exam, they sometimes have difficulty communicating with regulators in order to obtain their license. While classes, exams, and applications are offered in Spanish, DHS feels there is room for improvement in this area.
17. Lack of reading skills necessary to read and pass an exam.
18. Reciprocity barriers.
 - While nurse aides who successfully train and test in other states are able to transfer to Wisconsin if they have completed equivalent training, those with less training must provide verification of employment to satisfy requirements or complete a 45-hour bridge program.
19. Minimum age requirements
 - Heat exchange and water well drillers must be at least 20 years old, while water well drilling rig operators and heat exchange drilling rig operators can be at least 18.
 - Certified nursing aides must be at least 18 years old in order to operate certain types of patient mobility equipment

V. Occupational Licensing Reforms

A. Recent Reforms in Wisconsin

Although increased national attention has been focused on occupational licensing reform over the past few years, the concept of “de-licensing” is not new to Wisconsin. In 1937, Wisconsin passed a law requiring that watchmakers be licensed. A five-member Board of Examiners administered the statute, administered examinations, and issued “certificates of registration.” In 1979, the Board was abolished, thereby ending the licensing requirement.

Since 2012, Wisconsin has offered fee waivers to veterans and members of military families seeking to become licensed after moving from a state where they already held a license. In the last two years, Governor Scott Walker has signed into law nearly 30 bills that have contributed to job growth and occupational licensing reform that have eliminated barriers for many populations, entrepreneurs, trades workers, and other professionals.



2016 Wisconsin Act 258 eliminated the need for registration of timeshare salespersons. Existing law required a broker or salesperson to obtain a license for the act of selling real property in Wisconsin, but timeshare and membership campground salespersons were required to register with the Real Estate Examining Board instead.

2017 Wisconsin Act 20 increased access to preventative care for underserved populations by increasing the settings in which dental hygienists are authorized to practice dental hygiene in certain settings, without the authorization and presence of a licensed dentist.

2017 Wisconsin Act 59 required the Department of Safety and Professional Services to study occupational licenses and to submit a report of its findings to the Governor and Legislature by no later than December 31, 2018. This law also sunsetted the Wisconsin Rental Weatherization Program, thereby eliminating the licensure of rental weatherization inspectors.

2017 Wisconsin Acts 81 and 82 eliminated costly barriers for barbers, cosmetologists, and related professions. The reforms removed key professional licensing requirements that prohibited entry into these professions by removing separate licensing manager requirements and now allow barbers and cosmetologists to provide instruction without obtaining an additional license. The reforms also eliminated continuing education requirements for barbers, cosmetologists, aestheticians, electrologist, and manicurists and allow these professionals to provide services outside of salons and accept professional experience from licensees from other states.

2017 Wisconsin Act 88 authorized Wisconsin to participate in national data-sharing programs that will help protect the public interest and contribute to the increased transparency and mobility of the state's licensed Certified Public Accountants.

2017 Wisconsin Act 110 made various changes to laws governing real estate practice that will allow for the cooperation between Wisconsin real estate firms and out-of-state brokers representing buyers and tenants in commercial transactions – helping expand economic opportunities for Wisconsin-based companies.

2017 Wisconsin Act 113 brought Wisconsin into compliance with federal law, which requires states to regulate appraisal management companies, and will help Wisconsin avoid a likely major disturbance in the financing of most residential real estate transactions.

2017 Wisconsin Act 121 required the Department of Agriculture, Trade, and Consumer Protection to establish and implement a program for veterans, and their immediate family members if the veteran died during service, is missing in action, or died as a result of a service-connected disability (qualifying family members), to integrate them into the field of agriculture and support those currently working in agriculture. The program requires assisting eligible participants in rural and urban communities; providing employment, mentorship, and outreach opportunities; facilitating education opportunities; and providing advice, technical assistance, and training.

2017 Wisconsin Act 123 eliminated the signature requirement of a national guard member claiming payments under the Department of Military Affairs (DMA) Tuition Grant Program and the representative of the school certifying that the guard member has satisfactorily completed the course and achieved the minimum grade point average. Instead, the Act requires the DMA to rely on the qualifying school's certification to determine a guard member's eligibility for the grant.

2017 Wisconsin Act 135 ratified and entered Wisconsin into the Enhanced Nurse Licensure Compact (eNLC), replacing the original Nurse Licensure Compact (NLC), which will allow Wisconsin to maintain continued participation in the nurse licensure compact and ensure unnecessary additional licensure barriers do not exist for our state's nursing workforce.

Under 2017 Wisconsin Act 148, no apprenticeship program can require a ratio of more than one journey worker for each apprentice in an apprenticeship. The Act also removed the specific length of apprenticeship programs in prior law for plumbers and carpenters.

2017 Wisconsin Act 153 requires the Department of Workforce Development (DWD) to permit minors at least 15 years of age to be employed as lifeguards. DWD rule previously prohibited minors 14 and 15 years of age from being employed as lifeguards.

2017 Wisconsin Act 168 allows a child of any age to be employed under the direct supervision of the child's parent or guardian in connection with the parent's or guardian's business, trade, or profession, without a work permit.

2017 Wisconsin Acts 180, 227, and 293 helped address growing patient care needs by allowing certain health professionals to delegate various types of services.

2017 Wisconsin Act 195 created the Hire Heroes program, under which employers can be reimbursed for the wages of a veteran for employers providing transitional jobs to veterans of the U.S. Armed Forces who have been unemployed for at least four weeks.

2017 Wisconsin Act 206 revised provisions relating to lifetime teaching licenses and created a pilot grant program to support college courses taught in high schools.

2017 Wisconsin Act 262 requires the Department of Safety and Professional Services to grant a certification as a substance abuse counselor, clinical supervisor, or prevention specialist to an individual who holds a similar unexpired certification granted by another state that has requirements for certification that are not lower than this state's certification requirements.

2017 Wisconsin Act 278 streamlined the licensing process for those with criminal records by allowing them to receive an individualized review of their criminal history before submitting a full licensure application, which will reduce reoffending rates in Wisconsin and help solve a growing worker shortage.

2017 Wisconsin Act 288 removed an arbitrary barrier for individuals seeking to become a licensed chiropractor in Wisconsin by bringing Wisconsin's passing exam scores required for chiropractic licensure in line with 47 other states.

2017 Wisconsin Act 319 helped remove a burdensome barrier for veterans and economically disadvantaged populations seeking to obtain the necessary license to enter Wisconsin's workplace by reducing the standard fee required for an initial license.

2017 Wisconsin Act 323 developed a coaching program for the hiring of individuals with disabilities that directly engages private and nonprofit businesses.

2017 Wisconsin Act 329 eliminated a provision that imposed a \$50 forfeiture on a credential holder or applicant who failed to report a change of name or address within 30 days of the change.

2017 Wisconsin 329 also generally prohibited local governments from regulating tattoo and body piercing, unless authority is delegated by the Department of Safety and Professional Services.

2017 Wisconsin Act 330 eliminates exam eligibility requirements for individuals applying for a credential from the Marriage and Family Therapy, Professional Counseling, and Social Work Examining Board. Prior law required individuals to satisfy certain prerequisite degree requirements to become eligible to take the applicable licensure exam.

2017 Wisconsin Act 331 allowed for greater uniformity and consistency across DSPS-regulated occupations and professions that will provide greater convenience for DSPS customers.

2017 Wisconsin Act 336 created an incentive grant program for school districts that provide training for certain public safety occupations and provides completion awards for students who complete those programs. Currently, these grants are available for programs that are designed to mitigate workforce shortages in an industry or occupation that the Department of Workforce Development identifies as facing workforce shortages or shortages of adequately trained entry-level workers. Under the Act, these grants to school districts will also be available for public safety occupations training programs. Eligible programs are industry-recognized certification programs that are designed to prepare individuals for occupations as fire fighters, emergency medical responders, or emergency medical services practitioners.

2017 Wisconsin Act 341 creates an exception to the prohibition for practice at certain sporting events or facilities, by an individual who is licensed in good standing to practice medicine and surgery in another state. The Act authorizes the Medical Examining Board (MEB) to enter into agreements with medical or osteopathic licensing boards of other states to implement the new licensure exception.

2017 Wisconsin Act 350 expanded the licensure or certificate renewal for certain emergency medical services personnel and ambulance service providers from every two years to every three years.

B. Recommendations for Reform of Current Regulated Occupations

For occupational licenses outside the jurisdiction of DSPS, the recommendations for reform contained in this report are based on the statements, data, and information received by the state regulatory agency who administers the license. For licenses under the jurisdiction of DSPS, the Department took several factors into consideration for the occupational licenses being recommended for reform, including the criteria listed below:

- 1) Is the regulation of this occupation necessary to safeguard public health and safety and protect consumers?
- 2) Does the public substantially benefit from this occupation being regulated?
- 3) Is it reasonable to assume public citizens would be subjected to harm or danger if this occupation was unregulated or regulated by a less restrictive means?
- 4) Is the regulation of this occupation overly broad or onerous?
- 5) How many other states regulate this occupation?
- 6) Is this occupation among the nationally identified occupations that are needlessly regulated?
- 7) Are there too few individuals who possess this licensure type to financially justify the existence of the license and/or licensing board?

- 8) Is there is a history of minimal complaint or enforcement activity that may suggest there is no justification for strict regulation?
- 9) Could the Department accept credentials from other organizations that meet the equivalency standards?
- 10) Are there more effective, less restrictive, or alternative methods for regulating this occupation (as illustrated by the *Inverted Pyramid in Figure 2*)?

After thoughtful consideration of these factors and input from stakeholders and members of the public, DSPS recommends the elimination of 15 occupational licenses under its jurisdiction. In addition, six of the other regulatory agencies are recommending the elimination of 13 occupational licenses that fall under their respective jurisdictions. (A complete list may be found in Appendix C of this report.)

C. Considerations for Future Occupational Licensing Reform

This report includes several recommendations for occupational licensing reform. The supplemental information and state comparison data contained in this report should provide policymakers with ample data to make informed decisions for possible additional future reforms. Legislators may also consider conducting more in-depth studies on certain occupations where reform may be warranted.

To continue the consortiums goal of reforming Wisconsin's occupational licensing regulations, it is recommended policymakers collaborate with other states, especially our border states, in order to improve portability across state lines and to refine regulatory practices that create barriers to work. Future research should include more in-depth analysis of fees, continuing education, work experience requirements to minimize complexity and procedural burdens; continued review of the impact of criminal history and substantial relation to the scope of practice; and perform ongoing assessments to ensure that licensing requirements closely align with the protection of public health and safety without being overly broad or burdensome.

Many states are also studying employment and occupational trends and taking these trends into consideration when making occupational licensing reform decisions. The Department of Workforce Development has many experts, useful tools, and resources that can be tapped for input and data relating to employment trend predictions at both the state and national levels. The data helps in predicting which Wisconsin-regulated occupations will most likely experience the largest growth in employment over the next 10 years (2016-2026) and which ones will experience the least amount of growth. Understanding these trends will be valuable for future policy decisions.

One of the additional reforms explored by DSPS include the acceptance of national credentials in lieu of requiring a separate license and separate exams, which impose a financial burden to credential holders. For example, DSPS administers several trade-related occupations where acceptance of credentials from the International Code Council (ICC) could be considered if deemed equivalent to a Wisconsin credential. (Through both statute and administrative rules, Wisconsin adopts several technical standards produced by the ICC). Earlier this year, DSPS discussed these options with ICC representatives.

In July 2018, DSPS representatives participated in a meeting, hosted by the Wisconsin Code Officials Alliance (WCOA), with the ICC President, ICC Board Chair, and other ICC representatives, to discuss how Wisconsin and the ICC can work together to streamline credentialing of these related occupations. Currently, some credential holders take courses and exams offered by both ICC and DSPS.

Following the meeting, DSPS compiled a list of possible ICC credentials that could provide equivalencies. A thorough analysis found some ICC credentials to be similar to Wisconsin's that would require only minimal modifications to include important elements specific to Wisconsin, typically referred to as "*Wisconsinisms*". For other license types, where ICC does not require any qualifications to take an exam, Wisconsin statutes require previous experience, coursework, an apprenticeship, or some level of experience before taking an exam. For these credentials, legislative changes would be needed in order to authorize DSPS to implement these reforms.

Other methods that could be considered for reform include the implementation of sunrise and sunset legislation. Several states have taken steps to adopt sunrise and sunset reviews, audits, active supervision, and other procedures to weigh the costs and benefits of existing and proposed occupational licensure. A sunrise process includes a cost-benefit analysis as part of any proposal to regulate a previously unlicensed profession. The sunset review process involves periodic reviews or legislative audits of licensing and licensing boards, and their potential elimination unless the legislature acts to continue them.⁹

In the state of Vermont, when the state Office of Professional Regulation receives requests from individuals or groups recommending that a profession be regulated, Vermont law provides that the profession should be regulated only when necessary to protect the public. When the office receives a request, it conducts a preliminary assessment and develops a recommendation for the Legislature as to whether or not the profession should be regulated. (A link to Vermont's *Application for Preliminary Sunrise Review Assessment* form may be found in the Resource section of this report.)

Pursuant to 26 V.S.A. § 3101:

"It is the policy of the state of Vermont that regulation be imposed upon a profession or occupation solely for the purpose of protecting the public. The legislature believes that all individuals should be permitted to enter into a profession or occupation unless there is a demonstrated need for the state to protect the interests of the public by restricting entry into the profession or occupation. If such a need is identified, the form of regulation adopted by the state shall be the least restrictive form of regulation necessary to protect the public interest." - State of Vermont

Some evidence suggests that sunrise reviews can be more successful at limiting the growth of licensing than sunset reviews are at removing unnecessary licensing. A sunset review can nevertheless be useful because, even if licensing was justified when first introduced, technological and economic changes may have rendered it unnecessary or overly restrictive. Periodic examination of existing rules is thus helpful in maintaining the quality of occupational regulation. Sunset reviews also have the benefit of reviewing complaints lodged with the licensing board. These can provide important insight into the value of continuing the license.¹⁰

Research has found that other practitioners—not consumers—file a large majority of complaints which mostly related to workers practicing without a license rather than any substantive violation of rules concerning health and safety.¹⁰ Therefore, experts caution that sunset reviews should carefully consider what the complaint record means. In principle, few complaints could mean that licensing a particular occupation eliminates all dangerous conduct, but it can also mean that

genuine consumer harms are very rare in the occupation.¹⁰ For that reason, the licenses recommended for reform in this report are accompanied by complaint data (where available) to assist decision-makers with comprehensive information when reviewing the recommendations.

D. Strategies for Occupational Licensing Reform

State policymakers play a critical and longstanding role in occupational licensing policies, dating back to the late 19th century when the Supreme Court decision in *Dent v. West Virginia* established states' rights to regulate certain professions. Shortly thereafter, states began developing their own systems of occupational regulation and licensing.⁸ State policymakers play a central role in developing and shaping these systems by:

1. Establishing licensing requirements for specific occupations.
2. Authorizing regulatory boards to license applicants and oversee compliance.
3. Reviewing the merits of existing and proposed licensure requirements.
4. Proposing strategies or guiding principles to improve the state's overall approach to regulating professions.

According to a 2015 brief published by the Council on Licensure, Enforcement and Regulation, "civic leaders, elected officials, and courts have struggled to balance legitimate interests in protecting public health and safety with the preservation of free practice." Striking the right balance represents an opportunity for policymakers to achieve important public policy goals, including consumer protection, job creation, workforce mobility and economic growth. Removing employment barriers for unique populations, such as immigrants with work authorization, military families, and people with criminal records, offers a powerful lever to achieve multiple policy goals. These include employment growth, reduced reoffending for employed ex-offenders, enhanced geographic mobility, and economic stability and opportunity for individuals and their families.⁸

Some of the most comprehensive occupational licensing reforms were passed in Arizona, Tennessee, and Mississippi. Arizona and Tennessee each passed a *Right to Earn a Living Act*. The Act limits entry regulations into an occupation to only those that are legitimately necessary to protect public health, safety, or welfare and then those objectives could *not* be met with less burdensome means, including certification, bonding, insurance, inspections, etc. It favors policy options that preserve occupational freedom.¹³

Over the past few years, several studies, research briefs, and guidance documents have been published that provide tools, resources, and strategies for policymakers for tackling occupational licensing reform. Several states have found these resources to be helpful in implementing less restrictive regulations, evaluating the roles of regulatory boards, conducting ongoing sunset review hearings, and recognizing and prevent the passing of unnecessary licensing laws. Several of these resources are included in the Resource section of this report.

Policymaker Questions to Ask When Considering Occupational Licensing Proposals

What is the problem?	<ul style="list-style-type: none"> Has the public been harmed because the occupation has not been regulated? Has the public's health, safety or economic well-being been endangered? Can proponents' claims be documented?
Why should the occupation be regulated?	<ul style="list-style-type: none"> Who uses the services offered by the occupation? Does the public lack knowledge or information to evaluate the providers' qualifications? What is the extent of the autonomy of the providers? Do they work independently or under supervision? If supervised, is the supervisor covered under regulatory statute?
What efforts have been made to address the problems?	<ul style="list-style-type: none"> Has the occupation established a code of conduct or complaint-handling procedures for resolving disputes between practitioners and consumers? Has a non-governmental certification program been established to assist the public in identifying qualified practitioners? Could use of applicable laws or existing standards (e.g., civil laws or unfair and deceptive trade practice laws) solve problems? Would strengthening existing laws help to deal with the problem?
Have alternatives to licensure been considered?	<ul style="list-style-type: none"> Could an existing agency be used to regulate the occupation? Would regulation of the employer versus the individual practitioner (e.g., licensing a restaurant instead of its employees) provide the necessary public protection? Could registration or certification be an acceptable alternative? Why would use of less stringent alternatives adequately protect the public? Why would licensing be more effective?
Will the public benefit from regulating the occupation?	<ul style="list-style-type: none"> How will regulation help the public identify qualified practitioners? How will regulation assure that practitioners are competent? Are all standards job-related? How do the standards, training and experience requirements compare with other states? Can differences be justified? Are alternative routes of entry recognized—for example, for individuals licensed in another state?
Will regulation harm the public?	<ul style="list-style-type: none"> Will competition be restricted by the regulated group? Will the regulated group control the supply of practitioners? Are standards more restrictive than necessary? Will regulation increase the cost of goods and services to consumers? Will regulation decrease the availability of practitioners?
How will the regulatory activity be administered?	<ul style="list-style-type: none"> Who will administer the regulation? What power will the entity have, and will its actions be subject to review? How would the cost of administering the regulatory entity be financed?
Who is sponsoring the regulatory program?	<ul style="list-style-type: none"> Are members of the public sponsoring the legislation? What provider associations or organizations are sponsoring the regulatory approach?
Why is regulation being sought?	<ul style="list-style-type: none"> Is the profession seeking to enhance its status by having its own regulatory law? Is the occupation seeking licensure to facilitate reimbursement? Is the public seeking greater accountability of the occupation?

Source: Council on Licensure, Enforcement and Regulation, *Questions Legislators Should Ask*, 1994

VI. Conclusion

Most consumers acknowledge that the regulation of certain occupations is vital for the protection of public health, safety, and welfare. Where opinions begin to differ is determining which occupations should be regulated and at what level. This report is intended to provide the data and information necessary to aid in these statewide discussions and considerations and to continue the goal of commonsense occupational licensing reforms that will maintain consumer protection while removing barriers in order to provide economic opportunities for Wisconsin's workers and entrepreneurs. Moving forward, the federal directive is for states to continue to learn from one another as they adopt and refine regulatory practices that seek to remove barriers to work and improve portability across state lines.

VII. Appendices

Appendix A - Wisconsin Regulated Occupations

Occupation	Regulating Agency	Type of Regulation	No. Active Licenses
Buttermaker	DATCP	License	43
Cheesemaker	DATCP	License	1,283
Humane Officer	DATCP	Certificate	208
Pesticide Applicator Certification; commercial	DATCP	Certification	18,600
Pesticide Applicator Certification; private	DATCP	Certification	12,300
Pesticide Commercial Applicator (Individual)	DATCP	License	8,900
Veterinarian	DATCP	License	3,427
Veterinarian - Faculty License	DATCP	License	33
Veterinarian - Temporary Consulting Permit	DATCP	Permit	1
Veterinary Technician	DATCP	Certificate	2,148
Weights and Measures Service Technician	DATCP	Certification	805
Agent (Broker-Dealer Agent/Securities Agent)	DFI	Registration	146,350
Broker-Dealer	DFI	Registration	1,613
Fundraising Counsel	DFI	Registration	0
Investment Advisor	DFI	Registration	361
Investment Advisor Representative	DFI	Registration	9,915
Mortgage Banker	DFI	License	397
Mortgage Broker	DFI	License	194
Mortgage Loan Originator	DFI	Registration and License	10,392
Notary Public	DFI	Commission	81,971
Solicitor/Collector	DFI	License	6,348
Advanced Emergency Medical Technician	DHS	License	2,325
Asbestos Abatement Supervisor	DHS	Certification	1,264
Asbestos Abatement Worker	DHS	Certification	516
Asbestos Inspector	DHS	Certification	625
Asbestos Management Planner	DHS	Certification	49
Asbestos Project Designer	DHS	Certification	48
Emergency Medical Responder	DHS	Certification	3,343
Emergency Medical Technician	DHS	License	8,733
Exterior Asbestos Supervisor	DHS	Certification	89
Intermediate (EMT)	DHS	License	123
Lead Abatement Supervisor	DHS	Certification	319
Lead Abatement Worker	DHS	Certification	100
Lead Hazard Investigator	DHS	Certification	77
Lead Inspector	DHS	Certification	7
Lead Project Designer	DHS	Certification	0
Lead Risk Assessor	DHS	Certification	231
Lead Sampling Technician	DHS	Certification	15
Lead-Safe Renovator	DHS	Certification	4,434
Nurse Aide	DHS	Certification	58,790
Paramedic	DHS	License	4,949
Exterior Asbestos Worker	DHS	Certification	1,189
Heat Exchange Driller	DNR	License	32
Heat Exchange Drilling Rig Operator	DNR	Registration	37
Municipal Waterworks Operator	DNR	Certification	2,619
Pump Installer	DNR	License	1,170
Septage Service Operator	DNR	Certification	1,193
Small Water System Operator	DNR	Certification	948
Solid Waste Disposal Facility Operator	DNR	Certification	322
Solid Waste Incinerator Operator	DNR	Certification	25
Wastewater Operator	DNR	Certification	2,529
Water Well Driller	DNR	License	251
Water Well Drilling Rig Operator	DNR	Registration	138

Occupation	Regulating Agency	Type of Regulation	No. Active Licenses
Assessor	DOR	Certificate	683
Cigarette Salesperson	DOR	Permit	685
Liquor Salesperson	DOR	Permit	3,017
Tobacco Products Salesperson	DOR	Permit	760
Buyer's License	DOT	License	6,879
Certify 3rd Party CDL Examiner	DOT	Certification	215
Certify Traffic Safety School Instructor	DOT	Certification	165
Driver Training School Instructor	DOT	License	764
Representative License	DOT	License	792
Salesperson License	DOT	License	14,589
Salvage Buyer License	DOT	License	3,606
Acupuncturist	DSPS	License	556
Administrative Medicine and Surgery (DO)	DSPS	License	0
Administrative Medicine and Surgery (MD)	DSPS	License	4
Aesthetician	DSPS	License	2,126
Aesthetics Instructor (Certified)	DSPS	Certification	44
Agent for Burial Agreements	DSPS	Registration	888
Anesthesiologist Assistant	DSPS	License	101
Appraiser, Certified General	DSPS	License and Certification	758
Appraiser, Certified Residential	DSPS	License and Certification	841
Appraiser, Licensed	DSPS	License	253
Architect	DSPS	Registration	4,846
Art Therapist	DSPS	Registration	64
Athlete Agent	DSPS	Registration	66
Athletic Trainer	DSPS	License	1,290
Auctioneer	DSPS	Registration	637
Audiology	DSPS	License	405
Automatic Fire Sprinkler Contractor	DSPS	License	106
Automatic Fire Sprinkler Contractor - Maintenance	DSPS	Registration	27
Automatic Fire Sprinkler Fitter - Maintenance	DSPS	Registration	191
Automatic Fire Sprinkler Fitter, Journeyman	DSPS	License	665
Automatic Fire Sprinkler System Apprentice	DSPS	Registration	138
Automatic Fire Sprinkler System Tester	DSPS	Registration	100
Automatic Fire Sprinkler Tester Learner	DSPS	Registration	12
Barber	DSPS	License	255
Barber Apprentice	DSPS	Permit	39
Barbering Instructor (Certified)	DSPS	Certification	3
Barbering Manager	DSPS	License	505
Behavior Analyst	DSPS	License	195
Blaster Class 1	DSPS	License	37
Blaster Class 2	DSPS	License	96
Blaster Class 3	DSPS	License	17
Blaster Class 4	DSPS	License	5
Blaster Class 5	DSPS	License	151
Blaster Class 6	DSPS	License	71
Blaster Class 7	DSPS	License	13
Body Piercer	DSPS	License	242
Boiler-Pressure Vessel In-Service Field Inspector	DSPS	Certification	0
Boiler-Pressure Vessel Inspector	DSPS	Certification	135
Boxing Contestant	DSPS	License	34
Boxing Judge	DSPS	License	5
Boxing Referee	DSPS	License	1
Cemetery Authority	DSPS	Registration	40
Cemetery Authority - Licensed	DSPS	License	116
Cemetery Authority-Religious	DSPS	Certification	406
Cemetery Preneed Seller	DSPS	License	156
Cemetery Salesperson	DSPS	License	141
Certified Public Accountant	DSPS	License	11,974
Chiropractic Radiological Technician	DSPS	Certification	312
Chiropractic Technician	DSPS	Certification	1,208
Chiropractor	DSPS	License	2,400

Occupation	Regulating Agency	Type of Regulation	No. Active Licenses
Clinical Substance Abuse Counselor	DSPS	Certification	1,628
Clinical Supervisor-in-Training	DSPS	Certification	186
Commercial Building Inspector	DSPS	Certification	632
Commercial Electrical Inspector	DSPS	Certification	765
Commercial Plumbing Inspector	DSPS	Certification	397
Cosmetologist	DSPS	License	29,472
Cosmetology Apprentice	DSPS	Permit	257
Cosmetology Instructor (Certified)	DSPS	Certification	751
Cosmetology Temporary Permit	DSPS	Permit	372
Cosmetology Training Permit	DSPS	Permit	0
Counselor, Professional	DSPS	License	4,038
Counselor, Training License Professional	DSPS	License	1,867
Cross Connection Control Tester	DSPS	Registration	1,939
Dance Therapist	DSPS	Registration	7
Dental Hygienist	DSPS	License	5,306
Dentist	DSPS	License	4,324
Designer of Engineering Systems	DSPS	Permit	749
Dietitian, Certified	DSPS	Certification	1,933
Dwelling Contractor	DSPS	Certification	10,447
Dwelling Contractor Qualifier	DSPS	Certification	10,967
Dwelling Contractor Restricted	DSPS	Certification	8
Electrical - Residential Apprentice	DSPS	Registration	7
Electrical Contractor	DSPS	License	3,046
Electrician, Apprentice	DSPS	Registration	1,715
Electrician, Industrial Apprentice	DSPS	Registration	19
Electrician, Industrial Journeyman	DSPS	License	726
Electrician, Journeyman	DSPS	License	5,974
Electrician, Master	DSPS	License	5,743
Electrician, Master Registered	DSPS	Registration	665
Electrician, Registered (Beginning)	DSPS	Registration	2,287
Electrician, Residential Journeyman	DSPS	License	130
Electrician, Residential Master	DSPS	License	215
Electrologist	DSPS	License	164
Electrology Instructor (Certified)	DSPS	Certification	4
Elevator Apprentice	DSPS	Registration	195
Elevator Apprentice - Restricted	DSPS	Registration	1
Elevator Contractor	DSPS	License	57
Elevator Helper	DSPS	Registration	146
Elevator Inspector	DSPS	License	61
Elevator Mechanic	DSPS	License	620
Elevator Mechanic - Restricted	DSPS	License	10
Elevator Mechanic Temporary	DSPS	License	8
Engineer in Training	DSPS	Certification	1,893
Engineer, Professional	DSPS	Registration	16,162
Fire Detection, Prevention, and Suppression Inspector	DSPS	Certification	325
Firearms Certifier	DSPS	Certification	90
Fireworks Manufacturer	DSPS	License	15
Funeral Director	DSPS	License	1,195
Funeral Director Apprentice	DSPS	Permit	127
Funeral Director Embalming Only	DSPS	License	0
Funeral Director in Good Standing	DSPS	Certification	0
Geologist, Professional	DSPS	License	758
Hearing Instrument Specialist	DSPS	License	281
Home Inspector	DSPS	Registration	896
Home Medical Oxygen Provider	DSPS	License	174
HVAC Contractor	DSPS	Registration	3,322
HVAC Qualifier	DSPS	Certification	507
Hydrologist, Professional	DSPS	License	104
Independent Clinical Supervisor	DSPS	Certification	273
Interior Designer	DSPS	Registration	248
Intermediate Clinical Supervisor	DSPS	Certification	212

Occupation	Regulating Agency	Type of Regulation	No. Active Licenses
Juvenile Martial Arts Instructor	DSPS	Permit	67
Kickboxing Amateur Contestant	DSPS	License	1
Kickboxing Judge	DSPS	License	4
Kickboxing Referee	DSPS	License	2
Land Surveyor, Professional	DSPS	License	1,005
Landscape Architect	DSPS	License	406
Licensed Radiographer	DSPS	License	6,361
Lift Apprentice	DSPS	Registration	0
Lift Helper	DSPS	Registration	29
Lift Mechanic	DSPS	License	17
Limited X-Ray Machine Operator	DSPS	Permit	52
Liquified Gas Supplier	DSPS	License	155
Liquified Gas Supplier - Restricted	DSPS	License	73
Manicuring Instructor (Certified)	DSPS	Certification	40
Manicurist	DSPS	License	3,310
Manufactured Home Installer	DSPS	License	169
Manufactured Homes Dealer	DSPS	License	174
Manufactured Homes Sales Person	DSPS	License	356
Marriage and Family Therapist	DSPS	License	717
Marriage and Family Therapist, Training License	DSPS	License	275
Massage Therapist or Bodywork Therapist	DSPS	License	5,136
Matchmaker (Unarmed Combat Sports)	DSPS	License	6
Medicine and Surgery (DO)	DSPS	License	2,154
Medicine and Surgery (MD)	DSPS	License	23,775
Mixed Martial Arts Amateur Contestant	DSPS	License	144
Mixed Martial Arts Judge	DSPS	License	8
Mixed Martial Arts Professional Contestant	DSPS	License	44
Mixed Martial Arts Referee	DSPS	License	3
Mobile Dentistry Program Registrant	DSPS	Registration	36
Muay Thai Amateur Contestant	DSPS	License	2
Muay Thai Judge	DSPS	License	2
Muay Thai Referee	DSPS	License	1
Music Therapist	DSPS	Registration	59
Nurse - Midwife	DSPS	License	393
Nurse, Advanced Practice Prescriber	DSPS	Certification	6,566
Nurse, Licensed Practical	DSPS	License	13,451
Nurse, Registered	DSPS	License	104,423
Nursing Home Administrator	DSPS	License	978
Occupational Therapist	DSPS	License	3,796
Occupational Therapy Assistant	DSPS	License	1,486
Optometrist	DSPS	License	1,085
Peddler	DSPS	License	45
Perfusionist	DSPS	License	149
Pharmacist	DSPS	License	8,924
Physical Therapist	DSPS	License	6,126
Physical Therapist Assistant	DSPS	License	2,232
Physician Assistant	DSPS	License	3,080
Pipe Layer	DSPS	Registration	865
Plumber - Journeyman Restricted Appliance	DSPS	License	300
Plumber - Journeyman Restricted Service	DSPS	License	241
Plumber - Master Restricted Appliance	DSPS	License	199
Plumber - Master Restricted Service	DSPS	License	525
Plumber, Journeyman	DSPS	License	2,694
Plumber, Master	DSPS	License	2,976
Plumbing Apprentice	DSPS	Registration	957
Plumbing Learner - Restricted Appliance	DSPS	Registration	140
Plumbing Learner - Restricted Service	DSPS	Registration	154
Podiatric Medicine and Surgery	DSPS	License	405
POWTS Inspector	DSPS	Certification	429
POWTS Maintainer	DSPS	Registration	591
Prevention Specialist	DSPS	Certification	36

Occupation	Regulating Agency	Type of Regulation	No. Active Licenses
Prevention Specialist-in-Training	DSPS	Certification	54
Private Detective	DSPS	License	1,044
Private Practice of School Psychologist	DSPS	License	31
Private Security Person	DSPS	Permit	10,846
Professional Boxing Promoter	DSPS	License	1
Professional Mixed Martial Arts Promoter	DSPS	License	1
Psychologist	DSPS	License	1,797
Real Estate Broker	DSPS	License	9,620
Real Estate Salesperson	DSPS	License	13,822
Registered Sanitarian	DSPS	Registration	273
Resident Educational License	DSPS	License	1,011
Respiratory Care Practitioner	DSPS	Certification	3,131
Ringside Physician	DSPS	License	6
Second (Unarmed Combat Sports)	DSPS	License	152
Sign Language Interpreter	DSPS	License	355
Sign Language Interpreter- Restricted	DSPS	License	45
Social Worker	DSPS	Certification	5,546
Social Worker Training Certificate	DSPS	Certification	310
Social Worker, Advanced Practice	DSPS	Certification	3,340
Social Worker, Independent	DSPS	Certification	261
Social Worker, Licensed Clinical	DSPS	License	3,625
Soil Erosion Inspector	DSPS	Certification	204
Soil Scientist, Professional	DSPS	License	96
Soil Tester	DSPS	Certification	769
Speech-Language Pathology	DSPS	License	2,217
Substance Abuse Counselor	DSPS	Certification	654
Substance Abuse Counselor-in-Training	DSPS	Certification	1,178
Tattooist	DSPS	License	1,236
Timekeeper (Unarmed Combat Sports)	DSPS	License	2
Timeshare Salesperson	DSPS	Registration	314
UDC - Construction Inspector	DSPS	Certification	901
UDC - Electrical Inspector	DSPS	Certification	658
UDC - HVAC Inspector	DSPS	Certification	802
UDC - Plumbing Inspector	DSPS	Certification	802
Unarmed Combat Sports Promoter	DSPS	License	9
Utility Contractor	DSPS	License	311
Weld Test Conductor	DSPS	Certification	143
Welder	DSPS	Registration	4,449
Certified Private Rehabilitation Specialist	DWD	Certificate	92
License to Appear at a Worker's Compensation Hearing Agent/Representative	DWD	License	18
Private Employment Agent License	DWD	License	12
Private Employment Agent Registration	DWD	Registration	237
Lobbyist	Ethics	License	632
Insurance producer, Intermediary (Agent)	OCI	License	153,277
Total:	280		1,023,142

Appendix B - State Comparison List of Regulated Occupations

The following is a list of occupations that are regulated in Wisconsin and in less than or equal to 20 other states. It is possible that additional regulated occupations could fall under this category. However, either the data was unavailable for some occupations or may have been inconclusive (i.e. data not available for all states). Therefore, this list only includes occupations where data was available. Research revealed that some local municipalities or counties, rather than the state, administered and required certain occupational licenses. In other states, the state regulatory agency accepts a credential issued by a professional or trade organizations but does not issue or require a separate state license. Therefore, for comparison purposes, states were only counted if the similar license type is administered and *required* by the state regulatory agency.

Title of License	Agency	Number of Other States that Regulate Similar License Type
Buttermaker	DATCP	0
Certified Private Rehabilitation Specialist	DWD	0
Cheesemaker	DATCP	0
Designer of Engineering Systems	DSPS	0
Funeral Director in Good Standing	DSPS	0
Humane Officer	DATCP	0
Hydrologist, Professional	DSPS	0
License to Appear at a Worker's Compensation Hearing Agent/Representative	DWD	0
Marriage and Family Therapist, Training License	DSPS	0
Nurse, Advanced Practice Prescriber	DSPS	0
Plumber - Master Restricted Service	DSPS	0
Prevention Specialist-in-Training	DSPS	0
Private Practice School Psychologist	DSPS	0
Substance Abuse Counselor-in-Training	DSPS	0
Dance Therapist	DSPS	1
Juvenile Martial Arts Instructor	DSPS	1
Plumber - Master Restricted Appliance	DSPS	1
Private Employment Agent Registration	DWD	1
Sign Language Interpreter- Restricted	DSPS	1
Veterinarian - Temporary Consulting Permit	DATCP	1
Electrician, Master Registered	DSPS	2
Elevator Helper	DSPS	2
Lift Helper	DSPS	2
Plumber - Journeyman Restricted Service	DSPS	2
Weld Test Conductor	DSPS	2
Automatic Fire Sprinkler Tester Learner	DSPS	3
Electrician, Industrial Journeyman	DSPS	3
Electrician, Registered (Beginning)	DSPS	3
Plumber - Journeyman Restricted Appliance	DSPS	3
Plumbing Learner - Restricted Service	DSPS	3
Social Worker Training Certificate	DSPS	3
Interior Designer	DSPS	4
Plumbing Learner - Restricted Appliance	DSPS	4
Soil Erosion Inspector	DSPS	4
Veterinarian - Faculty License	DATCP	4
Electrical - Residential Apprentice	DSPS	5
Electrician, Industrial Apprentice	DSPS	5
Elevator Mechanic - Restricted	DSPS	5
Lift Apprentice	DSPS	5
Peddler	DSPS	5
Soil Tester	DSPS	5
Automatic Fire Sprinkler Contractor - Maintenance	DSPS	6
Elevator Apprentice - Restricted	DSPS	6
Intermediate (EMT)	DHS	6

Title of License	Agency	Number of Other States that Regulate Similar License Type
Liquified Gas Supplier - Restricted	DSPS	6
Chiropractic Radiological Technician	DSPS	7
Elevator Mechanic Temporary	DSPS	7
Music Therapist	DSPS	7
Automatic Fire Sprinkler Fitter - Maintenance	DSPS	8
Cemetery Preneed Seller	DSPS	8
Cemetery Salesperson	DSPS	8
Electrician, Residential Master	DSPS	8
Funeral Director Apprentice	DSPS	8
Lift Mechanic	DSPS	8
Soil Scientist, Professional	DSPS	8
Welder	DSPS	8
Art Therapist	DSPS	11
Athlete Agent	DSPS	11
Automatic Fire Sprinkler System Tester	DSPS	11
Cosmetology Training Permit	DSPS	11
Dwelling Contractor Restricted	DSPS	11
Firearms Certifier	DSPS	11
Automatic Fire Sprinkler System Apprentice	DSPS	12
Electrician, Residential Journeyman	DSPS	12
Anesthesiologist Assistant	DSPS	13
Blaster Class 7	DSPS	13
Commercial Plumbing Inspector	DSPS	13
Elevator Apprentice	DSPS	13
Mobile Dentistry Program Registrant	DSPS	13
Commercial Electrical Inspector	DSPS	14
Representative License	DOT	14
Salvage Buyer License	DOT	14
UDC - Electrical Inspector	DSPS	14
Blaster Class 5	DSPS	15
Blaster Class 6	DSPS	15
Cigarette salesperson	DOR	15
Pipe Layer (Non-contractor)	DSPS	15
Tattooist	DSPS	15
Tobacco products salesperson	DOR	15
Blaster Class 2	DSPS	16
Blaster Class 3	DSPS	16
Blaster Class 4	DSPS	16
Dwelling Contractor Qualifier	DSPS	16
Perfusionist	DSPS	16
POWTS Inspector	DSPS	16
UDC - Construction Inspector	DSPS	16
UDC - Plumbing Inspector	DSPS	16
Utility Contractor	DSPS	16
Cross Connection Control Tester	DSPS	17
Auctioneer	DSPS	18
Commercial Building Inspector	DSPS	18
Cosmetology Temporary Permit	DSPS	18
Muay Thai Amateur Contestant	DSPS	18
Muay Thai Professional Contestant	DSPS	18
POWTS Maintainer	DSPS	18
UDC - HVAC Inspector	DSPS	18
Automatic Fire Sprinkler Fitter - Journeyman	DSPS	19
HVAC Qualifier	DSPS	19
Manufactured Homes Sales Person	DSPS	19
Fundraising Counsel	DFI	20
Social Worker, Independent	DSPS	20

Appendix C - List of Occupations Recommended for Reform

The following occupations are recommended for elimination by the regulatory agency:

Occupation and Type of Regulation	No. Issued	Agency	Recommendation and Reason
Veterinarian Faculty License	33	DATCP	Agency Recommendation: Eliminate <ul style="list-style-type: none"> • The university could be responsible for verifying credentials, qualifications, and performance of veterinary faculty under their employ. • There have been 0 complaints over the past 5 years. • Only 4 states issue this type of license and typically grant the license on a temporary basis, such as one year.
Veterinarian – Temporary Consulting Permit	0	DATCP	Agency Recommendation: Eliminate <ul style="list-style-type: none"> • Very few licenses of this type are issued, making this credential unnecessary. • The requesting Wisconsin-licensed veterinarian who request the assistance could be responsible for verifying credentials, qualifications and performance of a consulting veterinarian licensed in another state. • There have been 0 complaints over the past 5 years. • Only 1 other state, California, issues a license for this occupation.
Community Currency Exchanger License	167	DFI	Agency Recommendation: Eliminate <ul style="list-style-type: none"> • There are alternative avenues in place for cash transmission such as electronic transactions rather than check cashing. • There have been 9 complaints received over the past 5 years with 0 resulting in disciplinary action. • 30 other states have similar titles for this license type.
Insurance Premium Finance Companies License	32	DFI	Agency Recommendation: Eliminate <ul style="list-style-type: none"> • The marketplace product and services has moved away from consumers and is instead a product/service used primarily in business/commercial setting. It would not harm consumers to eliminate this regulation. • Since 2004, there's been 1 instance of consumers being overcharged (<\$75). Money was refunded to harmed consumers. • Only 7 other states regulate this license type.
Solid Waste Incinerator Operator Certification	25	DNR	Agency Recommendation: Eliminate <ul style="list-style-type: none"> • Wisconsin is currently providing a service to Wisconsin incinerator operators by proctoring an exam and providing certification, NR 499.09, Wis. Adm. Code, and s. 285.51, Stats., to meet state and federal requirements. • Regulated sources could travel out of state or create their own in-house program; however, consideration should be given to the additional financial cost. • There have been 0 complaints over the past 5 years. • It is unknown how many other states require certification for this occupation.

Occupation and Type of Regulation	No. Issued	Agency	Recommendation and Reason
Cigarette Salesperson Permit	685	DOR	Agency Recommendation: Eliminate <ul style="list-style-type: none"> This regulation is a duplication of effort and could be eliminated because manufacturers and distributors are required to get their own permits and may already be doing background checks on their employees for public protection. There have been 0 complaints received over the past 5 years. 15 other states regulate this license type.
Liquor Salesperson Permit	3,017	DOR	Agency Recommendation: Eliminate <ul style="list-style-type: none"> This regulation is a duplication of effort and could be eliminated because manufacturers and distributors are required to get their own permits and may already be doing background checks on their employees for public protection. There have been 0 complaints received over the past 5 years. 20 other states regulate this license type. <p>Note: While not issued by the state, there are statutory requirements regarding responsible beverage servers (bartender licenses). These are issued by local governments with some criteria set out in state statutes.</p>
Tobacco Products Salesperson Permit	760	DOR	Agency Recommendation: Eliminate <ul style="list-style-type: none"> This regulation is a duplication of effort and could be eliminated because manufacturers and distributors are required to get their own permits and may already be doing background checks on their employees for public protection. There have been 0 complaints received over the past 5 years. 15 other states regulate this license type. (Data combined with cigarette salesperson.)
Buyer Identification Card License	N/A	DOT	Agency Recommendation: Consider Elimination <ul style="list-style-type: none"> Elimination of this license may warrant discussion regarding its applicability in today's industry. When this license was created the industry conducted almost all auctions in person. Since then the salvage pool industry has migrated to an online platform and almost all purchases are made online. Because of this enforcement is almost impossible as it would require a regulator to observe the buyer in the act of bidding which often takes place in businesses or residences. However, the rescission of this license would result in an annual revenue loss of \$21,636 to DOT (ea. Cost \$6-\$12/year). The public does not directly benefit from the regulation of this licensee. This regulation was found in 10 other states.
Certified Private Rehabilitation Specialist Certificate	92	DWD	Agency Recommendation: Eliminate <ul style="list-style-type: none"> Injured employees with worker's compensation claims who are seeking vocational rehabilitation services may receive these services sooner through a private resource than through the State. There have been 0 complaints received over the past 5 years. This license type is not regulated by any other state.

Occupation and Type of Regulation	No. Issued	Agency	Recommendation and Reason
License to Appear at Worker's Compensation Hearing Agent/ Representative	18	DWD	Agency Recommendation: Eliminate <ul style="list-style-type: none"> The public is protected because only attorneys licensed in Wisconsin and individuals approved by DWD through this licensing process can represent individuals in a Worker's Compensation Hearing. There have been 0 complaints received over the past 5 years. This license type is not regulated by any other state.
Private Employment Agent License	12	DWD	Agency Recommendation: Eliminate <ul style="list-style-type: none"> The license requirement applies to agents who charge a fee to applicants seeking work. Most licensed agencies are modeling agencies. There is no evidence of public harm. A prohibition on certain practices would be a more economic and effective way of regulating as other industries are not regulated in this manner. This regulation is archaic and no longer serves a purpose. There have been 0 complaints received over the past 5 years. 23 other states regulate this license and require either a license or permit or both. Some states have repealed this license over the past 5 years.
Private Employment Agent Registration	237	DWD	Agency Recommendation: Eliminate <ul style="list-style-type: none"> Same reasons as licensed agent. This regulation is archaic and no longer serves a purpose. There have been 0 complaints received over the past 5 years. Only 1 other state regulates this occupation.
Cosmetology Temporary Permit	372	DSPS	Agency Recommendation: Eliminate <ul style="list-style-type: none"> Only 19 other states require or offer a temporary permit for cosmetologists. DL Roope (a cosmetology examination provider) administers these permits with the approval of DSPS. The applicants inform DL Roope on their examination application that they are interested in receiving a temporary permit. DL Roope sends DSPS the list of individuals who are interested in receiving a temporary permit, and DSPS staff cross checks these individuals with a list of individuals who have been given training certificates by the cosmetology schools. By eliminating DSPS' administration over this permit, the public can be protected through allowing the organization who already manages this program to administer the permits. Since DL Roope oversees the application process for this permit, the Department is currently not adding any kind of public protection over this credential besides serving in a "middle-man" role between the cosmetology schools and this examination provider. There is no disciplinary data available on this license type as DSPS does not administer the permit.
Cosmetology Training Permit	0	DSPS	Agency Recommendation: Eliminate <ul style="list-style-type: none"> Only 12 other states require a training permit for cosmetologists. All states except Wisconsin require this permit within the boundaries of an internship, apprenticeship, or educational setting for students. DSPS has not administered or offered these permits since at least 2015.

Occupation and Type of Regulation	No. Issued	Agency	Recommendation and Reason
<p>Designer of Engineering Systems</p> <p>Permit</p>	749	DSPS	<p>Agency Recommendation: Eliminate</p> <ul style="list-style-type: none"> • The job duties of these individuals could be picked up through other credentials such as professional engineers, architects, HVAC contractors, Plumbers, Electricians, POWTS Maintainer and Fire Detection, Prevention and Suppression Inspectors. • The license requirements for this permit are very steep. • According to Wis. Stats. 442.07(5) The permit shall restrict the holder to the specific field and subfields of designing in which the permittee acquired his or her experience in designing. If qualified in more than one type of designing, persons may receive permits for more than one field or subfield of designing as may be determined by the designer section. • There have been 0 complaints resulting in disciplinary action within the last 5 years. • There are no other states besides that license this occupation.
<p>Music Therapist</p> <p>Registration</p>	59	DSPS	<p>Agency Recommendation: Eliminate</p> <ul style="list-style-type: none"> • According to Wis. Admin Code SPS 141.01(4), an applicant can receive a license as a music therapist if the applicant submits proof that they are certified or registered as a music therapist by the Certification Board for Music Therapists, National Music Therapy Registry, American Music Therapy Association, or by another national organization that certifies, registers, or accredits music therapists. Because this is the only noted requirement for licensure outside of conviction review, it would be appropriate to say that the public would be aptly protected by the certification of these individuals exclusively through registration with these outside organizations. • There have been 0 complaints resulting in disciplinary action within the last 5 years.
<p>Art Therapist</p> <p>Registration</p>	64	DSPS	<p>Agency Recommendation: Eliminate</p> <ul style="list-style-type: none"> • According to Wis. Admin Code SPS 141.01(4), an applicant can receive a license as an art therapist if the applicant submits proof that they are certified or registered as an art therapist by the by the Art Therapy Credentials Board or by another national organization that certifies, registers, or accredits art therapists. Because this is the only noted requirement for licensure outside of conviction review, it would be appropriate to say that the public would be aptly protected by the certification of these individuals exclusively through registration with these outside organizations. • There have been 0 complaints resulting in disciplinary action within the last 5 years. • 11 other states regulate art therapists.

Occupation and Type of Regulation	No. Issued	Agency	Recommendation and Reason
Dance Therapist Registration	7	DSPS	Agency Recommendation: Eliminate <ul style="list-style-type: none"> According to Wis. Admin Code SPS 141.01(4), an applicant can receive a license as a dance therapist if the applicant submits proof that they are certified or registered as a dance therapist by the American Dance Therapy Association or by another national organization that certifies, registers, or accredits dance therapists. Because this is the only noted requirement for licensure outside of conviction review, it would be appropriate to say that the public would be aptly protected by the certification of these individuals exclusively through registration with these outside organizations. There have been 0 complaints resulting in disciplinary action within the last 5 years. Only 1 other state regulates dance therapists.
Blaster Class 1 License	42	DSPS	Agency Recommendation: Retain blaster license but eliminate separate classifications. <ul style="list-style-type: none"> Wisconsin State statute does not require seven different classes of licensure for blasters. Therefore, there is no statutory authority for seven distinct licenses (Wis. stats.101.19 (1g) (c). The multiple levels of classification of this license is inconsistent with other states as no other states license seven levels of this credential. DSPS does not distinguish between classes of blasters when processing complaints and disciplinary data.
Blaster Class 2 License	100	DSPS	Agency Recommendation: Eliminate <ul style="list-style-type: none"> See Baster Class 1
Blaster Class 3 License	18	DSPS	Agency Recommendation: Eliminate <ul style="list-style-type: none"> See Baster Class 1
Blaster Class 4 License	6	DSPS	Agency Recommendation: Eliminate <ul style="list-style-type: none"> See Baster Class 1
Blaster Class 5 License	162	DSPS	Agency Recommendation: Eliminate <ul style="list-style-type: none"> See Baster Class 1
Blaster Class 6 License	81	DSPS	Agency Recommendation: Eliminate <ul style="list-style-type: none"> See Baster Class 1
Blaster Class 7 License	13	DSPS	Agency Recommendation: Eliminate <ul style="list-style-type: none"> See Baster Class 1
Intermediate Clinical Supervisor License	273	DSPS	Agency Recommendation: Eliminate <ul style="list-style-type: none"> The requirements for intermediate clinical supervisor and independent clinical supervisor are the same (SPS 161.05), therefore, issuing two credentials with the same requirements is unnecessary. The Substance Abuse Counselor Certification Review Committee recommended eliminating the intermediate clinical supervisor at their meeting on March 22, 2017.
Interior Designer Registration	248	DSPS	Agency Recommendation: Eliminate <ul style="list-style-type: none"> Only 4 other states regulate this license type. The regulation of interior designers has been identified by several studies as the most burdensome licensing requirement of all occupations.

Appendix D – State Agency Occupational Licensure Survey

Thank you for participating in the Wisconsin Occupational License Study survey. Your feedback is important.

[2017 Wisconsin Act 59](#), section 9139, requires the Department of Safety and Professional Services (DSPS) to submit a report to the Governor and the Legislature that includes recommendations for reform relating to Wisconsin's occupational licenses. To meet this requirement, DSPS is conducting a study to determine which occupational licenses are truly needed to protect the public, and explore if less restrictive alternatives may be appropriate.

The purpose of this survey is to collect data and input from each state agency. Your response to the survey questions will ensure accurate identification of each license the state requires, as well as the burdens associated with each license. The data and input collected will be used to provide recommendations for reform and improvement of Wisconsin's occupational licensing requirements.

Your participation by thoroughly answering the survey questions is vital to the success of this study and necessary to fulfill the request of the Governor and Legislature.

The following section will assist you in answering the questions appropriately.

Instructions to Survey Respondents:

1. **Survey Method:** To begin the survey, click on the following link: [Wisconsin Occupational License Study](#). The survey is designed to allow your agency to submit multiple entries if more than one Division or Bureau regulates an occupational license.

2. **Deadline to Submit:** The deadline to complete the survey is **Friday, March 30, 2018**. Agencies must complete the survey by this date.

3. **Assistance:** Questions for assistance with the survey may be sent to DSPSLicensureFeedback@Wisconsin.gov. Please consult with your agency's Chief Legal Counsel to determine if your agency regulates an occupation included in the licensing definition.

4. **Survey Questions:** This linked document contains all of the questions that are included in this survey. Since additional research and outreach to other states may be necessary to appropriately respond to certain questions, you may wish to use this document as a guide to gather the information and data prior to beginning the survey. The survey may automatically skip certain questions based on your response to the previous question. Therefore, some of the questions listed in the document may not be visible or applicable to your specific agency.

* 1. **Please provide your name and title, agency name, and contact information for the person completing this survey.**

Name & Title of Person Completing Survey	<input type="text"/>
Agency Name	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

* 2. **Does your agency issue or regulate any occupational licenses?** *(Note: If you are unsure whether your agency meets the definition listed below, please consult with your agency's Chief Legal Counsel.)*

"Occupational license" means any of the following:

- a. A license, permit, certification, registration, or other approval granted under §167.10 (6m) or chapters 101, 145, or 440 to 480 of the statutes.
- b. A license, permit, certification, registration, or other approval not included above if granted to an individual by this state in order that the individual may engage in a profession, occupation, or trade in this state or in order that the person may use one or more titles in association with his or her profession, occupation, or trade.

☐ Yes

☐ No

- * 3. **Please provide the best point of contact for each occupation your agency regulates.** *(Note: These individuals may be different than the person(s) completing the survey.)*

Please include a contact name, email, and phone number. For example:

1. [Occupation]: Contact name, email address, phone number
2. [Occupation]: Contact name, email address, phone number

--

- * 4. **List each occupation that your agency regulates, the type of license, and the number of active licensees for each type.**

Please number and list each occupation on a separate line. For example:

1. Physician: License; 8,500
2. Wastewater Operator: Certificate; 2,300
3. Interior Designer: Registration; 1,200
4. Funeral Establishment Operator: Permit; 450

--

*** 5. List each licensed occupation and the related barriers or substantial hardships that individuals may face to achieve licensure.**

Please number and list each occupation on a separate line. For example:

1. Physician: [Explanation of barriers]
2. Wastewater Operator: [Explanation of barriers]
3. Interior Designer: [Explanation of barriers]
4. Funeral Establishment Operator: [Explanation of barriers]

--

- * 6. **Specify each licensed occupation and the related estimated costs imposed on individuals or entities as a result of regulation.** *(Note: Please itemize the estimated costs for each category, which includes, but is not limited to, the following: initial licensing fee, tuition, examination fees, registration/credential fees, cost of continuing education required for relicensure, other costs individuals or entities may incur in order to obtain the required license, permit, certification, registration, or other approval granted by this state in order to engage in a profession, trade, or occupation.)*

Please number and list each occupation and related costs on a separate line. For example:

1. [Occupation]: \$ [Total estimated cost]

a. Licensing fee: \$

b. Initial Tuition/Education/Training: \$

c. Continuing Education: \$

d. Examination fees: \$

e. [Other costs - please itemize]: \$

2. [Occupation]: \$ [Total estimated cost]

a. Licensing fee: \$

b. Initial Tuition/Education/Training: \$

c. Continuing Education: \$

d. Examination fees: \$

e. [Other costs - please itemize]: \$

3. [Entity]: \$ [Total estimated cost]

a. Application fee: \$

b. Permit Fee: \$

c. [Other costs - please itemize]: \$

4. [Entity]: \$ [Total estimated cost]

a. Application fee: \$

b. Permit Fee: \$

c. [Other costs - please itemize]: \$

--

7. Is your agency aware of any instances where occupational licensing regulations have impacted the cost or availability of consumer goods or services? [i.e. increased costs for goods or services, decreased availability of practitioners]

☐ Yes

☐ No

8. Please provide specific examples where state licensing regulations have impacted the cost or availability of consumer goods or services.

*** 9. Can the public reasonably expect to benefit due to the regulation of any of these occupations?**

☐ Yes

☐ No

☐ Other: [Please specify]

- * 10. **For each occupation, provide an explanation and supporting evidence to show how the public can reasonably expect to benefit due to the regulation of the occupation. Include research findings or other evidence to show how the benefit is measured.**

Please number and list each occupation on a separate line. For example:

1. [Occupation]: [Measurable benefit, supporting evidence]
2. [Occupation]: [Measurable benefit, supporting evidence]
3. [Occupation]: [Measurable benefit, supporting evidence]
4. [Occupation]: [Measurable benefit, supporting evidence]

--

- * 11. **Specify the occupation and explain why the public may not reasonably expect to benefit due to the regulation of that occupation.**

Please number and list each occupation on a separate line. For example:

1. [Occupation]: [Explanation]
2. [Occupation]: [Explanation]
3. [Occupation]: [Explanation]
4. [Occupation]: [Explanation]

--

* 12. **Would the unregulated practice of any of the currently licensed occupations cause harm or endanger the public health, safety, or welfare?** *(Note: The potential for harm must be recognizable and not speculative and the consequences of incompetence are substantial and irreversible.)*

- ☐ Yes
- ☐ No
- ☐ Don't know

* 13. **For each occupation, list the specific public harm or danger that could occur due to unregulated providers.** *(Note: The potential for harm must be recognizable and not speculative and the consequences of incompetence are substantial and irreversible.)*

Please number and list each occupation on a separate line. For example:

1. [Occupation]: [Explanation]
2. [Occupation]: [Explanation]
3. [Occupation]: [Explanation]
4. [Occupation]: [Explanation]

--

* 14. **For any of the licensed occupations, could the general public be reasonably protected from potential harm or danger through less restrictive means (other than licensing)?**

- ☐ Yes
- ☐ No

- * 15. **For each occupational group, provide examples of alternative means (other than regulation or licensing) that could protect the general public from potential harm or danger.**

Please number and list each occupation on a separate line. For example:

1. [Occupation]: [Alternatives]

2. [Occupation]: [Alternatives]

3. [Occupation]: [Alternatives]

--

- * 16. **List the occupations that would not subject the general public to harm or danger should that occupation become unregulated.**

Please number and list each occupation on a separate line.

--

- * 17. **Has your agency received any licensing complaints in the previous five years (2013-2017) for any of the occupations that you regulate?**

☐ Yes

☐ No

- * 18. **For each occupation, list the number of complaints that have been received in each of the previous five years (2013-2017). In addition, indicate how many of those complaints resulted in opening an investigation, and how many resulted in disciplinary action.**

Please number and list each occupation on a separate line. For example:

1. [Occupation]:

2013: 15 received, 14 investigated, 10 disciplinary action;
2014: 20 received, 18 investigated, 15 disciplinary action;
2015: 25 received, 20 investigated, 12 disciplinary action;
2016: 30 received, 25 investigated, 20 disciplinary action;
2017: 35 received, 30 investigated, 25 disciplinary action.

2. [Occupation]:

2013: 15 received, 14 investigated, 10 disciplinary action;
2014: 20 received, 18 investigated, 15 disciplinary action;
2015: 25 received, 20 investigated, 12 disciplinary action;
2016: 30 received, 25 investigated, 20 disciplinary action;
2017: 35 received, 30 investigated, 25 disciplinary action.

--

*** 19. For each occupation, list the top three types of complaints your agency received over the previous five years (2013-2017).**

For each occupation and year, please number and list the top complaints on a separate line. a=top complaint; b=2nd top complaint, c=3rd top complaint. For example:

1. [Occupation]:

- a. Practicing without a license
- b. Operating beyond the Scope of Practice
- c. Failure to disclose discipline from another state

2. [Occupation]:

- a. Breach of contract
- b. Failure to comply with educational requirements
- c. Practicing without required supervision

--

*** 20. Has there been evidence of specific public harm that occurred prior to any of these occupations being regulated in Wisconsin?**

- ☐ Yes
- ☐ No
- ☐ Don't know

- * 21. **For each occupation, provide specific examples and documented evidence of the public harm that was caused due to this occupation being unregulated.**

Please number and list each occupation on a separate line. For example:

1. [Occupation]: [type of Harm],
[Specific evidence - documented court case, etc.]

2. [Occupation]: [type of Harm],
[Specific evidence - documented court case, etc.]

3. [Occupation]: [type of Harm],
[Specific evidence - documented court case, etc.]

4. [Occupation]: [type of Harm],
[Specific evidence - documented court case, etc.]

- * 22. **Do other states license or regulate any of these occupations or professional scopes of practice?**

☐ Yes

☐ No

* 23. **For each occupation, list the state(s) and how they regulate that occupation.** [i.e. credential, certification, license, permit, registration, etc.]

Please number and list each occupation on a separate line. For example:

1. [Occupation]:

Illinois: certification

California: license

Minnesota: permit

Michigan: registration

2. [Occupation]:

Arkansas: permit

Idaho: license

Maine: certification

New Mexico: registration

New York: credential

--

- * 24. **For each occupation, specify the requirement for each type of regulation and renewal.** [e.g. years of initial didactic or practical education, continuing education hours, exam, refreshers, apprenticeship, internship, field experience, etc.]

Please number and list each occupation on a separate line. For example:

1. [Occupation]:

Illinois: [Requirement]

California: [Requirement]

Minnesota: [Requirement]

Michigan: [Requirement]

2. [Occupation]:

Arkansas: [Requirement]

Idaho: [Requirement]

Maine: [Requirement]

New Mexico: [Requirement]

New York: [Requirement]

--

25. **For each state that provides a different type of regulation than Wisconsin, provide evidence of any specific public harm that occurred due to that state's type of regulation for that occupation.**

Please number and list each occupation on a separate line. For example:

1. [Occupation]:

[State]: [Type of regulation]; [Harm caused and supporting evidence]

[State]: [Type of regulation]; [Harm caused and supporting evidence]

[State]: [Type of regulation]; [Harm caused and supporting evidence]

2. [Occupation]:

[State]: [Type of regulation]; [Harm caused and supporting evidence]

[State]: [Type of regulation]; [Harm caused and supporting evidence]

[State]: [Type of regulation]; [Harm caused and supporting evidence]

--

26. For each occupation, provide evidence of any specific public harm that occurred prior to this occupation being regulated in that state.

Please number and list each occupation on a separate line. For example:

1. [Occupation]:

[State]: [information/evidence of harm];

[State]: [information/evidence of harm];

[State]: [information/evidence of harm].

2. [Occupation]:

[State]: [information/evidence of harm];

[State]: [information/evidence of harm];

[State]: [information/evidence of harm].

--

*** 27. For each state that does not regulate these occupations, has any specific public harm occurred due to the occupation being unregulated?**

☐ Yes

☐ No

☐ Don't know

- * 28. **For each unregulated occupation, provide evidence of the specific public harm that occurred in that state** [e.g. news articles or releases, etc.]

Please number and list each occupation on a separate line. For example:

1. [Occupation]:

[State]: [information/evidence of harm];

[State]: [information/evidence of harm];

[State]: [information/evidence of harm].

2. [Occupation]:

[State]: [information/evidence of harm];

[State]: [information/evidence of harm];

[State]: [information/evidence of harm].

- * 29. **Provide a summarizing statement from your agency or board why the license for each occupation that your agency regulates is warranted or should be eliminated.**

Please number and list each occupation on a separate line. For example:

1. [Occupation]: [Retain Regulation or Eliminate - Summarizing statement]

2. [Occupation]: [Retain Regulation or Eliminate - Summarizing statement]

3. [Occupation]: [Retain Regulation or Eliminate - Summarizing statement]

4. [Occupation]: [Retain Regulation or Eliminate - Summarizing statement]

30. Do you have any additional comments, questions, or concerns that you would like to share?

Intro

Thank you for participating in the Wisconsin Occupational License Study survey. Your feedback is important. The deadline for participation is December 10, 2018.

Pursuant to 2017 Wisconsin Act 59, the Department of Safety and Professional Services (DSPS) is required to submit a report to the Governor and the Legislature that includes recommendations for reform relating to Wisconsin's occupational licenses.

The data and input collected will be used to provide recommendations for reform and improvement of Wisconsin's occupational licensing requirements.

Please Read:

The terms below are used in the survey and defined as follows:

“License” means a state of Wisconsin-issued occupational license, credential, certification, or registration. “License” does not include permits, facility or establishment licenses, business licenses (such as a liquor license or vending license), or licenses required by a local or municipal ordinance.

“Main job or occupation” means your current and main occupation or job, job from which you are on layoff, or job at which you last worked if you are between jobs.

*** Do you have a currently active occupational or professional license or credential that is issued by the state of Wisconsin?**

- ☐ Yes, I have an active license that is issued by the State of Wisconsin.
- ☐ No, my license application is pending.
- ☐ No, my license is inactive or expired.
- ☐ No, I do not hold a Wisconsin state-issued license.

*** Specify the type of active license that you hold. If you hold multiple licenses, select the category type that best describes the license you use for your primary/main occupation.**

- ☐ Animal or Agriculture related
- ☐ Banking and Financial related (includes investments, insurance, lenders, collectors, tax assessor, charitable fundraising)
- ☐ Business related
- ☐ Chemical, Environmental, or Utilities Dealer, Supplier, or Applicator (includes fuel, gas, oil, water, power, pesticides, asbestos, hazardous materials, or waste products)
- ☐ Educator or School related (includes instructor, teacher, administrator, or service provider of elementary, secondary, postsecondary education)
- ☐ Food or Restaurant related
- ☐ Health or Medical related
- ☐ Legal, Security, or Enforcement related (i.e. attorney, investigator, inspector, tester, certifier, private detective, notary, etc.)
- ☐ Product or Vehicle Manufacturer, Broker, or Dealer
- ☐ Sales related
- ☐ Sports related
- ☐ Social Services (includes child and adult care services)
- ☐ Trades related
- ☐ Other (please specify)

*** How useful is your license for each of the following?**

a. Getting a job?

- ☐ Extremely useful
- ☐ Very useful
- ☐ Somewhat useful
- ☐ Not so useful
- ☐ Not at all useful

*** b. Keeping a job?**

- ☐ Extremely useful
- ☐ Very useful
- ☐ Somewhat useful
- ☐ Not so useful
- ☐ Not at all useful

*** c. Keeping you marketable to employers or clients?**

- ☐ Extremely useful
- ☐ Very useful
- ☐ Somewhat useful
- ☐ Not so useful
- ☐ Not at all useful

*** d. Improving your work skills?**

- ☐ Extremely useful
- ☐ Very useful
- ☐ Somewhat useful
- ☐ Not so useful
- ☐ Not at all useful

*** e. Increasing your wages/salary?**

- ☐ Extremely useful
- ☐ Very useful
- ☐ Somewhat useful
- ☐ Not so useful
- ☐ Not at all useful

* Which of the following was required to obtain your license associated with your primary occupation? (Check all that apply.)

- ☐ High school diploma or equivalent
- ☐ Passing a test
- ☐ Demonstrating certain skills
- ☐ Completing an internship or apprenticeship
- ☐ Previous job-related experience
- ☐ Technical certification (Less than 2 years)
- ☐ Some college, no degree
- ☐ Associate degree
- ☐ Master's degree
- ☐ Doctoral or professional degree
- ☐ None of the above
- ☐ Other (please specify)

* About how many hours of instruction did you complete to obtain your license associated with your primary occupation?

- ☐ Less than 40 hours
- ☐ 40-159 hours
- ☐ 160 to 479 hours
- ☐ 480 hours (half a full-time school year) to 959 hours
- ☐ 960 hours (1 full-time school year) or more

* **Select the category that best describes the *initial* costs you incurred to *obtain* your license associated with your *primary* occupation.** (Include costs for initial education/tuition, registration fees, initial licensing fees, exam fees, required association fees, or other required costs you incurred to obtain your license.)

- ☐ Zero to \$200
- ☐ \$201 to \$500
- ☐ \$201 to \$500
- ☐ \$501 to \$1,000
- ☐ \$1,001 to \$5,000
- ☐ \$5,001 to \$10,000
- ☐ \$10,001 to \$50,000
- ☐ \$50,001 to \$100,000
- ☐ Greater than \$100,000

* **Select the category that best describes the *ongoing* costs you incur to *retain* your license associated with your *primary* occupation.** (Include costs for continuing education, registration fees, renewal licensing fees, exam fees, required association fees, or other required costs you incur in order to keep your license.)

- ☐ Zero to \$200
- ☐ \$201 to \$500
- ☐ \$201 to \$500
- ☐ \$501 to \$1,000
- ☐ \$1,001 to \$5,000
- ☐ \$5,001 to \$10,000
- ☐ \$10,001 to \$50,000
- ☐ \$50,001 to \$100,000
- ☐ Greater than \$100,000

*** Rate the level of hardship or barriers you faced to *obtain* your initial license.**

- ☐ None at all
 - ☐ A small amount
 - ☐ A moderate amount
 - ☐ A large amount
 - ☐ A great amount that resulted in my inability to get a license.
-

*** Rate the level of hardship or barriers you face to *retain* your license.**

- ☐ None at all
 - ☐ A small amount
 - ☐ A moderate amount
 - ☐ A large amount
 - ☐ A great amount that resulted in my inability to maintain my license.
-

*** Rate the importance that your license serves in protecting public citizens from harm or danger.**

- ☐ Extremely important. It's a matter of life or death.
 - ☐ Very important. The public would be at risk for significant harm or danger if a license wasn't required for this occupation.
 - ☐ Somewhat important. It's possible the public could be exposed to some risk if a license wasn't required for this occupation.
 - ☐ Not so important. It's unlikely the public would be exposed to harm or danger if a license wasn't required for this occupation.
 - ☐ Not at all important. There is no risk of harm or danger to the public if a license wasn't required for this occupation.
-

*** Do you hold a similar occupational license in another state(s)?**

- ☐ Yes
- ☐ No

*** Select the category that best describes the *initial* requirements to *obtain* your out of state license compared to Wisconsin's initial licensing requirements. (Compare educational and other requirements, fees and other costs.)**

- ☐ Way more than Wisconsin
- ☐ Somewhat more than Wisconsin
- ☐ About the same as Wisconsin
- ☐ Somewhat less than Wisconsin
- ☐ Way less than Wisconsin

*** Select the category that best describes the *ongoing* requirements to *retain* your out of state license compared to Wisconsin's *ongoing* licensing requirements. (Compare educational and other requirements, fees and other costs.)**

- ☐ Way more than Wisconsin
- ☐ Somewhat more than Wisconsin
- ☐ About the same as Wisconsin
- ☐ Somewhat less than Wisconsin
- ☐ Way less than Wisconsin

*** Rate the level of hardship or barriers you faced to *obtain* your *initial* out of state license.**

- ☐ The state has way more hardships and barriers than Wisconsin.
- ☐ The state has somewhat more hardships and barriers than Wisconsin.
- ☐ The state has about the same as Wisconsin.
- ☐ The state has somewhat less hardships and barriers than Wisconsin.
- ☐ The state has way less hardships and barriers than Wisconsin.

*** Rate the level of hardship or barriers you face to *retain* your out of state license.**

- ☐ The state has way more hardships and barriers than Wisconsin.
- ☐ The state has somewhat more hardships and barriers than Wisconsin.
- ☐ The state has about the same as Wisconsin.
- ☐ The state has somewhat less hardships and barriers than Wisconsin.
- ☐ The state has way less hardships and barriers than Wisconsin.

*** Are you aware of any instances where occupational licensing regulations have impacted the cost or availability of consumer goods or services?** [i.e. increased costs for goods or services, decreased availability of practitioners]

- ☐ Yes
- ☐ No

*** Please provide specific examples where state licensing regulations have impacted the cost or availability of consumer goods or services.**

*** How important is it to regulate Wisconsin's occupations in order to protect public citizens from harm or danger?**

- ☐ Extremely important. It's a matter of life or death.
- ☐ Very important. The public would be at risk for significant harm or danger if a license wasn't required for this occupation.
- ☐ Somewhat important. It's possible the public could be exposed to some risk if a license wasn't required for this occupation.
- ☐ Not so important. It's unlikely the public would be exposed to harm or danger if a license wasn't required for this occupation.
- ☐ Not at all important. There is no risk of harm or danger to the public if a license wasn't required for this occupation.

*** Indicate what types of licenses should be regulated in order to protect public citizens from harm or danger. Check all that apply.**

- ☐ Animal or Agriculture related
- ☐ Banking and Financial related (includes investments, insurance, lenders, collectors, tax assessor, charitable fundraising)
- ☐ Business related
- ☐ Chemical, Environmental, or Utilities Dealer, Supplier, or Applicator (includes fuel, gas, oil, water, power, pesticides, asbestos, hazardous materials, or waste products)
- ☐ Educator or School related (includes instructor, teacher, administrator, or service provider of elementary, secondary, postsecondary education)
- ☐ Food or Restaurant related
- ☐ Health or Medical related
- ☐ Legal, Security, or Enforcement related (i.e. attorney, investigator, inspector, tester, certifier, private detective, notary, etc.)
- ☐ Product or Vehicle Manufacturer, Broker, or Dealer
- ☐ Sales related
- ☐ Sports related
- ☐ Social Services (includes child and adult care services)
- ☐ Trades related
- ☐ No occupations should be regulated
- ☐ Other (please specify)

Please provide any information you would like to share.

VIII. Resources

1. State of Vermont - Application for Preliminary Sunrise Review Assessment
www.sec.state.vt.us/professional-regulation/sunrise-review.aspx
2. Occupational Licensing Review Act Model Legislation
www.ncsl.org/Portals/1/Documents/Labor/Licensing/Knepper_OccupationalLicensingReviewAct_31961.pdf
3. The National Occupational Licensing Database
www.ncsl.org/research/labor-and-employment/occupational-licensing-statute-database.aspx#Additional%20Resources
4. Policymaker Questions to Ask When Considering Occupational Licensing Proposals
www.ncsl.org/Portals/1/HTML_LargeReports/occupationallicensing_final.htm
5. Fact Sheet: New Steps to Reduce Unnecessary Occupation Licenses that are Limiting Worker Mobility and Reducing Wages
obamawhitehouse.archives.gov/the-press-office/2016/06/17/fact-sheet-new-steps-reduce-unnecessary-occupation-licenses-are-limiting
6. Occupational Licensing: A Framework for Policymakers, July 2015
obamawhitehouse.archives.gov/sites/default/files/docs/licensing_report_final_nonembargo.pdf
7. Framework for Developing Consistent Descriptions of Regulatory Models - CLEAR (Council on Licensure, Enforcement, and Regulation)
www.clearhq.org/resources/Regulatory_Model_United_States.pdf

IX. References

1. *States Take on Occupational Licensing Reform*; Billy Culleton, Strategic Government Relations Coordinator
2. *License to Work – A National Study of Burdens from Occupational Licensing - 2nd Edition*; Institute for Justice
3. *Occupational Licensing in Wisconsin Has Grown and Has Costs* – Collen Roth, Research Fellow, Wisconsin Institute for Law and Liberty
4. *A Fresh Start – Wisconsin’s Atypical Expungement Law and Options for Reform* – Public Policy Forum
5. *Regulation of Professional Occupations by the Department of Safety and Professional Services* – Information Paper 97, January 2015
6. *Occupational Licensing: Ranking the States and Exploring Alternatives* – Adam B. Summers, Reason Foundation
7. *The De-licensing of Occupations in the United States* - Robert J. Thornton and Edward J. Timmons, "Monthly Labor Review, U.S. Bureau of Labor Statistics, May 2015
8. National Conference of State Legislatures - www.ncsl.org
9. *The State of Occupational Licensing: Research, State Policies and Trends, Occupational Licensing: Assessing State Policy and Practice* - National Conference of State Legislatures
10. *Occupational Licensing: A Framework for Policymakers* - U.S. Department of Treasury Office of Economic Policy, Council of Economic Advisers and Department of Labor, (Washington, D.C., The White House) 2015
11. *The Costs and Benefits of Occupational Regulation* - Carolyn Cox and Susan Foster, Federal Trade Commission, (Washington, D.C.), 1990
12. *Hearing on License to Compete: Occupational Licensing and State Action Doctrine,*" United States Committee on the Judiciary - Testimony presented by Jason Furman, February 2016
13. *The Right to Earn a Living Act: A Well-Considered Answer to Licensing* – Jon Sanders, March 2018
14. *Buttermaker License* – Jeanne Carpenter, CheeseUnderground.com, March 2010

This page intentionally left blank.

This Wisconsin Occupational Licensing Study Report
was produced by the Department of Safety and Professional Services,
pursuant to 2017 Wisconsin Act 59.



Wisconsin Department of Safety and Professional Services

Laura Gutiérrez, Secretary

Office of the Secretary
4822 Madison Yards Way
PO Box 8363
Madison WI 53708-8368

Phone: 608-266-1352
Web: <http://dsps.wi.gov>
Email: dsps@wisconsin.gov

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Kate Stolarzyk, Bureau Assistant		2) Date When Request Submitted: 3/29/2019									
		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: Council on Physician Assistants											
4) Meeting Date: 4/9/2019	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? 2019 FSMB Annual Meeting on April 25-27, 2019 in Fort Worth, Texas									
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session		8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A								
10) Describe the issue and action that should be addressed:											
11) Authorization <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Kate Stolarzyk</td> <td style="width: 40%; border-bottom: 1px solid black; text-align: right;">3/29/2019</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Signature of person making this request</td> <td style="border-bottom: 1px solid black; text-align: right;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Supervisor (if required)</td> <td style="border-bottom: 1px solid black; text-align: right;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Executive Director signature (indicates approval to add post agenda deadline item to agenda)</td> <td style="border-bottom: 1px solid black; text-align: right;">Date</td> </tr> </table>				Kate Stolarzyk	3/29/2019	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
Kate Stolarzyk	3/29/2019										
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.											