



PHARMACY EXAMINING BOARD
Room N208, 4822 Madison Yards Way, 2nd Floor, Madison
Contact: Tom Ryan (608) 266-2112
February 27, 2019

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

AGENDA

11:00 A.M.

OR IMMEDIATELY FOLLOWING THE RULES COMMITTEE MEETING

OPEN SESSION – CALL TO ORDER – ROLL CALL

A. Adoption of Agenda (1-4)

B. Approval of Minutes of December 6, 2018 (5-8)

C. Administrative Matters – Discussion and Consideration (9-16)

- 1) Election of Officers
- 2) Appointment of Liaisons and Alternates
- 3) Delegation of Authorities
- 4) Staff Updates
- 5) Board Member – Term Expiration Date
 - a. Franklin LaDien – 7/1/2020
 - b. Thaddeus Schumacher – 7/1/2019
 - c. Philip Trapskin – 7/1/2021
 - d. John Weitekamp – 7/1/2022
 - e. Cathy Winters – 7/1/2021
 - f. Public Member – Vacant
 - g. Public Member – Vacant

D. APPEARANCE – Gretchen Mrozinski, Attorney Supervisor – Division of Legal Services and Compliance and Brian Bell, Budget and Policy Manager – Division of Management Services: Discussion of Pharmacy Inspections (17-18)

E. Legislative and Administrative Rule Matters – Discussion and Consideration (19)

- 1) Scope Phar 15 Relating to Compounding (20-21)
- 2) Phar 17 Relating to Interns
- 3) 2017 Wisconsin Act 108 Report (22-58)
- 4) Updates on Legislation and Pending or Possible Rulemaking Projects

F. Pilot Program Matters – Discussion and Consideration

- 1) Review of Pilot Program Reports

G. Credentialing Matters

- 1) Reedsburg Area Medical Center – Alternative Security System Approval Request **(59-97)**

H. Board Review of the Wisconsin Occupational Licensing Study Legislative Report (98-181)

I. Speaking Engagements, Travel, or Public Relation Requests, and Reports – Discussion and Consideration

- 1) National Association of Boards of Pharmacy (NABP) Annual Meeting – May 16-18, 2019 – Minneapolis, MN **(182-189)**
- 2) Pharmacy Society of Wisconsin Legislative Day – March 13, 2019 – Madison, WI **(190-191)**

J. Deliberation on Items Added After Preparation of Agenda

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

K. Public Comments

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

L. Deliberation on DLSC Matters

- 1) **Administrative Warnings**

- a. 16 PHM 181 – R.T.M. **(192-193)**
- b. 17 PHM 026 – O.H.Z.E.E. **(194-195)**
- c. 17 PHM 066 – C.C.S.I.S. **(196-197)**

2) Proposed Stipulations, Final Decisions, and Orders

- a. 17 PHM 014 – McKesson Drug Company (Livonia, MI) **(198-206)**
- b. 17 PHM 014 – McKesson Drug Company (Washington Court House, Ohio) **(207-215)**
- c. 17 PHM 021 and 17 PHM 181 – Sirr C. Grice, R.Ph. **(216-221)**
- d. 17 PHM 021 – Walgreens #04984 **(222-227)**
- e. 17 PHM 154 – James L. Moore, R.Ph. **(228-233)**
- f. 17 PHM 181 – Walgreens #07370 **(234-239)**

3) Case Closings

- a. 16 PHM 076 – E.S.I. **(240-242)**
- b. 16 PHM 181 – O.W.P. **(243-254)**
- c. 17 PHM 026 – H.P.6 **(255-264)**
- d. 17 PHM 065 – T.P.I. **(265-268)**
- e. 17 PHM 066 – T.N.P. **(269-272)**
- f. 17 PHM 092 – C.C. **(273-276)**
- g. 17 PHM 189 – W. & G.S.D. **(277-281)**
- h. 18 PHM 034 – M.H.P., J.F., J.W., & K.W. **(282-287)**
- i. 18 PHM 099 – O.P. & K.A.B. **(288-291)**
- j. 18 PHM 107 – B.L.H. **(292-297)**

4) Monitoring Matters (298-299)

- a. Robin Block, R.Ph. – Requesting PIC Hours and Reduction in Testing Frequency **(300-327)**
- b. Cynthia Hennen, R.Ph. – Requesting Full Licensure **(328-349)**
- c. Dick Larson, R.Ph. – Requesting Full Licensure **(350-383)**

M. Deliberation of Items Added After Preparation of the Agenda

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

21) Appearances from Requests Received or Renewed

N. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

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

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

Q. Board Meeting Process (Time Allocation, Agenda Items) – Discussion and Consideration

R. Board Strategic Planning and its Mission, Vision, and Values – Discussion and Consideration

ADJOURNMENT

NEXT SCHEDULED MEETING: MAY 22, 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.

**PHARMACY EXAMINING BOARD
MEETING MINUTES
DECEMBER 6, 2018**

PRESENT: Grace Degner, Franklin LaDien, Thaddeus Schumacher, Kristi Sullivan, Philip Trapskin, John Weitekamp, Cathy Winters

STAFF: Thomas Ryan, Executive Director; Maximilian Turner, Bureau Assistant; Sharon Henes, Administrative Rules Coordinator, and other Department staff

CALL TO ORDER

Thaddeus Schumacher, Chair, called the meeting to order at 11:21 a.m. A quorum of seven (7) members was confirmed.

ADOPTION OF AGENDA

Amendments to the Agenda:

- Under item “C. Administrative Updates; 2. Board Member – Term Expiration Date” update Franklin LaDien, Philip Trapskin, John Weitekamp, and Cathy Winters to reflect Senate Confirmation of their reappointments.
- Under item F. “Deliberation on Items Added After Preparation of Agenda; 27) Speaking Engagements, Travel, or Public Relation Requests” **ADD:**
 - American Society of Health-Systems Pharmacists (ASHP) Update – Philip Trapskin
 - District IV National Association of Boards of Pharmacy (NABP) Update – Franklin LaDien

MOTION: Philip Trapskin moved, seconded by Kristi Sullivan, to adopt the agenda as amended. Motion carried unanimously.

APPROVAL OF MINUTES OF OCTOBER 25, 2018

MOTION: Philip Trapskin moved, seconded by Cathy Winters, to approve the minutes of October 25, 2018 as published. Motion carried unanimously.

LEGISLATIVE/ADMINISTRATIVE RULE MATTERS

Phar 6 Relating to Storage

MOTION: Philip Trapskin moved, seconded by Cathy Winters, to authorize the Chair to approve the preliminary rule draft of Phar 6 relating to storage, for posting for economic impact comments and submission to the Clearinghouse. Motion carried unanimously.

Phar 7 Relating to Tech-Check-Tech Pilot Programs

MOTION: Franklin LaDien moved, seconded by Kristi Sullivan, to authorize the Chair to approve the preliminary rule draft of Phar 7 relating to Tech-Check-Tech Pilot Programs, for posting for economic impact comments and submission to the Clearinghouse. Motion carried unanimously.

Phar 7 Relating to Automated Technology Final Check Pilot Program

MOTION: Franklin LaDien moved, seconded by Kristi Sullivan, to authorize the Chair to approve the preliminary rule draft of Phar 7 relating to Automated Technology Final Check Pilot Program, for posting for economic impact comments and submission to the Clearinghouse. Motion carried unanimously.

CLOSED SESSION

MOTION: Franklin LaDien moved, seconded by Kristi Sullivan, to convene to closed session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85 (1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.). Thaddeus Schumacher, Chair, read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Grace Degner-yes; Franklin LaDien-yes; Thaddeus Schumacher-yes; Kristi Sullivan-yes; Philip Trapskin-yes; John Weitekamp-yes; and Cathy Winters-yes. Motion carried unanimously.

The Board convened into Closed Session at 2:22 p.m.

RECONVENE TO OPEN SESSION

MOTION: Kristi Sullivan moved, seconded by Franklin LaDien, to reconvene into Open Session. Motion carried unanimously.

The Board reconvened into Open Session at 3:13 p.m.

VOTING ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

MOTION: Cathy Winters moved, seconded by John Weitekamp, to affirm all motions made and votes taken in closed session. Motion carried unanimously.

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

CREENTIALING MATTERS

Application Reviews

Fisher Bioservices Inc. – Wholesale Distributor of Prescription Drug License Application

MOTION: John Weitekamp moved, seconded by Cathy Winters, to approve the Wholesale Distributor of Prescription Drug License application of Fisher Bioservices Inc., once all requirements are met. Motion carried unanimously.

DELIBERATION ON DIVISION OF LEGAL SERVICES AND COMPLIANCE MATTERS

Administrative Warnings

MOTION: Philip Trapskin moved, seconded by Kristin Sullivan, to issue Administrative Warnings in the matters of:

1. 17 PHM 095 – K.L.G.
2. 17 PHM 095 – W.P.

Motion carried unanimously.

Stipulations, Final Decisions and Orders

16 PHM 199 – Timothy J. Endres, R.Ph.

MOTION: Philip Trapskin moved, seconded by Franklin LaDien, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Timothy J. Endres, R.Ph., DLSC Case Number 16 PHM 199. Motion carried unanimously.

Case Closings

MOTION: Cathy Winters moved, seconded by Kristi Sullivan, to close the DLSC cases for the reasons outlined below:

1. 16 PHM 014 & 16 PHM 075 – E.P. – No Violation
2. 16 PHM 186 – M.L.T.C. – Prosecutorial Discretion (P2)
3. 17 PHM 180 – S.P. – No Violation
4. 17 PHM 180 – T.R.S. – No Violation

Motion carried unanimously.

17 PHM 104 – J.W. and W.

MOTION: Kristi Sullivan moved, seconded by Cathy Winters, to close DLSC Case Number 17 PHM 104, against J.W. and W., for Prosecutorial Discretion (P2). Motion carried.

(Franklin LaDien recused himself and left the room for deliberation and voting in the matter concerning J.W. and W., DLSC Case Number 17 PHM 104.)

Monitoring

John Bosnjak, R.Ph. – Requesting Full Licensure

MOTION: Philip Trapskin moved, seconded by Kristi Sullivan, to grant the request of John Bosnjak, R.Ph. for full licensure. Motion carried unanimously.

ITEMS RECEIVED AFTER PREPARATION OF AGENDA

Introductions, Announcements and Recognition

MOTION: Cathy Winters moved, seconded by Kristi Sullivan, to acknowledge the contributions of Grace Degner and thank her for her service. Motion carried unanimously.

ADJOURNMENT

MOTION: Kristi Sullivan moved, seconded by Cathy Winters, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 3:16 p.m.

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Maximilian Turner, Bureau Assistant		2) Date When Request Submitted: 1/11/19 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: Pharmacy Examining Board			
4) Meeting Date: 2/27/2019	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 Chairperson should review and appoint/reappoint Liaisons and Alternates as appropriate 3) The Board should review and then consider whether to continue or modify of previously delegated authorities			
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.			

PHARMACY EXAMINING BOARD

2018 Elections and Liaison Appointments

2018 ELECTION RESULTS	
Board Chair	Thaddeus Schumacher
Vice Chair	Philip Trapskin
Secretary	Franklin LaDien
2018 LIAISON APPOINTMENTS	
Credentialing Liaison(s)	Terry Maves, Cathy Winters, Philip Trapskin, John Weitekamp (Updated 9/27/18)
Continuing Education (CE) Liaison and Office of Education and Examinations Liaison(s)	Terry Maves John Weitekamp (Updated 9/27/18)
Monitoring Liaison(s)	Primary: Franklin LaDien Alternate: Cathy Winters
DLSC Liaison(s)	Thaddeus Schumacher Cathy Winters
Professional Assistance Procedure (PAP) Liaison(s)	Franklin LaDien
Legislative Liaison(s)	Terry Maves, Thaddeus Schumacher, Philip Trapskin, John Weitekamp (Updated 9/27/18)
Digest Liaison(s)	Philip Trapskin
Pilot Program Liaison(s)	Philip Trapskin, Cathy Winters
Appointed to Controlled Substances Board as per Wis. Stats. §15.405(5g)	Philip Trapskin
PHARM Rep to SCAODA	Kristi Sullivan

2018 SCREENING PANEL APPOINTMENTS	
January - December 2018	Cathy Winters, Kristi Sullivan, Franklin LaDien

2018 COMMITTEE MEMBER APPOINTMENTS	
Pharmacy Rules Committee	Franklin LaDien, Thaddeus Schumacher, Philip Trapskin

DELEGATION MOTIONS

Delegated Authority for Urgent Matters

MOTION: Kristi Sullivan moved, seconded by Philip Trapskin, that, in order to facilitate the completion of assignments between meetings, the Board delegates its authority by order of succession to the Chair, highest ranking officer, or longest serving member of the Board, to appoint liaisons to the Department to act in urgent matters, make appointments to vacant liaison, panel and committee positions, and to act when knowledge or experience in the profession is required to carry out the duties of the Board in accordance with the law. Motion carried unanimously.

Document Signature Delegation

MOTION: Philip Trapskin moved, seconded by Kristi Sullivan, to delegate authority to the Chair or chief presiding officer, or longest serving member of the Board, by order of succession, to sign documents on behalf of the Board. In order to carry out duties of the Board, the Chair, chief presiding officer, or longest serving member of the Board, 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 Board delegates the authority to Executive Director, or designee, to sign the name of any Board member on documents as necessary and appropriate. Motion carried unanimously.

Monitoring Delegation

MOTION: Franklin LaDien moved, seconded by Kristi Sullivan, to adopt the “Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor” document as presented. Motion carried unanimously.

Credentialing Authority Delegations

MOTION: Kristi Sullivan moved, seconded by Philip Trapskin, to delegate authority to the Credentialing Liaisons to make all credentialing decisions. Motion carried unanimously.

MOTION: Kristi Sullivan moved, seconded by Philip Trapskin, to delegate credentialing authority to DSPS to act upon applications that meet the criteria of Rule and Statute and thereby would not need further Board or Board liaison review. Motion carried unanimously.

Delegated Authority for Application Denial Reviews

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

Disciplinary Screening Delegation

MOTION: Philip Trapskin moved, seconded by Kristi Sullivan, to delegate to DSPS staff to not bring complaints to the screening panel or the Board that are the result of NABP-VPP cases until such time as the final pharmacy response to the complaint is available from NABP. Motion carried unanimously.

Screening Panel Authority Expansion to DLSC

MOTION: Philip Trapskin moved, seconded by Kristi Sullivan to delegate to DLSC the discretion to prescreen cases in order to: request additional information if needed; open any case that demonstrates a clear violation of the law, and; close cases that clearly do not allege a provable violation of law. Motion carried unanimously.

Education Delegation

MOTION: Philip Trapskin moved, seconded by Kristi Sullivan to delegate authority to the Continuing Education (CE) and Office of Education and Examination Liaison(s) to address all issues related to CE, education and examinations. Motion carried unanimously.

Rules Committee Delegation

MOTION: Philip Trapskin moved, seconded by Kristi Sullivan to grant the Rules Committee the ability to address all rule-making. Motion carried unanimously.

Motion from 4/11/18

Pilot Program Delegation

MOTION: Philip Trapskin moved, seconded by Kristi Sullivan, to delegate authority to the Pilot Program Liaison to address all issues related to pilot program matters. Motion carried unanimously.

Motions from 4/11/18

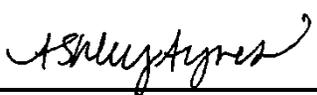
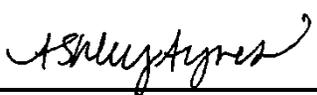
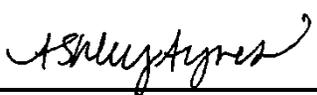
MOTION: Philip Trapskin moved, seconded by Terry Maves, to grant the Rules Committee the ability to address all rulemaking language. Motion carried unanimously.

MOTION: Terry Maves moved, seconded by Kristi Sullivan, to delegate to DLSC the following prescreening authority: to prescreen complaints prior to a meeting of the screening panel to open any case that demonstrates a clear violation of law; to close at prescreening any case that clearly demonstrates that no violation took place; to close at prescreening complaints that the Board has already reviewed and acted upon that are the result of multiple-state discipline based on original violations. Motion carried unanimously.

MOTION: Philip Trapskin moves, seconded by Kristi Sullivan to delegate to DLSC staff, the authority to prescreen complaints for the purpose of reviewing submitted CE materials and to determine if CE requirements are met. If CE requirements are met, then DLSC staff should remove such CE documentation from the screening materials prior to screening. If the submitted documentation does not clearly establish that CE requirements are met, such documentation shall be forwarded to the screening panel for review. Motion carried unanimously.

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Ashley Ayres Monitoring and Intake Supervisor Division of Legal Services and Compliance		2) Date When Request Submitted: December 20, 2018 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: Pharmacy Examining Board																		
4) Meeting Date: February 27, 2019	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Appointment of Monitoring Liaison and Delegated Authority Motion																
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:																
10) Describe the issue and action that should be addressed: Adopt or reject the Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor document as presented in today's agenda packet.																		
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">11)</td> <td style="width: 60%; text-align: center;">Authorization</td> <td style="width: 30%;"></td> </tr> <tr> <td></td> <td style="text-align: center;"></td> <td style="text-align: center;">December 20, 2018</td> </tr> <tr> <td colspan="2" style="border-top: 1px solid black;">Signature of person making this request</td> <td style="border-top: 1px solid black; text-align: center;">Date</td> </tr> <tr> <td colspan="2" style="border-top: 1px solid black;">Supervisor (if required)</td> <td style="border-top: 1px solid black; text-align: center;">Date</td> </tr> <tr> <td colspan="2" style="border-top: 1px solid black;">Executive Director signature (indicates approval to add post agenda deadline item to agenda)</td> <td style="border-top: 1px solid black; text-align: center;">Date</td> </tr> </table>				11)	Authorization				December 20, 2018	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																	
		December 20, 2018																
Signature of person making this request		Date																
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Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor

The Monitoring Liaison (“Liaison”) is a Board/Section designee who works with department monitors to enforce Board/Section orders as explained below.

Current Authorities Delegated to the Monitoring Liaison

The Liaison may take the following actions on behalf of the Board/Section:

1. Grant a temporary reduction in random drug screen frequency upon Respondent’s request if he/she is unemployed and is otherwise compliant with Board/Section order. The temporary reduction will be in effect until Respondent secures employment in the profession. The Department Monitor (“Monitor”) will draft an order and sign on behalf of the Liaison.
2. Grant a stay of suspension if Respondent is eligible per the Board/Section order. The Monitor will draft an order and sign on behalf of the Liaison.
3. Remove the stay of suspension if there are repeated violations or a substantial violation of the Board/Section order. In conjunction with removal of any stay of suspension, the Liaison may prohibit Respondent from seeking reinstatement of the stay for a specified period of time. The Monitor will draft an order and sign on behalf of the Liaison.
4. Grant or deny approval when Respondent proposes continuing/remedial education courses, treatment providers, mentors, supervisors, change of employment, etc. unless the order specifically requires full-Board/Section approval.
5. Grant a maximum of one 90-day extension, if warranted and requested in writing by Respondent, to complete Board/Section-ordered continuing education.
6. Grant a maximum of one extension or payment plan for proceeding costs and/or forfeitures if warranted and requested in writing by Respondent.
7. Grant full reinstatement of licensure if Respondent has fully complied with all terms of the order without deviation. The Monitor will draft an order and obtain the signature or written authorization from the Liaison.
8. Grant or deny a request to appear before the Board/Section in closed session.
9. Board Monitoring Liaison may determine whether Respondent’s petition is eligible for consideration by the full Board/Section.
10. (*Except Pharmacy*) Accept Respondent’s written request to surrender credential. If accepted by the Liaison, Monitor will consult with Board Counsel to determine if a stipulation is necessary. If a stipulation is not necessary, Monitor will draft an order and sign on behalf of the Liaison. If denied by the Liaison, the request to surrender credential will go to the full Board for review.
11. (*Except Pharmacy*) Grant Respondent’s petition for a reduction in drug screens per the standard schedule, below. If approved, Monitor will draft an order and sign on behalf of the Liaison.
 - a. Year 1: 49 screens (including 1 hair test, if required by original order)
 - b. Year 2: 36 screens (plus 1 hair test, if required by original order)
 - c. Year 3: 28 screens plus 1 hair test
 - d. Year 4: 28 screens plus 1 hair test
 - e. Year 5: 14 screens plus 1 hair test

12. (*Dentistry only*) – Ability to approve or deny all requests from a respondent.
13. (*Except Nursing*) – Board Monitoring Liaison may approve or deny Respondent's request to be excused from drug and alcohol testing for work, travel, etc.

Current Authorities Delegated to the Department Monitor

The Monitor may take the following actions on behalf of the Board/Section, draft an order and sign:

1. Grant full reinstatement of licensure if CE is the sole condition of the limitation and Respondent has submitted the required proof of completion for approved courses.
 2. Suspend the license if Respondent has not completed Board/Section-ordered CE and/or paid costs and forfeitures within the time specified by the Board/Section order. The Monitor may remove the suspension and issue an order when proof completion and/or payment have been received.
 3. Suspend the license (or remove stay of suspension) if Respondent fails to enroll and participate in an Approved Program for drug and alcohol testing within 30 days of the order, or if Respondent ceases participation in the Approved Program without Board approval. This delegated authority only pertains to respondents who must comply with drug and/or alcohol testing requirements.
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**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Angela Slaney on behalf of Attorney Gretchen Mrozinski, Division of Legal Services and Compliance		2) Date When Request Submitted: February 14, 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: Pharmacy Examining Board			
4) Meeting Date: February 27, 2019	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Discussion of Pharmacy Inspections	
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 (Fill out Board Appearance Request) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required: n/a	
10) Describe the issue and action that should be addressed: To discuss how pharmacy inspections are currently handled by DLSC and whether changes to the current inspection process are warranted.			
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.			

BOARD APPEARANCE REQUEST FORM

Appearance Information

Board Name: Pharmacy Examining Board

Board Meeting Date: 2/27/2019

Person Submitting Agenda Request: Angela Slaney

Person(s) requesting an appearance:
Gretchen Mrozinski and Brian Bell

Reason for Appearance: To discuss inspection processes

Appearance Contact Information

(NOTE: If the appearing party is represented by an attorney skip the "Appearance Contact Information" section and complete the "Attorney Contact Information" section.)

Mailing address:

Email address:

Telephone #:

Attorney Contact Information

Attorney Name:

Attorney's mailing address:

Attorney's e-mail address:

Attorney's telephone #:

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Sharon Henes Administrative Rules Coordinator		2) Date When Request Submitted: February 14, 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: Pharmacy Examining Board			
4) Meeting Date: 27 February 2019	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Legislative and Administrative Rule Matters 1. Scope Phar 15 Relating to Compounding 2. Phar 17 Relating to Interns 3. 2017 Wisconsin Act 108 Report 4. Updates on Legislation and Pending or Possible Rulemaking Projects	
7) Place Item in: <input type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:			
11) Authorization			
<i>Sharon Henes</i>		2/14/19	
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.			

STATEMENT OF SCOPE

PHARMACY EXAMINING BOARD

Rule No.: Phar 15

Relating to: Compounding Pharmaceuticals

Rule Type: Permanent

1. Finding/nature of emergency (Emergency Rule only): N/A

2. Detailed description of the objective of the proposed rule:

The objective of the rule is to review the updated United States Pharmacopeia (USP) 797 standards, which have an intended publication date of June 1, 2019 with an anticipated official date of December 1, 2019, and amend Phar 15 to align with the USP 795 and 797 chapters without creating an unnecessary burden on Wisconsin pharmacies.

3. Description of the existing policies relevant to the rule, new policies proposed to be included in the rule, and an analysis of policy alternatives:

The Pharmacy Examining Board recently completed a major revision to Phar 15 which became effective on November 1, 2018. During the legislative review period, the Pharmacy Examining Board represented to the Joint Committee on Review of Administrative Rules and stakeholder associations that when the new USP 797 chapter is published the Pharmacy Examining Board would monitor relevant USP compounding chapters and update Phar 15 so that it remains aligned with USP standards.

This proposed rule would review chapter Phar 15 with the USP compounding chapters and make necessary updates to chapter Phar 15.

4. Detailed explanation of statutory authority for the rule (including the statutory citation and language):

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

450.02 (3) (e) The board may promulgate rules establishing minimum standards for the practice of pharmacy.

5. Estimate of amount of time that state employees will spend developing the rule and of other resources necessary to develop the rule:

200 hours

6. List with description of all entities that may be affected by the proposed rule:

Pharmacies, including pharmacies located within hospitals, and pharmacists.

7. Summary and preliminary comparison with any existing or proposed federal regulation that is intended to address the activities to be regulated by the proposed rule:

The states are primarily responsible for the oversight of compounding in pharmacies. Pursuant to the Drug Quality and Security Act, the federal government is responsible for outsourcing facilities, which by definition are not pharmacies, and are subject to current good manufacturing practice requirements, labeling requirements and may distribute compounded drugs in response to an order that is not patient specific.

The Food, Drug and Cosmetic Act requires drugs to be prepared, packed or held under sanitary conditions.

8. Anticipated economic impact of implementing the rule (note if the rule is likely to have a significant economic impact on small businesses):

Moderate economic impact. It may have an economic impact on small businesses.

Contact Person: Sharon Henes, Administrative Rules Coordinator, (608) 261-2377

Authorized Signature

Date Submitted

2017 Act 108 Report

Please review your rules to identify any that are obsolete, unnecessary or are economically burdensome and be prepared to discuss.

227.29 Agency review of rules and enactments (1) By March 31 of each odd-numbered year, each agency with any rules published in the code shall submit a report to the joint committee for review of administrative rules listing all of the following rules promulgated or otherwise administered by that agency:

- (a) Unauthorized rules, as defined in s. [227.26 \(4\) \(a\)](#), together with a description of the legislation that eliminated the agency's authority to promulgate any such rule.
- (b) Rules for which the authority to promulgate has been restricted, together with a description of the legislation that restricted that authority.
- (c) Rules that are obsolete or that have been rendered unnecessary, together with a description of why those rules are obsolete or have been rendered unnecessary.
- (d) Rules that are duplicative of, superseded by, or in conflict with another rule, a state statute, a federal statute or regulation, or a ruling of a court of competent jurisdiction, together with a citation to or the text of any such statute, regulation, or ruling.
- (e) Rules that the agency determines are economically burdensome.

Chapter Phar 1

AUTHORITY AND DEFINITIONS

Phar 1.01 Authority.

Phar 1.02 Definitions.

Note: Chapter Phar 1 as it existed on January 31, 1983 was repealed and a new chapter Phar 1 was created effective February 1, 1983.

Phar 1.01 Authority. Rules in chs. **Phar 1** to **17** are adopted under authority of ss. **15.08 (5) (b)**, **227.11 (2)**, Stats, and ch. **450**, Stats.

History: Cr. Register, January, 1983, No. 325, eff. 2-1-83; am. Register, August, 1991, No. 428, eff. 9-1-91; am., Register, December, 1998, No. 516, eff. 1-1-99; am., Register, March, 2000, No. 531, eff. 4-1-00; correction made under s. 13.93 (2m) (b) 7., Stats., Register January 2002 No. 553; **CR 17-090: am. Register July 2018 No. 751, eff. 8-1-18.**

Phar 1.02 Definitions. As used in chs. **Phar 1** to **17**:

(1) “Board” means the pharmacy examining board.

Note: The board office is located at 1400 East Washington Avenue, Madison, Wisconsin 53702.

(2) “Community pharmacy” means practice in a licensed pharmacy providing pharmaceutical services primarily on an out-patient basis.

(3) “DEA” means the drug enforcement administration.

(4) “Institutional pharmacy” means practice in a licensed pharmacy providing pharmaceutical services primarily on an inpatient basis.

(4m) “Long term care facility” has the meaning given in **21 CFR 1300.01**.

(5) “LTCF” means a long term care facility.

(6) “Managing pharmacist” means a pharmacist designated by the pharmacy owner to have responsibility for and direct control of pharmaceutical operations in a pharmacy.

(6m) “NABP” means the National Association of Boards of Pharmacy.

(7) “NAPLEX” means the North American Pharmacy Licensing Examination.

(8) “Pharmacist” has the meaning given in s. **450.01 (15)**, Stats.

(9) “Pharmacist-in-charge” means a pharmacist who is physically present in the licensed facility and responsible for the routine operation of a pharmacy for the period of time specified by the managing pharmacist.

(10) “Pharmacy” means any place of practice licensed by the board under s. **450.06** or **450.065**, Stats., unless otherwise provided for in s. **450.065**, Stats.

(11) “Pharmacy owner” means a person or entity to whom a pharmacy license is issued.

(12) “Practice of pharmacy” has the meaning under s. **450.01 (16)**, Stats.

(13) “PRN” means renew as needed.

(14) “Professional service area” means the area of a pharmacy in which prescriptions are compounded or dispensed, hypodermic needles, syringes, poisons and schedule V controlled substances as listed in s. **961.22**, Stats., and ch. **CSB 2** are available, or where patients are consulted.

(15) “Terminal illness” means an incurable condition caused by injury or illness that reasonable medical judgment finds would cause death.

History: Cr. Register, January, 1983, No. 325, eff. 2-1-83; am. (intro.), renum. (2) to (9) to be (6) to (12) and (14) and am. (8), (10) and (12), cr. (2) to (5) and (13), Register, August, 1991, No. 428, eff. 9-1-91; cr. (4m) and (15), Register, September, 1994, No. 465, eff. 10-1-94; am. (7), (8), (11) and (14), Register, December, 1998, No. 516, eff. 1-1-99; am. (intro.), Register, March, 2000, No. 531, eff. 4-1-00; emerg. cr. (3c), (4c), (4e), and (14m), eff. 1-1-02; correction in (intro.) made under s. 13.93 (2m) (b) 7., Stats., Register January 2002 No. 553; **CR 14-023: am. (7) Register August 2014 No. 704, eff. 9-1-14; CR 15-064: am. (10) Register September 2016 No. 729, eff. 10-1-16; CR 16-017: cr. (6m) Register September 2016 No. 729, eff. 10-1-16; correction in (10) made under s. 35.17, Stats., Register September 2016 No. 729; 2017 Wis. Act 18: am. (4m) Register June 2017 No. 738, eff. July 1, 2017; **CR 17-090: am. (intro.) Register July 2018 No. 751, eff. 8-1-18.****

Chapter Phar 2

APPLICATION FOR PHARMACIST LICENSE

Phar 2.02 Application procedure for original licensure.

Phar 2.05 Application procedure for persons licensed in another state.

Note: Chapter Phar 2 as it existed on January 31, 1983, was repealed and a new chapter Phar 2 was created effective February 1, 1983.

Phar 2.02 Application procedure for original licensure. (1) Each applicant for original licensure as a pharmacist shall submit all of the following:

(a) Completed application form with the signature of the applicant.

(b) A statement from the dean of the school of pharmacy or the academic records office of the respective educational institution that the applicant has graduated from the pharmacy school.

(c) If the applicant intends to engage in a foreign graduate internship under s. [Phar 17.04](#), evidence satisfactory to the board that the applicant has obtained certification by the foreign pharmacy graduate examination committee and disclosure of the applicant's supervising pharmacist. Any change of a supervising pharmacist shall be disclosed to the board by filing an amendment to the application prior to further performing duties constituting the practice of pharmacy as a foreign graduate intern.

(d) Evidence of having completed an internship in the practice of pharmacy which shall consist of one or more of the following:

1. A statement from the dean of the school of pharmacy or the academic records office of the respective educational institution certifying the number of hours that the applicant has successfully completed in a practical experience program described in ch. [Phar 17](#).

2. A statement from a supervising pharmacist certifying the number of hours that the applicant was supervised by that supervising pharmacist in an internship in the practice of pharmacy described in ch. [Phar 17](#).

3. Verification of practical experience acquired by the applicant in another state as described in ch. [Phar 17](#), which is approved

and verified by the board or by the agency which is the equivalent of the board in the state in which the practical experience was acquired.

(e) The fees required under s. [440.05 \(1\)](#), Stats.

(f) Evidence of having passed the NAPLEX.

(g) Evidence of having passed the multi-state pharmacy jurisprudence examination with Wisconsin as primary state.

Note: Applications are available upon request to the board office located at 1400 East Washington Avenue, P. O. Box 8935, Madison, WI 53708.

(2) Any change of name made prior to admission to examination shall be supported by an affidavit satisfactory to the board.

History: Cr. [Register, January, 1983, No. 325](#), eff. 2-1-83; am. (1) (intro.) and (d), [Register, December, 1998, No. 516](#), eff. 1-1-99; emerg. renum. (1) (d) to be (1) (e), cr. (1) (d), eff. 1-1-02; [CR 01-134](#); renum. (1) (d) to be (1) (e), cr. (1) (d), [Register July 2002 No. 559](#), eff. 8-1-02; [CR 02-140](#); am. (1) (intro.) [Register May 2003 No. 569](#), eff. 6-1-03; [CR 02-150](#); r. (1) (c) [Register May 2003 No. 569](#), eff. 6-1-03; [CR 06-050](#); cr. (1) (c) [Register October 2006 No. 610](#), eff. 11-1-06; [CR 09-019](#); am. (1) (intro.) [Register October 2009 No. 646](#), eff. 11-1-09; [CR 16-017](#); am. (1) (intro.), (a), cr. (1) (f), (g) [Register September 2016 No. 729](#), eff. 10-1-16.

Phar 2.05 Application procedure for persons licensed in another state. Each applicant licensed as a pharmacist in another state shall submit all of the following:

(1) Completed application form with the signature of the applicant and fee as determined by the department under s. [440.05](#), Stats.

(2) NABP Clearinghouse license transfer application.

(3) Evidence of having passed the multi-state pharmacy jurisprudence examination with Wisconsin as primary state.

History: Renum. from Phar 3.02 and am. (1) (intro.), [Register, December, 1998, No. 516](#), eff. 1-1-99; [CR 09-019](#); am. (1) (intro.) [Register October 2009 No. 646](#), eff. 11-1-09; [CR 16-017](#); r. and recr. [Register September 2016 No. 729](#), eff. 10-1-16.

Chapter Phar 4

EXAMINATIONS

Phar 4.02 Competencies tested.
Phar 4.03 Passing scores.

Phar 4.035 Unauthorized assistance.

Phar 4.02 Competencies tested. Competencies are tested by examination as follows:

(1) The multi-state pharmacy jurisprudence examination shall determine an applicant's competence to practice within federal laws and regulations and Wisconsin laws and rules governing the practice of pharmacy.

(3) NAPLEX shall determine an applicant's competence in the basic principles and professional areas within the practice of pharmacy.

(4) An otherwise qualified applicant shall be provided with reasonable accommodations, as required by the Americans with disabilities act.

History: Cr. Register, January, 1983, No. 325, eff. 2-1-83; emerg. r. and recr. eff. 5-21-85; r. and recr. Register, November, 1985, No. 359, eff. 12-1-85; am. (1) and (2), Register, August, 1991, No. 428, eff. 9-1-91; am. (4), Register, January, 1996, No. 481, eff. 2-1-96; am. (1) and (5), r. (2), cr. (6), Register, December, 1998, No. 516, eff. 1-1-99; CR 00-157: r. (3), renum. and am. (4) to be (2) and renum. (5) and (6) to be (3) and (4) Register May 2002 No. 557, eff. 6-1-02; EmR0903: emerg. r. (2), eff. 2-28-09; CR 09-019: r. (2) Register October 2009 No. 646, eff. 11-1-09.

Phar 4.03 Passing scores. (1) The passing scores set by the board represent the minimum competency required to pro-

tect public health and safety. The board may adopt the recommended passing score of the examination provider.

(2) Each examination specified in s. Phar 4.02 is scored separately. An applicant shall achieve a passing score on each required examination to qualify for licensure.

History: Cr. Register, January, 1983, No. 325, eff. 2-1-83; emerg. am. (2), r. and recr. (3) and (4), r. (5) and (6), eff. 5-21-85; am. (2), r. and recr. (3) and (4), r. (5) and (6), Register, November, 1985, No. 359, eff. 12-1-85; r. (3), renum. (4) to be (3) and am. Register, May, 1986, No. 365, eff. 6-1-86; r. and recr. (3), Register, December, 1998, No. 516, eff. 1-1-99; CR 16-017: am. (1), r. (3) Register September 2016 No. 729, eff. 10-1-16.

Phar 4.035 Unauthorized assistance. An applicant may not give or receive unauthorized assistance during the examination. The action taken by the board when unauthorized assistance occurs shall be related to the seriousness of the offense. These actions may include withholding the scope of the applicant, entering a failing grade for the applicant, and suspending the ability of the applicant to sit for the next scheduled examination after the examination in which the unauthorized assistance occurred.

History: Cr., Register, December, 1998, No. 516, eff. 1-1-99.

Chapter Phar 5

LICENSE RENEWAL

Phar 5.01 Requirements.
Phar 5.02 Change of name or address.
Phar 5.04 Renewal prohibited.

Phar 5.05 Renewal.
Phar 5.06 Reinstatement.

Phar 5.01 Requirements. (1) Pharmacists, pharmacies, manufacturers, distributors, and home medical oxygen providers licensed under ch. 450, Stats., and otherwise qualified for renewal, may continue to be licensed biennially by applying for renewal and paying the fee as determined by the department under s. 440.03 (9) (a), Stats.

(2) No one without a current renewal certificate may engage in the practice of pharmacy, nor hold himself or herself out to be a pharmacist nor use the title or letters “Pharmacist” or “Registered Pharmacist” or “R.Ph.”

(3) No pharmacy, manufacturer, distributor, or home medical oxygen provider may operate without a current license.

History: Cr. Register, January, 1983, No. 325, eff. 2-1-83; am. (1) and (2), Register, December, 1998, No. 516, eff. 1-1-99; CR 15-081: am. (1), (3) Register September 2016 No. 729, eff. 10-1-16.

Phar 5.02 Change of name or address. (1) A pharmacist shall notify the board in writing when his or her name has been legally changed, within 30 days of the change.

(2) A pharmacist shall notify the board in writing when his or her address has been changed, within 30 days of the change.

History: Cr. Register, January, 1983, No. 325, eff. 2-1-83; am. (1) and (2), Register, December, 1998, No. 516, eff. 1-1-99.

Phar 5.04 Renewal prohibited. Any person whose license is currently suspended or revoked may not renew his or her license.

History: Cr. Register, January, 1983, No. 325, eff. 2-1-83; am., Register, December, 1998, No. 516, eff. 1-1-99; CR 15-081: am. Register September 2016 No. 729, eff. 10-1-16.

Phar 5.05 Renewal. (1) GENERAL. A person with an expired license may not reapply for a license using the initial application process.

(2) RENEWAL WITHIN 5 YEARS. A person renewing the license within 5 years shall do all of the following:

(a) Pay the renewal fee as determined by the department under s. 440.03 (9) (a), Stats., and any applicable late renewal fee.

(b) Certify the completion of 30 hours of continuing education during the last biennium.

(3) RENEWAL AFTER EXPIRATION DATE. Notwithstanding sub. (2), if a pharmacist fails to obtain renewal on or before the applicable renewal date, the board may suspend the pharmacist’s license and may require the pharmacist to pass an examination to the satisfaction of the board to restore that license.

(4) RENEWAL AFTER 5 YEARS. This subsection does not apply to license holders who have unmet disciplinary requirements. A person renewing the license after 5 years shall do all of the following:

(a) Pay the renewal fee as determined by the department under s. 440.03 (9) (a), Stats., and the renewal late fee.

(b) Evidence of having passed the multi-state pharmacy jurisprudence examination with Wisconsin designated as the primary state.

(c) If the person renewing the license does not have 2000 hours of practice as a pharmacist within last 24 months of submitting the application for renewal, the person shall meet one of the following requirements:

1. If the license has been expired for at least 5 years but not more than 10 years, the person shall submit evidence of all of the following:

a. Completion of 160 hours of internship for each year the pharmacist license was expired, not to exceed 1000 hours.

b. Completion of 15 hours of continuing education for each year the pharmacist license was expired or within the last two years passing the NAPLEX.

2. If the license has been expired for more than 10 years, the person shall submit evidence of all of the following:

a. Completion of 1000 hours of internship.

b. Passing the NAPLEX.

History: Cr. Register, December, 1998, No. 516, eff. 1-1-99; CR 15-081: r. and recr. Register September 2016 No. 729, eff. 10-1-16.

Phar 5.06 Reinstatement. A licensee who has unmet disciplinary requirements and failed to renew the license within 5 years or whose license has been surrendered or revoked may apply to have the license reinstated in accordance with all of the following:

(1) Evidence of completion of the requirements in s. Phar 5.05 (4) if the license has not been active within 5 years.

(2) Evidence of completion of the disciplinary requirements, if applicable.

(3) Evidence of rehabilitation or change in circumstances warranting reinstatement.

History: CR 15-081: cr. Register September 2016 No. 729; correction in (1) made under s. 35.17, Stats., Register September 2016 No. 729.

Chapter Phar 6

PHARMACY LICENSES AND EQUIPMENT

Phar 6.01	Licenses; application.	Phar 6.06	Laws and other references.
Phar 6.02	Licenses; change of location or ownership.	Phar 6.07	Storage.
Phar 6.03	Changes in managing pharmacist.	Phar 6.075	Temperature; Humidity.
Phar 6.04	Floor design.	Phar 6.08	Security.
Phar 6.05	Sanitation.		

Note: Chapter Phar 6 as it existed on January 31, 1983, was repealed and a new chapter Phar 6 was created effective February 1, 1983.

Phar 6.01 Licenses; application. Requirements and procedures for applying for a pharmacy license are specified in s. 450.06, Stats. Approved application forms are available from the board. Appointments for the required pharmacy inspection may be made by contacting the board office. A license application and fee shall be on file with the board at least 30 days prior to the granting of the pharmacy license. A pharmacy may not operate unless a pharmacy license has been granted. Board action shall be taken within 60 business days of receipt of a completed pharmacy application, as provided in s. SPS 4.03.

Note: Applications are available upon request to the board office located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

History: Cr. Register, January, 1983, No. 325, eff. 2-1-83; correction made under s. 13.93 (2m) (b) 7., Stats., Register, January, 1989, No. 397; am. Register, August, 1991, No. 428, eff. 9-1-91; am., Register, December, 1998, No. 516, eff. 1-1-99; correction made under s. 13.92 (4) (b) 7., Stats., Register November 2011 No. 671.

Phar 6.02 Licenses; change of location or ownership. (1) A pharmacy license authorizes a pharmacy to operate only at the location designated on the license. Licenses may not be transferred to another location.

(1m) A hospital which has a pharmacy area providing outpatient pharmacy services which is physically separate from, and not contiguous to the area from which inpatient pharmacy services are provided, shall have a pharmacy license for the outpatient pharmacy in addition to a license for the inpatient pharmacy.

(2) Any change in pharmacy ownership shall be reported to the board office and the pharmacy license of the former owner returned. A pharmacy license shall be granted to the new pharmacy owner before the pharmacy may operate.

History: Cr. Register, January, 1983, No. 325, eff. 2-1-83; am. Register, August, 1991, No. 428, eff. 9-1-91; cr. (1m), Register, February, 1996, No. 482, eff. 3-1-96.

Phar 6.03 Changes in managing pharmacist. The pharmacy owner shall report to the board any change of managing pharmacist within 5 days following the change.

History: Cr. Register, January, 1983, No. 325, eff. 2-1-83.

Phar 6.04 Floor design. (1) PROFESSIONAL SERVICE AREA. The professional service area of a pharmacy shall not be less than 250 sq. ft. No more than 20% of the space may be used for storage of bulk pharmaceuticals. If the pharmacy is open at any time solely as a non-prescription or sundry outlet, without a pharmacist present, the professional service area shall be secured as specified in sub. (3). A variance to the 250 sq. ft. professional service area requirement may be authorized by the board upon submission of a specific plan describing the manner in which the proposed professional service area plan varies from the requirement.

(2) PRESCRIPTION COUNTER SPACE. A pharmacy shall have a prescription counter with a free working surface of 18 or more inches in width and at least 12 square feet in area. This free-working surface must be used only for the compounding and dispensing of prescriptions.

(3) PROFESSIONAL SERVICE AREA REQUIREMENTS WHERE PHARMACIST IS ABSENT. (a) Except as provided in par. (c), if no pharmacist is present in the professional service area, a pharmacy may convert to a non-prescription or sundry outlet if the following requirements are met:

1. A secured, physical barrier surrounds the professional service area of the pharmacy and precludes access to the area by unlicensed personnel. A secured barrier may be constructed of other than a solid material with a continuous surface. If constructed of other than a solid material, the openings or interstices in the material shall not be large enough to permit removal of items from the professional service area by any means. Any material used in the construction of the barrier shall be of sufficient strength and thickness that it cannot be readily or easily removed, penetrated or bent. The plans and specifications of the barrier shall be submitted to the board for approval.

2. The barrier is locked in the absence of the pharmacist.

3. A patient's telephone request to renew a certain prescription may be accepted, but a telephone message from a practitioner giving a new prescription order or renewal authority may not be accepted.

5. Signs of reasonable size are posted at the entrance of the building and the professional service area prominently displaying the hours the pharmacist will be on duty.

6. The manner in which the telephone is answered does not imply that the location is, at that time, operating as a pharmacy.

7. The pharmacy examining board office is notified of the hours during which the establishment is operated as a sundry outlet.

(b) The managing pharmacist is responsible for compliance with all professional service area security requirements.

(c) Where no pharmacist is present in the professional service area a pharmacy is not required to convert to a non-prescription or sundry outlet if the following requirements are met:

1. The pharmacist is absent for a time period of one half hour or less.

2. The pharmacist must be accessible for communication with the remaining pharmacy staff by phone, pager or other device.

3. The pharmacy must indicate that the pharmacist is not available in the professional service area and indicate the period of absence and the time of the pharmacist's return.

4. Pharmacy technicians may only perform duties allowed by s. Phar 7.015 (2).

(4) PROFESSIONAL SERVICE AREA REMODELING. Any modifications of the approved floor plan shall be submitted to and approved by the board or its designee. Board action must be taken within 60 days.

History: Cr. Register, January, 1983, No. 325, eff. 2-1-83; cr. (4), Register, August, 1991, No. 428, eff. 9-1-91; r. (3) (a) 4., Register, January, 1996, No. 481, eff. 2-1-96; CR 03-096: am. (3) (a) (intro.), cr. (3) (c) Register May 2004 No. 581, eff. 6-1-04.

Phar 6.05 Sanitation. The professional service area of a pharmacy shall have a sink convenient and suitable for cleaning

pharmaceutical equipment and supplied with hot and cold running water. Detergent and a waste disposal container also shall be provided in the professional service area.

History: Cr. Register, January, 1983, No. 325, eff. 2-1-83.

Phar 6.06 Laws and other references. The professional service area of a pharmacy shall have equipment of appropriate design and size for the intended pharmacy practice and shall have all of the following:

(1j) The latest available or immediately accessible version of federal and state pharmacy laws consisting of:

(a) Drug enforcement administration regulations, 21 CFR 1300 to end.

(b) Wisconsin pharmacy laws, ch. 450, Stats.

(c) Wisconsin controlled substances act, ch. 961, Stats.

(d) Wisconsin administrative code, rules of the pharmacy examining board.

(2k) References appropriate to the individual pharmacy practice. These references should include, but are not limited to, the following topics: drug interactions; patient counseling; compounding and pharmaceutical calculations; and generic substitution.

(3L) The telephone number of a poison center. This number shall be conspicuously posted in the prescription department.

History: Cr. Register, January, 1983, No. 325, eff. 2-1-83; r. and recr. Register, January, 1989, No. 397, eff. 2-1-89; correction in (2) made under 13.93 (2m) (b) 6., Stats., Register, January, 1989, No. 397; am. (1) (j) 3., Register, December, 1998, No. 516, eff. 1-1-99; CR 01-023: am. (1) (intro.) and (a) to (c), (j) (intro.) and (k), Register, August 2001 No. 548 eff. 9-1-01; 2017 Wis. Act 18: r. and recr. (title), renum. (1) (intro.) to (intro.) and am., r. (1) (a) to (i), renum. (1) (j), (k), (L) to (1j), (2k), (3L), r. (2) Register June 2017 No. 738, eff. 7-1-17.

Phar 6.07 Storage. (1) The professional service area shall have a refrigerator adequate for the storage of biological and other drugs requiring refrigeration.

(2) The professional service area shall have sufficient shelf, drawer or cabinet space for the proper storage of a representative stock of prescription labels, an assorted stock of prescription containers, and an adequate stock of prescription drugs, chemicals and required pharmacy equipment.

(3) Controlled substances shall be stored in a securely locked, substantially-constructed cabinet or dispersed throughout the inventory of non-controlled substances in a manner that obstructs theft.

History: Cr. Register, January, 1983, No. 325, eff. 2-1-83.

Phar 6.075 Temperature; Humidity. (1) DEFINITIONS. In this section:

(a) "Business day" means a day the pharmacy is open for business.

(b) "Dry place" means a place that does not exceed 40% average relative humidity at 68 degrees Fahrenheit or the equivalent water vapor pressure at other temperatures.

(c) "Freezer" means a place in which the temperature is maintained between -13 and +14 degrees Fahrenheit.

(d) "Mean kinetic temperature" means the calculated temperature at which the total amount of degradation over a particular period is equal to the sum of the individual degradations that would occur at various temperatures.

(e) "Refrigerator" means a place in which the temperature is maintained between 36 and 46 degrees Fahrenheit.

(2) STORAGE. Drugs shall be stored at appropriate temperature and under appropriate conditions, including in a dry place, according to the manufacturer recommendation or an official pharmaceutical compendium.

(3) RECORDING DEVICES. Manual, electromechanical or electronic temperature and humidity recording devices shall be placed within the storage space to accurately determine the area's temperature and humidity.

(4) FREQUENCY. The temperature of the refrigerator, freezer and pharmacy shall be monitored at least once during each business day. A minimum and maximum temperature over the course of the time a pharmacy is closed shall be obtained.

(5) RECORDS. Temperature and humidity records shall be maintained for a minimum of 5 years.

(6) DISPENSING OF SAFE DRUGS. The pharmacist shall use professional judgment, including consideration of the mean kinetic temperature, to determine whether a drug is safe to be dispensed.

History: CR 16-073: cr. Register November 2017 No. 743, eff. 12-1-17; corrections in (1) (b) and (c), (6) made under s. 35.17, Stats., Register November 2017 No. 743.

Phar 6.08 Security. A pharmacy shall have a centrally monitored alarm system in the pharmacy. A security system or plan that does not utilize a centrally monitored alarm system may be used if reviewed by and prior approval is obtained from the board.

History: Cr. Register, December, 1998, No. 516, eff. 1-1-99; CR 05-001: am. Register August 2005 No. 596, eff. 9-1-05; CR 09-098: am. Register May 2010 No. 653, eff. 6-1-10.

Chapter Phar 7

PHARMACY PRACTICE

Phar 7.01	Minimum procedures for compounding and dispensing.	Phar 7.065	Answering machines in pharmacies.
Phar 7.015	Pharmacy technicians.	Phar 7.07	Medication profile record system.
Phar 7.02	Prescription label; name of drug or drug product dispensed.	Phar 7.08	Prescription orders transmitted electronically.
Phar 7.03	Prescription renewal limitations.	Phar 7.09	Automated dispensing systems.
Phar 7.04	Return or exchange of health items.	Phar 7.095	Operation of remote dispensing sites.
Phar 7.05	Prescription records.	Phar 7.10	Administration of drug products and devices other than vaccines.
Phar 7.055	Transfer of prescription order information.	Phar 7.12	Central fill pharmacy.

Phar 7.01 Minimum procedures for compounding and dispensing. (1) Except as provided in sub. (4), a pharmacist or pharmacist–intern who compounds or dispenses according to a prescription order shall follow the procedures described in this rule and other applicable procedures. The pharmacist or pharmacist–intern as directed and supervised by a pharmacist shall:

(a) Receive electronic or oral prescription orders of a prescriber, review all original and renewal prescription orders, whether electronic, written or oral, and determine therapeutic compatibility and legality of the prescription order. The review shall include, when indicated or appropriate, consultation with the prescriber.

(b) Read and interpret a prescriber’s directions for use for the purpose of accurately transferring the instructions to the prescription label.

(c) Select, compound, mix, combine, measure, count and otherwise prepare drugs needed to dispense a prescription except that an agent of the pharmacist may procure, measure or count prefabricated dosage forms if a pharmacist verifies accuracy of the agent’s action.

(d) Make a final check on the accuracy and correctness of the prescription. For all original and renewed prescriptions, the prescription order record shall identify the pharmacist responsible for the prescription.

(e) Give the patient or agent appropriate consultation relative to the prescription except that prescriptions may be delivered by an agent of the pharmacist to a location of the patient’s choice if the delivery is accompanied by appropriate directions and an indication that consultation is available by contacting the pharmacist. The consultation requirement applies to original and renewal prescription orders and, except when prescriptions are delivered to a location of the patient’s choice, is not satisfied by only offering to provide consultation.

(em) Transfer the prescription to the patient or agent of the patient.

(f) Receive, when required by law and standard professional practice, permission to renew from authorized prescribers, and note on the prescription order, medication profile record or uniformly maintained and readily retrievable document the following information:

1. Date renewed.
2. Name of practitioner authorizing renewal, if different from the original prescriber.
3. Quantity of drug dispensed.
4. Identification of the pharmacist renewing the prescription.

(2) Subsection (1) (d) and (e) does not prohibit institutional pharmacists or community pharmacists serving institutions from receiving prescription orders, dispensing and returning prescription medications consistent with accepted inpatient institutional drug distribution systems. Subsection (1) applies to any institutional pharmacy dispensing to outpatients, including prescriptions for discharged patients.

(3) A pharmacist may supervise no more than one pharmacy intern and 4 pharmacy technicians engaged in compounding and dispensing activities as described in sub. (1), except a higher ratio may be authorized by the board upon request to and approval by the board of a specific plan describing the manner in which additional interns or pharmacy technicians shall be supervised.

(4) A system for compounding and dispensing not in conformance with subs. (1) to (3) may be used if reviewed and approved by the board.

History: Cr. Register, January, 1983, No. 325, eff. 2–1–83; am. (1) (intro.), (d) and (f) (intro.), Register, August, 1991, No. 428, eff. 9–1–91; am. (1) (e), Register, January, 1996, No. 481, eff. 2–1–96; am. (1) (a), (e), (f) (intro.), (3) and cr. (1) (em), Register, December, 1998, No. 516, eff. 1–1–99; am. (1) (a), Register, November, 1999, No. 527, eff. 12–1–99; am. (3), Register, April, 2001, No. 544, eff. 5–1–01; CR 13–018: am. (1) (e) Register October 2013 No. 694, eff. 11–1–13.

Phar 7.015 Pharmacy technicians. (1) As used in this section, “pharmacy technician” means a non–pharmacist or non–pharmacist intern who, under the general supervision of a pharmacist who regularly coordinates, directs and inspects the activities of the pharmacy technician, assists the pharmacist in the technical and nonjudgmental functions related to the practice of pharmacy in the processing of prescription orders and inventory management. “Pharmacy technician” does not include ancillary persons which include, clerks, secretaries, cashiers or delivery persons, who may be present in the pharmacy.

(2) A pharmacist may delegate technical dispensing functions to a pharmacy technician, but only under the general supervision of the pharmacist where the delegated functions are performed. Technical dispensing functions include:

(a) Accepting written or electronic prescription orders of the prescribing practitioner or from the prescribing practitioner’s agent.

(b) Accepting original oral prescription orders from the prescribing practitioner or prescribing practitioner’s agent, if the conversation is recorded and listened to and verified by the pharmacist prior to dispensing.

(c) Requesting authorization for a refill from the prescribing practitioner.

(d) Accepting oral authorization for a refill from the prescribing practitioner or prescribing practitioner’s agent, provided there are no changes to the original prescription order.

(e) Accepting a request from a patient to refill a prescription.

(f) Obtaining and entering patient or prescription data into the patient information system.

(g) Preparing a prescription label.

(h) Retrieving medication from stock, counting or measuring medication, and placing the medication in its final container.

(i) Reconstituting prefabricated dosage forms.

(j) Compounding pharmaceuticals pursuant to written policies and procedures.

(k) Affixing a prescription label to its final container.

(L) Placing ancillary information on the prescription label.

(m) Prepackaging and labeling drugs for dispensing by a pharmacist.

(n) Preparing unit dose carts for final review by a pharmacist.

(o) Retrieving and transporting stock medication to and from pharmacist approved areas.

(p) Other technical functions that do not require the professional judgment of a pharmacist.

(q) Transferring the prescription to the patient or agent of the patient, provided that the pharmacist has first provided a patient consultation.

(3) A pharmacy technician may not do any of the following:

(a) Provide the final verification for the accuracy, validity, completeness, or appropriateness of a filled prescription or medication order.

(b) Perform any of the following tasks:

1. Participate in final drug utilization reviews.
2. Make independent therapeutic alternate drug selections.
3. Participate in final drug regimen screening, including screening for therapeutic duplication, drug-to-drug interactions, incorrect dosage, incorrect duration of treatment, drug allergy reactions and clinical abuse or misuse.

4. Perform any act necessary to be a managing pharmacist.

5. Administer any prescribed drug products, devices or vaccines.

(c) Provide patient counseling, consultation, or patient specific judgment, such as interpreting or applying information, including advice relating to therapeutic values, potential hazards and uses.

(4) The pharmacist shall provide the final verification for the accuracy, validity, completeness, and appropriateness of the patient's prescription prior to the delivery of the prescription to the patient or the patient's representative.

History: Cr. Register, April, 2001, No. 544, eff. 5-1-01; CR 07-099; cr. (2) (q), r. (3) (d) Register May 2008 No. 629, eff. 6-1-08.

Phar 7.02 Prescription label; name of drug or drug product dispensed. No drug product may be dispensed unless the prescription label discloses the brand name and strength, or the generic name, strength, and manufacturer or distributor of the drug product dispensed unless the prescribing practitioner requests omission of the above information. If a pharmacist, pursuant to a prescription order that specifies a drug product by its brand name, dispenses the drug product equivalent of the drug product specified in the prescription order, the prescription label may include both the generic name of the drug product equivalent and the brand name specified in the prescription order, unless the prescribing practitioner requests that the brand name be omitted from the label. If a brand name drug product is dispensed, the prescription label may contain both the brand name and the generic name of the drug product equivalent dispensed unless the prescribing practitioner requests that the generic name of the drug product equivalent be omitted from the label.

History: Cr. Register, January, 1983, No. 325, eff. 2-1-83; Register, August, 1991, No. 428, eff. 9-1-91; am. Register, January, 1996, No. 481, eff. 2-1-96; CR 07-097; am. Register May 2008 No. 629, eff. 6-1-08.

Phar 7.03 Prescription renewal limitations. A prescription order for any drug other than controlled substances, which bears renewal authorization permitting the pharmacist to renew the prescription as needed (PRN) by the patient, shall not be renewed beyond one year from the date originally prescribed. No prescription order containing either specific or PRN renewal authorization is valid after the patient-physician relationship has ceased.

History: Cr. Register, January, 1983, No. 325, eff. 2-1-83; Register, August, 1991, No. 428, eff. 9-1-91.

Phar 7.04 Return or exchange of health items. (1) In this section:

(a) "Health item" means drugs, devices, hypodermic syringes, needles or other objects for injecting a drug, medicines, or items of personal hygiene.

(b) "Inpatient health care facility" means any hospital, nursing home, county home, county mental hospital, tuberculosis sanitarium or similar facility, but does not include community-based residential facilities, jails or prison facilities.

(c) "Original container" means the container in which a health item was sold, distributed or dispensed.

(d) "Resident health care patient" means a patient residing in a community-based residential facility that controls a resident's prescribed and over-the-counter medications as specified by s. DHS 83.37

(e) "Secured institutional health care patient" means any of the following:

1. A jail inmate patient whose dispensed health items are maintained under the custody and control of the jail pursuant to an approved policy and procedure manual under s. DOC 350.17, containing policies and procedures for the control and administration of medications complying with s. DOC 350.20.

2. A juvenile patient who resides in a juvenile correctional care center for children and youth, as defined in s. 938.02 (15g), Stats.; a juvenile detention facility, as defined in s. 938.02 (10r), Stats.; or a juvenile portion of a county jail whose dispensed health items are maintained under the custody and control of the health services staff as defined in s. DOC 316.02 (6) and provided to a juvenile patient under the provisions of s. DOC 316.03.

(f) "Tamper-resistant package" means a container bearing a beyond use date that is sealed so that the contents cannot be used without obvious destruction of the seal.

(2) No health items after taken from a pharmacy where sold, distributed or dispensed, may be returned to that pharmacy, except for any of the following:

(a) From an inpatient health care facility, provided they are in their original containers and the pharmacist determines the contents are not adulterated or misbranded.

(b) Where the health items were dispensed in error, were defective, adulterated, misbranded, or dispensed beyond their beyond use date.

(c) When in the professional judgment of the pharmacist substantial harm could result to the public or a patient if they were to remain in the possession of the patient, patient's family or agent, or other person.

(d) For a secured institutional health care patient or resident health care patient where all of the following apply:

1. The health item was never in the possession and control of the patient.

2. The health item was sold, distributed or dispensed in a tamper-resistant package and, for a drug, includes the beyond use date and manufacturer's lot number.

3. The health item is not commingled with a different health item unless the health item will be repackaged and redispensed to the same patient.

4. The health item is in its original container and the pharmacist determines the contents are not adulterated or misbranded.

(e) A health item that is prepackaged for consumer use and labeled in compliance with all applicable state and federal laws where all of the following apply:

1. The pharmacist determines that the original package is unopened, sealed and intact and that package labeling is unaltered.

2. The pharmacist determines the contents are not adulterated.

(3) Health items returned to a pharmacy pursuant to sub. (2) (b) and (c), may not be sold, resold, or repackaged and sold or resold, given away, or otherwise distributed or dispensed.

Returned health items shall either be destroyed at the pharmacy or delivered for destruction or other disposal by an authorized person or entity.

(3m) Health items returned from a secured institutional health care patient to a pharmacy pursuant to sub. (2) (d), must be segregated in the pharmacy and may not be sold, resold, or repackaged and sold or resold, given away, or otherwise sold, distributed or redispensed other than to a secured institutional health care patient.

(4) It is not a “return” for a patient or agent of a patient to deliver a previously dispensed drug or device to a pharmacy for the purpose of repackaging and relabeling of that previously dispensed drug or device, and subsequent return of the drug or device for the same patient’s use.

Note: The DEA does not permit the return of controlled substances to a pharmacy from a non-DEA registrant under any circumstances.

(5) It is not a “return” for a patient or agent of a patient to deliver a previously dispensed drug or device to a pharmacy for the purpose of destruction at the pharmacy or other disposal by an authorized person or entity.

Note: Cancer and chronic disease drug returns and redispensing pursuant to ch. DHS 148 are allowed provided the pharmacy follows the requirements in ch. DHS 148.

Note: A prescription drug that is returned to a pharmacy that primarily serves patients confined in a state prison is not addressed in this rule. Such a drug may be redispensed to a patient in a state prison provided the requirements of s. 450.09 (7m), Stats., are satisfied.

History: Cr. Register, January, 1983, No. 325, eff. 2-1-83; am. Register, August, 1991, No. 428, eff. 9-1-91; r. and recr., Register, December, 1998, No. 516, eff. 1-1-99; CR 05-029: cr. (1) (c) to (f), (2) (d) and (e), (3m) and (5), am. (2) (intro.) and (b) Register December 2005 No. 600, eff. 1-1-06; correction in (1) (d) made under s. 13.92 (4) (b) 7., Stats., Register March 2010 No. 651; CR 13-076: am. (1) (e) 2. Register August 2014 No. 704, eff. 9-1-14.

Phar 7.05 Prescription records. (1) A computerized system may be used for maintaining a record, as required under this section, of prescription dispensing and transfers of prescription order information for the purposes of original or refill dispensing if the system:

(a) Is capable of producing a printout of any prescription data which the user pharmacy is responsible for maintaining. The system shall be designed so that the pharmacy can receive the printout within 48 hours after requesting the printout.

(b) Is equipped with an auxiliary procedure which, during periods of down-time, shall be used for documentation of prescription dispensing. The auxiliary procedure shall ensure that prescription refills are authorized by the original prescription order, that the maximum number of prescription refills has not been exceeded and that all of the appropriate data are retained for on-line entry as soon as the computer system is again available for use.

(1m) A record of all prescriptions dispensed shall be maintained for a period of 5 years after the date of the last refill.

(2) All systems used for maintaining a record of any prescription dispensing shall include:

- (a) Patient’s identification.
- (b) Name, strength and dosage form of the drug product dispensed.
- (c) Quantity dispensed.
- (d) Date of all instances of dispensing.
- (e) Practitioner’s identification.
- (f) Pharmacist’s identification.
- (g) Retrieval designation.

History: Cr. Register, January, 1983, No. 325, eff. 2-1-83; cr. (5), Register, September, 1987, No. 381, eff. 10-1-87; CR 00-165: am. (3) (a) (intro.), (b) 6., (c), (5) and (6) (intro.), r. (3) (b) 4., cr. (3) (b) 8., Register July 2001, No. 547 eff. 8-1-01; CR 05-078: rn. (1) and (6) to be (1m) and (1) and am. (1) (intro.), (b) and (1m), r. (3) to (5) Register January 2006 No. 601, eff. 2-1-06.

Phar 7.055 Transfer of prescription order information. (1) GENERAL REQUIREMENTS. A pharmacist may transfer prescription order information between pharmacies licensed in

this state or another state, for the purpose of original or refill dispensing, if all of the following conditions are satisfied:

(a) The transfer is communicated directly between 2 pharmacists either by verbal transfer or by a computer system transfer meeting the requirements of sub. (4). Communication by facsimile machine is not allowed unless the prescription order information being transferred is verified verbally between 2 pharmacists.

(b) A computer system used to record a verbal transfer of prescription order information for a non-controlled substance meets the requirements of s. Phar 7.05 (1) (a) and (b).

(c) The pharmacist receiving the verbal transfer of prescription order information for either a controlled or a non-controlled substance records the transferred information in writing unless a computer system transfer meeting the requirements of sub. (4) is used.

(d) All original and transferred prescription orders are maintained for a period of 5 years from the date of the last refill.

(e) A written copy of any prescription order for a prescribed drug provided by a pharmacist is identified in writing as “COPY – FOR INFORMATION ONLY.” No prescribed drug may be dispensed based on an information copy.

(f) A pharmacist making or receiving a transfer of prescription order information is licensed in the state in which he or she performs an act required by this section.

(2) NON-CONTROLLED SUBSTANCES. The transfer of prescription order information for non-controlled substances for the purposes of original or refill dispensing is permissible pursuant to the following requirements:

(a) The pharmacist making the transfer records the following information:

1. The word “VOID” is written on the face of the invalidated prescription order or recorded in a similar manner to “VOID” on a prescription order in a computer system meeting the requirements of s. Phar 7.05 (1) (a) and (b).

2. The name and address of the pharmacy to which it was transferred, the name of the pharmacist receiving the prescription order, the date and the name of the pharmacist transferring the information are recorded on the reverse side of the invalidated prescription order or in a computer system meeting the requirements of s. Phar 7.05 (1) (a) and (b).

3. A transfer of prescription order information for a non-controlled substance for the purposes of refill dispensing is limited to the number of authorized refills.

(b) The pharmacist receiving the transferred prescription order information shall record in writing the following:

1. The word “TRANSFER” on the face of the transferred prescription order.

2. The name and address of the patient, the name and address of the prescribing practitioner, and the name and quantity and dosage form of the drug product or device prescribed and the directions for use.

3. The date of issuance of the original prescription order.

4. The original number of refills authorized on the original prescription order.

5. The date of original dispensing if the prescription order has previously been dispensed.

6. The number of valid refills remaining and the date of the last refill.

7. The pharmacy’s name, address, and the prescription order number from which the prescription order information was transferred.

8. The name of the pharmacist making the transfer.

9. The name, address and telephone number of the pharmacy from which the original prescription order was transferred if different than subd. 7.

(3) CONTROLLED SUBSTANCES. The transfer of prescription order information for controlled substances for the purposes of

refill dispensing is permissible pursuant to the following requirements:

(a) The transfer of prescription order information is permissible only on a one time basis unless a computer system meeting the requirements of sub. (4) is used.

(b) If a computer system meeting the requirements of sub. (4) is used, a transfer of prescription order information for the purposes of refill dispensing is limited to the number of authorized refills.

(c) Unless a computer system meeting the requirements of sub. (4) is used, the pharmacist making the transfer shall record in writing the following information:

1. The word "VOID" is written on the face of the invalidated prescription order.

2. The name, address and DEA registration number of the pharmacy to which it was transferred, the name of the pharmacist receiving the prescription order and the date and the name of the pharmacist transferring the information are recorded on the reverse side of the invalidated prescription order.

(d) Unless a computer system meeting the requirements of sub. (4) is used, the pharmacist receiving the transferred prescription order information shall record in writing the following information:

1. The word "TRANSFER" on the face of the transferred prescription order.

2. The name and address of the patient, the name, address and DEA number of the prescribing practitioner, and the name and quantity and dosage form of the drug product or device prescribed and the directions for use.

3. The date of issuance of the original prescription order.

4. The original number of refills authorized on the original prescription order.

5. The date of original dispensing.

6. The number of valid refills remaining and the dates and locations of previous refills, if applicable.

7. The name, address, telephone number, DEA registration number and prescription order number of the pharmacy from which the prescription order information was transferred if different from the pharmacy from which the prescription order was originally dispensed.

8. The name of the pharmacist making the transfer.

9. The name, address, telephone number, DEA registration number and prescription order number of the pharmacy from which the prescription order was originally dispensed.

(4) USE OF COMPUTER SYSTEM. A computer system used for transferring prescription order information shall, in addition to meeting the requirements of s. Phar 7.05 (1) (a) and (b), contain a common central processing unit electronically sharing a real-time, on-line database to which both the transferring and receiving pharmacy have access.

History: CR 05-078; cr. Register January 2006 No. 601, eff. 2-1-06.

Note: See the table of Appellate Court Citations for Wisconsin appellate cases citing s. Phar 7.055.

Phar 7.065 Answering machines in pharmacies.

Oral prescription orders may be received at a pharmacy via a telephone answering device and dispensed by the pharmacist if the voice of the physician or physician's agent is known to the pharmacist, and provided other requirements of reducing the prescription order to writing, labeling and filing are met.

History: Cr. Register, December, 1998, No. 516, eff. 1-1-99.

Phar 7.07 Medication profile record system. (1) An individual medication profile record system shall be maintained in all pharmacies for persons for whom prescriptions, original or renewal, are dispensed for outpatient use. The system shall be capable of permitting the retrieval of information. The system need not be limited to individual medication profile records.

(2) The following minimum information shall be retrievable:

(a) Patient name, or other identifying information.

(b) Address of the patient.

(c) Birth date of the patient if obtainable.

(d) Name of the drug product dispensed.

(e) Strength of the drug product dispensed.

(f) Dosage form of the drug product dispensed.

(g) Quantity of the drug product dispensed.

(h) Directions for use.

(i) Retrieval designation assigned to the prescription order.

(j) Date of all instances of dispensing, for original and renewal prescriptions.

(k) Practitioner identification.

Note: This subsection incorporates renewal dispensing information required by federal law (21 CFR 1306.22) and state law (s. 450.11 (5), Stats.).

(3) The pharmacist shall be responsible for attempting to ascertain and record any patient allergies, adverse drug reactions, drug idiosyncrasies, and any chronic conditions which may affect drug therapy as communicated by the patient or agent of the patient. If none, this should be indicated.

(4) At the time a prescription order is reviewed by the pharmacist for dispensing, the pharmacist shall review the medication profile record of the patient for the previously dispensed medication history and shall determine whether the prescription order presented should be dispensed.

(5) Medication profile records, if used as the only documentation of renewal dispensing, shall be maintained for a period of not less than 5 years following the date of the last entry. If the profile records are not used as the only documentation of renewal dispensing they shall be maintained for a period of not less than 1 year from the date of the last entry.

History: Cr. Register, January, 1989, No. 397, eff. 2-1-89; renum. from Phar 7.08, Register, August, 1991, No. 428, eff. 9-1-91; am. (1), Register, December, 1998, No. 516, eff. 1-1-99.

Phar 7.08 Prescription orders transmitted electronically.

(1) Except as provided in s. 89.068 (1) (c) 4., Stats., and as otherwise prohibited by law, prescription orders may be accepted and dispensed if they have been transmitted electronically from a practitioner or his or her designated agent to a pharmacy via computer modem or other similar electronic device. Prescription orders transmitted by facsimile machine are not considered electronic prescription orders; but rather, written prescription orders.

(2) A pharmacist may dispense a prescription pursuant to a prescription order transmitted electronically, if the pharmacist assures the prescription order does all of the following:

(a) Was sent only to the pharmacy of the patient's choice and only at the option of the patient, with no intervening person or third party having access to the prescription order other than to forward it to the pharmacy.

(b) Identifies the individual sender's name and telephone number for oral confirmation, the time and date of transmission, and the pharmacy intended to receive the transmission.

(c) Is designated "electronically transmitted prescription", or with similar words or abbreviations to that effect.

(d) Contains all other information that is required in a prescription order.

(3) The prescribing practitioner's electronic signature, or other secure method of validation shall be provided with a prescription order electronically transmitted via computer modem or other similar electronic device.

(4) Any visual or electronic document received in connection with an electronically transmitted prescription order shall be accessible only within the professional service area of the pharmacy to protect patient confidentiality and assure security.

(5) A pharmacist who receives a prescription order electronically shall ensure the security, integrity and confidentiality of the

prescription order and any information contained in the order. To maintain the confidentiality of patient records, the electronic system shall have adequate security and system safeguards designed to prevent and detect unauthorized access, modification, or manipulation of patient records. Once the prescription has been dispensed, any alterations in prescription order drug data shall be documented including the identification of the pharmacist responsible for the alteration.

(6) Access to the electronic mail system for the receipt of prescription orders electronically may only be acquired by use of a password or passwords, known only to individuals authorized to access the system.

(7) A pharmacist may not use any electronic device to circumvent his or her responsibilities with regard to documenting, authenticating and verifying prescription orders or in order to circumvent other pharmacy laws.

History: Cr. Register, November, 1999, No. 527, eff. 12-1-99; correction in (1) made under s. 13.92 (4) (b) 7., Stats., Register February 2017 No. 734.

Phar 7.09 Automated dispensing systems. (1) In this section:

(a) “Automated dispensing system” means a mechanical system that perform operations or activities, other than compounding or administration, relative to the storage, packaging, dispensing or distribution of medications, and which collects, controls, and maintains all transaction information.

(b) “Inpatient health care facility” means any hospital, nursing home, county home, county mental hospital, or tuberculosis sanatorium, but does not include community-based residential facilities.

(2) An automated dispensing system may be used in a community pharmacy, as provided in this section.

(3) An automated dispensing system may be used as provided in this section by an institutional pharmacy serving an inpatient health care facility, that has an established program of receiving prescription orders, and dispensing and returning prescription medications consistent with accepted inpatient institutional drug distribution systems. An automated dispensing system used by an institutional pharmacy shall only be located in that institutional pharmacy or within the inpatient health care facility.

(4) The managing pharmacist of a community pharmacy or an institutional pharmacy is responsible for all of the following:

(a) Assuring that the automated dispensing system is in good working order and accurately dispenses the correct strength, dosage form, and quantity of the drug prescribed and complying with the recordkeeping and security safeguards pursuant to sub. (5).

(b) Implementing an ongoing quality assurance program that monitors performance of the automated dispensing system, which is evidenced by written policies and procedures.

(c) Providing the board with prior written notice of the installation or removal of an automated dispensing system. The notice provided shall include, but is not limited to the:

1. Name and address of the pharmacy.
2. Initial location of the automated dispensing system. The automated dispensing system may thereafter be relocated within the pharmacy or inpatient health care facility without providing subsequent notification to the board.
3. Identification of the managing pharmacist.

(d) Assigning, discontinuing or changing personnel access to the system.

(e) Assuring that access to the medications comply with state and federal laws.

(f) Assuring that the automated dispensing system is stocked accurately and in accordance with established written policies and procedures.

(5) An automated dispensing system shall comply with the following provisions:

(a) A pharmacy shall maintain on-site the following documentation relating to an automated dispensing system:

1. Name and address of the pharmacy or inpatient health care facility where the system is being used.
2. The system manufacturer’s name, model and serial number.
3. Description of how the system is used.
4. Written quality assurance procedures to determine continued appropriate use of the system.
5. Except as required pursuant to par. (b), written policies and procedures for system operation, safety, security, accuracy, access and malfunction.

(b) All written policies and procedures shall be maintained in the pharmacy responsible for the automated dispensing system.

(c) An automated dispensing system shall have adequate security systems and procedures, evidenced by written policies and procedures to prevent unauthorized access to maintain patient confidentiality and to comply with federal and state laws.

(d) Records and data kept by the automated dispensing system shall meet the following requirements:

1. All events involving the contents of the automated dispensing systems must be recorded electronically.
2. Records shall be maintained by the pharmacy and be available to the board. Records shall include:
 - a. The time and location of the system accessed.
 - b. Identification of the individual accessing the system.
 - c. Type of transaction.
 - d. Name, strength, dosage form and quantity of the drug accessed.
 - e. Name of the patient for whom the drug was ordered.
 - f. Such additional information as the managing pharmacist may deem necessary.

(e) The stocking of all medications in the automated dispensing system shall be accomplished by qualified personnel under no less than the general supervision of a licensed pharmacist; except that when an automated dispensing system is located within a pharmacy the supervision must be direct.

(f) A record of medications stocked into an automated dispensing system shall be maintained for 5 years and shall include identification of the person stocking and pharmacist checking for accuracy.

(g) All containers of medications stored in the automated dispensing system shall be packaged and labeled in accordance with state and federal law.

(h) All aspects of handling controlled substances shall meet the requirements of all state and federal law.

(i) The automated dispensing system shall provide a mechanism for securing and accounting for medications removed from and subsequently returned to the automated dispensing system, in accordance with state and federal law.

(j) The automated dispensing system shall provide a mechanism for securing and accounting for medication returned to the system and accounting for wasted medications in accordance with state and federal law.

History: Cr. Register, October, 2000, No. 538, eff. 11-1-00.

Phar 7.095 Operation of remote dispensing sites.

(1) DEFINITIONS. In this section:

(a) “Health care facility” means a facility, as defined in s. 647.01 (4), Stats., or any hospital, nursing home, community-based residential facility, county home, county infirmary, county hospital, county mental health center or other place licensed or approved by the department of health services under s. 49.70, 49.71, 49.72, 50.02, 50.03, 50.35, 51.08 or 51.09, Stats., or a facility under s. 45.50, 51.05, 51.06, 233.40, 233.41, 233.42 or 252.10, Stats.

(b) “Managing pharmacist” means a pharmacist designated by the pharmacy owner to have responsibility for and direct control of pharmaceutical operations in a pharmacy.

(c) “Practitioner” means a person licensed in this state to prescribe and administer drugs or licensed in another state and recognized by this state as a person authorized to prescribe and administer drugs.

(d) “Remote dispensing site” means a dispensing site that is not licensed as a pharmacy. Remote does not mean geographical distance or location.

(e) “Supervising pharmacy” means a licensed pharmacy that oversees the operations and administration of all aspects of the remote dispensing site.

(2) LICENSING REQUIREMENTS AND USE OF TITLES RELATING TO THE OPERATION OF REMOTE DISPENSING SITES. (a) A remote dispensing site shall not be licensed as a pharmacy.

(b) No person may use or display the title “pharmacy,” “drug-store,” “apothecary,” or any other title, symbol or insignia having the same or similar meanings in connection with a remote dispensing site.

(3) LOCATION OF REMOTE DISPENSING SITES. A pharmacist may dispense at the following locations:

(a) A health care facility or a facility identified under s. 980.065, Stats.

(b) The office or clinic of a practitioner.

(c) A county jail, rehabilitation facility under s. 59.53 (8), Stats., state prison under s. 302.01, Stats., or county house of correction under s. 303.16 (1), Stats.

(d) A juvenile correctional facility under s. 938.02 (10p), Stats., juvenile detention facility under s. 938.02 (10r), Stats., residential care center for children and youth under s. 938.02 (15d), Stats., secured residential care center for children and youth under s. 938.02 (15g), Stats., type 1 juvenile correctional facility under s. 938.02 (19), Stats., type 2 residential care center for children and youth under s. 938.02 (19r), Stats., or type 2 juvenile correctional facility under s. 938.02 (20), Stats.

(4) REQUIREMENTS FOR THE OPERATION OF REMOTE DISPENSING SITES. (a) A remote dispensing site shall display a sign, easily viewable by customers, that states all of the following:

1. Prescriptions may be filled at this location.
2. This store is a remote dispensing site being supervised by a pharmacist located at all of the following:
 - a. Name of store.
 - b. Address of store.
 - c. Telephone number of store.
3. The pharmacist is required to talk to you each time you pick up a prescription.

(b) A remote dispensing site shall not open for operation if the supervising pharmacy is closed.

(c) A remote dispensing site shall not dispense a prescribed drug or device in the absence of the ability of a patient to communicate with the pharmacist.

(d) When closed, a remote dispensing site shall have a centrally monitored alarm. For all after hour entries, the personnel entering the site shall record their name, and the date, time and purpose for entering the site in a log. All logs shall be retained for 2 years.

(e) A remote dispensing site shall submit written notification to the board 30 days prior to operating the remote dispensing site.

(5) DISPENSING REQUIREMENTS. A remote dispensing site shall meet all of the following:

(a) Comply with the requirements under s. Phar 7.01 and visually inspect prescription orders, labels and dispensed product.

(b) Comply with the labeling requirements under s. Phar 7.12 (2) (g). The prescription label shall contain the name and address

of the supervising pharmacy as the licensed facility from which the prescribed drug or device was dispensed.

(c) Comply with federal law if a remote dispensing site dispenses controlled substances.

(6) RESPONSIBILITIES OF MANAGING PHARMACISTS. (a) The managing pharmacist of a remote dispensing site shall, in accordance with s. Phar 7.09, do all of the following:

1. Have written policies and procedures for system operation, safety, security, accuracy and access.

2. Implement an on-going quality assurance program that monitors performance that includes the number of prescriptions dispensed per month, number of medication errors documented, loss or diversion of inventory, and documentation of remedial training to prevent future errors.

3. Visit the remote dispensing site at least monthly to conduct controlled substance inventory, to ensure written policies and procedures are being followed, and to ensure that remote dispensing site personnel comply with all federal and state laws regulating the practice of pharmacy.

4. Retain documentation of the monthly inspection visits at the remote dispensing site for 2 years.

(b) The managing pharmacist at the supervising pharmacy is responsible for all remote dispensing sites connected to the supervising pharmacy.

(7) REQUIREMENTS FOR PHARMACY TECHNICIANS AND INTERNS. Pharmacy technicians and interns employed at a remote dispensing site shall satisfy all of the following requirements:

(a) Be 18 years of age or older.

(b) Be a high school graduate or have equivalent education.

(c) Have completed 1500 hours of work as a technician within the 3 years prior to the date of employment at the remote dispensing site or completed a training program approved by the board.

History: CR 09-099: cr. Register March 2010 No. 651, eff. 4-1-10.

Phar 7.10 Administration of drug products and devices other than vaccines. (1) In this section, “course of study” means one or more classes, workshops, seminars, or continuing education programs.

(2) A pharmacist may administer a drug product, as defined in s. 450.01 (11), Stats., or device, as defined in s. 450.01 (6), Stats. After the pharmacist administers a prescribed drug product or device, the pharmacist, a person engaged in the practice of pharmacy under s. 450.03 (1) (f) or (g), Stats., or the pharmacist’s agent shall notify the prescribing practitioner or enter the information in a patient record system shared by the prescribing practitioner.

(3) A pharmacist may not administer by injection a prescribed drug product or device unless the pharmacist has successfully completed a course of study and training in administration technique conducted by a course provider approved by the Accreditation Council for Pharmacy Education or the board.

(4) A person engaged in the practice of pharmacy under s. 450.03 (1) (f) or (g), Stats., may not administer a prescribed drug product or device unless the person satisfies all of the following:

(a) Successfully completes a course of study and training in administration technique conducted by a course provider approved by the Accreditation Council for Pharmacy Education or the board.

(b) Administers the prescribed drug product or device only under the direct supervision of a pharmacist who has successfully completed a course of study and training in administration technique conducted by a course provider approved by the Accreditation Council of Pharmacy Education or the board.

(c) After administering the prescribed drug product or device, notifies the prescribing practitioner or enters the information in a patient record system shared by the prescribing practitioner.

(5) The board may approve courses of study which meet criteria substantially equivalent to criteria used by the Accreditation Council for Pharmacy Education.

(6) A course of study and training in administration technique shall include all of the following topics:

- (a) Safe injection practices to prevent infections.
- (b) Anatomy.
- (c) Proper injection techniques.
- (d) The five rights of administration including right patient, right drug, right dose, right route, and right time.
- (e) Patient reassessment after administration including signs and symptoms of adverse drug reactions.
- (f) Best practices in documentation of the medication administration.

(7) This section does not apply to the administration of vaccines.

Note: To administer a vaccine a pharmacist must meet the requirements in s. 450.035, Stats.

History: Cr. Register, December, 1999, No. 528, eff. 1-1-00; CR 14-023: am. (1) Register August 2014 No. 704, eff. 9-1-14; CR 16-079: r. and recr., Register August 2017 No. 740, eff. 9-1-17; correction in (2) made under s. 35.17, Stats., Register August 2017 No. 740.

Phar 7.12 Central fill pharmacy. (1) In this section:

(a) “Central fill pharmacy” means a pharmacy licensed in this state acting as an agent of an originating pharmacy to fill or refill a prescription.

(b) “Originating pharmacy” means a pharmacy licensed in this state that uses a central fill pharmacy to fill or refill a prescription order.

(2) A central fill pharmacy and originating pharmacy may process a request for the filling or refilling of a prescription order received by an originating pharmacy only pursuant to the following requirements:

(a) The central fill pharmacy either has the same owner as the originating pharmacy or has a written contract with the originating pharmacy outlining the services to be provided and the responsibilities of each pharmacy in fulfilling the terms of the contract in compliance with federal and state law.

(b) The central fill pharmacy shall maintain a record of all originating pharmacies, including name, address and DEA number, for which it processes a request for the filling or refilling of a prescription order received by the originating pharmacy. The record shall be made available upon request for inspection by the board or its agent.

(c) The central fill pharmacy and originating pharmacy maintain a written filling protocol delineating each pharmacy’s assumption of responsibility for compliance with the prescription

drug compounding and dispensing requirements of this chapter and ch. Phar 8.

(d) The originating pharmacy shall remain responsible for compliance with the prescription drug compounding and dispensing requirements of this chapter and ch. Phar 8, and which are not assumed in writing by the central fill pharmacy pursuant to a written filling protocol.

(e) The originating pharmacy shall at all times remain solely responsible to perform and comply with the requirements of s. Phar 7.01 (1) (e) and (em).

(f) Unless the central fill pharmacy shares a common central processing unit with the originating pharmacy, it may not perform processing functions such as the medication profile record review of the patient, drug utilization review, refill authorizations, interventions and drug interactions.

(g) The prescription label attached to the container shall contain the name and address of the originating pharmacy as the licensed facility from which the prescribed drug or device was dispensed for purposes of s. 450.11 (4) (a) 1., Stats. The date on which the prescription was dispensed for purposes of s. 450.11 (4) (a) 2., Stats., shall be the date on which the central fill pharmacy filled the prescription order.

(h) The originating pharmacy shall maintain the original of all prescription orders received for purposes of filing and recordkeeping as required by state and federal law.

(i) The central fill pharmacy shall maintain all original fill and refill requests received from the originating pharmacy and shall treat them as original and refill prescription orders for purposes of filing and recordkeeping as required by state and federal law.

(j) In addition to meeting the other recordkeeping requirements required by state and federal law, the central fill pharmacy and originating pharmacy shall each maintain records to identify each of its pharmacists responsible for receiving and reviewing prescription orders and compounding and dispensing pursuant to a prescription order and track the prescription order during each step in the dispensing process.

(k) The central fill pharmacy and originating pharmacy shall adopt a written quality assurance program for pharmacy services designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, pursue opportunities to improve patient care, resolve identified problems and insure compliance with this section.

(L) The originating pharmacy shall provide the patient with the name and address of the central fill pharmacy and obtain consent as required by applicable state and federal law.

History: CR 01-075: cr. Register November 2003 No. 575, eff. 12-1-03; CR 09-098: am. (2) (f) Register May 2010 No. 653, eff. 6-1-10.

Chapter Phar 8

REQUIREMENTS FOR CONTROLLED SUBSTANCES

Phar 8.01	Scope.
Phar 8.02	Records.
Phar 8.03	Filing prescription orders.
Phar 8.04	Purpose of issue of prescription order.
Phar 8.05	Dispensing.
Phar 8.06	Renewing prescriptions.
Phar 8.07	Partial dispensing.

Phar 8.08	Labeling prescriptions.
Phar 8.09	Emergency dispensing.
Phar 8.10	Disclosure of suspicious orders of controlled substances.
Phar 8.11	Controlled substances in emergency kits for long term care facilities.
Phar 8.12	Prescription orders transmitted by facsimile machine.
Phar 8.13	Identification card exception for a health care facility.

Phar 8.01 Scope. Procedures governing the manufacture, distribution and dispensing of controlled substances pursuant to ch. 961, Stats., are set forth generally by that chapter and specifically by sections of this chapter and chs. [Phar 12](#) and [13](#).

History: Cr. Register, January, 1983, No. 325, eff. 2-1-83; am. Register, August, 1991, No. 428, eff. 9-1-91; am. Register, December, 1998, No. 516, eff. 1-1-99.

Phar 8.02 Records. (1) Any pharmacy, practitioner, or other federal drug enforcement administration registrant, as referenced in ch. 961, Stats., shall maintain complete and accurate records of each controlled substance received, manufactured, distributed, dispensed or disposed of in any other manner.

(2) Records required by the federal controlled substances act and ch. 961, Stats., shall be maintained at the location where the drug is received, manufactured, distributed or dispensed, and be available for inspection by authorized persons for at least 5 years from the date of such record. Financial and shipping records such as invoices and packing slips, but not executed order forms, may be kept at a central location. A complete and accurate biennial physical inventory of all schedule II, III, IV and V controlled substances pursuant to ss. [961.16](#), [961.18](#), [961.20](#) and [961.22](#), Stats., and ch. [CSB 2](#) on hand shall be made in conformance with all applicable federal and state laws.

(2m) Records required under s. [450.11 \(1b\) \(bm\)](#), Stats., shall be maintained for at least 5 years from the date the drug was dispensed, or, for a record that is subject to s. [961.385](#), Stats., until the name of a person to whom a drug is dispensed is delivered to the controlled substances board under s. [961.385](#), Stats., whichever is sooner.

(3) Required records shall be maintained as follows:

(a) Records of schedule II controlled substances, other than prescription orders, shall be maintained separately from all other records.

(b) Records of schedule III, IV and V controlled substances shall be maintained either separately or in such form that the information required is readily retrievable from the registrant's ordinary records.

(c) The official drug enforcement administration order forms, DEA form 222, used in the procurement and distribution of schedule II substances shall be maintained at the locations from which the drug was distributed and where it is received.

(d) Any person authorized to manufacture, distribute or dispense controlled substances shall maintain complete and accurate records with the following information:

1. The name of the substance.
2. The dosage form, strength and quantity of the substance.
3. The quantity and date of distribution as well as the name, address and DEA registration number of the person to whom distributed.
4. The number of units and date of receipt as well as the name, address and DEA registration number of the person from whom received.

5. The name and address of the person for whom dispensed, date of dispensing, quantity dispensed and name or initials of the individual who dispensed the substance.

(e) Records for dispensed schedule V substances shall be maintained as follows:

1. If a schedule V drug is dispensed pursuant to the prescription order of a practitioner, the prescription shall be labeled properly and the order filed in accordance with the requirements for schedule III and IV orders.

2. If a schedule V drug is dispensed other than pursuant to a prescription order, the dispenser shall make the record required by s. [961.23](#), Stats., in a bound controlled substance V register at the time of the transaction.

(f) In any instance that a pharmacy, practitioner or other DEA registrant authorized to possess controlled substances is required to file with the DEA a report of theft or loss of controlled substances, the pharmacy, practitioner or other DEA registrant shall also send a copy to the board within 2 weeks of filing with the DEA.

Note: The Drug Enforcement Administration regional office is at 1800 Dirksen Federal Building, 219 S. Dearborn, Chicago, Illinois 60604.

History: Cr. Register, January, 1983, No. 325, eff. 2-1-83; am. (3) (f), r. (4) (a) and (b), Register, August, 1991, No. 428, eff. 9-1-91; am. (1), (2) and (3) (e) 2., Register, December, 1998, No. 516, eff. 1-1-99; CR 06-052: am. (3) (f) Register October 2006 No. 610, eff. 11-1-06; CR 16-018: cr. (2m) Register September 2016 No. 729, eff. 10-1-16; correction in (2m) made under s. [35.17](#), Stats., Register September 2016 No. 729.

Phar 8.03 Filing prescription orders. (1) All controlled substance prescription orders shall be maintained on file, in chronological order, for a period of at least 5 years. The orders shall be readily accessible to enforcement personnel authorized by s. [961.51](#), Stats.

(2) Schedule II prescription orders may be filed separately from all other orders or they may be filed with those for schedule III, IV and V drugs provided all orders in the file for schedule III, IV and V drugs are stamped in red ink with the letter "C" one inch in height, in the lower right hand corner of the order. Under no circumstances may schedule II orders be filed together with those for non-controlled drugs.

(3) Schedule III, IV and V prescription orders may be filed with those for non-controlled drugs provided that orders for schedule III, IV and V drugs are stamped in red ink with the letter "C" one inch in height in the lower right hand corner of the order or orders for schedule III, IV and V substances may be filed separately. However, if a pharmacy employs an automated data processing system or other electronic recordkeeping system for prescription orders which permits identification by prescription order number and retrieval of original documents by prescriber's name, patient's name, drug dispensed, and date filled, then the requirement to mark the hard copy prescription order with a red "C" is waived.

History: Cr. Register, January, 1983, No. 325, eff. 2-1-83; am. (2) and (3), Register, August, 1991, No. 428, eff. 9-1-91; am. (1) and (3), Register, December, 1998, No. 516, eff. 1-1-99.

Phar 8.04 Purpose of issue of prescription order.

(1) Prescription orders for controlled substances shall be issued for a legitimate medical purpose by individual practitioners acting in the usual course of professional practice. Responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who dispenses the prescription. An order purporting to be a prescription order not issued in the usual course of professional treatment or in legitimate and authorized research is not a prescription order within the meaning and intent of ss. 450.01 (21) and 961.38, Stats. The person knowingly dispensing pursuant to such a purported order, as well as the person issuing it, shall be subject to the penalties provided for violation of the provision of law relating to controlled substances.

(2) A prescription order issued by a practitioner to obtain controlled substances for the purpose of general dispensing or administration to patients by the practitioner is not valid.

History: Cr. Register, January, 1983, No. 325, eff. 2-1-83; am. Register, August, 1991, No. 428, eff. 9-1-91; am. (1), Register, December, 1998, No. 516, eff. 1-1-99.

Phar 8.05 Dispensing. (1)

All controlled substance prescription orders shall be dated as of, and signed on, the day issued and shall contain the full name and address of the patient, the drug name, strength, dosage form, quantity prescribed, directions for use and the name, address and registration number of the practitioner. Prescription orders shall be written with ink or indelible pencil or be typewritten and shall be signed by the practitioner. Orders for controlled substances may be issued only by individual practitioners who are authorized to prescribe controlled substances by the jurisdiction in which he or she is licensed to practice and registered or exempt from registration under the federal controlled substances act.

(2) A pharmacist may dispense a controlled substance listed in schedule II, III or IV only pursuant to a prescription order issued by an individual practitioner. The order shall be initialed and dated by the dispensing pharmacist as of the date the prescription is dispensed. If the person accepting the medication pursuant to any prescription order for a schedule II controlled substance, specified in s. 961.16, Stats., is not personally known to the pharmacist, there shall be written in ink, on the reverse side, the printed name, signature and address of the person.

(3) An individual practitioner may dispense directly a controlled substance listed in schedule II, III or IV provided that the prescription container is labeled and records are maintained in accordance with the requirements of this code.

(4) A prescription containing a controlled substance listed in schedule II may be dispensed only pursuant to a written hard copy or electronic order signed by the prescribing individual practitioner, except in emergency situations. A prescription for a controlled substance listed in schedule II may not be dispensed more than 60 days after the date of issue on the prescription order.

(7) A prescription order for a controlled substance may not be dispensed unless the prescription order contains all of the information required in sub. (1). For any controlled substance prescription order, a pharmacist may not add, modify or clarify the patient's name, the controlled substance prescribed, except for generic substitution as permitted by law, and the prescribing practitioner's signature. After consultation with the prescribing practitioner, a pharmacist may add, modify or clarify the strength, dosage form, quantity prescribed, date of issuance and directions for use for a schedule II controlled substance prescription order. For a schedule II controlled substance prescription order, a pharmacist may add, modify or clarify the registration number of the practitioner, and the address of the practitioner and the patient if that information is verifiable and retrievable from information maintained by the pharmacist or is obtained through consultation with the practitioner. A pharmacist may add, modify or clarify any information allowed in this subsection missing from a prescription order for a schedule III, IV or V controlled substance that is verifiable and retrievable from

information maintained by the pharmacist or that is obtained through consultation with a practitioner. A patient may only provide information to a pharmacist to add, modify or clarify the patient's address. The prescription order shall be initialed and dated by the pharmacist and shall indicate the addition, modification or clarification of information and the manner by which the pharmacist obtained that information.

History: Cr. Register, January, 1983, No. 325, eff. 2-1-83; am. (1), (2), (3) and (5), cr. (6), Register, August, 1991, No. 428, eff. 9-1-91; cr. (7), Register, January, 1996, No. 481, eff. 2-1-96; am. (4), Register, February, 1996, No. 482, eff. 3-1-96; am. (2), Register, December, 1998, No. 516, eff. 1-1-99; am. (1) and (7), r. (6), Register, February, 2001, No. 542, eff. 3-1-01; CR 01-154; am. (4), r. (5), Register 2002 No. 559, eff. 8-1-02; CR 13-075; am. (4) Register August 2014 No. 704, eff. 9-1-14.

Phar 8.06 Renewing prescriptions. (1) No prescription containing a schedule II substance may be renewed.

(2) The prescribing practitioner may authorize renewals of schedule III or IV controlled substances on the original prescription order or through an electronic or oral renewal authorization transmitted to the pharmacist. The following conditions must be met:

(a) The pharmacist obtaining the electronic or oral authorization shall note on the prescription order, medication profile record or readily retrievable and uniformly maintained document the following information:

1. Date authorization is received.
2. Quantity of drug authorized.
3. Number of renewals.

4. Identification of practitioner authorizing the renewals if different from the original prescriber.

5. Identification of the pharmacist who received the authorization.

(b) The quantity of each renewal authorized is equal to or less than the quantity authorized for the initial dispensing of the original prescription.

(3) No prescription containing a controlled substance listed in schedule III or IV may be dispensed or renewed more than 6 months after the date on which the prescription order was issued and no prescription authorized to be renewed may be renewed more than 5 times.

(4) A prescription containing a drug listed in schedule V may be renewed only as expressly authorized by the practitioner.

History: Cr. Register, January, 1983, No. 325, eff. 2-1-83; renum. (2) and (3) to be (3) and (4) and am. (3), cr. (2), Register, August, 1991, No. 428, eff. 9-1-91; am. (2) (intro.) and (a) (intro.), Register, November, 1999, No. 527, eff. 12-1-99.

Phar 8.07 Partial dispensing. (1) A pharmacist may partially dispense a prescription containing a controlled substance listed in schedule III, IV and V.

(2) The partial dispensing of a prescription containing a controlled substance listed in schedule II is permissible, if the pharmacist is unable to supply the full quantity called for in a written, electronic, or emergency oral prescription order, and the pharmacist makes a notation of the quantity supplied on the face of the written hard copy prescription order or written record of the electronic or emergency oral prescription order. The remaining portion of the prescription may be dispensed within 72 hours of the first partial dispensing. If the remaining portion is not dispensed within the 72 hour period, the pharmacist shall so notify the prescribing individual practitioner. No further quantity may be supplied beyond the 72 hours without a new prescription order.

(3) Prescription orders for schedule II controlled substances written for patients in long term care facilities (LTCF) or for patients with a medical diagnosis documenting a terminal illness may be dispensed in partial quantities to include individual dosage units. The prescribing practitioner may document a terminal illness by writing upon the face of the prescription order the phrase "terminal illness" or words of similar meaning. If there is any question whether a patient may be classified as having a terminal illness, the pharmacist shall contact the prescribing practitioner

prior to partially dispensing the prescription. Documentation of a terminal illness, whether substantiated by the presence of an appropriate phrase written upon the face of the prescription order or through pharmacist contact with the prescribing practitioner, shall be placed within the individual medication profile record maintained under s. [Phar 7.07](#). The pharmacist shall record on the prescription order whether the patient is “terminally ill” or an “LTCF patient.” A prescription order that is partially dispensed and does not contain the notation “terminally ill” or “LTCF patient” shall be deemed to have been dispensed in violation of this section. For each partial dispensing, the dispensing pharmacist shall record on the back of the prescription order or on another appropriate record, uniformly maintained and readily retrievable, the date of the partial dispensing, quantity dispensed, remaining quantity authorized to be dispensed and the identification of the dispensing pharmacist. Subsequent partial dispensing is not permitted under this section if the patient becomes deceased, or is no longer diagnosed as terminally ill, or no longer resides within an LTCF. The total quantity of a schedule II controlled substance dispensed by partial dispensing may not exceed the total quantity prescribed. Prescription orders for schedule II controlled substances for patients in an LTCF or patients with a medical diagnosis documenting a terminal illness shall be valid for a period not to exceed 60 days from the issue date unless terminated earlier by the discontinuance of medication.

(4) Information pertaining to current prescription orders for schedule II controlled substances for patients in an LTCF or for patients with a medical diagnosis documenting a terminal illness may be maintained in a computerized system if the system has the capability to permit:

(a) Display or printout of: the original prescription order designation; date of issue; identification of prescribing practitioner; identification of patient; name and address of the LTCF or name and address of the hospital or residence of the patient; identification of medication authorized, including dosage form, strength and quantity; listing of partial quantities that have been dispensed under each prescription order and the information required in sub. (3).

(b) Immediate (real time) updating of the prescription order record each time there is partial dispensing of the prescription.

(c) Retrieval of partially dispensed schedule II prescription information identical to that required by s. [Phar 7.05 \(2\)](#) for all prescription renewal information.

History: Cr. Register, January, 1983, No. 325, eff. 2-1-83; r. and recr. Register, August, 1991, No. 428, eff. 9-1-91; am. (3), (4) (intro.) and (a), r. (5), Register, September, 1994, No. 465, eff. 10-1-94; am. (2), Register, November, 1999, No. 527, eff. 12-1-99; CR 13-075: am. (2) Register August 2014 No. 704, eff. 9-1-14; CR 15-064: am. (2) Register September 2016 No. 729, eff. 10-1-16.

Phar 8.08 Labeling prescriptions. (1) The pharmacist dispensing a prescription containing a controlled substance shall affix to the immediate container a label showing the date of dispensing; the pharmacy name and address; serial number of the prescription; full name of the patient; name of the prescribing practitioner; directions for use; and cautionary statements, contained in the prescription order or required by law.

(2) Practitioners who personally dispense any controlled substance to patients in the course of their professional practice other than by prescribing or administering shall conform to ch. [Med 17](#), standards for dispensing drugs.

History: Cr. Register, January, 1983, No. 325, eff. 2-1-83; am. Register, August, 1991, No. 428, eff. 9-1-91.

Phar 8.09 Emergency dispensing. (1) For the purpose of authorizing an oral prescription order for a schedule II controlled substance, the term “emergency” means those situations in which the prescribing practitioner determines that:

(a) Immediate administration of the controlled substance is necessary for proper treatment of the patient.

(b) No appropriate alternative treatment is available, including the administration of a drug which is not a schedule II controlled substance.

(c) It is not reasonably possible for the prescribing practitioner to provide a written prescription order to be presented to the pharmacist prior to dispensing.

(2) In an emergency a pharmacist may dispense a controlled substance listed in schedule II upon receiving oral authorization of a practitioner if:

(a) The quantity prescribed and dispensed is limited to the amount adequate to treat the patient during the emergency period.

(b) The prescription order is immediately reduced to writing by the pharmacist and contains all information required in s. [Phar 8.05](#), except for the signature of the practitioner.

(3) If the practitioner is not known to the pharmacist, the pharmacist shall make a reasonable effort to determine that the oral authorization came from an authorized practitioner, which may include a call back to the prescribing practitioner using good faith efforts to insure the practitioner’s identity.

(4) Within 7 days after authorizing an emergency oral prescription order, the practitioner shall cause a written or electronic order for the emergency quantity prescribed to be delivered to the dispensing pharmacist. In addition to conforming to the requirements of s. [Phar 8.05](#), the order shall contain on its face “authorization for emergency dispensing” and the date of the oral order. The written or electronic order may be delivered to the pharmacist in person or by mail or electronically, but if delivered by mail it shall be postmarked within the 7 day period. Upon receipt, the dispensing pharmacist shall attach this prescription order to the oral emergency order reduced to writing under sub. (2) (b). The pharmacist shall notify the board or department of safety and professional services if the practitioner fails to deliver the written or electronic order. Failure of the pharmacist to provide notification shall void the authority conferred by this section to dispense without a written or electronic order of a practitioner.

History: Cr. Register, January, 1983, No. 325, eff. 2-1-83; am. Register, August, 1991, No. 428, eff. 9-1-91; am. (4), Register, December, 1998, No. 516, eff. 1-1-99; am. (1) (intro.), (2) (intro.), (3) and (4), Register, November, 1999, No. 527, eff. 12-1-99; correction in (4) made under s. 13.92 (4) (b) 6., Stats., Register February 2012 No. 674; CR 13-075: am. (1) (intro.), (2) (intro.), (3), (4) Register August 2014 No. 704, eff. 9-1-14.

Phar 8.10 Disclosure of suspicious orders of controlled substances. Manufacturers and distributors of controlled substances shall disclose suspicious orders of controlled substances. Suspicious orders include, without limitation because of enumeration, orders of unusual size, orders deviating substantially from a normal pattern and orders of unusual frequency. The licensee shall notify the regional office of the DEA and the board of all suspicious orders.

History: Cr. Register, August, 1991, No. 428, eff. 9-1-91.

Phar 8.11 Controlled substances in emergency kits for long term care facilities. Long term care facilities which are not registered with the DEA shall meet all of the following requirements regarding emergency kits containing controlled substances:

(1) The source of supply must be a DEA registered hospital, pharmacy or practitioner.

(2) The pharmaceutical services committee of the facility shall establish security safeguards for each emergency kit stored in the LTCF which shall include the designation of individuals who may have access to the emergency kits and a specific limitation of the type and quantity of controlled substances permitted to be placed in each emergency kit.

(3) A pharmacist shall be responsible for proper control and accountability for such emergency kits within the LTCF which includes the requirement that the LTCF and the providing DEA registered hospital, pharmacy or practitioner maintain complete and accurate records of the controlled substances placed in the

emergency kits, the disposition of those controlled substances, plus the requirement to take at least monthly physical inventories.

(4) The pharmaceutical services committee will establish the emergency medical conditions under which the controlled substances may be administered to patients in the LTCF which shall include the requirement that medication be administered by authorized personnel only as expressly authorized by an individual DEA registered practitioner and in compliance with all applicable federal and state laws.

(5) Noncompliance with this rule may result in revocation, denial or suspension of the privilege of having or placing emergency kits, containing controlled substances, in LTCF.

History: Cr. Register, August, 1991, No. 428, eff. 9-1-91.

Phar 8.12 Prescription orders transmitted by facsimile machine. (1) PRESCRIPTION DRUGS OTHER THAN SCHEDULE II CONTROLLED SUBSTANCES. A pharmacist may dispense a prescription drug, other than a schedule II controlled substance, pursuant to a prescription order transmitted by a facsimile machine from the practitioner or the practitioner's agent to the dispensing pharmacy if all of the following conditions are met:

(a) The transmitted facsimile prescription order shall contain all of the information required for a valid written prescription order. The order shall also contain the time and date of the transmission, as well as the telephone number and name of the transmitter.

(b) Unless the facsimile paper is non-fading, the facsimile prescription order received shall be duplicated by copy machine or other similar device and the copy must be physically attached to the order received.

(2) SCHEDULE II CONTROLLED SUBSTANCES. A pharmacist may not dispense a schedule II controlled substance pursuant to a prescription order transmitted by a facsimile machine unless all of the conditions stated in sub. (1) are satisfied, and any of the following conditions are met:

(a) The prescription order is written for a schedule II controlled substance to be compounded for the direct administration to a patient by parenteral, intravenous, intramuscular, subcutaneous or intraspinal infusion, and is transmitted by the practitioner or the practitioner's agent to the dispensing pharmacy by facsimile.

(b) The prescription order is written for a schedule II controlled substance for a patient who resides in a long term care facility, or who meets the eligibility requirements for placement in a long term care facility but elects to reside at home, and is transmitted by the practitioner or the practitioner's agent to the dispensing pharmacy by facsimile.

(c) The prescription order is written for a schedule II controlled substance for a patient enrolled in a hospice certified by medicare under Title XVIII or licensed by this state, and is transmitted by the practitioner or the practitioner's agent to the dispensing pharmacy by facsimile.

(3) PRESCRIPTION ORDERS TRANSMITTED BY FACSIMILE CONSIDERED WRITTEN ORDERS. For all purposes under chs. 450 and 961, Stats., and the rules of the board, a prescription order transmitted by facsimile machine shall be considered the original written prescription order.

History: Cr. Register, December, 1998, No. 516, eff. 1-1-99; CR 09-098: am. (2) (b) Register May 2010 No. 653, eff. 6-1-10.

Phar 8.13 Identification card exception for a health care facility. In s. 450.11 (1b) (e) 3., Stats., "health care facility" means a facility, as defined in s. 647.01 (4), Stats.; any hospital, nursing home, community-based residential facility, county home, county infirmary, county hospital, county mental health complex, or other place licensed or approved by the department of health services under s. 49.70, 49.71, 49.72, 50.03, 50.032, 50.033, 50.034, 50.35, 51.08, or 51.09, Stats.; a facility under s. 45.50, 51.05, 51.06, 233.40, 233.41, 233.42, or 252.10, Stats.; and a hospice facility under s. 50.90 (1) (c), Stats.

History: CR 16-018: cr. Register September 2016 No. 729, eff. 10-1-16; correction made under s. 35.17, Stats., Register September 2016 No. 729.

Chapter Phar 9

PHARMACEUTICAL SERVICES REQUIREMENTS IN NURSING HOMES

[Phar 9.01](#) Pharmaceutical services requirements in nursing homes.

Phar 9.01 Pharmaceutical services requirements in nursing homes. Requirements for pharmaceutical services provided in nursing homes are specified in ch. [DHS 132](#).

History: Cr. [Register, January, 1983, No. 325](#), eff. 2-1-83; correction made under s. 13.93 (2m) (b) 7., Stats., [Register, June, 1994, No. 462](#); correction made under s. 13.93 (2m) (b) 7., Stats., [Register, November, 1999, No. 527](#); **correction made under s. 13.92 (4) (b) 7., Stats., [Register November 2011 No. 671](#).**

Chapter Phar 10

STANDARDS OF PROFESSIONAL CONDUCT

Phar 10.01 Authority.
Phar 10.02 Definitions.

Phar 10.03 Unprofessional conduct.

Phar 10.01 Authority. The rules in this chapter are adopted pursuant to the authority in ss. 15.08, 227.11 and 450.02, Stats.

History: Cr. Register, January, 1980, No. 289, eff. 2-1-80; renum. from Phar 5.01, Register, January, 1983, No. 325, eff. 2-1-83; correction made under s. 13.93 (2m) (b) 7., Stats., Register, July, 1993, No. 451.

Phar 10.02 Definitions. In this chapter:

(1) “Dispense” has the meaning given in s. 450.01 (7), Stats.

(2) “Drug” has the meaning given in s. 450.01 (10), Stats.

(3) “Patient” has the meaning given in s. 450.01 (14), Stats.

History: Cr. Register, January, 1980, No. 289, eff. 2-1-80; renum. from Phar 5.02 and r. (4), Register, January, 1983, No. 325, eff. 2-1-83; am. (1), (2) and (3), Register, December, 1998, No. 516, eff. 1-1-99.

Phar 10.03 Unprofessional conduct. The following, without limitation because of enumeration, are violations of standards of professional conduct and constitute unprofessional conduct in addition to those grounds specified under s. 450.10 (1), Stats.:

(1) Administering, dispensing, supplying or obtaining a drug other than in legitimate practice, or as prohibited by law;

(2) Engaging in any pharmacy practice which constitutes a danger to the health, welfare, or safety of patient or public, including but not limited to, practicing in a manner which substantially departs from the standard of care ordinarily exercised by a pharmacist which harmed or could have harmed a patient;

(3) Dispensing a drug which the pharmacist should have known would harm the patient for whom the medication was prescribed;

(4) Dispensing or causing to be dispensed a drug which is outdated or contaminated or known by the pharmacist to be unsafe for consumption;

(5) Falsifying patient records;

(6) Disclosing to the public information concerning a patient without the consent of the patient unless the information is requested by the pharmacy examining board or the department of safety and professional services or unless release is otherwise authorized by law;

(7) Failing to report to the pharmacy examining board any pharmacy practice which constitutes a danger to the health, safety or welfare of patient or public;

(7m) Failing to report to the board information that reasonably suggests there is a probability that a prescription drug or device dispensed by a pharmacist has caused or contributed to the substantial bodily injury or death of a customer or patient.

(8) Providing false information to the pharmacy examining board or its agent;

(9) Refusing to render professional services to a person because of race, color, sex, religion, or age;

(10) Aiding or abetting the unlicensed practice of pharmacy;

(11) Advertising in a manner which is false, deceptive or misleading;

(12) Dispensing sample drug products for any financial consideration;

(13) Exercising undue influence on or taking unfair advantage of a patient in the promotion or sale of services, drugs or other products for the financial gain of the pharmacist or a third party;

(14) Participating in rebate or fee-splitting arrangements with health practitioners or with health care facilities;

(15) Furnishing a prescriber with any prescription order blanks imprinted with the name of a specific pharmacist or pharmacist;

(16) Using secret formula or code in connection with prescription orders;

(17) Having a pharmacist license revoked or suspended in another state or United States jurisdiction or having been subject to other disciplinary action by the licensing authority thereof;

(18) Violating or attempting to violate any formal disciplinary order of the board.

(19) Practicing without a current license.

History: Cr. Register, January, 1980, No. 289, eff. 2-1-80; renum. from Phar 5.03, Register, January, 1983, No. 325, eff. 2-1-83; am. (intro.), r. (1), (2), (7), (13) and (22), renum. (3) to (6), (8) to (12), (14) to (21) to be (1) to (17), Register, August, 1991, No. 428, eff. 9-1-91; am. (17), cr. (18), Register, July, 1993, No. 451, eff. 8-1-93; cr. (7m) and (19), Register, December, 1998, No. 516, eff. 1-1-99; correction in (6) made under s. 13.92 (4) (b) 6., Stats., Register February 2012 No. 674.

Chapter Phar 11

PROCEDURE FOR HEARINGS

[Phar 11.01](#) Procedure for disciplinary proceedings.

Phar 11.01 Procedure for disciplinary proceedings.

Procedures for disciplinary proceedings before the board are set forth in ch. [SPS 2](#).

History: Cr. [Register, January, 1983, No. 325](#), eff. 2-1-83; correction made under s. [13.92 \(4\) \(b\) 7](#), Stats., [Register November 2011 No. 671](#).

Chapter Phar 12

MANUFACTURER REQUIREMENTS

Phar 12.01 Authority.
Phar 12.02 Definitions.
Phar 12.03 License; application.

Phar 12.04 Inspections.
Phar 12.05 Compliance.
Phar 12.06 Authorized distributors of record.

Phar 12.01 Authority. The rules in this chapter are adopted under authority in ss. 15.08 (5) (b), 227.11 (2) (a) and 450.07 (4), Stats.

History: Cr. Register, August, 1987, No. 380, eff. 9-1-87.

Phar 12.02 Definitions. In this chapter:

- (1) "Device" has the meaning set forth in s. 450.01 (6), Stats.
- (2) "Drug" has the meaning set forth in s. 450.01 (10), Stats.
- (3) "Establishment" means a place of business under one management at one general physical location.
- (4) "Manufacturer" means a person licensed by the board under this chapter.
- (5) "Manufacturing" has the meaning set forth in s. 450.01 (13), Stats.
- (6) "Prescription drug" has the meaning set forth in s. 450.01 (20), Stats.

History: Cr. Register, August, 1987, No. 380, eff. 9-1-87; am. (3), Register, August, 1991, No. 428, eff. 9-1-91.

Phar 12.03 License; application. (1) No person may engage in the manufacturing of any drug or device in this state unless a license is granted to the person by the board under this chapter.

- (2) To obtain a license a person shall do all of the following:
 - (a) Submit an application on a form provided by the board.
 - (b) Pay the fee specified in s. 440.05 (1), Stats.
 - (c) Meet the inspection requirement under s. Phar 12.04.
 - (d) Register with the food and drug administration and comply with all applicable requirements of 21 CFR 200, 201, 202, 207, 210 and 211.
 - (e) If applicable, register with the drug enforcement administration and comply with all appropriate requirements of 21 CFR 1301, 1302, 1303, 1304, 1305, 1307, 1311 and 1312.

Note: An application form may be obtained from the board office, 1400 East Washington Avenue, Madison, Wisconsin 53702. Copies of federal applications, laws and regulations may be obtained from the Food and Drug Administration, 5600 Fischers Lane, Rockville, Maryland 20857 and the Drug Enforcement Administration, 500 Dirksen Federal Building, 219 Dearborn, Chicago, Illinois 60604.

(3) A manufacturer license may not be transferred from one establishment to another nor from one person to another. Each establishment requires a separate license.

(4) If the license is denied, the applicant may request a hearing before the board on the denial.

(5) The board shall act on the application for a license within 60 business days after receiving the completed application, as provided in s. SPS 4.03.

History: Cr. Register, August, 1987, No. 380, eff. 9-1-87; am. (2) (intro.), (a), (b), (c), (d) and (5), Register, December, 1998, No. 516, eff. 1-1-99; CR 00-157; am. (2) (d) and (e) Register May 2002 No. 557, eff. 6-1-02; correction in (5) made under s. 13.92 (4) (b) 7., Stats., Register November 2011 No. 671.

Phar 12.04 Inspections. Before a license is granted, an inspection of the establishment shall be conducted by the board or its representative to determine if the location meets the standards in 21 USC 351 and 352 (1984) and 21 CFR 210 and 211 (1985).

History: Cr. Register, August, 1987, No. 380, eff. 9-1-87.

Phar 12.05 Compliance. Failure to comply with all applicable federal and state laws and regulations shall be subject to disciplinary action by the board under s. 450.10, Stats.

History: Cr. Register, August, 1987, No. 380, eff. 9-1-87.

Phar 12.06 Authorized distributors of record. A manufacturer shall maintain and update at least once per month a list of the manufacturer's authorized distributors of record.

History: EmR0815: emerg. cr. eff. 6-1-08; CR 08-051: cr. Register November 2008 No. 635, eff. 12-1-08.

Chapter Phar 13

DISTRIBUTOR REQUIREMENTS

<p>Phar 13.01 Authority.</p> <p>Phar 13.02 Definitions.</p> <p>Phar 13.05 License; other requirements.</p> <p>Phar 13.055 Surety bond, irrevocable letter of credit.</p> <p>Phar 13.06 License; factors considered.</p> <p>Phar 13.07 Application review.</p> <p>Phar 13.08 Personnel.</p> <p>Phar 13.09 Facility requirements.</p>	<p>Phar 13.10 Security requirements.</p> <p>Phar 13.11 Storage requirements.</p> <p>Phar 13.12 Examination of materials requirements.</p> <p>Phar 13.13 Returned, damaged and outdated prescription drug requirements.</p> <p>Phar 13.14 Recordkeeping requirements.</p> <p>Phar 13.15 Written policies and procedures.</p> <p>Phar 13.16 Responsible persons.</p> <p>Phar 13.17 Compliance with federal, state and local laws.</p>
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Note: Chapter Phar 13 as it existed on July 31, 1992 was repealed and a new chapter Phar 13 was created effective August 1, 1992.

Phar 13.01 Authority. The rules in this chapter are adopted under authority in ss. 15.08 (5) (b), 227.11 (2) (a), 450.02 (3) (a) and 450.07 (4), Stats.

History: Cr. Register, July, 1992, No. 439, eff. 8-1-92.

Phar 13.02 Definitions. In this chapter:

(1) “Blood” means whole blood collected from a single donor and processed either for transfusion or further manufacturing.

(2) “Blood component” means that part of blood separated by physical or mechanical means.

(3) “Controlled substance” has the meaning set forth in s. 961.01 (4), Stats.

(3m) “Department” means the department of safety and professional services.

(4) “Device” has the meaning set forth in s. 450.01 (6), Stats.

(5) “Distribute” has the meaning set forth in s. 450.01 (8), Stats.

(7) “Drug sample” means a unit of a prescription drug that is not intended to be sold and is intended to promote the sale of the drug.

(8) “Facility” means a location where a wholesale distributor stores, handles, repackages, or offers for sale prescription drugs.

(9) “Manufacturer” means a person licensed or approved by the federal food and drug administration to engage in the manufacture of drugs or devices, consistent with the definition of “manufacturer” under the federal food and drug administration’s regulations and interpreted guidance implementing the federal prescription drug marketing act.

(10) “Prescription drug” has the meaning set forth in s. 450.01 (20), Stats.

(11) “Wholesale distribution” means distribution of a prescription drug to a person other than a consumer or patient, but does not include any of the following:

(a) Intracompany sales of prescription drugs which include any transaction or transfer between any division, subsidiary, parent, affiliated or related company under common ownership or control of a corporate entity or any transaction between co-licensees or a co-licensed product.

(b) The sale, purchase, distribution, trade, or transfer of a prescription drug or offer to sell, purchase, distribute, trade, or transfer a prescription drug for emergency medical reasons.

(c) The distribution of prescription drug samples, if the distribution is permitted under 21 CFR 353 (d).

(d) Drug returns, when conducted by a hospital, health care entity, or charitable institution as provided in 21 CFR 203.23.

(e) Distributions to a practitioner for the purpose of general dispensing by the practitioner to his or her patients if all of the following apply:

1. The total number of dosage units of all prescription drugs distributed to practitioners by the pharmacy during each calendar year in which the pharmacy is licensed does not exceed 5% of the total number of dosage units of all prescription drugs distributed and dispensed by the pharmacy during the same calendar year.

2. The total number of dosage units of all controlled substances distributed to practitioners by the pharmacy during each calendar year in which the pharmacy is licensed does not exceed 5% of the total number of dosage units of all controlled substances distributed and dispensed by the pharmacy during the same calendar year.

(f) The sale, purchase, or trade of a drug, an offer to sell, purchase, or trade a drug, or the dispensing of a drug pursuant to a prescription.

(g) The sale, transfer, merger, or consolidation of all or part of the business of a pharmacy from or with another pharmacy, whether accomplished as a purchase and sale of stock or business assets.

(h) The sale, purchase, distribution, trade, or transfer of a prescription drug from one authorized distributor of record to one additional authorized distributor of record, if the manufacturer states in writing to the receiving authorized distributor of record that the manufacturer is unable to supply the drug and the supplying authorized distributor of record states in writing that the drug has previously been exclusively in the normal distribution channel.

(i) The delivery of, or offer to deliver, a prescription drug by a common carrier solely in the common carrier’s usual course of business of transporting prescription drugs, if the common carrier does not store, warehouse, or take legal ownership of the drug.

(j) A transaction excluded from the definition of “wholesale distribution” under 21 CFR 203.3 (cc).

(k) The donation or distribution of a prescription drug under s. 255.056, Stats.

(L) The transfer from a retail pharmacy or pharmacy warehouse of an expired, damaged, returned, or recalled prescription drug to the original manufacturer or original wholesale distributor or to a 3rd-party returns processor or reverse distributor.

(m) The return of a prescription drug, if the return is authorized by the law of this state.

(12) “Wholesale distributor” means a person engaged in the wholesale distribution of prescription drugs, including manufacturers; repackagers; own-label distributors; private-label distributors; jobbers; brokers; warehouses, including manufacturers’ and distributors’ warehouses; manufacturers’ exclusive distributors; manufacturers’ authorized distributors of record; prescription drug wholesalers and distributors; independent wholesale prescription drug traders; retail pharmacies that conduct wholesale distribution; and chain pharmacy warehouses that conduct wholesale distribution.

History: Cr. Register, July, 1992, No. 439, eff. 8-1-92; cr. (11) (f), Register, February, 1996, No. 482, eff. 3-1-96; am. (3), Register, December, 1998, No. 516, eff. 1-1-99; EmR0815: emerg. cr. (3m), (11) (b) to (d) and (f) to (m), renun. (6) and (11)

(f) to be (12) and (11) (e) and am. (12), am. (8), (9), (11) (intro.) and (a), r. (11) (b) to (e), eff. 6-1-08; CR 08-051: cr. (3m), (11) (b) to (d) and (f) to (m), renum. (6) and (11) (f) to be (12) and (11) (e) and am. (12), am. (8), (9), (11) (intro.) and (a), r. (11) (b) to (e) Register November 2008 No. 635, eff. 12-1-08; correction in (3m) made under s. 13.92 (4) (b) 6., Stats., Register November 2011 No. 671; CR 18-034: am. (12) Register October 2018 No. 754, eff. 11-1-18.

Phar 13.05 License; other requirements. In addition to providing the application information, to obtain a license a person shall:

(1) Pay the fee specified in s. 440.05 (1), Stats.

(2) Pass an inspection of the facility conducted by the board or its representative in the 3-year period immediately preceding the date of the application by the board, a pharmacy examining board of another state, the National Association of Boards of Pharmacy, or another accrediting body recognized by the board, with the date of each inspection to determine if the location meets standards specified in ss. Phar 13.08 to 13.11.

(3) Register with the drug enforcement administration, if intending to distribute controlled substances.

Note: Copies of federal applications may be obtained from the Drug Enforcement Administration, Suite 500, Dirksen Federal Building, 219 South Dearborn Street, Chicago, Illinois 60604. Copies of federal statutes and rules may be obtained from the Superintendent of Documents, Government Printing Office, Washington DC 20402-9325.

History: Cr. Register, July, 1992, No. 439, eff. 8-1-92; CR 00-157: am. (2) Register May 2002 No. 557, eff. 6-1-02; EmR0815: emerg. am. (2), eff. 6-1-08; CR 08-051: am. (2) Register November 2008 No. 635, eff. 12-1-08.

Phar 13.055 Surety bond, irrevocable letter of credit. The applicant shall supply a surety bond or irrevocable letter of credit in the amount of \$5,000.00, which is issued by a company authorized to do business in Wisconsin. The form of the bond or letter of credit shall be approved by the department and conditioned so that the state shall be fully compensated or reimbursed for, and shall be used to, secure payment of fees or costs that relate to the issuance of a wholesale distributor's license that have not been paid within 30 days after the fees or costs have become final. The bond or letter shall be valid for the entire period of an unexpired license issued to the applicant. No claim may be made against a bond or other security under this section more than one year after the date on which the applicant's wholesale distributor's license expires.

History: EmR0815: emerg. cr. eff. 6-1-08; CR 08-051: cr. Register November 2008 No. 635, eff. 12-1-08.

Phar 13.06 License; factors considered. In determining eligibility for a distributor's license, the board shall consider the following factors:

(1) Any convictions of the applicant under any federal, state, or local laws relating to drug samples, wholesale or retail drug or device distribution, or distribution of controlled substances;

(2) Any felony convictions of the applicant under federal, state, or local laws, the circumstances of which are substantially related to the practice of a distributor;

(4) The furnishing by the applicant of false or fraudulent material in any application made in connection with drug manufacturing or distribution;

(5) Suspension or revocation by federal, state, or local government of any license currently or previously held by the applicant for the manufacture or distribution of any devices or drugs, including controlled substances;

(6) Compliance with licensing requirements under previously granted licenses, if any;

(7) Compliance with the requirements to maintain or make available to a state licensing authority or to federal, state, or local law enforcement officials those records required to be maintained by wholesale drug or device distributors; and

(8) Any other factors or qualifications the board considers relevant to and consistent with the public health and safety.

History: Cr. Register, July, 1992, No. 439, eff. 8-1-92; EmR0815: emerg. r. (3), eff. 6-1-08; CR 08-051: r. (3) Register November 2008 No. 635, eff. 12-1-08.

Phar 13.07 Application review. The board shall act upon an application for a license within 60 business days after receiving the completed application, as provided in s. SPS 4.03. If the license is denied, the applicant may request a hearing pursuant to ch. SPS 1.

History: Cr. Register, July, 1992, No. 439, eff. 8-1-92; am., Register, December, 1998, No. 516, eff. 1-1-99; correction made under s. 13.92 (4) (b) 7., Stats., Register November 2011 No. 671.

Phar 13.08 Personnel. A distributor shall employ adequate personnel with the education and experience necessary to safely and lawfully engage in the wholesale distribution of drugs.

History: Cr. Register, July, 1992, No. 439, eff. 8-1-92; EmR0815: emerg. am. eff. 6-1-08; CR 08-051: am. Register November 2008 No. 635, eff. 12-1-08.

Phar 13.09 Facility requirements. All facilities at which prescription drugs are stored, warehoused, handled, held, offered, marketed, or displayed shall:

(1) Be of suitable size and construction to facilitate cleaning, maintenance, and proper operations;

(2) Have storage areas designed to provide adequate lighting, ventilation, temperature, sanitation, humidity, space, equipment, and security conditions;

(3) Have a quarantine area for storage of prescription drugs that are outdated, damaged, deteriorated, misbranded, or adulterated, or that are in immediate or sealed secondary containers that have been opened;

(4) Be maintained in a clean and orderly condition; and

(5) Be free from infestation by insects, rodents, birds, or vermin of any kind.

History: Cr. Register, July, 1992, No. 439, eff. 8-1-92; EmR0815: emerg. am. (intro.) and (3), eff. 6-1-08; CR 08-051: am. (intro.) and (3) Register November 2008 No. 635, eff. 12-1-08.

Phar 13.10 Security requirements. All facilities shall require that:

(1) Access from outside the premises is kept to a minimum and be well controlled;

(2) The outside perimeter of the premises is well lighted;

(3) Entry into areas where prescription drugs are held is limited to authorized personnel;

(4) An alarm system is maintained to detect entry after hours; and

(5) A security system is maintained that will provide suitable protection against theft and diversion, including, when appropriate, a system that provides protection against theft or diversion that is facilitated or hidden by tampering with computers or electronic records.

History: Cr. Register, July, 1992, No. 439, eff. 8-1-92; EmR0815: emerg. am. (3), eff. 6-1-08; CR 08-051: am. (3) Register November 2008 No. 635, eff. 12-1-08.

Phar 13.11 Storage requirements. (1) All prescription drugs stored in a facility shall be stored at appropriate temperatures and under appropriate conditions in accordance with requirements, if any, in the labeling of such products, or with requirements in the current edition of an official compendium.

(2) If no storage requirements are established for a prescription drug, the product may be held at a controlled room temperature, as defined in an official compendium, to help ensure that its identity, strength, quality, and purity are not adversely affected.

(3) Appropriate manual, electromechanical, or electronic temperature and humidity recording equipment, or logs shall be utilized to document proper storage of prescription drugs.

(4) The recordkeeping requirements in s. Phar 13.14 shall be followed for all stored drugs.

History: Cr. Register, July, 1992, No. 439, eff. 8-1-92; EmR0815: emerg. am. eff. 6-1-08; CR 08-051: am. Register November 2008 No. 635, eff. 12-1-08.

Phar 13.12 Examination of materials requirements.

(1) Upon receipt by a facility, each outside shipping container shall be visually examined for identity and to prevent the accept-

ance of contaminated prescription drugs, or prescription drugs that are otherwise unfit for distribution. This examination shall be adequate to reveal container damage that would suggest possible contamination or other damage to the contents.

(2) Each outgoing shipment from a facility shall be carefully inspected for identity of the prescription drug and to ensure that there is no delivery of prescription drugs that have been damaged in storage or held under improper conditions.

(3) The recordkeeping requirements in s. Phar 13.14 shall be followed for all incoming and outgoing prescription drugs at a facility.

History: Cr. Register, July, 1992, No. 439, eff. 8-1-92; EmR0815: emerg. am. eff. 6-1-08; CR 08-051: am. Register November 2008 No. 635, eff. 12-1-08.

Phar 13.13 Returned, damaged and outdated prescription drug requirements. (1) Prescription drugs in a facility that are outdated, damaged, deteriorated, misbranded, or adulterated shall be quarantined and physically separated from other prescription drugs until they are destroyed or returned to their supplier.

(2) Any prescription drugs in a facility whose immediate or sealed outer or sealed secondary containers have been opened or used shall be identified as such, and shall be quarantined and physically separated from other prescription drugs until they are either destroyed or returned to the supplier.

(3) If the conditions under which a prescription drug has been returned to a facility cast doubt on the product's safety, identity, strength, quality, or purity, then the product shall be destroyed, or returned to the supplier, unless examination, testing, or other investigation proves that the product meets appropriate standards of safety, identity, strength, quality, and purity. In determining whether the conditions under which a product has been returned cast doubt on its safety, identity, strength, quality, or purity, the distributor shall consider, among other things, the conditions under which the product has been held, stored, or shipped before or during its return and the condition of the product and its container, carton, or labeling, as a result of storage or shipping.

(4) The recordkeeping requirements in s. Phar 13.14 shall be followed for all outdated, damaged, deteriorated, misbranded, or adulterated prescription drugs.

History: Cr. Register, July, 1992, No. 439, eff. 8-1-92; EmR0815: emerg. am. eff. 6-1-08; CR 08-051: am. Register November 2008 No. 635, eff. 12-1-08.

Phar 13.14 Recordkeeping requirements. (1) A distributor shall establish and maintain inventories and records of all transactions regarding the receipt and distribution or other disposition of prescription drugs. These records shall include the following information:

(a) The source of the drugs, including the name and principal address of the seller or transferor, and the address of the location from which the drugs were shipped:

(b) The identity and quantity of the drugs received and distributed or disposed of; and

(c) The dates of receipt and distribution or other disposition of the drugs.

(2) Inventories and records shall be made available for inspection and copying by the board, its authorized representatives, and authorized representatives of federal, state and local law enforcement agencies for a period of 3 years following distribution or other disposition of the drugs.

(3) Records described in this section that are kept at the inspection site or that can be immediately retrieved by computer or other electronic means shall be readily available for authorized inspection during the retention period. Records kept at a central location apart from the inspection site and not electronically retrievable shall be made available for inspection within 2 working days of a request by the board or its authorized representative.

History: Cr. Register, July, 1992, No. 439, eff. 8-1-92; EmR0815: emerg. am. (1) and (2), eff. 6-1-08; CR 08-051: am. (1) and (2) Register November 2008 No. 635, eff. 12-1-08.

Phar 13.15 Written policies and procedures. A distributor shall establish, maintain, and adhere to written policies and procedures, which shall be followed for the receipt, security, storage, inventory, and distribution of prescription drugs, including policies and procedures for identifying, recording, and reporting losses or thefts, and for correcting all errors and inaccuracies in inventories. A distributor shall include in their written policies and procedures the following:

(1) A procedure to ensure that the oldest approved stock of a prescription drug is distributed first. The procedure may permit deviation from this requirement if the deviation is temporary and appropriate.

(2) A procedure to be followed for handling recalls and withdrawals of prescription drugs. The procedure shall be adequate to deal with recalls and withdrawals due to:

(a) Any action initiated at the request of the food and drug administration or other federal, state, or local law enforcement or other governmental agency, including the board;

(b) Any voluntary action by the manufacturer to remove defective or potentially defective drugs from the market; or

(c) Any action undertaken to promote public health and safety by the replacing of existing merchandise with an improved product or new package design.

(3) A procedure to ensure that a distributor prepares for, protects against, and handles any crisis that affects security or operation of any facility in the event of strike, fire, flood, or other natural disaster, or other situations of local, state, or national emergency.

(4) A procedure to ensure that any outdated prescription drugs are segregated from other products and either returned to the manufacturer or destroyed. This procedure shall provide for written documentation of the disposition of outdated prescription drugs. This documentation shall be maintained for 3 years after disposition of the outdated drugs.

History: Cr. Register, July, 1992, No. 439, eff. 8-1-92; EmR0815: emerg. am. (intro.), (1), (2) (intro.), (b) and (4), eff. 6-1-08; CR 08-051: am. (intro.), (1), (2) (intro.), (b) and (4) Register November 2008 No. 635, eff. 12-1-08.

Phar 13.16 Responsible persons. A distributor shall establish and maintain lists of officers, directors, managers, and the designated representative in charge of wholesale drug distribution, storage, and handling, including a description of their duties and a summary of their qualifications.

History: Cr. Register, July, 1992, No. 439, eff. 8-1-92; EmR0815: emerg. am. eff. 6-1-08; CR 08-051: am. Register November 2008 No. 635, eff. 12-1-08.

Phar 13.17 Compliance with federal, state and local laws. (1) A distributor shall operate in compliance with applicable federal, state, and local laws and regulations. A distributor shall operate in compliance with any applicable federal electronic track and trace pedigree system implemented after July 1, 2011, unless an earlier implementation date is mandated by federal law which explicitly preempts state law. A distributor that deals in controlled substances shall register with the drug enforcement administration.

(2) Failure to comply with applicable federal, state, and local laws and regulations constitutes unprofessional conduct for purposes of s. 450.10, Stats.

(3) A distributor shall permit the board or its authorized representatives and authorized federal, state and local law enforcement officials to enter and inspect their premises and delivery vehicles, and to audit their records and written operating procedures, at reasonable times and in a reasonable manner, to the extent authorized by law. Such officials shall be required to show appropriate identification prior to being permitted access to a distributor's premises and delivery vehicles.

History: Cr. Register, July, 1992, No. 439, eff. 8-1-92; EmR0815: emerg. am. (1), eff. 6-1-08; CR 08-051: am. (1) Register November 2008 No. 635, eff. 12-1-08.

Chapter Phar 15

COMPOUNDING PHARMACEUTICALS

Phar 15.01 Intent.
Phar 15.015 Definitions.

Subchapter I – General

Phar 15.10 Facilities.
Phar 15.11 Equipment and Drug Preparation Containers.
Phar 15.12 Records of compounding.
Phar 15.13 Quality control.
Phar 15.14 Training, Policies, and Procedures.
Phar 15.15 Labeling.
Phar 15.16 Component Selection.
Phar 15.17 Non-patient specific compounding.

Subchapter II – Non-sterile Compounding

Phar 15.20 Component Selection.

Phar 15.21 Assigning BUD.

Subchapter III – Sterile Compounding

Phar 15.30 Definitions.
Phar 15.31 Facility design and environmental controls.
Phar 15.32 Personnel hygiene, garbing and protective gear.
Phar 15.33 Cleaning and Disinfecting the Compounding Area and Supplies.
Phar 15.34 Urgent use compounded sterile preparations.
Phar 15.35 Sterilization methods.
Phar 15.36 Inspection, sterility testing and antimicrobial effectiveness.
Phar 15.37 Beyond Use Dating.
Phar 15.38 Training and evaluation.

Note: Chapter Phar 15 is shown as repealed and recreated by **CR 16–085**, effective November 1, 2018, **Register April 2018 No. 748**. Chapter Phar 15 in effect prior to November 1, 2018 is published in full following s. Phar 15.38.

Phar 15.01 Intent. The intent of this chapter is to create a state regulatory standard that aligns with compounding standards found in the United States Pharmacopeia (USP) general chapters lower than the number 1000.

History: **CR 16–085**; cr. **Register April 2018 No. 748** eff. 11–1–18.

Phar 15.015 Definitions. In this chapter:

(1) “Active pharmaceutical ingredient” or “API” means any substance or mixture of substances intended to be used in the compounding of a drug preparation and that, when used in the compounding of a drug preparation, becomes an active ingredient in the preparation intended to furnish pharmacological activity or other direct effect in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans and animals or affecting the structure and function of the body.

(2) “Added substances” means ingredients that are necessary to compound a drug preparation that are not intended or expected to cause a pharmacologic response if administered alone in the amount or concentration contained in a single dose of the compounded preparation.

(3) “Adverse drug event” means an injury resulting from the use of a drug.

(4) “Beyond use date” or “BUD” means one of the following:

(a) The date after which a non-sterile compounded preparation shall not be used.

(b) The date and time after which a sterile compounded preparation shall not be used.

(5) “Certificate of analysis” means a report from the supplier of a component, container, or closure that accompanies the component, container, or closure and contains the specifications and results of all analyses and a description.

(6) “Chemical stability” means each active pharmaceutical ingredient retains its chemical integrity and labeled potency, within specified limits.

(7) “Classified area” means a space that maintains an air cleanliness classification based on the International Organization for Standardization (ISO).

(8) “Component” means any active pharmaceutical ingredient, or added substances used in the compounding of a drug preparation.

(9) “Compounding” means the preparation, mixing, assembling, altering, packaging, and labeling of a drug, drug delivery device, or a device in accordance with a prescription, or medica-

tion order. Compounding does not include repackaging. Compounding includes any of the following:

(a) Preparation of drug dosage forms for both human and animal patients.

(b) Preparation of drugs or devices in anticipation of prescription drug orders based on routine, regularly observed prescribing patterns.

(c) Reconstitution or manipulation of commercial products that may require the addition of one or more ingredients. Notwithstanding this paragraph, the reconstituting, mixing, or storage and beyond use dating that is performed for non-sterile preparations in accordance with the directions contained in approved labeling provided by the manufacturer is not compounding.

(d) Preparation of drugs or devices for the purposes of, or as an incident to, research, teaching, or chemical analysis.

(10) “Container-closure system” means the sum of packaging components that together contain and protect a dosage form, including primary packaging components and secondary packaging components.

(11) “Controlled room temperature” means a temperature maintained thermostatically that encompasses the usual and customary working environment of 68 degrees to 77 degrees Fahrenheit.

(12) “FDA” means the United States food and drug administration.

(13) “Freezer” means a place in which the temperature is maintained between –13 degrees and 14 degrees Fahrenheit.

(14) “Microbiological stability” means sterility or resistance to microbial growth is retained according to specified requirements and antimicrobial agents that are present retain effectiveness within specified limits.

(15) “NF” means the National Formulary.

(16) “Physical stability” means the original physical properties, including appearance, palatability, uniformity, dissolution, and suspendability, are retained.

(17) “Refrigerator” means a cold place in which the temperature is maintained between 36 degrees and 46 degrees Fahrenheit.

(18) “Stability” means the extent to which a compounded preparation retains, within specified limits and through its beyond use date, the same properties and characteristics that it possessed at the time of compounding.

(19) “Therapeutic stability” means the therapeutic effect remains unchanged.

(20) “Toxicological stability” means no significant increase in toxicity occurs.

(21) “USP” means the United States Pharmacopeia.

History: **CR 16–085**; cr. **Register April 2018 No. 748** eff. 11–1–18.

Subchapter I – General

Phar 15.10 Facilities. A pharmacist engaged in compounding shall ensure all of the following:

- (1) An area designated for compounding.
- (2) Orderly placement of compounding equipment, materials, and components in order to minimize the potential for compounding errors.
- (3) The compounding area is maintained in a clean and sanitary condition.
- (4) The compounding area is easily accessible to all of the following:
 - (a) Hot and cold running water, exclusive of the bathroom sink.
 - (b) Soap or detergent.
 - (c) Single-use towels.
- (5) All compounding equipment, materials, and components shall be stored off the floor and in a manner to prevent contamination and permit inspection and cleaning of the compounding and storage areas.

History: CR 16–085; cr. Register April 2018 No. 748 eff. 11–1–18.

Phar 15.11 Equipment and Drug Preparation Containers. (1) A pharmacy shall possess equipment and drug preparation containers or packaging appropriate to the type of compounding performed at the pharmacy.

(2) Equipment and drug preparation containers or packaging used in compounding shall be of appropriate design and capacity, and shall be suitably stored in a manner to facilitate use, cleaning, maintenance, and protect it from contamination.

(3) Equipment and drug preparation containers or packaging used in compounding drug products shall be of suitable composition and may not be reactive, additive, adsorptive, or absorptive so as to alter the stability of the compounded preparation.

(4) Equipment used in compounding shall be thoroughly cleaned and sanitized after each use, and when necessary, prior to use, according to written policies and procedures, in order to reduce bioburden and reduce the opportunity for cross-contamination.

(5) All equipment utilized in compounding preparations shall be inspected, maintained, calibrated, and validated at appropriate intervals, consistent with manufacturer's recommendations, to ensure the accuracy and reliability of equipment performance. Records shall be kept indicating the equipment was inspected, maintained, calibrated, and validated.

History: CR 16–085; cr. Register April 2018 No. 748 eff. 11–1–18.

Phar 15.12 Records of compounding. The managing pharmacist shall ensure written or electronic compounding documentation to systematically trace, evaluate, and replicate the compounding steps throughout the process of a preparation. The compounding documentation shall be maintained for a period of 5 years after the date of the last refill. The compounding documentation shall include all of the following:

- (1) Official or assigned name, strength, and dosage form of the preparation.
- (2) List of all APIs and added substances and their quantities.
- (3) Vendor or manufacturer, lot number and expiration date of each APIs and added substances.
- (4) Equipment and supplies needed to prepare the preparation.
- (5) Mixing instructions pertinent to the replication of the preparation as compounded.
- (6) Compatibility and stability information, including references or laboratory testing.
- (7) Container or container-closure system used in dispensing.
- (8) Packaging and storage requirements.
- (9) Quality control procedures.

(10) Sterilization method when using non-sterile ingredients to make a sterile preparation.

(11) Total quantity compounded.

(12) Name of the person who prepared the preparation.

(13) Name of the person who performed the quality control procedures.

(14) Name of the person who approved the preparation.

(15) Date of preparation.

(16) Assigned control or prescription number.

(17) Assigned BUD.

(18) Copy of the label to dispense final product.

(19) Documentation of any adverse reactions or preparation problems reported by the patient or caregiver.

History: CR 16–085; cr. Register April 2018 No. 748 eff. 11–1–18.

Phar 15.13 Quality control. (1) One or more pharmacists shall complete a verification of all the following before dispensing:

- (a) Written procedures were followed in the compounding process.
- (b) Preparation instructions were followed.
- (c) Finished preparation appears as expected.
- (d) Label includes all required elements.
- (e) Quality control procedures were completed.
- (f) Compounding records are complete.

(2) A pharmacist shall investigate any discrepancies found during any of verifications and take appropriate corrective action before dispensing.

History: CR 16–085; cr. Register April 2018 No. 748 eff. 11–1–18.

Phar 15.14 Training, Policies, and Procedures.

(1) **TRAINING.** All personnel involved in the compounding, evaluation, packaging, and dispensing of compounded preparations shall be properly trained and competency is assessed for the type of compounding conducted. It is the responsibility of the managing pharmacist to ensure personnel training and competency assessments are completed and documented.

(2) **POLICIES AND PROCEDURES.** The pharmacy and managing pharmacist shall establish written policies and procedures governing all of the following:

- (a) Personnel qualifications and training, responsibilities, and competencies.
- (b) Personal hygiene, garb, garbing, and personal protective gear.
- (c) Use and maintenance of compounding facilities and equipment, including applicable certifications.
- (d) Environmental monitoring.
- (e) Cleaning and disinfection of compounding area.
- (f) Component selection.
- (g) Sterilization and depyrogenation, if pharmacy does sterilization and depyrogenation.
- (h) Documentation requirements.
- (i) Establishing BUD.
- (j) Reporting of adverse drug events.
- (k) A risk management program, including documentation of incidents, adverse drug reactions and product contamination.
- (L) A quality assurance program.
- (m) Maintaining the integrity of any classified work areas.
- (n) Handling small and large spills of antineoplastic agents and other hazardous substances.
- (o) Notification to patients or practitioners of a preparation which is recalled when there is potential for patient harm.

(3) **REVIEW OF POLICIES AND PROCEDURES.** The policy and procedures shall be reviewed at least once every 36 months and shall be updated, on a continuous basis, to reflect current practice. Doc-

umentation of the review shall be made available to the board upon request.

History: CR 16-085: cr. Register April 2018 No. 748 eff. 11-1-18; correction in (2) (a) made under s. 35.17, Stats., Register April 2018 No. 748.

Phar 15.15 Labeling. The label of a compounded preparation shall include all of the following:

- (1) Labeling requirements in s. Phar 7.02 and 8.08.
- (2) Storage conditions if other than controlled room temperature.
- (3) BUD.
- (4) Special handling instructions, when applicable.
- (5) Indication that the preparation is compounded unless administered by health care personnel.

History: CR 16-085: cr. Register April 2018 No. 748 eff. 11-1-18.

Phar 15.16 Component Selection. (1) Active pharmaceutical ingredients or added substances used in compounding shall be manufactured by an FDA registered facility or accompanied by a certificate of analysis.

(2) APIs and added substances shall meet USP or NF monograph specifications when monographs are available. A pharmacist shall use professional judgement in selection of APIs if USP or NF grade is not available.

(3) All components shall be stored and handled consistent with the manufacturer's labeling or USP or NF monographs and in a manner that prevents contamination and deterioration.

(4) A pharmacist compounding for human use may not use components that have been withdrawn or removed from the market for safety or efficacy reasons by the FDA. A pharmacist compounding for food producing animal use may not use components prohibited for use in food producing animals.

History: CR 16-085: cr. Register April 2018 No. 748 eff. 11-1-18.

Phar 15.17 Non-patient specific compounding. Compounded preparations dispensed or distributed to a practitioner pursuant to a non-patient specific order to be administered by a practitioner or practitioner's agent shall meet all of the following:

(1) The order shall include the name and address of the practitioner, drug, strength, quantity, and the purpose of the compounded preparation.

(2) The label shall include the practitioner's name in place of the patient's name and state "For Practitioner Administration Only — Not for Dispensing or Distribution." If the sterility or integrity of the compounded preparation is not maintained after the initial opening of the container, the label shall state "Single-Dose Only."

(3) The pharmacist shall record the name and address of the location the compounded preparation was dispensed or distributed, and the lot number and BUD of all preparations dispensed or distributed to the practitioner.

History: CR 16-085: cr. Register April 2018 No. 748 eff. 11-1-18.

Subchapter II – Non-sterile Compounding

Phar 15.20 Component Selection. (1) Components with an expiration date from the manufacturer or distributor may be used before the expiration date provided all of the following:

- (a) The component is stored in its original container under conditions to avoid decomposition.
- (b) There is minimal exposure of the remaining component each time component is withdrawn from the container.

(2) Components without an expiration date assigned by the manufacturer or supplier shall be labeled with the date of receipt and assigned a conservative expiration date, not to exceed three years after receipt, based upon the nature of the component and its degradation mechanism, the container in which it is packaged and the storage conditions.

(3) Components transferred to another container which shall provide integrity that is minimally equivalent to the original container and shall be identified with all of the following:

- (a) Component name.
- (b) Original supplier.
- (c) Lot or control number.
- (d) Transfer date.
- (e) Expiration date.

History: CR 16-085: cr. Register April 2018 No. 748 eff. 11-1-18.

Phar 15.21 Assigning BUD. (1) The BUD shall not be later than the expiration date on the container of any component.

(2) Only in the absence of stability information that is applicable to a specific drug product and preparation, the maximum BUD for a non-sterile compounded drug preparation that is packaged in a tight, light-resistant container is as follows:

(a) For nonaqueous formulations stored at controlled room temperature, the BUD shall not be later than the time remaining until the earliest expiration date of any active pharmaceutical ingredient or 6 months, whichever is earlier.

(b) For water-containing oral formulations, the BUD shall not be later than 14 days when stored in a refrigerator.

(c) For water-containing semisolid mucosal liquid, topical, or dermal formulations, stored at controlled room temperature, the BUD shall not be later than 30 days.

(3) Assignment of BUD shall include an assessment of the need for antimicrobial agents or storage in a refrigerator to protect against bacteria, yeast, and mold contamination introduced during or after the compounding process.

Subchapter III – Sterile Compounding

Phar 15.30 Definitions. In this subchapter:

(1) "Ante area" means an ISO Class 8 or better area where personnel hand hygiene and garbing procedures, staging of components, order entry, labeling and other high particulate generating activities are performed. The ante-area is the transition area between the unclassified area of the facility and the buffer area.

(2) "Buffer area" means an ISO Class 7 or ISO Class 8 if using an isolator or cleaner area where the primary engineering control that generates and maintains an ISO Class 5 environment is physically located.

(3) "Category 1" means a compounded sterile preparation compounded with a primary engineering control in a segregated compounding area.

(4) "Category 2" means a compounded sterile preparation compounded with a primary engineering control in a classified area.

(5) "Clean" means to physically remove debris, dirt, dust, and other impurities from surfaces or objects using a cleaning agent with a detergent.

(6) "Compounded sterile preparation" means a compounded final preparation intended to be sterile through the BUD.

(7) "Compounded stock solution" means a compounded solution to be used in the preparation of multiple units of a finished compounded sterile preparation.

(8) "Critical site" means a location that includes any component or fluid pathway surfaces or openings that are exposed and at risk of direct contact with air, moisture, or touch contamination.

(9) "Disinfect" means the killing of microorganisms when used according to the disinfectant's label.

(10) "HEPA" means high-efficiency particulate air.

(11) "ISO Class 5" means conditions in which the air particle count is no greater than a total of 3,520 particles of 0.5 micrometers and larger per cubic meter of air that is supplied by HEPA or HEPA-filtered air.

(12) "ISO Class 7" means conditions in which the air particle count is no greater than a total of 352,000 particles of 0.5 microm-

Phar 15.30

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eters and larger per cubic meter of air that is supplied by HEPA or HEPA-filtered air.

(13) "ISO Class 8" means conditions in which the air particle count is no greater than a total of 3,520,000 particles of 0.5 micrometers and larger per cubic meter of air that is supplied by HEPA or HEPA-filtered air.

(14) "Isolator" means an enclosure that provides HEPA-filtered ISO Class 5 unidirectional air operated at a continuously higher pressure than its surrounding environment and is decontaminated using an automated system. An isolator uses only decontaminated interfaces or rapid transfer ports for materials transfer.

(15) "Primary engineering control" means a device or zone that provides an ISO Class 5 environment for sterile compounding.

(16) "Restricted access barrier system (RABS)" means an enclosure that provides HEPA-filtered ISO Class 5 unidirectional air that allows for the ingress or egress of materials through defined openings that have been designed and validated to preclude the transfer of contamination, and that generally are not to be opened during operations. RABS include compounding aseptic isolators and compounding aseptic containment isolators.

(17) "Sterility assurance level of 10⁻⁶" means an equivalent to a probability that one unit in a million is nonsterile.

(18) "Segregated compounding area" means a designated, unclassified space, area, or room that contains a primary engineering control.

(19) "Urgent use compounded sterile preparation" means a preparation needed urgently for a single patient and preparation of the compounded sterile preparation under Category 1 or Category 2 requirements would subject the patient to additional risk due to delays.

History: CR 16-085; cr. Register April 2018 No. 748 eff. 11-1-18.

Phar 15.31 Facility design and environmental controls. (1) GENERAL. Facilities shall meet all of the following requirements:

- (a) Be physically designed and environmentally controlled to minimize airborne contamination from contacting critical sites.
- (b) Be accessible only to designated personnel.
- (c) Have a heating, ventilation, and air conditioning system controlling the temperature and humidity.

(2) SEGREGATED COMPOUNDING AREA. A segregated compounding area shall meet all of the following requirements:

- (a) Be located in an area away from unsealed windows and doors that connect to the outdoors, or significant traffic flow.
- (b) Be located in an area which is not adjacent to construction sites, warehouses, and food preparation areas.
- (c) Have a defined perimeter.
- (d) Locate the primary engineering control at least one meter from any sink.

(3) CLASSIFIED AREA. A classified area shall meet all of the following:

- (a) The surfaces of ceilings, walls, floors, fixtures, shelving, counters, and cabinets shall be smooth, impervious, free from cracks and crevices, and nonshedding.
- (b) Work surfaces shall be constructed of smooth, impervious materials. All work surfaces shall be resistant to damage from cleaning and sanitizing agents.
- (c) Junctures where ceilings meet walls shall be covered, caulked, or sealed to avoid cracks and crevices in which microorganisms and other contaminate can accumulate. All areas in ceilings and walls where the surface has been penetrated shall be sealed.
- (d) Ceilings that consist of inlaid panels shall be impregnated with a polymer to render them impervious and hydrophobic and shall either be caulked or weighted and clipped.

(e) Walls shall be constructed of a durable material, panels locked together and sealed or of epoxy-coated gypsum board.

(f) Floors shall have a covering that shall be seamless or have heat-welded seams and coving to the sidewall. There shall be no floor drains.

(h) Ceiling lighting fixtures shall have exterior lens surfaces which are smooth, mounted flush, and sealed.

(i) Carts shall be constructed of stainless steel wire, nonporous plastic or sheet metal with cleanable casters.

(j) Tacky mats may not be used in a classified area.

(k) HEPA filters and unidirectional airflow shall be used to maintain the appropriate airborne particulate classification.

(L) The classified area shall measure not less than 30 air changes per hour of which at least half shall be HEPA-filtered fresh air.

(m) For classified areas physically separated through the use of walls, doors, and pass-throughs, a minimum differential positive pressure of 0.02-inch water column is required to separate each classified area. If a pass-through is used, only one door shall be opened at a time. A pressure gauge or velocity meter shall be used to monitor the pressure differential or airflow between classified areas with results documented at least daily.

(mm) For classified areas not physically separated, no sterile compounded preparation may be compounded using any ingredient that was at any time non-sterile in a classified area not physically separated and all of the following shall be met:

1. The buffer and ante areas shall be designated with a line of demarcation.

2. The principle of displacement airflow shall be used with an air velocity of 40 feet per minute or more from the buffer area across the entire plane of the line of demarcation.

(n) Devices and objects essential to compounding shall be located at an appropriate distance from the primary engineering control.

(p) The ante area shall meet all of the following requirements:

1. Be capable of maintaining an ISO Class 8 air or higher.
2. Have a sink with running hot and cold running water.

(q) The buffer area shall meet all of the following requirements:

1. Be capable of maintaining an ISO Class 7 air or better.
2. Only contain any of the following:
 - a. Items, including furniture, equipment, and supplies, that are required for the tasks to be performed in the buffer area.
 - b. Items that are smooth, impervious, free from cracks and crevices, nonshedding, and easily cleaned and disinfected.
 - c. Items that have been cleaned and disinfected immediately prior to their being placed in the buffer area.
3. Does not contain any sinks.
4. Does not contain any course cardboard, external shipping containers, and nonessential paper.

(4) PRIMARY ENGINEERING CONTROL. The primary engineering control shall be certified by an independent, qualified individual certified by the Controlled Environment Testing Association's National Board of Testing or another Board approved entity prior to initial use and then every six months. It shall also be certified when any of the following occurs:

- (a) Redesign of the facility.
- (b) Replacement of the primary engineering control.
- (c) Relocation of the primary engineering control.

History: CR 16-085; cr. Register April 2018 No. 748 eff. 11-1-18.

Phar 15.32 Personnel hygiene, garbing and protective gear. (1) Personnel suffering from rashes, sunburn, oozing tattoos or sores, conjunctivitis, active respiratory infection, or other active communicable disease shall be excluded from working in compounding areas until the condition is resolved.

(2) All personnel who engage in compounding sterile preparations shall comply with all of the following requirements before entering the compounding area:

(a) Remove personal outer garments, all cosmetics, exposed jewelry and piercings, headphones, ear buds, and cell phones.

(b) Abstain from eating, chewing gum or drinking in the compounding area or bringing food, gum, or drink into the compounding area.

(c) Artificial nails, nail extenders or nail polish may not be worn while working in the compounding area. Nails shall be neat and trim.

(d) Don personnel protective equipment and perform hand hygiene in the following order:

1. Low-lint, disposable shoe covers.
2. Low-lint, disposable covers for head and facial hair that cover the ears and forehead and face masks.
3. Eye shields, if required due to working with irritants or hazardous drugs.
4. Wash hands and forearms up to the elbows with unscented soap and water for at least 30 seconds. Hands and forearms to the elbows shall be completely dried using either lint-free disposable towels or wipes.
5. Don low lint disposable gown or overalls.
6. Prior to donning sterile gloves, hand antisepsis shall be performed using an alcohol-based hand rub with sustained antimicrobial activity following the manufacturers labeled instructions and application times.

(3) Gloves on hands and gauntlet sleeves on RABS shall be routinely inspected for holes, punctures, or tears and shall be replaced immediately if any are detected. Sterile gloves shall be donned over the RABS gloves.

(4) Disinfection of contaminated gloved hands shall be accomplished by wiping or rubbing sterile 70% isopropyl alcohol on all contact surface areas of the gloves and letting the gloved hands dry thoroughly. Routine application of sterile 70% isopropyl alcohol shall occur throughout the compounding process and whenever non-sterile surfaces, including vials, counter tops, chairs, and carts, are touched.

(5) When compounding personnel exit the buffer or segregated compounding area, a gown may be removed and retained in the ante area or segregated compounding area if not visibly soiled, to be worn again during the same work shift. Coveralls, shoe covers, hair and facial hair covers, face masks, eye shields, and gloves shall be replaced with new ones before re-entering the compounding area.

(6) Garbing items, including gowns, shall be segregated and stored before use in an enclosure to prevent contamination.

(7) Visibly soiled gowns shall be changed immediately.

(8) Gloves shall be sterile and powder free and tested by the manufacturer for compatibility with alcohol disinfection.

History: CR 16-085; cr. Register April 2018 No. 748 eff. 11-1-18.

Phar 15.33 Cleaning and Disinfecting the Compounding Area and Supplies. (1) Compounding personnel are responsible determining the cleaning and disinfecting products to be used and for ensuring that the frequency of cleaning and disinfecting compounding area is done.

(2) Compounding personnel shall clean in accordance with the following:

(a) Primary engineering control work surfaces, counters, floors and work surfaces in the buffer zone area, ante room and segregated compounding areas daily.

(b) Walls, ceilings and storage shelving monthly.

(c) When a spill occurs or the surface is visibly soiled.

(d) Sporicidal agents shall be used at least weekly to clean compounding areas.

(3) Compounding personnel shall disinfect in accordance with the following:

(a) Primary engineering control work surfaces at the beginning and end of each compounding business day and before each batch, but not longer than 4 hours following the previous disinfection when ongoing compounding activities are occurring.

(b) When microbial contamination is known to have been or is suspected of having been introduced into the compounding area.

(4) All cleaning and disinfecting practices and policies for the compounding area shall be included in written standard operating procedures and shall be followed by all compounding and environmental services personnel.

(5) Cleaning, detergents and disinfection agents shall be selected and used with consideration of compatibilities, effectiveness, and inappropriate or toxic residues. The selection and use of disinfectants shall be guided by microbicidal activities, inactivation by organic matter, residue, and shelf life. Disinfectants shall have antifungal, antibacterial and antiviral activity. Sporicidal agents shall be used at least weekly to clean compounding areas.

(6) Storage sites for compounding ingredients and supplies shall remain free from dust and debris.

(7) Floors, walls, ceiling, and shelving in the classified and segregated compounding areas are cleaned when no aseptic operations are in progress. Cleaning shall be performed in the direction from cleanest to dirtiest areas.

(8) All cleaning tools and materials shall be low-lint and dedicated for use in the buffer room, ante room and segregated compounding areas. If cleaning tools and materials are reused, procedures shall be developed based on manufacturer recommendations that ensure that the effectiveness of the cleaning device is maintained and that repeated use does not add to the bioburden of the area being cleaned.

(9) Supplies and equipment removed from shipping cartons shall be wiped with a suitable disinfecting agent delivered from a spray bottle or other suitable delivery method. After the disinfectant is wiped on a surface to be disinfected, the disinfectant shall be allowed to dry, during which time the item shall not be used for compounding purposes.

(10) Entry points on bags and vials shall be wiped with small sterile 70% isopropyl alcohol swabs or comparable method for disinfecting, allowing the isopropyl alcohol to dry before piercing stoppers with sterile needles and breaking necks of ampuls. The surface of the sterile 70% isopropyl alcohol swabs used for disinfecting entry points of sterile package and devices may not contact any other object before contacting the surface of the entry point. Particle generating material may not be used to disinfect the sterile entry points of packages and devices.

(11) When sterile supplies are received in sealed pouches designed to keep them sterile until opening, the sterile supplies may be removed from the covering pouches as the supplies are introduced into the ISO Class 5 primary engineering control without the need to disinfect the individual sterile supply items.

History: CR 16-085; cr. Register April 2018 No. 748 eff. 11-1-18.

Phar 15.34 Urgent use compounded sterile preparations. (1) The compounding process shall be a continuous process that does not exceed one hour, unless required for the preparation.

(2) Administration shall begin within one hour of the completion of the preparation.

(3) Aseptic technique shall be followed during preparation, and procedures shall be used to minimize the potential for contact with nonsterile surfaces, introduction of particulate matter or biological fluids, and mix-ups with other compounded sterile products.

Phar 15.34

WISCONSIN ADMINISTRATIVE CODE

(4) Unless immediately and completely administered by the person who prepared the compounded sterile preparation or immediate and complete administration is witnessed by the preparer, the compounded sterile preparation shall have a label listing patient identification information, the names and amounts of all ingredients, the name or initials of the person who prepared the compounded sterile preparation and the one hour BUD and time.

History: CR 16-085; cr. Register April 2018 No. 748 eff. 11-1-18.

Phar 15.35 Sterilization methods. (1) Sterilization methods employed shall sterilize while maintaining its physical and chemical stability and the packaging integrity of the compounding sterile preparations. The efficacy of sterilization and depyrogenation of container closure systems performed in the pharmacy shall be established, documented, and reproducible.

(2) Pre-sterilization requirements shall meet all of the following:

(a) During all compounding activities that precede terminal sterilization, including weighing and mixing, compounding personnel shall be garbed and gloved in the same manner as when performing compounding in an ISO Class 5 environment. All pre-sterilization procedures shall be completed in an ISO Class 8 or better environment.

(b) Immediately before use, all nonsterile measuring, mixing, and purifying devices used in the compounding process shall be thoroughly rinsed with sterile, pyrogen-free water and then thoroughly drained or dried.

(3) Sterilization shall be performed utilizing one of the following methods:

(a) *Sterilization by filtration.* Sterilization by filtration involves the passage of a fluid or solution through a sterilizing grade membrane to produce a sterile effluent. Filtration may not be used when compounding a suspension when the suspended particles are removed by the filter being used. This method shall meet all of the following:

1. Sterile filters used to sterile filter preparations shall meet all of the following requirements:

- Be pyrogen-free and have a nominal pore size of 0.22 microns.
- Be certified by the manufacturer to retain at least 10⁷ microorganisms of a strain of *Brevundimonas diminuta* per square centimeter of upstream filter surface area under conditions similar to those in which the compounded sterile preparations will be filtered.
- Be chemically and physically stable at the compounding pressure and temperature conditions.
- Have sufficient capacity to filter the required volumes.
- Yield a sterile filtrate while maintaining pre-filtration pharmaceutical quality, including strength of ingredients of the specific compounded sterile preparations.

2. The filter dimensions and liquid material to be sterile filtered shall permit the sterilization process to be completed rapidly without the replacement of the filter during the filtering process.

3. When compounded sterile preparations are known to contain excessive particulate matter, one of the following shall occur:

- A pre-filtration step using a filter of larger nominal pore size.
- A separate filter of larger nominal pore size placed upstream of the sterilizing filter to remove gross particulate contaminants before the compounding sterile compound is passed through the sterilizing grade filter.

4. Sterilization by filtration shall be performed entirely within an ISO Class 5 or better air quality environment.

5. Filter units used to sterilize compounded sterile preparations shall be subjected to the manufacturers' recommended post-use integrity test.

(b) *Sterilization by steam heat.* The process of thermal sterilization using saturated steam under pressure shall be the method for terminal sterilization of aqueous preparations in their final, sealed container closure system. The effectiveness of steam sterilization shall be established and verified with each sterilization run or load by using biological indicators, physicochemical indicators and integrators. This method shall meet all of the following:

1. All materials shall be directly exposed to steam under adequate pressure for the length of time necessary, as determined by use of appropriate biological indicators, to render the items sterile. The duration of the exposure period shall include sufficient time for the compounded sterile preparation to reach the sterilizing temperature.

2. The compounded sterile preparation and other items shall remain at the sterilizing temperature for the duration of the sterilization period. The sterilization cycle shall be designed to achieve a sterility assurance level of 10⁻⁶.

3. Compounded sterile preparations shall be placed in trays which allow steam to reach the compounded sterile preparations without entrapment of air. Paper, glass, and metal devices or items shall be wrapped in low lint protective fabric, paper, or sealed in envelopes that will permit steam penetration and prevent post sterilization microbial contamination.

4. Immediately before filling ampules and vials, solutions shall be passed through a filter having a nominal pore size of not larger than 1.2 microns for removal of particulate matter.

5. Sealed containers shall be able to generate steam internally. Stopped and crimped empty vials shall contain a small amount of moisture to generate steam. Deep containers, including beakers and graduated cylinders, shall be placed on their sides to prevent air entrapment or have a small amount of water placed in them.

6. Porous materials and items with occluded pathways shall only be sterilized by steam if the autoclave chamber has cycles for dry goods.

7. The steam supplied shall be free of contaminants and generated using clean water.

8. The seals on the doors of autoclave chambers shall be examined visually every day they are used for cracks or damage and the seal surfaces shall be kept clean.

9. A data recorder or chart shall be used to monitor each cycle and the data shall be reviewed to identify cycle irregularities in temperature or exposure time.

10. Materials in direct contact with the compounded sterile preparation shall undergo a depyrogenation process before being sterilized using steam heat unless the materials used are certified to be pyrogen-free.

(c) *Sterilization by dry heat.* Dry heat sterilization shall be used only for those materials that cannot be sterilized by steam or filtration. The effectiveness of dry heat sterilization shall be verified using appropriate biological indicators and temperature sensing devices. This method shall meet all of the following:

1. The duration of the exposure period shall include sufficient time for the compounding sterile preparation or items to reach the sterilizing temperature. The compounded sterile preparation and items shall remain at the sterilizing temperature for the duration of the sterilization period.

2. Heated air shall be evenly distributed throughout the chamber.

3. Sufficient space shall be left between materials to allow for good circulation of the hot air.

4. The oven shall be equipped with temperature controls and a timer.

5. A data recorder or chart shall be used to monitor each cycle and the data shall be reviewed to identify cycle irregularities in temperature or exposure time.

6. Materials shall first undergo a depyrogenation process before being sterilized using dry heat, unless the materials used are certified to be pyrogen-free.

(4) Dry heat depyrogenation shall be used to render glassware and other thermostable containers pyrogen free. The duration of the exposure period shall include sufficient time for the items to reach the depyrogenation temperature. The items shall remain at the depyrogenation temperature for the duration of the depyrogenation period. The effectiveness of the dry heat depyrogenation cycle shall be established and verified annually using endotoxin challenge vials to demonstrate that the cycle is capable of achieving at least a 3-log reduction in endotoxins.

History: CR 16-085; cr. Register April 2018 No. 748 eff. 11-1-18.

Phar 15.36 Inspection, sterility testing and antimicrobial effectiveness. (1) PHYSICAL INSPECTION. (a) At the completion of compounding, the compounded sterile preparation shall be inspected by performing all of the following:

1. Visually inspect the container closure for leakage, cracks in the container, or improper seals.

2. Visually check the compounded sterile preparation for phase separation.

3. Each individual injectable unit shall be inspected against a lighted white background and a black background for evidence of visible particulates or other foreign matter or discoloration.

(b) For compounded sterile preparations which will not be dispensed promptly after preparation, an inspection shall be conducted immediately before it is dispensed for any defects, including precipitation, cloudiness, or leakage, which may develop during storage.

(c) Compounded sterile preparations with any observed defects shall be immediately discarded or marked and segregated from acceptable units in a manner that prevents them from being dispensed.

(2) STERILITY TESTING. (a) The membrane filtration method shall be used for sterility testing unless it is not possible due to the compounded sterile preparation formulation. The direct inoculation of the culture method shall be used when the membrane filtration method is not possible.

(b) If a preparation may be needed before the results of sterility testing have been received, the pharmacy shall daily observe the incubating test specimens and immediately recall the dispensed preparations when there is any evidence of microbial growth in the test specimens. The patient and the prescriber to whom a potentially contaminated compounded sterile preparation was administered shall be notified immediately of the potential risk.

(c) Positive sterility test results shall prompt a rapid and systematic investigation into the causes of the sterility failure, including identification of the contaminating organism and any aspects of the facility, process or personnel that may have contributed to the sterility failure. The investigation and resulting corrective actions shall be documented.

(d) All Category 2 compounded sterile preparations made from one or more nonsterile ingredients, except those for inhalation and ophthalmic administration, shall be tested to ensure that they do not contain excessive bacterial endotoxins.

(e) Notwithstanding par. (d), a compounded sterile preparation does not need to be tested for bacterial endotoxins if the material is stored under cool and dry conditions and one of the following:

1. The certificate of analysis for the nonsterile ingredient lists the endotoxins burden, and that burden is found acceptable.

2. The pharmacy has predetermined the endotoxins burden of the nonsterile ingredient and that burden is found acceptable.

(3) ANTIMICROBIAL EFFECTIVENESS. Compounded sterile preparations containing a preservative added by the compounder shall pass an antimicrobial effectiveness testing with the results obtained on the specific formulation before any of the compounded sterile preparation is dispensed. The test may be con-

ducted only once on each formulation in the particular container-closure system in which it will be stored or dispensed. The antimicrobial effectiveness test shall occur at one of the following times:

(a) At the completion of the sterility test.

(b) At the time of preparation for compounded sterile preparations which have not undergone a sterility testing.

History: CR 16-085; cr. Register April 2018 No. 748 eff. 11-1-18.

Phar 15.37 Beyond use dating. (1) Sterility and stability considerations shall be taken into account when establishing a BUD. The following dates and times for storage and initiation of administration of the compounded sterile preparations shall apply:

(a) For compounded sterile preparations including components from conventionally manufactured products, the BUD shall not exceed the shortest expiration of any of the starting components. If the compounded sterile preparation includes non-conventionally manufactured products, the BUD may not exceed the shortest BUD of any of the starting components.

(b) For Category 1 compounded sterile preparations, one of the following:

1. May not exceed 12 hours when the preparation is stored at controlled room temperature.

2. May not exceed 24 hours when the preparation is stored in a refrigerator.

(c) For aseptically prepared Category 2 compounded sterile preparations, one of the following:

1. Prepared with one or more nonsterile ingredients, which are sterilized with a validated sterilization procedure prior to compounding, no preservative added and no sterility testing performed, one of the following:

a. Within 4 days when the preparation is stored at controlled room temperature.

b. Within 7 days when the preparation is stored in a refrigerator.

c. Within 45 days when the preparation is stored in a freezer.

2. Prepared only with sterile ingredients, no preservative added and no sterility testing performed, one of the following:

a. Within 6 days when the preparation is stored at controlled room temperature.

b. Within 9 days when the preparation is stored in a refrigerator.

c. Within 45 days when the preparation is stored in a freezer.

3. Prepared only with sterile ingredients, preservative added and no sterility testing performed, one of the following:

a. Within 28 days when the preparation is stored at controlled room temperature.

b. Within 42 days when the preparation is stored in a refrigerator.

c. Within 45 days when the preparation is stored in a freezer.

4. Prepared only with sterile ingredients, no preservative added and sterility testing, one of the following:

a. Within 28 days when the preparation is stored at controlled room temperature.

b. Within 42 days when the preparation is stored in a refrigerator.

c. Within 45 days when the preparation is stored in a freezer.

5. Prepared with only sterile ingredients, preservative added and sterility testing, one of the following:

a. Within 42 days when the preparation is stored at controlled room temperature.

b. Within 42 days when the preparation is stored in a refrigerator.

c. Within 45 days when the preparation is stored in a freezer.

Phar 15.37

WISCONSIN ADMINISTRATIVE CODE

(d) For Category 2 compounded sterile preparations, terminally sterilized by a validated procedure, one of the following:

1. Prepared with no preservative added and no sterility testing performed, one of the following:

a. Within 14 days when the preparation is stored at controlled room temperature.

b. Within 28 days when the preparation is stored in a refrigerator.

c. Within 45 days when the preparation is stored in a freezer.

2. Prepared with no preservative added and sterility testing performed, one of the following:

a. Within 28 days when the preparation is stored at controlled room temperature.

b. Within 42 days when the preparation is stored in a refrigerator.

c. Within 45 days when the preparation is stored in a freezer.

3. Prepared with preservative added and no sterility testing performed, one of the following:

a. Within 28 days when the preparation is stored at controlled room temperature.

b. Within 42 days when the preparation is stored in a refrigerator.

c. Within 45 days when the preparation is stored in a freezer.

4. Prepared with preservative added and sterility testing performed, one of the following:

a. Within 42 days when the preparation is stored at controlled room temperature.

b. Within 42 days when the preparation is stored in a refrigerator.

c. Within 45 days when the preparation is stored in a freezer.

(2) The BUD established in sub. (1) may not be exceeded or extended for compounded sterile preparations without verifiable supporting valid scientific sterility and stability information that is directly applicable to the specific preparation or compound.

(3) For compounded sterile preparations which have been assigned a BUD based upon storage in a freezer, the integrity of the container-closure system with the specific compounded sterile preparation in it shall have been demonstrated for 45 days at frozen storage. The container-closure integrity test may be conducted only once on each formulation in the specific container closure-system in which it will be stored or dispensed.

(4) When a preservative is added, the compounded sterile formulation shall pass antimicrobial effectiveness testing that shall include inoculation of standardized microorganisms, incubation serial sampling, and calculation of the changes in colony forming unit concentrations in terms of log reduction. The results of antimicrobial effectiveness testing shall be obtained before any of the compounded sterile preparation is dispensed. Preservatives shall not be used as a substitute for good compounding practices.

History: CR 16-085; cr. Register April 2018 No. 748 eff. 11-1-18.

Phar 15.38 Training and evaluation. (1) **GENERAL.** The managing pharmacist, pharmacists, pharmacy technicians, pharmacy interns and pharmacy externs compounding sterile preparations shall successfully complete didactic or practical training. The didactic or practical training shall be done before any compounding personnel initially prepares compounded sterile preparations and annually thereafter and shall include all of the following:

- (a) Hand hygiene and garbing.
- (b) Cleaning and disinfection.
- (c) Measuring and mixing.
- (d) Aseptic manipulation.
- (e) Cleanroom behavior.
- (f) Sterilization and depyrogenation.
- (g) Use of equipment.

(h) Documentation.

(i) Use of primary engineering controls.

(2) **EVALUATION.** Compounding personnel shall successfully complete an initial and annual evaluation which includes all of the following:

(a) Visual observation of hand hygiene and garbing.

(b) Visual observation of aseptic technique.

(c) Gloved fingertip and thumb sampling.

(d) Media-fill tests.

(3) **GLOVED FINGERTIP.** Successfully gloved and thumb sampling is measured by samplings resulting in zero colony-forming units no fewer than three times. Sampling shall be performed on sterile gloves inside of an ISO Class 5 primary engineering control. Gloved fingertip and thumb sampling in a RABS or an isolator shall be taken from the sterile gloves placed over the gauntlet gloves. When gloved fingertip sample results exceed action levels defined by the pharmacy, a review of hand hygiene and garbing procedures, glove and surface disinfection procedures and work practices shall be performed and documented.

(5) **RECORDS.** The pharmacy shall maintain written policies and procedures for the initial and ongoing training and evaluation of persons involved in compounding sterile preparations. Documentation of all training, assessments, gloved fingertip tests and media-fill simulations shall be maintained by the pharmacy for 5 years and made available to the Board upon request.

History: CR 16-085; cr. Register April 2018 No. 748 eff. 11-1-18.

Note: Chapter Phar 15 is repealed and recreated effective November 1, 2018. Chapter Phar 15 in effect prior to November 1, 2018 is shown below.

Phar 15.01 Authority. The rules in this chapter are adopted pursuant to the authority in ss. 15.08 (5) (b), 227.11 (2) and 450.02 (3), Stats.

History: Cr. Register, March, 2000, No. 531, eff. 4-1-00.

Phar 15.02 Definitions. In this chapter:

(1) "Aseptic preparation" means preparation using procedures designed to preclude contamination of drugs, packaging equipment or supplies by microorganisms during processing.

(2) "Biological safety cabinet" means a containment unit suitable for preparation of low- to moderate- risk agents where there is a need for protection of the product, personnel and environment, according to national sanitation foundations standard 49.

(3) "Class 100 environment" means an atmospheric environment that contains less than 100 particles 0.5 microns in diameter per cubic foot of air, as described in federal standard 209.

Note: "Federal Standard 209" refers to *Federal standard 209E: airborne particulate cleanliness classes in cleanrooms and clean zones* by the Institute of Environmental Sciences published by the Institute of Environmental Sciences in 1992 and used by the United States General Services Administration as the standard required for use by federal agencies utilizing clean room controlled environments.

(4) "Critical activities" means activities that are different from other activities due to the increased potential opportunity for contamination to occur.

(5) "Critical objects" means objects that are different from other objects due to the increased potential opportunity for contamination to occur.

(6) "Cytotoxic drug" means a pharmaceutical used therapeutically as a toxin to alter biochemical activities of phases of cellular division which uniquely contribute to normal cell growth.

(7) "OSHA" means the federal occupational safety and health administration.

(8) "Parenteral" means a preparation of drugs for injection through one or more layers of skin.

(9) "Practice of pharmacy" has the meaning given in s. 450.01 (16), Stats.

(10) "Sterile pharmaceutical" means any dosage form devoid of viable microorganisms, including but not limited to parenterals, injectables and ophthalmics.

History: Cr. Register, March, 2000, No. 531, eff. 4-1-00.

Phar 15.03 Policy and procedure manual. (1) A pharmacy shall prepare and maintain a policy and procedure manual for compounding, dispensing, delivery, administration, storage and use of sterile pharmaceuticals.

(2) The policy and procedure manual shall include a quality assurance program for the purpose of monitoring personnel qualifications, training and performance, product integrity, equipment, and facilities and include guidelines regarding patient education and the provision of pharmaceutical services. In addition, the manual shall include up-to-date information on the preparation of sterile pharmaceuticals.

(3) The policy and procedure manual shall be available to all personnel and updated annually or as needed to reflect current practice.

(4) The policy and procedure manual shall be current and available for inspection by the board or its designee.

History: Cr. Register, March, 2000, No. 531, eff. 4-1-00.

Phar 15.04 Physical requirements. (1) A pharmacy shall have a designated area for preparing sterile pharmaceuticals. This area shall be a room structurally isolated from other areas, with entry and access restricted to designated personnel and shall be designed to avoid unnecessary traffic and airflow disturbances. The designated area shall only be used for preparation and documentation of sterile

pharmaceuticals. The designated area shall be of sufficient size to accommodate a laminar airflow hood and to provide for proper storage of drugs and supplies under appropriate conditions of temperature, light, moisture, sanitation, ventilation and security. Additional drug inventory and bulk supplies shall be stored in an area separate from the designated area for preparing sterile pharmaceuticals.

(2) A pharmacy shall maintain an environment in the designated area suitable for aseptic preparation of sterile pharmaceuticals and shall have all of the following:

(a) Appropriate environment control devices that are capable of maintaining at least a class 100 environment during normal activity in the workplace where critical objects are exposed and critical activities are performed.

(b) Appropriate disposal containers as required by OSHA in 29 CFR PART 1910 for used needles and syringes, and for disposal of other items in compounding and, if applicable, for cytotoxic waste from the preparation of chemotherapy agents and infectious wastes. This should be disposed of in a timely manner.

(c) Appropriate environmental controls including class II biological safety cabinetry in pharmacies where cytotoxic drug products are prepared.

(d) Temperature-controlled delivery containers as necessary.

(e) For hand washing, a sink with hot and cold running water in close proximity.

(f) Administration devices as necessary.

(3) A pharmacy shall have sufficient reference materials related to sterile pharmaceuticals to meet the needs of the pharmacy staff.

(4) The designated area shall be closed and disinfected at regular intervals with appropriate agents.

History: Cr. Register, March, 2000, No. 531, eff. 4-1-00.

Phar 15.05 Records and reports. (1) Specific records and reports shall be maintained describing the preparation of sterile pharmaceuticals in the pharmacy. These records and reports shall include:

(a) Training and competency evaluations of personnel.

(b) Documentation of refrigerator and freezer temperatures.

(c) Certification of laminar airflow hoods.

(2) The following minimum labeling requirements shall be met for sterile pharmaceuticals prepared for a single patient if the pharmaceuticals are to be completely administered within 28 hours:

(a) The identity of all solutions and ingredients and their corresponding amounts, concentration or volumes on the final preparation container in such a manner as to allow the locating of problematic final products.

(b) The identity of personnel involved in preparation.

(c) The date and time of pharmacy preparation where applicable.

(d) The final sterile pharmaceuticals expiration date and storage requirements, where applicable.

History: Cr. Register, March, 2000, No. 531, eff. 4-1-00.

Phar 15.06 Delivery service. The pharmacist shall assure the appropriate environmental control of all products shipped.

History: Cr. Register, March, 2000, No. 531, eff. 4-1-00.

Phar 15.07 Emergency kits. (1) When sterile pharmaceuticals are provided to home care patients, the dispensing pharmacy shall supply the patient or the patient's agent with emergency drugs, when authorized by the physician under protocol, if an emergency situation has been anticipated by either the physician, nurse or pharmacist.

(2) The dispensing pharmacy shall be responsible for providing written instructions on the storage and recordkeeping requirements for the emergency kit.

History: Cr. Register, March, 2000, No. 531, eff. 4-1-00.

Phar 15.08 Cytotoxic drugs. In addition to the minimum requirements for a pharmacy established by rule of the board, the following requirements are necessary for those pharmacies that prepare cytotoxic drugs:

(1) All cytotoxic drugs shall be compounded in a vertical flow, class II, biological safety cabinet. If non-exposed surfaces become contaminated with cytotoxic agents, no products other than cytotoxic drugs may be compounded in this cabinet until such time as the cabinet is decontaminated utilizing appropriate techniques to eradicate the contaminant.

(2) Personnel shall be protected by a protective barrier or apparel which shall include gloves, gowns and other applicable protective apparel as described in 29 CFR PART 1910 of OSHA regulations.

(3) Appropriate safety and containment techniques for compounding cytotoxic drugs shall be used in conjunction with the aseptic techniques required for preparing sterile pharmaceuticals.

(4) Pharmacy disposal and patient and caregiver education regarding disposal of cytotoxic waste shall comply with all applicable local, state and federal requirements.

(5) Written procedures for the handling of both major and minor spills of cytotoxic agents shall be developed and shall be included in the pharmacy policy and procedure manual.

(6) Prepared doses of cytotoxic drugs shall be dispensed, labeled with proper precautions on the primary and shipping container and should be shipped in a manner to minimize the risk of accidental rupture of the primary container.

History: Cr. Register, March, 2000, No. 531, eff. 4-1-00.

Phar 15.09 Labeling. In addition to the labeling requirements of s. 450.11 (4), Stats., the following shall also be included on the labels of sterile pharmaceuticals:

(1) Control or lot number.

(2) Expiration date and time, when applicable.

(3) Appropriate auxiliary labeling, including precautions.

(4) Storage requirements.

(5) Identification of the responsible pharmacist.

History: Cr. Register, March, 2000, No. 531, eff. 4-1-00.

Phar 15.10 Patient training. A pharmacist is responsible for documenting the patient's training and competency in managing the type of therapy provided by the pharmacist to the patient if administered by the patient or a caregiver. A pharmacist is responsible for the provision of or supervision of the patient training process in any area that relates to drug compounding, administration, labeling, storage, stability or incompatibility. A pharmacist shall be responsible for seeing that the patient's competency in the above areas is reassessed on an ongoing basis.

History: Cr. Register, March, 2000, No. 531, eff. 4-1-00.

Phar 15.11 Quality assurance. (1) There shall be a documented, ongoing quality assurance control program that monitors personnel performance, equipment and facilities. Appropriate samples of finished products shall be examined to assure that the pharmacy is capable of consistently preparing sterile pharmaceuticals meeting specifications.

(2) The area designated for preparing sterile pharmaceuticals and all horizontal and vertical laminar flow hoods shall be certified to be operationally efficient and meet the standards of a class 100 environment by an independent contractor. All biological safety cabinets shall be certified according to national sanitation foundations standard 49 or manufacturer's specifications. Certification shall take place before initial use or after relocation and at least annually. Certification records shall be maintained.

Note: "National Sanitation Foundations Standard 49" refers to *National Sanitation Foundation standard no 49 for class II (laminar flow) biohazard cabinetry / as prepared by the NSF Advisory Committee on Biohazard Cabinetry; and recommended for adoption by the NSF Council of Public Health Consultants by the National Sanitation Foundation (U.S.) published in 1983 by the National Sanitation Foundation of Ann Arbor, Michigan.*

(3) A pharmacy shall have written procedures requiring sampling for microbial contamination through a validation procedure, simulation of actual aseptic preparation, and by using bacterial growth medium to culture environmental samples.

(4) If compounding of parenteral solutions is performed using non-sterile chemicals, extensive end-product sterility testing shall be documented. If any parenteral solution fails the testing, procedures shall be in place to quarantine future products for sterility testing to assure end-product sterility prior to release of the products from quarantine. The compounding process shall utilize components and techniques that assure a sterile and particulate-free product.

(5) A pharmacy shall have written justification of the assigned expiration date for pharmacy prepared sterile pharmaceuticals.

(6) A pharmacy shall have documentation of quality assurance audits, including infection control and sterile technique audits at least annually.

(7) A pharmacy shall have procedures to assure consistent preparation of sterile pharmaceuticals.

History: Cr. Register, March, 2000, No. 531, eff. 4-1-00.

Chapter Phar 16

CONTINUING EDUCATION FOR PHARMACISTS

<p>Phar 16.01 Authority and purpose. Phar 16.02 Continuing education required; waiver. Phar 16.03 Acceptable continuing educational programs.</p>	<p>Phar 16.04 Evidence of compliance. Phar 16.05 Retention requirement. Phar 16.06 Audit.</p>
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Phar 16.01 Authority and purpose. The rules in this chapter are adopted by the pharmacy examining board pursuant to the authority delegated by ss. 15.08 (5) (b), 227.11 (2) and 450.02 (2g) (a), Stats.

History: Cr. Register, November, 1999, No. 527, eff. 12-1-99.

Phar 16.02 Continuing education required; waiver.
(1) Each pharmacist required to complete the continuing education requirement provided under s. 450.085, Stats., shall, at the time of making application for renewal of a license under s. 450.08 (2) (a), Stats., sign a statement on the application for renewal certifying that the pharmacist has completed at least 30 hours of acceptable continuing education programs within the 2-year period immediately preceding the date of his or her application for renewal. The 30 hours of continuing education for pharmacists first applies to applications that are submitted to the department to renew a license to practice pharmacy that expires on June 1, 2000. This subsection does not apply to an application for renewal of a license that expires on the first renewal date after the date on which the board initially granted the license.

(2) A pharmacist may apply to the board for waiver of the requirements of this chapter on grounds of exceptional circumstances such as prolonged illness, disability or other similar circumstances that the pharmacist indicates have prevented him or her from meeting the requirements. The board will consider each application for waiver individually on its merits.

History: Cr. Register, November, 1999, No. 527, eff. 12-1-99.

Phar 16.03 Acceptable continuing educational programs. The board recognizes only those educational programs

offered by a provider approved by the Accreditation Council for Pharmacy Education at the time of attendance, or other board approved programs.

Note: As of August 9, 1999, the board has not approved any programs other than programs offered by a provider approved by the Accreditation Council for Pharmacy Education.

History: Cr. Register, November, 1999, No. 527, eff. 12-1-99; reprinted to correct printing error, Register, February, 2000, No. 530; CR 14-023: am. Register August 2014 No. 704, eff. 9-1-14.

Phar 16.04 Evidence of compliance. The board accepts as evidence of compliance with this chapter certification by a providing institution or organization that a pharmacist has attended and completed continuing education programs approved under the provisions of s. Phar 16.03. Certification may be the original, or verified copies of, documents certifying attendance and completion.

History: Cr. Register, November, 1999, No. 527, eff. 12-1-99.

Phar 16.05 Retention requirement. The pharmacist shall retain evidence of compliance for 3 years following the renewal date for the biennium for which 30 hours of credit are required for renewal of a license.

Note: For example, a pharmacist who renews his or her license on June 1, 2000, must retain proof of having obtained 30 hours of continuing education in the 2 years preceding renewal until June 1, 2003.

History: Cr. Register, November, 1999, No. 527, eff. 12-1-99.

Phar 16.06 Audit. The board may require any pharmacist to submit his or her evidence of compliance with the continuing education requirements to audit compliance.

History: Cr. Register, November, 1999, No. 527, eff. 12-1-99.

Chapter Phar 17

PHARMACY INTERNSHIP

Phar 17.01	Authority.
Phar 17.02	Definitions.
Phar 17.03	Academic internship.
Phar 17.04	Foreign graduate internship.

Phar 17.05	Postgraduate internship.
Phar 17.06	Practical experience internship.
Phar 17.07	Student non-academic internship.

Phar 17.01 Authority. The rules in this chapter are adopted pursuant to the authority in ss. 15.08 (5) (b), 227.11 (2), and 450.03 (1) (g) and (2) (b), Stats.

History: CR 01-134: cr. Register July 2002 No. 559, eff. 8-1-02; correction made under s. 13.92 (4) (b) 7., Stats., Register June 2015 No. 714.

Phar 17.02 Definitions. In this chapter:

(1) “Academic internship” means a practical experience program consisting of the practice of pharmacy sponsored by a professional bachelor’s of science degree in pharmacy or doctor of pharmacy degree granting institution located in this or another state.

(2) “Direct supervision” means immediate on premises availability to continually coordinate, direct and inspect at first hand the practice of another.

(3) “Foreign graduate internship” means the practice of pharmacy by a person who has first filed an application with the board for original licensure under s. Phar 2.02 and has not graduated from a professional bachelor’s of science degree in pharmacy or doctor of pharmacy degree granting institution located in this or another state.

(4) “Intern” means a person engaged in the practice of pharmacy pursuant to subs. (1), (3), (6) and (8) or s. 450.03 (1) (g), Stats.

(5) “Internship in the practice of pharmacy” means the completion of a minimum of 1500 hours in aggregate in the practice of pharmacy under subs. (1), (3), (6), (7) or (8).

(6) “Postgraduate internship” means the practice of pharmacy by a person who has first filed an application with the board for original licensure under s. Phar 2.02 and has graduated from a professional bachelor’s of science degree in pharmacy or doctor of pharmacy degree granting institution located in this or another state.

(7) “Practical experience internship” means practical experience acquired in another state which is comparable to an internship as described in subs. (1), (3), (6) and (8).

(8) “Student non-academic internship” means the practice of pharmacy by a person which is not acquired in an academic internship.

(9) “Supervising pharmacist” means a pharmacist who supervises and is responsible for the actions of an intern in the practice of pharmacy.

History: CR 01-134: cr. Register July 2002 No. 559, eff. 8-1-02.

Phar 17.03 Academic internship. A person participating in an academic internship is not required to register as an intern with the board. There is no restriction in the number of hours earned in an academic internship.

History: CR 01-134: cr. Register July 2002 No. 559, eff. 8-1-02.

Phar 17.04 Foreign graduate internship. (1) Prior to performing duties as an intern or to receiving credit for hours participating in a foreign graduate internship the person must file an application with the board for original licensure under s. Phar 2.02, and submit evidence satisfactory to the board of having obtained certification by the foreign pharmacy graduate examination committee.

(2) A foreign graduate internship is limited to performing duties constituting the practice of pharmacy under the supervision of a supervising pharmacist. The supervising pharmacist shall keep a written record of the hours and location worked by an intern under his or her supervision, signed by the intern and the supervising pharmacist. The written record shall be produced to the board upon request. Prior to performing duties as an intern or to receiving credit for hours in an internship in the practice of pharmacy under this section the supervising pharmacist shall be disclosed in the initial application and any change of a supervising pharmacist shall be disclosed to the board prior to further performing duties constituting the practice of pharmacy as an intern.

(4) Upon completing a maximum of 2000 hours of the practice of pharmacy in a foreign graduate internship, the internship is terminated and the person shall not further engage in the practice of pharmacy until obtaining licensure from the board.

History: CR 01-134: cr. Register July 2002 No. 559, eff. 8-1-02; CR 06-050: am. (1), (2) and (4), r. (3) and (5) Register October 2006 No. 610, eff. 11-1-06.

Phar 17.05 Postgraduate internship. (1) Prior to performing duties as an intern or to receiving credit for hours participating in a postgraduate internship, the person must file an application with the board for original licensure under s. Phar 2.02 and submit to the board evidence of having been graduated from a professional bachelor’s of science degree in pharmacy or doctor of pharmacy degree granting institution located in this or another state.

(2) A postgraduate internship is limited to performing duties constituting the practice of pharmacy under the supervision of a supervising pharmacist. The supervising pharmacist shall keep a written record of the hours and location worked by an intern under his or her supervision, signed by the intern and the supervising pharmacist. The written record shall be produced to the board upon request.

(3) Upon completing a maximum of 2000 hours of the practice of pharmacy in a postgraduate internship, the internship is terminated and the person shall not further engage in the practice of pharmacy until obtaining licensure from the board.

History: CR 01-134: cr. Register July 2002 No. 559, eff. 8-1-02; CR 06-050: am. (2) Register October 2006 No. 610, eff. 11-1-06.

Phar 17.06 Practical experience internship. There is no restriction in the number of hours earned in a practical experience internship. In determining comparable practical experience the board shall consider the duties performed constituting the practice of pharmacy as described in s. 450.01 (16), Stats.

History: CR 01-134: cr. Register July 2002 No. 559, eff. 8-1-02.

Phar 17.07 Student non-academic internship. (1) Prior to performing duties as an intern or to receiving credit for hours participating in a student non-academic internship the person must successfully complete his or her second year in and be enrolled at a professional bachelor’s of science degree in pharmacy or doctor of pharmacy degree granting institution located in this or another state.

(2) A student non-academic internship is limited to performing duties constituting the practice of pharmacy under the direct supervision of a supervising pharmacist. The supervising pharmacist shall keep a written record of the hours and location

worked by an intern under his or her direct supervision, signed by the intern and the supervising pharmacist. The written record shall be produced to the board upon request.

History: CR 01-134; cr. Register July 2002 No. 559, eff. 8-1-02.

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Teresa Guiliani LPPA		2) Date When Request Submitted: 2/20/2019 <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: Pharmacy Examining Board			
4) Meeting Date: 2/27/2019	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Reedsburg Area Medical Center – Alternative Security System Approval Request	
7) Place Item in: <input type="checkbox"/> Open Session <input checked="" 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:	
10) Describe the issue and action that should be addressed: This item has been referred for Full Board Review by the Board Liaison and Board Counsel. The credential holder would like an alternative security system approved in a temporary location during remodel. Phar 6.08 Security. A pharmacy shall have a centrally monitored alarm system in the pharmacy. A security system or plan that does not utilize a centrally monitored alarm system may be used if reviewed by and prior approval is obtained from the board. <small>History: Cr. Register, December, 1998, No. 516, eff. 1-1-99; CR 05-001: am. Register August 2005 No. 596, eff. 9-1-05; CR 09-098: am. Register May 2010 No. 653, eff. 6-1-10.</small>			
11) Authorization			
<i>Teresa Guiliani</i>		2/20/19	
Signature of person making this request		Date	
		2/20/19	
Supervisor (if required)		Date	
		2/20/19	
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.			

From: [Hannet T. Ambord](#)
To: [DSPS CRED Pharmacy](#)
Subject: RE: follow-up Seeking approval for alternate security system
Date: Thursday, February 21, 2019 10:34:43 AM

Hello,

Thank you for the update.

I just wanted to add a few clarifying items that we discussed on the phone to make sure they are incorporated as part of the discussion

- 1) Location of the Pharmacy is an inpatient pharmacy and does not have a sundry associated with it
- 2) The entry as shown on the camera, will be on monitored by a camera 24/7 at the nursing station.

Thank you again and let me know if you have any questions for me
Hannet



2000 North Dewey Avenue
Reedsburg, WI 53959
www.ramchealth.com

Hannet Ambord
Director | Pharmacy

hambord@ramchealth.org
Phone: 608-768-6295

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From: DSPS CRED Pharmacy [mailto:DSPSCREDPharmacy@wisconsin.gov]
Sent: Wednesday, February 20, 2019 11:19 AM
To: Hannet T. Ambord
Subject: RE: follow-up Seeking approval for alternate security system

CAUTION: This email originated from outside of RAMC. Do not click links or open attachments unless you recognize the sender and know the content is safe. Questions? Contact the RAMC IT Help Desk.

Hello:

The item has been referred to the 2/27/19 Pharmacy Examining Board meeting.

Please let me know if I can be of further assistance.

Kind regards,
Teresa

Teresa Guilianí

Wisconsin Department of Safety and Professional Services

Division of Professional Credential Processing

Phone: (608) 266.2112 Fax: (608) 251.3036

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We have moved! We are now located at the new Hill Farms Office Building – 4822 Madison Yards Way, Madison, WI 53705.

From: Hannet T. Ambord <hambord@ramchealth.org>
Sent: Wednesday, February 20, 2019 10:55 AM
To: DSPS CRED Pharmacy <DSpscRedPharmacy@wisconsin.gov>
Subject: Re: follow-up Seeking approval for alternate security system
Importance: High

Hello,

I hope all is well. I am wanted to check in to see if the Pharmacy supervisor came to a decision. Please let us know as we continue to be at a standstill with our construction project

Thanks
hannet



2000 North Dewey Avenue
Reedsburg, WI 53959
www.ramchealth.com

Hannet Ambord
Director | Pharmacy

hambord@ramchealth.org
Phone: 608-768-6295

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From: Hannet T. Ambord
Sent: Thursday, February 14, 2019 12:48 PM
To: 'dspscRedpharmacy@wi.gov'
Subject: Second follow-up Seeking approval for alternate security system
Importance: High

Hello,

I just wanted to follow up on my conversation with Carmelle (sp) this morning. I wanted to check in to see if you are okay with us proceeding with our construction and also acknowledging change in

project completion.

Please let us know as we are held up as we wait to hear from you.

Thanks

hannet

From: Hannet T. Ambord

Sent: Friday, January 25, 2019 11:04 AM

To: 'dspscredpharmacy@wi.gov'

Cc: Hannet T. Ambord

Subject: Seeking approval for alternate security system

Importance: High

Hello,

I hope all is well.

Please see attached request for approval. I can be reached at 608-415-2989.

Thank you,

hannet

From: [Whitney, Jameson - DSPS](#)
To: [DSPS CRED Pharmacy](#)
Subject: RE: 8882-42_Reedsburg Area Med Ctr_alternate security system
Date: Wednesday, February 20, 2019 10:32:44 AM

Good morning,

Thanks for bringing this to my attention. Based on the rule and the liaison's determination, I think this should go before the full board.

Please let me know if you have any other questions.

--Jameson R. Whitney, Attorney
Division of Legal Services and Compliance
Wisconsin Department of Safety & Professional Services
4822 Madison Yards Way
Madison, WI 53705
608-266-8098

From: DSPS CRED Pharmacy <DSPSCREDPharmacy@wisconsin.gov>
Sent: Wednesday, February 20, 2019 9:51 AM
To: Whitney, Jameson - DSPS <Jameson.Whitney@wisconsin.gov>
Subject: FW: 8882-42_Reedsburg Area Med Ctr_alternate security system

Good morning:

I am forwarding you this item per Supervisor Zachary Hendrickson. The item for review is attached. The Board Liaison's response is highlighted in blue below and the original review request sent to the Board Liaison is highlighted in yellow.

Please let me know if I can be of further assistance.

Kind regards,
Teresa

Teresa Guilianì

Wisconsin Department of Safety and Professional Services
Division of Professional Credential Processing
Phone: (608) 266.2112 Fax: (608) 251.3036

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From: Hendrickson, Zachary P - DSPS <Zachary.Hendrickson@wisconsin.gov>
Sent: Wednesday, February 20, 2019 8:50 AM
To: DSPS CRED Pharmacy <DSPSCREDPharmacy@wisconsin.gov>
Subject: RE: 8882-42_Reedsburg Area Med Ctr_alternate security system

Please send to board counsel – Jameson Whitney. If he says it should go before the board, then submit it to the full board. I will approve the late add.

Zachary Hendrickson
Records Management Program Supervisor
Division of Professional Credentialing Processing
Department of Safety and Professional Services
4822 Madison Yards Way
Madison, WI 53705
T: 608-266-2112 F: 608-261-7083

We have moved! We are now located at the new Hill Farms Office Building – 4822 Madison Yards Way, Madison, WI 53705.

From: DSPS CRED Pharmacy <DSPSCREDPharmacy@wisconsin.gov>
Sent: Wednesday, February 20, 2019 7:47 AM
To: Hendrickson, Zachary P - DSPS <Zachary.Hendrickson@wisconsin.gov>
Cc: DSPS CRED Pharmacy <DSPSCREDPharmacy@wisconsin.gov>
Subject: FW: 8882-42_Reedsburg Area Med Ctr_alternate security system
Importance: High

Zack:

Please see response from the Board Liaison below and advise. This is a time-sensitive issue for the facility. If the item needs to go to the full Board, I could work to get it on the agenda for the 2/27/19 meeting, though it may be considered a late add. Please let me know the route you suggest. . . .should it go to Board Counsel or to the full Board?

Thank you.

Kind regards,
Teresa

Teresa Guiliani

Wisconsin Department of Safety and Professional Services
Division of Professional Credential Processing
Phone: (608) 266.2112 Fax: (608) 251.3036

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From: cjjh@charter.net <cjjh@charter.net>

Sent: Tuesday, February 19, 2019 6:17 PM

To: DSPS CRED Pharmacy <DSPSCREDPharmacy@wisconsin.gov>

Subject: RE: 8882-42_Reedsburg Area Med Ctr_alternate security system

I am sorry, but I can not approve this. As you can see the regs do not support this lack of security system. I would recommend it go before the entire board or perhaps Zachary can ask Gretchen or Tom if there are any other options on how it should be handled. I don't know who our board attorney is, as I understand Amber has moved to another area. If there is something else I can do, please let me know.

From: DSPS CRED Pharmacy <DSPSCREDPharmacy@wisconsin.gov>

Sent: Monday, February 18, 2019 9:59 AM

To: 'cjjh@charter.net' <cjjh@charter.net>

Subject: 8882-42_Reedsburg Area Med Ctr_alternate security system

Good morning:

A review file for the above-named entity has been uploaded to SharePoint:

I am forwarding this request approval request per Supervisor Zachary Hendrickson. I believe the request arises from Phar 6.08:

Phar 6.08 Security. A pharmacy shall have a centrally monitored alarm system in the pharmacy. A security system or plan that does not utilize a centrally monitored alarm system may be used if reviewed by and prior approval is obtained from the board.

History: Cr. Register, December, 1998, No. 516, eff. 1-1-99; CR 05-001: am. Register August 2005 No. 596, eff. 9-1-05; CR 09-098: am. Register May 2010 No. 653, eff. 6-1-10.

This is an approved institutional pharmacy undergoing a remodel and they would like to use a temporary security system for which they are seeking Board approval. They submitted their request on 1/25/19 and were hoping to have approval by 2/15/19. They are holding off until Board approval for the alternative security system is received. Apparently, the whole hospital is being remodeled in phases, so the facility is eager for word so that other phases can subsequently begin.

Please let me know if I can be of further assistance.

Kind regards,

Teresa

Teresa Guilianì

Wisconsin Department of Safety and Professional Services

Division of Professional Credential Processing

Phone: (608) 266.2112 Fax: (608) 251.3036

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From: cjh@charter.net
To: [DSPS CRED Pharmacy](#)
Subject: RE: 8882-42_Reedsburg Area Med Ctr_alternate security system
Date: Tuesday, February 19, 2019 6:16:38 PM

I am sorry, but I can not approve this. As you can see the regs do not support this lack of security system. I would recommend it go before the entire board or perhaps Zachary can ask Gretchen or Tom if there are any other options on how it should be handled. I don't know who our board attorney is, as I understand Amber has moved to another area. If there is something else I can do, please let me know.

From: DSPS CRED Pharmacy <DSPSCREDPharmacy@wisconsin.gov>
Sent: Monday, February 18, 2019 9:59 AM
To: 'cjh@charter.net' <cjh@charter.net>
Subject: 8882-42_Reedsburg Area Med Ctr_alternate security system

Good morning:

A review file for the above-named entity has been uploaded to SharePoint:

I am forwarding this request approval request per Supervisor Zachary Hendrickson. I believe the request arises from Phar 6.08:

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Please let me know if I can be of further assistance.

Kind regards,
Teresa

Teresa Guiliani
Wisconsin Department of Safety and Professional Services
Division of Professional Credential Processing

Phone: (608) 266.2112 Fax: (608) 251.3036

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From: [Hendrickson, Zachary P - DSPS](#)
To: [Guiliani, Teresa A - DSPS](#)
Subject: RE: Seeking approval for alternate security system
Date: Friday, February 15, 2019 12:28:01 PM

They need to submit the information to us so it can be reviewed and approved by the board/liaison.

Zachary Hendrickson

Records Management Program Supervisor
Division of Professional Credentialing Processing
Department of Safety and Professional Services
4822 Madison Yards Way
Madison, WI 53705
T: 608-266-2112 F: 608-261-7083

We have moved! We are now located at the new Hill Farms Office Building – 4822 Madison Yards Way, Madison, WI 53705.

From: Guiliani, Teresa A - DSPS <Teresa.Guiliani@wisconsin.gov>
Sent: Friday, February 15, 2019 12:19 PM
To: Hendrickson, Zachary P - DSPS <Zachary.Hendrickson@wisconsin.gov>
Subject: RE: Seeking approval for alternate security system

Could you please fill me in since Carmell is out and they keep calling? Did you read the admin code I sent?

Kind regards,
Teresa

Teresa Guiliani

Wisconsin Department of Safety and Professional Services
Division of Professional Credential Processing
Phone: (608) 266.2112 Fax: (608) 251.3036

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From: Hendrickson, Zachary P - DSPS <Zachary.Hendrickson@wisconsin.gov>
Sent: Friday, February 15, 2019 12:18 PM
To: Guiliani, Teresa A - DSPS <Teresa.Guiliani@wisconsin.gov>
Subject: FW: Seeking approval for alternate security system

I already addressed this with Carmell yesterday

Zachary Hendrickson
Records Management Program Supervisor
Division of Professional Credentialing Processing
Department of Safety and Professional Services
4822 Madison Yards Way
Madison, WI 53705
T: 608-266-2112 F: 608-261-7083

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From: Hendrickson, Zachary P - DSPS
Sent: Thursday, February 14, 2019 10:39 AM
To: DSPS CRED Pharmacy <DSPSCREDPharmacy@wisconsin.gov>
Subject: RE: Seeking approval for alternate security system

Seems like this would be a remodel request.

Zachary Hendrickson
Records Management Program Supervisor
Division of Professional Credentialing Processing
Department of Safety and Professional Services
4822 Madison Yards Way
Madison, WI 53705
T: 608-266-2112 F: 608-261-7083

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From: DSPS CRED Pharmacy <DSPSCREDPharmacy@wisconsin.gov>
Sent: Thursday, February 14, 2019 10:37 AM
To: Hendrickson, Zachary P - DSPS <Zachary.Hendrickson@wisconsin.gov>
Subject: FW: Seeking approval for alternate security system
Importance: High

Good morning Zack.

I'm not sure how to help this lady. They want approval for an alternate Security system. I can't find anything in the code. Please help. Thank you.

Please let me know if I can help you further.
Have a great day! ☺

CARMELL LISTENBEE
License Permit Program Associate
DEPT OF SAFETY & PROFESSIONAL SERVICES
Credentialing

Below are the boards/ professions I can help you with

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- DENTISTRY BOARD
- HEARING & SPEECH EXAMINING BOARD
- OPTOMETRY EXAMINING BOARD
- PHARMACY BOARD
- RADIOGRAPHY EXAMINING BOARD
- SIGN LANGUAGE INTERPRETERS COUNCIL
- ACUPUNCTURE PROFESSION
- TATTOO & BODY PIERCING PROFESSIONS
- TANNING CERTIFICATION
- SANITARIAN PROFESSION

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We moved! As of July 16th, 2018 you will find us at our new office space located at 4822 Madison Yards Way, Madison WI 53705.

From: Hannet T. Ambord <hambord@ramchealth.org>
Sent: Friday, January 25, 2019 11:04 AM
To: DSPS CRED Pharmacy <DSPSCREDPharmacy@wisconsin.gov>
Cc: Hannet T. Ambord <hambord@ramchealth.org>
Subject: Seeking approval for alternate security system
Importance: High

Hello,
 I hope all is well.
 Please see attached request for approval. I can be reached at 608-415-2989.
 Thank you,
 hannet



2000 North Dewey Avenue
 Reedsburg, WI 53959
www.ramchealth.com

Hannet Ambord
Director | Pharmacy

hambord@ramchealth.org
 Phone: 608-768-6295

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From: [Hannet T. Ambord](#)
To: [DSPS CRED Pharmacy](#)
Cc: [Hannet T. Ambord](#)
Subject: Seeking approval for alternate security system
Date: Friday, January 25, 2019 11:25:53 AM
Attachments: [DSPS approval - alternate security system 01.25.2019.pdf](#)
Importance: High

Hello,
I hope all is well.
Please see attached request for approval. I can be reached at 608-415-2989.
Thank you,
hannet



2000 North Dewey Avenue
Reedsburg, WI 53959
www.ramchealth.com

Hannet Ambord
Director | Pharmacy

hambord@ramchealth.org
Phone: 608-768-6295

CONFIDENTIALITY NOTICE

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To: DSPS - Pharmacy

From: Hannet T. Ambord, Director of Pharmacy

Re: Prior Board approval for an alternate security system in a temporary space during our Pharmacy remodel

Date: January 25, 2019

Reedsburg Area Medical Center (RAMC) is remodeling the inpatient pharmacy (Plans for permanent pharmacy already submitted and approved by DSPS). The current existing inpatient pharmacy has a centrally monitored alarm system.

The inpatient pharmacy will be operating out of a temporary location (Plans already submitted and approved by DSPS). Remodel dates have slightly changed to 02/15/2019 through 06/01/2019(~4 months). We need to be able to transfer and use the current Central alarm system and implement it in the permanent inpatient pharmacy being built.

Given the financial burden for our institution to purchase and implement a new central alarm system for the temporary pharmacy for the 4 months, we are asking for approval from the board to allow us to implement an alternate security system.

The Proposed alternate security system shall include:

- 1) Key access to the temporary inpatient pharmacy. Only pharmacy staff shall have access to the temporary pharmacy.
- 2) Non-pharmacy staff cannot access the temporary inpatient pharmacy unless pharmacy staff are present
- 3) Security camera system to detect entry to the pharmacy
- 4) Door bell and peep hole



We are asking the Board to approve our alternate security system as described above for our temporary inpatient pharmacy. I can be reached at 608-415-2989 if you have any questions.

Thank you.

cc. John Pohlmann, Director Environmental Services
Bob Van Meeteren, CEO/President

Wisconsin Department of Safety and Professional Services
Division of Professional Credential Processing
1400 E. Washington Ave
PO Box 8935
Madison WI 53708-8366



Phone: 608-266-2112
Web: <http://dsps.wi.gov>
Email: dsps@wisconsin.gov

Scott Walker, Governor
Laura Gutierrez
Secretary

October 17, 2018

REEDSBURG AREA MEDICAL CENTER PHARMACY
ATTN: HANNET AMBORD
2000 N DEWEY AVE
REEDSBURG WI 53959

Dear Mr. Ambord,

The request for remodel of your pharmacy, license #8882-42 has been received and reviewed by our office.

The status of your request is as follows: **Your plans have been approved.**

Upon completion of the remodel, please submit self-inspection report form #2550. You may obtain this form on the Department website at <http://dsps.wi.gov>. Go to Licenses/Permits/Registrations, Health Professions, Pharmacy (In-State), Application Forms.

If you have any further questions, please contact me at the above address or by e-mail at DSPSCredPharmacy@wisconsin.gov.

Sincerely,

Carmell Listenbee
License/Permit Program Associate
Wisconsin Pharmacy Examining Board

cc: Applicant

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
 Madison, WI 53708-8935
 FAX #: (608) 261-7083
 Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
 Madison, WI 53703
 E-Mail: dsps@wisconsin.gov
 Website: <http://dsps.wi.gov>

PHARMACY EXAMINING BOARD PHARMACY REMODEL REQUEST FORM

Completed form must be on file at least 60 days prior to proposed remodel date.

A remodel may not begin until you receive confirmation of approval directly from the Board office. Per Wisconsin Administrative Code § Phar 6.04(4) Professional Service Area Remodeling: Any modifications of the approved floor plan shall be submitted to, and approved by the Board or its designee. Board action must be taken within 60 days.

Type of Pharmacy: <input type="checkbox"/> Community <u>or</u> <input checked="" type="checkbox"/> Institutional		Application Type: <input checked="" type="checkbox"/> Permanent Remodel <u>or</u> <input checked="" type="checkbox"/> Temporary Remodel Location	
Pharmacy FEIN#: [REDACTED]			
Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.			
Existing WI Pharmacy License #: 8882 - 42			
Applicant Name: (individual, partnership, association, or corporation) Reedsburg Area Medical Center Pharmacy			
Pharmacy DBA Name: (name or title under which business is operated, this must be the name on the pharmacy label) Reedsburg Area Medical Center Pharmacy			
Business Telephone Number: 608-768-6261		Business Fax Number: 608-768-6299	
Pharmacy Physical Address: (number, street, city, state, zip) 2000 N. Dewey Avenue, Reedsburg WI 53959			
Pharmacy Mailing Address: (number, street, city, state, zip) 2000 N. Dewey Avenue, Reedsburg WI 53959			
Name of Owner, or Names and Titles of All Partners, or Corporate Officers and Percentage of Ownership. (Attach additional sheets if necessary.)			
Name: Reedsburg Area Medical Ctr		%: 100	
Name:		%:	
Email Address: hambord@ramchealth.org			
Printed Name of Managing Pharmacist Hannel T. Ambord		Managing Pharmacist WI License # 13544 - 40	
Proposed Remodel Date: 01/04/2019		Proposed Temporary Remodel Date: 01/04/2019	
Proposed Re-Opening Date 05/01/2019			
Proposed Close Date of Current License #: This is required if pharmacy is closing during remodel and provide Closing Affidavit (Form #606). Not closing, see diagram for floor plan #1K#2			

Wisconsin Department of Safety and Professional Services

Pharmacy Hours:		
Daily: (open – close) 7am - 5pm	Saturday Hours: (open – close) 8am - 2pm	Sunday Hours: (open – close) 8am - 2pm
Sundry Hours: Not applicable.		
Daily: (open – close) 	Saturday Hours: (open – close) 	Sunday Hours: (open – close)
<p>SELF-INSPECTION REPORT: Complete a self-inspection report (Form #2550) and submit to the Pharmacy Board office upon completion of permanent remodel.</p> <p>Temporary remodel locations must provide a complete self-inspection report and be approved before moving to the temporary space.</p>		
<p>BARRIER: Per Wis. Admin. Code Phar 6.04 3(1)* <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>ENCLOSE CLEARLY MARKED FLOOR PLANS FOR PERMANENT AND TEMPORARY LOCATION - Scaled to size, location of sink and refrigerator with the prescription counter space clearly indicated.</p> <p>*Wis. Admin. Code 6.04 3(1) – A secured, physical barrier surrounds the professional service area of the pharmacy and precludes access to the area by unlicensed personnel. A secured barrier may be constructed of other than a solid material with a continuous surface. If constructed of other than a solid material, the openings or interstices in the material shall not be large enough to permit removal of items from the professional service area by any means. Any material used in the construction of the barrier shall be of sufficient strength and thickness that it cannot be readily or easily removed, penetrated or bent. The plans and specifications of the barrier shall be submitted to the Board for approval.</p>		

I/We declare that the foregoing statements are true and correct to the best of my/our knowledge and belief; the remodel applied for is to cover only the pharmacy indicated above and at the location specified; and that I/we will comply with the provisions of the Wisconsin Statutes and the Rules of the Pharmacy Examining Board.

Requestor:

Hannet T. Ambard

Signature

10 / 08 / 2018

Date

Director, Pharmacy

Title

Hannet T. Ambard

Printed Name

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

PHARMACY EXAMINING BOARD PHARMACY SELF-INSPECTION REPORT

Choose Type: Change of Ownership New Location Remodel Re-Inspection

Applicant Name: Hannet T. Ambard	Proposed Opening/Remodel Start Date: 01 / 04 / 2019
DBA Name: Reedsburg Area Medical center	Phone Number: 608 - 415 - 2989
Hours: (open - close) 0700 - 1700 Mon-Fri 0800 - 1400 Wkds	Pharmacy License Number: (for remodel or re-inspection) 8882 - 42
Managing Pharmacist Name: Hannet T. Ambard	License #: 13544 - 40 Full or Part Time: Full
Other Pharmacists:	License #: 17806 - 40 Full or Part Time: Full
Courtney Rudisill	15980 - 40 Full
Jennifer Larson	18803 - 40 Full
Brad Hobart	

- Compliance Date:** 10/4/18
1. Pharmacy Label (contains all required information)
 2. Professional service area 954 Sq. Ft.
 3. Professional service area where Pharmacist is absent. See Phar 6.04(3) *Hospital Pharmacy, no retail business*
 4. RX counter surface area 68 linear feet
 5. Sink
 6. Hot and cold running water
 7. Suitable soap or detergent
 8. Disposal container for waste
 9. Secure narcotic storage or dispersed throughout stock
 10. Centrally monitored alarm system (or prior Board approval for an alternate security system)
 11. Operational refrigerator
 12. Sufficient storage space
 13. Proper storage of exempted narcotic preparations and poisons

- Compliance Date:** 10/4/18
14. Equipment of appropriate design and size for intended pharmacy practice and compounding
 15. Exempt Narcotic Register - Schedule V - *use and track all CS.*
 16. Poison Register - *Hosp. Pharmacy have access to poison phone #*
 17. a) Prescription files, Wis. State Stat. § 450.11(2)
b) Controlled Substance RX Files, Wis. Admin. Code, § Phar 8.03(2)
c) Medication profile, Wis. Admin. Code, § Phar 7.07

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PHARMACY EXAMINING BOARD

PHARMACY SELF-INSPECTION

It is recommended that pharmacies use the Wisconsin Statutes and Administrative Code Relating to the Practice of Pharmacy to facilitate this continuing educational and evaluation procedure.

Directions for completing Self-Inspection: On the line next to the requirement, please complete each line indicating the date of compliance, either actual or anticipated, but in no event later than the proposed opening date indicated on the cover page of (Form #2550), or "NA" for not applicable. If answered "NA" please describe why this rule does not apply to your specific pharmacy under "Self-Inspection Notes" on the last page of the self-inspection. For clarity, please write down the corresponding item number (listed on the left hand side of each requirement) for each description you write on the "Self-Inspection Notes."

CHAPTER PHAR 5 WISCONSIN ADMINISTRATIVE CODE (LICENSE RENEWAL)

Compliance Date:

1. N/A **PHAR 5.03 Display of licenses.**
Each pharmacist's license is displayed in public view. (Pharmacists need only display license at primary site of employment.) The current renewal card (and **no other visible renewal card**) is displayed with the license.
2. 10/4/18 **PHAR 5.04 Renewal prohibited; relicensure.**
A pharmacist whose license is currently suspended or revoked may not renew their license unless it has been reinstated by the Board and they are otherwise qualified for renewal.
3. 10/4/18 **PHAR 5.05 Requirements for late renewal; reinstatement.**
A pharmacist who files an application for renewal of a license within five (5) years after renewal date must file the following with the Board:
(a) The DSPS' application for renewal.
(b) The fee required under Wis. Stat. § 440.08(2), plus the late fee required under Wis. Stat. § 440.08(3).
4. 10/4/18 A pharmacist who files an application for renewal of a license five (5) years or more after the renewal date must file with the Board the requirements under Wis. Admin. Code Phar 5.05(1) and verification of successful completion of examinations and/or educational requirements, required by the Board.

CHAPTER PHAR 6 WISCONSIN ADMINISTRATIVE CODE

5. 10/4/18 **PHAR 6.03 Changes in managing pharmacist.**
Any change in **managing pharmacist** has been reported to the Pharmacy Examining Board. (This section requires notification within 5 days of the date of change.) (The Pharmacy Examining Board strongly suggests completion of this Pharmacy Self-Inspection by any new managing pharmacist.)
6. 10/4/18 **PHAR 6.04 Floor design.**
Professional service area has a minimum of 250 sq. ft. (20% limit on space used for storage of bulk pharmaceuticals)
7. 10/4/18 (If not, has variance been approved by the Pharmacy Examining Board)
8. 10/4/18 Prescription counter is at least 12 sq. ft. of **free working area** for compounding and dispensing and at least 18 inches wide. (Space for records, computer, and supplies not included)
9. 10/4/18 Professional service area secure **when pharmacist is absent**. If R.Ph. always present, enter "N/A" in item 10, skip items 11 to 17.
10. N/A The pharmacy can convert to a non-prescription or sundry outlet without a pharmacist present if:
11. N/A 1. Present barrier has been approved by the Pharmacy Examining Board
12. N/A 2. Barrier is **locked** in the absence of the pharmacist.
13. N/A 3. Telephone restrictions are observed
14. N/A 4. Signs are posted at the entrance to the building and the professional service area displaying the hours the pharmacist will be on duty.

Wisconsin Department of Safety and Professional Services

Compliance Date:

15. 10/4/18 5. The manner in which the telephone is answered does **not imply** that the location is, at that time, operating as a pharmacy. Note: Pharmacy services are **not** provided: including no prescription being picked up. [Wis. Admin. Code Phar 7.01(e)].
16. N/A 6. Pharmacy Examining Board has been notified of the hours the establishment will be operated as a sundry outlet.
17. 10/4/18 7. The managing pharmacist is responsible for compliance with all professional service area security requirements.
18. 10/4/18 Modifications to the floor plan have been filed with the Board if remodeling has occurred.
19. N/A Where no pharmacist is present in the professional service area a pharmacy is not required to convert to a non-prescription or sundry outlet if the following requirements are met:
20. N/A 1. The pharmacist is absent for a time period of one half hour or less.
21. N/A 2. The pharmacist must be accessible for communication with the remaining pharmacy staff by phone, pager, or other device.
22. N/A 3. The pharmacy must indicate that the pharmacist is not available in the professional service area and indicate the period of absence and the time of the pharmacist's return.
23. N/A 4. Pharmacy technicians may only perform duties allowed by Wis. Admin. Code Phar 7.015(2).
- PHAR 6.05 [Wis. Stat. § 450.09(4)] Sanitation.**
24. 10/4/18 Pharmacy is maintained in a clean and orderly manner.
25. 10/4/18 Suitable sink supplied with hot and cold running water, detergent and adequate waste disposal container are provided.
- PHAR 6.06 Equipment.**
26. 10/4/18 The professional service area of a pharmacy has equipment of appropriate design and size for the intended pharmacy practice consisting of at least the following equipment:
27. 10/4/18 Latest available or immediately accessible version of federal and state pharmacy laws consisting of:
1. DEA Regulations, 21 CFR 1300 to End: www.access.gpo.gov/nara/cfr/cfr-table-search.html
 2. Wisconsin pharmacy laws (Wis. Stat. § 450): www.legis.state.wi.us/rsb/statutes.html
 3. Wisconsin Controlled Substances Act (Wis. Stat. § 961): www.legis.state.wi.us/rsb/statutes.html
 4. Wisconsin Administrative Code (Rules of the Pharmacy Examining Board): www.legis.state.wi.us/rsb/code/phar/phar.html
- Note: Statutes and rules may be made available via electronic means with immediate accessibility to satisfy this portion of the rule.**
28. 10/4/18 References appropriate to the individual pharmacy practice. These references should include, but are not limited to, the following topics: drug interactions, patient counseling, compounding and pharmaceutical calculations, and generic substitution.
29. 10/4/18 Telephone number of a poison center (conspicuously posted in the professional service area).
- PHAR 6.07 Storage.**
30. 10/4/18 Refrigerator adequate for biologicals and other drugs.
31. 10/4/18 Sufficient shelf, drawer, or cabinet space.
32. 10/4/18 Controlled substances are stored in a securely locked, substantially constructed cabinet or dispersed throughout the inventory in a manner that obstructs theft. (Alphabetical storage on open shelves of highly sought after controlled substances are not considered adequate.)
- PHAR 6.08 Security.**
33. 10/4/18 The Pharmacy has a centrally monitored alarm system in the pharmacy. A security system or plan that does not utilize a centrally monitored alarm system may be used if reviewed by and prior approval is obtained from the Board.
34. 10/4/18 **PHAR 1.02(14)** Hypodermic needles and syringes, poisons and Schedule V controlled substances are **only** in the professional service area.

Wisconsin Department of Safety and Professional Services

Compliance Date:

CHAPTER PHAR 7 WISCONSIN ADMINISTRATIVE CODE

PHAR 7.01 Minimum procedures for compounding and dispensing.

35. 10/4/18 (1) **Only licensed pharmacists** (or interns under supervision),
- (a) Reviews all original and renewal prescription orders, whether electronic, written, or oral; and determines therapeutic compatibility and legality of the prescription order. The review shall include, when indicated or appropriate, consultation with the prescriber. (See Wis. Admin. Code PHAR 7.07(4) for responsibility to review profile.) Wis. Stat. § 450.13(1). Inform the patient of drug product equivalent options.
346. 10/4/18
37. 10/4/18 (b) Read and interpret a prescriber's directions for use for the purpose of accurately transferring instructions to the prescription label.
38. 10/4/18 (c) If an agent of the pharmacist procures, measures or counts prefabricated dosage forms or compounds, mixes and combines ingredients the pharmacist **verifies accuracy** of the agent's actions. (Agent of a pharmacist is allowed to compound, mix and combine ingredients with a **specific written protocol** and **pharmacist verification** as stated in Wis. Admin. Code Phar 7.015(j))
39. 10/4/18 (d) Make a final check on the accuracy and correctness of the prescription and identify the pharmacist responsible for the original or renewed prescription.
40. 10/4/18 (e) Give the patient or agent appropriate consultation relative to the prescription, except that prescriptions may be delivered by an agent of the pharmacist to a patient's residence if the delivery is accompanied by appropriate directions and an indication that consultation is available by contacting the pharmacist. The consultation requirement applies to original and renewal prescription orders and, except when prescriptions are delivered to a patient's residence, is not satisfied by only offering to provide consultation.
41. 10/4/18 (em) Transfer the prescription to the patient or agent of the patient.
42. 10/4/18 (f) Receive, when required by law and standard professional practice, permission to renew from authorized prescribers, and note on reverse side of the prescription order, medication profile record, or uniformly maintained and readily retrievable document, the following information.
1. Date renewed.
 2. Name of practitioner authorizing renewal **if different from original prescriber**.
 3. Quantity of drug dispensed.
 4. Pharmacist renewing the prescription.
43. 10/4/18 (2) Subsection (1)(d) and (e) does not prohibit institutional pharmacists or community pharmacists serving institutions from receiving prescription orders, dispensing and returning prescription medications consistent with accepted inpatient institutional drug delivery systems. Sub (1) applies to any institutional pharmacy dispensing to outpatients, including prescriptions for discharge patients.
44. 10/4/18 (3) Each pharmacist's supervision of compounding and dispensing activities **as defined in (1) (c)** is limited to one pharmacist intern and four pharmacy technicians at any time.
- Note: Any higher ratio must be approved by the Pharmacy Examining Board.**
45. 10/4/18 **PHAR 7.015 Pharmacy technician; defining roles/duties.**
- (1) The pharmacy technician is a non-pharmacist or non-pharmacist intern who, under the general supervision of a pharmacist, assists the pharmacist in the technical and nonjudgmental functions related to the practice of pharmacy in the processing of prescription orders and inventory management.
- Note: Pharmacy technician does not include ancillary persons, which includes:** clerks, secretaries, cashiers, or delivery persons who may be present in the pharmacy, unless they are performing technical functions as delineated in Wis. Admin. Code Phar 7.015(2), in which case they are a technician when performing these functions.
46. 10/4/18 (2) The pharmacist delegates technical dispensing functions to a pharmacy technician, but only under the general supervision of the pharmacist where the delegated functions are performed. Technical dispensing functions include:
47. 10/4/18 (a) Accepting written or electronic prescription orders from the prescribing practitioner or from the prescribing practitioner's agent.
48. 10/4/18 (b) Accepting original oral prescription orders from the prescribing practitioner or their agent, if the conversation is recorded and listened to and verified by the pharmacist prior to dispensing.
49. 10/4/18 (c) Requesting authorization for a refill from the prescribing practitioner.
50. 10/4/18 (d) Accepting oral authorization for a refill from the prescribing practitioner or their agent, provided there are no changes to the original prescription order.

Wisconsin Department of Safety and Professional Services

Compliance Date:

51. 10/4/18 (e) Accepting a request from a patient to refill a prescription.
52. 10/4/18 (f) Obtaining and entering patient or prescription data into the patient information system.
53. 10/4/18 (g) Preparing a prescription label.
54. 10/4/18 (h) Retrieving medication from stock, counting or measuring medication and placing the medication in its final container.
55. 10/4/18 (i) Reconstituting prefabricated dosage forms.
56. 10/4/18 (j) Compounding pharmaceuticals pursuant to written policies and procedures on file in the pharmacy at the time of compounding.
57. 10/4/18 (k) Affixing a prescription label to its final container.
58. 10/4/18 (l) Placing ancillary information on the prescription label.
59. 10/4/18 (m) Prepackaging and labeling drugs for dispensing by a pharmacist.
60. 10/4/18 (n) Preparing unit dose carts for final review by a pharmacist.
61. 10/4/18 (o) Retrieving and transporting stock medication to and from pharmacist approved areas.
62. 10/4/18 (p) Other technical functions that do not require the professional judgment of a pharmacist.
63. 10/4/18 (3) The pharmacy technician may not do any of the following:
64. 10/4/18 (a) Provide the final verification for the accuracy, validity, completeness or appropriateness of a filled prescription or medication order.
65. 10/4/18 (b) Perform any of the following tasks: participation in final DURs; make independent therapeutic alternate drug selections, participation in final drug regimen screening; perform any act necessary to be a managing pharmacist, or administer any prescribed drug products, devices or vaccines.
66. 10/4/18 (c) Provide patient counseling, consultation exercise or patient specific judgment.
67. 10/4/18 (d) Transfer the prescription to the patient or agent of the patient.
68. 10/4/18 (4) The pharmacist provides the final verification for the accuracy, validity, completeness, and appropriateness of the patient's prescription prior to the delivery of the prescription to the patient or the patient's representative.
69. 10/4/18 **PHAR 7.02 Prescription label: name of drug product dispensed.**
The prescription label discloses brand name and strength or generic name, strength and **manufacturer or distributor** of the drug or drug product dispensed. Unless prescriber requests omission.
70. 10/4/18 **PHAR 7.03 Prescription renewal limitations.**
Prescription orders for any drug other than a controlled substance bearing renewal authorization "**prn**" are limited to a period of one year from the date of **original order**.
71. 10/4/18 All renewal authorizations are void when the patient-physician relationship has ceased (includes death or retirement of prescriber).
72. 10/4/18 **PHAR 7.04 Return or exchange of health items.**
(1) In this section:
73. 10/4/18 (a) "Health items" means drugs, devices, hypodermic syringes, needles, or other objects for injecting a drug, medicine, or items of personal hygiene.
74. 10/4/18 (b) "Inpatient health care facility" means any hospital, nursing home, county homes, county mental hospital, tuberculosis sanitarium, or similar facility, but does not include community-based residential facilities, jails or prison facilities.
75. 10/4/18 (c) "Original container" means the container in which a health item was sold, distributed, or dispensed.
76. 10/4/18 (d) "Resident health care patient" means a patient residing in a community-based residential facility that controls a resident's prescribed and over-the-counter medications as specified by Wis. Stat. § HFS 83.33(3) (b) 2.
77. 10/4/18 (e) "Secured institutional health care patient" means any of the following:
78. 10/4/18 1. A jail inmate patient whose dispensed health items are maintained under the custody and control of the jail pursuant to an approved policy and procedure manual under Wis. Stat. § DOC 350.17, containing policies and procedures for the control and administration of medications complying with Wis. Stat. § DOC 350.20.
79. 10/4/18 2. A juvenile patient who resides in a secured correctional facility, as defined in Wis. Stat. § 938.02(15m); a secured child caring institution, as defined in Wis. Stat. § 938.02(15g); a secured group home, as defined in Wis. Stat. § 938.02(15p); a secured detention facility, as defined in Wis. Stat. § 938.02(16); or a juvenile portion of a county jail whose dispensed health items are maintained under the custody and control of the health services staff as defined in Wis. Stat. § DOC 316.02(6) and provided to a juvenile patient under the provisions of Wis. Stat. § DOC 316.03.

Wisconsin Department of Safety and Professional Services

Compliance Date:

80. 10/4/18 (f) "Tamper-resistant package" means a container bearing a beyond use date that is sealed so that the contents cannot be used without obvious destruction of the seal.
81. 10/4/18 (2) No health items after taken from a pharmacy where sold, distributed or dispensed, may be returned, except for any of the following:
82. 10/4/18 (a) From an inpatient health care facility, provided they are in their original containers and the pharmacist determines the contents are not adulterated or misbranded.
83. 10/4/18 (b) Where the health items were dispensed in error, were defective, adulterated, misbranded or dispensed beyond their beyond use date.
84. 10/4/18 (c) When in the professional judgment of the pharmacist substantial harm could result to the public or a patient if they were to remain in the possession of the patient, patient's family or agent, or other person.
85. 10/4/18 (d) For a secured institutional health care patient or resident health care patient where all of the following apply:
86. 10/4/18 1. The health item was never in the possession and control of the patient.
87. 10/4/18 2. The health item was sold, distributed or dispensed in a tamper-resistant package and, for a drug, includes the beyond use date and manufacturer's lot number.
88. 10/4/18 3. The health item is not commingled with a different health item unless the health item will be repackaged and re-dispensed to the same patient.
89. 10/4/18 4. The health item is in its original container and the pharmacist determines the contents are not adulterated or misbranded.
90. 10/4/18 (e) A health item that is prepackaged for consumer use and labeled in compliance with all applicable state and federal laws where all of the following apply:
91. 10/4/18 1. The pharmacist determines that the original package is unopened, sealed, and intact and that package labeling is unaltered.
92. 10/4/18 2. The pharmacist determines the contents are not adulterated.
93. 10/4/18 (3) Health items returned to a pharmacy pursuant to sub. (2) (b) and (c), may not be sold, resold, or repackaged and sold or resold, given away or otherwise distributed or dispensed. Returned health items shall either be destroyed at the pharmacy or delivered for destruction or other disposal by an authorized person or entity.
94. 10/4/18 (3m) Health items returned from a secured institutional health care patient to a pharmacy pursuant to sub. (2)(d), must be segregated in the pharmacy and may not be sold, resold, or repackaged and sold or resold, given away, or otherwise sold, distributed or re-dispensed other than to a secured institutional health care patient.
95. 10/4/18 (4) It is not a "return" for a patient or agent of a patient to deliver a previously dispensed drug or device to a pharmacy for the purpose of repackaging and relabeling of that previously dispensed drug or device, and subsequent return of the drug or device for the same patient's use.
- Note: The DEA does not permit the return of controlled substances to a pharmacy from a non-DEA registrant under any circumstances.**
96. 10/4/18 (5) It is not a "return" for a patient or agent of a patient to deliver a previously dispensed drug or device to a pharmacy for the purpose of destruction at the pharmacy or other disposal by an authorized person or entity.
- Note: Cancer and chronic disease drug returns and re-dispensing pursuant to Ch. HFS 148 are allowed provided the pharmacy follows the requirements in Ch. HFS 148.**
- PHAR 7.05 Prescription records.**
97. 10/4/18 (1) A computerized system may be used for maintaining a record, as required under this section, of prescription dispensing and transfers of prescription order information for the purposes of original or refill dispensing if the system:
98. 10/4/18 (a) Is capable of producing a printout of any prescription data, which the user pharmacy is responsible for maintaining. The system shall be designed so that the pharmacy can receive the printout within 48 hours after requesting the printout.
99. 10/4/18 (b) Is equipped with an auxiliary procedure, which, during periods of down-time, shall be used for documentation of prescription dispensing. The auxiliary procedure shall ensure that prescription refills are authorized by the original prescription order, that the maximum number of prescription refills has not been exceeded and that all of the appropriate data are retained for on-line entry as soon as the computer system is again available for use.
100. 10/4/18 (1m) A record of all prescriptions dispensed shall be maintained for a period of five (5) years after the date of the last refill.

Wisconsin Department of Safety and Professional Services

Compliance Date:

- 101. 10/4/18 (2) All systems used for maintaining a record of any prescription dispensing shall include:
- 102. 10/4/18 (a) Patient's identification.
- 103. 10/4/18 (b) Name, strength, and dosage form of the drug product dispensed.
- 104. 10/4/18 (c) Quantity dispensed.
- 105. 10/4/18 (d) Date of all instances of dispensing.
- 106. 10/4/18 (e) Practitioner's identification
- 107. 10/4/18 (f) Pharmacist's identification
- 108. 10/4/18 (g) Retrieval designation.

PHAR 7.055 Transfer of prescription order information.

- 109. 10/4/18 (1) General Requirements. A pharmacist may transfer prescription order information between pharmacies licensed in this state or another state, for the purpose of original or refill dispensing, if all of the following conditions are satisfied:
- 110. 10/4/18 (a) The transfer is communicated directly between two (2) pharmacists either by verbal transfer or by a computer system transfer meeting the requirements of sub. (4). Communication by facsimile machine is not allowed unless the prescription order information being transferred is verified verbally between two (2) pharmacists.
- 111. 10/4/18 (b) A computer system used to record a verbal transfer of prescription order information for a non-controlled substance meets the requirements of Wis. Admin. Code Phar 7.05(1)(a) and (b).
- 112. 10/4/18 (c) The pharmacist receiving the verbal transfer of prescription order information for either a controlled or a non-controlled substance records the transferred information in writing unless a computer system transfer meeting the requirements of sub. (4) is used.
- 113. 10/4/18 (d) All original and transferred prescription orders are maintained for a period of five (5) years from the date of the last refill.
- 114. 10/4/18 (e) A written copy of any prescription order for a prescribed drug provided by a pharmacist is identified in writing as **"COPY-FOR INFORMATION ONLY."** No prescribed rug may be dispensed based on an information copy.
- 115. 10/4/18 (f) A pharmacist making or receiving a transfer of prescription order information is licensed in the state in which he or she performs an act required by this section.
- 116. 10/4/18 (2) Non-controlled substances. The transfer of prescription order information for non-controlled substances for the purposes of original or refill dispensing is permissible pursuant to the following requirements:
- 117. 10/4/18 (a) The pharmacist making the transfer records the following information:
- 118. 10/4/18
 - 1. The word **"VOID"** is written on the face of the invalidated prescription order or recorded in a similar manner to **"VOID"** on a prescription order in a computer system meeting the requirements of Wis. Admin. Code Phar 7.05(1)(a) and (b).
 - 2. The name and address of the pharmacy to which it was transferred, the name of the pharmacist receiving the prescription order, the date, and the name of the pharmacist transferring the information are recorded on the reverse side of the invalidated prescription order or in a computer system meeting the requirements of Wis. Admin. Code Phar 7.05(1)(a) and (b).
 - 3. A transfer of prescription order information for a non-controlled substance for the purposes of refill dispensing is limited to the number of authorized refills.
- 119. 10/4/18 (b) The pharmacist receiving the transferred prescription order information shall record in writing the following:
- 120. 10/4/18
 - 1. The word **"TRANSFER"** on the face of the transferred prescription order.
 - 2. The name and address of the patient, the name and address of the prescribing practitioner, and the name and quantity and dosage form of the drug product or device prescribed and the directions for use.
 - 3. The date of issuance of the original prescription order.
 - 4. The original number of refills authorized on the original prescription order.
 - 5. The date of original dispensing if the prescription order has previously been dispensed.
 - 6. The number of valid refills remaining and the date of the last refill.
 - 7. The pharmacy's name, address, and the prescription order number from which the prescription order information was transferred.
 - 121. 10/4/18 8. The name of the pharmacist making the transfer.
 - 122. 10/4/18 9. The name, address, and telephone number of the pharmacy from which the original prescription order was transferred if different from sub (d). 7.
 - 123. 10/4/18
 - 124. 10/4/18
 - 125. 10/4/18
 - 126. 10/4/18
 - 127. 10/4/18
 - 128. 10/4/18
 - 129. 10/4/18
 - 130. 10/4/18

Wisconsin Department of Safety and Professional Services

Compliance Date:

131. 10/4/18 (3) Controlled Substances. The transfer of prescription order information for controlled substances for the purposes of refill dispensing is permissible pursuant to the following requirements:
132. 10/4/18 (a) The transfer of prescription order information is permissible only on a one-time basis unless a computer system meeting the requirements of sub. (4) is used.
133. 10/4/18 (b) If a computer system meeting the requirements of sub. (4) is used, a transfer of prescription order information for the purposes of refill dispensing is limited to the number of authorized refills.
134. 10/4/18 (c) Unless a computer system meeting the requirements of sub. (4) is used, the pharmacist making the transfer shall record in writing the following information:
135. 10/4/18 1. The word "VOID" is written on the face of the invalidated prescription order.
136. 10/4/18 2. The name, address, and DEA registration number of the pharmacy to which it was transferred, the name of the pharmacist receiving the prescription order and the date and the name of the pharmacist transferring the information are recorded on the reverse side of the invalidated prescription order.
137. 10/4/18 (d) Unless a computer system meeting the requirements of sub. (4) is used, the pharmacist receiving the transferred prescription order information shall record in writing the following information:
138. 10/4/18 1. The word "TRANSFER" on the face of the transferred prescription order.
139. 10/4/18 2. The name and address of the patient, the name, address and DEA number of the prescribing practitioner, and the name, quantity, and dosage form of the drug product or device prescribed and the directions for use.
140. 10/4/18 3. The date of issuance of the original prescription order.
141. 10/4/18 4. The original number of refills authorized on the original prescription order.
142. 10/4/18 5. The date of original dispensing.
143. 10/4/18 6. The number of valid refills remaining and the dates and locations of previous refills, if applicable.
144. 10/4/18 7. The name, address, telephone number, DEA registration number, and prescription order number of the pharmacy from which the prescription order information was transferred if different from the pharmacy from which the prescription order was originally dispensed.
145. 10/4/18 8. The name of the pharmacist making the transfer.
146. 10/4/18 9. The name, address, telephone number, DEA registration number, and prescription order number of the pharmacy from which the prescription order was originally dispensed.
147. 10/4/18 (4) Use of Computer System. A computer system used for transferring prescription order information shall, in addition to meeting the requirements of Wis. Admin. Code Phar 7.05(1)(a) and (b), contain a common central processing unit electronically sharing a real-time, on-line database to which both the transferring and receiving pharmacy have access.
148. 10/4/18 **PHAR 7.065 Answering machines in pharmacies.**
Oral prescription orders may be received at a pharmacy via telephone answering machine and dispensed by the pharmacist if the voice of the physician or agent is known to the pharmacist and providing other requirements for documenting and filling are met.
149. 10/4/18 **PHAR 7.07 Medication profile record system.**
Medication profile record **system** for **each** patient includes:
150. 10/4/18 (1) An individual medication profile record system is maintained for all persons for whom prescriptions, original, or renewals are dispensed for outpatient use. The system allows retrieval of the information.
151. 10/4/18 (2) The following minimum information is retrievable: patient name, or other identifying information, address of the patient, birth date of the patient if obtainable, name, strength, dosage form, and quantity of the drug product dispensed, directions for use, retrieval designation assigned to the prescription order, practitioner identification, and the date of each dispensing for original and renewal prescriptions.
122. 10/4/18 (3) Allergies, adverse drug reactions, drug idiosyncrasies and chronic condition.
153. 10/4/18 (4) The pharmacist reviews the profile before dispensing. (See Wis. Admin. Code PHAR 7.01(a))
153. 10/4/18 (5) Medication profile records, if used as the only documentation of renewal dispensing, are maintained for not less than five (5) years following the last entry. If the profile records are not used as the only documentation of renewal dispensing, they are maintained not less than one year past the last entry.
154. 10/4/18 **PHAR 7.08 Prescription orders transmitted electronically.**
Electronic transmission of prescription orders is available in the pharmacy. If not applicable, enter "N/A" in item 164 and skip to Phar 7.09, item 175
- (1) (a) Prescription orders may be accepted and dispensed if they have been transmitted electronically from a practitioner or his or her designated agent to a pharmacy via computer modem or other similar electronic device.

Wisconsin Department of Safety and Professional Services

Compliance Date:

- 155. 10/4/18 (b) Prescription orders for schedule II controlled substances may not be transmitted electronically except as emergency orders (Wis. Admin. Code Phar 8.09).
- 156. 10/4/18 (2) In order to dispense a prescription transmitted electronically, the following must be assured by the pharmacist:
 - (a) The transmission is only to the pharmacy of the patient's choice, with no intervening person or third party having access to the prescription order other than to forward it to the pharmacy.
- 157. 10/4/18 (b) The transmission contains the sender's name and telephone number, the time and date of transmission, and the pharmacy intended to receive the transmission.
- 158. 10/4/18 (c) The transmission is designated "electronically transmitted prescription," or words or abbreviations to that effect.
- 159. 10/4/18 (d) Contains all other information that is required in a prescription order.
- 160. 10/4/18 (3) A secure method of validation such as the prescribing physician's electronic signature, accompanies the electronically transmitted prescription.
- 161. 10/4/18 (4) Any visual or electronic document received electronically are accessible only within the professional service area of the pharmacy (to protect patient confidentiality and assure security).
- 162. 10/4/18 (5) The pharmacist must ensure the security, integrity, and confidentiality of the prescription order. The electronic system has adequate security and system safeguards to prevent and detect unauthorized access, modification, or manipulation of patient records. Any alterations in the drug order are documented including the identification of the pharmacist responsible for the alteration.
- 163. 10/4/18 (6) Password(s), known only by those authorized to use the system, is required to gain access to mail containing prescription orders.
- 164. 10/4/18 (7) The pharmacist does not use any electronic device to circumvent his or her responsibilities with regard to documenting, authenticating and verifying prescription orders or in order to circumvent pharmacy laws.

PHAR 7.09 Automated dispensing systems. N/A

- If pharmacy does not use an automated dispensing system (ADS), place "N/A" in item 175 and skip to Phar 7.10, item 194.
- 165. ~~10/4/18~~ (1) (a) The "ADS" performs operations or activities, other than compounding or administration, relative to the storage, packaging, dispensing or distribution of medications, and which collects, controls, and maintains all transaction information.
 - 166. N/A (2) The "ADS" may be used in a community pharmacy, as provided in this section.
 - 167. N/A (3) The "ADS" may be used as provided in this section by an institutional pharmacy serving an inpatient health care facility, that has an established program of receiving prescription orders, and dispensing and returning prescription medications consistent with accepted inpatient institutional drug distribution systems. The "ADS" used by the institutional pharmacy shall only be located in that institutional pharmacy or within the inpatient health care facility.
 - 168. N/A (4) The managing pharmacist of a community or an institutional pharmacy is responsible for the following:
 - (a) The "ADS" is in good working order and accurately dispenses the correct strength, dosage form, and quantity of the drug prescribed and complies with record keeping and security safeguards pursuant to sub (5).
 - (b) Implementing an ongoing quality assurance program that monitors performance of the "ADS", which is evidenced by written policies and procedures.
 - (c) Providing the Board with prior written notice of the installation or removal of an "ADS" including: name and address of the pharmacy, initial location of the "ADS", and identification of the managing pharmacist.
 - (d) Assigning, discontinuing or changing personnel access to the system.
 - (e) Assuring access to the medications complies with state and federal laws.
 - (f) Assuring the "ADS" is stocked accurately and in accordance with established written policies and procedures.
 - 169. N/A (b) Implementing an ongoing quality assurance program that monitors performance of the "ADS", which is evidenced by written policies and procedures.
 - 170. N/A (c) Providing the Board with prior written notice of the installation or removal of an "ADS" including: name and address of the pharmacy, initial location of the "ADS", and identification of the managing pharmacist.
 - 171. N/A (d) Assigning, discontinuing or changing personnel access to the system.
 - 172. N/A (e) Assuring access to the medications complies with state and federal laws.
 - 173. N/A (f) Assuring the "ADS" is stocked accurately and in accordance with established written policies and procedures.
 - 174. N/A (5) The "ADS" complies with the following provisions:
 - (a) The pharmacy maintains on-site documentation including: name and address of the pharmacy or inpatient health care facility where the system is being used, the system manufacturer's name, model and serial number, description of how the system is used, written quality assurance procedures to determine continued appropriate use of the system, and except as required pursuant to par (b), written policies and procedures for system operation, safety, security, accuracy, access and malfunction.
 - (b) All written policies and procedures are maintained in the pharmacy responsible for the "ADS".
 - (c) The "ADS" has adequate security systems and procedures, evidenced by written policies and procedures to prevent unauthorized access to maintain patient confidentiality and to comply with federal and state laws.
 - 175. N/A
 - 176. N/A

Wisconsin Department of Safety and Professional Services

Compliance Date:

- 177. N/A (d) Records and data kept by the "AD"S meet the following requirements: all events involving the contents of the ADS are recorded electronically, records are maintained by the pharmacy and are available to the Board (including: the time and location of the system accessed, identification of the individual accessing the system, type of transaction, name, strength, dosage form and quantity of the drug accessed; name of the patient for whom the drug was ordered, such additional information as the managing pharmacist may deem necessary.)
- 1788. N/A (e) The stocking of all medications in the "ADS" is accomplished by qualified personnel under no less than the general supervision of a licensed pharmacist; except that when an "ADS" is, located within a pharmacy the supervision is direct.
- 179. N/A (f) A record of medications stocked into the "ADS" is maintained for five (5) years and includes identification of the person stocking and pharmacist checking for accuracy.
- 180. N/A (g) All containers of medications stored in the "ADS" are packaged and labeled in accordance with state and federal law.
- 181. N/A (h) All aspects of handling controlled substances meet the requirements of all state and federal laws.
- 182. N/A (i) The "ADS" provides a mechanism for securing and accounting for medications removed from and subsequently returned to the "ADS", in accordance with state and federal law.
- 183. N/A (j) The "ADS" provides a mechanism for securing and accounting for medication returned to the system and accounting for wasted medications in accordance with state and federal law.

PHAR 7.10 Administration of drug products and devices other than vaccines.

A pharmacist may administer a drug product or device in the course of teaching a patient self-administration technique. Pharmacists administering a prescribed drug product or device by injection must satisfy each of the following:

- 184. N/A Completed a 12-hour course of study and training, approved by the American Council on Pharmaceutical Education (ACPE) or the Board in injection techniques, emergency procedures, and record keeping.
- 185. N/A Maintain at least \$1,000,000 in liability insurance for each occurrence, and \$2,000,000 for all occurrences in any one-policy year, for errors, omissions or neglect in the administration by injection. The pharmacist must maintain proof of this requirement and provide upon request of the Board or Department.
- 186. N/A Maintain written procedures regarding the administration by injection of a prescribed drug product or device in the course of teaching self-administration techniques to a patient.

PHAR 7.12 Central fill pharmacy.

- 187. N/A (1) In this section:
 - (a) "Central fill pharmacy" means a pharmacy licensed in this state acting as an agent of an originating pharmacy to fill or refill a prescription.
 - (b) "Originating pharmacy" means a pharmacy licensed in this state that uses a central fill pharmacy to fill or refill a prescription order.
- 188. N/A (2) A central fill pharmacy and originating pharmacy may process a request for the filling or refilling of a prescription order received by an originating pharmacy only pursuant to the following requirements:
- 189. N/A (a) The central fill pharmacy either has the same owner as the originating pharmacy or has a written contract with the originating pharmacy outlining the services to be provided and the responsibilities of each pharmacy in fulfilling the terms of the contract in compliance with federal and state law.
- 190. N/A (b) The central fill pharmacy shall maintain a record of all originating pharmacies, including name, address and DEA number, for which it processes a request for the filling or refilling of a prescription order received by the originating pharmacy. The record shall be made available upon request for inspection by the Board or its agent.
- 191. N/A (c) The central fill pharmacy and originating pharmacy maintain a written filling protocol delineating each pharmacy's assumption of responsibility for compliance with the prescription drug compounding and dispensing requirements of this chapter and Wis. Admin. Code Phar 8.
- 192. N/A (d) The originating pharmacy shall remain responsible for compliance with the prescription drug compounding and dispensing requirements of this chapter and Wis. Admin. Code Phar 8, and which are not assumed in writing by the central fill pharmacy pursuant to a written filling protocol.
- 193. N/A (e) The originating pharmacy shall at all times remain solely responsible to perform and comply with the requirements of Wis. Admin. Code Phar 7.01(1)(e) and (em).
- 194. N/A (f) Unless the central fill pharmacy shares a common central processing unit with the originating pharmacy, it may not perform processing functions such as the medication profile record review of the patient, drug initialization review, refill authorizations, interventions and drug interactions.

Wisconsin Department of Safety and Professional Services

Compliance Date:

- 195. N/A (g) The prescription label attached to the container shall contain the name and address of the originating pharmacy as the licensed facility from which the prescribed drug or device was dispensed for purposes of s. 450.11(4)(a)1., Stats. The date on which the prescription was dispensed for purposes of s. 450.11(4)(a)2., Stats., shall be the date on which the central fill pharmacy filled the prescription order.
- 196. N/A (h) The originating pharmacy shall maintain the original of all prescription orders received for purposes of filing and recordkeeping as required by state and federal law.
- 197. N/A (i) The central fill pharmacy shall maintain all original fill and refill requests received from the originating pharmacy and shall treat them as original and refill prescription orders for purposes of filing and recordkeeping as required by state and federal law.
- 198. N/A (j) In addition to meeting the other recordkeeping requirements required by state and federal law, the central fill pharmacy and originating pharmacy shall each maintain records to identify each of its pharmacists responsible for receiving and reviewing prescription orders and compounding dispensing pursuant to a prescription order and track the prescription order during each step in the dispensing process.
- 199. N/A (k) The central fill pharmacy and originating pharmacy shall adopt a written quality assurance program for pharmacy services designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, pursue opportunities to improve patient care, resolve identified problems and insure compliance with this section.
- 200. N/A (l) The originating pharmacy shall provide the patient with the name and address of the central fill pharmacy and obtain consent as required by applicable state and federal law.

UNIFORM CONTROLLED SUBSTANCES ACT

Wis. Stat. § 961.23, Dispensing of schedule V substances. (Non-legend)

- 201. 10/4/18 (1) Products are **sold in good faith as a medicine**.
Even without 48-hour violations, pharmacists must be prepared to substantiate the clinical need for frequent sales to the same individual. (Wis. Stat. § 961.38(4))
- 202. 10/4/18 (2) Sold only by the pharmacist.
- 203. 10/4/18 (3) The name and address of the pharmacy is attached to the **immediate** container.
- 204. 10/4/18 (4) **The pharmacist** records the name and address of the purchaser, as well as the name and quantity of product sold.
- 205. 10/4/18 If purchaser is unknown to the pharmacist, identification is validated.
- 206. 10/4/18 The pharmacist and the purchaser sign the record.
- 207. 10/4/18 (5) Sales are restricted:
 - (a) 8 ounces of a produce containing opium.
 - (b) 4 ounces of any other Schedule V substance.
 - (c) 48-hour interval is observed.

CHAPTER PHAR 8 WISCONSIN ADMINISTRATIVE CODE

PHAR 8.02 Records for controlled substances.

- 210. 10/4/18 (1) Records are **complete and accurate** for each controlled substance received, distributed, dispensed or disposed of in any other manner.
- 211. 10/4/18 (2) Records required by federal controlled substances act and Wis. Stat. § 961, are:
 - (a) Maintained at the pharmacy location where **received and dispensed or manufactured**.
 - (b) Available **for inspection** for at least five (5) years.
 - (c) Includes a biennial inventory of all Schedule II, III, IV, and V substances (readily retrievable). Wisconsin DEA district office, 1000 N. Water St., Suite 1010, Milwaukee, WI 53202, (414-297-3395) provides instructions and forms for destruction of controlled substances.
- 214. 10/4/18 (3) Records are maintained as follows:
 - (a) Records of Schedule II controlled substances (other than prescription orders) are maintained separately.
 - (b) Records of Schedule III, IV, and V controlled substances are separate or are readily retrievable.
 - (c) Executed Schedule II order forms (**DEA Form #222**) **completed and kept in** the pharmacy.
 - (d) Records of controlled substances distributed or dispensed include:
 - 1. Name of the substance.
 - 2. Dosage form, strength, and quantity.
 - 3. Quantity and date of distribution, as well as name, address and DEA registration number to whom distributed.
- 215. 10/4/18
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- 218. 10/4/18
- 219. 10/4/18
- 220. 10/4/18

Wisconsin Department of Safety and Professional Services

Compliance Date:

221. 10/4/18 4. Number of units, date of receipt, and name, address and DEA registration number from whom received.
222. 10/4/18 5. Name and address to whom **dispensed**, date, quantity dispensed, and name or initials of pharmacist dispensing.
223. 10/4/18 (e) Records for dispensed Schedule V substances:
224. 10/4/18 1. If dispensed as a prescription, it is filed the same as Schedule III and IV orders.
225. 10/4/18 2. If dispensed other than pursuant to prescription order, the required entry (see Wis. Stat. § 961.23) is placed in a **bound Schedule V register** at the time of transaction.
- (f) In any instance that a pharmacy authorized to possess controlled substances is required to file with the DEA a report of theft or loss of controlled substances, the pharmacy shall also send a copy to the Board within 2 weeks of filing with the DEA.

PHAR 8.03 Filing prescription orders.

226. 10/4/18 Controlled Rx orders are filed chronologically, are readily accessible; and maintained for at least five (5) years.
227. 10/4/18 Schedule II prescription orders are filed separately **or** are filed with Schedule III, IV, and V orders (which have a one-inch red "C" in the lower right corner).
228. 10/4/18 Schedule III, IV and V prescription orders are filed separately **or** have a one-inch red "C" if filed with non-controlled Rx orders. (Schedule II Rx orders are **not** filed with non-controlled Rx orders.) The requirement to mark with a red "C" may be waived if the pharmacy has an automated processing system or electronic record keeping that permits identification by prescription order number and retrieval of original documents by prescriber's name, patient name, drug dispensed and date filled.

PHAR 8.04 Purpose of issue of prescription.

229. 10/4/18 Pharmacists are aware of their responsibility to dispense for legitimate medical purposes.
230. 10/4/18 Controlled substances are **not** dispensed (**pursuant to a prescription order**) to a practitioner for the purpose of administration or general dispensing to patients.
231. 10/4/18 Controlled substances (Schedule II, III, or IV) are **not** dispensed pursuant to a prescription order to a practitioner for their own personal use. [Wis. Stat. § 961.38(5)]

PHAR 8.05 Dispensing controlled substances.

232. 10/4/18 (1) Written prescription orders for all controlled substances are **dated** and **signed** on the day issued and contain the following:
- (a) Full name and address of patient.
 - (b) Name, address, and DEA number of practitioner.
 - (c) Name, strength, dosage form and quantity of drug prescribed.
 - (d) Directions for use.

Prescription orders (in ink or typewritten) are **signed by the practitioner**.

DEA registration of practitioner is validated by pharmacist.

233. 10/4/18 (2) The **pharmacist** initials and dates prescription orders for **all** controlled substances.
234. 10/4/18 **Note: If the party receiving a Schedule II prescription is not personally known to the pharmacist, the printed name, signature and address of that person is recorded on the reverse side of the prescription order.**
235. 10/5/18 (3) Prescriptions containing Schedule II substances are dispensed pursuant to **written prescription orders signed by the practitioner**.

235. 10/5/18 Controlled substance prescriptions must be dispensed within 60 days following the date of issue of the prescription order.

Note: Date of receipt on face of Rx order.

236. 10/5/18 (4) Prescription orders for controlled substances are not dispensed unless the prescription order contains all of the information required in sub. (1). For any controlled substances prescription order, a pharmacist may not add, modify or clarify the patient's name, drug prescribed, except for generic substitution as permitted by law and the prescribing practitioner's signature. After consultation with the prescribing practitioner, a pharmacist may add, modify, or clarify the strength, dosage form, quantity prescribed, date of issuance and directions for use for a schedule II controlled substance prescription order. For a schedule II controlled substance prescription order, a pharmacist may add, modify, or clarify the registration number of the practitioner, and the address of the practitioner and the patient if that information is verifiable and retrievable from information maintained by the pharmacist or is obtained through consultation with the practitioner. A pharmacist may add, modify, or clarify any information allowed in this subsection missing from a prescription order for a Schedule III, IV, or V controlled substance that is verifiable and retrievable from information maintained by the pharmacist or that is obtained through consultation with a practitioner. A patient may only provide information to a pharmacist to add, modify or clarify the patient's address. The prescription order shall be initialed and dated by the pharmacist and shall indicate the addition, modification or clarification of information and the manner by which the pharmacist obtained that information.

Wisconsin Department of Safety and Professional Services

Compliance Date:

- PHAR 8.06 Renewing prescriptions for controlled substances.**
237. 10/5/18 (1) Prescriptions for Schedule II controlled substances are **not** renewed.
238. 10/5/18 (2) The prescribing practitioner may authorize renewals of Schedule III or IV controlled substances on the original prescription order or through an electronic or oral renewal authorization.
239. 10/5/18 (a) The pharmacist obtaining an electronic or oral authorization notes the following on the prescription order, medication profile, or document:
240. 10/5/18 1. Date authorization is received.
241. 10/5/18 2. Quantity of drug authorized.
242. 10/5/18 3. Number of renewals.
243. 10/5/18 4. Identification of practitioner authorizing the renewals if different from the original prescriber.
244. 10/5/18 5. Identification of the pharmacist who received the authorization.
245. 10/5/18 (b) The quantity of each renewal authorized is equal to or less than the quantity authorized for the initial dispensing of the original prescription.
246. 10/5/18 (3) Renewal of prescriptions for Schedule III and IV substances is limited to:
247. 10/5/18 (a) Within 6 months of date of **original order**.
248. 10/5/18 (b) No more than five (5) **authorized** renewals.
249. 10/5/18 (4) Prescriptions for Schedule V substances are renewed **only** as expressly authorized by the practitioner.
Note: The 6-month/5 renewal limitations do not apply to prescription orders for Schedule V substances.

- PHAR 8.07 Partial dispensing of controlled substances.**
250. 10/5/18 (1) Substances in Schedules III, IV, and V may be partially dispensed.
251. 10/5/18 (2) Partial dispensing of Schedule II substances is permissible: If pharmacist unable to supply full quantity ordered. Remaining portion may be dispensed within 72 hours of the first partial dispensing (or prescriber notified).
No further quantity dispensed after 72 hours. A new prescription order will be required.
252. 10/5/18 (3) Partial dispensing of Schedule II substances is permissible if patient is in long term care facility (LTCF), or has a medical diagnosis documenting a "terminal illness". Valid for 60-day period.
Pharmacist enters each partial dispensing. Enter "LTCF" or "terminal illness" on prescription.
253. 10/5/18 (4) Information pertaining to current prescription orders for Schedule II controlled substances for patients in an "LTCF" or for patients with a medical diagnosis documenting a terminal illness may be maintained in a computerized system if the system has the capability to permit:
254. 10/5/18 (a) Display or printout of: the original prescription order designation, date of issue, identification of prescribing practitioner, identification of patient, name and address of the "LTCF" or name of address of the hospital or residence of the patient, identification of medication authorized, including dosage form, strength and quantity; listing of partial quantities that have been dispensed under each prescription order and the information required in sub. (3).
255. 10/5/18 (b) Immediate updating of the prescription order record each time there is partial dispensing of the prescription.
256. 10/5/18 (c) Retrieval of partially dispensed Schedule II prescription information identical to that required by Wis. Admin. Code Phar 7.05(2) for all prescription renewal information.

- PHAR 8.08 Labeling prescriptions containing controlled substances.**
257. 10/5/18 The prescription label for controlled substances includes: Date dispensed, pharmacy name and address, Rx number; full name of patient; name of the practitioner; directions for use; and appropriate cautionary statements.

- PHAR 8.09 Emergency dispensing of Schedule II substances.**
258. 10/5/18 (1) The pharmacists understand the criteria for "emergency" to mean that the practitioner has determined that:
259. 10/5/18 (a) Immediate administration of the CS II substance is necessary.
260. 10/5/18 (b) No appropriate alternative, including non-Schedule II substance.
- (c) Not possible to provide written order prior to dispensing.
- Note: It is important for pharmacists to be aware that the "emergency" procedure should not be used for routine dispensing of Schedule II substances.**
261. 10/5/18 (2) In an emergency when the pharmacist dispenses a Schedule II substance with an electronic or oral authorization:
262. 10/5/18 (a) The quantity prescribed and dispensed is limited to the amount adequate for the emergency situation.
- (b) The Rx order is immediately reduced to writing by the pharmacist, including all information listed in Wis. Admin. Code Phar 8.05 except the signature of the practitioner.

Wisconsin Department of Safety and Professional Services

Compliance Date:

263. 10/5/18 (3) If the practitioner is not known to the pharmacist, reasonable effort is made to authenticate the prescriber.
264. 10/5/18 (4) The pharmacist assures receipt of a written order within 7-days after the authorized emergency dispensing (or it is postmarked within 7-days). The written order will include:
265. 10/5/18 (a) "authorization for emergency dispensing" on the front.
266. 10/5/18 (b) date of the electronic or oral order.
267. 10/5/18 Upon receipt, the pharmacist attaches the written order to the oral emergency prescription order.
268. 10/5/18 **If the practitioner fails to deliver the written order**, the Department of Safety and Professional Services is notified. **(Failure to provide this notification voids the authority to dispense emergency orders.)**

PHAR 8.11 Controlled substances in emergency kits for long-term care facilities.

If you do not service a "LTCF," place "N/A" in item 279 and skip to Phar 8.12, item 284.

Long-term care facilities, which are not registered with the DEA, meet the following requirements regarding emergency kits containing controlled substances:

269. 10/5/18 (1) The source of supply must be a DEA registered hospital, pharmacy or practitioner.
270. 10/5/18 (2) The pharmaceutical services committee of the facility have security safeguards for each emergency kit stored in the "LTCF", which include the designation of the individuals who may have access to the kits and a specific limitation on the type and quantity of controlled substances permitted to be placed in each emergency kit.
271. 10/5/18 (3) A pharmacist is responsible for control and accountability for kits within the "LTCF", which includes the requirement that the "LTCF" and the providing DEA registered hospital, pharmacy or practitioner maintain complete and accurate records of the controlled substances placed in the emergency kits, the disposition of those controlled substances, plus the requirement to take at least monthly physical inventories.
272. 10/5/18 (4) The pharmaceutical services committee established the emergency medical conditions under which the controlled substances may be administered to patients in the "LTCF", which shall include the requirement that medication be administered by authorized personnel only as expressly authorized by an individual DEA registered practitioner and in compliance with all applicable federal and state laws.
273. 10/5/18 (5) The pharmacist is aware that noncompliance with these rules may result in revocation, denial or suspension of the privilege of having or placing emergency kits, containing controlled substances, in "LTCF".

PHAR 8.12 Facsimile Transmission.

274. 10/5/18 (1) A pharmacist may dispense a prescription, other than a Schedule II based on a fax prescription from a practitioner or their agent.
275. 10/5/18 (a) It shall contain all the information of a valid written prescription as well as the date and time of transmission and the telephone number and name of the transmitter.
276. 10/5/18 (b) If fading paper, it must be copied and attached to the copy received.
277. 10/5/18 (2) Schedule II prescriptions may be received if all the requirements of section (1) are met and any of the following:
278. 10/5/18 (a) The prescription is to be compounded for the direct parenteral, intravenous, intra muscular, subcutaneous or intra spinal infusion to a patient.
279. 10/5/18 (b) The patient resides in a long term care facility or meets the eligibility requirements for placement in a long term care facility but elects to reside at home, and is transmitted by the practitioner or the practitioner's agent to the dispensing pharmacy by facsimile.
280. 10/5/18 (c) The patient is enrolled in a hospice certified by Medicare under title XVIII or licensed by this state.
281. 10/5/18 (3) A prescription order transmitted by facsimile shall be considered the original written prescription order.

CHAPTER PHAR 10 WISCONSIN ADMINISTRATIVE CODE (STANDARDS OF PROFESSIONAL CONDUCT)

282. 10/5/18 All pharmacists at this pharmacy are aware of the specific practices enumerated in Wis. Admin. Code Phar 10.03.
283. 10/5/18 The pharmacist avoids dispensing or **causing to be dispensed** a drug, which is outdated or contaminated or known by the pharmacist to be unsafe for consumption.
- Note: While it is not the objective of this self-inspection project to enumerate conduct considered unprofessional, as listed in Wis. Admin. Code Phar 10, there is a need to identify problems created when a pharmacy's inventory includes examples of long-outdated and/or unacceptable numbers of outdated pharmaceuticals and chemicals. Reasonable effort should be demonstrated to remove such items from regular inventory and expedite their return or destruction. In the opinion of the Pharmacy Examining Board, antique containers and display pieces containing crude drugs are not viewed as violations. But good faith requires the removal of chemicals (undated or outdated) from containers in the professional service area unless they are conspicuously set apart in display containers.**
284. 10/5/18 Pharmacists are required to report to the Board any information that reasonably suggests there is a probability that a prescription drug or device dispensed by a pharmacist has caused or contributed to substantial bodily injury or death of a patient.

Wisconsin Department of Safety and Professional Services

CHAPTER PHAR 15 WISCONSIN ADMINISTRATIVE CODE (STERILE PHARMACEUTICALS)

These rules apply to pharmacies engaged in the preparation of sterile pharmaceuticals. If pharmacy does not compound sterile pharmaceuticals, please place "NA" in item 295 and skip to Phar 16, item 339.

Compliance Date:

285. 10/8/18 **PHAR 15.03 Policy and procedure manual**
Pharmacy prepares and maintains a policy and procedure manual for compounding, dispensing, delivery, administration, storage, and use of sterile pharmaceuticals.
286. 10/8/18 The manual includes a quality assurance program for the purpose of monitoring personnel qualifications, training and performance, product integrity, equipment, facilities, guidelines regarding patient education and provision of pharmaceutical services and up-to-date information on preparation of sterile pharmaceuticals.
287. 10/8/18 The policy and procedure manual is available to all personnel and updated annually or as needed to reflect current practice.
288. 10/8/18 The policy and procedure manual is available for inspection by the Board or its designee.
- PHAR 15.04 Physical requirements**
289. 10/8/18 (1) The pharmacy has a structurally isolated area designated for preparation and documentation associated with sterile pharmaceuticals. Entry and access is restricted to designated personnel to avoid traffic and airflow disturbances. The designated area is of sufficient size to accommodate a laminar airflow hood and proper storage of drugs and supplies.
290. 10/8/18 (2) Environment maintains:
291. 10/8/18 (a) A class 100 environment during the normal activity in the workplace where critical objects are exposed and critical activities are performed.
292. 10/8/18 (b) Appropriate disposal containers as required by OSHA in 29 CFR Part 1910 for timely disposal of needles, syringes, infectious and cytotoxic wastes.
293. 10/8/18 (c) Appropriate environmental controls, including a class II biological safety cabinet if cytotoxic drug products are prepared.
294. 10/8/18 (d) Temperature-controlled delivery containers as necessary.
295. 10/8/18 (e) For hand washing, a sink with hot and cold running water in close proximity.
296. 10/8/18 (f) Administration devices, if necessary.
297. 10/8/18 (3) Sufficient reference materials related to sterile pharmaceuticals are available.
298. 10/8/18 (4) The designated area is closed and disinfected regularly with appropriate agents.
- PHAR 15.05 Records and Reports**
299. 10/8/18 (1) Maintains records and reports of:
300. 10/8/18 (a) Training and competency evaluations of personnel.
301. 10/8/18 (b) Documentation of refrigerator and freezer temperatures.
302. 10/8/18 (c) Certification of laminar flow hoods.
303. 10/8/18 (2) Minimal labeling requirements for sterile pharmaceuticals prepared for a single patient if the pharmaceuticals are to be completely administered within 28 hours:
304. 10/8/18 (a) The identity of all solutions and ingredients and their corresponding amounts, concentration or volumes on the final preparation container in such a manner as to allow the locating of problematic final products.
305. 10/8/18 (b) The identity of personnel involved in preparation.
306. 10/8/18 (c) The date and time of pharmacy preparation where applicable.
307. 10/8/18 (d) The final sterile pharmaceuticals expiration date and storage requirements, where applicable.
- PHAR 15.06 Delivery of service**
307. 10/8/18 The pharmacist assures the appropriate environmental control of all products shipped.
- PHAR 15.07 Emergency kits**
308. N/A When sterile pharmaceuticals are provided to home care patients, the dispensing pharmacy supplies the patient or the patient's agent with emergency drugs, when authorized by the physician under protocol, if an emergency situation has been anticipated by either the physician, nurse or pharmacist.
309. N/A The pharmacy provides written instructions on the storage and record keeping requirements for the emergency kit.

Wisconsin Department of Safety and Professional Services

Compliance Date:

PHAR 15.08 Cytotoxic drugs

310. 10/8/18 If pharmacy does not compound cytotoxic drugs, place "NA" in item 320 and skip to Phar 15.09, item 326.
All cytotoxic drugs are compounded in a vertical flow, class II biological safety cabinet. If non-exposed surfaces become contaminated with cytotoxic drugs, no products other than cytotoxic drugs are compounded in this cabinet until the cabinet is decontaminated utilizing appropriate techniques
311. 10/8/18 Personnel are protected by a protective barrier or apparel which includes gloves, gowns and other applicable protective apparel as described in 29 CFR PART 1910 of OSHA regulations.
312. 10/8/18 Appropriate safety and containment techniques for compounding cytotoxics are used in conjunction with aseptic techniques required for preparation of sterile pharmaceuticals.
313. 10/8/18 Pharmacy disposal and patient and caregiver education regarding disposal of cytotoxic waste complies with all applicable local, state, and federal requirements.
314. 10/8/18 Written procedures for the handling of both major and minor spills of cytotoxic drugs are included in the pharmacy policy and procedure manual.
315. 10/8/18 Prepared doses of cytotoxic drugs are dispensed, labeled with proper precautions on the primary and shipping container and are shipped in a manner that minimizes the risk of accidental rupture of the primary container.

PHAR 15.09 Labeling

316. 10/8/18 In addition to the labeling requirements of Wis. Stat. § 450.11(4).
Control or lot number.
317. 10/8/18 Expiration date and time, when applicable
318. 10/8/18 Appropriate auxiliary labeling, including precautions.
319. 10/8/18 Storage requirements.
320. 10/8/18 Identification of the responsible pharmacist

PHAR 15.10 Patient training

321. 10/8/18 A Pharmacist is responsible for documenting the patient's training and competency in managing the type of therapy provided by the pharmacist to the patient if administered by the patient or a caregiver. Pharmacists are responsible for the provision or supervision of the patient training process in any area that relates to compounding, administration, labeling, storage, stability, or incompatibility. A pharmacist is responsible for seeing that the patient's competency in the above areas is reassessed on an ongoing basis.

PHAR 15.11 Quality Assurance

322. 10/8/18 There is a documented, ongoing quality assurance control program that monitors personnel performance, equipment, and facilities. Appropriate samples of finished products shall be examined to assure that the pharmacy is capable of consistently preparing sterile pharmaceuticals meeting specifications.
323. 10/8/18 The area designated in Wis. Admin. Code Phar 15.04 (2)(a) for preparing sterile pharmaceuticals is certified by an independent contractor. Certification takes place before initial use or after relocation and at least annually.
324. 10/8/18 The pharmacy has written procedures requiring sampling for microbial contamination through a validation procedure, simulation of actual aseptic preparation, and by using bacterial growth medium to culture environmental samples.
325. 10/8/18 If compounding of parenteral solutions is performed using non-sterile chemicals, extensive end product sterility testing is documented. Quarantine procedures shall be developed if there is a test failure.
326. 10/8/18 A pharmacy has written justification of the assigned expiration date for pharmacy prepared sterile pharmaceuticals.
327. 10/8/18 A pharmacy has documentation of quality assurance audits, including infection control and sterile technique audits at least annually.
328. 10/8/18 A pharmacy has procedures to assure consistent preparation of sterile pharmaceuticals.

CHAPTER PHAR 16 WISCONSIN ADMINISTRATIVE CODE (CONTINUING EDUCATION)

PHAR 16.02 Continuing education required; waiver

329. 10/8/18 (1) At the time of making application for renewal of a license: Each pharmacist required to complete the continuing education requirement provided under Wis. Stat. § 450.085, shall:
330. 10/8/18 (a) Sign a statement on the application for renewal certifying that the pharmacist has completed at least 30 hours of acceptable continuing education programs within the 2-year period immediately preceding the date of his or her application for renewal. (This subsection does not apply to an application for renewal of a license that expires on the first renewal date after the date on which the Board initially granted the license.)

Note: The PEB will grant 15 hours of continuing education credit for every one credit of academic training received in coursework, which leads to a degree granted by an American Council on Pharmaceutical Education (ACPE) approved school of pharmacy.

Wisconsin Department of Safety and Professional Services

Compliance Date:

- 331. 10/8/18 (2) A pharmacist may apply to the Board for waiver of the requirements of this chapter on grounds of exceptional circumstances such as prolonged illness, disability or other similar circumstances that the pharmacist indicates have prevented him or her from meeting the requirements. The Board will consider each application for waiver individually on its merits. *all RPh's have current CE*
- 332. 10/4/18 **PHAR 16.03 Acceptable continuing educational programs**
The educational programs used for CE are approved by the American Council on Pharmaceutical Education (ACPE) at the time of the pharmacist's attendance or other Board approved programs. To date the Board has only approved ACPE as a provider.
- 333. 10/4/18 **PHAR 16.04 Evidence of compliance**
The Board accepts as evidence of compliance with this chapter certification by a providing institution or organization that a pharmacist has attended and completed approved continuing education programs. Certification may be the original or verified copies of, documents certifying attendance and completion.
- 334. 10/4/18 **PHAR 16.05 Retention requirement**
The pharmacist shall retain evidence of compliance for 3 years following the renewal date for the biennium for which 30 hours of credit are required for renewal of a license.
- 335. 10/4/18 **PHAR 16.06 Audit**
The Board may require any pharmacist to submit his or her evidence of compliance with the continuing education requirements to audit compliance.

In the space provided below, for each item that received "NA" following your inspection, indicate why this rule does not apply to your pharmacy. (Attach additional pages if necessary.)

1. No public area, but licenses are displayed in the pharmacy and are current
 10-14 → Hospital inpatient pharmacy with no Sundry outlet
 16, 19-23
 165-183 - Do not have an ADJ in the pharmacy as of 10/8/2018.
 184-186 - We are a Hospital pharmacy and do not administer any drug products or device
 187-200 → Do not do any central fill functions at this point
 308-309 - Do not dispense to home care patients

Certification of Applicant:

The undersigned attests that the facts and statements herein contained are true and correct based upon personal knowledge of the undersigned.

Lisa Board
 Signature

10/08/2018
 Date

Proposed Temporary Pharmacy Layout During New Pharmacy Construction

January 7, 2019 - April 4, 2019

 Current Pharmacy

 Indicates Temporary Pharmacy Extents

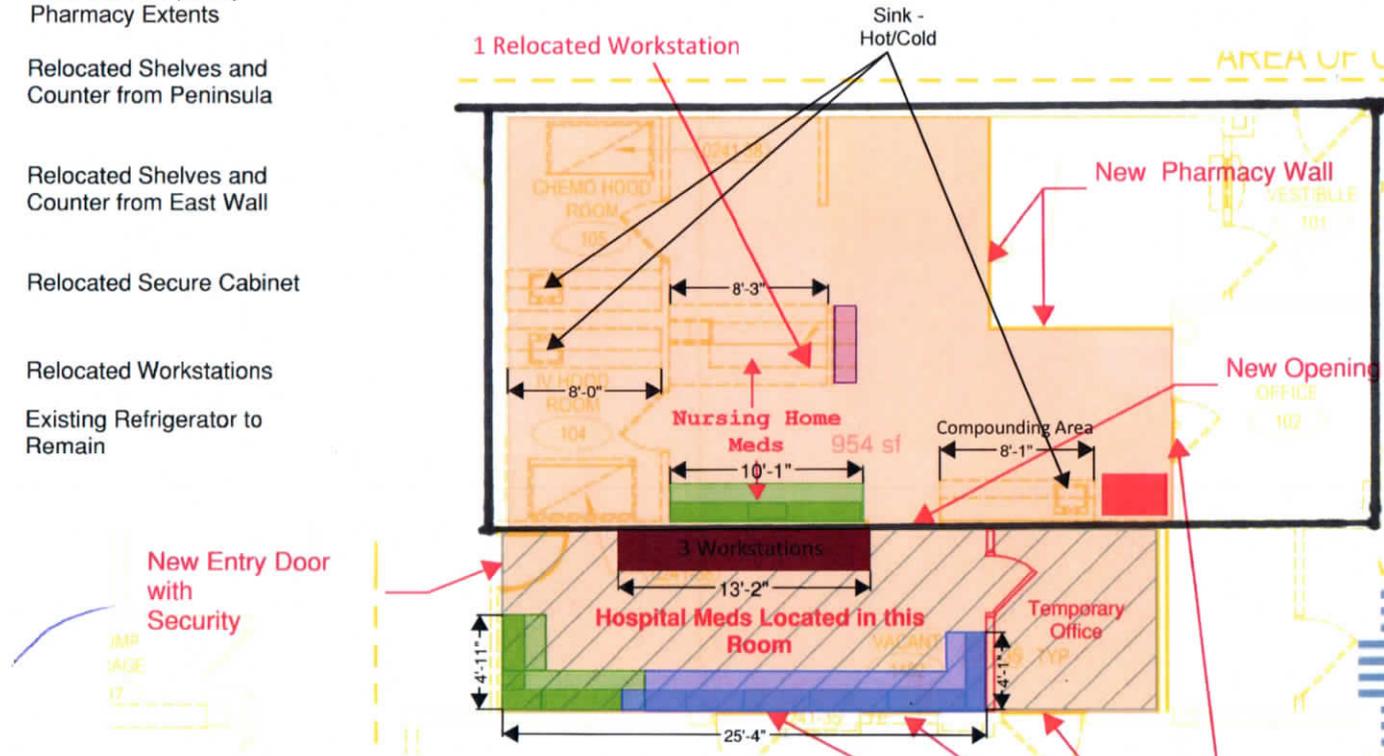
 Relocated Shelves and Counter from Peninsula

 Relocated Shelves and Counter from East Wall

 Relocated Secure Cabinet

 Relocated Workstations

 Existing Refrigerator to Remain



Notes:

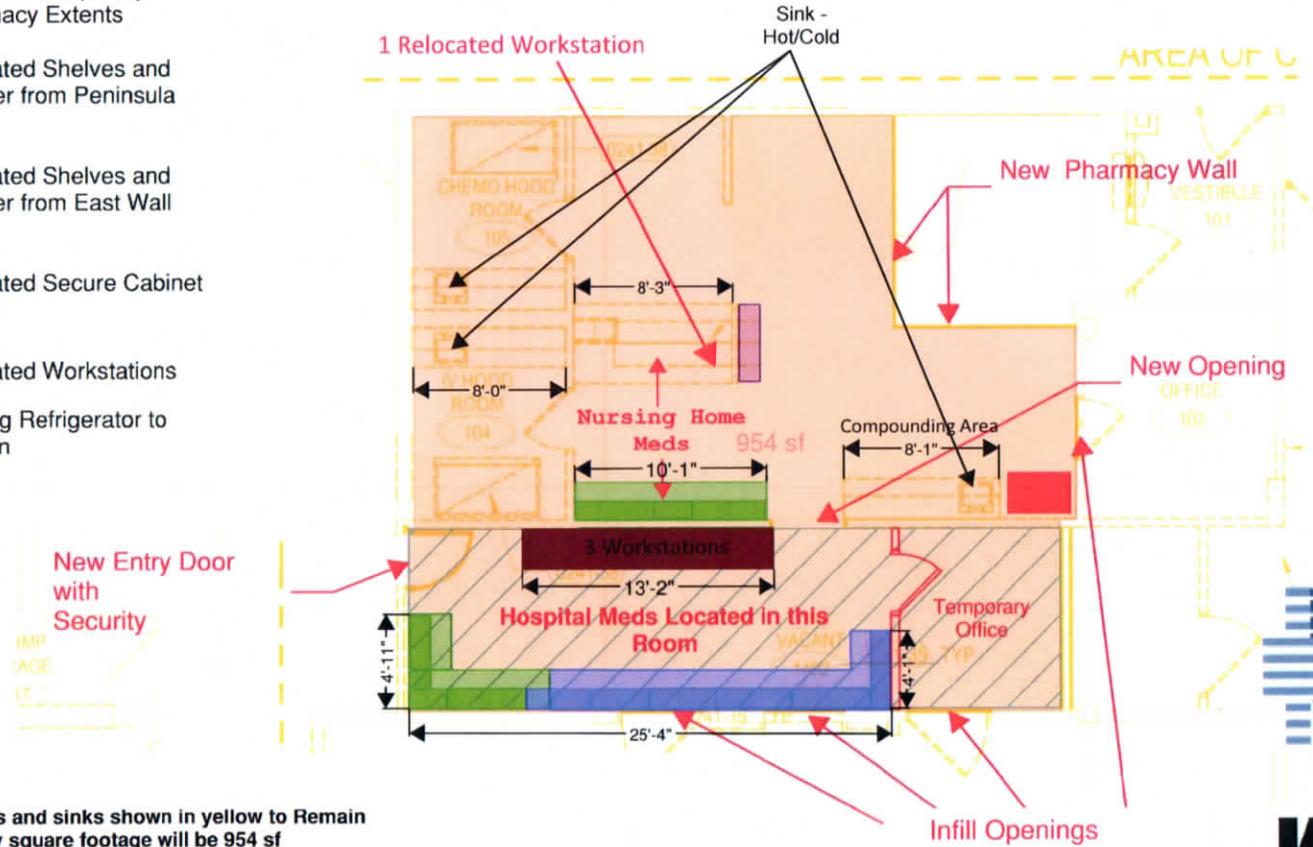
1. Walls, shelves, hoods and sinks shown in yellow to Remain
2. Temporary Pharmacy square footage will be 954 sf
3. The Temporary Pharmacy entry door will have card reader access
4. The security camera located in the ceiling near the secure cabinet will be relocated to maintain observation of the secure cabinet
5. The medication storage in the Temporary Pharmacy will remain the same as the current Pharmacy. Layout will change as shown.



Proposed Temporary Pharmacy Layout During New Pharmacy Construction

January 7, 2019 - April 4, 2019

-  Indicates Temporary Pharmacy Extents
-  Relocated Shelves and Counter from Peninsula
-  Relocated Shelves and Counter from East Wall
-  Relocated Secure Cabinet
-  Relocated Workstations
-  Existing Refrigerator to Remain

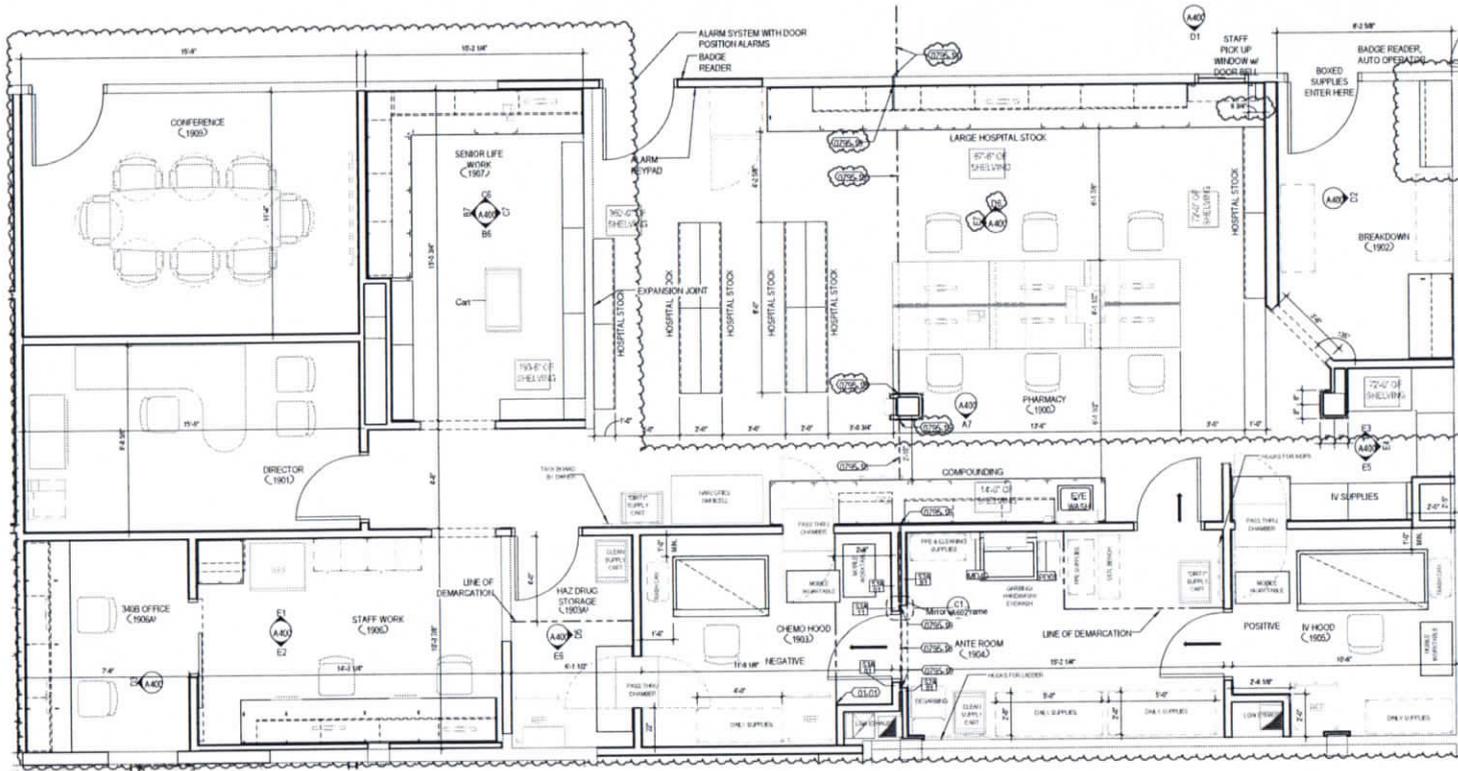


Notes:

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Permanent remodel



RAMC - INPATIENT RENOVATION & CUP
PHARMACY ENLARGED PLAN

0 1 2 3 4 5 6
 SCALE 3/8" = 1'-0"



epstein uhen : architects

10/12/2018 415160-04

© Epstein Uhen Architects

**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 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: 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

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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

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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 (DSPS) 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

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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.

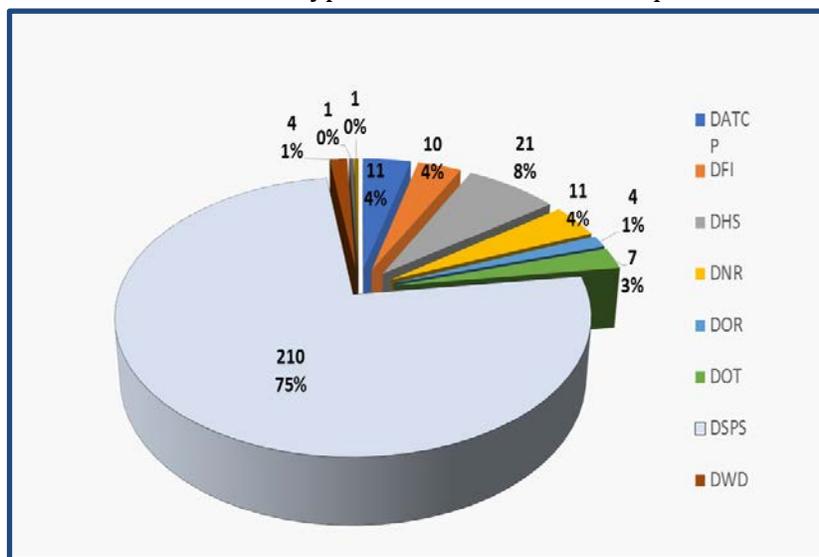


Figure 1: Wisconsin regulated occupational license types issued per state agency.

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

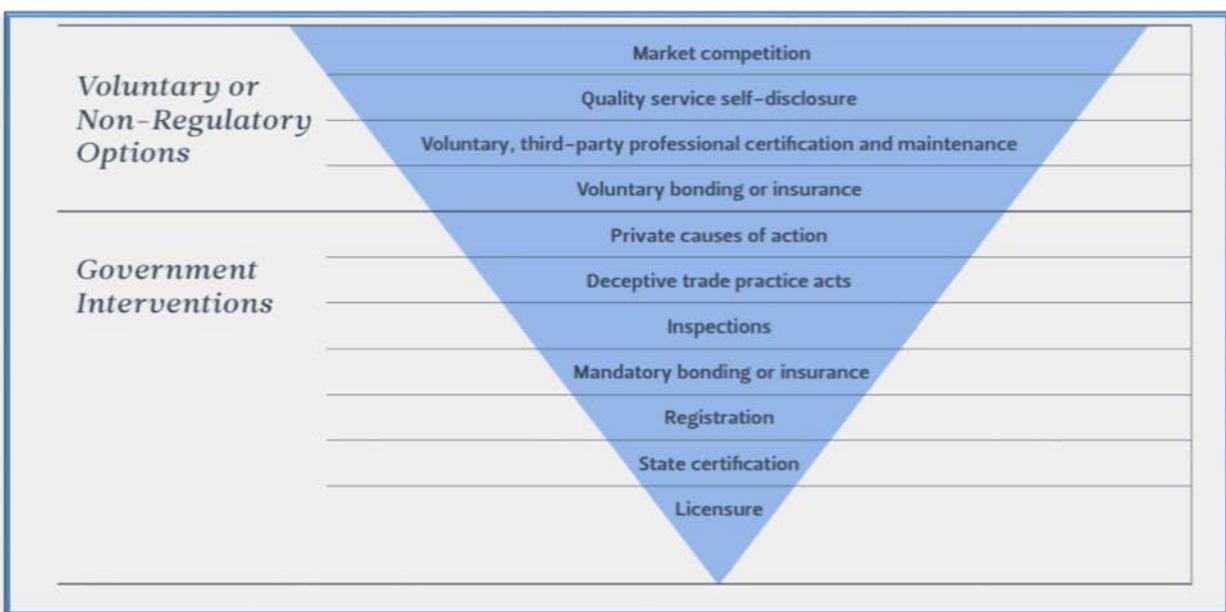


Figure 2: The “Inverted Pyramid” is used to illustrate alternatives to licensing.

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

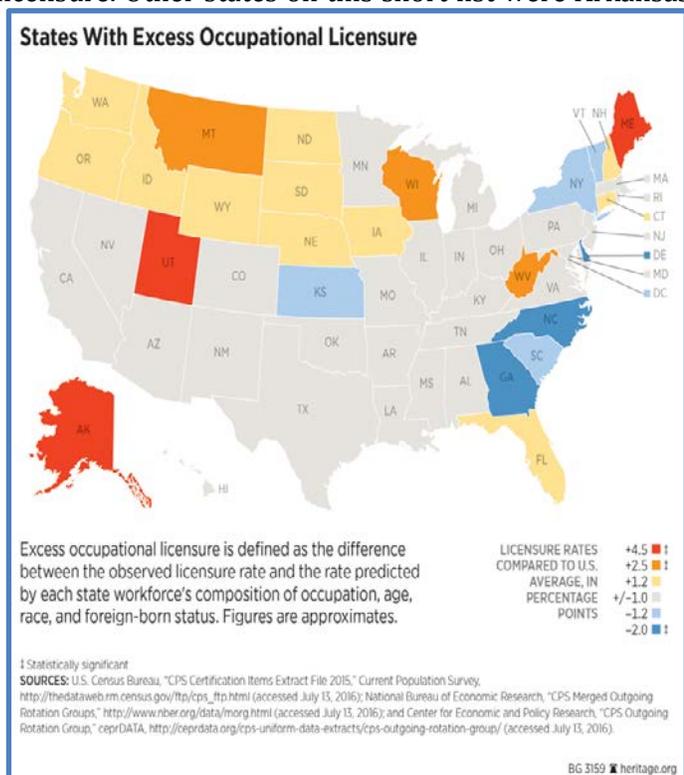
A. How Wisconsin Compares to Other States

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 licenses 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 cheesemaker 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

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	<p>Agency Recommendation: Eliminate</p> <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	<p>Agency Recommendation: Eliminate</p> <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	<p>Agency Recommendation: Eliminate</p> <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	<p>Agency Recommendation: Eliminate</p> <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	<p>Agency Recommendation: Eliminate</p> <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
<p>Cigarette Salesperson</p> <p>Permit</p>	685	DOR	<p>Agency Recommendation: Eliminate</p> <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.
<p>Liquor Salesperson</p> <p>Permit</p>	3,017	DOR	<p>Agency Recommendation: Eliminate</p> <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>
<p>Tobacco Products Salesperson</p> <p>Permit</p>	760	DOR	<p>Agency Recommendation: Eliminate</p> <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.)
<p>Buyer Identification Card</p> <p>License</p>	N/A	DOT	<p>Agency Recommendation: Consider Elimination</p> <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.
<p>Certified Private Rehabilitation Specialist</p> <p>Certificate</p>	92	DWD	<p>Agency Recommendation: Eliminate</p> <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	<p>Agency Recommendation: Eliminate</p> <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	<p>Agency Recommendation: Eliminate</p> <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	<p>Agency Recommendation: Eliminate</p> <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	DSPA	<p>Agency Recommendation: Eliminate</p> <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 DSPA. The applicants inform DL Roope on their examination application that they are interested in receiving a temporary permit. DL Roope sends DSPA the list of individuals who are interested in receiving a temporary permit, and DSPA staff cross checks these individuals with a list of individuals who have been given training certificates by the cosmetology schools. • By eliminating DSPA's 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 DSPA does not administer the permit.
Cosmetology Training Permit	0	DSPA	<p>Agency Recommendation: Eliminate</p> <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. • DSPA has not administered or offered these permits since at least 2015.

Occupation and Type of Regulation	No. Issued	Agency	Recommendation and Reason
<p align="center">Designer of Engineering Systems</p> <p align="center">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 align="center">Music Therapist</p> <p align="center">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 align="center">Art Therapist</p> <p align="center">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	<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 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	<p>Agency Recommendation: Retain blaster license but eliminate separate classifications.</p> <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	<p>Agency Recommendation: Eliminate</p> <ul style="list-style-type: none"> See Baster Class 1
Blaster Class 3 License	18	DSPS	<p>Agency Recommendation: Eliminate</p> <ul style="list-style-type: none"> See Baster Class 1
Blaster Class 4 License	6	DSPS	<p>Agency Recommendation: Eliminate</p> <ul style="list-style-type: none"> See Baster Class 1
Blaster Class 5 License	162	DSPS	<p>Agency Recommendation: Eliminate</p> <ul style="list-style-type: none"> See Baster Class 1
Blaster Class 6 License	81	DSPS	<p>Agency Recommendation: Eliminate</p> <ul style="list-style-type: none"> See Baster Class 1
Blaster Class 7 License	13	DSPS	<p>Agency Recommendation: Eliminate</p> <ul style="list-style-type: none"> See Baster Class 1
Intermediate Clinical Supervisor License	273	DSPS	<p>Agency Recommendation: Eliminate</p> <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	<p>Agency Recommendation: Eliminate</p> <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_nombargo.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

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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

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Maximilian Turner, Bureau Assistant		2) Date When Request Submitted: 1/8/2019 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: Pharmacy Examining Board			
4) Meeting Date: 2/27/2019	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Speaking Engagements, Travel, or Public Relation Requests 1) National Association of Boards of Pharmacy (NABP) Annual Meeting – May 16-18, 2019 – Minneapolis, MN	
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: The Board should consider designating a delegate and alternate for attendance at the NABP annual meeting from May 16-18, 2019 in Minneapolis, MN.			
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.			



NABPF

National Association of Boards
of Pharmacy Foundation

www.nabp.pharmacy

1600 Feehanville Drive
Mount Prospect, IL 60056

T) 847/391-4406

F) 847/375-1114

TO: EXECUTIVE OFFICERS – ACTIVE MEMBER STATE BOARDS OF PHARMACY
FROM: Carmen A. Catizone, Executive Director/Secretary
DATE: January 7, 2019
RE: Annual Meeting Travel Grant Program for NABP's 115th Annual Meeting, May 16-18, 2019, Minneapolis, MN

The National Association of Boards of Pharmacy Foundation (NABPF) is pleased to continue the Annual Meeting Travel Grant Program for NABP members needing financial assistance to attend NABP Annual Meetings. NABP feels that it is essential for boards of pharmacy to participate in Annual Meetings because during this time NABP's member boards of pharmacy will vote upon Association resolutions, select Executive Committee officers and members, and present and discuss information on current issues facing pharmacy regulators.

For the past 115 years, the mission of NABP has been to aid and support pharmacy regulators in creating standards that protect the public health. NABP realizes that budget constraints can prevent state boards of pharmacy from sending representatives to meetings, so the Annual Meeting Travel Grant Program will reimburse the board's designee **up to \$1,500** in travel fees to defray expenses such as airfare, hotel rooms, meals, taxis, parking, and tips. Grant monies do not include Annual Meeting registration fees. Monies are limited and grants are available on a first-come, first-served basis. Please note that the NABPF Annual Meeting Travel Grant reimbursement policy requires individuals to pay for all airfare, meals, hotel accommodations, and other meeting costs up front, and submit an expense report and original receipts to NABPF after the Annual Meeting in order to receive reimbursement.

One individual per active member board of pharmacy is eligible to receive the grant. **Though the individual awarded the travel grant need not be the board of pharmacy's voting delegate, his or her board of pharmacy must have a voting delegate in attendance at the Annual Meeting to vote during all applicable business sessions in order to receive reimbursement.**

The chief administrative officer of the board must complete the attached form to apply for the travel grant, or to request the grant be awarded to a current board member from his or her state. NABPF must receive all applications before the 115th Annual Meeting, May 16-18, 2019, Minneapolis, MN. NABPF will inform applicants whether or not they have qualified for a grant, and at that time provide them with more detailed instructions on procedures for reimbursement.

For more information, please contact Lisa Janso at 847/391-4462. We request that you complete the attached document and return via email to ExecOffice@nabp.pharmacy prior to the Annual Meeting.

Attachment: Annual Meeting Travel Grant Application



NABPF
 National Association of Boards
 of Pharmacy Foundation
www.nabp.pharmacy

1600 Feehanville Drive
 Mount Prospect, IL 60056
 T) 847/391-4406
 F) 847/375-1114

NABPF Annual Meeting Travel Grant Application

Thank you for applying for the NABPF Annual Meeting Travel Grant Program. To be considered for the grant, please complete this application and send it to NABP Headquarters before the 115th Annual Meeting, which will be held May 16-18, 2019, in Minneapolis, MN. The Travel Grant Program will reimburse travel expenses (according to NABPF's travel reimbursement policy) up to \$1,500. **The individual named below will receive reimbursement for their travel expenses only if their state board of pharmacy's voting delegate is present at all Annual Meeting business sessions.**

_____ Date

Board of Pharmacy _____

Grant Recipient Name _____ Grant Recipient Title _____

Grant Recipient Term Expiration Date on Board of Pharmacy _____

Grant Recipient Email Address _____

Executive Officer Name (please print) _____

Executive Officer Signature (enter initials if submitting electronic copy) _____

Executive Officer Email Address _____

Contact Person/Title
 (if different from Executive Officer) _____

Return completed form to:

Email: ExecOffice@nabp.pharmacy

Mail:
 NABP Foundation
 Attn: Lisa Janso, Annual Meeting Travel Grant Program
 1600 Feehanville Drive
 Mount Prospect, IL 60056

FOR INTERNAL USE ONLY
Date received ____ - ____ -2019
Grant approved _____ denied _____
Comments: _____



NABP

National Association of
Boards of Pharmacy
www.nabp.pharmacy

1600 Feehanville Drive
Mount Prospect, IL 60056
T) 847/391-4406
F) 847/375-1114

TO: EXECUTIVE OFFICERS – ACTIVE MEMBER STATE BOARDS OF PHARMACY
FROM: Carmen A. Catizone, Executive Director/Secretary
DATE: January 7, 2019
RE: Official Delegate Certificate for NABP’s 115th Annual Meeting, May 16-18, 2019,
Minneapolis, MN

NABP BYLAWS - ARTICLE I, Section 3. – Credentialing Delegates

Each active and associate member shall furnish credentials for the delegate and alternate delegates of the board to the Annual Meeting of this Association on a blank furnished by the Executive Director/Secretary and returned to the Association in accordance with policies set forth by the Executive Committee.

In accordance with the above stated bylaw, attached is your 2019 delegate certificate form. We ask that you list the name of the person who will serve as the official delegate for your board and the name of the person(s) who will serve as the official alternate delegate(s).

The official delegate is the voting delegate and is responsible for voting at the Association’s business sessions and transmitting your board’s position on all matters brought before the convention. Each active member board of pharmacy in good standing represented at the Annual Meeting shall have one vote. No voting by proxy shall be permitted.

Only current pharmacy board members or chief administrative officers qualify to serve as delegates or alternate delegates. However, all NABP members, active and associate, may participate in the discussions during the business sessions.

All official voting delegates will be identified by a special **red** ribbon attached to their badge. Alternate delegates will be identified by a **white** ribbon and will be authorized to act and vote for the official delegate (in his or her absence) if so authorized in writing and official recognition of this fact is conveyed to the chair.

In previous years, the voting delegate from each state was eligible to receive a grant from NABP to offset some travel expenses to attend the Annual Meeting. Effective in 2012, one affiliated member from each active member board of pharmacy may be eligible to receive the grant, whether or not they are assigned as the state’s voting delegate. Additional information on the designation of the Annual Meeting travel grant recipient will be provided under separate cover.

January 7, 2019

Page 2

Annual Meeting rules and procedures that apply to voting delegates, (including procedures for elections, change of delegate during the meeting, etc) will be forwarded to all delegates prior to the meeting. Additionally, applicable rules will be announced at the start of each business session at the Annual Meeting. *Robert's Rules of Order*, current edition, and the *NABP Constitution and Bylaws* will be in effect for the business sessions.

I am looking forward to a successful convention in Minneapolis and working with your board in furthering the objectives of the Association. Please mail the completed delegate certificate to Lisa Janso at NABP Headquarters or scan and email to ExecOffice@nabp.pharmacy.

Attachment: Active Member Boards Delegate Certificate

National Association of Boards of Pharmacy
OFFICIAL DELEGATE CERTIFICATE – ACTIVE MEMBER BOARDS

The Constitution of the National Association of Boards of Pharmacy states:

ARTICLE II - PURPOSE

The purpose of the Association is to provide for interstate transfer in pharmacist licensure, based upon a uniform minimum standard of pharmacist education and uniform legislation; and to improve the standards of pharmacist education, licensure, and practice by cooperating with State, National, and International Governmental Agencies and Associations having similar objectives.

ARTICLE III - MEMBERSHIP, VOTING AND DISTRICTS

Section 1.

(a) The members of this Association shall be the boards of pharmacy (or similar pharmacy licensing agency) of the individual States, the District of Columbia, the Territories and Commonwealths of the United States, the individual provinces of the Dominion of Canada, and such other jurisdictions that apply to join the Association and are approved, from time to time, by the Executive Committee. The members shall consist of active and associate members.

(b) Applications for membership shall be submitted to the Executive Director/Secretary. New member boards may be admitted to the Association at any meeting of the Executive Committee by an affirmative vote of two-thirds (2/3) of the total members of the Executive Committee entitled to vote.

(c) Active member boards shall be those member boards that have formally approved the Constitution and Bylaws of the Association, and that require the use of the NABP Clearinghouse for all candidates for the purpose of transferring licensure both into and out of the state as provided by the Bylaws of this Association.

(d) Associate member boards shall be those member boards not classified as active member boards.

(e) Any individual who is a member or administrative officer of an active or associate member board of the Association shall be an affiliated member of the Association and shall continue to be an affiliated member hereof, although such person is no longer actively participating on such board, so long as such person has not been convicted of an offense involving moral turpitude or violation of pharmacy, liquor, or drug laws and so long as such board is a member in good standing with this Association.

Section 3.

(a) Each active member board of pharmacy in good standing which is represented at the Annual Meeting shall have one vote on each issue put to a vote of the active member boards at the Annual Meeting of this Association. *The vote shall be cast by an individual currently serving as a member or as the administrative officer (as defined in Article III, Section 1) of an active member board of this Association who shall be recognized at the Annual Meeting as the official delegate of said active member board. No voting by proxy shall be permitted.*

The Bylaws of the National Association of Boards of Pharmacy states:

ARTICLE I

Section 3. Credentialing Delegates

Each active and associate member board shall furnish credentials for the delegate and alternate delegates of the board to the Annual Meeting of this Association on a blank furnished by the Executive Director/Secretary and returned to the Association in accordance with policies set forth by the Executive Committee.

Execution of this certificate by an active member state shall be deemed acceptance by the board of pharmacy of the Constitution and Bylaws of NABP and a continuing commitment to permit the transfer of pharmaceutical licensure as provided under the terms and conditions of the Bylaws in conformance with the statutes and regulations of such active member state.

Failure to pay membership dues to NABP within thirty (30) days from the date of invoice will jeopardize the good standing of the Board and will nullify an Active Member Board's right to vote at the Annual Meeting (Article III, Section 3(a), NABP Constitution above).

TO: NATIONAL ASSOCIATION OF BOARDS OF PHARMACY

FROM: _____ BOARD OF PHARMACY

This is to certify that (name of official voting delegate) _____ has been duly appointed as a delegate and is hereby authorized and empowered to act for the _____ Board of Pharmacy at the Annual Meeting of the National Association of Boards of Pharmacy, to be held at the Minneapolis Marriott City Center in Minneapolis, MN, May 16-18, 2019.

This is to certify that (name of alternate delegate(s)) 1) _____,
2) _____, 3) _____ are authorized to act and vote for the official delegate (in his/her absence) if authorized by him/her and official recognition of this fact is conveyed to the Chair and recognized officials.

Attest:

Chief Executive Officer/Secretary

Seal

Date

115th Annual Meeting Schedule

Wednesday, May 15, 2019

5:00 PM - 7:00 PM	Registration Desk Atrium
-------------------	-------------------------------------

Thursday, May 16, 2019

7:00 AM - 5:00 PM	Registration Desk Atrium
7:30 AM - 8:00 AM	Annual Meeting Program Orientation Deer/Elk Lake
8:30 AM - 11:30 AM	Hospitality Brunch and Educational Table Top Displays Minnesota/Terrace The Educational Table Top Displays will highlight important issues and programs from partner organizations and regulatory agencies.
9:00 AM - 11:00 AM	CPE - Educational Poster Session St Croix I
12:00 PM - 3:30 PM	First Business Session Grand Portage Ballroom <ul style="list-style-type: none"> • Welcome Remarks • Presentation of Colors • National Anthem • Keynote Address • Greetings From the Host State • Report of the Executive Committee • President's Address • Announcement of Candidates for Open Executive Committee Officer and Member Positions
3:45 PM - 5:15 PM	CPE Grand Portage Ballroom
6:00 PM - 9:00 PM	President's Welcome Reception Minnesota/St Croix/Terrace Honoring NABP President Susan Ksiazek, RPh, DPh <i>Dinner will be served.</i> <i>Dress: business casual</i>

Friday, May 17, 2019

7:00 AM - 3:30 PM	Registration Desk Atrium
7:00 AM - 9:30 AM	NABP Breakfast Atrium
7:30 AM - 9:00 AM	NABP AWARxE Fun Run/Walk Lobby Level Entrance A limited number of fun run/walk spaces are available; once capacity is reached, a wait list will be created. You will receive an email regarding your fun run/walk registration status.
9:30 AM - 10:30 AM	CPE Grand Portage Ballroom
10:45 AM - 11:45 AM	CPE Grand Portage Ballroom

11:45 AM - 1:00 PM	<p>NABP Lunch Atrium <i>(Grab and Go)</i></p>
1:00 PM - 3:00 PM	<p>Second Business Session Grand Portage Ballroom</p> <ul style="list-style-type: none"> • Report of the Treasurer • Report of the Executive Director/Secretary • Report of the Committee on Resolutions • Report of the Committee on Constitution and Bylaws • Candidate Speeches for Open Executive Committee Officer and Member Positions
3:00 PM - 3:30 PM	<p>Informal Member/Candidate Discussions Atrium</p>

Saturday, May 18, 2019

7:00 AM - 11:00 AM	<p>Registration Desk Atrium</p>
7:00 AM - 8:00 AM	<p>NABP Continental Breakfast Atrium</p>
8:30 AM - 11:30 AM	<p>Final Business Session Grand Portage Ballroom</p> <ul style="list-style-type: none"> • Election and Installation of 2019-2020 Executive Committee Officers and Members • Remarks of the Incoming President • Final Report of the Committee on Constitution and Bylaws <ul style="list-style-type: none"> • Discuss and Vote on Amendments • Final Report of the Committee on Resolutions <ul style="list-style-type: none"> • Discuss and Vote on Resolutions • Invitation to the 2020 Annual Meeting
12:45 PM - 2:30 PM	<p>Annual Awards Luncheon Grand Portage Ballroom</p> <ul style="list-style-type: none"> • Presentation to 2019 Honorary President • Presentation to Susan Ksiazek, RPh, DPh, 2019-2020 Chairperson, NABP Executive Committee • Presentation of the 2019 Fred T. Mahaffey Award • Presentation of the 2019 Henry Cade Memorial Award • Presentation of the 2019 John F. Atkinson Service Award • Presentation of the 2019 Lester E. Hosto Distinguished Service Award <p><i>Dress: business casual</i></p>

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Maximilian Turner, Bureau Assistant, on behalf of Thad Schumacher		2) Date When Request Submitted: 1/7/2019 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: Pharmacy Examining Board			
4) Meeting Date: 2/27/2019	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Speaking Engagements, Travel, or Public Relation Requests 1) Pharmacy Society of Wisconsin Legislative Day – March 13, 2019 – Madison, WI	
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: The Board should consider designating a member to speak at the Pharmacy Society of Wisconsin Legislative Day event at the Monona Terrace Convention Center in Madison, WI on Wednesday, March 13, 2019. If a member is designated, the Board should also authorize travel to the event.			
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.			



January 3, 2018

Thaddeus Schumacher, Chair
Wisconsin Pharmacy Examining Board
Department of Safety and Professional Services
4822 Madison Yards Way
Madison, WI 53705

RE: Speaking Invitation: PSW Legislative Day – March 13, 2019

Dear Dr. Schumacher,

The Pharmacy Society of Wisconsin (PSW) is hosting its annual Legislative Day on Wednesday, March 13, 2019 in Madison, Wisconsin. We anticipate an attendance of over 300 pharmacists, pharmacy technicians, and pharmacy students. The agenda will include a discussion of several pharmacy-related legislative and regulatory priorities.

On behalf of the Board of Directors and staff of the Pharmacy Society of Wisconsin, I would like to invite you and other members of the Pharmacy Examining Board to attend our Legislative Day and address our members. They would appreciate hearing a regulatory update from Pharmacy Examining Board members. I have sent an invitation to Andrea Magermans of the ePDMP requesting a presentation after the PEB provides a regulatory update. If you agree, we would then allow audience members to ask questions of both the PEB members and PDMP staff.

The details of the day are as follows:

Date: Wednesday, March 13, 2019

Location: Monona Terrace Convention Center, 1 John Nolen Drive, Madison, WI

Requested Speaking Time: 11 a.m. to 12 p.m.

Please let me know at your convenience if you will be able to join us, and please do not hesitate to contact me at dwomack@pswi.org or 608-827-9200 with any questions. Thank you for your consideration of this request.

Sincerely,

A handwritten signature in dark grey ink that reads "Danielle Womack". The signature is written in a cursive, flowing style.

Danielle M. Womack, MPH
Vice President, Public Affairs
Pharmacy Society of Wisconsin