



PODIATRY AFFILIATED CREDENTIALING BOARD
Virtual, 4822 Madison Yards Way, Madison
Contact: Valerie Payne (608) 266-2112
June 11, 2020

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

AGENDA

9:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A. Adoption of Agenda (1-4)**
- B. Approval of Minutes of October 18, 2018 (5-7)**
- C. Introductions, Announcements and Recognition – Discussion and Consideration**
 - 1. Kerry Connelly – Public Member (Replaces: Brown) – 7/1/2022
 - 2. Jack Hutter – Podiatrist Member (Replaces: Weis) – 7/1/2023
 - 3. Robert Sage – Podiatrist Member (Replaces: Giesking) – 7/1/2020
- D. Administrative Updates – Discussion and Consideration**
 - 1. Department and Staff Updates
 - 2. Annual Policy Review **(8)**
 - 3. Election of Officers, Appointment of Liaisons, and Delegation of Authorities **(9-15)**
 - 4. 2020 Meeting Dates **(16)**
 - 5. Board Members – Term Expiration Dates
 - a. Kerry Connelly – 7/1/2022
 - b. Jack Hutter – 7/1/2023
 - c. Thomas Komp – 7/1/2017
 - d. Robert Sage – 7/1/2020
- E. Legislative and Policy Matters – Discussion and Consideration**
- F. 9:00 A.M. Public Hearing: CR 20-017 – Pod 3, Relating to Continuing Podiatric Medical Education (17-29)**
 - 1. Public Comments Concerning CR 20-017
 - 2. Overview of Administrative Rules Process and CR 20-017
 - 3. Review and Respond to Public Comments and Clearinghouse Report
- G. Administrative Rule Matters – Discussion and Consideration**
 - 1. Scope Statement – Pod 1 – Reciprocal Credentials for Service Members, Former Service Members, and Their Spouses **(30-31)**

2. Preliminary Rule Draft – Pod 1 and 9 – Physician Assistants **(32-34)**
3. Administrative Rules Reporting Requirements Under 2017 Wisconsin Act 108 **(35-37)**
4. Pending and Possible Rulemaking Projects

H. Wisconsin Medical Examining Board Opioid Prescribing Guideline Updated on January 19, 2019 – Discussion and Consideration (38-51)

I. Required Report Under 2017 Wisconsin Act 262 Concerning Opioid Abuse (52-54)

J. Prescription Drug Monitoring Program (PDMP) Update - Discussion and Consideration (55-57)

K. Informational Items

1. 2019-2021 Licensure Fee and Credential Schedule **(58-65)**
2. Occupational Licensure Study Report **(66-150)**

L. Items Added After Preparation of Agenda:

1. Introductions, Announcements and Recognition
2. Election of Board Officers
3. Appointment of Board Liaison(s)
4. Administrative Updates
5. Nominations, Elections, and Appointments
6. Education and Examination Matters
7. Credentialing Matters
8. Practice Matters
9. Legislation and Policy Matters
10. Administrative Rule Matters
11. Liaison Reports
12. Informational Items
13. Disciplinary Matters
14. Presentations of Petitions for Summary Suspension
15. Petitions for Designation of Hearing Examiner
16. Presentation of Proposed Stipulations, Final Decisions and Orders
17. Presentation of Proposed Final Decisions and Orders
18. Presentation of Interim Orders
19. Petitions for Re-Hearing
20. Petitions for Assessments
21. Petitions to Vacate Orders
22. Requests for Disciplinary Proceeding Presentations
23. Motions
24. Petitions
25. Appearances from Requests Received or Renewed
26. Speaking Engagement(s), Travel, or Public Relation Request(s)

M. Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (§ 19.85 (1)(a), Stats.); to consider licensure or certification of individuals (§ 19.85 (1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (§ 19.85 (1)(b), Stats. and § 448.02(8), Stats.); to consider individual histories or disciplinary data (§ 19.85 (1)(f), Stats.); and to confer with legal counsel (§ 19.85 (1)(g), Stats.).

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

1. Stipulations, Final Decisions and Orders

- a. 17 POD 014 – Jeffrey A. Osbourne, D.P.M. **(151-157)**

2. Administrative Warnings

- a. 18 POD 004 – T.J.N. **(158-159)**

3. Case Closings

- a. 17 POD 003 – M.T.L. **(160-162)**
b. 18 POD 005 – A.I.M. **(163-178)**
c. 18 POD 009 – L.R. **(179-183)**
d. 19 POD 003 – P.B. **(184-186)**

O. Deliberation of Items Added After Preparation of the Agenda

1. Education and Examination Matters
2. Credentialing Matters
3. Disciplinary 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. Administrative Warnings
10. Review of Administrative Warnings
11. Proposed Final Decisions and Orders
12. Matters Relating to Costs/Orders Fixing Costs
13. Case Closings
14. Proposed Interim Orders
15. Petitions for Assessments and Evaluations
16. Petitions to Vacate Orders
17. Remedial Education Cases
18. Motions
19. Petitions for Re-Hearing
20. Appearances from Requests Received or Renewed

P. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

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

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

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

ADJOURNMENT

NEXT DATE: OCTOBER 15, 2020

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 at 608-266-2112, or the Meeting Staff at 608-266-5439.

**PODIATRY AFFILIATED CREDENTIALING BOARD
MEETING MINUTES
OCTOBER 18, 2018**

PRESENT: Jeffery Giesking, DPM; Thomas Komp, DPM; William Weis, DPM

STAFF: Tom Ryan, Executive Director; Dale Kleven, Administrative Rules Coordinator; Kimberly Wood, Program Assistant Supervisor-Adv.; and other Department staff

CALL TO ORDER

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

ADOPTION OF AGENDA

Amendments to the Agenda:

MOTION: William Weis moved, seconded by Thomas Komp, to adopt the agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF JUNE 21, 2018

Amendments to the Minutes:

MOTION: William Weis moved, seconded by Jeffery Giesking, to approve the minutes of June 21, 2018 as published. Motion carried unanimously.

LEGISLATIVE/ADMINISTRATIVE RULE MATTERS

Wisconsin Podiatry Affiliated Credentialing Board Opioid Prescribing Guideline

*Wisconsin Medical Examining Board Opioid Prescribing Guideline
as Updated on April 19, 2018*

MOTION: Jeffery Giesking moved, seconded by William Weis, to adopt the Wisconsin Medical Examining Board Opioid Prescribing Guideline published April 19, 2018. Motion carried unanimously.

Required Report Under 2017 Wisconsin Act 262 Concerning Opioid Abuse

MOTION: Thomas Komp moved, seconded by Jeffery Giesking, to approve the Board's final report on opioid abuse for submission as required under 2017 Wisconsin Act 262. Motion carried unanimously.

Administrative Rules Reporting Requirement Under 2017 Wisconsin Act 108

MOTION: Thomas Weis moved, seconded by Jeffery Giesking, to designate Jeffery Giesking, and William Weis as an alternate, to serve as liaison to DSPS staff for drafting the Act 108 report, relating to administrative rules, and to authorize the designated liaison or alternate (if necessary) to approve the report for submission to the Joint Committee for Review of Administrative Rules. Motion carried unanimously.

Review of Revised Draft Proposed Permanent Rules for Pod 3, Relating to Continuing Podiatric Medical Education

MOTION: William Weis moved, seconded by Jeffery Giesking, to designate Thomas Komp to approve the preliminary rule draft of Pod 3, relating to continuing podiatric medical education, for posting for economic impact comments and submission to the Clearinghouse. Motion carried unanimously.

CLOSED SESSION

MOTION: Jeffery Giesking moved, seconded by Thomas Komp, 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 448.02(8), 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.). William Weis, Chair, read the language of the motion aloud for the record. The vote of each member was ascertained by voice vote. Roll Call Vote: Jeffery Giesking-yes; Thomas Komp-yes; and William Weis-yes. Motion carried unanimously.

The Board convened into Closed Session at 10:37 a.m.

RECONVENE TO OPEN SESSION

MOTION: William Weis moved, seconded by Thomas Komp, to reconvene in Open Session. Motion carried unanimously.

The Board reconvened into Open Session at 10:40 a.m.

**VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION,
IF VOTING IS APPROPRIATE**

MOTION: William Weis moved, seconded by Jeffery Giesking, 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.)

**DELIBERATION ON DIVISION OF LEGAL SERVICES AND COMPLIANCE (DLSC)
MATTERS**

Case Closing

17 POD 010 – M.D.H.

MOTION: William Weis moved, seconded by Jeffery Giesking, to close DLSC case number 17 POD 010, against M.D.H. for No Violation. Motion carried unanimously.

**DELEGATION OF RATIFICATION OF EXAMINATION RESULTS
AND RATIFICATION OF LICENSES AND CERTIFICATES**

MOTION: William Weis moved, seconded by Jeffery Giesking, to delegate ratification of examination results to DSPS staff and to ratify all licenses and certificates as issued. Motion carried unanimously.

ADJOURNMENT

MOTION: William Weis moved, seconded by Thomas Komp, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 10:43 a.m.

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Kimberly Wood, Program Assistant Supervisor-Adv.		2) Date When Request Submitted: 1/7/2020 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: All Boards			
4) Meeting Date:	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Annual Policy Review	
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: Please be advised of the following Annual Policy Review items: <ol style="list-style-type: none"> 1. Attendance/Quorum – Thank you for your service and for your commitment to meeting attendance. If you cannot attend a meeting, we ask that you let us know ASAP as quorum is required for our Boards, Sections and Councils to meet pursuant to Open Meetings Law. DSPS Boards-Open Meetings Resources 2. Walking Quorum – Please refrain from discussing Board/Section/Council business with other members outside of legally noticed meetings so to avoid walking quorum issues pursuant to Open Meetings Law. DSPS Boards-Open Meetings Resources 3. Agenda Deadlines – Please let your executive Director know if you have items to be considered on an upcoming agenda no less than 8 business days prior to a meeting when possible. DSPS Boards-Reference Materials-Meeting Timeline 4. Travel Voucher and Per Diem Submissions – Please submit all Per Diem and Reimbursement Claims to DSPS within 30 days of date an expense is incurred. DSPS Boards-Travel and Reimbursement-Travel and Reimbursement Overview 5. Lodging Accommodations/Hotel Cancellation Policy – Lodging accommodations are provided to members who must leave home before 6:00 a.m. to attend a meeting. If you cannot attend a meeting it is the board member’s responsibility to cancel their reservation within the stated cancellation timeframe. If a meeting is changed to a teleconference or cancelled or rescheduled, DSPS staff will make lodging cancellations or modifications as needed. DSPS Boards-Travel and Reimbursement-Travel and Reimbursement Overview 6. Inclement Weather Policy – In the event of inclement weather the agency may change a meeting from an in-person meeting to a teleconference. 			
11) Authorization <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%; border-bottom: 1px solid black; padding-bottom: 5px;"> <i>Kimberly Wood</i> </div> <div style="width: 35%; border-bottom: 1px solid black; padding-bottom: 5px;"> 1/7/2020 </div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> Signature of person making this request Date </div> <hr/> <div style="display: flex; justify-content: space-between;"> Supervisor (if required) Date </div> <hr/> <div style="display: flex; justify-content: space-between;"> Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date </div>			
Directions for including supporting documents: <ol style="list-style-type: none"> 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting. 			

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Megan Glaeser, Bureau Assistant		2) Date When Request Submitted: June 1, 2020 <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: Podiatry Affiliated Credentialing Board			
4) Meeting Date: June 11, 2020	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, Appointment of Liaisons and Alternates, and 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 2020. 2) The new Chairperson should review and appoint/reappoint Liaisons and Alternates as appropriate. 3) The Board should review and then consider continuation or modification of previously delegated authorities.			
11) Authorization			
Megan Glaeser		June 1, 2020	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
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Podiatry Affiliated Credentialing Board 2018 Officers, Liaisons, and Authorities

2018 ELECTION RESULTS	
Board Chair	William Weis
Vice Chair	Jeffery Giesking
Secretary	Thomas Komp
2018 LIAISON APPOINTMENTS	
Credentialing Liaison	Jeffery Giesking <i>Alternate – Thomas Komp</i>
Education and Exams Liaison	William Weis <i>Alternate: Thomas Komp</i>
Monitoring Liaison	Thomas Komp <i>Alternate – Jeffery Giesking</i>
Professional Assistance Procedure Liaison	Jeffery Giesking <i>Alternate: William Weis</i>
Legislative Liaison	Jeffery Giesking <i>Alternate: Thomas Komp</i>
Travel Liaison	Thomas Komp <i>Alternate: William Weis</i>
Rules Liaison	William Weis <i>Alternate: Thomas Komp</i>
Screening Panel	William Weis, Jeffery Giesking <i>Alternate: Thomas Komp</i>

Delegated Authority for Urgent Matters

MOTION: Thomas Komp moved, seconded by Jeffery Giesking, 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.

Credentialing Authority Delegations

Delegation of Authority to Credentialing Liaison

MOTION: Thomas Komp moved, seconded by Jeffery Giesking, to delegate authority to the Credentialing Liaison(s) to address all issues related to credentialing matters, except potential denial decisions, which should be referred to the full Board for final determination. Motion carried unanimously.

Delegation of Authority to DSPS When Rule and Statute Criteria is Met

MOTION: William Weis moved, seconded by Thomas Komp, 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: William Weis moved, seconded by Jeffery Giesking, 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.

Voluntary Surrenders

MOTION: Jeffery Giesking moved, seconded by Thomas Komp, to delegate authority to the assigned case advisor to accept or refuse a request for voluntary surrender of a license by a licensee who has a pending complaint or disciplinary matter per Wis. Stat. § 440.19. Motion carried unanimously.

Document Signature Delegation

MOTION: William Weis moved, seconded by Thomas Komp, 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 Delegations

MOTION: Thomas Komp moved, seconded by Jeffery Giesking, to adopt the 'Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor' document as presented. Motion carried unanimously.

Legislative Liaison Delegation

MOTION: Thomas Komp moved, seconded by William Weis, to delegate authority to the Legislative Liaisons to speak on behalf of the Board regarding legislative matters. Motion carried unanimously.

Travel Delegation

MOTION: William Weis moved, seconded by Jeffery Giesking, to authorize the travel liaison to approve all Board travel. Motion carried unanimously.

Optional Renewal Notice Insert Delegation

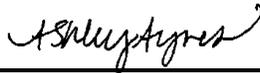
MOTION: William Weis moved, seconded by Jeffery Giesking, to designate the chief presiding officer, or longest serving member of the Board, in order of succession, to provide a brief statement or link relating to board-related business within the license renewal notice at the Board's or Board designee's request. Motion carried unanimously.

Occupational Licensure Study Liaison

MOTION: William Weis moved, seconded by Jeffery Giesking, to designate William Weis as the Board's liaison to represent and speak on behalf of the Board regarding occupational license review and related matters. Motion carried unanimously.

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Ashley Ayres Monitoring and Intake Supervisor Division of Legal Services and Compliance		2) Date When Request Submitted: December 31, 2019 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: Podiatry Affiliated Credentialing Board			
4) Meeting Date: February 6, 2020	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 Authorities	
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: <ol style="list-style-type: none"> 1. Appoint primary and alternate liaisons for Monitoring, and for the Professional Assistance Procedure (PAP). 2. Adopt or reject the Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor document as presented in today's agenda packet. 3. Delegate authority to Board Counsel to sign Monitoring orders on behalf of the Board/Section, after the Board/Section has taken action on Monitoring agenda items. <p style="margin-left: 20px;"><i>Current practice is for Department Monitors to draft Monitoring orders after Board meetings, send them to Board Counsel for review, and then send them to the Executive Director for subsequent review and signature. With the new proposed process, Department Monitors would only send their orders to Board Counsel for review and signature, eliminating the need for a second review by the Executive Director.</i></p>			
11) Authorization <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;">  <hr/> Signature of person making this request </div> <div style="width: 35%; text-align: right;"> December 31, 2019 <hr/> Date </div> </div> <hr/> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;"> Supervisor (if required) </div> <div style="width: 35%; text-align: right;"> Date </div> </div> <hr/> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;"> Executive Director signature (indicates approval to add post agenda deadline item to agenda) </div> <div style="width: 35%; text-align: right;"> Date </div> </div>			
Directions for including supporting documents: <ol style="list-style-type: none"> 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting. 			

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: Megan Glaeser, Bureau Assistant		2) Date When Request Submitted: June 1, 2020 <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: Podiatry Affiliated Credentialing Board			
4) Meeting Date: June 11, 2020	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? 2020 Meeting Dates	
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: Please review the finalized 2020 meeting date/s. Any conflicts should be identified so to ensure quorum. 6/1/2020 10/15/2020			
11) Authorization			
Megan Glaeser		June 1, 2020	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dale Kleven Administrative Rules Coordinator		2) Date When Request Submitted: 6/1/20 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Podiatry Affiliated Credentialing Board			
4) Meeting Date: 6/11/20	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? 9:00 A.M. Public Hearing: CR 20-017 – Pod 3, Relating to Continuing Podiatric Medical Education 1. Public Comments Concerning CR 20-017 2. Overview of Administrative Rules Process and CR 20-017 3. Review and Respond to Public Comments and Clearinghouse Report Administrative Rule Matters – Discussion and Consideration 1. Scope Statement – Pod 1 – Reciprocal Credentials for Service Members, Former Service Members, and Their Spouses 2. Preliminary Rule Draft – Pod 1 and 9 – Physician Assistants 3. Administrative Rules Reporting Requirement Under 2017 Wisconsin Act 108 4. Pending and Possible Rulemaking Projects Wisconsin Podiatry Affiliated Credentialing Board Opioid Prescribing Guideline 1. Wisconsin Medical Examining Board Opioid Prescribing Guideline as Updated on January 16, 2019 Required Report Under 2017 Wisconsin Act 262 Concerning Opioid Abuse	
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: Administrative Rule Matters – Discussion and Consideration 1. Scope Statement – Pod 1: Under prior law, the spouse of a service member could obtain a temporary reciprocal credential granted by DSPS or a board attached to DSPS. 2019 Wisconsin Act 143 expanded the availability of a reciprocal credential to include service members, former service members, and the spouses of former service members. The Act also provides that a reciprocal credential granted to a service member, former service member, or the spouse of a service member or former service member expires on the same renewal date as the credential that corresponds to the reciprocal credential, and that the reciprocal credential may be renewed by paying the applicable fee and satisfying the requirements that apply to renewing the corresponding credential. Also, under the Act, DSPS or a board attached to DSPS may promulgate rules necessary to implement the Act. Wisconsin Podiatry Affiliated Credentialing Board Opioid Prescribing Guideline At its January 16, 2019 meeting, the Medical Examining Board revised its Opioid Prescribing Guideline as follows: MOTION: Timothy Westlake moved, seconded by Robert Zoeller, to amend the Wisconsin Medical Examining Board Opioid Guideline renumbering for the insertion of the new item # 2, and which will read as follows: 2. It is best practice for a practitioner to consider guidelines within their specialty when prescribing opioids.			

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

11)	Authorization
<hr/>	
Signature of person making this request	Date
<i>Dale Kleven</i>	<i>June 1, 2020</i>
<hr/>	
Supervisor (if required)	Date
<hr/>	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date	
<hr/>	
Directions for including supporting documents:	
<ol style="list-style-type: none">1. This form should be attached to any documents submitted to the agenda.2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director.3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.	

STATE OF WISCONSIN
PODIATRY AFFILIATED CREDENTIALING BOARD

IN THE MATTER OF RULEMAKING	:	PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE	:	PODIATRY AFFILIATED
PODIATRY AFFILIATED	:	CREDENTIALING BOARD
CREDENTIALING BOARD	:	ADOPTING RULES
	:	(CLEARINGHOUSE RULE)

PROPOSED ORDER

An order of the Podiatry Affiliated Credentialing Board to amend Pod 3.02 (1) (intro.) and (a) to (e) and (4) (intro.) and (a), 3.03 (1) to (3), and 3.04 and create Pod 3.01 (1m), relating to continuing podiatric medical education.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted:

Section 440.03 (4m), Stats.

Statutory authority:

Sections 15.085 (5) (b), 448.665, and 448.695 (2), Stats.

Explanation of agency authority:

Section 15.085 (5) (b), Stats., provides an affiliated credentialing board “[s]hall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains. . .”

Section 448.665, Stats., provides “[t]he affiliated credentialing board shall promulgate rules establishing requirements and procedures for licensees to complete continuing education programs or courses of study in order to qualify for renewal of a license granted under this subchapter.”

Section 448.695 (2), Stats., provides “[t]he affiliated credentialing board may promulgate rules to carry out the purposes of this subchapter.”

Related statute or rule:

Chapter Pod 4 provides the requirements for biennial registration of a license to practice podiatry, including the requirements for completion of continuing education under ch. Pod 3.

Plain language analysis:

Section Pod 3.01 (1m) is created to define requirements for the completion of continuing education hours related to prescribing controlled substances for the renewal date occurring on October 31, 2022.

Section Pod 3.02 (1) (e) is revised to reflect that the Wisconsin Society of Podiatric Medicine has changed its name to the Wisconsin Podiatric Medical Association.

Section Pod 3.04 is revised to reflect s. 440.03 (4m), Stats., as created by 2017 Wisconsin Act 59. Under this provision, the Board may require a credential holder to submit proof of completion of continuing education programs or courses only if a complaint is made against the credential holder.

The proposed rules also revise the provisions in ss. Pod 3.03 (2) and 3.04 to provide a consistent standard for the retention of evidence of completion of continuing education requirements, and make changes throughout the remainder of ch. Pod 3 to provide clarity and conform to current standards for drafting administrative rules.

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

None.

Comparison with rules in adjacent states:

Illinois:

68 Ill. Admin. Code 1360.70 d) 2) provides the requirements for retention and production of evidence of compliance with the continuing education requirements. The Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation may require additional evidence demonstrating compliance with the continuing education requirements. It is the responsibility of each applicant for renewal to retain or otherwise produce evidence of such compliance. Such additional evidence is required in the context of the Division's random audit.

The rules do not require continuing education related to prescribing opioids.

Iowa:

645 IAC 4.11 provides the requirements for retention and production of evidence of compliance with the continuing education requirements. The Iowa Board of Podiatry may select licensees for audit following license renewal. Upon audit, a licensee is required to provide an individual certificate of completion issued to the licensee or evidence of successful completion of the course from the course sponsor. All licensees must retain documentation of compliance with the continuing education requirements for two years following license renewal.

The rules do not require continuing education related to prescribing opioids.

Michigan:

Mich Admin Code, R 338.8126 (2) provides the requirements for retention and production of evidence of compliance with the continuing education requirements. The Michigan Board of Podiatry may require a licensee to submit evidence of compliance, and all licensees are required to retain documentation of meeting the requirements for a period of 4 years from the date of applying for license renewal.

The rules require a minimum of 5 of the 150 hours of continuing education required for renewal to be earned in the area of pain and symptom management (Mich Admin Code, R 338.8127).

Minnesota:

Minnesota Rules, Part 6900.0200 Subpart 4 provides the requirements for retention and production of evidence of compliance with the continuing education requirements. All licensees must, during each renewal period, submit proof of attendance at qualifying continuing education programs to the Minnesota Board of Podiatric Medicine. Verification must be in the form of a certificate, descriptive receipt, or affidavit.

The rules do not require continuing education related to prescribing opioids.

Summary of factual data and analytical methodologies:

The proposed rules were developed by reviewing the provisions of ch. Pod 3 to ensure clarity and consistency and to reflect applicable Wisconsin Statutes and current standards for drafting administrative rules. Input and feedback were solicited and obtained from the Podiatry Affiliated Credentialing Board.

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

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

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis document is attached.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Daniel.Hereth@wisconsin.gov, or by calling (608) 267-2435.

Agency contact person:

Dale Kleven, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, Wisconsin 53708-8366; telephone 608-261-4472; email at DSPSAdminRules@wisconsin.gov.

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

Comments may be submitted to Dale Kleven, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, WI 53708-8366, or by email to DSPSAdminRules@wisconsin.gov. Comments must be received at or before the public hearing to be held at 9:00 a.m. on June 11, 2020, to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. Pod 3.01 (1m) is created to read:

Pod 3.01 (1m) (a) Except as provided under par. (b), for the renewal date occurring on October 31, 2022, a minimum of 2 of the 50 hours of continuing podiatric medical education required under sub. (1) shall be an educational course or program related to opioid prescribing.

(b) This subsection does not apply to a podiatrist who, at the time of making application for a certificate of registration, does not hold a U.S. drug enforcement administration number to prescribe controlled substances.

SECTION 2. Pod 3.02 (1) (intro.) and (a) to (e) and (4) (intro.) and (a) are amended to read:

Pod 3.02 (1) (intro.) In satisfaction of the biennial training requirement under s. Pod 3.01 (1) and s. 448.665, Stats., the board shall accept an educational program approved at the time of the podiatrist's attendance by any of the following:

(a) The ~~council~~ Council on podiatric medical education Podiatric Medical Education of the American ~~podiatric medical association~~ Podiatric Medical Association.

(b) The ~~council~~ Council on medical education Medical Education of the American ~~medical association~~ Medical Association.

(c) The ~~council~~ Council on medical education Medical Education of the American ~~osteopathic association~~ Osteopathic Association.

(d) The ~~accreditation council~~ Accreditation Council for continuing medical education Continuing Medical Education.

(e) The Wisconsin ~~Society of Podiatric Medicine~~ Medical Association.

(4) (intro.) The board shall accept as satisfaction of the biennial training requirement under s. Pod 3.01 (1) and s. 448.665, Stats., evidence that the podiatrist graduated from a school of podiatric medicine and surgery approved by the board pursuant to s. Pod 1.03 (2), ~~as long as both of~~ if all of the following ~~are in effect~~ apply:

(a) The podiatrist is, for the first time, renewing a license to practice podiatric medicine and surgery in ~~Wisconsin~~ this state.

SECTION 3. Pod 3.03 (1) to (3) are amended to read:

Pod 3.03 (1) Certification by the providing organization or by one of the approved accrediting bodies shall be accepted by the board as evidence of attendance at and completion of a continuing medical education program approved under s. Pod 3.01 is satisfactory evidence for purposes of sub. (2) and s. Pod 3.03 program.

(2) Evidence A podiatrist shall retain evidence of compliance shall be retained by each podiatrist through the biennium for which 50 hours of credit are required for registration for a minimum of 4 years from the date of completion of an educational program.

(3) A certified copy of an official transcript or a diploma shall be accepted by the board as the evidence of graduation from an approved school of podiatric medicine and surgery ~~from which the podiatrist graduated is satisfactory evidence of compliance with required under s. Pod 3.02 (4), provided that the requirements of s. Pod 3.02 (4) (a) and (b) have been met.~~

SECTION 4. Pod 3.04 is amended to read:

Pod 3.04 Audit. The board ~~may conduct a random~~ shall audit of any licensee ~~on a biennial basis to determine for compliance with the continuing education requirements under this chapter any licensee who is under investigation by the board for alleged misconduct. The board may require any podiatrist to submit evidence to the board of his or her compliance with continuing education requirements during the preceding biennium for the purpose of conducting an audit. Licensees shall retain certificates of continuing education attendance for a minimum period of 4 years.~~

SECTION 5. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

1. Type of Estimate and Analysis <input checked="" type="checkbox"/> Original <input type="checkbox"/> Updated <input type="checkbox"/> Corrected	2. Date November 15, 2018
3. Administrative Rule Chapter, Title and Number (and Clearinghouse Number if applicable) Pod 3	
4. Subject Continuing podiatric medical education	
5. Fund Sources Affected <input type="checkbox"/> GPR <input type="checkbox"/> FED <input checked="" type="checkbox"/> PRO <input type="checkbox"/> PRS <input type="checkbox"/> SEG <input type="checkbox"/> SEG-S	6. Chapter 20, Stats. Appropriations Affected 20.165(1)(hg)
7. Fiscal Effect of Implementing the Rule <input type="checkbox"/> No Fiscal Effect <input type="checkbox"/> Increase Existing Revenues <input checked="" type="checkbox"/> Increase Costs <input type="checkbox"/> Decrease Costs <input type="checkbox"/> Indeterminate <input type="checkbox"/> Decrease Existing Revenues <input checked="" type="checkbox"/> Could Absorb Within Agency's Budget	
8. The Rule Will Impact the Following (Check All That Apply) <input type="checkbox"/> State's Economy <input type="checkbox"/> Specific Businesses/Sectors <input type="checkbox"/> Local Government Units <input type="checkbox"/> Public Utility Rate Payers <input type="checkbox"/> Small Businesses (if checked, complete Attachment A)	
9. Estimate of Implementation and Compliance to Businesses, Local Governmental Units and Individuals, per s. 227.137(3)(b)(1). \$0	
10. Would Implementation and Compliance Costs Businesses, Local Governmental Units and Individuals Be \$10 Million or more Over Any 2-year Period, per s. 227.137(3)(b)(2)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11. Policy Problem Addressed by the Rule Section Pod 3.01 (1m) is created to define requirements for the completion of continuing education hours related to prescribing controlled substances for the renewal date occurring on October 31, 2022. Section Pod 3.02 (1) (e) is revised to reflect that the Wisconsin Society of Podiatric Medicine has changed its name to the Wisconsin Podiatric Medical Association. Section Pod 3.04 is revised to reflect s. 440.03 (4m), Stats., as created by 2017 Wisconsin Act 59. Under this provision, the Board may require a credential holder to submit proof of completion of continuing education programs or courses only if a complaint is made against the credential holder. The proposed rules also revise the provisions in ss. Pod 3.03 (2) and 3.04 to provide a consistent standard for the retention of evidence of completion of continuing education requirements, and make changes throughout the remainder of ch. Pod 3 to provide clarity and conform to current standards for drafting administrative rules.	
12. Summary of the Businesses, Business Sectors, Associations Representing Business, Local Governmental Units, and Individuals that may be Affected by the Proposed Rule that were Contacted for Comments. The proposed rule was posted on the Department of Safety and Professional Services' website for 14 days in order to solicit comments from businesses, representative associations, local governmental units, and individuals that may be affected by the rule. No comments were received.	
13. Identify the Local Governmental Units that Participated in the Development of this EIA. No local governmental units participated in the development of this EIA.	
14. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred)	

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

The proposed rule will not have a significant impact on specific businesses, business sectors, public utility rate payers, local governmental units, or the state's economy as a whole.

The Department estimates one-time administrative costs of \$274.59. These costs may be absorbed in the agency budget.

15. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule

The benefit to implementing the rule is putting in place an initiative to address prescription drug abuse. Not implementing the rule would be inconsistent with the statewide initiative to address this issue.

16. Long Range Implications of Implementing the Rule

The long range implication of implementing the rule is increased podiatrist awareness of prescription drug abuse.

17. Compare With Approaches Being Used by Federal Government

None

18. Compare With Approaches Being Used by Neighboring States (Illinois, Iowa, Michigan and Minnesota)

Illinois:

68 Ill. Admin. Code 1360.70 d) 2) provides the requirements for retention and production of evidence of compliance with the continuing education requirements. The Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation may require additional evidence demonstrating compliance with the continuing education requirements. It is the responsibility of each applicant for renewal to retain or otherwise produce evidence of such compliance. Such additional evidence is required in the context of the Division's random audit.

The rules do not require continuing education related to prescribing opioids.

Iowa:

645 IAC 4.11 provides the requirements for retention and production of evidence of compliance with the continuing education requirements. The Iowa Board of Podiatry may select licensees for audit following license renewal. Upon audit, a licensee is required to provide an individual certificate of completion issued to the licensee or evidence of successful completion of the course from the course sponsor. All licensees must retain documentation of compliance with the continuing education requirements for two years following license renewal.

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The rules require a minimum of 5 of the 150 hours of continuing education required for renewal to be earned in the area of pain and symptom management (Mich Admin Code, R 338.8127).

Minnesota:

Minnesota Rules, Part 6900.0200 Subpart 4 provides the requirements for retention and production of evidence of compliance with the continuing education requirements. All licensees must, during each renewal period, submit proof of attendance at qualifying continuing education programs to the Minnesota Board of Podiatric Medicine. Verification must be in the form of a certificate, descriptive receipt, or affidavit.

The rules do not require continuing education related to prescribing opioids.

19. Contact Name

Dale Kleven

20. Contact Phone Number

(608) 261-4472

This document can be made available in alternate formats to individuals with disabilities upon request.

ADMINISTRATIVE RULES
Fiscal Estimate & Economic Impact Analysis

ATTACHMENT A

1. Summary of Rule's Economic and Fiscal Impact on Small Businesses (Separately for each Small Business Sector, Include Implementation and Compliance Costs Expected to be Incurred)

2. Summary of the data sources used to measure the Rule's impact on Small Businesses

3. Did the agency consider the following methods to reduce the impact of the Rule on Small Businesses?

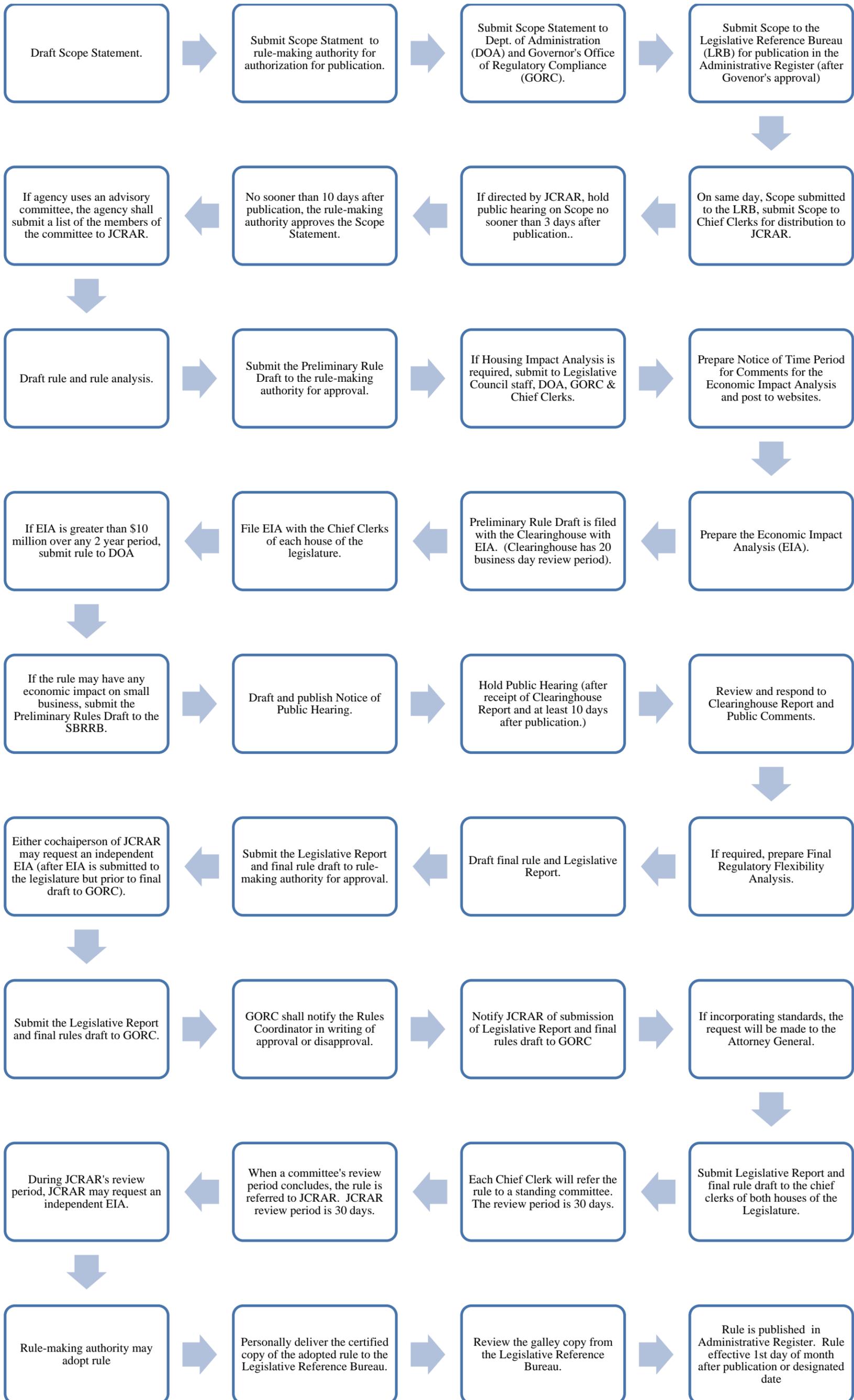
- Less Stringent Compliance or Reporting Requirements
 - Less Stringent Schedules or Deadlines for Compliance or Reporting
 - Consolidation or Simplification of Reporting Requirements
 - Establishment of performance standards in lieu of Design or Operational Standards
 - Exemption of Small Businesses from some or all requirements
 - Other, describe:
-

4. Describe the methods incorporated into the Rule that will reduce its impact on Small Businesses

5. Describe the Rule's Enforcement Provisions

6. Did the Agency prepare a Cost Benefit Analysis (if Yes, attach to form)
 Yes No

PERMANENT RULE PROMULGATION



¹ A scope expires 30 months after the date on which it is published in the register. After it expires, an agency may not submit a proposed rule based upon that scope to the legislature for review and any rule that has not been submitted to the legislature for review before that date shall be considered withdrawn.



WISCONSIN LEGISLATIVE COUNCIL RULES CLEARINGHOUSE

Scott Grosz
Clearinghouse Director

Anne Sappenfield
Legislative Council Director

Margit S. Kelley
Clearinghouse Assistant Director

CLEARINGHOUSE REPORT TO AGENCY

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

CLEARINGHOUSE RULE **20-017**

AN ORDER to amend Pod 3.02 (1) (intro.) and (a) to (e) and (4) (intro.) and (a), 3.03 (1) to (3), and 3.04; and to create Pod 3.01 (1m), relating to continuing podiatric medical education.

Submitted by **PODIATRY AFFILIATED CREDENTIALING BOARD**

04-17-2020 RECEIVED BY LEGISLATIVE COUNCIL.

05-13-2020 REPORT SENT TO AGENCY.

SG:BL

LEGISLATIVE COUNCIL RULES CLEARINGHOUSE REPORT

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

1. STATUTORY AUTHORITY [s. 227.15 (2) (a)]

Comment Attached YES NO

2. FORM, STYLE AND PLACEMENT IN ADMINISTRATIVE CODE [s. 227.15 (2) (c)]

Comment Attached YES NO

3. CONFLICT WITH OR DUPLICATION OF EXISTING RULES [s. 227.15 (2) (d)]

Comment Attached YES NO

4. ADEQUACY OF REFERENCES TO RELATED STATUTES, RULES AND FORMS
[s. 227.15 (2) (e)]

Comment Attached YES NO

5. CLARITY, GRAMMAR, PUNCTUATION AND USE OF PLAIN LANGUAGE [s. 227.15 (2) (f)]

Comment Attached YES NO

6. POTENTIAL CONFLICTS WITH, AND COMPARABILITY TO, RELATED FEDERAL
REGULATIONS [s. 227.15 (2) (g)]

Comment Attached YES NO

7. COMPLIANCE WITH PERMIT ACTION DEADLINE REQUIREMENTS [s. 227.15 (2) (h)]

Comment Attached YES NO

STATEMENT OF SCOPE

Podiatry Affiliated Credentialing Board

Rule No.: Chapter Pod 1

Relating to: Reciprocal credentials for service members, former service members, and their spouses

Rule Type: Permanent

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

None.

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

The objective of the rule is to implement 2019 Wisconsin Act 143.

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:

2019 Wisconsin Act 143 entitles service members, former service members who were discharged within the prior four years under conditions other than dishonorable, and spouses of service members or former service members to obtain a credential if the person resides in Wisconsin and is in good standing with the governmental authorities in every jurisdiction outside Wisconsin that have granted the individual a credential that qualifies the individual to perform acts authorized under the appropriate credential granted by the department or credentialing board. The license may be renewed indefinitely.

This proposed rule will update ch. Pod 1 to implement 2019 Wisconsin Act 143.

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

Section 15.085 (5) (b), Stats., provides that an affiliated credentialing board “[s]hall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains, and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular trade or profession.”

Section 440.09(5), Stats., provides that “[t]he department or credentialing board, as appropriate, may promulgate rules necessary to implement this section.”

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

60 hours

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

Service members, former service members, and spouses of service members or former service members applying for a license to practice podiatry.

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:

There is no existing or proposed federal regulation that addresses podiatry licensure.

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

The proposed rule is likely to have minimal or no economic impact on small businesses and the state's economy as a whole.

Contact Person: Dale Kleven, (608) 261-4472, DSPSAdminRules@wisconsin.gov

Approved for publication:

Approved for implementation:

Authorized Signature

Authorized Signature

Date Submitted

Date Submitted

STATE OF WISCONSIN
PODIATRY AFFILIATED CREDENTIALING BOARD

IN THE MATTER OF RULEMAKING	:	PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE	:	PODIATRY AFFILIATED
PODIATRY AFFILIATED	:	CREDENTIALING BOARD
CREDENTIALING BOARD	:	ADOPTING RULES
	:	(CLEARINGHOUSE RULE)

PROPOSED ORDER

An order of the Podiatry Affiliated Credentialing Board to create ch. Pod 9, relating to physician assistants.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted:

Section 448.21 (4), Stats.

Statutory authority:

Sections 15.085 (5) (b) and 448.695 (2) and (4) (a) and (b), Stats.

Explanation of agency authority:

Section 15.085 (5) (b), Stats., provides an affiliated credentialing board “[s]hall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains. . .”

Section 448.695 (2), Stats., provides “[t]he affiliated credentialing board may promulgate rules to carry out the purposes of this subchapter.”

Section 448.695 (4) (a), Stats., provides the Podiatry Affiliated Credentialing Board shall promulgate rules establishing “[p]ractice standards for a physician assistant practicing podiatry as provided in s. 448.21 (4).”

Section 448.695 (4) (b), Stats., provides the Podiatry Affiliated Credentialing Board shall promulgate rules establishing “[r]equirements for a podiatrist who is supervising a physician assistant as provided in s. 448.21 (4).”

Related statute or rule:

Chapter Med 8 provides practice standards for a physician assistant practicing podiatry and requirements for a podiatrist who is supervising a physician assistant.

Plain language analysis:

As required under s. 448.695 (4) Stats., as created by 2017 Wisconsin Act 227, the proposed rules establish practice standards for a physician assistant practicing podiatry as provided in s. 448.21 (4), Stats., and requirements for a podiatrist who is supervising a physician assistant as provided in s. 448.21 (4), Stats.

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

None.

Comparison with rules in adjacent states:

Illinois:

The Illinois Physician Assistant Practice Act (225 ILCS 95) does not permit a physician assistant to be supervised by or to work in a collaborative relationship with a podiatric physician.

Iowa:

The Iowa statutes do not permit a physician assistant to be supervised by or to work in a collaborative relationship with a podiatrist (Iowa Code § 148C.4).

Michigan:

The Michigan Public Health Code allows a physician assistant to work under a practice agreement with a podiatrist (MCL 333.18047). A practice agreement may not include as a duty or responsibility of the physician assistant or podiatrist an act, task, or function that the physician assistant or podiatrist is not qualified to perform by education, training, or experience and that is not within the scope of the license held by the physician assistant or podiatrist.

Minnesota:

The Minnesota Physician Assistant Practice Act (Minnesota Statutes, Chapter 147A) does not permit a physician assistant to be supervised by or to work in a collaborative relationship with a podiatrist.

Summary of factual data and analytical methodologies:

The proposed rules were developed by reviewing the provisions of 2017 Wisconsin Act 227 and obtaining input and feedback from the Podiatry Affiliated Credentialing Board and the Council on Physician Assistants.

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

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

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department’s Regulatory Review Coordinator may be contacted by email at Daniel.Hereth@wisconsin.gov, or by calling (608) 267-2435.

Agency contact person:

Dale Kleven, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, Wisconsin 53708-8366; telephone 608-261-4472; email at DSPSAdminRules@wisconsin.gov.

TEXT OF RULE

SECTION 1. Chapter Pod 9 is created to read:

CHAPTER POD 9

PHYSICIAN ASSISTANTS

Pod 9.01 Authority and scope. The rules in this chapter are adopted by the podiatry affiliated credentialing board pursuant to the authority delegated by ss. 15.085 (5) (b) and 448.695 (2) and (4), Stats., and establish practice standards for a physician assistant practicing podiatry as provided in s. 448.21 (4), Stats., and requirements for a podiatrist who is supervising a physician assistant as provided in s. 448.21 (4), Stats.

Pod 9.02 Definition. In this chapter, “nonsurgical patient services” means assisting in surgery, making patient rounds, recording patient progress notes, compiling and recording detailed narrative case summaries, and accurately writing or executing orders.

Pod 9.03 Practice standards for a physician assistant practicing podiatry. The practice standards for a physician assistant practicing podiatry are as provided under s. 448.21, Stats., and ss. Med 8.01 (2), 8.07, 8.09, and 8.10. The medical care a physician assistant may provide when practicing podiatry includes assisting a supervising podiatrist in a hospital or facility, as defined in s. 50.01 (1m), Stats., by providing nonsurgical patient services.

Pod 9.04 Requirements for a podiatrist supervising a physician assistant. The requirements for a podiatrist who is supervising a physician assistant are as provided under s. 448.21, Stats., and ss. Med 8.01 (2), 8.07, 8.09, and 8.10.

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

(END OF TEXT OF RULE)

2017 Wisconsin Act 108 created the following reporting requirement:

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.

(2) The report under sub. (1) shall also include all of the following:

(a) A description of the agency's actions, if any, to address each rule listed in the report. If the agency has not taken any action to address a rule listed in the report, the agency shall include an explanation for not taking action.

(b) A description of the status of each rule listed in the previous year's report not otherwise listed.

(c) If the agency determines that there is no rule as described under sub. (1) (a), (b), (c), (d), or (e), a statement of that determination.

(3) If an agency identifies an unauthorized rule under sub. (1) (a) and is not otherwise in the process of promulgating a rule that repeals the unauthorized rule, the agency shall, within 30 days after the agency submits the report, submit a petition to the legislative council staff under s. 227.26 (4) (b) 1. to repeal the unauthorized rule if the agency has not previously done so.

Jeffery L. Giesking
Acting Chairperson

Thomas R. Komp
Secretary

PODIATRY AFFILIATED CREDENTIALING BOARD



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March 21, 2019

Senator Stephen Nass, Senate Co-Chairperson
Joint Committee for Review of Administrative Rules
Room 10 South, State Capitol
Madison, WI 53702

Representative Joan Ballweg, Assembly Co-Chairperson
Joint Committee for Review of Administrative Rules
Room 210 North, State Capitol
Madison, WI 53702

RE: Report Submitted in Compliance with s. 227.29 (1), Stats.

Dear Senator Nass and Representative Ballweg:

This report has been prepared and submitted in compliance with s. 227.29 (1), Stats.

I. Unauthorized rules, as defined in s. 227.26 (4) (a), Stats.:

After careful review of the Board's administrative rules, the Board has determined that no promulgated rules are unauthorized.

II. Rules for which the authority to promulgate has been restricted:

Rule	Description of the legislation that restricted the authority	Action taken to address or reason for not taking an action
Pod 3.04	The Board's authority to request verification of compliance with continuing education requirements has been restricted by 2017 Act 59, s. 1929.	Preliminary rules have been drafted and are ready to be reviewed by the Legislative Council Rules Clearinghouse.

III. Rules that are obsolete or that have been rendered unnecessary:

After careful review of the Board's administrative rules, the Board has determined that no promulgated rules are obsolete or have been rendered unnecessary.

IV. 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:

After careful review of the Board's administrative rules, the Board has determined that no promulgated rules 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.

V. Rules that are economically burdensome:

After careful review of the Board's administrative rules, the Board has determined that no promulgated rules are economically burdensome.

Thank you.

Sincerely,

Handwritten signature of Jeffery L. Giesking, followed by the text "DPM MHA".

Jeffery L. Giesking
Acting Chairperson
Podiatry Affiliated Credentialing Board

William W. Weis
Chairperson

Thomas R. Komp
Vice Chairperson

Jeffery L. Geisking
Secretary

**WISCONSIN PODIATRY AFFILIATED
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On October 18, 2018, the Podiatry Affiliated Credentialing Board adopted the Wisconsin Medical Examining Board Opioid Prescribing Guideline dated April 19, 2018.

Wisconsin Medical Examining Board Opioid Prescribing Guideline – April 19, 2018

Scope and purpose of the guideline: To help providers make informed decisions about acute and chronic pain treatment -pain lasting longer than three months or past the time of normal tissue healing. The guideline is not intended for patients who are in active cancer treatment, palliative care, or end-of-life care. Although not specifically designed for pediatric pain, many of the principals upon which they are based could be applied there, as well.

Opioids pose a potential risk to all patients. The guideline encourages providers to implement best practices for responsible prescribing which includes prescribing the lowest effective dose for the shortest possible duration for post-operative care and acutely-injured patients.

Identify and treat the cause of the pain, use non-opioid therapies

Use non-pharmacologic therapies (such as yoga, exercise, cognitive behavioral therapy and complementary/alternative medical therapies) and non-opioid pharmacologic therapies (such as acetaminophen and anti-inflammatories) for acute and chronic pain. Don't use opioids routinely for chronic pain. When opioids are used, combine them with non-pharmacologic or non-opioid pharmacologic therapy, as appropriate, to provide greater benefits.

Start low and go slow

When opioids are used, prescribe the lowest possible effective dosage and start with immediate-release opioids instead of extended-release/long-acting opioids. Only provide the quantity needed for the expected duration of pain.

Close follow-up

Regularly monitor patients to make sure opioids are improving pain and function without causing harm. If benefits do not outweigh harms, optimize other therapies and work with patients to taper or discontinue opioids, if needed.

What's included in the guideline?

The guideline addresses patient-centered clinical practices including conducting thorough assessments, considering all possible treatments, treating the cause of the pain, closely monitoring risks, and safely discontinuing opioids. The three main focus areas in the guideline include:

1. Determining when to initiate or continue opioids

- Selection of non-pharmacologic therapy, non-opioid pharmacologic therapy, opioid therapy
- Establishment of treatment goals
- Discussion of risks and benefits of therapy with patients

2. Opioid selection, dosage, duration, follow-up and discontinuation

- Selection of immediate-release or extended-release and long-acting opioids
- Dosage considerations
- Duration of treatment
- Considerations for follow-up and discontinuation of opioid therapy

3. Assessing risk and addressing harms of opioid use

- Evaluation of risk factors for opioid-related harms and ways to mitigate/reduce patient risk
- Review of prescription drug monitoring program (PDMP) data
- Use of urine drug testing
- Considerations for co-prescribing benzodiazepines
- Arrangement of treatment for opioid use disorder

Prescription Opioid Guideline

1. Pain is a subjective experience and at present, physicians lack options to objectively quantify pain severity other than by patient reported measures including pain intensity. While accepting the patient's report of pain, the clinician must simultaneously decide if the magnitude of the pain complaint is commensurate with causative factors and if these have been adequately evaluated and addressed with non-opioid therapy.
2. In treating acute pain, if opioids are at all indicated, the lowest dose and fewest number of opioid pills needed should be prescribed. In most cases, less than 3 days' worth are necessary, and rarely more than 5 days' worth. Left-over pills in medicine cabinets are often the source for illicit opioid abuse in teens and young adults. When prescribing opioids, physicians should consider writing two separate prescriptions for smaller amounts of opioids with specific refill dates, rather than a single large prescription. Most patients do not fill the second prescription, thus limiting opioid excess in a patient's home and potential misuse.
3. A practitioner's first priority in treating a patient in pain is to identify the cause of the pain and, if possible, to treat it. While keeping the patient comfortable during this treatment is important, it is critical to address to the extent possible the underlying condition as the primary objective of care.
 - a. Patients unwilling to obtain definitive treatment for the condition causing their pain should be considered questionable candidates for opioids. If opioids are prescribed to such patients, documentation of clear clinical rationale should exist.
 - b. Opioids should not be prescribed unless there is a medical condition present which would reasonably be expected to cause pain severe enough to require an opioid. For conditions where this is questionable, use of other treatments instead of opioids should be strongly considered.
 - c. Consultation should be considered if diagnosis of and/or treatment for the condition causing the pain is outside of the scope of the prescribing practitioner.
4. Opioids should not necessarily be the first choice in treating acute or chronic pain.
 - a. Acute pain: Evidence for opioids is weak. Other treatments such as acetaminophen, anti-inflammatories, and non-pharmacologic treatments should be attempted prior to initiating opioid therapy. Although opioids could be simultaneously prescribed if it is apparent from

- 10.** The use of oxycodone is discouraged. There is no evidence to support that oxycodone is more effective than other oral opioids, while there are multiple studies indicating that oxycodone is more abused and has qualities that would promote addiction to a greater degree than other opioids. As a result, oxycodone should not be considered first-line and should be used only in patients who cannot tolerate other opioids and who have been evaluated for and found not to demonstrate increased risk of abuse.
- 11.** Patients presenting for chronic pain treatment should have a thorough evaluation, which may include the following:
 - a.** Medical history and physical examination targeted to the pain condition.
 - b.** Nature and intensity of the pain.
 - c.** Current and past treatments, with response to each treatment.
 - d.** Underlying or co-existing diseases or conditions, including those which could complicate treatment (i.e., renal disease, sleep apnea, chronic obstructive pulmonary disease (COPD), etc.).
 - e.** Effect of pain on physical and psychological functioning.
 - f.** Personal and family history of substance abuse.
 - g.** History of psychiatric disorders associated with opioid abuse (bipolar, attention deficit disorders (ADD/ADHD), sociopathic, borderline, untreated/severe depression).
 - h.** Medical indication(s) for use of opioids.
- 12.** Initiation of opioids for chronic pain should be considered on a trial basis. Prior to starting opioids, objective symptomatic and functional goals should be established with the patient. If after a reasonable trial these goals are not met, then opioids should be weaned or discontinued.
- 13.** Practitioners should always consider the risk-benefit ratio when deciding whether to start or continue opioids. Risks and benefits should be discussed with patients prior to initiating chronic opioid therapy, and continue to be reassessed during that therapy. If evidence of increased risk develops, weaning or discontinuation of opioids should be considered. If evidence emerges that indicates that the opioids put a patient at the risk of imminent danger (overdose, addiction, etc.), or that they are being diverted, opioids should be discontinued and the patient should be treated for withdrawal, if needed.
 - a.** Exceptions to this include patients with unstable angina and pregnant patients, especially in the 3rd trimester (withdrawal could precipitate pre-term labor).
 - b.** Components of ongoing assessment of risk include:
 - i.** Review of the Prescription Drug Monitoring Program (PDMP) information.
 - ii.** Periodic urine drug testing (including chromatography) – at least yearly in low risk cases, more frequently with evidence of increased risk.
 - iii.** Violations of the opioid agreement.
 - iv.** Periodic pill counts may also be considered for high risk patients.

- 14.** All patients on chronic opioid therapy should have informed consent consisting of:
 - a.** Specifically detailing significant possible adverse effects of opioids, including (but not limited to) addiction, overdose, and death. It is also recommended practitioners discuss with patients the effect opioid use may have on the ability to safely operate machinery or a vehicle in any mode of transportation.
 - b.** Treatment agreement, documenting the behaviors required of the patient by the prescribing practitioner to ensure that they are remaining safe from these adverse effects.
- 15.** Initial dose titration for both acute and chronic pain should be with short-acting opioids. For chronic therapy, it would be appropriate once an effective dose is established to consider long-acting agents for a majority of the daily dose.
- 16.** Opioids should be prescribed in the lowest effective dose. This includes prescribing the lowest effective dose for the shortest possible duration for post-operative care and acutely-injured patients. If daily doses for chronic pain reach 50 morphine milligram equivalents (MMEs), additional precautions should be implemented (see #13.b. above). Given that there is no evidence base to support efficacy of doses over 90 MMEs, with dramatically increased risks, dosing above this level is strongly discouraged, and appropriate documentation to support such dosing should be present on the chart.
- 17.** The use of methadone is not encouraged unless the practitioner has extensive training or experience in its use. Individual responses to methadone vary widely; a given dose may have no effect on one patient while causing overdose in another. Metabolism also varies widely and is highly sensitive to multiple drug interactions, which can cause accumulation in the body and overdose. For a given analgesic effect, the respiratory depressant effect is much stronger compared to other opioids. Finally, methadone can have a potent effect on prolonging the QTc, predisposing susceptible patients to potentially fatal arrhythmias.
- 18.** Prescribing of opioids is strongly discouraged for patients abusing illicit drugs. These patients are at extremely high risk for abuse, overdose, and death. If opioids are prescribed to such patients, a clear and compelling justification should be present.
- 19.** During initial opioid titration, practitioners should re-evaluate patients every 1-4 weeks. During chronic therapy, patients should be seen at least every 3 months, more frequently if they demonstrate higher risk.
- 20.** Practitioners should consider prescribing naloxone for home use in case of overdose for patients at higher risk, including:
 - a.** History of overdose (a relative contraindication to chronic opioid therapy).
 - b.** Opioid doses over 50 MMEs/day.
 - c.** Clinical depression.
 - d.** Evidence of increased risk by other measures (behaviors, family history, PDMP, UDS, risk questionnaires, etc.).

The recommended dose is 0.4 mg for IM or intranasal use, with a second dose available if the first is ineffective or wears off before EMS arrives. Family members can be prescribed naloxone for use with the patient.

21. All practitioners are expected to provide care for potential complications of the treatments they provide, including opioid use disorder. As a result, if a patient receiving opioids develops behaviors indicative of opioid use disorder, the practitioner, when possible, should assist the patient in obtaining addiction treatment, either by providing it directly (buprenorphine, naltrexone, etc. plus behavioral therapy) or referring them to an appropriate treatment center or provider willing to accept the patient. Discharging a patient from the provider's practice solely due to an opioid use disorder is not considered acceptable.

22. Discontinuing Opioid Therapy

- a. If lack of efficacy of opioid therapy is determined, discontinuation of therapy should be performed.
 - i. Opioid weaning can be performed by reducing the MED by 10% weekly until 5-10 mg MED remain at which time the opioid can be fully discontinued.
 - ii. Prescription of clonidine 0.2 mg po BID or tizanidine 2 mg po TID can be provided to patients complaining of opioid withdrawal related symptoms.
- b. If evidence of increased risk develops, weaning or discontinuation of opioid should be considered.
 - i. Opioid weaning can be performed by reducing the MED by 25% weekly until 5-10 mg MED remain at which time the opioid can be fully discontinued.
 - ii. Prescription of clonidine 0.2 mg po BID or tizanidine 2 mg po TID can be provided to patients complaining of opioid withdrawal related symptoms.
 - iii. Physicians can consider weekly or bi-monthly follow-up during the weaning process.
- c. If evidence emerges that indicates that the opioids put a patient at the risk of imminent danger (overdose, addiction, etc.), or that they are being diverted, opioids should be immediately discontinued and the patient should be treated for withdrawal, if needed.

Exceptions to abrupt opioid discontinuation include patients with unstable angina and pregnant patients. These patients should be weaned from the opioid medications in a gradual manner with close follow-up.

23. Current HIPAA Guidance for the Sharing of Protected Health Information with a Patient's Family Members and Loved Ones Irrespective of Patient Wishes.

[Interpretive guidance](#) from the US Department of Health and Human Services Office of Civil Rights, indicates that HIPAA regulations allow health professionals to share health information with a patient's loved ones in emergency or dangerous situations such as opioid overdose. HIPAA allows health care professionals to disclose some health information without a patient's permission under certain circumstances, including: in cases where the patient is incapacitated or unconscious, or where a serious and imminent threat to a patient's health or safety exists. For example, a doctor whose patient has overdosed on opioids is presumed to have complied with HIPAA if the doctor informs family, friends, or caregivers of the opioid abuse after determining, based on the facts and circumstances, that the patient poses a serious and imminent threat to his or her health through continued opioid abuse upon discharge.

Resources

CDC Guideline for Prescribing Opioids for Chronic Pain--United States 2016. Dowell D1, Haegerich TM1, Chou R1., JAMA. 2016 Apr 19;315(15):1624-45. doi:10.1001/jama.2016.1464.

Chronic Opioid Clinical Management Guidelines for Wisconsin Worker's Compensation Patient Care. <https://dwd.wisconsin.gov/wc/medical/pdf/CHRONIC%20OPIOID%20CLINICAL%20MANAGEMENT%20GUIDELINES%20.pdf>

Within-subject comparison of the psychopharmacological profiles of oral oxycodone and oral morphine in non-drug-abusing volunteers. Zacny, James, & Lichtor, Stephanie. *Psychopharmacology* (2008) 196:105-116

Subjective, Psychomotor, and Physiological Effects Profile of Hydrocodone/Acetaminophen and Oxycodone/Acetaminophen Combination Products. Zachny, James, & Gutierrez, Sandra. *Pain Medicine* (2008) Vol 9, No 4: 433-443

Positive and Negative Subjective Effects of Extended-Release Oxymorphone versus Controlled-Release Oxycodone in Recreational Opioid Users. Schoedel, Kerri et. al. *Journal of Opioid Management* 7:3 May/June 2011. 179-192

Tapentadol Abuse Potential: A Postmarketing Evaluation Using a Sample of Individuals Evaluated for Substance Abuse Treatment. Stephen F. Butler, PhD et. al., *Pain Medicine* 2015; 16: 119–130

Methadone Safety: A Clinical Practice Guideline from the American Pain Society and College on Problems of Drug Dependence, in collaboration with the Heart Rhythm Society. Chou R1, et. al., *J Pain*. 2014 Apr;15(4):321-37

Emerging Issues in the Use of Methadone. SAMHSA Substance Abuse Treatment Advisory, Spring 2009, Volume 8, Issue 1, available at <http://store.samhsa.gov/shin/content//SMA09-4368/SMA09-4368.pdf>

Opioid Use, Misuse, and Abuse in Orthopedic Practice. American Academy of Orthopedic Surgeons, Information Statement 1045, October, 2015, available at <http://www.aaos.org/PositionStatements/Statement1045/?ssopc=1>

Wisconsin Medical Society Opioid Prescribing Principles. <https://www.wisconsinmedicalsociety.org/advocacy/boards-councils/society-initiatives/opioid-task-force/opioid-prescribing-principles/>

Kenneth Simons
Chairperson

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Mary Jo Capodice
Secretary

Wisconsin Medical Examining Board Opioid Prescribing Guideline – January 16, 2019

Scope and purpose of the guideline: To help providers make informed decisions about acute and chronic pain treatment -pain lasting longer than three months or past the time of normal tissue healing. The guideline is not intended for patients who are in active cancer treatment, palliative care, or end-of-life care. Although not specifically designed for pediatric pain, many of the principals upon which they are based could be applied there, as well.

Opioids pose a potential risk to all patients. The guideline encourages providers to implement best practices for responsible prescribing which includes prescribing the lowest effective dose for the shortest possible duration for post-operative care and acutely-injured patients.

Identify and treat the cause of the pain, use non-opioid therapies

Use non-pharmacologic therapies (such as yoga, exercise, cognitive behavioral therapy and complementary/alternative medical therapies) and non-opioid pharmacologic therapies (such as acetaminophen and anti-inflammatories) for acute and chronic pain. Don't use opioids routinely for chronic pain. When opioids are used, combine them with non-pharmacologic or non-opioid pharmacologic therapy, as appropriate, to provide greater benefits.

Start low and go slow

When opioids are used, prescribe the lowest possible effective dosage and start with immediate-release opioids instead of extended-release/long-acting opioids. Only provide the quantity needed for the expected duration of pain.

Close follow-up

Regularly monitor patients to make sure opioids are improving pain and function without causing harm. If benefits do not outweigh harms, optimize other therapies and work with patients to taper or discontinue opioids, if needed.

What's included in the guideline?

The guideline addresses patient-centered clinical practices including conducting thorough assessments, considering all possible treatments, treating the cause of the pain, closely monitoring risks, and safely discontinuing opioids. The three main focus areas in the guideline include:

1. Determining when to initiate or continue opioids

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2. Opioid selection, dosage, duration, follow-up and discontinuation

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- Dosage considerations
- Duration of treatment
- Considerations for follow-up and discontinuation of opioid therapy

3. Assessing risk and addressing harms of opioid use

- Evaluation of risk factors for opioid-related harms and ways to mitigate/reduce patient risk
- Review of prescription drug monitoring program (PDMP) data
- Use of urine drug testing
- Considerations for co-prescribing benzodiazepines
- Arrangement of treatment for opioid use disorder

Prescription Opioid Guideline

1. Pain is a subjective experience and at present, physicians lack options to objectively quantify pain severity other than by patient reported measures including pain intensity. While accepting the patient's report of pain, the clinician must simultaneously decide if the magnitude of the pain complaint is commensurate with causative factors and if these have been adequately evaluated and addressed with non-opioid therapy.
2. It is best practice for a practitioner to consider guidelines within their specialty when prescribing opioids.
3. In treating acute pain, if opioids are at all indicated, the lowest dose and fewest number of opioid pills needed should be prescribed. In most cases, less than 3 days' worth are necessary, and rarely more than 5 days' worth. Left-over pills in medicine cabinets are often the source for illicit opioid abuse in teens and young adults. When prescribing opioids, physicians should consider writing two separate prescriptions for smaller amounts of opioids with specific refill dates, rather than a single large prescription. Most patients do not fill the second prescription, thus limiting opioid excess in a patient's home and potential misuse.
4. A practitioner's first priority in treating a patient in pain is to identify the cause of the pain and, if possible, to treat it. While keeping the patient comfortable during this treatment is important, it is critical to address to the extent possible the underlying condition as the primary objective of care.
 - a. Patients unwilling to obtain definitive treatment for the condition causing their pain should be considered questionable candidates for opioids. If opioids are prescribed to such patients, documentation of clear clinical rationale should exist.
 - b. Opioids should not be prescribed unless there is a medical condition present which would reasonably be expected to cause pain severe enough to require an opioid. For conditions where this is questionable, use of other treatments instead of opioids should be strongly considered.
 - c. Consultation should be considered if diagnosis of and/or treatment for the condition causing the pain is outside of the scope of the prescribing practitioner.

5. Opioids should not necessarily be the first choice in treating acute or chronic pain.
 - a. Acute pain: Evidence for opioids is weak. Other treatments such as acetaminophen, anti-inflammatories, and non-pharmacologic treatments should be attempted prior to initiating opioid therapy. Although opioids could be simultaneously prescribed if it is apparent from the patient's condition that he/she will need opioids in addition to these. Don't use opioids routinely for chronic pain. When opioids are used, combine them with non-pharmacologic or non-opioid pharmacologic therapy, as appropriate, to provide greater benefits.
 - b. Acute pain lasting beyond the expected duration: A complication of the acute pain issue (surgical complication, nonunion of fracture, etc.) should be ruled out. If complications are ruled out, a transition to non-opioid therapy (tricyclic antidepressant, serotonin/norepinephrine re-uptake inhibitor, anticonvulsant, etc.) should be attempted.
 - c. Chronic pain: Evidence for opioids is poor. Other treatments such as acetaminophen, anti-inflammatories, and non-pharmacologic treatments (such as yoga, exercise, cognitive behavioral therapy and complementary/alternative medical therapies) should be utilized. Multiple meta-analyses demonstrate that the benefits of opioids are slight, while annualized mortality rates dramatically increased. There are few if any treatments in medicine with this poor a risk/benefit ratio, and there should be adequate clinical indication to indicate why chronic opioid therapy was chosen in a given patient. **Note:** There is no high-quality evidence to support opioid therapy longer than 6 months in duration. Despite this fact, it is considered acceptable although not preferable to continue patients on treatment who have been on chronic opioid therapy prior to this Guideline's release and who have shown no evidence of aberrant behavior.
 - d. Patients unwilling to accept non-pharmacological and/or nonnarcotic treatments (or those providing questionably credible justifications for not using them) should not be considered candidates for opioid therapy.
6. Patients should not receive opioid prescriptions from multiple physicians. There should be a dedicated provider such as a primary care or pain specialist to provide all opioids used in treating any patient's chronic pain, with existing pain contracts being honored. Physicians should avoid prescribing controlled substances for patients who have run out of previously prescribed medication or have had previous prescriptions lost or stolen.
7. Physicians should avoid using intravenous or intramuscular opioid injections for patients with exacerbations of chronic non-cancer pain in the emergency department or urgent care setting.
8. Physicians are encouraged to review the patient's history of controlled substance prescriptions using the Wisconsin Prescription Drug Monitoring Program (PDMP) data to determine whether the patient is receiving opioid dosages or dangerous combinations that put him or her at high risk for overdose. As of April 2017, Wisconsin state law requires prescribers to review the PDMP before prescribing any controlled substance for greater than a three-day supply.
9. Pain from acute trauma or chronic degenerative diseases can oftentimes be managed without opioids prior to surgery. Surgical patients using opioids preoperatively have higher complications rates, require more narcotics postoperatively, and have lower satisfaction rates with poorer outcomes following surgery.

- 10.** Prescribing of opioids is strongly discouraged in patients taking benzodiazepines or other respiratory depressants. Benzodiazepines triple the already high increases in respiratory depression and annual mortality rates from opioids. If they are used concurrently, clear clinical rationale must exist.
- 11.** The use of oxycodone is discouraged. There is no evidence to support that oxycodone is more effective than other oral opioids, while there are multiple studies indicating that oxycodone is more abused and has qualities that would promote addiction to a greater degree than other opioids. As a result, oxycodone should not be considered first-line and should be used only in patients who cannot tolerate other opioids and who have been evaluated for and found not to demonstrate increased risk of abuse.
- 12.** Patients presenting for chronic pain treatment should have a thorough evaluation, which may include the following:
 - a.** Medical history and physical examination targeted to the pain condition.
 - b.** Nature and intensity of the pain.
 - c.** Current and past treatments, with response to each treatment.
 - d.** Underlying or co-existing diseases or conditions, including those which could complicate treatment (i.e., renal disease, sleep apnea, chronic obstructive pulmonary disease (COPD), etc.).
 - e.** Effect of pain on physical and psychological functioning.
 - f.** Personal and family history of substance abuse.
 - g.** History of psychiatric disorders associated with opioid abuse (bipolar, attention deficit disorders (ADD/ADHD), sociopathic, borderline, untreated/severe depression).
 - h.** Medical indication(s) for use of opioids.
- 13.** Initiation of opioids for chronic pain should be considered on a trial basis. Prior to starting opioids, objective symptomatic and functional goals should be established with the patient. If after a reasonable trial these goals are not met, then opioids should be weaned or discontinued.
- 14.** Practitioners should always consider the risk-benefit ratio when deciding whether to start or continue opioids. Risks and benefits should be discussed with patients prior to initiating chronic opioid therapy and continue to be reassessed during that therapy. If evidence of increased risk develops, weaning or discontinuation of opioids should be considered. If evidence emerges that indicates that the opioids put a patient at the risk of imminent danger (overdose, addiction, etc.), or that they are being diverted, opioids should be discontinued, and the patient should be treated for withdrawal, if needed.
 - a.** Exceptions to this include patients with unstable angina and pregnant patients, especially in the 3rd trimester (withdrawal could precipitate pre-term labor).
 - b.** Components of ongoing assessment of risk include:
 - i.** Review of the Prescription Drug Monitoring Program (PDMP) information.
 - ii.** Periodic urine drug testing (including chromatography) – at least yearly in low risk cases, more frequently with evidence of increased risk.
 - iii.** Violations of the opioid agreement.
 - iv.** Periodic pill counts may also be considered for high risk patients.

15. All patients on chronic opioid therapy should have informed consent consisting of:
 - a. Specifically detailing significant possible adverse effects of opioids, including (but not limited to) addiction, overdose, and death. It is also recommended practitioners discuss with patients the effect opioid use may have on the ability to safely operate machinery or a vehicle in any mode of transportation.
 - b. Treatment agreement, documenting the behaviors required of the patient by the prescribing practitioner to ensure that they are remaining safe from these adverse effects.
16. Initial dose titration for both acute and chronic pain should be with short-acting opioids. For chronic therapy, it would be appropriate once an effective dose is established to consider long-acting agents for a majority of the daily dose.
17. Opioids should be prescribed in the lowest effective dose. This includes prescribing the lowest effective dose for the shortest possible duration for post-operative care and acutely-injured patients. If daily doses for chronic pain reach 50 morphine milligram equivalents (MMEs), additional precautions should be implemented (see #14.b. above). Given that there is no evidence base to support efficacy of doses over 90 MMEs, with dramatically increased risks, dosing above this level is strongly discouraged, and appropriate documentation to support such dosing should be present on the chart.
18. The use of methadone is not encouraged unless the practitioner has extensive training or experience in its use. Individual responses to methadone vary widely; a given dose may have no effect on one patient while causing overdose in another. Metabolism also varies widely and is highly sensitive to multiple drug interactions, which can cause accumulation in the body and overdose. For a given analgesic effect, the respiratory depressant effect is much stronger compared to other opioids. Finally, methadone can have a potent effect on prolonging the QTc, predisposing susceptible patients to potentially fatal arrhythmias.
19. Prescribing of opioids is strongly discouraged for patients abusing illicit drugs. These patients are at extremely high risk for abuse, overdose, and death. If opioids are prescribed to such patients, a clear and compelling justification should be present.
20. During initial opioid titration, practitioners should re-evaluate patients every 1-4 weeks. During chronic therapy, patients should be seen at least every 3 months, more frequently if they demonstrate higher risk.
21. Practitioners should consider prescribing naloxone for home use in case of overdose for patients at higher risk, including:
 - a. History of overdose (a relative contraindication to chronic opioid therapy).
 - b. Opioid doses over 50 MMEs/day.
 - c. Clinical depression.
 - d. Evidence of increased risk by other measures (behaviors, family history, PDMP, UDS, risk questionnaires, etc.).

The recommended dose is 0.4 mg for IM or intranasal use, with a second dose available if the first is ineffective or wears off before EMS arrives. Family members can be prescribed naloxone for use with the patient.

22. All practitioners are expected to provide care for potential complications of the treatments they provide, including opioid use disorder. As a result, if a patient receiving opioids develops behaviors indicative of opioid use disorder, the practitioner, when possible, should assist the patient in obtaining addiction treatment, either by providing it directly (buprenorphine, naltrexone, etc. plus behavioral therapy) or referring them to an appropriate treatment center or provider willing to accept the patient. Discharging a patient from the provider's practice solely due to an opioid use disorder is not considered acceptable.

23. Discontinuing Opioid Therapy

- a.** If lack of efficacy of opioid therapy is determined, safe discontinuation of opioid therapy should be performed.
- b.** If evidence of increased risk develops, safe discontinuation of opioid therapy should be considered.
- c.** If evidence emerges that indicates that the opioids put a patient at the risk of imminent danger (overdose, addiction, etc.), or that they are being diverted, opioids should be immediately discontinued, and the patient should be treated for withdrawal, if needed.

Exceptions to abrupt opioid discontinuation include patients with unstable angina and pregnant patients. These patients should be weaned from the opioid medications in a gradual manner with close follow-up.

24. Current HIPAA Guidance for the Sharing of Protected Health Information with a Patient's Family Members and Loved Ones Irrespective of Patient Wishes.

[Interpretive guidance](#) from the US Department of Health and Human Services Office of Civil Rights, indicates that HIPAA regulations allow health professionals to share health information with a patient's loved ones in emergency or dangerous situations such as opioid overdose. HIPAA allows health care professionals to disclose some health information without a patient's permission under certain circumstances, including: in cases where the patient is incapacitated or unconscious, or where a serious and imminent threat to a patient's health or safety exists. For example, a doctor whose patient has overdosed on opioids is presumed to have complied with HIPAA if the doctor informs family, friends, or caregivers of the opioid abuse after determining, based on the facts and circumstances, that the patient poses a serious and imminent threat to his or her health through continued opioid abuse upon discharge.

Resources

CDC Guideline for Prescribing Opioids for Chronic Pain--United States 2016. Dowell D1, Haegerich TM1, Chou R1., JAMA. 2016 Apr 19;315(15):1624-45. doi:10.1001/jama.2016.1464.

Chronic Opioid Clinical Management Guidelines for Wisconsin Worker's Compensation Patient Care. <https://dwd.wisconsin.gov/wc/medical/pdf/CHRONIC%20OPIOID%20CLINICAL%20MANAGEMENT%20GUIDELINES%20.pdf>

Within-subject comparison of the psychopharmacological profiles of oral oxycodone and oral morphine in non-drug-abusing volunteers. Zacny, James, & Lichtor, Stephanie.

Psychopharmacology (2008) 196:105-116

Subjective, Psychomotor, and Physiological Effects Profile of Hydrocodone/Acetaminophen and Oxycodone/Acetaminophen Combination Products. Zachny, James, & Gutierrez, Sandra. Pain Medicine (2008) Vol 9, No 4: 433-443

Positive and Negative Subjective Effects of Extended-Release Oxymorphone versus Controlled-Release Oxycodone in Recreational Opioid Users. Schoedel, Kerri et. al. Journal of Opioid Management 7:3 May/June 2011. 179-192

Tapentadol Abuse Potential: A Postmarketing Evaluation Using a Sample of Individuals Evaluated for Substance Abuse Treatment. Stephen F. Butler, PhD et. al., Pain Medicine 2015; 16: 119–130

Methadone Safety: A Clinical Practice Guideline from the American Pain Society and College on Problems of Drug Dependence, in collaboration with the Heart Rhythm Society. Chou R1, et. al., J Pain. 2014 Apr;15(4):321-37

Emerging Issues in the Use of Methadone. SAMHSA Substance Abuse Treatment Advisory, Spring 2009, Volume 8, Issue 1, available at <http://store.samhsa.gov/shin/content//SMA09-4368/SMA09-4368.pdf>

Opioid Use, Misuse, and Abuse in Orthopedic Practice. American Academy of Orthopedic Surgeons, Information Statement 1045, October, 2015, available at https://www.aaos.org/uploaded/Files/PreProduction/About/Opinion_Statements/advistmt/1045%20Opioid%20Use,%20Misuse,%20and%20Abuse%20in%20Practice.pdf

Wisconsin Medical Society Opioid Prescribing Principles. <https://www.wisconsinmedicalsociety.org/advocacy/boards-councils/society-initiatives/opioid-task-force/opioid-prescribing-principles/>

The following statutory language describes the Board’s authority to issue guidelines and the reporting requirement under 2017 Wisconsin Act 262:

440.035 General duties and powers of examining boards and affiliated credentialing boards.

(2m) (a) In this subsection, “controlled substance” has the meaning given in s. 961.01 (4).

(b) The medical examining board, the podiatry affiliated credentialing board, the board of nursing, the dentistry examining board, or the optometry examining board may issue guidelines regarding best practices in prescribing controlled substances for persons credentialed by that board who are authorized to prescribe controlled substances.

(c) 1. The medical examining board, the podiatry affiliated credentialing board, the board of nursing, the dentistry examining board, and the optometry examining board shall, by November 1, 2018, and annually thereafter, submit a report to the persons specified in subd. 2. that does all of the following:

a. Details proactive efforts taken by the board to address the issue of opioid abuse. The board shall specify whether the board has required, or otherwise encouraged, continuing education related to prescribing controlled substances for persons credentialed by that board who are authorized to prescribe controlled substances.

b. Sets goals for addressing the issue of opioid abuse, as that issue pertains to or implicates the practices of the professions regulated by the board.

c. Describes the actions taken by the board so that the goals described in subd. 1. b. that were identified in the board’s previous reports under this paragraph can be achieved, whether those goals have been achieved, and, if the goals have not been achieved, the reasons therefor.

2. A report under subd. 1. shall be submitted to all of the following:

a. Any committee, task force, or other body or person designated by the governor.

b. To the appropriate standing committees of the legislature with jurisdiction over health issues under s. 13.172 (3).

**WISCONSIN PODIATRY AFFILIATED
CREDENTIALING BOARD**

4822 Madison Yards Way
PO Box 8366
Madison WI 53708-8366

Thomas R Komp
Secretary



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Wisconsin Podiatry Affiliated Credentialing Board Report on Opioid Abuse – October 2019

Scope and purpose of the report: 2017 Wisconsin Act 262 requires the Podiatry Affiliated Credentialing Board to annually submit a report related to opioid abuse to the Legislature and Governor's Office. The report must include proactive efforts taken by the Board to address the issue of opioid abuse and goals for addressing the issue of opioid abuse as it relates to the practice of podiatric medicine and surgery in Wisconsin. The report must also include actions taken by the Board to achieve the goals identified in previous reports, and whether those goals have been achieved.

Proactive efforts taken by the Board to address the issue of opioid abuse:

Opioid Prescribing Guideline

In October 2018, the Board reviewed and adopted the Wisconsin Medical Examining Board Opioid Prescribing Guideline. At its next meeting, the Board will review and consider adoption of the most recent updates to the Medical Examining Board Opioid Prescribing Guideline.

Continuing Education Related to Prescribing Controlled Substances

At its next meeting, the Board will be holding a public hearing on proposed rules that will establish requirements for the completion of continuing podiatric medical education related to prescribing controlled substances. The Board's goal is to have the rules in place for the 2020-2022 biennium.

Goals for addressing the issue of opioid abuse as it relates to the practice of podiatric medicine and surgery in Wisconsin:

Education on the Issue of Opioid Abuse

The Board will work as needed with Prescription Drug Monitoring Program (PDMP) staff to learn of any significant changes to the PDMP.

Enforcement Action

Currently, if an investigation of a podiatrist's prescriptive practices occurs, it is done in response to a complaint filed against the podiatrist. The Board's goal is to, in partnership with the Controlled Substances Board, proactively investigate podiatrists whose prescriptive practices with controlled substances may deviate from the course of legitimate professional practice or constitute a danger to the health, welfare, or safety of patients or the public. The Controlled Substances Board will use reports generated from the Prescription Drug Monitoring Program to refer podiatrists to the Board for possible investigation.

Opioid Prescribing Guideline

The Board will continue to review and, as appropriate, adopt updates to the Wisconsin Medical Examining Board Opioid Prescribing Guideline.

Actions taken by the Board to achieve the goals identified in previous reports:

Education on the Issue of Opioid Abuse

The Board's goal was to work with Prescription Drug Monitoring Program (PDMP) staff to learn what data is available from the PDMP and how extensively the PDMP database is used by licensees. At the Board's next meeting, PDMP staff will present this information to the Board.

Enforcement Action

The Board's goal was to, in partnership with the Controlled Substances Board (CSB), begin proactively investigating podiatrists whose prescriptive practices with controlled substances may deviate from the course of legitimate professional practice or constitute a danger to the health, welfare, or safety of patients or the public.

The CSB uses reports generated from the Prescription Drug Monitoring Program to determine whether podiatrists will be referred to the Board for possible investigation. The Board has not received any referrals from the CSB.

Opioid Prescribing Guideline

The Board's goal was to continue to review and, as appropriate, adopt updates to the Wisconsin Medical Examining Board Opioid Prescribing Guideline.

At its next meeting, the Board will review and consider adoption of the most recent updates to the Medical Examining Board Opioid Prescribing Guideline.

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Andrea Magermans and Sarah Bradley		2) Date When Request Submitted: 02/08/2019 <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: Podiatrists Affiliated Credentialing Board			
4) Meeting Date: 02/21/2019	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Prescription Drug Monitoring Program (PDMP) Update – Discussion and Consideration	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input checked="" type="checkbox"/> Yes, by PDMP Staff <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Summary of PDMP data related to Podiatrists			
11) Signature of person making this request Andrea Magermans 2/8/19		Authorization	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 | ePDMP

Wisconsin Prescription Drug Monitoring Program (PDMP) Update Podiatry Affiliated Credentialing Board, 2/21/19

PDMP Registration – Podiatry (as of 2/8/19)

Total Number of Licensed Podiatrists:	409
Total Number of Podiatrists Registered with the WI ePDMP:	235

Prescribing of Opioids – Podiatry

	12/1/17- 5/31/18	6/1/18- 11/30/18
Number of Podiatrists with Opioid Dispensings:	293	315

- Over 30% of the podiatrists who prescribed opioids during the reporting periods wrote an average of less than 1 prescription per month.
- Per month averages:

	12/1/17- 5/31/18	6/1/18- 11/30/18
Opioid Dispensings/Month (Median)	4	3.16
Opioid Dispensings/Month (Mean)	8.1	7.48
Opioid Dispensings/Month (Mean for prescribers with >1 rx/month)	11.7	11.4

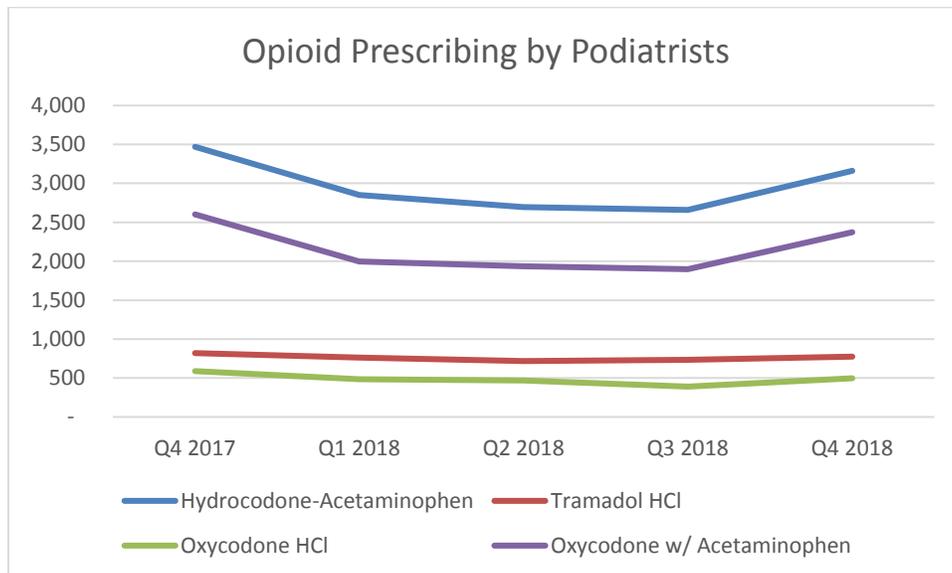
- Less than 1% of all opioids dispensed are prescribed by podiatrists

	12/1/17- 5/31/18	6/1/18- 11/30/18
Total Number of Opioid Dispensings (Podiatry)	14,244	13,746
Total Number of Opioid Dispensings (All Prescribing Professions)	1,734,276	1,784,562

Number of Dispensings for Top Opioid Drugs Prescribed by Podiatrists

- Depending on the specific drug, opioid prescribing by podiatrists account for 0-3% of all opioids dispensed in any given quarter.

	% of total	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018
Hydrocodone-Acetaminophen	1%	3,470	2,852	2,694	2,659	3,161
Tramadol HCl	<1%	820	764	718	735	776
Oxycodone HCl	<1%	589	483	469	390	498
Oxycodone w/Acetaminophen	3%	2,602	1,996	1,937	1,898	2,373



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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Kimberly Wood, Program Assistant Supervisor-Adv. On behalf of Executive Directors Christian Albouras or Debra Sybell		2) Date When Request Submitted: 5/15/2019 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: All Boards and Councils			
4) Meeting Date:	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Informational Item 1. 2019-2021 Fee and Credential Schedule	
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: Informational Only			
11) Authorization			
<i>Kimberly Wood</i>		5/15/2019	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			



May 2019

Dear State of Wisconsin Boards, Councils and Committee Member,

As you may already know, operation of the Department of Safety and Professional Services (DSPS) is self-funded by the fees associated with the occupation or business credentials it issues and regulates under chapters [440](#) to [480](#) of Wisconsin Statutes.

Wisconsin State Statute § 440.03(9)(a) requires DSPS to conduct a professional licensure fee study every two years to adjust fees for the succeeding fiscal biennium. The purpose of the fee study is to reflect the approximate administrative and enforcement costs of the department that are attributable to the regulation of the referenced credentials.

On February 20, 2019, the Joint Finance Committee approved the FY 2019-2021 professional licensure fee study conducted by the DSPS. I am pleased to provide you with the new fee schedule that will take effect on July 1, 2019.

The new fees are based on actual operating costs and revenues for DSPS for fiscal years 2017 and 2018 (July 1, 2016 to June 30, 2018). A detailed explanation how the fees were recalculated, including licensure/credential participation rates, complaints and investigations, and adjustments for inflation can be found in the Frequently Asked Questions document.

For all regulated professional and medical licenses and credentials (except the renewal fee for one profession noted in the enclosed fee schedule), initial application and renewal fees will be reduced or maintained at the current level, including the following:

- Maintaining initial and renewal fees for 43 licenses/credentials (approximately 25 percent)
- Reducing initial fees for 82 licenses/credentials (approx. 48 percent) with an average reduction of \$26.78
- Reducing renewal fees for 121 licenses/credentials (approx. 71 percent) with an average reduction of \$57.42
- Reducing both the initial and renewal fees for 80 licenses/credentials (approx. 47 percent)
- Providing a fee reduction to at least one of the fees (initial and/or renewal) for 127 licenses/credentials (approx. 75 percent)
- Establishing equal fees for both initial applications and renewals with a maximum fee of \$75 for 163 licenses/credentials (approx. 96 percent) (exceptions per state statute for fees related to Appraisal Management Companies and Transportation Network Companies; exception per administrative code for fees related to Unarmed Combat Sports)
- Providing a reduced fee to an estimated 361,000 Wisconsin licensure/credential applicants over the next biennium, (approx. 96 percent of all applicants)

The new fee schedule will take effect beginning with initial license applications received in the Department and/or postmarked on or after July 1, 2019, and for license renewals that have an effective date of July 1, 2019 or later. It should be noted that if a license holder receives a notice of renewal prior to July 1, 2019, for a renew-by date of after July 1, 2019, the new fees will apply regardless of when the notice is received or when payment is made. If a license holder's renew-by date is before July 1, 2019, and the payment is made after July 1, 2019, the fee noted on the notice of renewal will still apply. If the license holder's renew-by date is on or after July 1, 2019, the new fees will apply.

If you have any questions regarding the information provided, please do not hesitate to contact Yolanda McGowan, Division Administrator, Division of Policy Development.

Sincerely,

A handwritten signature in cursive script that reads "Dawn B. Crim". The signature is written in black ink and is positioned above the typed name and title.

Dawn B. Crim
Secretary-designee, Department of Safety and Professional Services

Enclosure

Board/Admin.	License/Credential Name	Project	Current		Proposed Initial Fee	Proposed Renewal Fee	Initial Fee Change	Renewal Fee Change
			Current Initial Fee	Current Renewal Fee				
Accounting Exam Bd	Accountant CPA	16500P1ACBD001	\$75.00	\$82.00	\$43.00	\$43.00	-\$32.00	-\$39.00
Accounting Exam Bd	Accounting Firm	16500P1ACBD003	\$75.00	\$82.00	\$43.00	\$43.00	-\$32.00	-\$39.00
Acupuncturist	Acupuncturist	16500P1ADLD055	\$75.00	\$107.00	\$75.00	\$75.00	\$0.00	-\$32.00
Architect/Engineer Joint Exam Bd	Architect	16500P1ARCD005	\$75.00	\$82.00	\$68.00	\$68.00	-\$7.00	-\$14.00
Architect/Engineer Joint Exam Bd	Architectural or Engineer Corp	16500P1ARCD011	\$75.00	\$82.00	\$68.00	\$68.00	-\$7.00	-\$14.00
Architect/Engineer Joint Exam Bd	Designer Engineering Systems	16500P1DSND007	\$75.00	\$82.00	\$68.00	\$68.00	-\$7.00	-\$14.00
Architect/Engineer Joint Exam Bd	Engineer Professional	16500P1ENGD006	\$75.00	\$82.00	\$68.00	\$68.00	-\$7.00	-\$14.00
Architect/Engineer Joint Exam Bd	Engineer Training	16500P1ENGD500	\$75.00	\$0.00	\$68.00	\$0.00	-\$7.00	\$0.00
Architect/Engineer Joint Exam Bd	Landscape Architect	16500P1LSAD014	\$75.00	\$82.00	\$68.00	\$68.00	-\$7.00	-\$14.00
Architect/Engineer Joint Exam Bd	Land Surveyor Professional	16500P1LSRD008	\$75.00	\$82.00	\$68.00	\$68.00	-\$7.00	-\$14.00
Real Estate Appraiser Bd	Appraiser Licensed	16500P1APPD004	\$75.00	\$170.00	\$16.00	\$16.00	-\$59.00	-\$154.00
Real Estate Appraiser Bd	Appraiser Residential Cert	16500P1APPD009	\$75.00	\$170.00	\$16.00	\$16.00	-\$59.00	-\$154.00
Real Estate Appraiser Bd	Appraiser General Cert	16500P1APPD010	\$75.00	\$170.00	\$16.00	\$16.00	-\$59.00	-\$154.00
Real Estate Appraiser Bd	Appraisal Management Company	16500P1APPD900	\$4,000.00	\$2,000.00	\$4,000.00	\$2,000.00	\$0.00	\$0.00
Athletic Agent	Athletic Agent	16500P1ATHD097	\$75.00	\$107.00	\$38.00	\$38.00	-\$37.00	-\$69.00
Auctioneer Bd	Auctioneer	16500P1AUBD052	\$75.00	\$170.00	\$47.00	\$47.00	-\$28.00	-\$123.00
Auctioneer Bd	Auction Company	16500P1AUBD053	\$75.00	\$170.00	\$47.00	\$47.00	-\$28.00	-\$123.00
Barbering Advisory Committee	Barber Establishment	16500P1BRBD180	\$75.00	\$82.00	\$63.00	\$63.00	-\$12.00	-\$19.00
Barbering Advisory Committee	Barber	16500P1BRBD182	\$75.00	\$82.00	\$63.00	\$63.00	-\$12.00	-\$19.00
Barbering Advisory Committee	Barber Instructor	16500P1BRBD183	\$75.00	\$82.00	\$63.00	\$63.00	-\$12.00	-\$19.00
Barbering Advisory Committee	Barber School	16500P1BRBD187	\$75.00	\$82.00	\$63.00	\$63.00	-\$12.00	-\$19.00
Barbering Advisory Committee	Barber Apprentice	16500P1BRBD601	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$0.00
Unarmed Combat Sports	Boxing Contestant	16500P1BXMA263	\$40.00	\$40.00	\$40.00	\$40.00	\$0.00	\$0.00
Unarmed Combat Sports	Boxing Contest Professional	16500P1BXMA264	\$300.00	\$300.00	\$300.00	\$300.00	\$0.00	\$0.00
Unarmed Combat Sports	Second	16500P1BXMA265	\$40.00	\$40.00	\$40.00	\$40.00	\$0.00	\$0.00
Unarmed Combat Sports	Boxing Promoter Professional	16500P1BXMA266	\$500.00	\$500.00	\$500.00	\$500.00	\$0.00	\$0.00
Unarmed Combat Sports	Mix Martial Arts Judge	16500P1BXMA267	\$15.00	\$15.00	\$15.00	\$15.00	\$0.00	\$0.00
Unarmed Combat Sports	Mix Martial Arts Referee	16500P1BXMA268	\$15.00	\$15.00	\$15.00	\$15.00	\$0.00	\$0.00
Unarmed Combat Sports	Matchmaker	16500P1BXMA270	\$10.00	\$10.00	\$10.00	\$10.00	\$0.00	\$0.00
Unarmed Combat Sports	Physician Ringside	16500P1BXMA271	\$10.00	\$10.00	\$10.00	\$10.00	\$0.00	\$0.00
Unarmed Combat Sports	Timekeeper	16500P1BXMA272	\$10.00	\$10.00	\$10.00	\$10.00	\$0.00	\$0.00
Unarmed Combat Sports	Boxing Judge	16500P1BXMA274	\$15.00	\$15.00	\$15.00	\$15.00	\$0.00	\$0.00
Unarmed Combat Sports	Boxing Referee	16500P1BXMA275	\$15.00	\$15.00	\$15.00	\$15.00	\$0.00	\$0.00
Unarmed Combat Sports	Mix Martial Arts Amateur Conte	16500P1BXMA276	\$40.00	\$40.00	\$40.00	\$40.00	\$0.00	\$0.00
Unarmed Combat Sports	Mix Martial Arts Contestant Pr	16500P1BXMA277	\$40.00	\$40.00	\$40.00	\$40.00	\$0.00	\$0.00
Unarmed Combat Sports	Mix Martial Arts Prof Club	16500P1BXMA278	\$500.00	\$500.00	\$500.00	\$500.00	\$0.00	\$0.00

Board/Admin.	License/Credential Name	Project	Current		Proposed Initial Fee	Proposed Renewal Fee	Initial Fee Change	Renewal Fee Change
			Current Initial Fee	Current Renewal Fee				
Unarmed Combat Sports	Mix Martial Arts Contest Prof	16500P1BXMA279	\$300.00	\$300.00	\$300.00	\$300.00	\$0.00	\$0.00
Unarmed Combat Sports	Mix Martial Arts Promoter Prof	16500P1BXMA280	\$500.00	\$500.00	\$500.00	\$500.00	\$0.00	\$0.00
Unarmed Combat Sports	Unarmed Combat Promoter	16500P1BXMA281	\$500.00	\$500.00	\$500.00	\$500.00	\$0.00	\$0.00
Unarmed Combat Sports	Unarmed Combat Contest	16500P1BXMA282	\$300.00	\$300.00	\$300.00	\$300.00	\$0.00	\$0.00
Unarmed Combat Sports	Kickboxing Contestant Amateur	16500P1BXMA283	\$40.00	\$40.00	\$40.00	\$40.00	\$0.00	\$0.00
Unarmed Combat Sports	Kickboxing Contestant Prof	16500P1BXMA284	\$40.00	\$40.00	\$40.00	\$40.00	\$0.00	\$0.00
Unarmed Combat Sports	Muay Thai Contestant Amateur	16500P1BXMA285	\$40.00	\$40.00	\$40.00	\$40.00	\$0.00	\$0.00
Unarmed Combat Sports	Kickboxing Judge	16500P1BXMA287	\$15.00	\$15.00	\$15.00	\$15.00	\$0.00	\$0.00
Unarmed Combat Sports	Muay Thai Judge	16500P1BXMA288	\$15.00	\$15.00	\$15.00	\$15.00	\$0.00	\$0.00
Unarmed Combat Sports	Kickboxing Referee	16500P1BXMA289	\$15.00	\$15.00	\$15.00	\$15.00	\$0.00	\$0.00
Unarmed Combat Sports	Muay Thai Referee	16500P1BXMA290	\$15.00	\$15.00	\$15.00	\$15.00	\$0.00	\$0.00
Crematory Authority	Crematory Authority	16500P1CACD098	\$75.00	\$170.00	\$75.00	\$75.00	\$0.00	-\$95.00
Cemetery Bd	Cemetery Authority Licensed	16500P1CEMD095	\$75.00	\$170.00	\$75.00	\$75.00	\$0.00	-\$95.00
Cemetery Bd	Cemetery Salesperson	16500P1CEMD096	\$75.00	\$170.00	\$75.00	\$75.00	\$0.00	-\$95.00
Cemetery Bd	Cemetery Preneed Seller	16500P1CEMD101	\$75.00	\$170.00	\$75.00	\$75.00	\$0.00	-\$95.00
Cemetery Bd	Cemetery Authority Religious	16500P1CEMD102	\$75.00	\$0.00	\$75.00	\$0.00	\$0.00	\$0.00
Cemetery Bd	Cemetery Authority Registered	16500P1CEMD195	\$10.00	\$10.00	\$10.00	\$10.00	\$0.00	\$0.00
Chiropractic Exam Bd	Chiropractor	16500P1CHID012	\$75.00	\$170.00	\$75.00	\$75.00	\$0.00	-\$95.00
Chiropractic Exam Bd	Chiropractic Radiological Tech	16500P1CHID113	\$53.00	\$44.00	\$53.00	\$53.00	\$0.00	\$9.00
Chiropractic Exam Bd	Chiropractic Tech	16500P1CHID114	\$53.00	\$44.00	\$53.00	\$53.00	\$0.00	\$9.00
Cosmetology Exam Bd	Aesthetics Establishment	16500P1COSD069	\$75.00	\$82.00	\$11.00	\$11.00	-\$64.00	-\$71.00
Cosmetology Exam Bd	Electrology Establishment	16500P1COSD070	\$75.00	\$82.00	\$11.00	\$11.00	-\$64.00	-\$71.00
Cosmetology Exam Bd	Manicuring Establishment	16500P1COSD071	\$75.00	\$82.00	\$11.00	\$11.00	-\$64.00	-\$71.00
Cosmetology Exam Bd	Aesthetics Instructor	16500P1COSD072	\$75.00	\$82.00	\$11.00	\$11.00	-\$64.00	-\$71.00
Cosmetology Exam Bd	Electrology Instructor	16500P1COSD073	\$75.00	\$82.00	\$11.00	\$11.00	-\$64.00	-\$71.00
Cosmetology Exam Bd	Manicuring Instructor	16500P1COSD074	\$75.00	\$82.00	\$11.00	\$11.00	-\$64.00	-\$71.00
Cosmetology Exam Bd	Cosmetology Establishment	16500P1COSD080	\$75.00	\$82.00	\$11.00	\$11.00	-\$64.00	-\$71.00
Cosmetology Exam Bd	Cosmetologist	16500P1COSD082	\$75.00	\$82.00	\$11.00	\$11.00	-\$64.00	-\$71.00
Cosmetology Exam Bd	Cosmetology Instructor	16500P1COSD083	\$75.00	\$82.00	\$11.00	\$11.00	-\$64.00	-\$71.00
Cosmetology Exam Bd	Electrologist	16500P1COSD084	\$75.00	\$82.00	\$11.00	\$11.00	-\$64.00	-\$71.00
Cosmetology Exam Bd	Manicurist	16500P1COSD085	\$75.00	\$82.00	\$11.00	\$11.00	-\$64.00	-\$71.00
Cosmetology Exam Bd	Aesthetician	16500P1COSD086	\$75.00	\$82.00	\$11.00	\$11.00	-\$64.00	-\$71.00
Cosmetology Exam Bd	Cosmetology School	16500P1COSD087	\$75.00	\$82.00	\$11.00	\$11.00	-\$64.00	-\$71.00
Cosmetology Exam Bd	Electrology School	16500P1COSD088	\$75.00	\$82.00	\$11.00	\$11.00	-\$64.00	-\$71.00
Cosmetology Exam Bd	Manicuring School	16500P1COSD089	\$75.00	\$82.00	\$11.00	\$11.00	-\$64.00	-\$71.00
Cosmetology Exam Bd	Cosmetology Apprentice	16500P1COSD600	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$0.00

Board/Admin.	License/Credential Name	Project	Current		Proposed Initial Fee	Proposed Renewal Fee	Initial Fee Change	Renewal Fee Change
			Current Initial Fee	Current Renewal Fee				
Dentistry Exam Bd	Dentist	16500P1DEND015	\$75.00	\$123.00	\$74.00	\$74.00	-\$1.00	-\$49.00
Dentistry Exam Bd	Dental Hygienist	16500P1DEND016	\$75.00	\$123.00	\$74.00	\$74.00	-\$1.00	-\$49.00
Dentistry Exam Bd	Dentistry Mobile Progr Registr	16500P1DEND115	\$75.00	\$123.00	\$74.00	\$74.00	-\$1.00	-\$49.00
DSPS Direct Licensing	DSPS Licensed Midwife	16500P1DSPS049	\$75.00	\$107.00	\$59.00	\$59.00	-\$16.00	-\$48.00
DSPS Direct Licensing	DSPS Firearms Certifier	16500P1DSPS064	\$0.00	\$8.00	\$0.00	\$0.00	\$0.00	-\$8.00
DSPS Direct Licensing	DSPS WI Regis Interior Design	16500P1DSPS109	\$75.00	\$107.00	\$59.00	\$59.00	-\$16.00	-\$48.00
DSPS Direct Licensing	Juvenile Martial Arts Instruct	16500P1DSPS118	\$75.00	\$75.00	\$59.00	\$59.00	-\$16.00	-\$16.00
DSPS Direct Licensing	DSPS Behavior Analyst	16500P1DSPS140	\$75.00	\$75.00	\$59.00	\$59.00	-\$16.00	-\$16.00
DSPS Direct Licensing	DSPS Transportation Network Co	16500P1DSPS184	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	\$0.00	\$0.00
DSPS Direct Licensing	DSPS Temp Educ Training Permit	16500P1DSPS850	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$0.00
DSPS Direct Licensing	DSPS Special License	16500P1DSPS876	\$75.00	\$0.00	\$59.00	\$0.00	-\$16.00	\$0.00
DSPS Direct Licensing	Home Med Oxygen Provider	16500P1HMOP048	\$75.00	\$128.00	\$59.00	\$59.00	-\$16.00	-\$69.00
DSPS Direct Licensing	Special Licenses	DSPS Special License	\$75.00	\$0.00	\$59.00	\$0.00	-\$16.00	\$0.00
Funeral Dir Exam Bd	Funeral Dir Excl Embalm	16500P1FDRD075	\$75.00	\$170.00	\$75.00	\$75.00	\$0.00	-\$95.00
Funeral Dir Exam Bd	Funeral Dir Good Standing	16500P1FDRD076	\$75.00	\$170.00	\$75.00	\$75.00	\$0.00	-\$95.00
Funeral Dir Exam Bd	Funeral Director	16500P1FDRD077	\$75.00	\$170.00	\$75.00	\$75.00	\$0.00	-\$95.00
Funeral Dir Exam Bd	Funeral Establishment	16500P1FDRD078	\$75.00	\$170.00	\$75.00	\$75.00	\$0.00	-\$95.00
Funeral Dir Exam Bd	Agent Burial Agreements	16500P1FDRD107	\$75.00	\$0.00	\$75.00	\$0.00	\$0.00	\$0.00
Funeral Dir Exam Bd	Funeral Dir Apprentice	16500P1FDRD700	\$10.00	\$10.00	\$10.00	\$10.00	\$0.00	\$0.00
Geo./Hydro./Soil Sci. Exam Bd	Geologist Professional	16500P1GEOD013	\$75.00	\$170.00	\$56.00	\$56.00	-\$19.00	-\$114.00
Geo./Hydro./Soil Sci. Exam Bd	Geology Firm	16500P1GEOD201	\$75.00	\$170.00	\$56.00	\$56.00	-\$19.00	-\$114.00
Geo./Hydro./Soil Sci. Exam Bd	Hydrologist Professional	16500P1HYDD111	\$75.00	\$170.00	\$56.00	\$56.00	-\$19.00	-\$114.00
Geo./Hydro./Soil Sci. Exam Bd	Hydrology Firm	16500P1HYDD202	\$75.00	\$170.00	\$56.00	\$56.00	-\$19.00	-\$114.00
Geo./Hydro./Soil Sci. Exam Bd	Soil Scientist Professional	16500P1SSCD112	\$75.00	\$170.00	\$56.00	\$56.00	-\$19.00	-\$114.00
Geo./Hydro./Soil Sci. Exam Bd	Soil Scientist Firm	16500P1SSCD203	\$75.00	\$170.00	\$56.00	\$56.00	-\$19.00	-\$114.00
Hearing Speech Examing Bd	Hearing Instrument Spec	16500P1HADD060	\$75.00	\$170.00	\$75.00	\$75.00	\$0.00	-\$95.00
Hearing Speech Examing Bd	Speech Language Pathologist	16500P1HADD154	\$75.00	\$170.00	\$75.00	\$75.00	\$0.00	-\$95.00
Hearing Speech Examing Bd	Audiologist	16500P1HADD156	\$75.00	\$170.00	\$75.00	\$75.00	\$0.00	-\$95.00
Music Art Dance Therapists	Art Therapist	16500P1MADD036	\$75.00	\$107.00	\$68.00	\$68.00	-\$7.00	-\$39.00
Music Art Dance Therapists	Dance Therapist	16500P1MADD037	\$75.00	\$107.00	\$68.00	\$68.00	-\$7.00	-\$39.00
Music Art Dance Therapists	Music Therapist	16500P1MADD038	\$75.00	\$107.00	\$68.00	\$68.00	-\$7.00	-\$39.00
MFT, PC, & SW Exam Bd	Counselor Professional Licen	16500P1CPCD125	\$75.00	\$91.00	\$62.00	\$62.00	-\$13.00	-\$29.00
MFT, PC, & SW Exam Bd	Counselor Professional Trn	16500P1CPCD226	\$75.00	\$0.00	\$62.00	\$0.00	-\$13.00	\$0.00
MFT, PC, & SW Exam Bd	Marriage Family Therapist	16500P1MFTD124	\$75.00	\$85.00	\$62.00	\$62.00	-\$13.00	-\$23.00
MFT, PC, & SW Exam Bd	Marriage Family Therapist Trn	16500P1MFTD228	\$75.00	\$0.00	\$62.00	\$0.00	-\$13.00	\$0.00
MFT, PC, & SW Exam Bd	Social Worker	16500P1SOCD120	\$75.00	\$85.00	\$62.00	\$62.00	-\$13.00	-\$23.00

Board/Admin.	License/Credential Name	Project	Current		Proposed Initial Fee	Proposed Renewal Fee	Initial Fee Change	Renewal Fee Change
			Current Initial Fee	Current Renewal Fee				
MFT, PC, & SW Exam Bd	Social Worker Adv Practice	16500P1SOCD121	\$75.00	\$85.00	\$62.00	\$62.00	-\$13.00	-\$23.00
MFT, PC, & SW Exam Bd	Social Worker Independent	16500P1SOCD122	\$75.00	\$85.00	\$62.00	\$62.00	-\$13.00	-\$23.00
MFT, PC, & SW Exam Bd	Social Worker Lic Clinical	16500P1SOCD123	\$75.00	\$85.00	\$62.00	\$62.00	-\$13.00	-\$23.00
MFT, PC, & SW Exam Bd	Social Worker Training	16500P1SOCD127	\$75.00	\$0.00	\$62.00	\$0.00	-\$13.00	\$0.00
Nursing Home Admin Exam Bd	Nursing Home Administrator	16500P1NHAD065	\$75.00	\$170.00	\$75.00	\$75.00	\$0.00	-\$95.00
Board of Nursing	Nurse Registered	16500P1NURD030	\$75.00	\$82.00	\$73.00	\$73.00	-\$2.00	-\$9.00
Board of Nursing	Nurse Licensed Practical	16500P1NURD031	\$75.00	\$82.00	\$73.00	\$73.00	-\$2.00	-\$9.00
Board of Nursing	Nurse Midwife	16500P1NURD032	\$75.00	\$82.00	\$73.00	\$73.00	-\$2.00	-\$9.00
Board of Nursing	Nurse Adv Practice Prescriber	16500P1NURD033	\$75.00	\$82.00	\$73.00	\$73.00	-\$2.00	-\$9.00
Optometry Board	Optometrist	16500P1OPTD035	\$75.00	\$170.00	\$75.00	\$75.00	\$0.00	-\$95.00
Private Detective	Private Detective Agency	16500P1PDET062	\$75.00	\$107.00	\$8.00	\$8.00	-\$67.00	-\$99.00
Private Detective	Private Detective	16500P1PDET063	\$75.00	\$107.00	\$8.00	\$8.00	-\$67.00	-\$99.00
Pharmacy Exam Bd	Pharmacist	16500P1PHMD040	\$75.00	\$128.00	\$74.00	\$74.00	-\$1.00	-\$54.00
Pharmacy Exam Bd	Pharmacy In State	16500P1PHMD042	\$75.00	\$128.00	\$74.00	\$74.00	-\$1.00	-\$54.00
Pharmacy Exam Bd	Pharmacy Out of State	16500P1PHMD043	\$75.00	\$128.00	\$74.00	\$74.00	-\$1.00	-\$54.00
Pharmacy Exam Bd	Drug Device Manufacturer	16500P1PHMD044	\$75.00	\$128.00	\$74.00	\$74.00	-\$1.00	-\$54.00
Pharmacy Exam Bd	Wholesale Distrib Presc Drugs	16500P1PHMD045	\$75.00	\$128.00	\$74.00	\$74.00	-\$1.00	-\$54.00
Physical Therapy Exam Bd	Physical Therapist Assistant	16500P1PHTD019	\$75.00	\$75.00	\$68.00	\$68.00	-\$7.00	-\$7.00
Physical Therapy Exam Bd	Physical Therapist	16500P1PHTD024	\$75.00	\$75.00	\$68.00	\$68.00	-\$7.00	-\$7.00
Private Security Person	Private Security Person	16500P1PSEC108	\$75.00	\$107.00	\$27.00	\$27.00	-\$48.00	-\$80.00
Psychology Exam Bd	Psychologist	16500P1PSYD057	\$75.00	\$170.00	\$66.00	\$66.00	-\$9.00	-\$104.00
Psychology Exam Bd	School Psychologist Priv Prac	16500P1PSYD058	\$75.00	\$170.00	\$66.00	\$66.00	-\$9.00	-\$104.00
Radiography Exam Bd	Radiographer Licensed	16500P1RADD142	\$75.00	\$82.00	\$65.00	\$65.00	-\$10.00	-\$17.00
Radiography Exam Bd	Ltd Xray Machine Oper Permit	16500P1RADD144	\$75.00	\$82.00	\$65.00	\$65.00	-\$10.00	-\$17.00
Real Estate Exam Bd	Real Estate Broker	16500P1REBD090	\$75.00	\$82.00	\$75.00	\$75.00	\$0.00	-\$7.00
Real Estate Exam Bd	Real Estate Business Entity	16500P1REBD091	\$75.00	\$82.00	\$75.00	\$75.00	\$0.00	-\$7.00
Real Estate Exam Bd	Timeshare Salesperson	16500P1REBD093	\$75.00	\$82.00	\$75.00	\$75.00	\$0.00	-\$7.00
Real Estate Exam Bd	Real Estate Salesperson	16500P1REBD094	\$75.00	\$82.00	\$75.00	\$75.00	\$0.00	-\$7.00
Home Inspector	Home Inspector	16500P1RHID106	\$75.00	\$107.00	\$51.00	\$51.00	-\$24.00	-\$56.00
Substance Abuse Counselors	Subst Abuse Counselor Training	16500P1SAAC130	\$75.00	\$107.00	\$75.00	\$75.00	\$0.00	-\$32.00
Substance Abuse Counselors	Subst Abuse Counselor	16500P1SAAC131	\$75.00	\$107.00	\$75.00	\$75.00	\$0.00	-\$32.00
Substance Abuse Counselors	Subst Abuse Counselor Clinical	16500P1SAAC132	\$75.00	\$107.00	\$75.00	\$75.00	\$0.00	-\$32.00
Substance Abuse Counselors	Subst Abuse Clin Sup Training	16500P1SAAC133	\$75.00	\$107.00	\$75.00	\$75.00	\$0.00	-\$32.00
Substance Abuse Counselors	Subst Abuse Intermed Clin Sup	16500P1SAAC134	\$75.00	\$107.00	\$75.00	\$75.00	\$0.00	-\$32.00
Substance Abuse Counselors	Subst Abuse Indep Clin Sup	16500P1SAAC135	\$75.00	\$107.00	\$75.00	\$75.00	\$0.00	-\$32.00
Substance Abuse Counselors	Subst Abuse Prev Specialist Tr	16500P1SAAC136	\$75.00	\$107.00	\$75.00	\$75.00	\$0.00	-\$32.00

Board/Admin.	License/Credential Name	Project	Current		Proposed Initial Fee	Proposed Renewal Fee	Initial Fee Change	Renewal Fee Change
			Current Initial Fee	Current Renewal Fee				
Substance Abuse Counselors	Subst Abuse Prevent Specialist	16500P1SAAC137	\$75.00	\$107.00	\$75.00	\$75.00	\$0.00	-\$32.00
Sanitarians Registered	Sanitarians Registered	16500P1SAND197	\$75.00	\$107.00	\$75.00	\$75.00	\$0.00	-\$32.00
Sign Language Interpreters Council	Sign Language Interp	16500P1SLID150	\$75.00	\$75.00	\$75.00	\$75.00	\$0.00	\$0.00
Sign Language Interpreters Council	Sign Lanugage Interpr Restrict	16500P1SLID151	\$75.00	\$75.00	\$75.00	\$75.00	\$0.00	\$0.00
Tanning	Tanning Establishments	16500P1TANE401	\$10.00	\$10.00	\$10.00	\$10.00	\$0.00	\$0.00
Tattoo Body Art Piercing	Tattoo Body Art Piercing Estab	16500P1TBAP402	\$135.00	\$220.00	\$19.00	\$19.00	-\$116.00	-\$201.00
Tattoo Body Art Piercing	Tattoo Body Art Piercing Pract	16500P1TBAP403	\$60.00	\$60.00	\$19.00	\$19.00	-\$41.00	-\$41.00
Tattoo Body Art Piercing	Body Piercing	16500P1TBAP404	\$60.00	\$60.00	\$19.00	\$19.00	-\$41.00	-\$41.00
Medical Bd Affiliates	Anesthesiology Assist	16500P1ANSO017	\$75.00	\$82.00	\$75.00	\$75.00	\$0.00	-\$7.00
Medical Bd Affiliates	Athletic Trainer	16500P1ATBD039	\$75.00	\$75.00	\$75.00	\$75.00	\$0.00	\$0.00
Medical Bd Affiliates	Dietician Certified	16500P1DABD029	\$75.00	\$75.00	\$75.00	\$75.00	\$0.00	\$0.00
Medical Bd Affiliates	DSPS Resident Educ License	16500P1DSPS851	\$10.00	\$0.00	\$10.00	\$0.00	\$0.00	\$0.00
Medical Bd Affiliates	DSPS Special Permit	16500P1DSPS875	\$75.00	\$0.00	\$75.00	\$0.00	\$0.00	\$0.00
Medical Bd Affiliates	Medicine Surgery MD	16500P1MEDD020	\$75.00	\$141.00	\$75.00	\$75.00	\$0.00	-\$66.00
Medical Bd Affiliates	Medicine Surgery DO	16500P1MEDD021	\$75.00	\$141.00	\$75.00	\$75.00	\$0.00	-\$66.00
Medical Bd Affiliates	Administrative Physician MD	16500P1MEDD220	\$75.00	\$141.00	\$75.00	\$75.00	\$0.00	-\$66.00
Medical Bd Affiliates	Administrative Physician DO	16500P1MEDD221	\$75.00	\$141.00	\$75.00	\$75.00	\$0.00	-\$66.00
Medical Bd Affiliates	Medicine Surgery MD Compact	16500P1MEDD320	\$75.00	\$141.00	\$75.00	\$75.00	\$0.00	-\$66.00
Medical Bd Affiliates	Medicine Surgery DO Compact	16500P1MEDD321	\$75.00	\$141.00	\$75.00	\$75.00	\$0.00	-\$66.00
Medical Bd Affiliates	Massage Therapy Bodyworker	16500P1MTBD146	\$75.00	\$82.00	\$75.00	\$75.00	\$0.00	-\$7.00
Medical Bd Affiliates	Occupational Therapist	16500P1OTBD026	\$75.00	\$75.00	\$75.00	\$75.00	\$0.00	\$0.00
Medical Bd Affiliates	Occupational Therapist Assist	16500P1OTBD027	\$75.00	\$75.00	\$75.00	\$75.00	\$0.00	\$0.00
Medical Bd Affiliates	Physician Assistant	16500P1PHAD023	\$75.00	\$141.00	\$75.00	\$75.00	\$0.00	-\$66.00
Medical Bd Affiliates	Podiatrist	16500P1PODD025	\$75.00	\$91.00	\$75.00	\$75.00	\$0.00	-\$16.00
Medical Bd Affiliates	Perfusionist	16500P1PRFD018	\$75.00	\$141.00	\$75.00	\$75.00	\$0.00	-\$66.00
Medical Bd Affiliates	Respiratory Care Practitioner	16500P1RSPD028	\$75.00	\$141.00	\$75.00	\$75.00	\$0.00	-\$66.00

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Division of Policy Development Staff		2) Date When Request Submitted: 1/8/2019 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: All Boards, Committees, Councils and Sections			
4) Meeting Date: 1 st Available Date	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Board Review of the Wisconsin Occupational Licensing Study Legislative Report	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: Board discussion.			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)			
Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			



Wisconsin Occupational Licensing Study

Legislative Report

Submitted by:
Department of Safety and Professional Services

December 2018

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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.

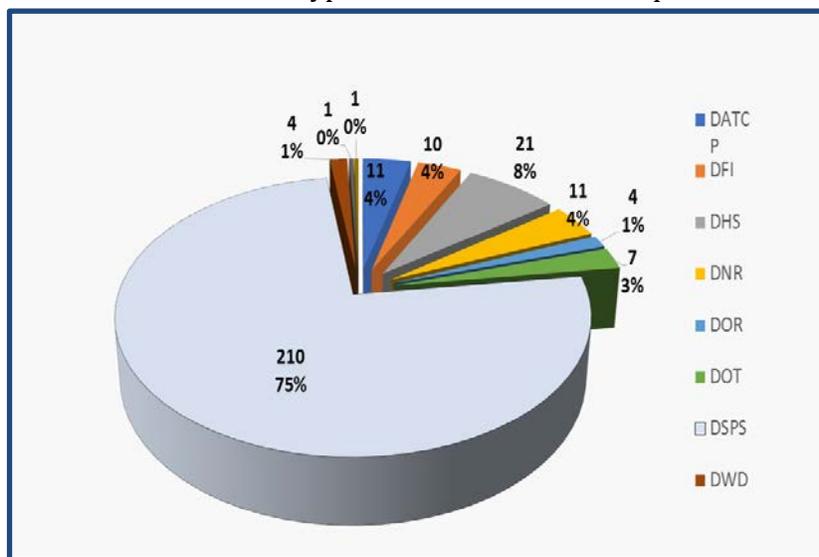


Figure 1: Wisconsin regulated occupational license types issued per state agency.

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

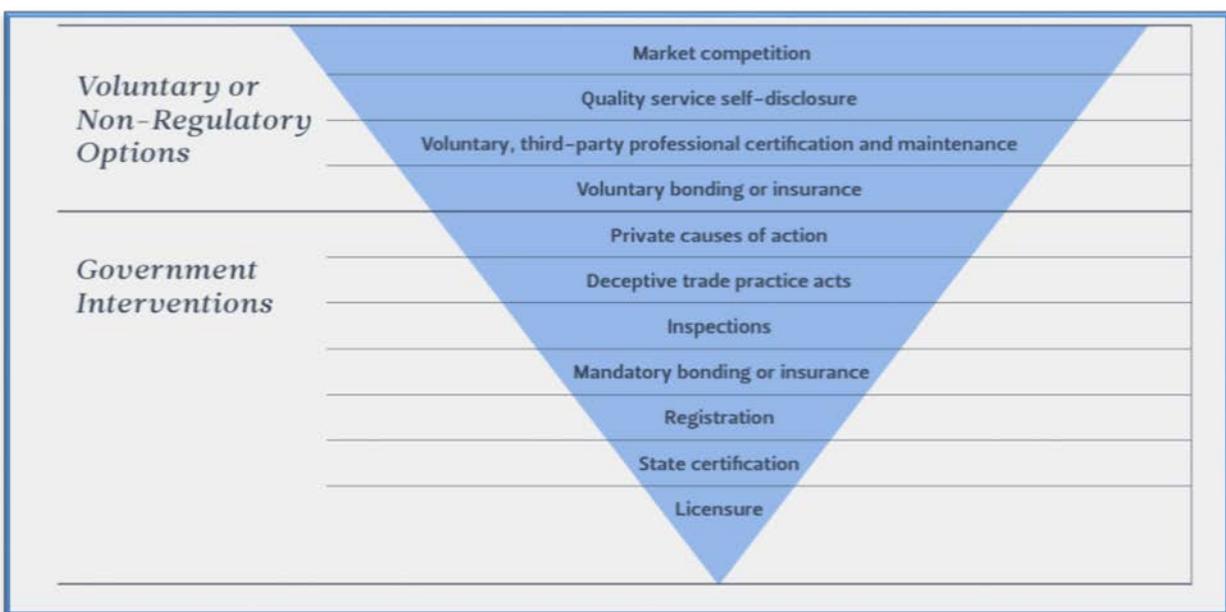


Figure 2: The “Inverted Pyramid” is used to illustrate alternatives to licensing.

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

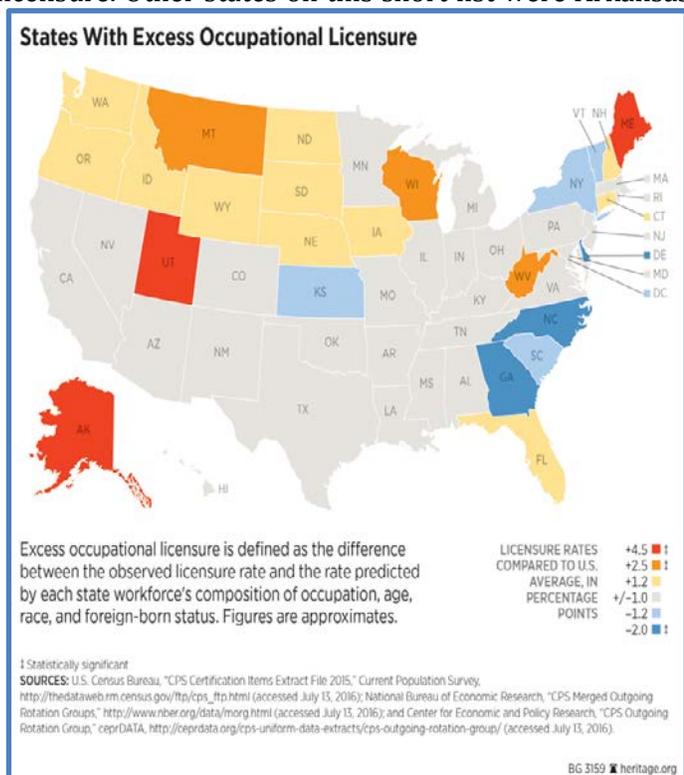
A. How Wisconsin Compares to Other States

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.

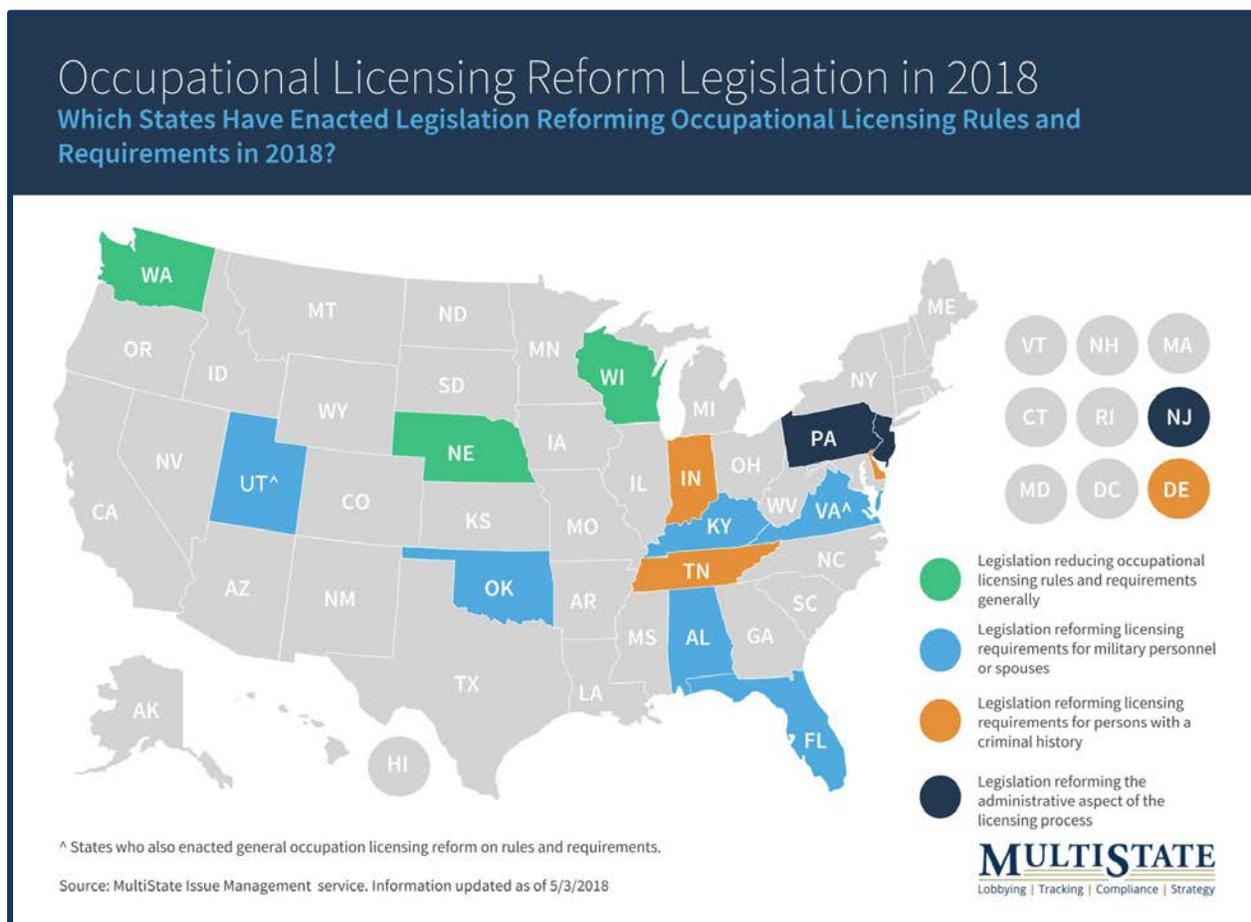
6. Time commitment and costs associated with traveling long distances to obtain required education and testing.
 - There is only one accredited veterinary medical education program in Wisconsin, and only 30 in the United States.
 - Many individuals from rural areas must travel several miles to take a 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

V. Occupational Licensing Reforms

A. Recent Reforms in Wisconsin

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

B. Recommendations for Reform of Current Regulated Occupations

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

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

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

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

C. Considerations for Future Occupational Licensing Reform

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

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

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

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

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

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

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

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

Pursuant to 26 V.S.A. § 3101:

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

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

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

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

D. Strategies for Occupational Licensing Reform

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

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

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

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

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

Policymaker Questions to Ask When Considering Occupational Licensing Proposals

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

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

VI. Conclusion

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

VII. Appendices

Appendix A - Wisconsin Regulated Occupations

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

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

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

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

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

Appendix B - State Comparison List of Regulated Occupations

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

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

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

Appendix C - List of Occupations Recommended for Reform

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

Occupation and Type of Regulation	No. Issued	Agency	Recommendation and Reason
Veterinarian Faculty License	33	DATCP	<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	DSPS	<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 DSPS. The applicants inform DL Roope on their examination application that they are interested in receiving a temporary permit. DL Roope sends DSPS the list of individuals who are interested in receiving a temporary permit, and DSPS staff cross checks these individuals with a list of individuals who have been given training certificates by the cosmetology schools. • By eliminating DSPS' administration over this permit, the public can be protected through allowing the organization who already manages this program to administer the permits. • Since DL Roope oversees the application process for this permit, the Department is currently not adding any kind of public protection over this credential besides serving in a "middle-man" role between the cosmetology schools and this examination provider. • There is no disciplinary data available on this license type as DSPS does not administer the permit.
Cosmetology Training Permit	0	DSPS	<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. • DSPS 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>	<p align="center">749</p>	<p align="center">DSPS</p>	<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>	<p align="center">59</p>	<p align="center">DSPS</p>	<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>	<p align="center">64</p>	<p align="center">DSPS</p>	<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
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