

STATE OF WISCONSIN  
DENTISTRY EXAMINING BOARD

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

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

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

**The deadline for submitting economic impact comments is July 8<sup>th</sup>, 2026.**

PROPOSED ORDER

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

Analysis prepared by the Department of Safety and Professional Services.

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ANALYSIS

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

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

**Explanation of agency authority:**

Section 15.08 (5) (b), Stats., provides that an examining board “[s]hall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains, and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular trade or profession.”

Section 227.11 (2) (a), Stats., provides that “[e]ach agency may promulgate rules interpreting the provisions of any statute enforced or administered by the agency, if the agency considers it necessary to effectuate the purpose of the statute, but a rule is not valid if the rule exceeds the bounds of correct interpretation.”

Section 447.063 (1), Stats.: “A person who manages or controls a business that offers dental, dental therapy, or dental hygiene services, including management or control of a business through which the person allows another person to offer dental, dental therapy, or dental hygiene services, shall preserve patient health care records, as defined in s. 146.81 (4), for an amount of time determined by the examining board by rule.”

**Related statute or rule:** None.

**Plain language analysis:**

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

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

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

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

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

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

**Summary of public comments received on statement of scope:**

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

Name: Timothy Bonson  
Organization: None.

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

Here are my primary concerns:

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

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

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

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

#### **Comparison with rules in adjacent states:**

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

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

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

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

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

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

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

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

**Summary of factual data and analytical methodologies:**

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

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

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

**Fiscal Estimate and Economic Impact Analysis:**

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

**Effect on small business:**

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

**Agency contact person:**

Jake Pelegrin, Administrative Rules Coordinator, Department of Safety and Professional Services, Office of Chief Legal Counsel, 4822 Madison Yards Way, P.O. Box 14497, Madison, Wisconsin 53708-0497; email at [DSPSAdminRules@wisconsin.gov](mailto:DSPSAdminRules@wisconsin.gov).

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

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

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TEXT OF RULE

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

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

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

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

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

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

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

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

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

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

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

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

SECTION 3. DE 8.03 is amended to read:

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

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

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

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

**DE 8.035 (1)** A person who manages or controls a business that offers dental, dental therapy, or dental hygiene services, including management or control of a business through which the person allows another person to offer dental, dental therapy, or dental hygiene services, shall preserve patient health care records for at least 10 years from the date of the last entry. The treating dentist or dental therapist is also responsible for ensuring the records are preserved, as required under s. DE 8.03. Patient health care records may only be deleted or destroyed after 10 years after the date of last entry.

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

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

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

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

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

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

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

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

SECTION 7. DE 8.04 is amended to read:

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

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

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

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

SECTION 9. DE 8.06 is created to read:

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

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

SECTION 10. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

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(END OF TEXT OF RULE)  
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