State of Wisconsin Department of Safety and Professional Services

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Tony Evers, Governor
Dan Hereth, Secretary

VIRTUAL/TELECONFERENCE
CONTROLLED SUBSTANCES BOARD
Virtual, 4822 Madison Yards Way, Madison
Contact: Tom Ryan (608) 266-2112
November 13, 2026

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

AGENDA

10:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

A. Adoption of Agenda (1-3)

B. Approval of Minutes of September 18, 2026 (4-5)

C. Reminders: Conflicts of Interest, Scheduling Concerns

D. Introductions, Announcements and Recognition

E. Administrative Matters – Discussion and Consideration
1. Department, Staff and Board Updates
2. Board Members – Term Expiration Dates
   a. Barman, Subhadeep – 5/1/2019
   b. Bellay, Yvonne – DATCP Representative
   c. Eberhardy, Cullen – AG Representative
   d. Englebert, Doug – DHS Representative
   e. Fox, Joan – Dentistry Examining Board Representative
   f. Jarrett, Jennifer L. – Physician Assistant Affiliated Credentialing Board Representative
   g. Kane, Amanda – Board of Nursing Representative
   h. Majeed-Haqqi, Lubna – Medical Examining Board Representative
   i. Olsen, Christopher M. – Pharmacologist Representative
   j. O'Hagan, Tiffany – Pharmacy Examining Board Representative
3. Alternates
   a. Alton, Troy – Dentistry Examining Board Representative
   b. DeGroot, Tina – Board of Nursing Representative
   c. Leuthner, Steven – Medical Examining Board Representative

F. Administrative Rule Matters – Discussion and Consideration (6-30)
1. Affirmative Action Order:
   a. CSB 2.022, Relating to Scheduling 2-Fluorodeschloroketamine **(7)**
2. Scope Statement:
   a. CSB 4, Relating to Fatality Review Teams **(8-13)**
3. Preliminary Rule Draft:
   a. CSB 2.016, Relating to Scheduling 4-Chloromethcathinone **(14-17)**
   b. CSB 2.017, Relating to Scheduling 4-Fluoroamphetamine **(18-21)**

c. CSB 2.018, Relating to Scheduling Bromazolam **(22-24)**
d. CSB 2.019, Relating to Scheduling 3-Methoxyphencyclidine **(25-29)**

4. Pending or Possible Rulemaking Projects
   a. Rules Project Chart **(30)**

G. Controlled Substance Scheduling Overview (31-38)

H. Prescription Drug Monitoring Program (PDMP) Updates – Discussion and Consideration (39-48)

1. WI ePDMP Operations
   a. Recent and Upcoming Releases
   b. EHR Integration Status
2. WI PDMP Outreach

I. Drug Trends Presentations (49)

1. Cullen Eberhardy, CSB Member, Wisconsin Dept. of Justice, State Crime Technical Lader
2. John G. D. McGarry, Special Agent in Charge, Milwaukee District Office, Drug Enforcement Administration, US Department of Justice
3. Greg Wallace, Toxicology Director, Milwaukee County Office of the Medical Examiner

J. DSPS Interdisciplinary Advisory Committee Liaison Report – Discussion and Consideration (50-57)

1. Ketamine Guidance Document

K. Board Member Reports – Discussion and Consideration

1. Medical Examining Board
2. Dentistry Examining Board
3. Board of Nursing
4. Pharmacy Examining Board
5. Physician Assistant Affiliated Credentialing Board

L. Report from the Referral Criteria Work Group – Discussion and Consideration

M. Liaison Reports

N. Deliberation on Special Use Authorizations – Discussion and Consideration

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

1. Introductions, Announcements, and Recognition
2. Administrative Matters
3. Election of Officers
4. Appointment of Liaisons and Alternates
5. Delegation of Authorities
6. Informational Items
7. Division of Legal Services and Compliance (DLSC) Matters
8. Education and Examination Matters
9. Credentialing Matters
10. Practice Matters
11. Legislative and Administrative Rule Matters
12. Liaison Reports
13. Public Health Emergencies
14. Appearances from Requests Received or Renewed
15. Speaking Engagements, Travel, or Public Relations Requests, and Reports
16. Consulting with Legal Counsel

P. Public Comments

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

Q. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

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

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

ADJOURNMENT

NEXT MEETING: JANUARY 22, 2027

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

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

VIRTUAL/TELECONFERENCE
CONTROLLED SUBSTANCES BOARD
MEETING MINUTES
SEPTEMBER 18, 2026

PRESENT: Yvonne Bellay, Cullen Eberhardy, Doug Englebert, Joan Fox, Amanda Kane, Tiffany O'Hagan, Christopher Olsen

ABSENT: Subhadeep Barman, Jennifer Jarrett, Lubna Majeed-Haqqi

STAFF: Will Johnson, Executive Director; Jameson Whitney, Legal Counsel; Sofia Anderson, Administrative Rules Coordinator; Tracy Drinkwater, Board Administrative Specialist; and other DSPS Staff

CALL TO ORDER

Doug Englebert, Chairperson, called the meeting to order at 10:01 a.m. A quorum was confirmed with seven (7) members present.

ADOPTION OF AGENDA

MOTION: Cullen Eberhardy moved, seconded by Yvonne Bellay, to adopt the Agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF JULY 10, 2026

MOTION: Christopher Olsen moved, seconded by Amanda Kane, to adopt the Minutes of July 10, 2026, as published. Motion carried unanimously.

INTRODUCTIONS, ANNOUNCEMENTS AND RECOGNITION

Recognition: John Weitekamp, Pharmacy Examining Board Representative (Resigned:8/13/2026)

MOTION: Doug Englebert moved, seconded by Christopher Olsen, to recognize and thank John Weitekamp for their years of dedicated service to the Board and State of Wisconsin. Motion carried unanimously.

ADMINISTRATIVE RULE MATTERS

Pending and Possible Rulemaking Projects

MOTION: Doug Englebert moved, seconded by Yvonne Bellay, to request DSPS staff draft a Scope Statement CSB 4, relating to methods of obtaining PDMP information. Motion carried unanimously.

REPORT FROM THE REFERRAL CRITERIA WORK GROUP

MOTION: Doug Englebert moved, seconded by Amanda Kane, to accept the recommendations of the Referral Criteria Work Group. Motion carried unanimously.

ADJOURNMENT

MOTION: Cullen Eberhardy moved, seconded by Yvonne Bellay, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 10:24 a.m.

State of Wisconsin
Department of Safety & Professional Services
AGENDA REQUEST FORM

1) Name and title of person submitting the request:

Nilajah Hardin
Administrative Rules Coordinator

2) Date when request submitted:

11/3/26

Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting

3) Name of Board, Committee, Council, Sections:

Controlled Substances Board

4) Meeting Date:

11/13/26

5) Attachments:

☒ **Yes**
☐ **No**

6) How should the item be titled on the agenda page?

Administrative Rule Matters – Discussion and Consideration

1. **Affirmative Action Order:**
   a. **CSB 2.022, Relating to Scheduling 2-Fluorodeschloroketamine**
2. **Scope Statement**
   a. **CSB 4, Relating to Fatality Review Teams**
3. **Preliminary Rule Draft:**
   a. **CSB 2.016, Relating to Scheduling 4-Chloromethcathinone**
   b. **CSB 2.017, Relating to Scheduling 4-Fluoroamphetamine**
   c. **CSB 2.018, Relating to Scheduling Bromazolam**
   d. **CSB 2.019, Relating to Scheduling 3-Methoxyphencyclidine**
4. **Pending or Possible Rulemaking Projects**
   a. **Rule Projects Chart**

7) Place Item in:

☒ **Open Session**
☐ **Closed Session**

8) Is an appearance before the Board being scheduled? *(If yes, please complete **Appearance Request** for Non-DSPS Staff)*

☐ **Yes**
☒ **No**

9) Name of Case Advisor(s), if required:

N/A

10) Describe the issue and action that should be addressed:

Review and take action on Scope Statement, Preliminary Rules Drafts, and Final Rule Drafts.

Attachments:

- Affirmative Action Order – CSB 2.022
- Scope Statement – CSB 4, 2025 WI Act 148
- Preliminary Rule Draft – CSB 2.016, 2.017, 2.018, and 2.019
- Rule Projects Chart

(All Board Rule Projects can be Viewed Here if Needed: https://dsps.wi.gov/Pages/RulesStatutes/PendingRules.aspx)

11) Authorization

Nilajah D. Hardin — 11/3/26

Signature of person making this request — **Date**

Supervisor (if required) — **Date**

Executive Director signature (indicates approval to add post agenda deadline item to agenda) — **Date**

Directions for including supporting documents:

1. **This form should be attached to any documents submitted to the agenda.**
2. **Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director.**
3. **If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.**

STATE OF WISCONSIN
CONTROLLED SUBSTANCES BOARD

IN THE MATTER OF RULE-MAKING PROCEEDINGS BEFORE THE CONTROLLED SUBSTANCES BOARD	:	AFFIRMATIVE ACTION ORDER OF THE CONTROLLED SUBSTANCES BOARD

FINDINGS

1. On May 22, 2026, the Department of Justice, Drug Enforcement Administration published its temporary rule in the Federal Register listing 2-Fluorodeschloroketamine in schedule I of the federal Controlled Substances Act. The rule was effective May 22, 2026.

2. The Controlled Substances Board did not receive an objection to similarly listing 2-Fluorodeschloroketamine in schedule I under ch. 961, Stats. within 30 days of the date of publication in the federal register of the final order listing 2-Fluorodeschloroketamine as a schedule I controlled substance.

3. The Controlled Substances Board will promulgate a final rule, without making the determinations or findings required by ss. 961.11(1), (1m), (1r) and (2) or s. 961.13 and omitting the notice of proposed rulemaking, listing 2-Fluorodeschloroketamine as a schedule I controlled substance.

ORDER

Pursuant to s. 961.11(4), Stats., the Controlled Substances Board by affirmative action similarly treats 2-Fluorodeschloroketamine under chapter 961, Stats. by creating the following:

CSB 2.022 Addition of 2-Fluorodeschloroketamine to Schedule I. **(1)** Section 961.14 (4) (xd), Stats., is created to read:

> **961.14 (4) (xd)** 2-(2-fluorophenyl)-2-(methylamino)cyclohexan-1-one, commonly known as 2-Fluorodeschloroketamine or 2-FDCK.

This order shall become effective upon publication in the Administrative Register. The order expires upon promulgation of a final rule.

Dated _____

_____
Doug Englebert, Chairperson
Controlled Substances Board

DRAFT

STATEMENT OF SCOPE

CONTROLLED SUBSTANCES BOARD

Rule No.: CSB 4

Relating to: Fatality Review Teams

Rule Type: Permanent

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

2. Detailed description of the objective of the proposed rule:
The objective of the proposed rule is to update Wisconsin Administrative Code Chapter CSB 4 to ensure that designated fatality review teams, such as suicide review teams and maternal mortality review teams, can properly access and receive monitored prescription drug history reports pursuant to 2025 Wisconsin Act 148 and updated state statute.

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:
Chapter CSB 4 currently outlines the framework and requirements for accessing monitored prescription drug history reports. Under current policies, explicit administrative pathways for specialized multidisciplinary fatality review teams to access these records are not fully aligned with recent statutory changes. 2025 Wisconsin Act 148 created a new statutory framework for local fatality review teams and specifically expanded the Controlled Substances Board's statutory disclosure authority to include designated fatality review teams examining overdose, suicide, and maternal deaths.
The alternative will be not to make the changes, which will make these designated review teams face operational barriers and will not have the necessary administrative mechanisms to obtain vital prescription monitoring data required for their public health reviews.

4. Detailed explanation of statutory authority for the rule (including the statutory citation and language):
961.385 (2) (cm) 5. states that the board shall establish by rule and have the prescription drug monitoring program “permit the board to disclose a record generated by the program to (…) an overdose fatality review team, a suicide review team, or a maternal mortality review team.”

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:
Individuals tasked by government entities with examining one or more types of reviewable death among children or adults and developing recommendations to prevent future deaths of similar circumstances.

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:
None.

8. Anticipated economic impact of implementing the rule (note if the rule is likely to have a significant economic impact on small businesses):
None to minimal. It is not likely to have a significant economic impact on small businesses.

Contact Person: Nilajah Hardin, (608) 267-7139, DSPSAdminRules@wisconsin.gov

Approved for publication:

Authorized Signature

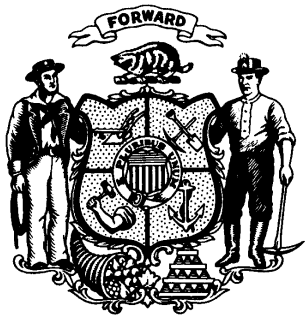
Date Submitted

Approved for implementation:

Authorized Signature

Date Submitted

State of Wisconsin



Date of enactment: April 2, 2026
2025 Assembly Bill 192 Date of publication*: April 3, 2026

2025 WISCONSIN ACT 148

AN ACT ***to amend*** 48.396 (1), 48.396 (2) (a), 48.78 (2) (a), 48.981 (7) (a) 15., 938.396 (1) (a), 938.396 (2) (a) and 938.78 (2) (a); ***to create*** 51.30 (4) (b) 29., 146.82 (2) (d), 250.22 and 961.385 (2) (cm) 5. of the statutes; **relating to:** fatality review teams.

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

SECTION 1. 48.396 (1) of the statutes is amended to read:

48.396 **(1)** Law enforcement officers' records of children shall be kept separate from records of adults. Law enforcement officers' records of the adult expectant mothers of unborn children shall be kept separate from records of other adults. Law enforcement officers' records of children and the adult expectant mothers of unborn children shall not be open to inspection or their contents disclosed except under sub. (1b), (1d), (5), or (6) or s. 48.293 ~~or~~, 250.22, or 938.396 (2m) (c) 1p. or by order of the court. This subsection does not apply to the representatives of newspapers or other reporters of news who wish to obtain information for the purpose of reporting news without revealing the identity of the child or adult expectant mother involved, to the confidential exchange of information between the police and officials of the public or private school attended by the child or other law enforcement or social welfare agencies, or to children 10 years of age or older who are subject to the jurisdiction of the court of criminal jurisdiction. A public school official who obtains information under this subsection shall keep the information confidential as required under s. 118.125, and a private school official who obtains information under this subsection shall keep the information confidential in the same manner as is required of a public school official under s. 118.125. This subsection does not apply to the confidential exchange of information between the police and officials of the tribal school attended by the child if the police determine that enforceable protections are provided by a tribal school policy or tribal law that requires tribal school officials to keep the information confidential in a manner at least as stringent as is required of a public school official under s. 118.125. A law enforcement agency that obtains information under this subsection shall keep the information confidential as required under this subsection and s. 938.396 (1) (a). A social welfare agency that obtains information under this subsection shall keep the information confidential as required under ss. 48.78 and 938.78.

SECTION 2. 48.396 (2) (a) of the statutes is amended to read:

48.396 **(2)** (a) Records of the court assigned to exercise jurisdiction under this chapter and ch. 938 and of courts exercising jurisdiction under s. 48.16 shall be entered in books or deposited in files kept for that purpose only. Those records shall not be open to inspection or their contents disclosed except by order of the court assigned to exercise jurisdiction under this chapter and ch.

* Section 991.11, WISCONSIN STATUTES: Effective date of acts. "Every act and every portion of an act enacted by the legislature over the governor's partial veto which does not expressly prescribe the time when it takes effect shall take effect on the day after its date of publication."

938 or as required or permitted under this subsection, sub. (3) (b) or (c) 1g., 1m., or 1r. or (6), or s. 48.375 (7) (e) or 250.22.

SECTION 3. 48.78 (2) (a) of the statutes is amended to read:

48.78 **(2)** (a) No agency may make available for inspection or disclose the contents of any record kept or information received about an individual who is or was in its care or legal custody, except as provided under sub. (2m) or s. 48.371, 48.38 (5) (b) or (d) or (5m) (d), 48.396 (3) (bm) or (c) 1r., 48.432, 48.433, 48.48 (17) (bm), 48.57 (2m), 48.66 (6), 48.93, 48.981 (7), 250.22, 938.396 (2m) (c) 1r., 938.51, or 938.78 or by order of the court.

SECTION 4. 48.981 (7) (a) 15. of the statutes is amended to read:

48.981 **(7)** (a) 15. A fatality review team established under s. 250.22, a child fatality review team recognized by the county department, or, in a county having a population of 750,000 or more, the department or a licensed child welfare agency under contract with the department.

SECTION 5. 51.30 (4) (b) 29. of the statutes is created to read:

51.30 **(4)** (b) 29. To an authorized member of a fatality review team established under s. 250.22. The recipient of any treatment records under this subdivision shall keep the records confidential in accordance with s. 250.22.

SECTION 6. 146.82 (2) (d) of the statutes is created to read:

146.82 **(2)** (d) Notwithstanding sub. (1), patient health care records may be released, upon request, to a fatality review team, as defined in s. 250.22 (1) (a), acting as a public health authority for the purpose of reviewing a death as described under s. 250.22. Records that may be released under this paragraph for the public health purposes under s. 250.22 may be disclosed to a fatality review team only in accordance with that section, and the recipient of any records released shall keep the records confidential.

SECTION 7. 250.22 of the statutes is created to read:

250.22 Fatality review teams. (1) DEFINITIONS. In this section:

(a) "Fatality review team" means a multidisciplinary and multiagency team examining one or more types of reviewable death among children or adults and developing recommendations to prevent future deaths of similar circumstances.

(b) "Local fatality review team" means a fatality review team that examines reviewable deaths from specific municipalities or counties. A "local fatality review team" may include a team formed by a collaboration of 2 or more municipalities, counties, local health departments, or tribal health departments.

(c) "Municipality" means a city, village, or town.

(d) 1. "Reviewable death" includes any of the following types of deaths:

a. Suicide.

b. Homicide or death involving domestic violence, intimate partner violence, or homicide related to community violence.

c. Motor vehicle incident.

d. Overdose death.

e. Child abuse or neglect.

f. Stillbirth.

g. Fetal death or infant death.

h. A maternal death occurring during or within a year of a pregnancy.

i. Any unexpected or unintentional death of a child.

2. "Reviewable death" does not include a death subject to review under s. 175.47.

(2) FATALITY REVIEW TEAMS; PURPOSE, DUTIES, MEMBERSHIP, AND RECORD ACCESS. (a) Fatality review teams shall have the purpose of gathering information concerning reviewable deaths to examine the risk factors and circumstances leading to reviewable deaths and understand how the deaths could have been prevented through all of the following:

1. Identification of recommendations for cross-sector, system-level policy and practice changes to address the identified risk factors and prevent future reviewable deaths.

2. Promotion of cooperation and coordination among agencies involved in understanding the causes of reviewable deaths or in providing services to surviving family members.

(b) 1. If established, each fatality review team shall do all of the following:

a. Establish and implement a protocol for the fatality review team.

b. Collect and maintain data appropriate to the type of review undertaken.

c. Create strategies and make and track the implementation of recommendations for the prevention and reduction of reviewable deaths in the area served by the fatality review team.

d. Evaluate the fatality review team's review process, interagency collaboration, and development and implementation of recommendations to ensure adherence to the purpose described in par. (a).

2. A fatality review team may address a reviewable death that occurred in the area served by the fatality review team or that relates to a resident of the area served by the fatality review team if the incident or death occurred elsewhere in the state.

(c) When conducting a fatality review under this

section, a fatality review team may be provided with information from the records held by any of the following, if the records pertain to a person or incident within the scope of the review:

1. The department of health services or a local health department.

2. The department of children and families.

3. A law enforcement agency.

4. A medical examiner or coroner.

5. A treatment provider for substance use or mental health.

6. A hospital or health care provider.

7. Emergency medical services, including a fire department.

8. A Women, Infants, and Children program under s. 253.06.

9. The department of corrections.

10. A district attorney's office.

11. A circuit or municipal court.

12. A social or human services agency.

13. Service providers or advocates that provide support in response to violence, including domestic abuse.

14. Child protective services or a child welfare agency.

15. A school or university.

16. If the fatality review team is an overdose fatality review team, a suicide review team, or a maternal mortality review team, prescription drug monitoring program records.

17. Any other agency or organization identified as necessary for the review by a specific fatality review team.

(d) If established, the members of a fatality review team may include any of the following types of individuals, organizations, agencies, and areas of expertise:

1. Public health.

2. Tribal health centers.

3. Medical examiners and coroners.

4. Funeral directors.

5. Law enforcement.

6. The district attorney with jurisdiction, or his or her designee.

7. Medical professionals, including physicians, physician assistants, and nurses.

8. Emergency medical responders, as defined in s. 256.01 (4p), or emergency medical services practitioners, as defined in s. 256.01 (5).

9. Behavioral health professionals.

10. Service providers or advocates that provide support in response to violence, including domestic abuse.

11. Individuals with relevant personal experience.

12. Education professionals, including school counselors and school representatives.

13. Child protective services or child welfare agency.

14. Any other person requested by members of the team.

(e) A fatality review team shall enter data regarding each reviewable death into a secure database.

(3) DISCLOSURE OF INFORMATION; IMMUNITY. (a) Information and records provided to or created by a fatality review team are confidential, except as otherwise provided in this section, and are not subject to inspection or copying under s. 19.35. Before a member of a fatality review team may participate in the review of a reviewable death, the member shall sign a copy of a confidentiality agreement and review the purpose and goals of the fatality review team. Any person who is invited to a fatality review team meeting must sign a copy of a confidentiality agreement before attending or participating in the meeting.

(b) Except as otherwise provided in this section, a member of a fatality review team may share information disclosed to the fatality review team regarding a reviewable death with other members of that fatality review team or with another fatality review team conducting a review of the same individual's death, except that the member may not distribute additional, printed copies of any information or record that is disclosed to him or her to other members of the member's fatality review team.

(c) Any person participating in the review of a reviewable death by a fatality review team, including any member of a fatality review team, a person attending a fatality review meeting, or a person who presents information to the fatality review team, and any person providing information or records to the fatality review team for the purpose of reviewing a reviewable death, may not testify in any civil or criminal action as to the information specifically obtained through the person's participation in the fatality review team's meeting or to any conclusion of the fatality review team regarding a reviewable death. This paragraph does not prohibit a person from testifying to information that is obtained independently of a fatality review team or that is public information.

(d) A person who attends a fatality review team meeting or presents information to a fatality review team is not prohibited under par. (a) or (b) from disclosing information or records obtained independently of the review if that disclosure is otherwise permitted under state or federal law.

(e) 1. A fatality review team may disclose information if the disclosure is made for the purpose of fulfilling a purpose of the fatality review team and if the information meets all of the following criteria:

a. The information does not contain any information that identifies the names or identifying numbers of indi-

viduals and does not contain other information for which there is reasonable basis to believe that the information could be used to identify an individual or entity.

b. The information does not contain addresses other than zip codes.

c. The information does not contain dates of birth, death, or incident other than the year.

d. The information does not contain conclusory information attributing fault, not including findings or judgments by law enforcement agencies, courts, or child welfare agencies.

2. Any of the following items, if the item does not contain any information that would allow the identity of an individual to be ascertained, may be disclosed or treated as public information:

a. Statistical or aggregate compilations of data.

b. Reports from fatality review teams.

(f) Information and records provided or obtained in the course of a fatality review under this section are not subject to discovery or subpoena in a civil or criminal action or an administrative proceeding and are not admissible as evidence during the course of a civil or criminal action or an administrative proceeding, except that information and records obtained independently of a review under this section are not immune from discovery merely because the information or records were presented to a fatality review team.

(g) Any person participating in a fatality review team's meeting under this section is immune from any civil or criminal liability for any good faith act or omission in connection with providing information or recommendations relevant to review of a reviewable death to the fatality review team in accordance with this section or any conclusions or recommendations reached by the fatality review team made in good faith. The immunity granted under this paragraph applies to persons conducting the review as well as persons providing information or records to the fatality review team for the meeting. For the purpose of any civil or criminal action, any person participating in a review under this section is presumed to be acting in good faith.

(4) MEETINGS. (a) Meetings of a fatality review team shall be closed to the public and are not subject to subch. V of ch. 19. A fatality review team may hold a public meeting to share summary findings and recommendations of reviews by fatality review teams.

(b) During a public meeting under par. (a), no person may disclose information on or agency involvement with any of the following:

1. A deceased individual.

2. A family member, guardian, or caretaker of a deceased individual.

3. An individual convicted of a crime or adjudicated as having committed a delinquent act that caused a death or near fatality.

(c) This subsection does not prohibit a fatality review team from requesting the attendance at a team meeting of a person who has information relevant to the team's exercise of its purpose and duties, provided that any person attending the meetings signs a confidentiality agreement.

SECTION 8. 938.396 (1) (a) of the statutes is amended to read:

938.396 **(1)** (a) *Confidentiality.* Law enforcement agency records of juveniles shall be kept separate from records of adults. Law enforcement agency records of juveniles may not be open to inspection or their contents disclosed except under par. (b) or (c), sub. (1j), (2m) (c) 1p., or (10), or s. 250.22 or 938.293 or by order of the court.

SECTION 9. 938.396 (2) (a) of the statutes is amended to read:

938.396 **(2)** (a) Records of the court assigned to exercise jurisdiction under this chapter and ch. 48 and of municipal courts exercising jurisdiction under s. 938.17 (2) shall be entered in books or deposited in files kept for that purpose only. Those records shall not be open to inspection or their contents disclosed except by order of the court assigned to exercise jurisdiction under this chapter and ch. 48 or as required or permitted under sub. (2g), (2m) (b) or (c), or (10) or s. 250.22.

SECTION 10. 938.78 (2) (a) of the statutes is amended to read:

938.78 **(2)** (a) No agency may make available for inspection or disclose the contents of any record kept or information received about an individual who is or was in its care or legal custody, except as provided under sub. (2m) or (3) or s. 48.396 (3) (bm) or (c) 1r., 250.22, 938.371, 938.38 (5) (b) or (d) or (5m) (d), 938.396 (2m) (c) 1r., 938.51, or 938.57 (2m) or by order of the court.

SECTION 11. 961.385 (2) (cm) 5. of the statutes is created to read:

961.385 **(2)** (cm) 5. An overdose fatality review team, a suicide review team, or a maternal mortality review team under s. 250.22 (3) (c) 15.

SECTION 12. Effective date.

(1) This act takes effect on the first day of the 13th month beginning after publication.

STATE OF WISCONSIN
CONTROLLED SUBSTANCES BOARD

IN THE MATTER OF RULEMAKING PROCEEDINGS BEFORE THE CONTROLLED SUBSTANCES BOARD	PROPOSED ORDER OF THE CONTROLLED SUBSTANCES BOARD ADOPTING RULES (CLEARINGHOUSE RULE)

PROPOSED ORDER

An order of the Controlled Substances Board to create CSB 2.016, relating to scheduling 4-chloromethcathinone.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: s. 961.14, Stats.

Statutory authority: s. 961.11 (1) and (4), Stats.

Explanation of agency authority:
Section 961.11 (1), Stats. provides that "[t]he controlled substances board shall administer this subchapter and may add substances to or delete or reschedule all substances listed in the schedules in ss. 961.14, 961.16, 961.18, 961.20 and 961.22 pursuant to the rule-making procedures of ch. 227."

Section 961.11(4), Stats. provides that "[i]f a substance is designated, rescheduled or deleted as a controlled substance under federal law and notice thereof is given to the controlled substances board, the board by affirmative action shall similarly treat the substance under this chapter after the expiration of 30 days from the date of publication in the federal register of a final order designating the substance as a controlled substance or rescheduling or deleting the substance or from the date of issuance of an order of temporary scheduling under 21 USC 811 (h), unless within that 30−day period, the board or an interested party objects to the treatment of the substance. If no objection is made, the board shall promulgate, without making the determinations or findings required by subs. (1), (1m), (1r) and (2) or s. 961.13, 961.15, 961.17, 961.19 or 961.21, a final rule, for which notice of proposed rulemaking is omitted, designating, rescheduling, temporarily scheduling or deleting the substance. If an objection is made the board shall publish notice of receipt of the objection and the reasons for objection and afford all interested parties an opportunity to be heard. At the conclusion of the hearing, the board shall make a determination with respect to the treatment of the substance as provided in subs. (1), (1m), (1r) and (2) and shall publish its decision, which shall be final unless altered by statute. Upon publication of an

objection to the treatment by the board, action by the board under this chapter is stayed until the board promulgates a rule under sub. (2)."

Related statute or rule: s. 961.14, Stats.

Summary of, and comparison with, existing or proposed federal regulation:
On November 17, 2025, the Department of Justice, Drug Enforcement Administration published its final rule in the Federal Register listing 4-chloromethcathinone in schedule I of the federal Controlled Substances Act. The rule is effective as of December 17, 2025.

Plain language analysis:
The objective of the proposed rule is to schedule 4-chloromethcathinone as schedule I controlled substances under s. 961.11 (4), Stats.

The Controlled Substances Board will promulgate a final rule, without making the determinations or findings required by ss. 961.11(1), (1m), (1r) and (2) or s. 961.19 and omitting the notice of proposed rulemaking, listing 4-chloromethcathinone in this rule as schedule I controlled substances. Pursuant to s. 961.11 (4), Stats., the Controlled Substances Board by affirmative action similarly treats 4-chloromethcathinone under chapter 961, Stats. by creating the following:

> **CSB 2.016 Addition of 4-chloromethcathinone to Schedule I.** Section 961.14 (7) (L) 42., Stats., is created to read:
>
> > **961.14 (7) (L) 42.** 1-(4-chlorophenyl)-2-(methylamino)propan-1-one, commonly known as 4-chloromethcathinone, or 4-CMC.

The Affirmative Action order, dated February 18, 2026, took effect on February 23, 2026, upon publication in the Administrative Register and expires upon promulgation of a final rule.

Summary of public comments received on statement of scope and a description of how and to what extent those comments and feedback were taken into account in drafting the proposed rule: N/A

Comparison with rules in adjacent states:
Illinois: Illinois has not listed 4-chloromethcathinone as schedule I controlled substances [720 Illinois Compiled Statutes 570 Section 204].

Iowa: Iowa has not listed 4-chloromethcathinone as schedule I controlled substances [Iowa Code 124.204].

Michigan: Michigan has not listed the 4-chloromethcathinone as schedule I controlled substances [Michigan Compiled Laws s. 333.7212].

Minnesota: Minnesota has not listed 4-chloromethcathinone as schedule I controlled substances [Minnesota Statutes 152.02 (2)].

Summary of factual data and analytical methodologies:
The methodology was to schedule 4-chloromethcathinone as schedule I controlled substances and to conform with the federal Controlled Substances Act.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:
The proposed rule 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 do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Jennifer.Garrett@wisconsin.gov, or by calling (608) 266-2112.

Agency contact person:
Nilajah Hardin, Administrative Rules Coordinator, Department of Safety and Professional Services, Office of Chief Legal Counsel, 4822 Madison Yards Way, P.O. Box 14497, Madison, Wisconsin 53708-0497; email at DSPSAdminRules@wisconsin.gov.

Place where comments are to be submitted and deadline for submission:
Comments may be submitted to Nilajah Hardin, Administrative Rules Coordinator, Department of Safety and Professional Services, Office of Chief Legal Counsel, 4822 Madison Yards Way, Madison, WI 53708-0497, or by email to DSPSAdminRules@wisconsin.gov. Comments must be received by a date to be determined to be included in the record of rulemaking proceedings.

TEXT OF RULE

SECTION 1. CSB 2.016 is created to read:

CSB 2.016 Addition of 4-chloromethcathinone to Schedule I. Section 961.14 (7) (L) 42., Stats., is created to read:

961.14 (7) (L) 42. 1-(4-chlorophenyl)-2-(methylamino)propan-1-one, commonly known as 4-chloromethcathinone, or 4-CMC.

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)

STATE OF WISCONSIN
CONTROLLED SUBSTANCES BOARD

IN THE MATTER OF RULEMAKING PROCEEDINGS BEFORE THE CONTROLLED SUBSTANCES BOARD	PROPOSED ORDER OF THE CONTROLLED SUBSTANCES BOARD ADOPTING RULES (CLEARINGHOUSE RULE)

PROPOSED ORDER

An order of the Controlled Substances Board to create CSB 2.017, relating to scheduling 4-fluoroamphetamine.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: s. 961.14, Stats.

Statutory authority: s. 961.11 (1) and (4), Stats.

Explanation of agency authority:
Section 961.11 (1), Stats. provides that "[t]he controlled substances board shall administer this subchapter and may add substances to or delete or reschedule all substances listed in the schedules in ss. 961.14, 961.16, 961.18, 961.20 and 961.22 pursuant to the rule-making procedures of ch. 227."

Section 961.11(4), Stats. provides that "[i]f a substance is designated, rescheduled or deleted as a controlled substance under federal law and notice thereof is given to the controlled substances board, the board by affirmative action shall similarly treat the substance under this chapter after the expiration of 30 days from the date of publication in the federal register of a final order designating the substance as a controlled substance or rescheduling or deleting the substance or from the date of issuance of an order of temporary scheduling under 21 USC 811 (h), unless within that 30−day period, the board or an interested party objects to the treatment of the substance. If no objection is made, the board shall promulgate, without making the determinations or findings required by subs. (1), (1m), (1r) and (2) or s. 961.13, 961.15, 961.17, 961.19 or 961.21, a final rule, for which notice of proposed rulemaking is omitted, designating, rescheduling, temporarily scheduling or deleting the substance. If an objection is made the board shall publish notice of receipt of the objection and the reasons for objection and afford all interested parties an opportunity to be heard. At the conclusion of the hearing, the board shall make a determination with respect to the treatment of the substance as provided in subs. (1), (1m), (1r) and (2) and shall publish its decision, which shall be final unless altered by statute. Upon publication of an

objection to the treatment by the board, action by the board under this chapter is stayed until the board promulgates a rule under sub. (2)."

Related statute or rule: s. 961.14, Stats.

Summary of, and comparison with, existing or proposed federal regulation:
On January 15, 2026, the Department of Justice, Drug Enforcement Administration published its final rule in the Federal Register listing 4-fluoroamphetamine in schedule I of the federal Controlled Substances Act. The rule is effective as of February 17, 2026.

Plain language analysis:
The objective of the proposed rule is to schedule 4-fluoroamphetamine as schedule I controlled substances under s. 961.11 (4), Stats.

The Controlled Substances Board will promulgate a final rule, without making the determinations or findings required by ss. 961.11(1), (1m), (1r) and (2) or s. 961.13 and omitting the notice of proposed rulemaking, listing 4-fluoroamphetamine as schedule I controlled substances. Pursuant to s. 961.11 (4), Stats., the Controlled Substances Board by affirmative action similarly treats 4-fluoroamphetamine under chapter 961, Stats. by creating the following:

> **CSB 2.017 Addition of 4-fluoroamphetamine to Schedule I**. Section 961.14 (7) (v), Stats., is created to read:
>
> > **961.14 (7) (v).** 1-(4-fluorophenyl)propan-2-amine, commonly known as 4-fluoroamphetamine, para-fluoroamphetamine, or 4-FA.

The Affirmative Action order, dated March 26, 2026, took effect on April 13, 2026, upon publication in the Administrative Register and expires upon promulgation of a final rule.

Summary of public comments received on statement of scope and a description of how and to what extent those comments and feedback were taken into account in drafting the proposed rule: N/A

Comparison with rules in adjacent states:
Illinois: Illinois has listed 4-fluoroamphetamine as schedule I controlled substances [720 Illinois Compiled Statutes 570 Section 204].

Iowa: Iowa has not listed 4-fluoroamphetamine as schedule I controlled substances [Iowa Code 124.204].

Michigan: Michigan has not listed the 4-fluoroamphetamine as schedule I controlled substances [Michigan Compiled Laws s. 333.7212].

Minnesota: Minnesota has not listed 4-fluoroamphetamine as schedule I controlled substances [Minnesota Statutes 152.02 (2)].

Summary of factual data and analytical methodologies:
The methodology was to schedule 4-fluoroamphetamine as schedule I controlled substances and to conform with the federal Controlled Substances Act.
Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:
The proposed rule 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 do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Jennifer.Garrett@wisconsin.gov, or by calling (608) 266-2112.

Agency contact person:
Nilajah Hardin, Administrative Rules Coordinator, Department of Safety and Professional Services, Office of Chief Legal Counsel, 4822 Madison Yards Way, P.O. Box 14497, Madison, Wisconsin 53708-0497; email at DSPSAdminRules@wisconsin.gov.

Place where comments are to be submitted and deadline for submission:
Comments may be submitted to Nilajah Hardin, Administrative Rules Coordinator, Department of Safety and Professional Services, Office of Chief Legal Counsel, 4822 Madison Yards Way, Madison, WI 53708-0497, or by email to DSPSAdminRules@wisconsin.gov. Comments must be received by a date to be determined to be included in the record of rulemaking proceedings.

TEXT OF RULE

SECTION 1. CSB 2.017 is created to read:

CSB 2.017 Addition of 4-fluoroamphetamine to Schedule I. Section 961.14 (7) (v), Stats., is created to read:

961.14 (7) (v). 1-(4-fluorophenyl)propan-2-amine, commonly known as 4-fluoroamphetamine, para-fluoroamphetamine, or 4-FA.

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)

STATE OF WISCONSIN
CONTROLLED SUBSTANCES BOARD

IN THE MATTER OF RULEMAKING PROCEEDINGS BEFORE THE CONTROLLED SUBSTANCES BOARD	PROPOSED ORDER OF THE CONTROLLED SUBSTANCES BOARD ADOPTING RULES (CLEARINGHOUSE RULE)

PROPOSED ORDER

An order of the Controlled Substances Board to create CSB 2.018, relating to scheduling Bromazolam.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: s. 961.14, Stats.

Statutory authority: s. 961.11 (1) and (4), Stats.

Explanation of agency authority:
Section 961.11 (1), Stats. provides that "[t]he controlled substances board shall administer this subchapter and may add substances to or delete or reschedule all substances listed in the schedules in ss. 961.14, 961.16, 961.18, 961.20 and 961.22 pursuant to the rule-making procedures of ch. 227."

Section 961.11(4), Stats. provides that "[i]f a substance is designated, rescheduled or deleted as a controlled substance under federal law and notice thereof is given to the controlled substances board, the board by affirmative action shall similarly treat the substance under this chapter after the expiration of 30 days from the date of publication in the federal register of a final order designating the substance as a controlled substance or rescheduling or deleting the substance or from the date of issuance of an order of temporary scheduling under 21 USC 811 (h), unless within that 30−day period, the board or an interested party objects to the treatment of the substance. If no objection is made, the board shall promulgate, without making the determinations or findings required by subs. (1), (1m), (1r) and (2) or s. 961.13, 961.15, 961.17, 961.19 or 961.21, a final rule, for which notice of proposed rulemaking is omitted, designating, rescheduling, temporarily scheduling or deleting the substance. If an objection is made the board shall publish notice of receipt of the objection and the reasons for objection and afford all interested parties an opportunity to be heard. At the conclusion of the hearing, the board shall make a determination with respect to the treatment of the substance as provided in subs. (1), (1m), (1r) and (2) and shall publish its decision, which shall be final unless altered by statute. Upon publication of an

objection to the treatment by the board, action by the board under this chapter is stayed until the board promulgates a rule under sub. (2)."

Related statute or rule: s. 961.14, Stats.

Summary of, and comparison with, existing or proposed federal regulation:
On March 16, 2026, the Department of Justice, Drug Enforcement Administration published its temporary rule in the Federal Register listing Bromazolam in schedule I of the federal Controlled Substances Act. The rule was effective March 16, 2026.

Plain language analysis:
The objective of the proposed rule is to schedule Bromazolam as schedule I controlled substances under s. 961.11 (4), Stats.

The Controlled Substances Board will promulgate a final rule, without making the determinations or findings required by ss. 961.11(1), (1m), (1r) and (2) or s. 961.13 and omitting the notice of proposed rulemaking, listing Bromazolam as schedule I controlled substances. Pursuant to s. 961.11 (4), Stats., the Controlled Substances Board by affirmative action similarly treats Bromazolam under chapter 961, Stats. by creating the following:

> **CSB 2.018 Addition of Bromazolam to Schedule I**. **(1)** Sections 961.14.(5) (aa), (ab), (ac), (ad), (ae), (ag), (am), and (b) are renumbered to 961.14 (5) (bm), (cm), (dm), (em), (fm), (gm), (hm), and (im).
>
> **(2)** Section 961.14 (5) (an), Stats., is created to read:
>
> > **961.14 (5) (an)** Bromazolam (8-bromo-1-methyl-6-phenyl-4H-benzol[*f*][1, 2, 4]triazolo[4,3-a][l, 4]diazepene).

The Affirmative Action order, dated May 14, 2026, took effect on May 26, 2026, upon publication in the Administrative Register and expires upon promulgation of a final rule.

Summary of public comments received on statement of scope and a description of how and to what extent those comments and feedback were taken into account in drafting the proposed rule: N/A

Comparison with rules in adjacent states:
Illinois: Illinois has not listed Bromazolam as schedule I controlled substances [720 Illinois Compiled Statutes 570 Section 204].

Iowa: Iowa has not listed Bromazolam as schedule I controlled substances [Iowa Code 124.204].

Michigan: Michigan has not listed the Bromazolam as schedule I controlled substances [Michigan Compiled Laws s. 333.7212].

Minnesota: Minnesota has not listed Bromazolam as schedule I controlled substances [Minnesota Statutes 152.02 (2)].

Summary of factual data and analytical methodologies:
The methodology was to schedule Bromazolam as schedule I controlled substances and to conform with the federal Controlled Substances Act.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:
The proposed rule 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 do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Jennifer.Garrett@wisconsin.gov, or by calling (608) 266-2112.

Agency contact person:
Nilajah Hardin, Administrative Rules Coordinator, Department of Safety and Professional Services, Office of Chief Legal Counsel, 4822 Madison Yards Way, P.O. Box 14497, Madison, Wisconsin 53708-0497; email at DSPSAdminRules@wisconsin.gov.

Place where comments are to be submitted and deadline for submission:
Comments may be submitted to Nilajah Hardin, Administrative Rules Coordinator, Department of Safety and Professional Services, Office of Chief Legal Counsel, 4822 Madison Yards Way, Madison, WI 53708-0497, or by email to DSPSAdminRules@wisconsin.gov. Comments must be received by a date to be determined to be included in the record of rulemaking proceedings.

TEXT OF RULE

SECTION 1. CSB 2.018 is created to read:

CSB 2.018 Addition of Bromazolam to Schedule I. (1) Sections 961.14.(5) (aa), (ab), (ac), (ad), (ae), (ag), (am), and (b) are renumbered to 961.14 (5) (bm), (cm), (dm), (em), (fm), (gm), (hm), and (im).

(2) Section 961.14 (5) (an), Stats., is created to read:

961.14 (5) (an) Bromazolam (8-bromo-1-methyl-6-phenyl-4H-benzol[*f*][1, 2, 4]triazolo[4,3-a][l, 4]diazepene).

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)

STATE OF WISCONSIN
CONTROLLED SUBSTANCES BOARD

IN THE MATTER OF RULEMAKING PROCEEDINGS BEFORE THE CONTROLLED SUBSTANCES BOARD	PROPOSED ORDER OF THE CONTROLLED SUBSTANCES BOARD ADOPTING RULES (CLEARINGHOUSE RULE)

PROPOSED ORDER

An order of the Controlled Substances Board to create CSB 2.019, relating to scheduling 3-methoxyphencyclidine.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: s. 961.14, Stats.

Statutory authority: s. 961.11 (1) and (4), Stats.

Explanation of agency authority:
Section 961.11 (1), Stats. provides that "[t]he controlled substances board shall administer this subchapter and may add substances to or delete or reschedule all substances listed in the schedules in ss. 961.14, 961.16, 961.18, 961.20 and 961.22 pursuant to the rule-making procedures of ch. 227."

Section 961.11(4), Stats. provides that "[i]f a substance is designated, rescheduled or deleted as a controlled substance under federal law and notice thereof is given to the controlled substances board, the board by affirmative action shall similarly treat the substance under this chapter after the expiration of 30 days from the date of publication in the federal register of a final order designating the substance as a controlled substance or rescheduling or deleting the substance or from the date of issuance of an order of temporary scheduling under 21 USC 811 (h), unless within that 30−day period, the board or an interested party objects to the treatment of the substance. If no objection is made, the board shall promulgate, without making the determinations or findings required by subs. (1), (1m), (1r) and (2) or s. 961.13, 961.15, 961.17, 961.19 or 961.21, a final rule, for which notice of proposed rulemaking is omitted, designating, rescheduling, temporarily scheduling or deleting the substance. If an objection is made the board shall publish notice of receipt of the objection and the reasons for objection and afford all interested parties an opportunity to be heard. At the conclusion of the hearing, the board shall make a determination with respect to the treatment of the substance as provided in subs. (1), (1m), (1r) and (2) and shall publish its decision, which shall be final unless altered by statute. Upon publication of an

objection to the treatment by the board, action by the board under this chapter is stayed until the board promulgates a rule under sub. (2)."

Related statute or rule: s. 961.14, Stats.

Summary of, and comparison with, existing or proposed federal regulation:
On March 23, 2026, the Department of Justice, Drug Enforcement Administration published its final rule in the Federal Register listing 3-methoxyphencyclidine in schedule I of the federal Controlled Substances Act. The rule is effective as of April 22, 2026.

Plain language analysis:
The objective of the proposed rule is to schedule 3-methoxyphencyclidine as schedule I controlled substances under s. 961.11 (4), Stats.

The Controlled Substances Board will promulgate a final rule, without making the determinations or findings required by ss. 961.11(1), (1m), (1r) and (2) or s. 961.13 and omitting the notice of proposed rulemaking, listing 3-methoxyphencyclidine as schedule I controlled substances. Pursuant to s. 961.11 (4), Stats., the Controlled Substances Board by affirmative action similarly treats 3-methoxyphencyclidine under chapter 961, Stats. by creating the following:

> **CSB 2.019 Addition of 3-methoxyphencyclidine to Schedule I**. Section 961.14 (4) (xc), Stats., is created to read:
>
> **961.14 (4) (xc).** 3-methoxyphencyclidine, commonly known as 3-MeO-PCP.

The Affirmative Action order, dated May 14, 2026, took effect on May 26, 2026, upon publication in the Administrative Register and expires upon promulgation of a final rule.

Summary of public comments received on statement of scope and a description of how and to what extent those comments and feedback were taken into account in drafting the proposed rule: N/A

Comparison with rules in adjacent states:
Illinois: Illinois has listed 3-methoxyphencyclidine as schedule I controlled substances [720 Illinois Compiled Statutes 570 Section 204].

Iowa: Iowa has not listed 3-methoxyphencyclidine as schedule I controlled substances [Iowa Code 124.204].

Michigan: Michigan has not listed the 3-methoxyphencyclidine as schedule I controlled substances [Michigan Compiled Laws s. 333.7212].

Minnesota: Minnesota has not listed 3-methoxyphencyclidine as schedule I controlled substances [Minnesota Statutes 152.02 (2)].

Summary of factual data and analytical methodologies:
The methodology was to schedule 3-methoxyphencyclidine as schedule I controlled substances and to conform with the federal Controlled Substances Act.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:
The proposed rule 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 do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Jennifer.Garrett@wisconsin.gov, or by calling (608) 266-2112.

Agency contact person:
Nilajah Hardin, Administrative Rules Coordinator, Department of Safety and Professional Services, Office of Chief Legal Counsel, 4822 Madison Yards Way, P.O. Box 14497, Madison, Wisconsin 53708-0497; email at DSPSAdminRules@wisconsin.gov.

Place where comments are to be submitted and deadline for submission:
Comments may be submitted to Nilajah Hardin, Administrative Rules Coordinator, Department of Safety and Professional Services, Office of Chief Legal Counsel, 4822 Madison Yards Way, Madison, WI 53708-0497, or by email to DSPSAdminRules@wisconsin.gov. Comments must be received by a date to be determined to be included in the record of rulemaking proceedings.

TEXT OF RULE

SECTION 1. CSB 2.019 is created to read:

CSB 2.019 Addition of 3-methoxyphencyclidine to Schedule I. Section 961.14 (4) (xc), Stats., is created to read:

961.14 (4) (xc). 3-methoxyphencyclidine, commonly known as 3-MeO-PCP.

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)

Controlled Substances Board
Rule Projects (updated 11/3/2026)

CH Rule Number	Scope Number	Scope Expiration Date	Code Chapter Affected	Relating Clause	Stage of Rule Process	Next Step
26-032	002-26	07/12/2028	CSB 2.013	Scheduling Dipentylone	Effective October 1, 2026	N/A
26-034	003-26	07/12/2028	CSB 2.014	Scheduling 2 Synthetic Benzimidazole-Opioids	Effective October 1, 2026	N/A
26-058	023-26	10/20/2028	CSB 2.015	Scheduling 7 Synthetic Benzimidazole-Opioids	Clearinghouse Review	Drafting Final Rule and Legislative Report
Not Assigned Yet	037-26	01/06/2029	CSB 2.016	Scheduling 4-Chloromethcathinone	Preliminary Rule Draft Reviewed at 11/13/26 Meeting	EIA Comment Period and Clearinghouse Review
Not Assigned Yet	036-26	01/06/2029	CSB 2.017	Scheduling 4-Fluoroamphetamine	Preliminary Rule Draft Reviewed at 11/13/26 Meeting	EIA Comment Period and Clearinghouse Review
Not Assigned Yet	053-26	02/03/2029	CSB 2.018	Scheduling Bromazolam	Preliminary Rule Draft Reviewed at 11/13/26 Meeting	EIA Comment Period and Clearinghouse Review
Not Assigned Yet	063-26	02/24/2029	CSB 2.019	Scheduling 3-methoxyphencyclidine	Preliminary Rule Draft Reviewed at 11/13/26 Meeting	EIA Comment Period and Clearinghouse Review
Not Assigned Yet	Not Assigned Yet	TBD	CSB 2.021	Scheduling FDA Approved Marijuana Products	Federal Order Under Legal Review	Drafting Affirmative Action Order
Not Assigned Yet	Not Assigned Yet	TBD	CSB 2.022	Scheduling 2-Fluorodeschloroketamine	Affirmative Action Order Reviewed at 11/13/26 Meeting	Affirmative Action Order Submitted for Publication
Not Assigned Yet	Not Assigned Yet	TBD	CSB 4	Fatality Review Teams	Scope Statement Reviewed at 11/13/26 Meeting	Scope Statement Submitted for Governor's Office Review and Approval

State of Wisconsin
Department of Safety & Professional Services
AGENDA REQUEST FORM

1) Name and title of person submitting the request:	2) Date when request submitted:
Nilajah Hardin **Administrative Rules Coordinator**	**11/3/26** **Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting**

3) Name of Board, Committee, Council, Sections:

Controlled Substances Board

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
11/13/26	☒ Yes ☐ No	**Controlled Substance Scheduling Overview**

7) Place Item in:	8) Is an appearance before the Board being scheduled? *(If yes, please complete Appearance Request for Non-DSPS Staff)*	9) Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session	☐ Yes ☒ No	**N/A**

10) Describe the issue and action that should be addressed:

Attachments: 2026 CSB Rules – Presentation (PowerPoint File)

11) Authorization

Nilajah D. Hardin — 11/3/26

Signature of person making this request — **Date**

Supervisor (if required) — **Date**

Executive Director signature (indicates approval to add post agenda deadline item to agenda) — **Date**

Directions for including supporting documents:
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3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.



CONTROLLED SUBSTANCE SCHEDULING OVERVIEW

Nilajah Hardin

Administrative Rules Coordinator, DSPS

WHAT IS SCHEDULING?

- Process Completed by the Controlled Substances Board
- Drug with the potential for abuse designated as a controlled substance in WI
- Analogs of a substance can also be scheduled

Schedule I	Heroin, PCP, LSD
Schedule II	Methamphetamine, Cocaine, Opiates
Schedule III	Barbiturates, Anabolic Steroids
Schedule IV	Benzodiazepines, Ephedrine, Tramadol
Schedule V	Pseudoephedrine

SCHEDULING IN WI

1

Standard Scheduling

2

Emergency Scheduling

3

Scheduling Based on Federal Action

SCHEDULING DRUGS AS CONTROLLED SUBSTANCES

STANDARD SCHEDULING

- "The 8 Questions"
  - Potential for abuse
  - Scientific evidence of pharmacological effect
  - Current scientific knowledge on the substance
  - History and current pattern of abuse
  - Scope, duration and significance of abuse
  - Risk to public health
  - Potential to produce psychological or physical dependence
  - Whether the substance is an immediate precursor of an already scheduled substance

EMERGENCY SCHEDULING

- 3 Factors
  - History and current pattern of abuse for the drug
  - Scope, duration, and significance of abuse
  - Risk to public health
- Requested by a district attorney prosecuting a case
- Emergency Rules Process – drug scheduled for 1 year
- Permanent Rules Process - must be in place before emergency rule expires

SCHEDULING BASED ON FEDERAL ACTION

- Affirmative Action Process
  - DEA schedules a drug and it's published in the Federal Register
  - Board must wait 30 days from DEA publication before scheduling
  - Board approves and publishes an Affirmative Action Order
  - Affirmative Action Order schedules drug into the same schedule under WI
  - Affirmative Action Order is effective upon publication until permanent rule goes into effect
  - Board then follows Permanent Rules Process

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and title of person submitting the request:	2) Date when request submitted:
Marjorie Liu Program Lead, PDMP	11/03/2026 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting

3) Name of Board, Committee, Council, Sections:

Controlled Substances Board

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
11/13/2026	☒ Yes ☐ No	Prescription Drug Monitoring Program (PDMP) Updates – Discussion and Consideration

7) Place Item in:	8) Is an appearance before the Board being scheduled? *(If yes, please complete Appearance Request for Non-DSPS Staff)*	9) Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session	☐ Yes ☒ No	

10) Describe the issue and action that should be addressed:

1. WI ePDMP Operations
    a. Recent and Upcoming Releases
    b. EHR Integration Status
2. WI PDMP Outreach

11) Authorization

Marjorie Liu — Nov 3, 2026

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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2024-2026 Development and Release Summary

Updated 10.30.2026

Release Date	Description
R33.34 **October 2026**	• Updated DSPS Logo • Help Text Added to Links on Resources Page for PDMP forms
R33.33 **August 2026**	Administration • Job to Disconnect all Delegates Connected to a Master Prescribing Healthcare Professional Account Missing an NPI • Reduced Duplicate Entries in Admin queue for Pending Account Changes Compliance Report Updates • Opioid Prescribing Practice Summary & Alert History by Prescriber Report: Count of Patients added • Opioid Prescribing Practice Summary Report: Peer/Specialty Percentile • Dispenser Compliance Report: Download Restored User Interface updates • Added Warning for Users Activating an Account with an NPI Already in Use • NPI/DEA Updates Routed through Admin Approval • Username Validation Updates • Last Dispensing by Me Date on Patient Panel Update
R33.32 **June 2026**	**Administration** • Submitter on Behalf of a Pharmacy account profile changes workflow fix Data • Duplicate Dispensings Marked as Inactive
R33.31 **May 2026**	NPI Enforcement • Fixes for prescriber EHR Queries to be restricted if NPI is not in account, following the same behavior as a query through the website Accessibility • Updated PDMP forms – links to online AccessGov form • Updated Healthcare Professional & Medical Coordinator User Guides User Interface • Fix for Patient Search Button Grayed After Failed Search • Fix Submitter on Behalf Accounts requiring NPI on Account Management Administration • User Account Detail Report - Add Pharmacy License Types • PDMP Automatic Email Notification Updates: Registration Email Confirmation Request Subject Line • Prescriber Query Compliance Report Time Out fix • Prescriber address zip code does not seem to match DEA or NPI registry • Fix for Pending Account Change Stuck - Red error message when approving • Redundant admin compliance reports decommissioned
R33.29	**DEA -> NPI Systemic Changeover**

March 2026	• Admin Tool: Unique Prescriber Query • Medical Coordinators user interface updates • Dispensing Practitioner account registration updates **Administration** • Non-prescriber account profile changes are routed through Admin for Approval • Password rules and help text are matching across different areas of the system
R33.28 **February 2026**	**DEA -> NPI Systemic Changeover** • NPI field added for Detailed Prescriber Monitoring Report • Enabling pharmacies to void/revise records submitted with DEA prior to the enforcement of NPI requirements **User Interface** • All Users: Updates to username help text • Pharmacy: Updates to Void/Revise screen • Non-prescribing Healthcare Professionals: Fixes for NPI requirement error for registration and query access **Website Updates pursuant to Title II of Americans with Disabilities Act**
R33.27 **January 2026**	**DEA -> NPI Systemic Changeover** • LE/Gov Dispenser Query Redesign **User Interface** • Void/Revise screen instruction updates • Expire Old Errors (before 1/1/2025) **Administration** • Display of Additional DEA Numbers of Prescribers for admin • Fix for November 2025 Dispenser Compliance Report Error **BadgerTraCS Law Enforcement Reports Ingestion:** fixes for API connection & test data transmission errors
R33.26 **December 2025**	Dummy NPI fixes to accept controlled substance & compound drug records Password reset fixes for Healthcare Professional accounts with no DEA on file Enabling Medical Coordinator account upload practitioner list by NPI
R33.25 **December 2025**	Data System: • Dummy NPI of 9999999999 enabled • Dummy NPI dispenser report available for admin User Interface: • Pharmacy: Revise/Void screen updated to NPI entry • Pharmacy: Allow voided/revised without a DEA (for non-scheduled monitored drugs, i.e., Gabapentin) Automated Notification: • Updated language for Delegate and Medical Coordinator Assistant activation email
R33.24 **October 2025**	User Interface Updates: • Submitter: Remove Old Pharmacy Error Logs

	• Law Enforcement/Government Employee: Data Request Attestation Filename Criteria Language Update Website Management: • Delegate and Medical Coordinator Assistant Activation Email updates • User's First Name Updates to Reflect Name in LicensE
R33.23 **September 2025**	User Interface Updates: • Submitter: Update Manual Prescription Entry to ASAP4.2B • Submitter: Remove Old Pharmacy Error Logs • Dispensing Practitioner: account registration NPI field ready for entry Website Management: • Patient Matching Processing Job Enhancement • Patient's Gender on the Patient Report to pull in the Gender from the Most Recent Dispensing Admin Portal: Territories Added to inter-State Query Services Configuration Screen
R33.22 **August 2025**	**DEA -> NPI Systemic Changeover** • NPI information auto-populated on the Record Entry screen for Pharmacy and Dispensing Practitioner account types • Erroneously flagged errors of historical records removed from pharmacy error logs **Administration** Dispenser Report workflow fixes for Law Enforcement or Government user
R33.21 **July 2025**	**DEA -> NPI Systemic Changeover** • Dispenser Compliance Report reverted to using DEA first, switching to NPI on 12/1 • Pharmacy Zero Report auto populates NPI or leaves blank if account profile doesn't Include NPI • Data Submitter Guide updates **Administration** Fixes for Detailed Prescriber Monitoring Report **User Interface** • Dispenser Report download fixes for Law Enforcement or Government user • Submission data field PHA05 (Pharmacy Address 1) now accepts up to 55 characters
R33.20 **June 2025**	**Website changes adapting to NPI Requirements** Automated Notification Language Updates: • Submission compliance notification when NPI is missing

	• Gabapentin reporting guideline updates User Portal • Healthcare Professional Account – NPI requirement pop up updates • Law enforcement/investigative unit account: NPI added to prescriber and dispenser report request screen for Data Analytics • Metrics calculations revert to DEA-based
R33.19 **May 2025**	**Website changes adapting to NPI Requirements** Data Analytics • NPI Search Added to Detailed Prescriber Monitoring Report • NPI Added to Opioid Prescribing Practice Summary Report **Admin Portal Fixes and Updates**
R33.18 **April 2025**	Website Administration: • On-going Formatting and Calculation cleanups for automated Reports • NPI data field added to reports User Portal: NPI field added to search screen (for law enforcement, prosecutorial, and regulatory agencies)
R33.17 **March 2025**	User Portal: • Additional DEA fields in Prescribers account profile • NPI field added in Pharmacy account profile
R33.16 **February 2025**	Data Analytics Updates: • MME Conversion Factors updates • Buprenorphine exclusion rules applied to automated reporting of prescribing reports User Interface Updates • Healthcare Professionals - MME Calculator & Addiction Resource Updates • Investigators - Dispenser Report Request via User Accounts Administrative workflow updates - NPI added to Pending Account Registration Review Webpage Language Updates: Registration Page, Dashboard charts
R33.15.1 **February 2025**	Emergency Release to fix errors for out of state queries connecting via PMPi hub
R33.15 **January 2025**	Data Analytics Updates: • New admin tool of adding additional DEA numbers to automate Detailed Prescriber Monitoring Report • Formatting updates on Opioid Practice Summary Report User Interface Updates: • Pharmacy Account data revise/edit screen now with multiple DEAs dropdown selection
	Updates to online form “Report Suspected Errors in WI ePDMP Date” PDF

R33.14 **January 2025**	Pharmacy additional DEA display Increased License Number Character Limits from 7 to 8 File Processing Updates - Skipping Duplicate Files
R33.13 **December 2024**	User Interface: • Updated Text on the Delegate Management Screen • Updated Calculations for Daily Prescribing Volume Ranking for Opioids • License Number is no Longer a Required Field for a Medical Coordinator Account Admin Portal Updates: • Added Submission Date to Prescriber Alerts Table • NDC of Dispensed Medications displayed in the prescriber Report • Updated the Prescriber Query Compliance Report
R33.12 **November 2024**	ePDMP Webpage Updates: Contact Us info & user registration screen for Medical Coordinator and Researcher Analytics and Reports Updates- • Prescriber Monitoring Report Charts Readability • Prescriber Address populated on Dispensing History Details Administrative Workflow Enhancement: Alert reviewing screen updates

WI ePDMP Integration Services Summary

Updated 10.30.2026

Pending Health Systems and EHR Platforms	Status			Notes
Internal Medicine Associates	In discussion			
MECFS Clinic MN	In discussion			
CareATC	In discussion			
Connected Health Systems (61% of monthly patient queries)	**Free Pricing Model**	**Implementation Date**	**Est. Total # of Users**	**Notes**
Advent Health	N	03/05/2023	15	
Allina Health	Y	09/18/2023	100	
Ascension Wisconsin				
Aspirus Health Care				
Aurora Health Care	Y	05/08/2024	12,000	
Children's Hospital of Wisconsin	Y	09/01/2022	300	
Clark County	Y	11/01/2023		
Clean Slate	Y	09/01/2022	26	
CompuGroup Medical	Y	08/14/2024	50	
DrFirst	Y	05/01/2025		
Froedtert & the Medical College of Wisconsin			100	Pending signed Free agreement
GHC of South Central Wisconsin	Y	09/01/2024		
Gundersen Health System			800	Pending signed Free agreement
HealthPartners				
HSHS / Prevea Health	Y	01/01/2023	500	
M Health Fairview	Y	08/01/2022	30	
Marshfield Clinic	Y	09/01/2022	100	
Mayo Clinic				
Mercy Health	Y	08/01/2022	766	
Monroe Clinic				
NOVO Health Technology Group	Y	02/01/2023		

OakLeaf	Y	6/11/2025	116	
Ochin	Y	12/21/2022	100	
ProHealth Care	Y	1/17/2025		
QuadMed, LLC	Y	5/17/2023	40	
SSM Health				
Thedacare				Pending signed Free agreement
UnityPoint				
UW Health			4000	
Wisconsin Statewide Health Information Network	Y	09/01/2022	3500	

DrFirst Facilities	
Alay Health Team	Mindful Healing and Wellness LLC
Associated Mental Health Consultants	Mindara Mordern Psychiatry LLC
Behavioral Health Services of Racine Co.	National Medical Groups
Benjamin S. Gozon MDSC D/B/A Capitol Rehabilitation Clinic	Northstar
Best Self Counseling Center	Northwest Passage
Christian Family Solutions	Nova Integrated Care LLC
Curana Health of Wisconsin	Oak Medical
Deer Path Integrated Inc. Frayed Edges	Oral Surgery Associates of Milwaukee
Door County Memorial Hospital	Orthopedic Hospital of Wisconsin
Dr. Colleen Worth, DNP, APNP	Pain Management and Treatment Center
Empower Recovery	Pediatrics Associates
Envision ADHD Clinic	Rainbow Palliative Care
FAMILY PSYCHIATRIC CARE, LLC	Reka Furedi MD
Family Therapy Center of Madison	Red Oak Counseling
Fort Healthcare	Regional Medical Center
GI Associates LLC	Richland Hospital
Healthy Minds LLC	Rogers Memorial Hospital
Heartland Hospice	RULA-WI
Housing Initiatives	Sauk Prairie Memorial Hospital
Jonathan Hoerl PMHNP	**Sunshine Family Psychiatry Of Texas**
Kelly Pickens	Shorewood Behavioral Health

Lake Superior Community Health Center	**The Remedy**
LifePoint	Third Eye Health
Linc Health Clinic	UHS_PA_WI
Lifestance Health WI	University of Wisconsin - Milwaukee
Madison Recovery Center	Watertown Rainbow Hospice
Marshfield Clinic Health System	Wauwatosa Children's Clinic
Mental Health Specialty Group PA	Watertown Regional Medical Center
Mile Bluff Medical Center	Yee Xiong MD
Milwaukee Medical Associate, SC	

2026 WI PDMP Outreach Calendar

MONTH	EVENT	DESCRIPTION	DATES	NOTES
January				
February	Overdose Fatality Review (OFR) State Advisory Group	DSPS Representative; inter-agency advisory board for OFR participating local sites	2/12/2026	Virtual; Quarterly Meeting
March	RxCheck Governance Board Meeting	Board Member-Participant; Interstate PDMP data exchange discussion	3/122026	Virtual; Quarterly Meeting
April	Overdose Fatality Review (OFR) State Advisory Group	DSPS Representative; inter-agency advisory board for OFR participating local sites	4/9/2026	Virtual; Quarterly Meeting
May				
June	RxCheck Governance Board Meeting	Board Member-Participant; Interstate PDMP data exchange discussion	6/11/2026	Virtual; Quarterly Meeting
	PMP InterConnect Steering Committee Meeting	Participant; Annual national meeting for PDMP administrators organized by National Association of Boards of Pharmacy (NABP)	6/23-6/24/2026	Mount Prospect, IL
July	Overdose Fatality Review (OFR) State Advisory Group	DSPS Representative; inter-agency advisory board for OFR participating local sites	7/9/2026	Virtual; Quarterly Meeting
	PDMP Current State & Future Goals, Pharmacy Society of Wisconsin	Presenter & Participant	7/21/2026	Madison, WI
August	Wisconsin Substance Use Summit	PDMP Information Booth	8/5-8/6/2026	Green Bay, WI
September	RxCheck Governance Board Meeting	Board Member-Participant; Interstate PDMP data exchange discussion	9/10 & 9/24/2026	Virtual; Quarterly Meeting
October	State Patrol BadgerTraCS Form Advisory Committee Meeting	PDMP Incident Form Discussion	10/1/2026	DeForest, WI
	Overdose Fatality Review (OFR) State Advisory Group	DSPS Representative; inter-agency advisory board for OFR participating local sites	10/8/2026	Virtual; Quarterly Meeting
	NASCSA Conference (National Association of State Controlled Substances Authorities)	Annual national meeting organized by NASCSA for government controlled substances authority, PDMP and healthcare professionals	10/26-10/29/2026	Portland, ME
November				
December	RxCheck Governance Board Meeting	Board Member-Participant; Interstate PDMP data exchange discussion	12/10/2026	Virtual; Quarterly Meeting

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Tom Ryan			2) Date when request submitted: 9/23/26 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting
3) Name of Board, Committee, Council, Sections: Controlled Substances Board			
4) Meeting Date: 11/13/26	5) Attachments: ☐ Yes ☒ No	6) How should the item be titled on the agenda page? Drug Trends Presentations - Cullen Eberhardy, CSB Member, Wisconsin Dept. of Justice - John G. D. McGarry, Special Agent in Charge, Milwaukee District Office, Drug Enforcement Administration, US Department of Justice - Greg Wallace, Toxicology Director, Milwaukee County Office of the Medical Examiner	
7) Place Item in: ☒ Open Session ☐ Closed Session	8) Is an appearance before the Board being scheduled? *(If yes, please complete Appearance Request for Non-DSPS Staff)* ☒ Yes Cullen Eberhardy, John G.D. McGarry, Greg Wallace ☐ No	9) Name of Case Advisor(s), if applicable: N/A	
10) Describe the issue and action that should be addressed: Cullen Eberhardy, Board Member Wisconsin Department of Justice State Crime Technical Leader, – Controlled Substances Unit, and John G.D. McGarry, Special Agent in Charge, Milwaukee District Office, Drug Enforcement Administration, US Department of Justice, and Greg Wallace, Toxicology Director, Milwaukee County Office of the Medical Examiner will deliver a presentations on drug trends.			
11) Authorization *Thomas Ryan* Signature of person making this request			Date
Supervisor (Only required for post agenda deadline items)			Date
Executive Director signature (Indicates approval for post agenda deadline items)			Date

Directions for including supporting documents:
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State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Paralegal Richanda Turner on behalf of Attorney Renee Parton			**2) Date when request submitted:** 10/27/26 **Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting**
3) Name of Board, Committee, Council, Sections: Controlled Substances Board			
4) Meeting Date: 11/13/26	**5) Attachments:** ☒ Yes ☐ No	**6) How should the item be titled on the agenda page?** Ketamine Guidance Document	
7) Place Item in: ☒ Open Session ☐ Closed Session	**8) Is an appearance before the Board being scheduled?** *(If yes, please complete Appearance Request for Non-DSPS Staff)* ☐ Yes ☒ No	**9) Name of Case Advisor(s), if applicable:**	
10) Describe the issue and action that should be addressed: Adoption of Ketamine Guidance Document			
11) Authorization **Signature of person making this request** Richanda Turner			**Date** **10/27/26**
Supervisor (Only required for post agenda deadline items)			**Date**
Executive Director signature (Indicates approval for post agenda deadline items)			**Date**

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JOINT ADVISORY OPINION OF THE WISCONSIN EXAMINING BOARDS OF MEDICAL, NURSING, PHARMACY, AND COSMETOLOGY, THE PHYSICIAN ASSISTANT AFFILIATED CREDENTIALING BOARD, AND THE WISCONSIN CONTROLLED SUBSTANCES BOARD REGARDING THE ADMINISTRATION OF KETAMINE

It is the overall duty of each Board to protect the health, safety, and welfare of Wisconsin's citizens. Each Board seeks to improve the profession it supervises and to foster a better relationship between the profession and the general welfare of this state. Each Board is empowered to set standards of professional competency and conduct for the profession it supervises. With these principles in mind, the Interdisciplinary Advisory Committee (Committee), consisting of the Wisconsin Medical Examining Board, Pharmacy Examining Board, Board of Nursing, Physician Assistant Affiliated Credentialing Board, Cosmetology Examining Board, and Controlled Substances Board, was established to discuss issues of mutual concern.

In recent years, Wisconsin has seen an increase in the off-label use[1] of ketamine in outpatient settings for the treatment of psychiatric disorders and chronic pain, as well as other conditions. Beginning in January 2025, ForwardHealth and the Wisconsin Department of Health Services established a coverage policy for the off-label use of IV Ketamine, including clinical criteria for its administration in certain off-label uses.[2] The Department of Safety and Professional Services (DSPS) has received complaints related to the off-label use of ketamine, as well as questions from health care professionals concerning credentialing and other legal requirements for ketamine administration within the scope of professional practice.

Ketamine is a Schedule III controlled substance approved by the FDA for the induction and maintenance of general anesthesia and surgical pain management. Though research is showing efficacy, ketamine is not currently FDA-approved for the treatment of any mental health condition, including major depressive disorder (treatment-resistant depression (TRD)),[3] post-traumatic stress disorder, or severe suicidal ideation.[4] While the FDA has

[1] The United States Food and Drug Administration (FDA) defines “off-label use” as use of a medication: for a disease or medical condition it is not approved to treat, the medication is given in a different way, or given in a different dose.

[2] https://www.forwardhealth.wi.gov/kw/pdf/2024-53.pdf

[3] Major Depressive Disorder that is treatment resistant as defined by the American Psychological Association (APA) as a mood disorder characterized by persistent sadness and other symptoms of major depressive episode, without accompanying episodes of mania or hypomania, or mixed episodes of depressive and manic/hypomanic symptoms (APA Dictionary of Psychology (https://dictionary.apa.org) and in alignment with the Diagnostic and Statistical Manual of Mental Disorders).

[4] The FDA approved intranasal esketamine (Spravato®) as a standalone treatment for treatment resistant depression (TDR) in 2025. (Esketamine is a ketamine derivative and a Schedule III controlled substance). As part of its approval of Spravato®, which bears a boxed warning, the FDA imposed a Risk Evaluation and Mitigation Strategy (REMS that imposes specific, in-person administration and monitoring requirements. https://www. accessdata.fda.gov/drugsatfda_docs/label/2025/211243s016lbl.pdf.

DRAFT

approved ketamine for use in surgical pain management, it has not been approved for chronic pain management. Nevertheless, hundreds of clinics and facilities have opened across the United States, including in Wisconsin, offering varying forms of ketamine to treat a variety of medical conditions for which it is not an approved treatment. **This guidance document sets forth the relevant laws and standards of care implicated by off-label ketamine use and administration, based on existing Wisconsin law.**

This document provides guidance when assessing, ordering/prescribing, compounding, dispensing, administering, and monitoring patients with ketamine use. The intent of this guidance is to protect public safety, ensure evidence-based practice, mitigate risks, and provide clarity to health care professionals.

SCOPE OF PRACTICE CONSIDERATIONS

It is unprofessional conduct for any credential holder to provide services outside of their level of competency. If a credential holder does not have education, training and experience regarding treating and diagnosing Major Depressive Disorder and DSM criteria, they must refer these patients to other providers with necessary competence and expertise.

A physician must possess the appropriate education and clinical competence to assess, order/prescribe, administer, and monitor the off-label use of ketamine. Physicians need to continue to monitor current guidance, medical literature, and FDA warnings prior to prescribing off-label use of ketamine.

Any physician who uses telemedicine in the diagnosis and treatment of a patient located in Wisconsin must hold appropriate Wisconsin licensure. Providers are held to the same standards of practice and conduct regardless of whether health care services are provided in person or by telemedicine.[5]

ASSESSMENT AND ORDER

The assessment of the patient shall be documented and include, at a minimum:

- A thorough review of the patient's medical history[6], including relevant cardiovascular disease, psychosis/mania, substance use, interactions with alcohol, opioids, benzodiazepines, and other sedatives, current medications prescribed and identification of any prior ketamine use.
- Assessment of the patient's current symptoms, including any suicidal ideation or TRD as applicable

[5] *See* Wis. Admin. Code §§ Med 24.04-24.05.

[6] Sleep apnea and high Body Mass Index (BMI) should be clinical evaluated prior to any ketamine administration.

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- A psychiatric evaluation to assess the patient's mental health status and any potential for treatment-resistant depression.
- Baseline assessment (PHQ-9, pain scale).
- Prior treatment failures or contraindications to first-line therapy.
- Physical examination, including an in-person assessment of the patient's airway.
- The benefits of using ketamine versus the risks of other treatments or of not using ketamine it at all. Any consultation should include informed consent for off-label drug orders.
- Treatment recommendations.

The provider must follow the Wisconsin Prescription Drug Monitoring Program (PDMP) requirements before ordering/prescribing ketamine to identify any signs of misuse or diversion.[7]

Before prescribing ketamine in a compounded formulation for at home administration by the patient (sublingual troches, oral lozenges and tablets, etc.) the provider must obtain informed consent that clearly outlines the risks of such formulations and administration outside of a clinical setting. Unlike esketamine (Spravato®), compounded ketamine is not subject to Risk Evaluation and Mitigation Strategy (REMS) and thus presents comparatively increased risks due to varying formulations, dosages, and lack of onsite monitoring.[8] Use of ketamine products without monitoring by an adequately trained health care provider may put patients at risk for serious adverse effects, including excessive sedation, dissociation, changes in vital signs, non-fatal overdoses, bladder toxicity, and substance use disorder.[9, 10] Like all compounded drugs, compounded ketamine products are not approved by the FDA, and have no FDA-approved indications or routes of administration. [11]

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[7] WI PDMP is not required to be reviewed if ketamine is ordered and administered in the clinic. *See* Wis. Stat. § 961.385 (2)(cs)2. However, Ketamine abuse is a known risk and can be safeguarded against by at a minimum checking WI PDMP. *See* Pai, Sudhakar, et al., *The Off-Label Use of Ketamine: A Challenging Drug Treatment Delivery Model with an Inherently Unfavorable Risk-Benefit Profile*, The Journal of Clinical Pharmacology, 2022, accp1.org/pdfs/documents/publications/policy/JCP-2021-Off-Label-Use-Ketamine-Challenging-Drug-Treatment.pdf

[8] *See* U.S. Centers for Disease Control (CDC) *For Health Officials: Responding to Disruption Events Involving Esketamine and Ketamine*, https://www.cdc.gov/overdose-prevention/media/pdfs/2026/09/26_Ketamine_Factsheet_508c.pdf.

[9] *See* Compounding Risk Alert, *"FDA warns patients and health care providers about potential risks associated with compounded ketamine products, including oral formulations, for the treatment of psychiatric disorders*," 10 October 2023, *U.S. Food and Drug Administration*, https://www.fda.gov/drugs/human-drug-compounding/compounding-risk-alerts

[10] *See* CDC guidance, note 10, *supra*.

[11] *See* Compounding Risk Alert, *"FDA alerts health care professionals of potential risks associated with compounded ketamine nasal spray*" 16 February 2022, *U.S. Food and Drug Administration*, https://www.fda.gov/drugs/human-drug-compounding/compounding-risk-alerts

Only prescribe such formulations to patients who have undergone a thorough evaluation and for whom the expected benefits outweigh the known risks, including abuse and misuse, psychiatric events, increases in blood pressure, respiratory depression, and lower urinary tract and bladder symptoms.[12] Before prescribing compounded ketamine, prescribers should thoroughly evaluate the available evidence concerning whether compounded ketamine is safer, more effective, or works faster than FDA approved drugs for the condition in question.

Patients prescribed oral ketamine for at-home administration should be educated regarding off-label use and risk, potential side effects, the importance of adhering to prescribed dosages, and how to recognize an emergency. Ensure that the patient has a plan that they can follow to seek emergency medical assistance if necessary.

RECORDS

The patient records should specify the form of ketamine prescribed (IV infusion, IV injection, oral and sublingual, nasal spray), justification for prescribed form, dose, dosage/administration instructions, and quantity.

Patient records must document informed consent of the following as appropriate: off-label status, risks, side-effects, diversion and misuse potential, risks of compounded formulations, and alternative treatment options.

Medical records must be stored in compliance with state and federal law.

COMPOUNDING

Pursuant to Wis. Stat. § 450.01(3), to compound "means to mix, combine or put together various ingredients or drugs for the purpose of dispensing." Compounding does not include mixing, reconstituting or other such acts that are performed in accordance with directions contained in approved labeling by the product's manufacturer and other manufacturer directions consistent with labeling.[13] Currently, compounded ketamine may take the form of IV/IM ketamine, nasal sprays, rapid dissolve tablets, troches, and/or suppositories.

The United States Pharmacopeia (USP) sets forth standardized requirements for compounding, including sterile compounding found in USP <797>, and has been adopted by the FDA and the Wisconsin Pharmacy Examining Board as the enforceable standard. USP

[12] *See* Compounding Risk Alert, "*FDA warns patients and health care providers about potential risks associated with compounded ketamine products, including oral formulations, for the treatment of psychiatric disorders*," 10 October 2023, *U.S. Food and Drug Administration*, https://www.fda.gov/drugs/human-drug-compounding/compounding-risk-alerts

[13] *See* 21 U.S.C. § 353a(e).

<797> applies to all individuals who prepare compounded sterile preparations (CSPs) and all places where CSPs are prepared for human and animal patients.

The "immediate use" provision of USP <797> does not supersede USP sterile compounding requirements. USP <797> should not be viewed as a workaround for the standards governing sterile product preparation. Failure to comply with these standards may result in unsanitary and unsafe conditions for patients,[14] and may result in professional discipline.

DISPENSING

A pharmacist should exercise caution before dispensing compounded ketamine to patients for unsupervised home use and should consider the risks associated with the particular formulation.[15,16,17] Depending on the circumstances presented, the standard of care may require the pharmacist to:

- Verify the intended use prior to dispensing.
- Utilize the PDMP to review the patient's prescription history and identify any signs of misuse or diversion.
- Follow all PDMP recording requirements.
- Provide consultation when required by Wis. Admin. Code ch. Phar 7.

Where a patient has been prescribed ketamine for at-home use (i.e. sublingual troches), the pharmacist should provide consultation to the patient (and their caregivers if applicable) regarding the proper administration of ketamine, potential side effects, and the importance of adhering to prescribed dosages.

ADMINISTRATION

Only a licensed physician, PA, APRN, or RN (via an order from, and under the supervision of a licensed prescriber) with the appropriate training and experience may administer ketamine intravenously, and ketamine should be administered intravenously only in locations with adequate equipment, medication, and qualified personnel available to restore or maintain an airway and stabilize the patient should an emergency arise.

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[14] *See Compounding Risk Alert, "FDA highlights concerns with compounding of drug products by medical offices and clinics under insanitary conditions," 25 October 2021, U.S. Food and Drug Administration, https://www.fda.gov/drugs/human-drug-compounding/compounding-risk-alerts*

[15] *See* Wis. Admin. Code § Phar 10.03(2) and (3).

[16] Under the FDA-required Spravato® REMS, a pharmacy may not dispense or deliver Spravato/esketamine directly to a patient for home use; it may only be dispensed to REMS-certified healthcare settings for supervised administration. *See SPRAVATO® REMS (Risk Evaluation and Mitigation Strategy)*.

[17] Physicians and PAs have broad authority to dispense prescription drugs within their scope of practice. APRNs are limited to dispensing at the treatment facility the patient is being treated. *See* Wis. Stat. §§ 448.01(9), 448.975(1)(b)1., Wis. Admin. Code §§ PA 3.06, N 8.09(2*)*.

The standard of professional practice for the intravenous administration of ketamine is the same for both off-label and approved uses.[18] During administration, adequate monitoring of heart rate, blood pressure, respiratory status, and sedation level at regular intervals is mandatory. After administration, the patient must remain under observation until exhibiting stable vitals, normal consciousness, and adequate airway control. The location should have emergency equipment/medication available to stabilize the patient should loss of airway or another adverse event occur.

The patient's post-administration status should be monitored and documented by a qualified practitioner. Discharge decisions should be made by a qualified practitioner, based on established criteria, taking into account the depth of sedation administered and all other clinically relevant factors.[19]. Post administration the patient should have documented goals, periodic measurement of response, adverse-effect surveillance, and criteria for continuation or discontinuation.

CONCLUSION

The practices involved in assessing, ordering, compounding, dispensing, and administering ketamine involve multiple professions. Individuals engaged in these practices must hold the appropriate license and practice within the scope of practice allowed by their credentials. The standards of practice do not change depending on whether the usage of ketamine is off-label or approved, or whether it occurs in a hospital, clinic, or in-home setting. Licensees who fail to comply with the laws governing their practice may be subject to disciplinary proceedings, as appropriate.

ACKNOWLEDGMENT SECTION

Alabama State Board of Medical Examiners, Position Statement on the Off-Label Use of Ketamine for the Treatment of Treatment-Resistant Depression in Outpatient Settings, p. 1, https://www.albme.gov/uploads/pdfs/Ketamine_Position_Statement_and_Guidelines.pdf

Alabama State Board of Medical Examiners, Guidelines for the Off-Label use of Ketamine for the Treatment of Treatment-Resistant Depression in Outpatient Settings, pgs. 2-4, https://www.albme.gov/uploads/pdfs/Ketamine_Position_Statement_and_Guidelines.pdf

Arizona State Board of Nursing, Advisory Opinion: Subanesthetic Ketamine Administration, issued November 15, 2025, https://azbn.gov/sites/default/files/AO-Administration-Monitoring-Subanesthetic-IV-Ketamine.pdf

Arizona State Board of Nursing, Position Statement: Advanced Practice Registered Nurses Prescribing Ketamine for Home Administration via Mail Order Pharmacies, revised January 25,

[18] Change in modality of care is only acceptable if it meets established regulations. *See* Wis. Admin. Code chs. Med 24, PA 3 and N 8.
[19] Standards for clinical practice guidelines are established by the American Society of Anesthesiologists

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Commonwealth of Pennsylvania, Prescribing Guidelines for Pennsylvania: Guidelines for Safe Administration of Low-Dose Ketamine, revised October 7, 2020, www.pa.gov/content/dam/copapwp-pagov/en/health/documents/topics/documents/opioids/Ketamine%20Guidelines.pdf

Kentucky Board of Nursing, Advisory Opinion Statement: Role of Nurses in the Administration of Subanesthetic Dosing Ketamine for Psychiatric Disorders and Chronic Pain, issued February 2024, https://kbn.ky.gov/KBN%20Documents/aos43-admin-subanesthetic-dosing-ketamine.pdf

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New Mexico Board of Nursing Advisory: Ketamine, A Joint Advisory from New Mexico Boards of Nursing and Medicine, Review by Board of Pharmacy, issued May 11, 2023, https://www.nmmb.state.nm.us/wp-content/uploads/2024/05/ketamine-use-by-licensees-policy-2023-05-11.pdf

Soin, Amal, et al., Ketamine and its Regulatory Implications: A Review, accepted October 17, 2025, http://meridian.allenpress.com/jmr/article-pdf/111/3/41/3547500/i2572-1852-111-3-41.pdf

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