



**VIRTUAL/TELECONFERENCE  
DENTISTRY EXAMINING BOARD  
Virtual, 4822 Madison Yards Way, Madison  
Contact: Valerie Payne, (608) 266-2112  
November 4, 2020**

*The following agenda describes the issues that the Dentistry Examining 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 Dentistry Examining Board.*

**AGENDA**

**9:00 A.M.**

**OPEN SESSION – CALL TO ORDER – ROLL CALL**

- A. Pledge of Allegiance**
- B. Adoption of Agenda (1-4)**
- C. Approval of Minutes of September 2, 2020 (5-7)**
- D. Introductions, Announcements and Recognition
- E. Conflicts of Interest
- F. Administrative Matters**
  - 1) Department, Staff and Board Updates
  - 2) Board Members – Term Expiration Dates
- G. Legislative and Policy Matters – Discussion and Consideration
- H. Administrative Rule Matters – Discussion and Consideration (8)**
  - 1) Emergency Rule DE 2 Related to Temporary Licenses **(9-13)**
  - 2) DE 2 Related to Temporary Licenses – Statement of Scope **(14-15)**
  - 3) Administrative Rules Reporting Under 2017 Wisconsin Act 108
    - a. Review of 2019 Report
    - b. Proposals for 2021 Report
  - 4) Pending or Possible Rulemaking Projects
- I. Act 262 Report on Opioid Abuse – Discussion and Consideration (16)**
  - 1) Goals for 2021
  - 2) Report Preparation and Due Dates **(17-18)**
- J. Wisconsin Dental Association (WDA) – Discussion and Consideration**
  - 1) Clarification on Chapter DE 11 **(19-23)**

**K. COVID-19 – Discussion and Consideration**

- 1) COVID-19 Testing and Scope of Practice
  - a. Communication from WDA **(24)**
  - b. Communication from Wisconsin State Dental Director **(25-26)**

**L. Report of Recommendations from the Dentistry Examining Board Licensure Forms Committee – Discussion and Consideration**

- 1) Dental License Application
- 2) Dental Faculty License Application
- 3) Practicing Without Compensation
- 4) Hygiene/Local Anesthesia/Nitrous
- 5) Forms Update per DE 11 Rule Changes
- 6) Anesthesia

**M. 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) Education and Examination Matters
- 7) Credentialing Matters
- 8) Practice Matters
- 9) Legislative and Policy Matters
- 10) Administrative Rule Matters
- 11) Liaison Reports
- 12) Board Liaison Training and Appointment of Mentors
- 13) Informational Items
- 14) Division of Legal Services and Compliance (DLSC) Matters
- 15) Presentations of Petitions for Summary Suspension
- 16) Petitions for Designation of Hearing Examiner
- 17) Presentation of Stipulations, Final Decisions and Orders
- 18) Presentation of Proposed Final Decisions and Orders
- 19) Presentation of Interim Orders
- 20) Petitions for Re-Hearing
- 21) Petitions for Assessments
- 22) Petitions to Vacate Orders
- 23) Requests for Disciplinary Proceeding Presentations
- 24) Motions
- 25) Petitions
- 26) Appearances from Requests Received or Renewed
- 27) Speaking Engagements, Travel, or Public Relation Requests, and Reports

**N. Public Comments**

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

**O. Credentialing Matters**

**1) Application Review**

- a. Marc D. Friduss, D.D.S. – Dentistry Application **(27-230)**
- b. David Rudziewicz, D.D.S. – Dentistry Application **(231-282)**

**P. Division of Legal Services and Compliance (DLSC) Matters**

**1) Stipulations, Final Decisions and Orders**

- a. 18 DEN 069 – Janna K. Kawamura, D.D.S. **(283-288)**
- b. 18 DEN 097 – Jinyoung Kim, D.D.S. **(289-295)**
- c. 18 DEN 124 – Brian Blocher, D.D.S. **(296-301)**
- d. 18 DEN 125 – Christopher P. McAboy, D.D.S. **(302-307)**
- e. 18 DEN 135 – Christopher Bergstrom, D.D.S. **(308-313)**
- f. 18 DEN 136 – Dean Tiboris, D.M.D. **(314-319)**
- g. 18 DEN 139 – Parimal G. Sapovadia, D.M.D. **(320-327)**
- h. 19 DEN 001 – David A. Page, D.D.S. **(328-333)**
- i. 19 DEN 081 – Christopher M. Kania, D.D.S. **(334-344)**

**2) Administrative Warnings**

- a. 18 DEN 157 – R.R. **(345-346)**

**3) Case Closing(s)**

- a. 18 DEN 138 – C.L.E. **(347-356)**
- b. 18 DEN 150 – H.S.C. **(357-362)**
- c. 19 DEN 007 – J.L. **(363-366)**
- d. 19 DEN 015 – A.T.H. **(367-377)**
- e. 19 DEN 036 & 19 DEN 084 – A.Y.K. **(378-382)**
- f. 20 DEN 012 – A.A.P. **(383-389)**
- g. 20 DEN 017 – J.D. **(390-394)**
- h. 20 DEN 035 – P.J.C. **(395-398)**

**Q. Deliberation of Items Added After Preparation of the Agenda**

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

- 20) Petitions for Re-Hearing
- 21) Appearances from Requests Received or Renewed

R. Consulting with Legal Counsel

**RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION**

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

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

**ADJOURNMENT**

**NEXT DATE: JANUARY 6, 2020**

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

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held at 4822 Madison Yards Way, Madison, Wisconsin, unless otherwise noted. In order to confirm a meeting or to request a complete copy of the board's agenda, please call the listed contact person. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of disciplinary hearings may be changed by the examiner for the convenience of the parties. Requests for interpreters for the deaf or hard of hearing, or other accommodations, are considered upon request by contacting the Affirmative Action Officer, 608-266-2112, or the Meeting Staff at 608-266-5439.

**TELECONFERENCE/VIRTUAL  
DENTISTRY EXAMINING BOARD  
MEETING MINUTES  
SEPTEMBER 2, 2020**

**PRESENT:** Lisa Bahr, RDH; Leonardo Huck, DDS; Herbert Kaske, DDS; Dennis Myers, Wendy Pietz, DDS; Katherine Schrubbe, RDH; Peter Sheild, DDS; Diana Whalen, RDH

**EXCUSED:** Matthew Bistan, DDS; Shaheda Govani, DDS

**STAFF:** Christian Albouras, Executive Director; Jameson Whitney, Legal Counsel; Sharon Henes, Administrative Rules Coordinator; Megan Glaeser, Bureau Assistant; and other Department staff

**CALL TO ORDER**

Wendy Pietz, Vice Chairperson, called the meeting to order at 9:01 a.m. A quorum was confirmed with eight (8) board members present.

**ADOPTION OF AGENDA**

**MOTION:** Dennis Myers moved, seconded by Leonardo Huck, to adopt the Agenda as published. Motion carried unanimously.

**APPROVAL OF MINUTES OF JULY 1, 2020**

**MOTION:** Leonardo Huck moved, seconded by Dennis Myers, to approve the Minutes of July 1, 2020 as published. Motion carried unanimously.

**ADMINISTRATIVE RULE MATTERS**

**DE 2, Relating to Reciprocal Credentials for Service Members, Former Service Members and Their Spouses**

**MOTION:** Dennis Myers moved, seconded by Lisa Bahr, to authorize the Chairperson to approve the preliminary rule draft of DE 2, relating to reciprocal credentials for service members, former service members and their spouses, for posting of economic impact comments and submission to the Clearinghouse. Motion carried unanimously.

**2020 REPORT ON OPIOID ABUSE**

**MOTION:** Dennis Myers moved, seconded by Leonardo Huck, to designate Wendy Pietz to work with agency staff to draft an email message to be sent to licensees regarding prescribing guidelines and the Prescription Drug Monitoring Program. Motion carried unanimously.

## CLOSED SESSION

**MOTION:** Dennis Myers moved, seconded by Lisa Bahr, to convene to Closed Session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85 (1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85(1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.). Wendy Pietz, Vice Chairperson, read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Lisa Bahr-yes; Leonardo Huck-yes; Herbert Kaske-yes; Dennis Myers-yes; Wendy Pietz-yes; Katherine Schrubbe-yes; Peter Sheild-yes; and Diana Whalen-yes. Motion carried unanimously.

The Board convened into Closed Session at 10:07 a.m.

### DIVISION OF LEGAL SERVICES AND COMPLIANCE (DLSC) MATTERS

#### Stipulations, Final Decisions and Orders

**MOTION:** Dennis Myers moved, seconded by Leonardo Huck, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings of the following cases:

1. 18 DEN 128 – Alan Kimmel, DDS
2. 18 DEN 136 – Dean Tiboris, DDS

Motion carried unanimously.

#### Administrative Warnings

**MOTION:** Peter Sheild moved, seconded by Katherine Schrubbe, to issue an Administrative Warning in the matter of the following cases:

1. 20 DEN 034 – J.A.L.
2. 20 DEN 043 – N.A.
3. 20 DEN 058 – E.M.

Motion carried unanimously.

#### Case Closings

**MOTION:** Leonardo Huck moved, seconded by Dennis Myers, to close the DLSC cases for the reasons outlined below:

1. 18 DEN 058 – L.C.T. – No Violation
2. 18 DEN 068 – D.T.W. – No Violation
3. 18 DEN 152 – K.B. – No Violation
4. 19 DEN 113 – S.S.R. – No Violation, and S.S. – Insufficient Evidence
5. 20 DEN 033 – S.C. – Insufficient Evidence

Motion carried unanimously.

## **RECONVENE TO OPEN SESSION**

**MOTION:** Leonardo Huck moved, seconded by Peter Sheild, to reconvene into Open Session. Motion carried unanimously.

The Board reconvened into Open Session at 10:19 a.m.

## **VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION**

**MOTION:** Dennis Myers moved, seconded by Leonardo Huck, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

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

## **ADJOURNMENT**

**MOTION:** Lisa Bahr, seconded by Katherine Schrubbe, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 10:27 a.m.

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

**AGENDA REQUEST FORM**

1) Name and title of person submitting the request: Kassandra Walbrun, Administrative Rules Coordinator		2) Date when request submitted: 10/22/2020 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>									
3) Name of Board, Committee, Council, Sections: Dentistry Examining Board											
4) Meeting Date: 11/04/2020	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Administrative Rule Matters – Review and Discussion 1. Emergency Rule DE 2 Related to Temporary Licenses 2. DE 2 Related to Temporary Licenses – Statement of Scope 3. Act 108 Report Preparation for 2021 (s. 227.29, Stats.)									
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session		8) Is an appearance before the Board being scheduled? <i>(If yes, please complete <a href="#">Appearance Request</a> for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:								
10) Describe the issue and action that should be addressed:  1. Discuss status of ER, including expiration dates. 2. Discuss scope statement. 2. Review Act 108 report requirements and determine approach for 2021 report.											
11) Authorization <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;"><i>Kassandra Walbrun</i></td> <td style="width: 40%; border-bottom: 1px solid black; text-align: right;">10/22/2020</td> </tr> <tr> <td style="border-top: 1px solid black;">Signature of person making this request</td> <td style="border-top: 1px solid black; text-align: right;">Date</td> </tr> <tr> <td style="border-top: 1px solid black;">Supervisor (if required)</td> <td style="border-top: 1px solid black; text-align: right;">Date</td> </tr> <tr> <td colspan="2" style="border-top: 1px solid black;">Executive Director signature (indicates approval to add post agenda deadline item to agenda)    Date</td> </tr> </table>				<i>Kassandra Walbrun</i>	10/22/2020	Signature of person making this request	Date	Supervisor (if required)	Date	Executive Director signature (indicates approval to add post agenda deadline item to agenda)    Date	
<i>Kassandra Walbrun</i>	10/22/2020										
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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  
DENTISTRY EXAMINING BOARD

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IN THE MATTER OF RULEMAKING	:	ORDER OF THE
PROCEEDINGS BEFORE THE	:	DENTISTRY EXAMINING BOARD
DENTISTRY EXAMINING BOARD	:	ADOPTING EMERGENCY RULES

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The statement of scope for this rule, SS 071-20, was approved by the Governor on June 11, 2020, published in Register 774A3 on June 15, 2020, and approved by Dentistry Examining Board on June 25, 2020.  
This emergency rule was approved by the Governor on July 17, 2020

ORDER

An order of the Dentistry Examining Board to create DE 2.06 and 2.07, relating to temporary licenses.

Analysis prepared by the Department of Safety and Professional Services.

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FINDING OF EMERGENCY

The Dentistry Examining Board finds that an emergency exists and that this rule is necessary for the immediate preservation of the public peace, health, safety, or welfare. A statement of facts constituting the emergency is:

The dental and dental hygiene testing services have canceled or postponed licensing exams. This is creating a delay for recent graduates of dental and dental hygiene programs from obtaining a license and beginning their practice. A delay for new graduates receiving licensure due to delayed licensure exams creates the inability for new dentists and dental hygienists to begin practice in areas of the state experiencing a dentistry services shortage.

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ANALYSIS

**Statutes interpreted:** s. 447.04, Stats.

**Statutory authority:** ss. 15.08 (5) (b) and 447.02 (1) (e), Stats.

**Explanation of agency authority:**

Each examining board shall promulgate rules for its own guidance and for the guidance of the profession to which it pertains, and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular profession. [s. 15.08, Stats.]

The examining board may promulgate rules providing for the granting of temporary licenses under this chapter. [s. 447.02 (1) (e), Stats.]

**Related statute or rule:** s. 447.04, Stats., and ch. DE 2

**Plain language analysis:**

This rule creates temporary licenses for dentists and dental hygienists. A temporary license may be granted to an applicant who meets all of the requirements for license except the clinical examination. A person who has taken the clinical exam and failed is not eligible.

A person holding a temporary license is required to practice under the supervision of a licensed dentist. Supervision is defined as a person of immediate availability to coordinate, direct and inspect the practice of the holder of the temporary license either by being on site or available to collaborate through the use of communication technology.

The temporary license is valid for a period of 3 months or until the holder receives a regular license or notification of failing the clinical exam.

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

None

**Comparison with rules in adjacent states:**

**Illinois:** In Illinois, the only temporary license for dentists is a temporary training license for dentists licensed in another jurisdiction to complete a residency or specialty training in Illinois. There is no temporary license for dental hygienists.

**Iowa:** In Iowa, a temporary permit may be issued authorizing the practice of dentistry or dental hygiene on a short-term basis at a specific location or locations to fulfill an urgent need, to serve an educational purpose, or to provide volunteer services. A temporary permit is not meant as a way to practice before a permanent license is granted or as a means to practice because the applicant does not fulfill the requirements for permanent licensure.

**Michigan:** Michigan does not have temporary licenses for dentists or dental hygienists.

**Minnesota:** Minnesota does not have temporary licenses for dentists or dental hygienists.

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

Licensure for dentists and dental hygienists requires a clinical exam. The Dentistry Examining Board approves several testing services to administer clinical exams. The

testing services determine the testing dates and locations. Stakeholders approached the Dentistry Examining Board with the concern that the testing services were postponing or cancelling the clinical examinations in recent months.

The Dentistry Examining Board reviewed other health care profession rules which allow for the temporary issuance of a license after graduation provided the applicant meets all requirements except the licensing examination. These temporary licenses provide the recent graduate the ability to begin practicing their profession while under supervision in order to maintain patient safety.

**Analysis and supporting documents used to determine effect on small business:**

The proposed rule allows for recent graduates to enter their profession without the delay of waiting for an examination and does not create a fiscal impact for small businesses.

**Fiscal Estimate:**

This rule does not have any fiscal impact on businesses or local governmental units. This rule will have a small fiscal impact which can be absorbed within the agency's budget.

**Effect on small business:**

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

**Agency contact person:**

Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 4822 Madison Yards Way, P.O. Box 8366, Madison, Wisconsin 53708; telephone 608-261-2377; email at DSPSAdminRules@wisconsin.gov.

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

Comments may be submitted to Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 4822 Madison Yards Way, Madison, WI 53708-8366, or by email to DSPSAdminRules@wisconsin.gov. Comments must be submitted by the date and time at which the public hearing on these rules is conducted. Information as to the place, date, and time of the public hearing will be published on the Legislature's website and in the Wisconsin Administrative Register.

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TEXT OF RULE

SECTION 1 DE 2.06 and 2.07 are created to read:

**DE 2.06 Temporary dental license. (1) REQUIREMENTS.** The board may grant a temporary license to an applicant who meets all of the following:

- (a) Submits an application and pays the fee specified in s. 440.05 (6), Stats.
  - (b) Educational requirements in s. DE 2.01 (1) (e) or (1m) (a) and (d).
  - (c) Successful completion of the examinations in s. DE 2.01 (1) (d) and (f).
  - (d) Has not failed the examination in s. DE 2.01 (1) (g).
  - (e) Current proficiency in cardiopulmonary resuscitation, including the use of an automated external defibrillator achieved through instruction provided by an individual, organization, or institution of higher education approved by the Wisconsin department of health services.
- (2) SUPERVISION. (a) In this subsection, “supervision” means immediate availability to coordinate, direct, and inspect the practice of another by either being on site or by collaboration through the use of modern communication techniques.
- (b) A person with a temporary dental license shall practice only under the supervision of a licensed dentist.
- (3) DURATION. (a) The temporary license is valid for a period of 3 months or until the holder receives a regular license or notification of failing an examination required under DE 2.01 (1) (g).
- (b) A temporary license may be renewed in hardship cases including illness, family illness or death, accident, or natural or manmade disaster. An application for renewal based upon hardship shall be considered individually on its merits, and the renewal of a temporary license may be granted as the board deems appropriate.

**DE 2.07 Temporary dental hygienist license. (1) REQUIREMENTS.** The board may grant a temporary license to an applicant who meets all of the following:

- (a) Submits application and pays the fee specified in s. 440.05 (6), Stats.
  - (b) Educational requirements in s. DE 2.01 (2) (c)
  - (c) Successful completion of the examinations in s. DE 2.01 (1) (d) and (2) (a).
  - (d) Has not failed the examination in s. DE 2.01 (2) (b).
  - (e) Current proficiency in cardiopulmonary resuscitation, including the use of an automated external defibrillator achieved through instruction provided by an individual, organization, or institution of higher education approved by the Wisconsin department of health services.
- (2) SUPERVISION. (a) In this subsection, “supervision” means immediate availability to coordinate, direct, and inspect the practice of another by either being on site or by collaboration through the use of modern communication techniques.
- (b) A person with a temporary dental hygienist license shall practice only under the supervision of a licensed dentist.
- (3) DURATION. (a) The temporary license is valid for a period of 3 months or until the holder receives a regular license or notification of failing an examination required under s. DE 2.01 (2) (b).

(b) A temporary license may be renewed in hardship cases including illness, family illness or death, accident, or natural or manmade disaster. An application for renewal based upon hardship shall be considered individually on its merits, and the renewal of a temporary license may be granted as the board deems appropriate.

SECTION 2. EFFECTIVE DATE. This emergency rule shall take effect upon publication in the official state newspaper.

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(END OF TEXT OF RULE)  
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Dated July 17, 2020

Matthew Bistanjic, D.D.S.

Chair  
Dentistry Examining Board

# STATEMENT OF SCOPE

## Dentistry Examining Board

**Rule No.:** DE 2

**Relating to:** Approved testing services

**Rule Type:** Both Permanent and Emergency

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

The Joint Commission on National Dental Boards has a new clinical examination which does not utilize live patients or manikins. Marquette University has requested the Dentistry Examining Board remove the live patient or manikin requirement to allow its graduates to have a pathway to initial licensure in light of the difficulties of arranging for live patients in the current pandemic situation. A delay for new graduates receiving licensure due to lack of availability of patient-based licensure exams creates the inability for new dentists to begin practice in areas of the state experiencing a dentist shortage.

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

The proposed rule will remove the requirement for approval that a testing service must have all their clinical exams include a practical component utilizing live human patients or simulated patients.

### 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:

Currently in order for a testing service be approved, all the exams testing clinical knowledge must include a practical component on application of the basic principles utilizing live human patients or simulated patients.

The Joint Commission on National Dental Boards has a new clinical examination which was designed to reliably and accurately reflect the practice of clinical dentistry without utilization of a live patient or manikin. This clinical exam is similar to other health profession clinical examinations which test clinical knowledge, skills and judgement without utilization of a live patient or manikin. This clinical exam assesses candidates' clinical judgement and skills using sophisticated 3-D models.

The Dentistry Examining Board is pursuing the emergency rule to allow recent graduates another option for a licensing examination. The Dentistry Examining Board will solicit comments during the public hearing process to determine whether to pursue a permanent rule to provide for this option beyond the emergency rule timeframe.

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

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

227.11 (2) (a) Each agency may promulgate rules interpreting the provisions of any statute enforced or administered by the agency, if the agency considers it necessary to effectuate the purpose of the statute, but a rule is not valid if the rule exceeds the bounds of correct interpretation...

[This rule interprets s. 447.04 (1) (a) 4. (Submits evidence satisfactory to the examining board that he or she has passed the national dental examination and the examination of a dental testing service approved Rev. 3/6/2012

by the examining board) by providing in rule the requirements for a dental testing service to meet in order to be considered approved by the Dentistry Examining Board.]

447.04 (1) (a) 6. Completes any other requirements established by the examining board by rule.

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

100 hours

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

Dentist applicants, students and schools.

**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. This rule is not likely to have a significant economic impact on small businesses.

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

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Authorized Signature

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Date Submitted

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

**AGENDA REQUEST FORM**

1) Name and title of person submitting the request: Kassandra Walbrun, Administrative Rules Coordinator		2) Date when request submitted: 10/21/2020 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: Dentistry Examining Board			
4) Meeting Date: 11/04/2020	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Act 262 Report on Opioid Abuse – Review and Discussion 1. Discuss Goals for 2021 2. Discuss report preparation and due dates.	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session		8) Is an appearance before the Board being scheduled? <i>(If yes, please complete <a href="#">Appearance Request</a> for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:
10) Describe the issue and action that should be addressed:  Review 2020 report and determine updates, including goals for 2021.			
11) Authorization			
<i>Kassandra Walbrun</i>		10/22/2020	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)    Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			



**Matthew Bistan**  
Chairperson

**Wendy Pietz**  
Vice Chairperson

**Dennis Myers**  
Secretary

## DENTISTRY EXAMINING BOARD



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

Email: [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
Voice: 608-266-2112  
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### REPORT ON OPIOID ABUSE

#### **Proactive Efforts Taken by the Dentistry Examining Board to Address Opioid Abuse**

- 1. Controlled Substances Prescribing Guidelines** – The Dentistry Examining Board adopted Best Practices for Prescribing Controlled Substances Guidelines (Guidelines) on April 12, 2017. The Guidelines were developed using the following:
  - Centers for Disease Control’s *Guideline for Prescribing Opioids for Chronic Pain*.
  - Colorado Department of Regulatory Agencies’ *Policy for Prescribing and Dispensing Opioids*.
  - Carr, Gouda’s article *Acute Pain* published in *Lancet*.
  - Continuing Education by Figueroa and Alford, *Safe Opioid Prescribing for Acute Dental Pain*.
  - Wisconsin Medical Examining Board’s *Opioid Prescribing Guideline*.
  - National Transportation Safety Board recommendations for advising patients of the effect controlled substances may have on their ability to safely operate a vehicle.The Dentistry Examining Board provided a copy of the Guidelines to every dentist with an active license and an email on file with the Department of Safety and Professional Services. A copy of the Guidelines is available at <https://dsps.wi.gov/Documents/BoardCouncils/DEN/DENGuidelinesApril2017.pdf>.
- 2. Controlled Substances Continuing Education** - The Dentistry Examining Board requires each dentist to complete 2 hours of continuing education in the topic of responsible prescribing of controlled substances for the treatment of acute dental pain each biennium in order to renew the license. This continuing education requirement applies to the bienniums ending in 2019 and 2021.

#### **Goals for Addressing the Issue of Opioid Abuse as it Relates to the Practice of Dentistry**

- 1. Increase the Number of Dentists Registered with the Prescription Drug Monitoring Program (PDMP)** – Currently 54% of licensed dentists are registered with the PDMP. The Dentistry Examining Board recognizes one of the best ways to increase the utilization of the PDMP is for a dentist to be registered with the PDMP. Therefore, the Dentistry Examining Board will continue to strive to increase the percentage of licensed dentists registered with the PDMP to 65%.
- 2. Education Regarding the Opioid Prescribing** – The Dentistry Examining Board recognizes the value in educating dentists about the Dentistry Examining Board’s Best Practices for Prescribing Controlled Substances Guidelines and PDMP. Therefore, the Dentistry Examining Board will expand on its educational outreach on the topics of prescribing controlled substances and utilizing the PDMP.

**Action Taken on 2018 Report Goals the Issue of Opioid Abuse as it Relates to the Practice of Dentistry**

1. **Increase the Number of Dentists Registered with the Prescription Drug Monitoring Program (PDMP)** – The Dentistry Examining Board’s Goal was to increase the number of licensed dentists registered with the PDMP from 49% to 60%. Currently 54% of licensed dentists are registered with the PDMP. The Dentistry Examining Board is continuing efforts on this goal and in setting this year’s goal increased the percentage by 5%.
2. **Compliance with Provider Review Requirement** – The Dentistry Examining Board’s Goal was 100% compliance with the provider review requirement. In following up with PDMP staff on strategies for achieving this goal, it was discovered that due to inherent limitations in PDMP data this goal is not measurable. The Dentistry Examining Board’s standard is 100% compliance with provider review requirement and will continue efforts to increase compliance by raising awareness of the PDMP provider review requirement.
3. **Education Regarding the Utilization of PDMP** – The Dentistry Examining Board Goal was to work with PDMP staff to provide and promote education regarding the utilization of PDMP. PDMP staff provided outreach education at a Greater Milwaukee Dental Association event.

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To: Wisconsin Dentistry Examining Board, Chair Dr. Bistan  
From: The Wisconsin Dental Association  
Date: September 16, 2020  
Re: Clarification to recertification in DE 11.075

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The WDA does its best to keep a very close eye on the activities of the Dentistry Examining Board and how any rule changes or amendments being considered may or may not affect our members throughout the state. As you know, we want to make sure we are relaying information correctly and is information that is supported by the rules set forth by the board.

Recent changes to the Anesthesia Guidelines (Chapter DE 11) that eliminated the Class I permit and split the Class II permit into two: Class IIE and Class IIP for enteral and parenteral were carefully detailed to membership. Per usual, even detailed information on changes creates other questions down the road.

The WDA has heard from some members who are seeking more clarification on the DE 11.075 continuing education piece of the rules that pertain to recertification of PALS for pediatric dentists. DE 11.075 states:

**Continuing education.** A dentist with a sedation permit shall complete 2 hours of continuing education on the topic of sedation and anesthesia each biennium. The continuing education completed under this section shall count toward the continuing education requirement under s. DE 13.03

When pediatric dentists provide oral conscious sedation in the office and need to do recertification of their PALS (which is under DE 11.025(1)(e) – Permit to administer anesthesia (e) Evidence of certification in Advanced Cardiovascular Life Support or Pediatric Advanced Life Support through a court that follows the American Health Association guidelines. Pediatric Advanced Life Support is required if treating pediatric patients.), does this recertification need to be completed in person and include a skills test? Or can this be done via courses online with no in person testing required?

When reviewing the requirements, DE 11.075 Continuing Education – it does not break it down that far.

Would it be possible to address this issue on not only pediatric PALS recertification but also ACLS recertification, and if and/or when it would be required to be obtained in person with a skills test or if online recertification would be acceptable?

In light of COVID-19 times and in the future, we think it would be beneficial for dentists to know when they are able to obtain any of their certifications/recertifications online since it is unknown when any continuing education courses will resume to in person trainings.

Please do not hesitate to contact me if you have more questions. I appreciate your time and efforts to address these questions for our members.

Thank you.

**Mark**

Mark S. Paget  
Executive Director  
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Advocate...Educate...Empower...Serve

## Chapter DE 11

### ANESTHESIA

DE 11.01	Authority and purpose.	DE 11.075	Continuing education.
DE 11.02	Definitions.	DE 11.085	Auxiliary Personnel.
DE 11.025	Permit to administer anesthesia.	DE 11.09	Standards of care.
DE 11.03	Requirements for nitrous oxide in combination with sedative agent.	DE 11.10	Reporting of adverse occurrences related to sedation or anesthesia administration.
DE 11.035	Board approved education program content.		

**DE 11.01 Authority and purpose.** The rules in this chapter are adopted under authority in ss. 15.08 (5) (b), 227.11 (2) (a) and 447.02 (2) (b), Stats., for the purpose of defining standards for the administration of anesthesia by dentists. The standards specified in this chapter shall apply equally to general anesthesia and sedation, regardless of the route of administration.

**History:** Cr. Register, August, 1985, No. 356, eff. 9-1-85; am. Register, October, 1988, No. 394, eff. 11-1-88; am. Register, August, 1991, No. 428, eff. 9-1-91.

**DE 11.02 Definitions.** In this chapter,

**(1g)** “ASA” means American Society of Anesthesiologists.

**(1s)** “Class I permit” means a sedation permit issued prior to September 1, 2020. This permit is no longer valid.

**(1t)** “Class II permit – enteral” means a sedation permit enabling a dentist to administer, by enteral route, moderate sedation.

**(1tm)** “Class II permit – parenteral” means a sedation permit enabling a dentist to administer, by parenteral route, moderate sedation.

**(1u)** “Class III permit” means a sedation permit enabling a dentist to administer moderate or deep sedation, or general anesthesia.

**(2g)** “Continual” means repeated regularly and frequently in a steady succession.

**(2r)** “Continuous” means prolonged without any interruption at any time.

**(3)** “Deep sedation” means a drug-induced depression of consciousness during which a patient cannot be easily aroused but responds purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. A patient may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

**(3m)** “Enteral” means administration by which the agent is absorbed through the gastrointestinal tract or through the oral, rectal, or nasal mucosa.

**(4)** “General anesthesia” means drug-induced loss of consciousness during which a patient is not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. A patient often requires assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

**(4e)** “Immediately available” means physically located in the dental office or facility and ready for immediate use or response.

**(4m)** “Minimal sedation” means a minimally depressed level of consciousness, produced by a pharmacological method that retains the patient’s ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected.

**(4s)** “Moderate sedation” means a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. If more than one enteral drug is administered or if an enteral drug is administered at a dosage that exceeds the maximum recommended dose during a single appointment, such administration is considered moderate sedation.

**(6)** “Nitrous oxide” means a combination of nitrous oxide and oxygen.

**(6g)** “Parenteral” means administration by which the drug bypasses the gastrointestinal tract through intramuscular, intravenous, intranasal, submucosal, subcutaneous, or intraocular methods.

**(6r)** “Pediatric patient” means a patient who is 12 years old and under.

**(10)** “Time-oriented anesthesia record” means documentation at appropriate intervals of drugs, doses and physiologic data obtained during patient monitoring.

**History:** Cr. Register, August, 1985, No. 356, eff. 9-1-85; r. and recr. Register, October, 1988, No. 394, eff. 11-1-88; r. (4), renum. (1) to (3) to be (2) to (4) and am., cr. (1) and (5), Register, August, 1991, No. 428, eff. 9-1-91; CR 04-095: am. (1) to (4), cr. (1m) and (6) to (10), r. (5) Register August 2006 No. 608, eff. 1-1-07; CR 13-061: cr. (1s) to (1u) Register June 2014 No. 702, eff. 7-1-14; CR 19-132: r. (1), cr. (1g), r. (1m), am. (1s), (1t), cr. (1tm), am. (1u), r. (2), cr. (2g), (2r), am. (3), cr. (3m), am. (4), cr. (4e), (4m), (4s), am. (6), cr. (6g), (6r), r. (7) to (9) Register August 2020 No. 776, eff. 9-1-20; correction in (3) made under s. 35.17, Stats., Register August 2020 No. 776.

**DE 11.025 Permit to administer anesthesia.**

**(1)** Minimal sedation does not require a permit.

**(2)** The board may issue an anesthesia permit at the following levels:

(a) Class II – enteral is for the administration of moderate sedation by enteral route.

(b) Class II – parenteral is for the administration of moderate sedation by either enteral or parenteral route,

(c) Class III is for the administration of moderate or deep sedation, or general anesthesia.

**(3)** A dentist may apply to the board for an anesthesia permit by submitting all of the following:

(a) Application and fee.

(b) Verification of any permit or credential authorizing anesthesia or sedation held by the dentist.

(c) Disclosure of any previous anesthesia or sedation-related incident, morbidity, or mortality or any board investigation or discipline relating to the delivery of anesthesia or sedation.

(d) Evidence of current licensure to practice dentistry in the state of Wisconsin.

(e) Evidence of certification in Advanced Cardiovascular Life Support or Pediatric Advanced Life Support through a course that follows the American Heart Association guidelines. Pediatric Advanced Life Support is required if treating pediatric patients.

(f) Affidavit indicating the dentist has the required equipment and medications.

(g) If applying for a class II permit – enteral, evidence of one of the following:

1. Current board certification or a candidate for board certification by the American Board of Oral and Maxillofacial Surgery.
2. Completion of an accredited oral and maxillofacial surgery residency.
3. Diplomate or candidate of the American Dental Board of Anesthesiology.
4. Successful completion of a board approved education program that provides comprehensive training meeting the requirements in s. DE 11.035.

(h) If applying for a class II permit– parenteral, evidence of one of the following:

1. Current board certification or a candidate for board certification by the American Board of Oral and Maxillofacial Surgery.
2. Completion of an accredited oral and maxillofacial surgery residency.
3. Diplomate or candidate of the American Dental Board of Anesthesiology.
4. Successful completion of a board approved education program that provides comprehensive training meeting the requirements in s. DE 11.035.

(i) If applying for a class III permit, evidence of one of the following:

1. Current board certification or a candidate for board certification by the American Board of Oral and Maxillofacial Surgery.
2. Completion of an accredited oral and maxillofacial surgery residency.
3. Diplomate or candidate of the American Dental Board of Anesthesiology.
4. Postdoctoral residency in an accredited dental program in dental anesthesiology.

(j) Notwithstanding par. (g) or (h), a dentist holding a class I permit on August 31, 2020, shall be granted a class II permit – enteral upon evidence of 20 cases within the last 5 years of providing moderate sedation.

**Note:** As of September 1, 2020, a class I permit is no longer valid and moderate sedation requires either a class II permit – enteral or class II permit – parenteral.

(k) Notwithstanding par. (h), a dentist holding a class II permit on August 31, 2020, shall be granted a class II permit – parenteral.

**(4)** A dentist may not administer anesthesia or sedation without a permit at the appropriate level of anesthesia or sedation.

**History:** CR 13–061: cr. Register June 2014 No. 702, eff. 7–1–14; CR 19–132: r. and recr. Register August 2020 No. 776, eff. 9–1–20; correction in (2) (a) to (c), (3) (c), (g) (intro.), (h) (intro.), (i) (intro.), (j), (k) made under s. 35.17, Stats., and correction in (3) (j), (k) made under s. 13.92 (4) (b) 14., Stats., Register August 2020 No. 776.

**DE 11.03 Requirements for nitrous oxide in combination with sedative agent.** Nitrous oxide when used in combination with sedative agent may produce minimal, moderate or deep sedation. During the administration of moderate or nitrous–oxide oxygen sedation, if a patient enters a deeper level of sedation than the dentist is authorized by permit to provide, then the dentist shall stop the sedation and dental procedures until the patient returns to the intended level of sedation.

**History:** CR 04–095: cr. Register August 2006 No. 608, eff. 1–1–07; CR 15–056: am. (1) Register February 2016 No. 722, eff. 3–1–16; CR 19–132: r. and recr. Register August 2020 No. 776, eff. 9–1–20.

**DE 11.035 Board approved education program content.** (1) A board approved education program that provides comprehensive training for a class II permit – enteral shall consist of a minimum of 18 hours in administration and management of moderate sedation, including all of the following course content:

(a) Historical, philosophical and psychological aspects of anxiety and pain control.

(b) Patient evaluation and selection through review of medical history taking, physical diagnosis and psychological profiling.

(c) Use of patient history and examination for ASA classification, risk assessment and pre–procedure fasting instruction.

(d) Definitions and descriptions of physiological and psychological aspects of anxiety and pain.

(e) Description of the sedation anesthesia continuum, with special emphasis on the distinction between the conscious and the unconscious state.

(f) Review of adult respiratory and circulatory physiology and related anatomy.

(g) Pharmacology of local anesthetics and agents used in moderate sedation, including drug interactions and contraindications.

(h) Indications and contraindications for use of moderate sedation.

(i) Review of dental procedures possible under moderate sedation.

(j) Patient monitoring using observation, monitoring equipment, with particular attention to vital signs, ventilation, breathing and reflexes related to consciousness.

(k) Maintaining proper records with accurate chart entries recording medical history, physical examination, informed consent, time–oriented anesthesia record, including the names of all drugs administered, doses and monitored physiological parameters.

(L) Prevention, recognition and management of complications and emergencies.

(m) Description, maintenance and use of moderate sedation monitors and equipment.

(n) Discussion of abuse potential.

(o) Description and rationale for the technique to be employed.

(p) Prevention, recognition and management of systemic complications of moderate sedation, with particular attention to airway maintenance and support of the respiratory and cardiovascular systems.

(q) 20 cases, which may include group observation cases.

**(2)** A board approved education program that provides comprehensive training for a class II permit – parenteral shall consist of a minimum of 60 hours in administration and management of moderate sedation, including all of the following course content:

(a) Historical, philosophical and psychological aspects of anxiety and pain control.

(b) Patient evaluation and selection through review of medical history taking, physical diagnosis and psychological profiling.

(c) Use of patient history and examination for ASA classification, risk assessment and pre–procedure fasting instruction.

(d) Definitions and descriptions of physiological and psychological aspects of anxiety and pain.

(e) Description of the sedation anesthesia continuum, with special emphasis on the distinction between the conscious and the unconscious state.

(f) Review of adult respiratory and circulatory physiology and related anatomy.

(g) Pharmacology of local anesthetics and agents used in moderate sedation, including drug interactions and contraindications.

(h) Indications and contraindications for use of moderate sedation.

(i) Review of dental procedures possible under moderate sedation.

(j) Patient monitoring using observation, monitoring equipment, with particular attention to vital signs, ventilation, breathing and reflexes related to consciousness.

(k) Maintaining proper records with accurate chart entries recording medical history, physical examination, informed consent, time oriented anesthesia record, including the names of all

drugs administered, doses and monitored physiological parameters.

(L) Prevention, recognition and management of complications and emergencies.

(m) Description, maintenance and use of moderate sedation monitors and equipment.

(n) Discussion of abuse potential.

(o) Intravenous access anatomy, equipment and technique.

(p) Prevention, recognition and management of complications of venipuncture and other parenteral techniques.

(q) Description and rationale for the technique to be employed.

(r) Prevention, recognition and management of systemic complications of moderate sedation, with particular attention to airway maintenance and support of the respiratory and cardiovascular systems.

(s) 20 individually managed cases.

**History:** CR 19-132: cr. Register August 2020 No. 776, eff. 9-1-20; correction in (1) (intro.), (2) (intro.) made under s. 35.17, Stats., Register August 2020 No. 776, eff. 9-1-20.

**DE 11.075 Continuing education.** A dentist with a sedation permit shall complete 2 hours of continuing education on the topic of sedation and anesthesia each biennium. The continuing education completed under this section shall count toward the continuing education requirement under s. DE 13.03.

**History:** CR 19-132: cr. Register August 2020 No. 776, eff. 9-1-20.

**DE 11.085 Auxiliary Personnel. (1)** Auxiliary personnel shall be certified in basic life support for the health care provider.

(2) A dentist administering sedation shall have one additional individual present during the procedure and another individual on the premises and available to respond to a patient emergency.

(3) A dentist administering general anesthesia or deep sedation shall have 2 additional individuals present during the procedure.

(4) If a dentist is both performing the dental procedure and administering moderate or deep sedation, or general anesthesia, one auxiliary personnel must be designated to only monitor the patient. The designated auxiliary personnel may be one of the additional individuals required in sub. (2) or (3).

**History:** CR 19-132: cr. Register August 2020 No. 776, eff. 9-1-20.

**DE 11.09 Standards of care. (1) GENERAL.** A dentist administering anesthesia or sedation shall be in the room to continuously monitor the patient until the patient meets the criteria for transfer to recovery and may not leave the dental office or facility until the patient meets the criteria for discharge and is discharged from the dental office or facility.

(2) Preoperative preparation. Preoperative preparation for the administration of anesthesia or sedation shall include all of the following steps:

(a) Determine the adequacy of the oxygen supply and equipment necessary to deliver oxygen under positive pressure.

(b) Take and record the patient's baseline vital signs, including blood pressure, respiratory rate and heart rate. For the administration of general anesthesia and deep and moderate sedation, baseline vital signs include weight, height, blood pressure, heart rate, respiratory rate, blood oxygen saturation by pulse oximetry, and body temperature when appropriate. The inability to take vital signs due to the patient's behavior or condition shall be documented in the patient record.

(c) Complete medical history and a focused physical evaluation.

(d) Instruct the patient on specific dietary limitations based upon the sedative and anesthetic technique to be used and patient's physical status.

(e) Provide preoperative instructions to the patient or, as appropriate, to the patient's parent or legal guardian.

(f) Notify and require a patient to arrive and leave with a vested escort.

(g) Establish and secure, where clinically indicated, an intravenous line throughout the procedure, except as provided for pediatric or special needs patients.

(h) Advise the patient of fasting requirements.

(3) MONITORING AND EVALUATION OF GENERAL ANESTHESIA, DEEP SEDATION OR MODERATE SEDATION. A dentist administering general anesthesia, deep sedation, or moderate sedation shall continuously monitor and evaluate all of the following:

(a) Level of consciousness.

(b) Oxygenation saturation by pulse oximetry.

(c) Chest excursions.

(d) Ventilation monitored by end-tidal carbon dioxide.

(e) Auscultation of breath sounds by precordial or pretracheal stethoscope.

(f) Respiration rate.

(g) Heart rate and rhythm via electrocardiogram.

(h) Blood pressure.

(i) Color of mucosa, skin or blood.

(j) Body temperature whenever triggering agents associated with malignant hyperthermia are administered.

(4) MONITORING AND EVALUATION OF MINIMAL SEDATION. A dentist administering minimal sedation shall continuously monitor and evaluate all of the following:

(a) Level of consciousness.

(b) Chest excursions.

(c) Ventilation by either auscultation of breath sounds or by verbal communication with the patient.

(d) Color of mucosa, skin or blood.

(e) Blood pressure, heart rate, and oxygenation saturation by pulse oximetry pre-operatively and post-operative and intraoperatively.

(5) RECOVERY AND DISCHARGE. A dentist shall maintain and implement recovery and discharge procedures which include all of the following:

(a) Immediate availability of oxygen and suction equipment.

(b) Monitor and document the patient's blood pressure, heart rate, oxygenation and level of consciousness during recovery.

(c) Determine and document that blood pressure, heart rate, level of consciousness, oxygenation, ventilation, and circulation are satisfactory for discharge.

(d) Post-operative verbal and written instructions provided.

(e) If a reversal agent is administered before discharge criteria have been met, the patient must be monitored until recovery is assured.

(6) EQUIPMENT. A dentist administering anesthesia or sedation shall have immediately available and maintain equipment, appropriate for patients served, in good working order according to manufacturer's directions all the following equipment:

(a) Alternative light source for use during power failure.

(b) Automated external defibrillator.

(c) Disposable syringes in assorted sizes.

(d) Oxygen in a portable cylinder E tank capable of administering positive pressure ventilation via a bag-valve-mask system.

(e) Sphygmomanometer and stethoscope for pediatric and adult patients.

(f) Suction and backup system.

(g) An operating chair capable of withstanding cardiopulmonary resuscitation or a back board.



(h) Emergency airway equipment including oral and nasal airway and advanced airway devices for appropriate patient populations being served.

**(7) DRUGS.** A dentist administering anesthesia or sedation shall be responsible to maintain and properly store drugs in current and unexpired condition and properly dispose of expired drugs. The following drugs shall be maintained in an emergency drug kit:

- (a) Non-enteric coated aspirin.
- (b) Ammonia inhalants.
- (c) Antihistamine.
- (d) Antihypoglycemic agent.
- (e) Bronchodilator.
- (f) Epinephrine.
- (g) Oxygen.
- (h) Nitroglycerin.
- (i) Reversal agents.
- (j) Muscle relaxant.

**(8) EMERGENCY MANAGEMENT.** A dentist administering anesthesia or sedation shall be responsible for the sedative or anesthetic management, diagnosis and treatment of emergencies related to the administration of anesthesia or sedation and for ensuring the equipment, drugs and protocols for patient rescue are immediately available.

**(9) ANESTHESIA RECORD.** A dentist shall maintain an anesthesia record that documents all events related to the administration of the sedative or anesthetic agents, including all of the following:

- (a) Time-oriented anesthesia record that includes the date, names of all drugs administered, dosages, methods of administration and monitored physiological parameters.
- (b) Heart rate, respiratory rate, blood pressure, pulse oximetry, and end-tidal carbon dioxide measurements shall be recorded in 5-minute intervals for general anesthesia, deep and moderate sedation.

(c) The duration of the procedure.

(d) The individuals present during the procedure.

**History:** CR 04-095: cr. Register August 2006 No. 608, eff. 1-1-07; CR 19-132: r. and recr. Register August 2020 No. 776, eff. 9-1-20; correction in (2) (e) made under s. 35.17, Stats., Register August 2020 No. 776.

**DE 11.10 Reporting of adverse occurrences related to sedation or anesthesia administration. (1m)** A dentist shall report to the board any anesthesia-related or sedation-related mortality which occurs during or as a result of treatment provided by the dentist within 2 business days of the dentist's notice of such mortality.

**(2m)** A dentist shall report any morbidity which may result in permanent physical or mental injury as a result of the administration of anesthesia or sedation by the dentist to the board within 30 days of the notice of the occurrence of any such morbidity.

**(3m)** The report shall include all of the following:

- (a) A description of the dental procedures.
- (b) The names of all participants in the dental procedure and any witnesses to the adverse occurrence.
- (c) A description of the preoperative physical condition of the patient.
- (d) A list of drugs and dosage administered before and during the dental procedures.
- (e) A detailed description of the techniques utilized in the administration of all drugs used during the dental procedure.
- (f) A description of the adverse occurrence, including the symptoms of any complications, any treatment given to the patient, and any patient response to the treatment.
- (g) A description of the patient's condition upon termination of any dental procedures undertaken.

**Note:** Forms are available at the office of the Dentistry Examining Board located at 1400 East Washington Avenue, P.O. Box 8935, Madison, WI 53708.

**History:** CR 04-095: cr. Register August 2006 No. 608, eff. 1-1-07; CR 19-132: r. (intro.), renum. (1) to (7) to (3) (a) to (g), cr. (1m), (2m), (3m) (intro.) Register August 2020 No. 776, eff. 9-1-20; correction in (1m) made under s. 35.17, Stats., and renum. (3) (a) to (g) to (3m) (a) to (g) under s. 13.92 (4) (b) 7., Stats., Register August 2020 No. 776.

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July 2, 2020

Dr. Matthew Bistan, Chair  
Dentistry Examining Board of Wisconsin  
1630 North Taylor Drive  
Sheboygan, WI 53081

Dear Dr. Bistan:

On behalf of our 3,000 members, we are respectfully sending this letter in follow-up to our telephone conversation in May regarding our request that the DEB publicly affirm that it is within the dentist's current scope of practice to conduct Food and Drug Administration (FDA) authorized point-of-care testing for the novel coronavirus (COVID-19). Point-of-care testing, with appropriate medical referrals when indicated, would greatly enhance dentists' ability to reduce the potential for exposure to COVID-19 of other patients and members of the dental team.

Currently, Wisconsin dentists are following American Dental Association (ADA) and Centers for Disease Control (CDC) guidelines to prevent infection as dental offices reopen following our state's mandated shutdown of non-urgent dental care. During the acceleration phase of the pandemic, they performed only essential dental procedures for patients who would have otherwise sought care in hospital emergency departments. In this re-opening phase, dentists are now screening patients for signs and symptoms of COVID-19, and referring patients for appropriate medical follow-up. Unfortunately, such screening alone will not identify an individual who is infected but not displaying symptoms.

Dental personnel have a very high risk of exposure to COVID-19 because of their close proximity to patients' mouths as well as, the aerosolized particles commonly generated during dental treatment.<sup>1</sup> Given that patients receiving care may be pre-symptomatic (i.e. infected but will develop symptoms in the next 14 days) or asymptomatic (i.e. infected but will never exhibit signs or symptoms of disease), it is critical to identify those individuals carrying the virus to minimize their contacting and potentially infecting others. Identifying pre-symptomatic and asymptomatic patients is key to being able to protect dental personnel and other patients from exposure. In their interim guidance published June 17, 2020, the CDC recommended that dental facilities consider implementing pre-procedure testing for COVID-19 especially in our current situation of PPE shortages.

We urge you to publicly affirm that administering FDA-authorized point-of-care tests with FDA-emergency use authorization to screen for infection status is within the current scope of dental practice, with dentists appropriately referring patients for definitive diagnosis and treatment to a physician or medical facility. Doing so will better enable dentists to be valuable partners in potentially decreasing COVID-19 transmission in our state; will conserve the use of N95 masks for health care workers taking care of infected patients; and will provide greater assurance to the public that dental treatment is safe during the pandemic.

Thank you for considering our request. If you have any questions, please contact Mark Paget, Executive Director at 414-755-4100 or [mpaget@wda.org](mailto:mpaget@wda.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas E. Raimann DDS".

Thomas E. Raimann, DDS  
President

A handwritten signature in black ink, appearing to read "Mark Paget".

Mr. Mark Paget  
Executive Director

<sup>1</sup> U.S. Department of Labor, Occupational Safety and Health Administration, COVID-19 Control and Prevention/ Dental Workers and Employees (2020).



## **Discussion of COVID-19 Dental Issues for the Wisconsin Dental Examining Board**

I am submitting statements and questions pertaining to issues concerning the ability of licensed dentists to prescribe COVID-19 tests or to provide various types of COVID-19 testing on site. In addition, I will first be submitting statements released from the American Dental Association (ADA) in order to provide background on their current stance on these issues.

“The ADA does not consider COVID-19 testing to be a scope of practice issue, in that dentists are expected to routinely screen for high blood pressure, smoking habits and in some offices blood sugar and A1c levels. The test is not diagnostic in a dental office, since dentists are not treating COVID-19 illness. Licensed dentists are eligible to administer COVID-19 diagnostic tests within their scope of practice, provided they obtain (or already have) a Certificate of Waiver from the Center of Medicare and Medicaid Services as maybe needed. Like physicians, dentists may need the Certification to administer FDA-waived COVID-19 diagnostic tests, as required by the Clinical Laboratory Improvement Amendments (CLIA) regulation.”

The following statements pertain to issues relating to dentists’ ability to prescribe COVID-19 tests and/or provide COVID testing on site:

- A. Is it within a dentists’ scope of practice to write prescriptions for patients to acquire an antigen, antibody, or RT-PCR test performed for COVID-19?
- B. On site Covid-19 Testing:
  1. Is it within dental scope of practice to perform COVID-19 swab testing on site as long as it is delivered to an off-site laboratory for analysis?
  2. If a point-of-care /rapid response test is performed on site for analysis, does it then fall under the realm of medical diagnosis or is it an assessment only?
  3. If the dentist simply reviews the point-of –care test results and then makes a recommendation to the patient or staff member to seek further evaluation by a physician, does that negate any risk of scope of practice violations?
- C. Is it a state or federal requirement that dentists obtain a Certificate of Waiver from the Centers of Medicare and Medicaid Services?
- D. Will dentists also be required to obtain a Certificate to administer FDA –waived COVID-19 diagnostic tests, as required by CLIA?

**Important Update:** The ADA will be releasing two new procedure codes to the CDT 2021 pertaining to COVID-19 testing as follows:

- D0604 – Antigen testing for a public health-related pathogen, including coronavirus
- D0605 – Antibody testing for a public health-related pathogen, including coronavirus

The following questions pertain to concerns surrounding COVID-19 testing and potential insurance coverage:

- A. Will the above codes be recognized by dental insurance companies, and if so, will they be included as a reimbursable procedure?
- B. If billing for COVID-19 testing is only covered under medical insurance companies, will dentists be able to submit billing and procedural codes for reimbursement?

I realize the questions regarding insurance coverage(s) are not within the purview of the DEB, but are provided for discussion purposes only.

If time permits and the Board is interested, a brief dialogue on vaccines and dentists' potential roles could be addressed.

Respectfully submitted by:

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