



**HYBRID (IN-PERSON/VIRTUAL)  
OPTOMETRY EXAMINING BOARD  
Room N208, 4822 Madison Yards Way, 2<sup>nd</sup> Floor, Madison  
Contact: Tom Ryan (608) 266-2112  
September 28, 2023**

*The following agenda describes the issues that the Council 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 and deliberations of the Council. Be advised that board members may attend meetings designated as “Hybrid” in-person or virtually.*

**AGENDA**

**9:00 A.M.**

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

- A. Adoption of Agenda (1-4)**
- B. Approval of Minutes of July 6, 2023 (5-6)**
- C. Introductions, Announcements and Recognition**
  - 1) Introductions
    - a. Scott F. Kenitz, Optometrist Member (Replaces: Sterling)
    - b. Ann M. Wonderling, Optometrist Member (Replaces: Clark)
  - 2) Recognition of Jeffrey J. Clark, Optometrist Member – (Resigned 8/1/2023)
  - 3) Liaison and Panel Appointments
- D. Reminders: Conflicts of Interest, Scheduling Concerns**
- E. Administrative Matters – Discussion and Consideration**
  - 1) Department, Staff and Board Updates
  - 2) Board Members – Term Expiration Dates
    - a. Jenkins, Mark A. – 7/1/2016
    - b. Kenitz, Scott F. – 7/1/2025
    - c. Schulz, Robert C. – 7/1/2020
    - d. Slaby, Lisa L. – 7/1/2027
    - e. Sorce, Peter I. – 7/1/2023
    - f. Wilson, Emmylou – 7/1/2027
    - g. Wonderling, Ann M. – 7/1/2027
- F. 9:00 A.M. PRELIMINARY PUBLIC HEARING ON CLEARINGHOUSE RULE 23-040 ON OPT 8, RELATING TO CONTINUING EDUCATION (7)**
  - 1) Review Public Hearing Comments and Respond to Clearinghouse Report
- G. Legislative and Policy Matters – Discussions and Consideration**

- H. Administrative Rule Matters – Discussion and Consideration (8-11)**
  - 1) Updates
    - a. Opt 1, 5 and 6, Relating to Telehealth
    - b. Opt 8, Relating to Continuing Education Requirements – ARBO (9-10)
  - 2) Pending or Possible Rulemaking Projects (11)
- I. Addressing the Issue of Opioid Abuse – Board Goal Setting for 2024 – Discussions and Consideration (12)**
- J. Opioid Prescribing Guideline – Discussions and Consideration (13-18)**
- K. Association of Regulatory Boards of Optometry (ARBO) Annual Meeting Report**
- L. Continuing Education Requirement Clarification Request – Discussions and Consideration (19)**
- M. Discussion and Consideration of Items Added After Preparation of Agenda**
  - 1) Introductions, Announcements and Recognition
  - 2) Nominations, Elections, and Appointments
  - 3) Administrative Matters
  - 4) Election of Officers
  - 5) Appointment of Liaisons and Alternates
  - 6) Delegation of Authorities
  - 7) Education and Examination Matters
  - 8) Credentialing Matters
  - 9) Practice Matters
  - 10) Legislative and Policy Matters
  - 11) Administrative Rule Matters
  - 12) Liaison Reports
  - 13) Board Liaison Training and Appointment of Mentors
  - 14) Informational Items
  - 15) Public Health Emergencies
  - 16) Division of Legal Services and Compliance (DLSC) Matters
  - 17) Presentations of Petitions for Summary Suspension
  - 18) Petitions for Designation of Hearing Examiner
  - 19) Presentation of Stipulations, Final Decisions and Orders
  - 20) Presentation of Proposed Final Decisions and Orders
  - 21) Presentation of Interim Orders
  - 22) Petitions for Re-Hearing
  - 23) Petitions for Assessments
  - 24) Petitions to Vacate Orders
  - 25) Requests for Disciplinary Proceeding Presentations
  - 26) Motions
  - 27) Petitions
  - 28) Appearances from Requests Received or Renewed
  - 29) 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. Deliberation of Items Added After Preparation of the Agenda**

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

**P. Consulting with Legal Counsel**

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

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

**R. Open Session Items Noticed Above Not Completed in the Initial Open Session**

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

**ADJOURNMENT**

**NEXT MEETING: JANUARY 25, 2024 (tentatively)**

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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 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. In order 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 disciplinary hearings may be changed by the examiner for the convenience of

the parties. Requests for interpreters for the hard of hearing, or other accommodations, are considered upon request by contacting the Affirmative Action Officer, or the Meeting Staff at 608-267-7213.

**VIRTUAL/TELECONFERENCE  
OPTOMETRY EXAMINING BOARD  
MEETING MINUTES  
JULY 6, 2023**

**PRESENT:** Mark Jenkins, Robert Schulz, Lisa Slaby, Emmylou Wilson

**EXCUSED:** Jeffrey Clark, Peter Sorce

**STAFF:** Tom Ryan, Executive Director; Jameson Whitney, Legal Counsel; Dana Denny, Administrative Rules Coordinator; Brenda Taylor, Board Services Supervisor; and other DSPS Staff

**CALL TO ORDER**

Robert Schulz, Chairperson, called the meeting to order at 9:01 a.m. A quorum was confirmed with four (4) members present.

**ADOPTION OF AGENDA**

**MOTION:** Mark Jenkins moved, seconded by Lisa Slaby, to adopt the Agenda as published. Motion carried unanimously.

**APPROVAL OF MINUTES OF APRIL 6, 2023**

**MOTION:** Emmylou Wilson moved, seconded by Robert Schulz, to adopt the Minutes of April 6, 2023 as published. Motion carried unanimously.

**LEGISLATIVE AND POLICY MATTERS**

**Discussion of AB 317 | SB 143**

**MOTION:** Mark Jenkins moved, seconded by Lisa Slaby, to delegate authority to Robert Schulz to speak on behalf of the Board regarding Assembly Bill 317 & Senate Bill 143. Motion carried unanimously.

**MOTION:** Slaby moved, seconded by Schulz, to formally state the board's opposition to AB 317 and SB 143 as presented in the July 6, 2023 agenda materials. Motion carried unanimously.

**ADMINISTRATIVE RULE MATTERS**

**Opt 8, Relating to Continuing Education**

**MOTION:** Schulz moved, seconded by Wilson, to approve the Scope Statement revising Opt 8, relating to Continuing Education for submission to the Department of Administration and Governor's Office and for publication. Additionally, the Board authorizes the Chairperson to approve the Scope Statement for implementation no less than 10 days after publication. If the Board is directed to hold a preliminary public hearing on the Scope Statement, the Chairperson is

authorized to approve the required notice of hearing. Motion carried unanimously.

**Opt 1, 5, and 6, Relating to Telehealth**

**MOTION:** Mark Jenkins moved, seconded by Lisa Slaby, to designate Emmylou Wilson to serve as an alternate liaison to DSPS staff for drafting Opt 1, 5, and 6, relating to telehealth. Motion carried unanimously.

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

**MOTION:** Schulz moved, seconded by Slaby, to delegate ratification of examination results to DSPS staff and to delegate and ratify all licenses and certificates as issued. Motion carried unanimously.


**ADJOURNMENT**

**MOTION:** Slaby moved, seconded by Wilson, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 10:06 am.


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

**AGENDA REQUEST FORM**

<b>1) Name and title of person submitting the request:</b> Dana Denny, Administrative Rules Coordinator		<b>2) Date when request submitted:</b> 9/18/2023 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
<b>3) Name of Board, Committee, Council, Sections:</b> Optometry Examining Board			
<b>4) Meeting Date:</b> 9/28/23	<b>5) Attachments:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>6) How should the item be titled on the agenda page?</b> 9:00 A.M. Public Hearing – Clearinghouse Rule 23-040 on OPT 8, Relating to Continuing Education  1. Review Public Hearing Comments and Respond to Clearinghouse Report	
<b>7) Place Item in:</b> <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	<b>8) Is an appearance before the Board being scheduled?</b> <i>(If yes, please complete <a href="#">Appearance Request</a> for Non-DSPS Staff)</i>  <input type="checkbox"/> Yes <Appearance Name(s)> <input checked="" type="checkbox"/> No	<b>9) Name of Case Advisor(s), if applicable:</b> N/A	
<b>10) Describe the issue and action that should be addressed:</b>  The Board will hold a Public Hearing on this rule as required by the rulemaking process.			
<b>11) Authorization</b>  <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">                   Signature of person making this request             </div> <div style="text-align: right;">                 9/18/23                  Date             </div> </div> <hr/> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;">Supervisor (Only required for post agenda deadline items)</div> <div style="width: 35%;">Date</div> </div> <hr/> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;">Executive Director signature (Indicates approval for post agenda deadline items)</div> <div style="width: 35%;">Date</div> </div>			
<b>Directions for including supporting documents:</b> 1. This form should be saved with any other documents submitted to the <a href="#">Agenda Items</a> folders. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

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

**AGENDA REQUEST FORM**

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<b>3) Name of Board, Committee, Council, Sections:</b> Optometry Examining Board			
<b>4) Meeting Date:</b> 9/28/23	<b>5) Attachments:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>6) How should the item be titled on the agenda page?</b> Administrative Rule Matters – Discussion and Consideration  1. Updates a. Opt 1, 5 and 6, Relating to Telehealth b. Opt 8, Relating to Continuing Education Requirements - ARBO  2. Pending or Possible Rulemaking Projects	
<b>7) Place Item in:</b> <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	<b>8) Is an appearance before the Board being scheduled?</b> <i>(If yes, please complete <a href="#">Appearance Request</a> for Non-DSPS Staff)</i>  <input type="checkbox"/> Yes <Appearance Name(s)> <input checked="" type="checkbox"/> No	<b>9) Name of Case Advisor(s), if applicable:</b> N/A	
<b>10) Describe the issue and action that should be addressed:</b>  <b>Attachments:</b> 1. Scope Statement Opt 8, relating to Continuing Education Requirements - ARBO 2. Rule Project Chart  (Board Rule projects can be Viewed Here if Needed: <a href="https://dsps.wi.gov/Pages/RulesStatutes/PendingRules.aspx">https://dsps.wi.gov/Pages/RulesStatutes/PendingRules.aspx</a> )			
<b>11) Authorization</b>			
		9/18/23	
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	
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# STATEMENT OF SCOPE

## Optometry Examining Board

Rule No.: OPT 8

Relating to: Continuing Education – ARBO/COPE Requirements

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 clarify the number of continuing education hours and instructional format required to renew an optometry license according to the updated standards adopted by the Association of Regulatory Boards of Optometry (ARBO) and the Council on Optometric Practitioner Education (COPE).

### 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:

Updating the continuing education requirements will better clarify the number of synchronous in-person, synchronous virtual, and asynchronous continuing education hours required to renew an optometry license. COPE has updated synchronous and asynchronous the course formats and hours to align with modern education terminology and provided new definitions to guide state regulatory boards.

The alternative to making these updates is that continuing education requirements will continue to use outdated technology inconsistent with ARBO/COPE best practice standards for optometrists currently within and interested in entering the profession.

### 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 profession to which it pertains and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the profession.

449.06(2m) The examining board shall promulgate rules requiring a person who is issued a license to practice optometry to complete, during the 2-year period immediately preceding the renewal date specified in s. 440.08(2)(a), not less than 30 hours of continuing education. The rules shall include requirements that apply only to optometrists who are allowed to use topical ocular diagnostic pharmaceutical agents under s. 449.17 or who are allowed to use therapeutic pharmaceutical agents or remove foreign bodies from an eye or from an appendage to the eye under s. 449.18.

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

Approximately 80 hours.

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

Licensed Wisconsin optometrists and those looking into entering the profession.

**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:**

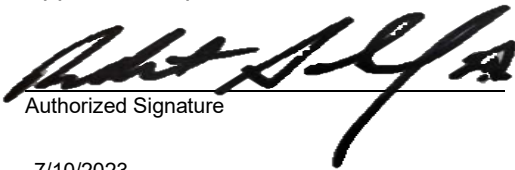
None.

**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:** Dana Denny, 608-287-3748, [DSAdminRules@wisconsin.gov](mailto:DSAdminRules@wisconsin.gov).

Approved for publication:

A handwritten signature in black ink, appearing to read "Dana Denny", written over a horizontal line.

Authorized Signature

7/10/2023

Date Submitted

Approved for implementation:

Authorized Signature

Date Submitted

**Optometry Examining Board  
Rule Projects (updated 9/18/23)**

<b>Clearinghouse Rule Number</b>	<b>Scope #</b>	<b>Scope Expiration</b>	<b>Code Chapter Affected</b>	<b>Relating clause</b>	<b>Current Stage</b>	<b>Next Step</b>
23-040	080-21	07/10/2024	OPT 8	Continuing Education	Public Hearing Held at 9/28/23 Meeting.	Draft Final Rule and Legislative Report.
Not Yet Assigned	018-23	08/20/2025	OPT 1, 5 and 6	Telehealth	Rule Drafting.	Board Approval of Preliminary Rule Draft.
Not Yet Assigned	057-23		OPT 8	Continuing Education-ARBO	Scope Implementation.	Rule Drafting.

**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: 8/17/2023 <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: Optometry Examining Board			
4) Meeting Date: 9/29/2023	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Addressing the Issue of Opioid Abuse – Board Goal Setting for 2024	
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 applicable: N/A	
10) Describe the issue and action that should be addressed: <b>Goal 1: Evaluate the 2-credit Continuing Education Requirement Relating to Prescribing Controlled Substances</b> <b>Goal 2: Take Enforcement Action When Appropriate</b> <b>Goal 3: Track and Monitor Optometrist Prescribing of Controlled Substances</b> <b>Goal 4: Review and Update the Best Practices for Prescribing Controlled Substances Guidelines as Necessary</b> <b>Goal 5: Educate Licensees Registered with the ePDMP</b>  <b>Proposed Motion: Adopt the goals to address the issue of opioid abuse as presented at today's meeting.</b>			
11) <b>Authorization</b>			
Tom Ryan		8/17/2023	
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	
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**State of Wisconsin  
Department of Safety & Professional Services**

**AGENDA REQUEST FORM**

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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: Optometry Examining Board			
4) Meeting Date: 9/28/2023	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Opioid Prescribing Guideline	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? (If yes, please complete <a href="#">Appearance Request</a> for Non-DSPS Staff)  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if applicable: N/A	
10) Describe the issue and action that should be addressed:  The Board will review the Medical Examining Board's Opioid Prescribing Guideline, which was amended in December 2022 ( <a href="https://dsps.wi.gov/Documents/BoardCouncils/MED/MEBOpioidPrescribingGuideline2022.pdf">https://dsps.wi.gov/Documents/BoardCouncils/MED/MEBOpioidPrescribingGuideline2022.pdf</a> )  If the Board decides to adopt the Guidelines, they will pass a motion adopting it. The Optometry Board's Guidelines will be amended and posted on its web page: <a href="https://dsps.wi.gov/Pages/BoardsCouncils/Optometry/Default.aspx">https://dsps.wi.gov/Pages/BoardsCouncils/Optometry/Default.aspx</a>			
11) Authorization			
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
<p>Directions for including supporting documents:</p> <ol style="list-style-type: none"> <li>1. This form should be saved with any other documents submitted to the <a href="#">Agenda Items</a> folders.</li> <li>2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director.</li> <li>3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.</li> </ol>			



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## **Wisconsin Optometry Examining Board Best Practices for Prescribing Controlled Substances Guidelines - Amended 9/2023**

### **Guideline Scope and Purpose**

To help providers make informed decisions about acute and chronic pain treatment -- pain lasting longer than three months or past the time of normal tissue healing.

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

### **Guideline Core Principles Identify and treat the cause of the pain, use non-opioid therapies**

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

### **Start low and go slow**

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

### **Close follow-up**

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

### **Guidelines Focus Areas**

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

#### **Determining when to initiate or continue opioids**

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

#### **Opioid selection, dosage, duration, follow up and discontinuation**

- Selection of immediate-release or extended-release and long-acting opioids

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

#### **Assessing risk and addressing harms of opioid use**

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

### **Opioid Prescribing Guidelines**

1. **The guidelines are not intended for patients who are in active cancer treatment, palliative care, sickle cell or end-of-life care.** Although not specifically designed for pediatric pain, many of the principles upon which they are based could be applied there, as well.
2. In treating acute pain, non-opioids should be considered first. If non-opioids are not efficacious, opioid therapy may be considered if benefits are anticipated to outweigh the risks. Before prescribing opioid therapy for acute pain, realistic benefits and known risks of opioid therapy should be discussed. Consultation should be considered if diagnosis and treatment is outside the scope of the prescribing practitioner. If a practitioner is not familiar with safe opioid prescribing, they are not required to prescribe.
3. Nonopioid therapy is preferred for subacute and chronic pain (pain greater than 3 months). If non-opioids are not adequate and expected benefits for pain and function outweigh risks, opioids may be acceptable. Risks and benefits should be discussed. The goal is to establish treatment goals and functional improvement and how opioid therapy will be discontinued. Therapies such as physical therapy, behavioral health, yoga etc. should be considered. If pain is beyond the expected healing period of surgery or trauma or etiology of pain is unclear, a consultation with a pain specialist (completed an ACGME fellowship) should be placed. A patient should have at least 30% improvement in pain scores, functional improvement, no signs of abuse or aberrant behavior and side effects screened for such as sedation or constipation.
4. Patients should not receive opioid prescriptions from multiple physicians. There should be a dedicated provider such as a primary care or pain specialist to provide all opioids used in treating any patient's chronic pain, with existing pain contracts being honored.
5. Physicians are encouraged to review the patient's history of controlled substance prescriptions using the Wisconsin Prescription Drug Monitoring Program (PDMP)

data to determine whether the patient is receiving opioid dosages or dangerous combinations that put him or her at high risk for overdose. As of April 2017, Wisconsin state law requires prescribers to review the PDMP before prescribing any controlled substance for greater than a three-day supply.

6. Prescribing of opioids is strongly discouraged in patients taking benzodiazepines or other respiratory depressants (gabapentin, Lyrica, muscle relaxants, sleep aids). Benzodiazepines triple the already high increases in respiratory depression and annual mortality rates from opioids. If they are used concurrently, clear clinical rationale must exist.
7. Patients presenting for chronic pain treatment should have a thorough evaluation, which may include the following:
  - a. Medical history and physical examination targeted to the pain condition.
  - b. Nature and intensity of the pain.
  - c. Current and past treatments, with response to each treatment.
  - d. Underlying or co-existing diseases or conditions, including those which could complicate treatment (i.e., renal disease, sleep apnea, chronic obstructive pulmonary disease (COPD), etc.).
  - e. Effect of pain on physical and psychological functioning.
  - f. Personal and family history of substance abuse.
  - g. History of psychiatric disorders associated with opioid abuse (bipolar, attention deficit disorders (ADD/ADHD), sociopathic, borderline, untreated/severe depression).
  - h. Medical indication(s) for use of opioids.
  - i. Use of an opioid risk tool
8. Components of ongoing assessment of risk include:
  - a. Review of the Prescription Drug Monitoring Program (PDMP) information.
  - b. Periodic urine drug testing (including chromatography) – at least yearly in low risk cases, more frequently with evidence of increased risk.
  - c. Violations of the opioid agreement.
  - d. Periodic pill counts may also be considered for high-risk patients.
9. All patients on chronic opioid therapy should have informed consent consisting of:
  - a. Specifically detailing significant possible adverse effects of opioids, including (but not limited to) addiction, overdose, and death. It is also recommended practitioners discuss with patients the effect opioid use may have on the ability to safely operate machinery or a vehicle in any mode of transportation.



- b. Treatment agreement, documenting the behaviors required of the patient by the prescribing practitioner to ensure that they are remaining safe from these adverse effects.
10. Opioids should be prescribed in the lowest effective dose. Literature shows diminished returns for doses above 50 morphine equivalents. This includes prescribing the lowest effective dose for the shortest possible duration for post-operative care and acutely injured patients. Given that there is no evidence base to support efficacy of doses over 90 MMEs, with dramatically increased risks, dosing above this level is discouraged, and appropriate documentation to support such dosing should be present on the chart. It is understood there is variation in response to opioid doses.
11. Prescribing of opioids is strongly discouraged for patients abusing illicit drugs. These patients are at extremely high risk for abuse, overdose, and death. If opioids are prescribed to such patients, a clear and compelling justification should be present.
12. During initial opioid titration, practitioners should re-evaluate patients every 1-4 weeks. During chronic therapy, patients should be seen at least every 3 months, more frequently if they demonstrate higher risk.
13. Practitioners should consider prescribing naloxone for home use in case of overdose for patients at higher risk, including:
  - a. History of overdose (a relative contraindication to chronic opioid therapy).
  - b. Opioid doses over 50 MMEs/day.
  - c. Clinical depression.
  - d. Evidence of increased risk by other measures (behaviors, family history, PDMP, UDS, risk questionnaires, etc.).

The recommended dose is 0.4 mg for intramuscular or intranasal use, with a second dose available if the first is ineffective or wears off before Emergency Medical Services (EMS) arrives. Family members can be prescribed naloxone for use with the patient.
14. All practitioners are expected to provide care for potential complications of the treatments they provide, including opioid use disorder. As a result, if a patient receiving opioids develops behaviors indicative of opioid use disorder, the practitioner, when possible, should assist the patient in obtaining addiction treatment, either by providing it directly (buprenorphine, naltrexone, etc. plus behavioral therapy) or referring them to an appropriate treatment center or provider willing to accept the patient. Discharging a patient from the provider's practice solely due to an opioid use disorder is not considered acceptable.
15. If a patient has had chronic pain and has not been evaluated by a pain specialist

(completed an ACGME fellowship) in the last 5 years, a referral should be placed.



## PUBLIC AGENDA REQUEST FORM

### **Instructions:**

1. Fill out this form, and then save to your device.
2. Return to the "[Suggest an Agenda Item](#)" page and select the appropriate Board or Council from the Board/Council list.
3. Attach your completed "Public Agenda Request" form and send.

First Name: Kristopher

Last Name: Knous

Association/Organization: Optometrist

Subject: Continuing Education Requirement Clarification due to pandemic

Issue to Address:

Myself along with numerous colleagues are seeking clarification on continuing education courses that were held virtually in 2022 but were approved by COPE as "Live interactive online" because of the pandemic. We want to make sure that those credits still count as "Live" for this Biennium that ends December 2023. Would you please address this during the next board meeting or reach out to me personally as I have been unable to get through to anyone on the phone number listed on the board website. Thank you.