

## SAFETY AND PROFESSIONAL SERVICES

Budget Summary						FTE Position Summary				
Fund	2020-21 Adjusted Base	Governor		2021-23 Change Over Base Year Doubled		2020-21	Governor		2022-23 Over 2020-21	
		2021-22	2022-23	Amount	%		2021-22	2022-23	Number	%
FED	\$520,400	\$533,000	\$533,000	\$25,200	2.4%	1.70	1.70	1.70	0.00	0.0%
PR	<u>57,420,200</u>	<u>61,843,400</u>	<u>60,928,900</u>	<u>7,931,900</u>	6.9	<u>239.44</u>	<u>255.94</u>	<u>251.94</u>	<u>12.50</u>	5.2
<b>TOTAL</b>	<b>\$57,940,600</b>	<b>\$62,376,400</b>	<b>\$61,461,900</b>	<b>\$7,957,100</b>	<b>6.9%</b>	<b>241.14</b>	<b>257.64</b>	<b>253.64</b>	<b>12.50</b>	<b>5.2%</b>

### Budget Change Items

#### 1. STANDARD BUDGET ADJUSTMENTS

**Governor:** Reduce funding by \$1,102,700 (\$12,600 FED and -\$1,115,300 PR) in 2021-22 and by \$1,301,300 (\$12,600 FED and -\$1,313,900 PR) and delete 4.0 PR positions, beginning in 2022-23, to reflect the net effect of the following standard budget adjustments: (a) turnover reduction (-\$353,600 PR annually); (b) removal of non-continuing elements (-\$840,000 PR in 2021-22 and -\$1,038,600 PR and -4.0 PR positions, beginning in 2022-23); (c) full funding of continuing salaries and fringe benefits (\$12,600 FED and \$46,400 PR annually); and (d) changes in lease costs (\$31,900 PR annually).

	Funding	Positions
FED	\$25,200	0.00
PR	<u>- 2,429,200</u>	<u>- 4.00</u>
<b>Total</b>	<b>- \$2,404,000</b>	<b>- 4.00</b>

#### 2. PROFESSIONAL LICENSING AND REGULATION STAFF

**Governor:** Provide \$907,900 in 2021-22 and \$1,178,100 in 2022-23 to support 14.0 permanent positions, beginning in 2021-22, and 2.0 two-year project positions beginning October 1, 2021, and ending September 30, 2023, to improve professional licensing and regulation functions.

	Funding	Positions
PR	\$2,086,000	16.00

The following table shows how these additional positions would be allocated within the Department, the types of positions that would be provided, and the funding that would be budgeted to support these positions in 2021-22 and 2022-23.

**Licensing and Regulation Staff  
Governor's Recommendations**

<u>Division and Subunit</u>	<u>Positions</u>	<u>FTE Positions</u>	<u>Funding</u>	
			<u>2021-22</u>	<u>2022-23</u>
<b>Professional Credential Processing</b>				
Call Center	Program Operation Associates	4.0	\$178,000	\$226,600
Health	Paralegals	3.0	225,900	293,000
Health	License and Permit Program Associates -- Project Positions	2.0	88,900	113,200
Business, Trades and Manufactured Homes	License and Permit Program Associate	<u>1.0</u>	<u>44,300</u>	<u>56,400</u>
Subtotal		10.0	\$537,100	\$689,200
<b>Industry Services</b>				
Administrative Services	Operations Program Associate	1.0	\$42,600	\$56,700
Technical Services	Fire Suppression Systems Specialist	<u>1.0</u>	<u>93,700</u>	<u>124,900</u>
Subtotal		2.0	\$136,300	\$181,600
<b>Legal Services and Compliance</b>				
Health	Consumer Protection Investigators	2.0	\$97,900	\$125,200
<b>Division of Policy Development</b>				
Prescription Drug Monitoring Program	Program Managers	<u>2.0</u>	<u>\$136,600</u>	<u>\$182,100</u>
Total		16.0	\$907,900	\$1,178,100

**3. PRIVATE ON-SITE WASTEWATER TREATMENT SYSTEM GRANTS**

PR	\$1,680,000
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**Governor:** Reinstate the grant program for the replacement or rehabilitation of failing private on-site wastewater treatment systems (POWTS), also called septic systems. Under current law, the program is repealed on June 30, 2021. Provide \$840,000 each year in a continuing appropriation, which is identical to current program funding.

In addition, change the installation deadline for POWTS grant eligibility to include systems installed at least 33 years before a person submitted a grant application. Current program eligibility extends only to systems installed before July 1, 1978, or approximately 43 years ago.

Further, retain the current program limit of \$45,000 in annual family income for persons applying for a grant for a POWTS serving a principal residence. However, require DSPS on July 1, 2022, and each July 1 thereafter, to adjust the income limit by the percentage change in the U.S. Consumer Price Index for urban wage earners and clerical workers (CPI-W), U.S. city average, for the prior year, rounded to the nearest dollar. Require DSPS to publish the change in income limit on the Department website. Exempt the annual income limit change from being promulgated through the administrative rule process.

Under current law, the last year of funding for the POWTS grant program is 2020-21, and

final awards were made in the fall of 2020. The provision would extend the program indefinitely. The program is funded from a transfer from the DSPS safety and buildings operations appropriation, which receives program revenue from sanitary permits and private onsite wastewater treatment system plan review fees, as well as fees from other building permit, plan review, inspection, and credentialing activities. The bill would recreate statutes governing the POWTS grant program nearly identically to the current program provisions except for the provisions described above.

[Bill Sections: 285, 286, 1167, 2272 thru 2274, and 2609]

**4. ELECTRONIC SAFETY AND LICENSING APPLICATION**

PR	\$5,000,000
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Provide \$3,000,000 in 2021-22 and \$2,000,000 in 2022-23 to fund phase three of DSPS' ongoing modernization of the Electronic Safety and Licensing Application (eSLA) in the 2021-23 biennium. All of the funding would be provided by the safety and buildings operations appropriation that primarily funds the Division of Industry Services. Total funding would include: (a) \$1,300,000 in 2021-22 and \$300,000 in 2022-23 in one-time funding; and (b) \$1,700,000 in both 2021-22 and 2022-23 in ongoing funding for the costs associated with the licenses and customer portal of the completed applications.

The eSLA project is intended to upgrade DSPS systems for credential processing, including making credential information publicly accessible, as well as allow for online submittal of license applications, building plans, and other transactions with the Department. Phase one of the information technology modernization project was supported by \$4.4 million approved by the Joint Committee on Finance in April, 2018. Phase one included development of a replacement for the "regulated objects" system, a 20-year old software application used for commercial building inspection permits, plan reviews, and credentialing by the Division. Phase two replaced trades credentialing capabilities not completed in phase one, including such functions as issuing a new license or renewing an existing license. 2019 Act 9 provided \$5,025,000 in one-time funding for phase two deployment and software licensing. Phase three would include a migration of business and medical profession credentials into the eSLA system.

**5. INFORMATION TECHNOLOGY ENHANCEMENTS**

PR	\$619,800
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**Governor:** Provide \$309,900 annually to fund several ongoing and one-time information technology (IT) projects, including \$293,400 annually to fund: (a) a document management system project (\$180,000); (b) IT consulting services from Gartner Consulting for developing and implementing IT projects (\$32,000); (c) replacement and upgrades to approximately 50 computers per year (\$40,800); and (d) IT systems changes to provide and maintain state email addresses for Board members (\$40,600). One-time funding in 2021-22 and 2022-23 would be provided to replace the Contact Center Anywhere call center software (\$16,500 in 2021-22 and 2022-23).

**6. PRESCRIPTION DRUG MONITORING PROGRAM**

PR	\$500,000
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**Governor:** Provide \$250,000 in 2021-22 and 2022-23 in one-time funding to make technological changes to the prescription drug monitoring program (PDMP). Provide funding in two appropriations: the agency's appropriation for general program operations of professional regulation and administrative services (\$125,000 annually) and the appropriation that funds the operations of the Medical Examining Board, its affiliated boards, costs associated with the Interstate Licensure Compact, and the operations of the PDMP (\$125,000 annually).

DSPS is currently working with prescribers and the current technology vendor for the PDMP (Wisconsin Interactive Network, LLC) to determine ways to enable more prescribers to use the full range of PDMP tools and patient information without barriers. One goal is to expand integration with prescribers' electronic health record systems, to increase the number of prescribers with "one-click access" to their patients' history of controlled substance prescriptions.

**7. LIMITED-TERM EMPLOYEE STAFF**

PR	\$200,000
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**Governor:** Provide \$100,000 annually for DSPS limited-term employee (LTE) costs. Funding would be provided in the following appropriations: (a) \$48,500 for health and business professional regulation; (b) \$42,200 for safety and buildings operations; and (c) \$9,300 for operations of the Medical Examining Board, its affiliated credentialing boards, and the prescription drug monitoring program. Currently, DSPS utilizes LTEs for multiple program areas, including the customer service call center, health professions credentialing team, building plan review and permit support, and legal services.

**8. YOUTH VOLUNTEER FIREFIGHTING TRAINING GRANTS**

PR	\$100,000
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**Governor:** Provide \$50,000 each year in one-time funding from the DSPS safety and buildings operations appropriation for the development and implementation of a youth volunteer firefighter training grant program. The program would issue grants for youth firefighter training pilot programs in volunteer fire departments to increase recruitment and improve retention of volunteer firefighters. The program would aim to recruit diverse 17- and 18-year-old students. DSPS intends to offer funding for up to five programs around the state, and DSPS staff would provide technical assistance and oversight for the programs.

**9. MILITARY TRAINING FOR CIVILIAN CAREERS**

PR	\$100,000
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**Governor:** Provide \$50,000 each year in one-time funding for the development of a program by which military training and credentials may be creditable or transferrable to credentials for certain civilian jobs. The administration indicates the proposal would involve identifying occupations for which military service provides training or experience substantially related to that required of credentialed civilians. Participating educational or training organizations would adjust existing training programs or create military-specific programs to allow service members or

veterans to gain any needed additional training for civilian credentials. Funding under the provision would consist of \$25,000 annually from each of the DSPS primary operations appropriations for: (a) health and business professional regulation; and (b) safety and buildings operations.

**10. EQUITY OFFICER POSITION**

	Funding	Positions
PR	\$77,500	0.50

**Governor:** Provide \$31,800 in 2021-22 and \$45,700 in 2022-23 and 0.5 PR position, beginning in 2021-22, to create an agency equity officer position. The agency equity officer would be responsible for coordinating with other agency equity officers and identifying opportunities to advance equity in government operations. For additional information, see "Administration -- General Agency Provisions."

**11. UNCLASSIFIED POSITION REALLOCATIONS**

**Governor:** Reallocate base funding (\$986,500 annually) and position authority for 7.0 unclassified positions that are currently budgeted for the agency's professional regulation and administrative services general program operations to other appropriations, beginning in 2021-22, as follows: (a) \$442,200 and 3.15 positions for the general program operations of the Medical Examining Board and related Boards, the interstate medical licensure compact, and the prescription drug monitoring program; (b) \$367,300 and 2.50 positions for safety and building administrative services; (c) \$139,900 and 1.10 position for safety and building operations; (d) \$22,300 and 0.15 position for examinations general program operations; and (e) \$14,800 and 0.10 position for proprietary school programs.

These funding and position adjustments are intended to more accurately reflect the current allocation of work conducted by these positions.

**12. CONSTRUCTION CONTRACTOR REGISTRATION**

**Governor:** Require any person who holds himself or herself as, or acts as, a construction contractor to register with DSPS. Exempt the following from the registration requirement: (a) a person who engages in construction on property owned or leased by that person; (b) a state agency or local governmental unit; and (c) a person who engages in construction as part of his or her employment by a state agency or local government.

Require a construction contractor registration application to include the applicant's name, contact information, and physical address of the business principal. If the applicant is a corporation, limited liability company, limited partnership, or limited liability partnership, require submission of evidence that they are registered to transact business in the state. Further, require an applicant to submit evidence of compliance with requirements related to unemployment insurance contributions, wage reporting, and worker's compensation insurance coverage. Additionally, require applicants to attest to acknowledgement of worker classification laws and penalties to ensure that registered construction contractors are aware of their obligations.

Direct DSPS to promulgate administrative rules to administer the program, with the advice of the Department of Workforce Development. Require DSPS to promulgate administrative rules to establish fees for registering contractors, and require fees to attempt to equal the Department's costs of administration. Authorize DSPS to directly assess a forfeiture by issuing an order against a person who violates the provision.

Under Chapters 101 and 145 of the statutes, DSPS is to protect public health, safety, and welfare by promulgating comprehensive requirements for design, construction, use and maintenance of public buildings, places of employment, public swimming pools, and water attractions. The Department adopts rules that establish uniform, statewide standards for the construction of one- and two-family dwellings, and additional provisions require licensure or other credentialing of various occupations in the building trades.

The provision in the bill would recreate the construction contractor registration program, which was enacted under 2009 Wisconsin Act 28 and repealed by 2013 Wisconsin Act 20. At the time of repeal, the program required fees of \$115 for a four-year contractor registration. The administration indicates it does not have current estimates of the number of contractors that would register, or the fees that would be assessed to cover DSPS program costs under the provision.

In repealing the contractor registration program, Act 20 amended the statutes to specify that DSPS may not promulgate or enforce a rule that requires registration of persons engaged, or offering to be engaged, in construction work, except if such rules pertain to licenses specifically required under Chapters 101 and 145. The bill would not affect that provision.

[Bill Sections: 1581 and 1582]

### 13. PROHIBIT USE OF VAPOR PRODUCTS IN INDOOR LOCATIONS

**Governor:** Specify that the general prohibition on smoking indoors under Chapter 101 of the statutes (industry, safety and buildings) applies to the use of vapor products. Under current law, a vapor product is defined as "a noncombustible product that produces vapor or aerosol for inhalation from the application of a heating element to a liquid or other substance that is depleted as the product is used, regardless of whether the liquid or other substance contains nicotine." The bill would also make changes to the definition of vapor product. [See "General Fund Taxes -- Excise Taxes."]

[Bill Sections: 1572 thru 1577, and 1579]

### 14. EMAIL COMMUNICATION WITH CREDENTIAL HOLDERS AND APPLICANTS

PR	- \$2,200
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**Governor:** Require credential applicants and credential holders to provide DSPS with a current electronic mail address at the time of application or renewal that may be used to receive electronic communications from DSPS. Require any credential applicant or credential holder who changes his or her electronic mail address or whose current electronic mail address becomes

inactive to notify DSPS of the change within 30 days of the change in writing or in accordance with other notification procedures approved by DSPS.

Exempt from this requirement applicants who do not have reasonable access to the internet, specifying that they may maintain paper communication with the department. Specify that email may not be substituted for the service of any process, notice, or demand by mail.

Reduce funding by \$1,100 annually to reflect anticipated savings from maintaining electronic mail addresses with credential holders and applicants.

[Bill Sections: 2845 and 2846]

## 15. CREATE AN APPROPRIATION TO RECEIVE INTER-AGENCY TRANSFERS

**Governor:** Create a continuing program revenue (PR) appropriation that would enable DSPS to receive all moneys from other state agencies or other DSPS appropriations, other than moneys credited to two current PR appropriations for specific purposes, for the administration of programs or projects for which the moneys are received.

[Bill Section: 284]

## 16. DENTAL THERAPISTS

**Governor:** Authorize individuals to practice dental therapy in Wisconsin by: (a) creating licensure requirements; (b) specifying conditions under which dental therapy can be practiced; (c) defining the scope of practice for dental therapists; (d) specifying the settings where a dental therapist may practice; and (e) providing new responsibilities to the Dentistry Examining Board relating to the regulation of dental therapists. Under current law, the Board licenses and regulates dentists and dental hygienists. The current statutes contain no references to the practice of dental therapy. In general terms, a dental therapist would have a broader scope of practice than a dental hygienist, but not the full authority granted to a dentist.

*Initial Licensure Requirements.* Require the Board to grant a license for dental therapy to an individual who satisfies the following criteria: (a) submits an application for the license to the Department; (b) pays the applicable license fee; (c) submits evidence satisfactory to the Board that he or she has graduated from: (1) an accredited dental therapy program; or (2) a dental therapy education program that was not accredited or approved by a state dental licensing board, but was certified as a community health aide program dental therapy education under U.S. Indian Health Service Standards, or is otherwise approved by the Board as being substantially comparable to an accredited program; (d) submits evidence satisfactory to the Board that he or she has passed a national dental therapy examination and a dental therapy clinical examination administered by a regional testing service approved by the Board, or, if such an examination does not exist, an alternative examination administered by another entity or testing service approved by the Board; (e) passes an examination administered by the Board on Wisconsin's statutes and rules relating to dental therapy; (f) demonstrates to the Board current proficiency in cardiopulmonary resuscitation

(CPR), including the use of an automated external defibrillator achieved by an individual, organization, or institution of higher education to provide such instruction; (g) completes any other requirements established by the Board by rule that are comparable to, and no more restrictive than, the requirements established by the Board for dentists and dental hygienists.

Specify that the Board may grant a license to practice dental therapy to an individual who is licensed or certified in good standing to practice dental therapy in another state or country, or by the Indian Health Service community aide program, if the applicant pays the applicable fees, meets any requirements for licensure established by the Board in rule, and demonstrates to the Board current proficiency in CPR, including the use of a defibrillator. Require the Board to consult with the Department of Health Services to determine whether an individual, organization, or institution of higher education is qualified to provide CPR instruction.

*Continuing Education Requirements.* Provide that, in order to be eligible for renewal of a license, a dental therapist must complete 12 credit hours of continuing education relating to the practice of dental therapy that is sponsored or recognized by a local, state, regional, national, or international dental, dental therapy, dental hygiene, dental assisting, or medical-related professional organization, during the two-year period immediately preceding the renewal date.

Specify that applicants for renewal must maintain current proficiency in CPR, achieved through approved instruction, and that their continuing education may include up to two hours of training in basic life support or CPR. Require that the 12 credit hours include at least two hours of infection control, and courses in any specific clinical subjects established in rule by the board, in consultation with DHS. Specify that these credit hours may be satisfied by independent study, correspondence, or online courses. Specify that a person may substitute credit hours of college level courses related to dental therapy for the credit hour requirements, and that one credit hour of a college level course is equivalent to six hours of continuing education. Provide that one hour of teaching or preparing a continuing education program is equivalent to one hour of continuing education, but a person preparing a program may obtain credit for that program only once during the two-year period. Authorize the Board to require applicants for a renewal of a license to practice dental therapy to submit proof of compliance with these requirements.

*Collaborative Management Agreements.* Specify that, prior to providing any dental therapy services, a dental therapist must enter into a written collaborative management agreement with a qualifying dentist who would serve as the supervising dentist. The agreement must address all of the following: (a) the practice settings where services may be provided and the patient populations that may be served; (b) any conditions or limitations on the services that may be provided by the dental therapist, the level of supervision required, and any circumstances requiring consultation prior to performing services; (c) age-specific and procedure-specific practice protocols; (d) dental record-keeping procedures; (e) plans for managing dental or medical emergencies; (f) a quality assurance plan for monitoring care provided by the dental therapist; (g) protocols for administering and dispensing medications; (h) criteria or protocols relating to the provision of care to patients with specific medical conditions, treatments, or medications; (i) policies relating to supervision of dental hygienists and other staff; (j) a plan for the referral of patients to other dental or health care professionals or clinics when services needed are beyond the scope of practice or authorization of the dental therapist; (k) whether and to what extent the dental therapist may perform nonsurgical



extractions, as defined in the bill.

Provide that each collaborative management agreement must be limited to covering one qualifying dentist and one dental therapist. Provide that a dental therapist may enter into multiple collaborative management agreements, but that no dentist may have collaborative management agreements with more than five dental therapists at any time.

*Scope of Practice.* Specify that the scope of practice of a dental therapist would be limited to providing the following services: (a) oral evaluation and assessment of dental disease and formulation of an individualized treatment plan; (b) identification of oral and systemic conditions requiring evaluation or treatment by dentists, physicians, or other health care providers and managing referrals; (c) comprehensive charting of the oral cavity; (d) oral health instruction and disease prevention education, including nutritional counseling and dietary analysis; (e) exposure and evaluation of radiographic images; (f) dental prophylaxis, including subgingival scaling and polishing procedures; (g) dispensing and administration via the oral or topical route of nonnarcotic analgesic, anti-inflammatory, and antibiotic medications as prescribed by a licensed health care provider; (h) application of topical preventive or prophylactic agents, including fluoride varnish, antimicrobial agents, caries arresting medicaments, and pit and fissure sealants; (i) pulp vitality testing; (j) application of desensitizing medications or resins; (k) fabrication of athletic mouth guards and soft occlusal guards; (l) changing of periodontal dressing; (m) administration of local anesthetic and nitrous oxide; (n) simple extraction of erupted primary teeth; (o) nonsurgical extraction of periodontally diseased permanent teeth with tooth mobility of +3 to +4 to the extent authorized in the dental therapist's collaborative management agreement, except that "dental therapy" does not include the extraction of a tooth that is unerupted, impacted, or fractured or that needs to be sectioned for removal; (p) emergency palliative treatment of dental pain; (q) preparation and placement of direct restoration in primary and permanent teeth; (r) fabrication and placement of single-tooth temporary crowns; (s) preparation and placement of preformed crowns on primary teeth; (t) indirect and direct pulp capping on permanent teeth; (u) indirect pulp capping on primary teeth; (v) intraoral suture placement and removal; (w) minor adjustment and repair of removable prostheses; (x) placement and removal of space maintainers; (y) pulpotomy on primary teeth; (z) tooth reimplantation and stabilization; (aa) recementing of a permanent crown; and (ab) any additional services, treatments, or procedures specified in the rules promulgated by the Board.

Specify that a dental therapist may provide services only under the general supervision of a dentist with whom the dental therapist has entered into a collaborative management agreement. Specify that "general supervision of a dental therapist by a dentist" requires that a task or procedure be performed by a dental therapist with the prior knowledge and consent of the dentist, but does not require the presence of the dentist in the office or on the premises at the time a task or procedure is being performed by the dental therapist and does not require prior examination or diagnosis of a patient by the dentist before the dental therapist provides dental therapy services to the patient.

Specify that a supervising dentist must accept responsibility for all services performed by a dental therapist pursuant to a collaborative management agreement and that if services needed by a patient are beyond the dental therapist's scope of practice or authorization under the collaborative management agreement, the dental therapist must consult with the supervising dentist as needed to arrange for those services to be provided by a dentist or another qualified health care

professional.

Specify that a dental therapist may authorize a dental hygienist to practice dental hygiene in a facility where the dental therapist is present, or another facility under a written or oral prescription. A dental therapist may also delegate to any unlicensed individual the performance of remediable procedures in a facility where the dental therapist is present, in accordance with an approved treatment plan and subject to inspection by the dental therapist. Specify that a dental therapist may authorize, by prescription, a licensed operator to use diagnostic X-ray equipment on a patient.

Specify that no employment contract under which a dental therapist is employed to practice dental therapy may require a dental therapist to meet a minimum quota for the number of patients seen or the number of procedures performed.

*Location of Practice.* Require the Dentistry Examining Board to promulgate rules limiting the locations where dental therapists may practice to settings that primarily serve low-income, uninsured, and underserved patients. Specify that these must include dental health professional shortage areas as designated by the U.S. Department of Health and Human Services, military and veterans administration care settings, and any other setting in which at least 50% of the patients either receive medical assistance, or have no dental insurance and have a family income at or below 200% of the federal poverty line.

*Composition of the Dentistry Examining Board.* Specify that, effective when the first individual becomes licensed as a dental therapist in the state, following the Board's notification to the Legislative Reference Bureau for publication in the Wisconsin Administrative Register, two dental therapists must be added to the Dentistry Examining Board.

*Rulemaking.* Require the Board to present a statement of scope for permanent and emergency rules required to implement the licensure of dental therapists no later than the 30th day after the bill's general effective date. Provide that if the Governor does not disapprove the statement of scope by the 30th day after the statement is presented to the Department of Administration, the statement would be considered approved by the Governor.

Require the Board to promulgate emergency rules that are necessary to implement these provisions, which would remain in effect for two years, or until the date on which permanent rules take effect, whichever is sooner. Require the Board to submit a proposed emergency rules no later than the 150th day after the bill's general effective date, and specify that if the Governor does not reject the proposed emergency rule by the 14th day after the rule is submitted to the Governor in final draft form, the emergency rule would be considered approved by the Governor.

Require the Board to submit a proposed permanent rule required to implement these provisions no later than 365 days after the effective date of the bill. Provide that if the Governor does not reject the proposed permanent rule by the 30th day after the rule is submitted to the Governor in final draft form, the permanent rule would be considered to be approved by the Governor.

*Other Provisions.* Modify various statutory provisions relating to healthcare provider rights

and responsibilities that apply to dentists to also apply to dental therapists, including: (a) specifying that dental therapists are eligible for the health care provider loan assistance program; (b) expanding the definition of "health care provider" for the purposes of the health care records law to include dental therapists; (c) expanding the definition of "volunteer health care provider" for the purposes of the volunteer health care provider program to include dental therapists, and specify that a dental therapist may provide dental services under this program; (d) expanding the definition of "health care provider" for the purposes of the health care worker protection program enforced by the Department of Workforce Development to include dental therapists; (e) expanding the definition of "health care provider" for the purposes of power of attorney for health care to include dental therapists; (f) specifying that the statutes prohibiting discrimination on the basis of HIV status apply to dental therapists; (g) expanding the definition of "health care provider" for the purposes of the emergency volunteer health care practitioner law to include dental therapists; (h) specifying that a dental therapist must provide patients with the same information about alternate modes of treatment as is required of a dentist; (i) modifying the statutes relating to insurance coverage to specify that no policy, plan or contract may exclude coverage for diagnosis and treatment of a condition or complaint by a licensed dental therapist within the scope of the dental therapist's license, if the policy, plan or contract covers diagnosis and treatment of the condition or complaint by another health care provider; (j) modifying the civil liability exemption for emergency medical care to cover health care rendered by dental therapists; and (k) modifying the criminal statute relating to possession, distribution, or delivery of nitrous oxide to specify that nitrous oxide may be administered by a dental therapist for the purpose of providing dental care.

[Bill Sections: 82, 669 thru 673, 2276, 2283 thru 2287, 2289, 2575, 2604, 2605, 2843, 2844, 2847 thru 2878, 2880, 2884, 2889 thru 2892, 2970, 3105, 3106, 3332, 9138(1), and 9438(1)]

## **17. PHARMACIST TRAINING IN NALOXONE USE**

**Governor:** Require the Pharmacy Examining Board to promulgate rules requiring all pharmacists to receive training on delivering or dispensing opioid antagonists such as naloxone. Specify that this training may be approved to count toward pharmacists' continuing education requirement. Grant emergency rulemaking authority to implement this requirement.

Opioid antagonists are a class of prescription drugs including naloxone (sold under the brand names NARCAN and EVZIO), which attach to opioid receptors, blocking the effect of opioid drugs. They are designed to be used to rescue patients suffering an opioid overdose, and can be administered via a nasal spray, auto-injector (similar to an EpiPen), or injection. A statewide standing prescription order for naloxone allows pharmacists in Wisconsin to sell naloxone to anyone at risk of an opioid overdose, as well as their family, friends, and anyone who may witness an opioid overdose. This order only applies to pharmacists who first complete at least one hour of training. The bill would make this training mandatory for all pharmacists.

[Bill Sections: 2879, 2882, and 9138(2)]

## 18. PHARMACIST CONTINUING EDUCATION

**Governor:** Specify that pharmacists may count up to 10 hours of volunteer work at a free or charitable clinic toward their biennial continuing education requirement. Current law requires pharmacists to renew their license every two years, and submit proof that they have completed 30 hours total of continuing education during the preceding two years.

[Bill Section: 2883]