STATE OF WISCONSIN DEPARTMENT OF ADMINISTRATION DOA-2049 (R09/2016) DIVISION OF EXECUTIVE BUDGET AND FINANCE 101 EAST WILSON STREET, 10TH FLOOR P.O. BOX 7864 MADISON, WI 53707-7864 FAX: (608) 267-0372

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

1. Type of Estimate and Analysis	2. Date	
☑ Original ☐ Updated ☐Corrected	February 11, 2021	
3. Administrative Rule Chapter, Title and Number (and Clearinghouse Number if applicable) Med 13		
4. Subject Continuing medical education for physicians		
5. Fund Sources Affected GPR FED PRO PRS SEG SEG-S	6. Chapter 20, Stats. Appropriations Affected	
7. Fiscal Effect of Implementing the Rule ☑ No Fiscal Effect ☐ Increase Existing Revenues ☐ Indeterminate ☐ Decrease Existing Revenues	☐ Increase Costs ☐ Decrease Costs ☐ Could Absorb Within Agency's Budget	
8. The Rule Will Impact the Following (Check All That Apply) State's Economy Local Government Units Specific Businesses/Sectors Public Utility Rate Payers Small Businesses (if checked, complete Attachment A)		
9. Estimate of Implementation and Compliance to Businesses, Local Governmental Units and Individuals, per s. 227.137(3)(b)(1). \$0		
10. Would Implementation and Compliance Costs Businesses, Local Governmental Units and Individuals Be \$10 Million or more Over Any 2-year Period, per s. 227.137(3)(b)(2)? ☐ Yes ☐ No		
11. Policy Problem Addressed by the Rule		
Current rules require a physician who holds a U.S. Drug Enforcement Administration number to complete 2 of the 30		
required hours of continuing medical education from a Board-approved educational course or program related to opioid		
prescribing. As this requirement applies only to the renewal date occurring on November 1, 2021, the proposed rules		
establish a requirement for the completion of continuing education hours related to responsible prescribing of opioids and other controlled substances for the renewal date occurring on November 1, 2023.		
 12. Summary of the Businesses, Business Sectors, Associations Representing Business, Local Governmental Units, and Individuals that may be Affected by the Proposed Rule that were Contacted for Comments. 		
The proposed rule was posted on the Department of Safety and Professional Services' website for 14 days in order to		
solicit comments from businesses, representative associations, local governmental units, and individuals that may be		
affected by the rule. No comments were received.		
13. Identify the Local Governmental Units that Participated in the Development of this EIA.		
No local governmental units participated in the development of this EIA.		
14. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred)		
The proposed rule will not have a significant impact on specific businesses, business sectors, public utility rate payers,		
local governmental units, or the state's economy as a whole.		
15. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule The benefit to implementing the rule is extending an initiative to address prescription drug abuse. Not implementing the rule would be inconsistent with the statewide initiative to address this issue.		
16. Long Range Implications of Implementing the Rule		
The long range implication of implementing the rule is increased physician awareness of prescription drug abuse.		

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17. Compare With Approaches Being Used by Federal Government None

18. Compare With Approaches Being Used by Neighboring States (Illinois, Iowa, Michigan and Minnesota) Illinois:

Rules of the Illinois Department of Financial and Professional Regulation establish continuing medical education requirements for physicians licensed in Illinois [68 Ill. Adm. Code 1285.110]. The rules do not require continuing education related to prescribing opioids or other controlled substances.

Iowa:

Rules of the Iowa Board of Medicine establish continuing education requirements for physicians licensed in Iowa [653 IAC 11]. The rules require a licensee who has prescribed opioids to a patient during the previous license period to complete at least 2 hours of category 1 credit regarding the United States Centers for Disease Control and Prevention (CDC) guideline for prescribing opioids for chronic pain, including recommendations on limitations on dosages and the length of prescriptions, risk factors for abuse, and nonopioid and nonpharmacologic therapy options, every 5 years [653 IAC 11.4(1) d. (1)].

Michigan:

Rules of the Michigan Department of Licensing and Regulatory Affairs establish continuing medical education requirements for physicians licensed in Michigan [Mich Admin Code, R 338.2441 to R 338.2443]. The rules require a minimum of 3 hours of continuing education to be earned in pain and symptom management, including any of the following areas:

- Public health burden of pain.
- Ethics and health policy related to pain.
- Michigan pain and controlled substance laws.
- Pain definitions.
- Basic sciences related to pain including pharmacology.
- Clinical sciences related to pain.
- Specific pain conditions.
- Clinical physician communication related to pain.
- Management of pain, including evaluation and treatment and nonpharmacological and pharmacological management.
- Ensuring quality pain care.
- Michigan programs and resources relevant to pain.

Minnesota:

Rules of the Minnesota Board of Medical Practice establish continuing education requirements for physicians licensed in Minnesota [Minnesota Rules, chapter 5605]. The rules do not require continuing education related to prescribing opioids or other controlled substances.

19. Contact Name	20. Contact Phone Number
Dale Kleven	(608) 261-4472

This document can be made available in alternate formats to individuals with disabilities upon request.

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ATTACHMENT A

 Summary of Rule's Economic and Fiscal Impact on Small Businesses (Separately for each Small Business Sector, Include Implementation and Compliance Costs Expected to be Incurred)
2. Summary of the data sources used to measure the Rule's impact on Small Businesses
3. Did the agency consider the following methods to reduce the impact of the Rule on Small Businesses? Less Stringent Compliance or Reporting Requirements Less Stringent Schedules or Deadlines for Compliance or Reporting Consolidation or Simplification of Reporting Requirements Establishment of performance standards in lieu of Design or Operational Standards Exemption of Small Businesses from some or all requirements Other, describe:
4. Describe the methods incorporated into the Rule that will reduce its impact on Small Businesses
5. Describe the Rule's Enforcement Provisions
6. Did the Agency prepare a Cost Benefit Analysis (if Yes, attach to form) Yes No