

SAFETY AND PROFESSIONAL SERVICES

| Budget Summary | | | | | | | |
|-----------------------|------------------------------|----------------------|------------------------|--------------------------|-------------|--------------------|-------------|
| Fund | 2018-19 Base Year Doubled | 2019-21 Governor | 2019-21 Jt. Finance | Joint Finance Change to: | | | |
| | | | | Governor | | Base | |
| | | | | Amount | Percent | Amount | Percent |
| FED | \$957,800 | \$1,179,700 | \$1,179,700 | \$0 | 0.0% | \$221,900 | 23.2% |
| PR | <u>109,554,600</u> | <u>116,237,000</u> | <u>117,372,700</u> | <u>1,135,700</u> | 1.0 | <u>7,818,100</u> | 7.1 |
| TOTAL | \$110,512,400 | \$117,416,700 | \$118,552,400 | \$1,135,700 | 1.0% | \$8,040,000 | 7.3% |

| FTE Position Summary | | | | | |
|-----------------------------|---------------|---------------------|------------------------|--------------------------|--------------|
| Fund | 2018-19 Base | 2020-21 Governor | 2020-21 Jt. Finance | Joint Finance Change to: | |
| | | | | Governor | 2018-19 Base |
| FED | 1.70 | 1.70 | 1.70 | 0.00 | 0.00 |
| PR | <u>234.44</u> | <u>254.44</u> | <u>235.44</u> | <u>- 19.00</u> | <u>1.00</u> |
| TOTAL | 236.14 | 256.14 | 237.14 | - 19.00 | 1.00 |

Budget Change Items

1. STANDARD BUDGET ADJUSTMENTS

Governor/Joint Finance: Reduce funding by \$762,400 (-\$743,000 PR and -\$19,400 FED) in 2019-20 and \$1,067,600 (-\$1,048,200 PR and -\$19,400 FED) in 2020-21 to reflect the following standard budget adjustments: (a) turnover reduction (-\$328,000 PR annually); (b) removal of non-continuing elements from the base (-\$339,400 PR and -5.0 PR positions in 2020-21); (c) full funding of continuing position salaries and fringe benefits (-\$481,800 PR and -\$19,400 FED annually); and (d) full funding of lease and directed moves costs (\$66,800 PR in 2019-20 and \$101,000 PR in 2020-21).

| | Funding | Positions |
|--------------|----------------------|------------------|
| PR | - \$1,791,200 | - 5.00 |
| FED | <u>- 38,800</u> | <u>0.00</u> |
| Total | - \$1,830,000 | - 5.00 |

2. **PROFESSIONAL AND TRADE REGULATION STAFF** [LFB Paper 635]

| | Governor (Chg. to Base) | | Jt. Finance (Chg. to Gov) | | Net Change | |
|----|------------------------------------|------------------|--------------------------------------|------------------|-------------------|------------------|
| | Funding | Positions | Funding | Positions | Funding | Positions |
| PR | \$3,447,100 | 20.00 | -\$2,629,300 | - 14.00 | \$817,700 | 6.00 |

Governor: Provide \$1,477,300 in 2019-20 and \$1,969,800 in 2020-21 and 20.0 positions, beginning in 2019-20, to investigate violations and decrease processing times for licenses. Of the total, provide funding and positions in professional regulation as follows: (a) \$506,300 in 2019-20 and \$675,000 in 2020-21 and 7.0 positions to support credential processing and complaint investigation; (b) \$165,400 in 2019-20 and \$220,600 in 2020-21 and 2.0 positions to provide oversight for the proprietary school program; and (c) \$65,500 in 2019-20 and \$87,400 in 2020-21 and 1.0 position to assist in preparing, administering and grading examinations for professional licensure.

The total also includes \$740,100 in 2019-20 and \$986,800 in 2020-21, with 10.0 positions in the Division of Industry Services. Program revenue for the Industry Services positions would be provided from the division operations appropriation, which receives revenues from building plan reviews and inspections for several building construction types, and from credentials issued to people who work in the building trades, such as dwelling contractors, electricians, and plumbers. The administration indicates the funding of 10.0 positions is based on adding 4.0 licensing and permit program associates, 2.0 section chiefs, 2.0 building systems consultants, and 2.0 attorneys. However, DSPS would have the flexibility to hire in other job classifications.

Joint Finance: Reduce funding by \$1,126,900 in 2019-20 and by \$1,502,400 in 2020-21 as follows.

Professional Regulation Staff. Delete the Governor's recommendations (-\$737,200 in 2019-20 and -\$983,000 in 2020-21 and -10.0 positions, beginning in 2019-20).

Instead, provide \$89,800 in 2019-20 and \$119,900 in 2020-21 to fund 2.0 additional positions for the Division of Professional Credential Processing, beginning in 2019-20. In addition, increase funding for the educational approval program by \$92,400 annually and reduce funding for the professional regulation general program operations by corresponding amounts to reallocate the agency's turnover reduction.

Trade Regulation. Reduce funding in the bill by \$479,500 in 2019-20 and \$639,300 in 2020-21 and delete 6.0 positions of the 10.0 recommended. As a result, beginning in 2019-20, the bill would provide an additional \$260,600 in 2019-20 and \$347,500 in 2020-21 and 4.0 positions for trade regulation from Division of Industry Services program revenue, including 2.0 building systems consultants and 2.0 license and permit program associates.

3. **INFORMATION TECHNOLOGY PROJECTS** [LFB Paper 636]

| | |
|----|-------------|
| PR | \$5,025,000 |
|----|-------------|

Governor: Provide \$2,995,000 in 2019-20 and \$2,030,000 in 2020-21 to support

information technology improvement projects in the 2019-21 biennium. Total funding would include: (a) \$2,500,000 in 2019-20 and \$1,500,000 in 2020-21 in one-time funding to replace the trades credentialing system; and (b) \$495,000 in 2019-20 and \$530,000 in 2020-21 in ongoing funding for license and customer portal costs of the system.

The systems upgrades would follow other improvements DSPS began in the 2017-19 biennium. The Joint Committee on Finance in April, 2018, approved a DSPS request for \$4.4 million in one-time funding during the 2017-19 biennium for these purposes. DSPS reports amounts under the bill would support the second of three phases of systems upgrades.

Joint Finance: Approve the Governor's recommendation, as modified to provide the recommended \$495,000 in 2019-20 and \$530,000 in 2020-21 as one-time funding instead of ongoing.

4. TRANSFER FROM INDUSTRY SERVICES PROGRAM REVENUE TO GENERAL FUND

| | |
|---------|-------------|
| GPR-REV | \$5,000,000 |
|---------|-------------|

Joint Finance: Transfer \$5,000,000 in 2019-20 from the balance of the Division of Industry Services program revenue general operations appropriation to the general fund.

5. PRIVATE ONSITE WASTEWATER TREATMENT GRANT PROGRAM [LFB Paper 637]

| | |
|----|-----------|
| PR | \$185,000 |
|----|-----------|

Governor: Repeal the June 30, 2021, sunset of the private onsite wastewater treatment system (POWTS) grant program. Under 2017 Wisconsin Act 59, the program was repealed effective June 30, 2021, and applications for funding in 2020-21 would be due to DSPS before February 1, 2020. The program provides financial assistance to owners of a principal residence occupied at least 51% of the year by the owner, who must have household income equal to or less than \$45,000, and to small commercial establishments meeting certain income and eligibility criteria. The program covers a portion of the cost of repairing or replacing a failing POWTS installed before July 1, 1978. A POWTS is a sewage treatment and disposal system serving a single structure with a septic tank and soil absorption field located on the same parcel as the structure. The bill would maintain base funding of \$840,000 PR annually, from collections of sanitary permit fees, POWTS plan review fees, and fees received from other building permit, plan review, inspection, and credentialing activities. The bill would also maintain current eligibility requirements for owners and POWTS.

Joint Finance: Delete provision, which would maintain the June 30, 2021, sunset date of the program. In addition, provide \$185,000 PR for POWTS grants in 2019-20, which would be expected to fully fund applications received for POWTS grants in 2019-20.

6. PRIVATE ONSITE WASTEWATER TREATMENT SYSTEM REGULATION

Governor: Delay the date, from October 1, 2019, to October 1, 2024, by which counties are required to develop and begin to implement a maintenance program for private onsite wastewater

treatment systems (POWTS). Currently, and under the bill, the maintenance program is required to include an inventory of all POWTS located within the jurisdiction, and a process for recording each inspection, evaluation, maintenance and servicing report for a POWTS. A county is required to meet the maintenance program deadline in order to maintain eligibility for funding under the POWTS grant program. In October, 2018, 71 counties had a full or partial POWTS maintenance program (all required counties, which excludes Milwaukee County).

Specify that the county would not be eligible for funding under the POWTS grant program until the county completes the initial inventory. Current statutes require a county to complete the initial inventory before October 1, 2017, in order to be eligible for grant funding. DSPS determined that, as of October, 2017, 71 counties had completed their initial inventory, plus the City of Franklin and Oneida Tribe. Milwaukee County is not subject to this requirement.

Joint Finance: Delete provision.

7. FIRE DUES ESTIMATE [LFB Paper 639]

| | |
|----|-------------|
| PR | \$3,580,000 |
|----|-------------|

Joint Finance: Reestimate the fire dues distribution to local governments that maintain eligible fire departments by \$1,550,000 in 2019-20 and \$2,030,000 in 2020-21. Fire dues payments are estimated at \$22,080,000 in 2019-20 and \$22,560,000 in 2020-21.

8. PDMP -- REPORTING NALOXONE ADMINISTERED BY AMBULANCE SERVICES

| | |
|-----|-----------|
| FED | \$238,800 |
|-----|-----------|

Governor/Joint Finance: Provide \$186,300 in 2019-20 and \$52,500 in 2020-21 to enhance the data collection and extraction capabilities of the Wisconsin Ambulance Run Data System (WARDS). Currently, ambulance providers report data on their runs to the Department of Health Services through WARDS, but do not specifically report the Naloxone they administer in a way that is readily accessible for data analysis and further use. Consequently, this information is not entered into the prescription drug monitoring program (PDMP) database. DSPS would use this funding to create a data exchange between the WARDS and the PDMP so that Naloxone administered by ambulance providers would be entered into the PDMP database. Naloxone is a medication designed to rapidly reverse opioid overdose. DSPS intends to use federal grant funding the agency receives under the Harold Rogers prescription drug monitoring program administered by the U.S. Department of Justice to fund this item.

9. PDMP -- OPIOID NAÏVE ALERTS

| | |
|-----|----------|
| FED | \$21,900 |
|-----|----------|

Governor/Joint Finance: Provide \$17,500 in 2019-20 and \$4,400 in 2020-21 to create opioid naïve alerts for first-time opioid prescriptions as part of the prescription drug monitoring program (PDMP). Opioid naïve alerts would notify prescribers that a patient may never have been prescribed opioids before. The alert would be displayed when a health care provider accesses a patient's record in the PDMP. The alerts are intended to encourage the prescriber to explore other potential treatments, if necessary, instead of starting the patient on their first dose of opioids. This

item would fund one-time and ongoing costs of information systems changes to the PDMP, supported with federal funds DSPPS receives under the Harold Rogers prescription drug program.

10. PDMP -- PROJECT POSITIONS [LFB Paper 638]

| | Positions Governor (Chg. to Base) | Positions Jt. Finance (Chg. to Gov) | Positions Net Change |
|----|--|--|---------------------------------|
| PR | 5.00 | - 5.00 | 0.00 |

Governor: Provide 5.0 project positions in 2020-21. In its agency request, DSPPS requested 5.0 positions and \$339,400 in 2020-21 to extend 5.0 project positions relating to the operation of the prescription drug monitoring program (PDMP). These positions are currently scheduled to terminate on June 30, 2020. The Executive Budget Book indicates the Governor's intent to deny funding and position authority for this item. However, the 5.0 positions are included in the state's budget system as if the position authority had been recommended by the Governor.

Joint Finance: Delete provision.

11. CHIROPRACTIC EXAMINATION APPROPRIATION

| | |
|----|---------|
| PR | \$1,500 |
|----|---------|

Governor/Joint Finance: Repeal an obsolete appropriation that DSPPS previously used for developing and administering examinations individuals needed to pass in order to obtain a chiropractic license. Transfer the unencumbered balance in this appropriation to the DSPPS general program operations for professional regulation and administrative services. Increase funding in this general program operations appropriation by \$1,500 in 2019-20 to reflect this transfer.

2013 Act 20 repealed a requirement that chiropractic license applicants successfully complete an examination administered by the Chiropractic Examining Board, and replaced it with a requirement that applicants complete an examination administered by the National Board of Chiropractic Examiners.

12. REGULATION AND LICENSURE OF 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; and (d) 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.

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 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 in another state 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 this 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.

Specify that continuing education may include training in all of the following: (a) not more than two hours of basic life support or CPR; and (b) not less than two hours of infection control. 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. 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.

Composition of the Dentistry Examining Board. Specify that, effective when the first individual becomes licensed as a dental therapist in the state, 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) 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; (i) modifying the civil liability exemption for emergency medical care to cover health care rendered by dental therapists; and (j) 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.

Joint Finance: Delete provision.

13. MINOR TRANSFERS BETWEEN APPROPRIATIONS

Governor/Joint Finance: Transfer \$2,700 FED annually from the professional regulation and administrative services appropriation for indirect cost reimbursement to general federal operations. Transfer \$18,000 PR annually from the industry services appropriation for gifts and grants to general operations.