VETERINARY EXAMINING BOARD
July 19, 2023
9:00am
Contact: Melissa Mace 608-279-3861

In Person: Boardroom CR 106, 2811 Agriculture Drive, Madison, WI 53708
Via Internet Access: https://www.zoomgov.com/j/1602876990?pwd=VkI2b2I4YkVKSFNMc05WYzZ4ZHRjUT09

Via Telephone Access: Dial 1 669 254 5252 Meeting ID: 160 287 6990 and participant code: 495353

If you would like to provide comment to the board during the public comment time please send your name, address, who you are representing (if other than yourself), and the topic of your comments to Melissa Mace at Melissa.Mace@wisconsin.gov or (608) 279-3861 by 4:30 p.m. Tuesday, July 18, 2023

The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a record of the actions of the Board.

AGENDA

I. 9:00 A.M. OPEN SESSION – CALL TO ORDER – ROLL CALL

II. Approval of the Agenda

III. Approval of Board Meeting Minutes
A. April 19, 2023 Full Board Meeting (Action Item)
B. May 9, 2023 Credentialing committee meeting (Action Item)

IV. Introductions, Announcements and Recognition

V. Public Comments
Each speaker is limited to five minutes or less, depending on the number of speakers. Each speaker must state their name, address, who you are representing (if other than yourself), and the topic of your comments. (If in person complete an appearance card)

VI. Administrative Items
A. Board Member update (informational)
B. Presentation WVMA Summer School

VII. Licensing/Exam Inquiries
A. Veterinary Practices owned by non-credential holders (discussion)
B. Failure to do CE multiple biennia (discussion)

C. CVT OTJ Certifications (informational)
D. Renewals after 5 or more years (action item)
E. Applicants with prior discipline

VIII. American Association of Veterinary State Boards (AAVSB) Matters

A. AAVSB Annual Meeting & Conference, Kansas City MO Sept. 28-30

IX. Guidance Document (Action)

A. Guidance Update
    1. Bull Semen Update
    2. Cannabis Update
B. Continuing Education (New)
    1. Mental Health
    2. Interactive

X. Administrative Code Updates

XI. Legislative and Policy Update

A. Legislative update (informational)
B. Board testimony (informational)

XII. Strategic Goals

A. 2022 Strategic Plan Report (informational)
B. 2023 Plan (informational)

XIII. Future Meeting Dates and Times

A. Screening Committee Meeting - July 26, 2023 (12pm)
B. Board Meeting – Oct 18, 2023 (9a.m.)

XIV. CONVENE TO CLOSED SESSION (ROLL CALL)

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

XV. Deliberation on Licenses and Certificates (Action Items)

A. Credentialing committee referral
    1. Conviction Vet Tech RS

XVI. Deliberation on Compliance Matters (Action Items)

A. Proposed Administrative Warnings
    1. 23 VET 023 KI
    2. 23 VET 028 MG

B. Proposed Stipulations, Final Decisions and Orders
    1. 22 VET 101 RE
    2. 22 VET 093 RT
    3. 23 VET 035 BK
    4. 23 VET 027 CFS
    5. 23 VET 006 JK
    6. 23 VET 022 JF
    7. 23 VET 007 DG

C. Proposed Orders of Revocation
    1. 22 VET 122, 22 VET 028, 20 VET 060, 21 VET 067 - D.O.

D. Investigations Recommended for Closure
    1. 23 VET 005 NS
    2. 23 VET 009 MS
    3. 22 VET 129 BB

E. Proposed Orders Granting Full Licensures
    1. 23 VET 035 BK

XVII. Review of Veterinary Examining Board Cases

A. Licenses returned to Full Status (Informational)
B. Pending Case Status Report (Informational)

XVIII. RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

XIX. Open Session Items Noticed Above not Completed in the Initial Open Session

A. VPAP Quarterly/Annual report (informational)

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

XXI. Ratification of Licenses and Certificates

To delegate ratification of examination results to DATCP staff and to ratify all licenses and certificates as issued.

XXII. ADJOURNMENT

The Board may break for lunch sometime during the meeting and reconvene shortly thereafter.

VETERINARY EXAMINING BOARD

MEETING MINUTES

April 19, 2023

MEMBERS PRESENT: Alan Holter, DVM; Amanda Reese; Hunter Lang, DVM; Karl Solverson, DVM; Leslie Estelle, DVM; Lisa Weisensel Nesson, DVM; Lyn Schuh.

MEMBERS NOT PRESENT: Arden Sherpe

STAFF PRESENT, Department of Agriculture, Trade and Consumer Protection (DATCP): Melissa Mace, VEB Executive Director; Aaron O'Neil, DATCP Attorney; Erin Carter, Regulatory Specialist; Dustin Boyd, Compliance Supervisor; Jonathan Bent, License/Permit Program Associate; Karen Torvell, Program Associate Supervisor.

PUBLIC ATTENDEES – Jordan Lamb, Beth Venit, Jo-ell Carson

Hunter Lang, Chair, called the meeting to order at 9:02 am. A quorum of seven (7) members was confirmed.

AGENDA

I. 9:00 A.M. OPEN SESSION – CALL TO ORDER – ROLL CALL

II. Approval of the Agenda

MOTION: Lyn Schuh moved, seconded by Leslie Estelle, to approve the agenda. Motion carried unanimously.

III. Approval of Board Meeting Minutes

A. January 25, 2023 Full Board Meeting **(Action Item)**

MOTION: Alan Holter moved, seconded by Lisa Weisensel Nesson, to approve the January 25, 2023 Board minutes. Motion carried unanimously.

IV. Introductions, Announcements and Recognition

A. Introduction: Jonathon Bent, new VEB licensing associate.

B. Recognition of service: Dr. Lisa Weisensel Nesson and Mr. Arden Sherpe.

V. Public Comments

A. Jordan Lamb – Attorney & Legislative Council for the WI Veterinary Medical Association – bringing to Boards attention Senate Bill 2023 SB 143 introduced March 23, 2023 Referred to as the Medical Titling Bill; WVMA has not taken a position on this bill yet. The Bill would restrict use of certain words to physicians only. The Bill if enacted as written would restrict the use of terms such as anesthesiologist, surgeons and other descriptors to only medical doctors. The way we currently read the bill it would not allow for the words anesthesiologist or surgeon to be used in conjunction with the word Veterinary. Specifically drafted as a restriction in the part of the statute that specifically license Physicians under the Medical Examining Board. Wants to bring this to the board's attention as this could impact VEB rules.

VI. Administrative Items (informational) Melissa Mace provide information to the Board

A. VPAP Quarterly/Annual report informational – Reports provided for information.
   1. Humana and Lifeworks measure utilization differently, making Lifeworks utilization not comparable to Humana in previous years.
   2. 3 seminars held to date – Orientation and Mental Health Orientation
   3. Upcoming events Stress Relaxation Techniques has been set for 7 pm.
   4. Will as for a representative from LifeWorks to attend July meeting to present reports to the board, review and be prepared to ask question about the reports/program in July.

B. Board officers and committee appointments changeover
   1. Changes go into effect July 1, 2023 – Amanda Reese to join Credentialing, replacing Arden Sherpe who has decided not to apply for reappointment.
   2. Applicants are being looked at by the Governor's Office

C. Complaints: Annualized Summary
   1. Total Complaints – 152 as of today 50 complaints logged for 2023 if it continues on this trajectory there could be 170 complaints this year. Complaints includes those open for investigation and those that have been closed with no further investigation.

D. Discipline: Administrative Warning vs. Final Decision & Order
   1. Summary of letter included in Board Book – looked at warning notices issued per year 6-8, screen committee/case advisor may suggest Administrative Warning DATCP staff may advise that is not consistent with past practice.
   2. Develop guidelines for Admin Warning vs. FDO to aide in consistent application
   3. Does an Administrative Warning carry the same weight as an FDO?
      a. We can ask that corrective action be taken then issue a warning notice to close the case.
   4. Misconduct vs. Unprofessional Conduct
      a. Work with Axel to define if not already defined in Statute.
      b. Axel indicated that the definition could overlap depending on the issue.

E. Complaint confidentiality and conflicts of interest
   1. Handout provided to Board members and staff for review provided by Aaron O'Neil

VII. Licensing/Exam Inquiries (informational)

A. Credential Holder Summary

VIII. American Association of Veterinary State Boards (AAVSB) Matters

A. AAVSB Annual Meeting & Conference, Kansas City MO Sept. 28-30, 2023
   1. AAVSB will pay for 2 members of our Board to attend the meeting to represent WI. Let Melissa know if you are interested in attending the meeting.

B. Recap AAVSB Spring Executive Directors Meeting Kansas City MO April 13, 2023
   1. . Discussed shortages and what can be done. Re-entry to the profession after a 5 year absence. Veterinary Well Being programs and utilization of programs.
   2. How to expedite license verifications.
   3. Bring in AAVSB to look at doing real time uploads.

C. AAVSB Program & Services Think Tank Ad-hoc Committee Request for Information on NAVLE Streamlining Eligibility
   1. Proposing that new graduates would not have to apply to a state prior to taking the NAVLE. Scores would be transferred to state they ultimately will move for practice. This will be discussed and voted on at the annual meeting.

D. Military Portability
   1. Someone licensed in another jurisdiction and transferred to WI under military order does not have to apply to WI but provide a copy of their orders and the credential from another state will be valid in WI.

IX. Administrative Code Updates

A. Occupational Licenses – currently not moving forward

X. Legislative and Policy Update

A. Legislative update (informational)
   1. Handout provided to members
      a. VEB could be asked for opinion on a rule but we can't lobby for a change
      b. DATCP will provide information to the our Legislative Liaison and reach out to WVMA to make them aware

XI. Strategic Goals

A. 2022 Review (informational)
   1. Looking to move some items to the 2023 strategic plan

B. 2023 Changes (action item)
    1. Mission, Statement to remain the same
    2. Items highlighted in blue from 2022 plan will role forward to the 2023 plan
    3. Dr. Lang thanked Board for accomplishing goals and agree that moving items forward is a good idea.
    4. Dr. Estelle would like to see one board member attend the annual meeting that will have voting rights at the annual meeting.

MOTION: Leslie Estelle moved, seconded by Amanda Reese, to accept the items from 2022 be moved to 2023 and add that one board member attend the annual meeting that will have voting rights on issues brought forward Motion carried unanimously.

XII. Future Meeting Dates and Times

A. Screening Committee Meeting - April 19 11am (or after conclusion of 1/4ly if later)

B. Credentialing Committee Meeting – May 9, 2023 4pm

C. Next Board Meeting – July 19, 2023 (9a.m.)
    1. Need 6 members in attendance for meeting

XIII. CONVENE TO CLOSED SESSION (ROLL CALL)

MOTION: Alan Holter moved, seconded by Lisa Weisensel Nesson, to deliberate on cases following hearing (§ 19.85 (1) (a), Stats.); to consider licensure or certification of individuals (§ 19.85 (1) (b), Stats.); to consider closing disciplinary investigations with administrative warnings (§ 19.85 (1) (b), Stats.); to consider individual histories or disciplinary data (§ 19.85 (1) (f), Stats.); and to confer with legal counsel (§ 19.85 (1) (g), Stats.). Roll Call Vote: Alan Holter – yes; Amanda Reese – yes; Hunter Lang – yes; Karl Solverson – yes; Leslie Estelle – yes; Lyn Schuh – yes; Lisa Weisensel Nesson – yes; Choose an item. – yes.

XIV. Deliberation on Licenses and Certificates (Action Items)

XV. Deliberation on Compliance Matters (Action Items)

A. Proposed Administrative Warnings

B. Proposed Stipulations, Final Decisions and Orders

1. 22 VET 114 KS
2. 22 VET 116 AS
3. 22 VET 084 CG
4. 22 VET 118 NK
5. 22 VET 117 NJ
6. 22 VET 018 GG

7. 22 VET 107 MK
8. 22 VET 012 LR
9. 22 VET 120 AL
10. 22 VET 087 PM

C. Proposed Orders of Suspension

D. Investigations Recommended for Closure

1. 22 VET 031 RG
2. 22 GENERAL 003 HS
3. 23 GENERAL 001 AWC
4. 22 TECH 007 SZ
5. 22 VET 090 SB

XVI. Review of Veterinary Examining Board Cases

A. Licenses returned to Full Status (Informational)
B. Pending Case Status Report (Informational)

XVII. RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

MOTION: Lisa Weisensel Nesson moved, seconded by Alan Holter, to reconvene to open session. Motion carried unanimously.

XVIII. Open Session Items Noticed Above not Completed in the Initial Open Session

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

MOTION: Leslie Estelle moved, seconded by Alan Holter, to accept stipulations and final decision orders in the cases of: 22 VET 114 KS, 22 VET 116 AS, 22 VET 084 CG, 22 VET 118 NK, 22 VET 117 NJ, 22 VET 018 GG, 22 VET 107 MK, 22 VET 012 LR, 22 VET 120 AL, and 22 VET 087 PM. Motion carried unanimously.

MOTION: Lisa Weisensel Nesson moved, seconded by Alan Holter, to close investigations in the cases of: 22 VET 031 RG, 22 GENERAL 003 HS, 23 GENERAL 001 AWC, 22 TECH 007 SZ, and 22 VET 090 SB. Motion carried unanimously.

XX. Ratification of Licenses and Certificates

MOTION: Lisa Weisensel Nesson moved, seconded by Leslie Estelle, to delegate ratification of examination results to DATCP staff and to ratify all licenses and certificates as issued. Motion carried unanimously.

XXI. ADJOURNMENT

MOTION: Alan Holter moved, seconded by Amanda Reese, to adjourn. Motion carried unanimously.

The meeting adjourned at 11:02 am.

VETERINARY EXAMINING BOARD
CREDENTIALLING COMMITTEE

MEETING MINUTES

May 9, 2023

MEMBERS PRESENT: Hunter Lang, DVM; Lisa Weisensel Nesson, DVM

STAFF PRESENT, Department of Agriculture, Trade and Consumer Protection (DATCP): Melissa Mace, VEB Executive Director; Aaron O'Neil, DATCP Attorney; Jonathan Bent, License/Permit Program Associate; Karen Torvell, Program Associate Supervisor; Angela Fisher, Program and Policy Analyst.

Hunter Lang, Chair, called the meeting to order at 4:04pm. A quorum of two members was confirmed.

AGENDA

I. OPEN SESSION – ROLL CALL – CALL TO ORDER

II. APPROVAL OF THE AGENDA

MOTION: Lisa Weisensel Nesson moved, seconded by Hunter Lang, to approve the agenda. Motion carried unanimously.

II. PUBLIC COMMENTS

Beth Venit and Octavia Jones from the American Association of Veterinary State Boards (AAVSB) had no official public comment, but were interested in participating in the committee's discussion on credential renewals after greater than 5 years of non-practice.

III. CREDENTIALING

A. Renewal after greater than 5 years of non-practice and AAVSB RACEback program discussion
   1. The committee discussed guidance for CVT and veterinary license renewal after greater than 5 years of non-practice.
      i. For CVTs continuing to require 50% of the total continuing education (CE) time for years un-licensed, not to be less than 30 hours. At least 20% of this CE must be in-person or live-online.
   2. The committee discussed alternatives to requiring veterinarians renewing licenses after greater than 5 years of non-practice. Alternatives discussed were to complete testing or including complete 100% CE that they would have completed had they continued to be licensed. Discussed identifying compentecies and requiring a certain percentage of CE required to be on specific topics identified as required compentencies that could be modified based on what type of practice the applicant was returning to.
   3. The committee heard from Octavia Jones, Senior Manager of Continuing Education for the AAVSB. AAVSB has found via informal poll that requiring re-taking of the North American

Veterinary Licensing Examination (NAVLE) is largely viewed as a barrier by formerly licensed veterinarians. The AAVSB is in early development of the RACEback program, designed to allow lapsed veterinarians and veterinary technicians an alternative to re-testing via high-quality, interactive CE. AAVSB would be the repository for the CE programs and will encourage CE providers to allow their programs to be accessible to RACEback. The committee showed interest in receiving further information as development of the RACEback program continues.

4. The committee ultimately decided to bring proposals to the full board at the July meeting.

IX. ADJOURNMENT

MOTION: Lisa Weisensel Nesson moved, seconded by Hunter Lang, to adjourn. Motion carried unanimously.

The meeting adjourned at 4:54pm.

Veterinary Examining Board
Agenda Request Form

1) Meeting Date	July 19, 2023
2) Requestor Name	M. Mace
3) Item Title for the Agenda	VEB members appointments and 2023 Officers and Liaisons
4) Should the Item be in Open or Closed Session?	Open
5) Are there Attachments? (If yes, include file names)	Yes: Officers and Liaisons July 1, 2023 Roster with Appointment Timeframes
6) Is a Public Appearance Anticipated?	No
7) Description of the Agenda Item	Informational Reminder of Officer and Appointment change overs effective July 1, 2023 Existing board members with terms expiring this year that were eligible for reappointment have been reappointed. Terms were not uniformly 4 years to reintroduce the appropriate staggering of terms. Dr. Karl Solverson was reappointed thru 2025 Lyn Schuh appointed thru 2026 Dr. Hunter Lang appointed thru 2027 Board appointment summary: 2024 – 2 terms expire: 2 may be reappointed 2025 – 2 term expire: 1 may be reappointed 2026 – 1 term expires: 1 may not be reappointed. 2027 – 3 terms expire: 1 may not be reappointed 2 may be reappointed.

Last Updated: 6/26/2023

Veterinary Examining Board (VEB) Members

Member	Office	City of Residence	Member Type	Practice type	Term Expiration	Notes
Lisa M. Weisensel Nesson	Member	Madison, WI	Veterinarian Member	Equine	07/01/2023	May not be reappointed, but may continue to serve until a new appointment is made. **Serving in roll over capacity**
Arden Sherpe	Member	Westby	Public Member	Select Sires	07/01/2023	May be reappointed Choosing to NOT be reappointed. **Serving in Roll over capacity**
Dr. Karl Solverson		La Crosse, WI	Veterinarian Member	Mixed	07/01/2025	May not be reappointed. (second term shortened to 2 to create stagger)
Dr. Hunter Lang	Chair	Prairie Du Sac, WI	Veterinarian Member	Large animal (retired)	07/01/2027	May not be reappointed
Lyn Schuh	Member	Oshkosh, WI	Veterinary Technician	Emergency	07/01/2026	May not be reappointed. (second term shortened to 3 to create stagger)
Amanda Reese	Secretary	Fitchburg, WI	Public Member	Legal	07/01/2024	May be reappointed.
Dr. Alan N. Holter	Member	Dodgeville, WI	Veterinarian Member	Small animal/certified Animal Chiropractic	07/01/2024	Maybe reappointed
Dr. Leslie Estelle	Member	Madison, WI	Veterinarian Member	Royal Canin Marketing – small animal practice	**07/01/2025**	May be reappointed.

2024 – 2 terms expire: 2 may be reappointed

2025 – 2 term expire: 1 may be reappointed

2026 – 1 term expires: 1 may not be reappointed.

2027 – 3 terms expire: 1 may not be reappointed 2 may be reappointed.

Veterinary Examining Board
Agenda Request Form

1) Meeting Date	July 19, 2023
2) Requestor Name	m. mace
3) Item Title for the Agenda	WVMA summer school
4) Should the Item be in Open or Closed Session?	Open
5) Are there Attachments? (If yes, include file names)	N
6) Is a Public Appearance Anticipated?	N
7) Description of the Agenda Item	Informational Melissa Mace and Dustin Boyd will be presenting at WVMA summer school on Aug 4 at 11am. Topics: Who the board is What the board does How complaints work Resources for Veterinarians (FAQs/VPAP) If you will be present and would like to introduce yourself let Melissa know.

Veterinary Examining Board
Agenda Request Form

1) Meeting Date	July19, 2023
2) Requestor Name	M. Mace/L. Kennebeck/D. Boyd
3) Item Title for the Agenda	Veterinary Practices Owned by Non-credential Holders
4) Should the Item be in Open or Closed Session?	Open
5) Are there Attachments? (If yes, include file names)	No
6) Is a Public Appearance Anticipated?	No
7) Description of the Agenda Item	Discussion – No Action This topic for the Boards awareness and to discuss as desired. Summary: As more practices are ran by entities that are not credentialed by the Board, it creates some regulatory concerns including, but not limited to, the following items: • Facility standards – cleanliness • Employment/clinic policies that cause violation of practice acts: Vaccination administration; cooperation with the Board; etc.

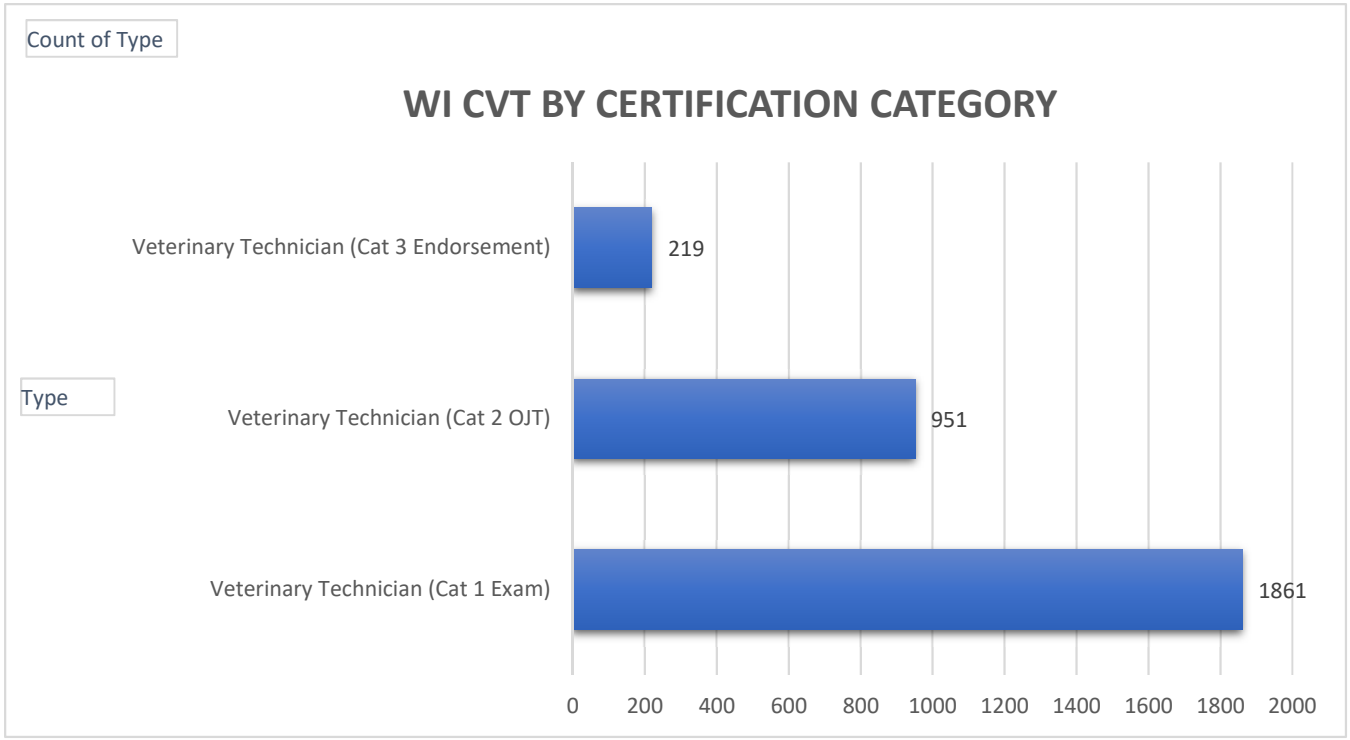
Veterinary Examining Board
Agenda Request Form

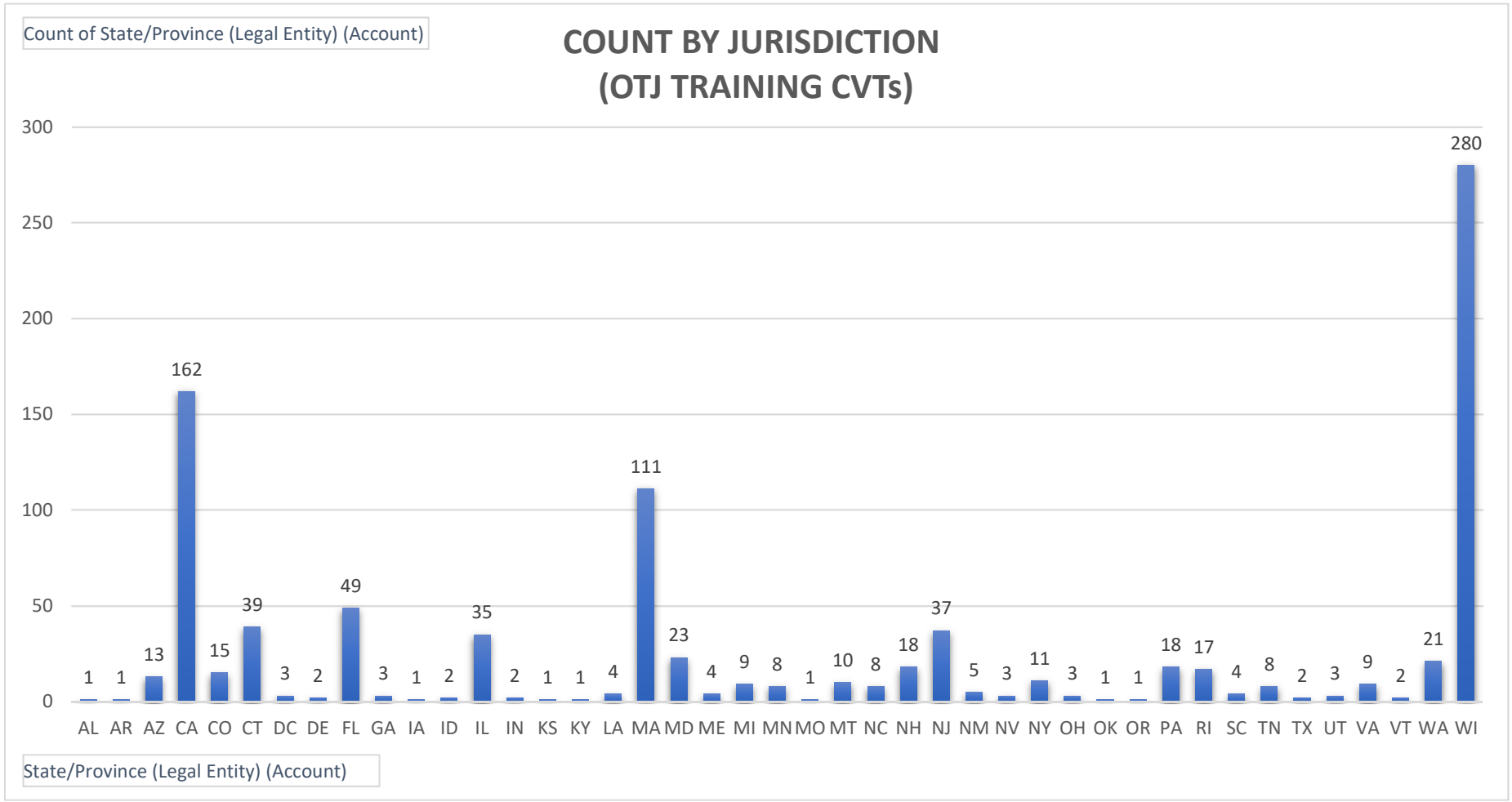
1) Meeting Date	July 19, 2023
2) Requestor Name	Boyd; Holter
3) Item Title for the Agenda	Failure to do CE multiple biennia
4) Should the Item be in Open or Closed Session?	Open
5) Are there Attachments? (If yes, include file names)	No
6) Is a Public Appearance Anticipated?	No
7) Description of the Agenda Item	Discussion – possible action In cases where credential holders do not do any CE for more than one biennia, what should be the repercussion?

Veterinary Examining Board
Agenda Request Form

1) Meeting Date	April 19, 2023
2) Requestor Name	M. Mace
3) Item Title for the Agenda	Credential Holder Summary
4) Should the Item be in Open or Closed Session?	Open
5) Are there Attachments? (If yes, include file names)	CVTs by Category OJT CVTs by Jurisdiction
6) Is a Public Appearance Anticipated?	No
7) Description of the Agenda Item	Informational At the April Board meeting a Board member requested information on how many CVT, certifying via on the job training (category 2 CVT), have out of State addresses associated with their certification.

Type	Count of Type
Veterinary Technician (Cat 1 Exam)	1861
Veterinary Technician (Cat 2 OJT)	951
Veterinary Technician (Cat 3 Endorsement)	219
Total Licensed CVTs	3031




Count of State/Province (Legal Entity) (Account)
COUNT BY JURISDICTION
(OTJ TRAINING CVTs)
300
250
200
150
100
50
0
AL 1
AR 1
AZ 13
CA 162
CO 15
CT 39
DC 3
DE 2
FL 49
GA 3
IA 1
ID 2
IL 35
IN 2
KS 1
KY 1
LA 4
MA 111
MD 23
ME 4
MI 9
MN 8
MO 1
MT 10
NC 8
NH 18
NJ 37
NM 5
NV 3
NY 11
OH 3
OK 1
OR 1
PA 18
RI 17
SC 4
TN 8
TX 2
UT 3
VA 9
VT 2
WA 21
WI 280
State/Province (Legal Entity) (Account)

Veterinary Examining Board
Agenda Request Form

1) Meeting Date	July 19, 2023
2) Requestor Name	Credentialing Committee
3) Item Title for the Agenda	Renewal after 5 or more years
4) Should the Item be in Open or Closed Session?	Open
5) Are there Attachments? (If yes, include file names)	Y Renewal 5+ yrs Discussion Renewal 5+ yrs member comments
6) Is a Public Appearance Anticipated?	N
7) Description of the Agenda Item	Action Item The credentialing committee met to discuss setting some basic guidelines on requirements for renewal of applicants that have not been licensed/certified to practice in any jurisdiction for 5 or more years. These guidelines would not be set in stone, and may be deviated from for cause. However they will enable the Board to be more consistent regarding requirements for renewal of applicants that have been out of practice (unlicensed/uncertified) for 5 or more years. The credentialing committee's discussion yielded options for the full boards comments and consideration.

VEB CREDENTIALING COMMITTEE BRIEFING PAPER

Topic:
Renewal of licensure or certification after 5 or more years of not being licensed/certified to practice in any jurisdiction

Purpose:
Discussion and potential drafting of a basic guideline, regarding assessment of competency of applicants for renewal of a credential for applicants that have not licensed/certified to practice in any jurisdiction in 5 or more years, and what reasonable conditions should be imposed to ensure competency and allow for the renewal of the credential.

Legal Requirements:
After 5 or more years of not being licensed/certified to practice in any jurisdiction, an applicant to practice as a veterinarian or as a veterinary technician cannot simply renew. For applicants seeking to renew their credentials after 5 or more years without being licensed/certified to practice in any jurisdiction, the board shall inquire as to whether the applicant is competent to practice as a veterinarian or veterinary technician in this state and shall impose any reasonable conditions on reinstatement of the license, including reexamination, as the board deems appropriate. In addition, applicants must complete a minimum of 30 (veterinarians) or 15 (CVTs) hours of CE, pay a renewal fee and late fee, and pass the state-law examination.

> ***VE 1.28 (2)*** *If the licensee applies for renewal of the license 5 or more years after its expiration, in addition to requiring the licensee to pay the renewal fee and late fee, and to fulfill the continuing education hours required under s. VE 1.30 completed before the license renewal, the board shall inquire as to whether the applicant is competent to practice as a veterinarian in this state and shall impose any reasonable conditions on reinstatement of the license, including reexamination, as the board deems appropriate. An applicant under this subsection is presumed to be competent to practice as a veterinarian in this state if at the time of application for renewal the applicant holds a full unexpired license issued by a similar licensing board of another state or territory of the United States or of a foreign country or province whose standards, in the opinion of the board, are equivalent to or higher than the requirements for licensure in this state. Notwithstanding any presumption of competency under this subsection, the board shall require each applicant under this subsection to pass the examination specified under s. VE 1.14 (2).*
>
> ***VE 2.12(2)*** If the certificate holder applies for renewal of the certificate 5 or more years after its expiration, in addition to requiring the certificate holder to pay the

renewal fee and late fee, and to fulfill the continuing education hours required under s. VE 2.14 completed before the certificate renewal, the board shall inquire as to whether the applicant is competent to practice as a veterinary technician in this state and shall impose any reasonable conditions on renewal of the certificate including reexamination, as the board deems appropriate. An applicant under this subsection is presumed to be competent to practice as a veterinary technician in this state if at the time of application for renewal the applicant holds a full unexpired certificate issued by a similar licensing board of another state or territory of the United States or of a foreign country or province whose standards, in the opinion of the board, are equivalent to or higher than the requirements for certification in this state. Notwithstanding any presumptions of competency under this subsection, the board shall require each applicant under this subsection to pass the examination specified under s. VE 2.04 (2).

Proposed credentialing committee guidelines for full board discussion:

CVT

Require that the applicant complete the following:

Total CE that would have been required to be completed had they continued to be credentialed, divide by 2, but not less than 30. 20% of that number of hours of CE must be completed in person or live online. Same breakout of CE scientific/non-scientific.

Commented [MMA1]: This twice the biennially required amount – but there is not a species specific test (or skills test) of any type for CVT except for their VTNE

a. Completion of continuing education to include;
   - At least 66% of continuing education hours shall be related to scientific topics pertinent to veterinary medicine.
   - All hours shall be documented; a minimum of 80% of those hours of continuing education shall be documented by an approved program provider
   - 20% of continuing education shall be in person or live online.
   - All continuing education taken to satisfy this requirement must be taken in the biennium preceding renewal.
   - No CE taken for this renewal may count towards the next renewal.
   - All conditions must be satisfied prior to renewal, and renewal must take place prior to Dec. 1, of odd year (Year that certificates expire, if they apply after Dec. 1 they roll into the next biennial license cycle) Example: On June 6, 2022 an applicant receives notices of how many hours of CE they must complete in order to renew. This renewal must take place by Dec 1 2023, or additional CE maybe required.

VEB CREDENTIALING COMMITTEE BRIEFING PAPER

Veterinarians
Options:

1. All the missed CE –or– the species specific exam by ICVA

2. The ICVA species specific test with minimum CE as required by rule. Issue: There is no food animal specific exam, so this option would only be available to companion animal veterinarians.
    a. Completion of 30 hours of continuing education to include;
        - At least 25 hours of the 30 hours of continuing education shall be related to scientific topics pertinent to veterinary medicine.
        - All 30 hours shall be documented; a minimum of 25 of those hours of continuing education shall be documented by an approved program provider
        - 12 hours of the 30 hours of continuing education shall be in person or live online.
        - All continuing education taken to satisfy this requirement must be taken in the biennium preceding renewal.
        - No CE taken for this renewal may count towards the next renewal.
    b. Take and pass the ICVA species specific companion animal exam. To learn more about this exam: Species Specific Exams | ICVA
    c. All conditions must be satisfied prior to renewal.

3. Direct CE in specific 'core' competencies based on what type of practice they want to return to practice in?
    - This could be % of CE on specific topics.
    - This could take the place of an exam and be for a set amount of CE that establishes a base competency regardless. Veterinarians would require a minimum of 30 and CVT a minimum of 15 by rule regardless

Dr. Hunter looked up codes in each State, they are included for your consideration.

VEB Member comments on credentialing committees renewal after 5 or more years non practice.

Dr. Holter:

Here are my thoughts and questions:

CVT
Require that the applicant complete the following:
Total CE that would have been required to be completed had they continued to be credentialed, divide by 2, but not less than 30. 20% of that number of hours of CE must be completed in person or live online. Same breakout of CE scientific/non-scientific.
Please explain this better, what is the "same breakout"?

Mace: Same breakout means that the CE will need to comply with the requirement under VE 2.14 (1)(a). So 2/3 for CE will need to be on scientific topics pertinent to veterinary medicine.

- All hours shall be documented; a minimum of 80% of those hours of continuing education shall be documented by an approved program provider

Does this include RACE approved programs only? What are other approved program providers?
What is an example of a non-approved program?
Do we need to define RACE approved programs?

Mace: There are many entities that may approve CE, they are listed under VE 2.16(4).
An non-approved program is one that is not approved by one of the entities on the list.
RACE is spelled out in rule.

Veterinarians
Options:
1. All the missed CE –or– the species specific exam by ICVA
2. The ICVA species specific test with minimum CE as required by rule. Issue: There is no food animal specific exam, so this option would only be available to companion animal veterinarians.

According to the website - there is both a Companion Animal and an Equine test.

The final version needs to define CE

Mace: Define CE?

Multiple other states do not renew a license after lapsed over 5 years, the applicant needs to apply for a new license. Is there any benefit to do this in Wisconsin?

Overall, I think this is a great start.

VEB Member comments on credentialing committees renewal after 5 or more years non practice.

Dr. Lang

I hope we can "thread the needle" on this issue. I do not want to be too difficult or too easy for renewal after an extended absence from the profession. In reviewing the rules in other states, I feel it is unfair to require the individual to begin the process as if they are a first time applicant. Yet, we need to determine competency so as to protect the public and insure adequate animal care.

Our current proposal allows us to determine competency through testing (companion and equine currently). We are assessing motivation by requiring CE to be completed as well. One issue could be that we are appearing to license veterinarians at the species level which is not done by any licensing entity currently. I realize a veterinary license is a license for all species and a competency test, one could argue, should encompass all species. However, reality is that few veterinarians are a "jack of all species" and we usually reduce our practice to a few species.

I am comfortable with the current proposal except for a veterinarian reentering food animal practice. Currently, there is no competency test available for this area that I know of. The AAVSB is considering a "Welcome Back" licensing program but again it does not have a food animal track yet. Do we need to develop our own plan for this issue? Do we wait for AAVSB to act? I realize this issue may never come up so I am hesitant to expend too much time, energy and resources on a very rare occurrence. In reality, most food animal veterinarians leave the field because some body part is broken and they go into a physically less challenging area. Or in my case, they retire fairly healthy physically but mentally could be debated :)

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Sec. 08.98.200. Reinstatement of lapsed license. A person whose license has lapsed is entitled to have the license reinstated without taking an examination unless the license has remained lapsed more than five years.

Not Specifically addressed except foreign schools if over 3 years

(1) Any person may reinstate an expired license or certificate within five (5) years of its expiration by making appli to the board for renewal and paying the current renewal fee along with all delinquent renewal fees.

(2) After five (5) years have elapsed since the date of expiration, a license or certificate may not be renewed, and t holder must apply for a new license or certificate and take the required examinations

Not found

A person who fails to renew his license/registration within five years after its expiration may not renew it, and it shall not be restored, reissued, or reinstated thereafter, but such person may apply for and obtain a new license

1. (a) He is not subject to denial of licensure under Section 480.
2. (b) He takes and passes the examination, if any, which would be required of him if he were then applying for a license for the first time, or otherwise establishes to the satisfaction of the board that, with due regard for the public interest, he is qualified to practice veterinary medicine, and
3. (c) He pays all of the fees that would be required of him if he were applying for the license for the first time.

The board may, by regulation, provide for the waiver or refund of all or any part of the examination fee in those cases in which a license is issued without an examination pursuant to the provisions of this section.

(d) Has not actively practiced veterinary medicine for the two-year period immediately preceding the date of receipt of the application or has not otherwise maintained continued competence, as determined by the board.

Applicants for reinstatement who have been out of the active practice for longer than 6 months are presented to the Connecticut Board Veterinary Medicine. The Departments seeks the Board's recommendation as to the applicant's suitability for reinstatement. Applicants to whom this applies will receive further information from the Department upon receipt of all required documentation.

An applicant for reinstatement under this section shall demonstrate fitness to resume practice by submitting evidence satisfactory to a board that the applicant has the competency and knowledge of District and federal laws necessary to resume practice and that the applicant's resumption of practice will not be detrimental to the public interest or the integrity of the occupation or profession. 3308.4 In making a determination pursuant to § 3308.3, a board shall consider the following: (a) The length of time that the applicant had practiced in the District or another jurisdiction; (b) The length of time after expiration of the applicant's license that the applicant was not practicing either in the District or another jurisdiction; (c) The applicant's violations of any laws; (d) The applicant's present character; and (e) The applicant's present qualifications and competency to practice. 3308.5 A board may require an applicant to complete certain educational or training requirements, in addition to any continuing education requirements, prior to or after reinstatement, to ensure that the applicant is competent to

If you fail to renew within one year, your license will terminate. To resume practicing in Delaware after termination, you must submit a request for reinstatement in DELPROS, pay a fee and submit continuing education for a full two-year period.

This application is used by individuals that wish to reactivate their license or set their license to inactive status.

Application Requirements:

CONTINUING EDUCATION: If you wish to activate an inactive license you must provide proof of completion of 30 hours of approved continuing education. Of the 30 hours one hour must be in drug dispensing and two hours in laws and rules governing the practice of veterinary medicine.

A reinstatement applicant may be required to retake the national examination or a species specific examination if the applicant has not engaged in the active practice of veterinary medicine within the past 5 years.

Failure to restore a forfeited license within 2 years after the license expiration date will result in the termination of the license and the person must apply as a new applicant and meet current licensing requirements.
However, a person may renew an expired license within five years of the date of its expiration by making written application for renewal and paying the current renewal fee plus all delinquent renewal fees. After five years have elapsed since the date of expiration, a license may not be renewed, and the holder must make application for a new license and take the license examination.
(3) An expired license or certification not reinstated prior to thirty (30) days after it has expired will lapse. Individuals whose licenses or certifications have lapsed must submit an application to the board as if for a new license or certification.
b) A licensee seeking restoration of a license that has been expired or on inactive status for more than 5 years shall file an application, on forms supplied by the Division, together with the fee specified in Section 1500.47 and proof of 40 hours of approved CE (e.g., certificate of attendance or completion) in accordance with Section 1500.25. The licensee shall also submit:

1) Sworn evidence of active veterinarian practice in another jurisdiction. This evidence shall include a statement from the appropriate board or licensing authority in the other jurisdiction that the licensee was authorized to practice during the term of active practice; or

2) An affidavit attesting to military service as provided in Section 15 of the Act; or

3) Other evidence of experience within the profession other than active practice (such as research, teaching or publishing) during the time when the license was expired; or

4) 20 hours of approved CE for each year the license was expired completed during the 2 years proceeding application for restoration. These hours will be in addition to the 40 hours stated in subsection (b).
https://www.in.gov/pla/files/GENERIC-DVM-Reinstatment-Form2022.pdf
In the event that the application for renewal of any veterinarian license or institutional license has not been submitted within 60 days of the expiration date of such license, the board shall notify the veterinarian by certified mail, return receipt requested, that the license has expired and shall not be reinstated unless such veterinarian submits an application for and requalifies for a new license and pays the license application fee not to exceed $250 as established by the board by rules and regulations.
No procedure outlined for >5 yrs only if <5yrs
After five years have elapsed since the date of the expiration, a license may not be renewed, but the holder must make application for a new license and submit to the license examination.
No procedure outlined for >5 yrs only if <5yrs
If you have been licensed in Maryland in the past but your license has lapsed 5 years or more, you must apply as if you have never been licensed in Maryland.
Licenses may be renewed up to 90 days after the date of expiration upon payment of a late fee of $50 in addition to the renewal fee. Any person who submits an application for renewal more than 90 days after license expiration date is subject to all requirements governing new applicants and is required to reapply with original license application, documentation and fees.
Applicants for relicensure whose license has been lapsed for more than 3 years at the time of application, and are not licensed in another state of the United States, or in Canada, must also have successfully passed the North American Veterinary License Examination (NAVLE) within 1 year of submitting the application for relicensure. Provide certification of your passing examination scores submitted directly to this office from the examination

A person who fails to renew a license within five years after its suspension may not renew it, and it shall not be restored, reissued, or reinstated thereafter, but such person may apply for and obtain a new license on complying with the following conditions:
(1) the person is of good moral character;
(2) no fact, circumstance, or condition exists which, if the license were issued, would justify its revocation or suspension;
(3) the person takes and passes the examinations, if any, which would be required if the person were then applying for a license for the first time, or otherwise establishes to the satisfaction of the board that, with due regard for the public interest the person is qualified to practice veterinary medicine; and
(4) the person pays all of the fees that would be required if the person were then applying for the license for the first time.
If more than two years have lapsed since the date the license expired, the license may not be renewed. The holder of such expired license must apply under the procedures for a new license pursuant to sections 340.200
Any person may renew an expired license within five (5) years of the date of its expiration by making written application for renewal, paying the current renewal fee and a reinstatement H. B. No. 117 *HR40/R125SG* 08/HR40/R125SG PAGE 17 (DJ\BD) 526 fee of Five Hundred Dollars ($500.00), plus all delinquent renewal 527 fees and complying with continuing education requirements. NO MENTION OF >5YRS SINCE RENEWAL
(8) Unless otherwise provided by statute or rule, an occupational or professional license that is not renewed within 2 years of the most recent renewal date automatically terminates. The terminated license may not be reactivated, and a new original license must be obtained.
Provided, that any person may renew an expired license or limited license at any time within two years following its expiration upon application and compliance with Board requirements and the payment of all applicable fees in amounts allowed by this Article or administrative rule of the Board; and further provided, that the applicant is otherwise eligible under this Article or administrative rules of the Board to have the license renewed.
A license may be renewed for two years after it expires by payment of all past-due renewal registration fees and late fees and completion of continuing education requirements. If more than two years have passed since expiration, a new application for licensure must be made and the North Dakota examination must be completed.
NOT FOUND
NH License has lapsed 5 years or more and have practiced as a veterinarian for at least 1,000 hours per year, for 3 years or more, in another state or jurisdiction.
Discretion of examining board based on a number of factors - primarily time away from practice
After five years they are considered new applicant
(II) Passed, within the 5 years immediately preceding the filing of the application, the North American Veterinary Licensing Examination of the National Board of Veterinary Medical Examiners for an initial license, or any other examination required by the Board;
Could not find it
Any license or limited license which has been inactive for more than four years expires if the licensee has not applied for reactivation of the license or limited license. Upon expiration, a license or limited license becomes
2. If sixty (60) calendar days elapses and the license or certificate is not reactivated, the license or certificate shall be automatically suspended for failure to renew. 3. A license or certificate suspended for failure to renew may be reinstated pursuant to the provisions of Section 698.9a of this title.
(c) If the delinquency in license renewal exceeds 21 months, the Board may assess an extended delinquency renewal fee, and/or require re-qualification by examination.
A licensee will be required to reactivate the license in accordance with section 9 of the act (63 P. S. § 485.9) to resume practicing veterinary medicine if the licensee practiced veterinary medicine on an expired license in this Commonwealth or another state, territory or country for more than 5 years or if the licensee did not practice veterinary medicine for more than 5 years.

Could not find it

(2) A veterinarian or veterinary technician whose license has been lapsed for three (3) years or longer must meet the requirements in effect at the time of application for a new license. The Board may also assess an additional penalty.

Could not find it

(2) Reinstatement of an Expired License (a) Reinstatement of a license that has expired may be accomplished upon meeting the following conditions: 1. Payment of all past due renewal and state regulatory fees, 2. Payment of the late renewal fee provided in Rule 1730-01-.06; and 3. Compliance with continuing education requirement pursuant to Rule 1730-01-.12. (b) Reinstatement decisions pursuant to this rule may be made administratively or reviewed by the Board. NO SPECIFIC TIME FRAME LISTED

(b) A veterinary licensee who has failed to renew his or her license for a period of one year or more and wishes to reinstate the license may be required to appear before the Board to explain why the licensee allowed the license to expire and the licensee's reasons for wanting it reinstated. Subject to subsections (c) and (d) of this section, the licensee must take and pass the SBE and comply with §571.3 of this title (relating to Criminal History Evaluation Letters).(d) A licensee who has failed to renew his or her license for a period of one year or more may reinstate the licensee's expired license without taking and passing the SBE if the licensee:

(1) previously had a Texas license and lived and/or practiced in Texas;

(2) moved to another state and is licensed and practices in that state;

(3) has been practicing in the other state during the past two years preceding application for reinstatement in Texas;

(4) intends to return to and practice in Texas;

Could not find it

Continuing education hours as required by § 54.1-3805.2 of the Code of Virginia and 18VAC-150-20-70 of the Regulations Governing the Practice of Veterinary Medicine equal to the number of years in which the license has been inactive, for maximum of 2 years (15 hours per year). Applicant may submit copies of CE documents via email at vetbd@dhp.virginia.gov, fax or mail.

A license that has lapsed for five years or longer may be reinstated upon successful completion of national board licensing examinations within the previous two years or upon proof that the licensee has actively practiced licensed clinical veterinary medicine for 3,000 hours during the preceding three years in another U.S. or Canadian jurisdiction.

(3) To reactivate a veterinary license that has been expired for more than three years, when the veterinarian has not held an unrestricted license and has not been in active practice, the veterinarian must: (a) Successfully complete the current North American Veterinary Licensing Examination as provided in WAC 246-933-250(1); and (b) Meet the continuing education requirements of WAC 246-12-040 and chapter 246-933 WAC.

(2) If the licensee applies for renewal of the license 5 or more years after its expiration, in addition to requiring the licensee to pay the renewal fee and late fee, and to fulfill the continuing education hours required under s. VE 1.30 completed before the license renewal, the board shall inquire as to whether the applicant is competent to practice as a veterinarian in this state and shall impose any reasonable conditions on reinstatement of the license, including reexamination, as the board deems appropriate. An applicant under this subsection is presumed to be competent to practice as a veterinarian in this state if at the time of application for renewal the applicant holds a full unexpired license issued by a similar licensing board of another state or territory of the United States or of a foreign country or province whose standards, in the opinion of the board, are equivalent to or higher than the requirements for licensure in this state. Notwithstanding any presumption of competency under this subsection, the board shall require each applicant under this subsection to pass the

AFTER 1 YEAR OR MORE. Proof of having met the continuing education requirement in a Board approved program for 2 years maximum of the most recent years.

All CE requirements can be done in the same year of reactivation of licensure.

The Board may require additional documentation of clinical competency and professional activities.
After five (5) years
have elapsed since the date of the expiration, a license may not
be renewed, but the holder must make application for a new
license.

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Veterinary Examining Board
Agenda Request Form

1) Meeting Date	July 19, 2023
2) Requestor Name	M. Mace
3) Item Title for the Agenda	Applicants with prior discipline
4) Should the Item be in Open or Closed Session?	Open
5) Are there Attachments? (If yes, include file names)	No
6) Is a Public Appearance Anticipated?	No
7) Description of the Agenda Item	Informational – potential action In has come to our (Aaron and Melissa) attention that under S. 89.072 (1) Licensees of other jurisdictions. (see language below). That if an applicant that has prior discipline, is currently under investigation by another jurisdiction or if an applicant is party to litigation, found liable for damages or found guilty of a crime substantially related to veterinary medicine, may not receive a license by endorsement. *89.072 (1) Licensees of other jurisdictions. (1) Upon application and payment of the fee established under s. 89.063, the examining board may issue a license to practice veterinary medicine to any person licensed to practice veterinary medicine in another state or territory of the United States or in another country if the applicant is not currently under investigation and has never been disciplined by the licensing authority in the other state, territory or country, has not been found guilty of a crime the circumstances of which are substantially related to the practice of veterinary medicine, is not currently a party in pending litigation in which it is alleged that the applicant is liable for damages for acts committed in the course of practice and has never been found liable for damages for acts committed in the course of practice which evidenced a lack of ability or fitness to practice.* Current rules related to licensure by examination require that the applicant has passed the NAVLE in the past 5 years. See VE 1.16 The rule can be changed by the Board if they choose to open a scope for discussion.

Veterinary Examining Board
Agenda Request Form

1) Meeting Date	July 19, 2023
2) Requestor Name	M. Mace
3) Item Title for the Agenda	AAVSB Matters
4) Should the Item be in Open or Closed Session?	Open
5) Are there Attachments? (If yes, include file names)	no
6) Is a Public Appearance Anticipated?	No
7) Description of the Agenda Item	(Informational) A. AAVSB Annual Meeting & Conference on Sept 28-30 in Kansas City MO: • AAVSB pays travel and hotel costs for 2 WI VEB delegates to attend o Drs. Lang and Holter • Registration will open in ?? and Close Early Aug.

Veterinary Examining Board
Agenda Request Form

1) Meeting Date	7/19/23
2) Requestor Name	Angela Fisher
3) Item Title for the Agenda	Guidance Documents
4) Should the Item be in Open or Closed Session?	Open
5) Are there Attachments? (If yes, include file names)	"VEB-GD-001 Bull Semen Collection" "VEB-GD-002 Cannabis" "VEB-GD-002 Cannabis Attachment A" "VEB-GD-002 Cannabis Attachment B"
6) Is a Public Appearance Anticipated?	No
7) Description of the Agenda Item	The Bull Semen Collection (VEB-GD-001) and Cannabis (VEB-GD-001) guidance documents were created before the recent rule consolidation (CR 21-062), which became effective 8/1/22. The existing documents contain references to the old rule chapters (VE 1-11). The attached documents correct these references to the new rule chapters (VE 1-4). The attachments from the FDA website that are referenced in the Cannabis guidance document have also been updated. Proposed motion language: "Move to approve the updated guidance documents VEB-GD-001 regarding bull semen collection and VEB-GD-002 regarding cannabis."

State of Wisconsin

Veterinary Examining Board

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Guidance Document VEB-GD-001 DRAFT
Bull Semen Collection (Electro-Ejaculation)

Wis. Stat. § 89.03 (1)
Wis. Admin. Code § VE ~~7.02~~1.44
~~10/23/19~~5/12/23 DRAFT

Topic

This guidance document clarifies which procedures involving electro-ejaculation bull semen collection, as listed below, a licensed veterinarian must perform, which procedures may be delegated to a certified veterinary technician, and which procedures may be delegated to an unlicensed assistant.

1. Insert the probe
2. Ejaculate the bull
3. Collect the semen sample
4. Evaluate the semen for concentration, motility, and morphology
5. Measure scrotal circumference
6. Based on the evaluation parameters listed in 4 and 5, give a rating as to semen quality

Relevant Statutes and Administrative Code

Wis. Stat. § 89.02 (6) defines the practice of veterinary medicine as to examine into the fact or cause of animal health, disease or physical condition, or to treat, operate, prescribe or advise for the same, or to under-take, offer, advertise, announce, or hold out in any manner to do any of said acts, for compensation, direct or indirect, or in the expectation thereof.

Wis. Stat. § 89.03 (1) authorizes the board to promulgate rules to establish the scope of the practice permitted for veterinarians and veterinary technicians, within the limits of the definition under Wis. Stat. § 89.02 (6).

Wis. Admin. Code § VE ~~1.01 (5)~~1.02 (14) defines "~~direct~~ supervision" as ~~immediate availability to continually coordinate, direct and inspect personally the practice of another~~ available at all times for consultation, either in person or within 15 minutes of contact by telephone, by video conference or by electronic communications device, except where other provisions are specified in rule.

Wis. Admin. Code § VE ~~7.02 (1) (a)~~1.44 (2) (a) limits the diagnosis and prognosis of animal diseases and conditions to veterinarians and prohibits the delegation of such acts to veterinary technicians or other persons not holding such license or permit.

Wis. Admin. Code § VE ~~7.02 (3) (b)~~1.44 (4) (b) allows veterinarians to delegate to certified veterinary technicians, while under the ~~direct~~ supervision of the veterinarian, the provision of observations and findings

related to animal diseases and conditions to be utilized by a veterinarian in establishing a diagnosis or prognosis, including nonsurgical specimen collection.

Wis. Admin. Code § VE ~~7.02 (5) (a)~~1.44 (7) (a) allows veterinarians to delegate to unlicensed assistants, while under the ~~direct~~ supervision of the veterinarian, the provision of basic diagnostic studies, including nonsurgical specimen collection.

Wis. Admin. Code § VE ~~7.02 (6) (b)~~1.44 (8) (b) allows veterinarians to delegate to unlicensed assistants, while under the ~~direct~~ supervision of the veterinarian when the veterinarian is personally present on the premises where the services are provided, the provision of observations and findings related to animal diseases and conditions to be utilized by a veterinarian in establishing a diagnosis or prognosis.

Wis. Admin. Code § VE ~~7.02 (8) (c)~~1.44 (1) (c) requires that, when the veterinarian is not required to be personally present on the premises where the delegated services are performed, the veterinarian must be available at all times for consultation either in person or within 15 minutes of contact by telephone, by video conference, or by electronic communication device.

Board Position

The Board determined that steps 1 (insert the probe), 2 (ejaculate the bull), and 3 (collect the semen sample) are acts of nonsurgical specimen collection. As such, a veterinarian may delegate steps 1 through 3 to a certified veterinary technician under the ~~direct~~ supervision of the veterinarian (§ VE ~~7.02 (3) (b)~~1.44 (4) (b), Wis. Admin. Code) and/or to an unlicensed assistant under the ~~direct~~ supervision of the veterinarian (§ VE ~~7.02 (5) (a)~~1.44 (7) (a), Wis. Admin. Code).

The Board determined that step 4 (evaluate the semen for concentration, motility, and morphology) is within the scope of observations and findings related to animal diseases and conditions to be utilized by a veterinarian in establishing a diagnosis or prognosis. As such, a veterinarian may delegate step 4 to a certified veterinary technician under the ~~direct~~ supervision of the veterinarian (§ VE ~~7.02 (3) (b)~~1.44 (4) (b), Wis. Admin. Code) and/or to an unlicensed assistant under the ~~direct~~ supervision of the veterinarian while the veterinarian is personally present on the premises where the services are provided (§ VE ~~7.02 (6) (b)~~1.44 (8) (b), Wis. Admin Code).

The Board determined that step 5 (measure scrotal circumference) on its own would not be the practice of veterinary medicine. However, the process of bull semen collection is the practice of veterinary medicine. As such, all steps of the process of bull semen collection must either be performed by a veterinarian or be delegated by the veterinarian to a certified veterinary technician or an unlicensed assistant. A layperson could potentially measure scrotal circumference if the act is not a part of the process of bull semen collection and not a part of any other process that is the practice of veterinary medicine.

The Board determined that step 6 (based on the evaluation parameters listed in 4 and 5, give a rating as to semen quality) is a diagnosis. As such, step 6 is limited to veterinarians and may not be delegated to or performed by veterinary technicians or other persons not holding such a license or permit (§ VE ~~7.02 (1) (a)~~1.44 (2) (a), Wis. Admin. Code).

State of Wisconsin

Veterinary Examining Board

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Guidance Document VEB-GD-002 DRAFT
Cannabis

Wis. Stat. § 89.03 (1)
Wis. Admin. Code § VE ~~7.06~~1.58 and VE 2.26
~~1/22/20~~5/12/23 DRAFT

Topic

This guidance document clarifies what a veterinarian may and may not do with regards to cannabis products.

Definitions

Cannabis is a plant of the Cannabaceae family and contains more than eighty biologically active chemical compounds. Federal law divides cannabis into two categories: hemp and marijuana.

Hemp is defined by the 7 USC 1639o(1) as "the plant Cannabis sativa L. and any part of that plant, including the seeds thereof and all derivatives, extracts, cannabinoids, isomers, acids, salts, and salts of isomers, whether growing or not, with a delta-9 tetrahydrocannabinol concentration of not more than 0.3 percent on a dry weight basis." The 2018 Farm Bill removed hemp from Schedule I of the Controlled Substances Act.

Marijuana/Marihuana is defined by 21 USC 802(16) as "all parts of the plant Cannabis sativa L., whether grown or not; the seeds thereof; the resin extracted from any part of such plant; and every compound, manufacture, salt, derivate, mixture, or preparation of such plant, its seeds or resin," except for "hemp, as defined in section 1639o of title 7; or the mature stalks of such plant, fiber produced from such stalks, oil or cake made from the seeds of such plant, any other compound, manufacture, salt, derivative, mixture, or preparation of such mature stalks (except the resin extracted therefrom), fiber, oil, or cake, or the sterilized seed of such plant which is incapable of germination." Marijuana/Marihuana is listed in Schedule I of the Controlled Substances Act.

THC is an abbreviation of delta-9-tetrahydrocannabinol, a compound of the cannabis plant. Hemp plants contain no more than 0.3 percent THC on a dry weight basis, and marijuana plants contain more than 0.3 percent THC on a dry weight basis.

CBD is an abbreviation of cannabidiol, a compound of the cannabis plant. Hemp plants and marijuana plants both contain CBD.

Hemp Seeds are the seeds of the Cannabis sativa plant. The seeds of the plant do not naturally contain THC or CBD. The seeds may pick up trace amounts of TCH and/or CBD during the harvesting and processing when they are in contact with other parts of the plant.

Relevant Statutes and Administrative Code

Wis. Stat. § 89.02 (6) defines the practice of veterinary medicine as to examine into the fact or cause of animal health, disease or physical condition, or to treat, operate, prescribe or advise for the same, or to under-take, offer, advertise, announce, or hold out in any manner to do any of said acts, for compensation, direct or indirect, or in the expectation thereof.

Wis. Stat. § 89.03 (1) authorizes the board to promulgate rules to establish the scope of the practice permitted for veterinarians and veterinary technicians, within the limits of the definition under Wis. Stat. § 89.02 (6).

Wis. Stat. § 89.068 (1) (a) prohibits making extra-label use of a drug on an animal without a prescription or in any manner not authorized by that prescription.

Wis. Stat. § 89.068 (1) (c) 3. prohibits a veterinarian from prescribing a drug to a client for extra-label use on a patient unless all of the following apply:

a. A veterinary-client-patient relationship exists between the veterinarian, client and patient and the veterinarian has made a careful medical diagnosis of the condition of the patient within the context of that veterinary-client-patient relationship.
b. The veterinarian determines that there is no drug that is marketed specifically to treat the patient's diagnosed condition, or determines that all of the drugs that are marketed for that purpose are clinically ineffective.
c. The veterinarian recommends procedures for the client to follow to ensure that the identity of the patient will be maintained.
d. If the patient is a food-producing animal, the veterinarian prescribes a sufficient time period for drug withdrawal before the food from the patient may be marketed.

Wis. Stat. § 89.07 (1) (b) classifies violating any federal or state statute or rule that substantially relates to the practice of veterinary medicine as unprofessional conduct that may result in disciplinary action by the Board.

Wis. Admin. Code § VE ~~7.06 (4)~~1.58 (7) classifies violating or aiding and abetting the violation of any law or administrative rule or regulation substantially related to the practice of veterinary medicine as unprofessional conduct that may result in disciplinary action by the Board.

Wis. Admin. Code § VE 2.26 (9) classifies violating or aiding and abetting the violation of any law or administrative rule or regulation substantially related to the practice of veterinary technology as unprofessional conduct that may result in disciplinary action by the Board.

Federal Law and Regulation

The 2018 Farm Bill removed hemp from the Controlled Substance Act definition of marijuana. As a result, while marijuana remains a Schedule I drug, hemp is no longer a controlled substance under Federal law. The 2018 Farm Bill explicitly preserved the authority of the United States Food and Drug Administration (FDA) to regulate products containing cannabis or cannabis-derived compounds under the Food, Drug and Cosmetic Act (FD&C Act) and section 351 of the Public Health Service Act. It is illegal to market or sell cannabis products in interstate commerce for animal use unless the FDA approves the product for animal use. To date, the FDA has not approved any cannabis product for animal use.

Drugs: Under the FD&C Act, any product intended to have a therapeutic or medical use, and any product (other than a food) that is intended to affect the structure of the body of humans or animals, is a drug. To date, the FDA has not approved any cannabis-containing, cannabis-derived, or cannabis-related drugs for animal use. The FDA has approved one cannabis-derived (Epidiolex) and three cannabis-related (Marinol, Syndros, and Cesamet) prescription drugs for human use. The Animal Medicinal Drug Use Clarification Act (AMDUCA) permits veterinarians to prescribe extra-label uses of FDA approved human and animal drugs for animals under certain conditions. Among other limitations, extra-label use of a drug is only allowed in circumstances when the health of an animal is threatened or suffering, or death may result from failure to treat.

Foods: All food ingredients must be approved by the FDA as either a food additive or as Generally Recognized as Safe (GRAS). The FDA also recognizes ingredients listed in the Official Publication of the Association of American Feed Control Officials (AAFCO). To date, neither the FDA nor AAFCO have approved any cannabis-containing or cannabis-derived foods for animal use. The FDA has approved three cannabis products as GRAS for human use only: hulled hemp seed, hemp seed protein powder, and hemp seed oil.

Supplements: The definition of dietary supplement only applies to human products. All products for animal use are classified as either foods or drugs and must be FDA approved. CBD and THC are the active ingredients in FDA approved human prescription drugs, so all products containing CBD or THC are classified as drugs.

See the attached FDA documents for additional information: "Remarks by Dr. Sharpless at the FDA Public Hearing on Scientific Data and Information about Products Containing Cannabis or Cannabis-Derived Compounds," dated May 31, 2019; and "FDA Regulation of Cannabis and Cannabis-Derived Products, Including Cannabidiol (CBD)~~: Questions and Answers~~," dated ~~November 13, 2019~~May 11, 2023~~; and "FDA Warns 15 Companies for Illegally Selling Various Products Containing Cannabidiol as Agency Details Safety Concerns," dated November 25, 2019~~. See the FDA website at www.fda.gov for the latest information regarding FDA regulation of cannabis-containing and cannabis-derived products.

Board Position

Administering, prescribing, or dispensing drugs or food additives must conform to state and federal laws and regulations, including FDA regulations (Wis. Stat. § 89.07 (b) and Wis. Admin. Code § VE ~~7.06 (4)~~1.58 (7) and 2.26 (9)).

Referring or recommending drugs or food additives must conform to state and federal laws and regulations, including FDA regulations (Wis. Admin. Code § VE ~~7.06 (4)~~1.58 (7) and 2.26 (9)).

The Board acknowledges that cannabis products are currently being marketed to pet owners in a manner that does not conform to state and federal laws and regulations, including FDA regulations. To reduce the risk to animal health, veterinarians may discuss such products with their clients, provide available information, and express concerns. Veterinarians may also explain why they cannot administer, prescribe, dispense, refer, or recommend such products.

IN THIS SECTION

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SPEECH

Remarks by Dr. Sharpless at the FDA Public Hearing on Scientific Data and Information about Products Containing Cannabis or Cannabis-Derived Compounds

MAY 31, 2019

Speech by

Norman E. "Ned" Sharpless, MD
Acting
Commissioner of Food and Drugs - Food and Drug Administration

White Oak, MD

(Remarks as prepared for delivery)

Thank you for joining FDA today for this public hearing titled “Scientific Data and Information About Products Containing Cannabis or Cannabis-Derived Compounds”.

I am pleased to see that there is such interest in this topic. We have over 500 people registered to attend in person, over 800 people registered to join us remotely, and over 100 speakers on today’s agenda presenting on this topic.

We encourage all stakeholders – presenters, attendees, and those unable to participate in today’s hearing – to submit comments to our docket on this topic, which is open until July 2, 2019.

Docket comments will help inform FDA as we consider the important policy options related to the regulation of products containing cannabis or cannabis-derived compounds.

It is important to note that the FDA's role in the regulation of products containing cannabis or cannabis-derived compounds is not new.

Cannabis contains more than 80 biologically active chemical compounds, including the two best known compounds, delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD).

If one of these compounds, or the plant itself, is added to a food or cosmetic, marketed as a drug, or otherwise added to an FDA-regulated product in interstate commerce, then it falls within FDA's jurisdiction. As I said, this is nothing new for FDA.

At the same time, some relevant laws have changed. First, some states have changed their laws to allow for "medical" use of marijuana or CBD, and others have begun allowing for recreational marijuana use, or decriminalized recreational marijuana possession.

Second, certain federal laws have changed as well. Parts of the Cannabis sativa plant have been controlled under the Federal Controlled Substances Act, or CSA, since 1970 under the drug class "Marihuana."

Marihuana is included in Schedule I of the CSA – the most restrictive schedule – due to its potential for abuse, largely attributable to the psychoactive effects of THC, and the absence of a currently accepted medical use in the United States.

Late last year, the federal scheduling of cannabis changed. The Agriculture Improvement Act of 2018, or the Farm Bill, removed hemp – meaning cannabis or derivatives of cannabis with a very low THC content (below 0.3% by dry weight) – from the CSA's definition of marijuana. As a result, while marijuana remains a Schedule I drug, hemp is no longer a controlled substance under Federal law.

As these laws have changed, FDA's authorities have become more relevant.

The 2018 Farm Bill explicitly preserved FDA's authority to regulate products containing cannabis or cannabis-derived compounds. In doing so, Congress recognized FDA's important public health role with respect to all the products it regulates – including when those products are or contain cannabis ingredients.

FDA treats substances derived from cannabis just like we do any other substances, and they are subject to the same authorities as any other substance.

Under FDA's authorities, the relevant legal requirements vary depending on which type of product we're talking about.

For example, if a product is being marketed as a drug – meaning, for example, that it's intended to have a therapeutic effect such as treating a disease or affecting the body's structure or function – then it's regulated as a drug, and it generally cannot be sold without FDA approval.

FDA has approved several drug products that contain compounds found in cannabis.

These include EPIDIOLEX, which contains CBD, for the treatment of specific types of seizures in certain pediatric patients, and MARINOL and SYNDROS, which contains dronabinol, a synthetic THC, for uses including the treatment of anorexia in patients with AIDS.

These drugs have important therapeutic value, and it is critical that we continue to do what we can to support the science needed to develop new drugs from cannabis.

Food, including dietary supplements, is regulated differently, but with the same overarching goal of protecting consumers.

We know that American consumers depend on FDA to help make sure that the food they eat, and that they serve to their families, is safe. We do this through a number of requirements.

For example, while we don't generally require foods to be approved by FDA before coming to market, we do require that a new food additive be approved as safe by FDA before being put in the food supply, unless the substance is generally recognized as safe, or GRAS.

This requirement applies to cannabis-derived ingredients, just as it does to any other substance. Americans deserve to know that substances being added to their foods are safe, regardless of the source.

I will note that several cannabis-derived substances have already come to market through the GRAS pathway.

In December, FDA announced that we completed our evaluation of GRAS notices for three hemp seed ingredients and had no objection to their being marketed in human foods for certain uses without approval, provided they comply with all other requirements.

As I mentioned earlier, however, some compounds found in cannabis – specifically, CBD and THC – have been studied and even approved as drugs. It's important to note that the Federal Food, Drug & Cosmetic Act prohibits adding drugs to human or animal food in interstate commerce.

That includes both substances that have been approved as drugs, as well as compounds for which substantial clinical investigations have been instituted. Similarly, the law excludes these products from the statutory definition of a dietary supplement.

Based on the information available to FDA, we have concluded that these provisions apply to CBD and THC. And while there is an exception when the substance was marketed as a food or dietary supplement before it was studied as a drug, we have concluded that that is not the case for CBD or THC.

What that means is that, under current law, CBD and THC cannot lawfully be added to a food or marketed as a dietary supplement.

Although the law says that FDA can issue regulations to create new exceptions to these statutory provisions, FDA has never issued a regulation like that for any substance.

So, if we were thinking about doing that for a substance like CBD, it would be new terrain for the FDA.

There are important reasons to generally prohibit putting drugs in the food supply. When FDA approves a drug, we carefully evaluate the risks and benefits of a specific formulation, dosage form, and strength for a particular population.

Often, we conclude that to be safely used, it requires a prescription or other medical supervision to help protect against potentially dangerous misuse.

THC and CBD are no exception.

There are real risks associated with both those substances and critical questions remain about the safety of their widespread use in foods and dietary supplements, as well as other consumer products – including cosmetics, which are subject to a separate regulatory framework.

And given the new interest in marketing cannabis products across the range of areas FDA regulates, we will need to carefully evaluate how all these pieces fit together in terms of how consumers might access cannabis products.

Nowhere is this truer than with CBD. While we have seen an explosion of interest in products containing CBD, there is still much that we don't know.

Prior to the 2018 Farm Bill, population-based research mostly included cannabis-focused observations in aggregate, rather than specific to CBD.

When hemp was removed as a controlled substance, this lack of research, and therefore evidence, to support CBD's broader use in FDA-regulated products, including in foods and dietary supplements, has resulted in unique complexities for its regulation, including many unanswered questions related to its safety.

For example, how much CBD is safe to consume in a day? What if someone applies a topical CBD lotion, consumes a CBD beverage or candy, and also consumes some CBD oil? How much is too much? How will it interact with other drugs the person might be taking? What if she's pregnant? What if children access CBD products like gummy edibles? What happens when someone chronically uses CBD for prolonged periods?

These and many other questions represent important and significant gaps in our knowledge.

To help us evaluate these questions, as well as potential pathways for CBD products, FDA has formed an internal working group to address these data gaps specifically. You'll be hearing more from this group in the months to come.

FDA is aware that some companies appear to be marketing products containing cannabis and cannabis-derived compounds in ways that violate the law.

FDA has issued warning letters to companies selling unapproved CBD products.

Our biggest concern is the marketing of products that put the health and safety of consumers at risk, such as those claiming to prevent, diagnose, mitigate, treat, or cure serious diseases, such as cancer, in the absence of requisite approvals.

Selling unapproved drug products with unsubstantiated therapeutic claims is a violation of the law, and puts patients at risk.

Patients and other consumers may be influenced not to use approved therapies to treat serious and even fatal diseases.

That being said, the agency does not have a policy of enforcement discretion with respect to any CBD products.

There are lots of questions we will need to answer to ensure that FDA is taking an appropriate, well-informed, and science-based approach to the regulation of cannabis and cannabis derivatives, including CBD.

We hope that this meeting, and the comments submitted to our public docket, will help us as we try to approach this issue in an informed way. This hearing is an important step in our continued evaluation of cannabis and cannabis-derived compounds in FDA-regulated products.

I thank you all for taking the time to join us today and your contributions toward this important topic. We have a full agenda....

More Speeches by
FDA Officials (/news-events/speeches-fda-officials)

FDA Regulation of Cannabis and Cannabis-Derived Products, Including Cannabidiol (CBD)

On this page:

FDA's Cannabis Product Committee (CPC) develops and implements cross-Agency strategy and policy for the regulation of cannabis products.

FDA News Releases and Statements

Date	Title	Document Type
January 2023	FDA Concludes that Existing Regulatory Frameworks for Foods and Supplements are Not Appropriate for Cannabidiol, Will Work with Congress on a New Way Forward (/news-events/press-announcements/fda-concludes-existing-regulatory-frameworks-foods-and-supplements-are-not-appropriate-cannabidiol)	FDA Statement
January 2023	FDA Issues Response to Three Citizen Petitions related to CBD and Dietary Supplements (/food/cfsan-constituent-updates/fda-issues-response-three-citizen-petitions-related-cbd-and-dietary-supplements)	CFSAN Constituent Update
November 2022	FDA Warns Companies for Illegally Selling Food and Beverage Products that Contain CBD (/food/cfsan-constituent-updates/fda-warns-companies-illegally-selling-food-and-beverage-products-contain-cbd)	CFSAN Constituent Update
May 2022	FDA Warns Four Companies for Illegally Selling CBD Products Intended for Use in Food-Producing Animals (/animal-veterinary/cvm-updates/fda-warns-four-companies-illegally-selling-cbd-products-intended-use-food-producing-animals)	CVM Update
May 2022	FDA Issues Warning Letters to Companies Illegally Selling CBD and Delta-8 THC Products (/news-events/press-announcements/fda-issues-warning-letters-companies-illegally-selling-cbd-and-delta-8-thc-products)	FDA News Release

Date	Title	Document Type
March 2021	FDA Warns Companies Illegally Selling Over-the-Counter CBD Products for Pain Relief (/news-events/press-announcements/fda-warns-companies-illegally-selling-over-counter-cbd-products-pain-relief)	FDA News Release
December 2020	FDA Warns Companies Illegally Selling CBD Products (/news-events/press-announcements/fda-warns-companies-illegally-selling-cbd-products)	FDA News Release
July 2020	FDA Approves New Indication for Drug Containing an Active Ingredient Derived from Cannabis to Treat Seizures in Rare Genetic Disease (/news-events/press-announcements/fda-approves-new-indication-drug-containing-active-ingredient-derived-cannabis-treat-seizures-rare)	FDA News Release
April 2020	FDA Warns Companies Illegally Selling CBD Products to Treat Medical Conditions, Opioid Addiction (/news-events/press-announcements/fda-warns-companies-illegally-selling-cbd-products-treat-medical-conditions-opioid-addiction)	FDA News Release
March 2020	FDA Advances Work Related to Cannabidiol Products with Focus on Protecting Public Health, Providing Market Clarity (/news-events/press-announcements/fda-advances-work-related-cannabidiol-products-focus-protecting-public-health-providing-market)	FDA Statement
November 2019	FDA warns 15 companies for illegally selling various products containing cannabidiol as agency details safety concerns (/news-events/press-announcements/fda-warns-15-companies-illegally-selling-various-products-containing-cannabidiol-agency-details)	FDA News Release
October 2019	FDA, FTC warn company marketing unapproved cannabidiol products with unsubstantiated claims to treat teething and ear pain in infants, autism, ADHD, Parkinson's and Alzheimer's disease (/news-events/press-announcements/fda-ftc-warn-company-marketing-unapproved-cannabidiol-products-unsubstantiated-claims-treat-teething)	FDA News Release
July 2019	FDA warns company marketing unapproved cannabidiol products with unsubstantiated claims to treat cancer, Alzheimer's disease, opioid withdrawal, pain and pet anxiety (https://www.fda.gov/news-events/press-announcements/fda-warns-company-marketing-unapproved-cannabidiol-products-unsubstantiated-claims-treat-cancer)	FDA News Release
July 2019	FDA is Committed to Sound, Science-based Policy on CBD (/news-events/fda-voices/fda-committed-sound-science-based-policy-cbd)	FDA Voices
April 2019	Statement on new steps to advance agency's continued evaluation of potential regulatory pathways for cannabis-containing and cannabis-derived products (/news-events/press-announcements/statement-fda-commissioner-scott-gottlieb-md-new-steps-advance-agencys-continued-evaluation)	FDA Statement

Date	Title	Document Type
December 2018	Statement on signing of the Agriculture Improvement Act and the agency's regulation of products containing cannabis and cannabis-derived compounds (/news-events/press-announcements/statement-fda-commissioner-scott-gottlieb-md-signing-agriculture-improvement-act-and-agencys)	FDA Statement
June 2018	Statement on the importance of conducting proper research to prove safe and effective medical uses for the active chemicals in marijuana and its components (/news-events/press-announcements/statement-fda-commissioner-scott-gottlieb-md-importance-conducting-proper-research-prove-safe-and)	FDA Statement
June 2018	FDA approves first drug comprised of an active ingredient derived from marijuana to treat rare, severe forms of epilepsy (/news-events/press-announcements/fda-approves-first-drug-comprised-active-ingredient-derived-marijuana-treat-rare-severe-forms)	FDA News Release
November 2017	FDA warns companies marketing unproven products, derived from marijuana, that claim to treat or cure cancer (/news-events/press-announcements/fda-warns-companies-marketing-unproven-products-derived-marijuana-claim-treat-or-cure-cancer)	FDA News Release

Consumer Information

- What the FDA is Doing to Protect Consumers from Cannabidiol (CBD) in Foods (/food/conversations-experts-food-topics/what-fda-doing-protect-consumers-cannabidiol-cbd-foods)
- FDA Warns Consumers About the Accidental Ingestion by Children of Food Products Containing THC (/food/alerts-advisories-safety-information/fda-warns-consumers-about-accidental-ingestion-children-food-products-containing-thc)
- 5 Things to Know about Delta-8 Tetrahydrocannabinol -- Delta-8 THC (/consumers/consumer-updates/5-things-know-about-delta-8-tetrahydrocannabinol-delta-8-thc)
- What You Need to Know (And What We're Working to Find Out) About Products Containing Cannabis or Cannabis-derived Compounds, Including CBD (/consumers/consumer-updates/what-you-need-know-and-what-were-working-find-out-about-products-containing-cannabis-or-cannabis)
- What You Should Know About Using Cannabis, Including CBD, When Pregnant or Breastfeeding (/consumers/consumer-updates/what-you-should-know-about-using-cannabis-including-cbd-when-pregnant-or-breastfeeding)
- Some Medicines and Driving Don't Mix (/consumers/consumer-updates/some-medicines-and-driving-dont-mix)

FDA Remarks and Testimony

- Remarks at the Council for Federal Cannabis Regulation Webinar: “Understanding FDA’s Approach to Cannabis Science, Policy, and Regulation” (https://www.youtube.com/watch?v=NZJztS0_E-4) (http://www.fda.gov/about-fda/website-policies/website-disclaimer)
- Remarks at the Council for Responsible Nutrition Conference (/news-events/speeches-fda-officials/remarks-lowell-schiller-jd-council-responsible-nutrition-conference-1172019-11072019)
- Remarks at the National Industrial Hemp Council 2019 Hemp Business Summit (/news-events/speeches-fda-officials/remarks-national-industrial-hemp-council-2019-hemp-business-summit-08132019)
- Congressional Testimony: Hemp Production and the 2018 Farm Bill (/news-events/congressional-testimony/hemp-production-and-2018-farm-bill-07252019)
    - Archived Video (https://www.agriculture.senate.gov/hearings/hemp-production-and-the-2018-farm-bill)
- Congressional Testimony: Cannabis Policies for the New Decade (/news-events/congressional-testimony/cannabis-policies-new-decade-01152020)
    - Archived Video (https://energycommerce.house.gov/events/cannabis-policies-for-the-new-decade)
- Remarks at the FDA Public Hearing on Scientific Data and Information about Products Containing Cannabis or Cannabis-Derived Compounds (/news-events/speeches-fda-officials/remarks-dr-sharpless-fda-public-hearing-scientific-data-and-information-about-products-containing)

Science & Research

- Science Board to the FDA 2022: Challenges in evaluating the safety of dietary supplement and food ingredients with predicted pharmacological activity (https://www.fda.gov/advisory-committees/science-board-food-and-drug-administration/2022-meeting-materials-science-board-fda)
    - Meeting Announcement (https://www.fda.gov/advisory-committees/committees-and-meeting-materials/2022-meeting-announcement-science-board-fda-12082022)
    - Questions (https://www.fda.gov/media/159171/download)
    - Slides Recording (https://fda.zoomgov.com/rec/play/ppP_NZEQMhCsg_l7tRcpWAn2vS7pVHiZz5sr090k-pawFIRqSL_njOLRQbVGbwzW41Rz2k68-plFVJV3.8ew2wiaDldOv0yVU?startTime=1655224893000) (http://www.fda.gov/about-fda/website-policies/website-disclaimer)

    - Transcript (https://www.fda.gov/media/163767/download) ·
- Safety of CBD in Humans – A Literature Review (https://www.fda.gov/media/152317/download)
- Public Hearing, May 2019: Scientific Data and Information about Products Containing Cannabis or Cannabis-Derived Compounds (/news-events/fda-meetings-conferences-and-workshops/scientific-data-and-information-about-products-containing-cannabis-or-cannabis-derived-compounds)
    - Federal Register Notice (https://www.federalregister.gov/documents/2019/04/03/2019-06436/scientific-data-and-information-about-products-containing-cannabis-or-cannabis-derived-compounds)
    - Public Docket (https://www.regulations.gov/document/FDA-2019-N-1482-0001)
    - Reopening of the Comment Period (uncertainties and data gaps) (https://www.regulations.gov/document/FDA-2019-N-1482-4341)
- Information on CBD Data Collection and Submission (/about-fda/page-not-found)
- Scientific Conference on November 19, 2020: CBD and Other Cannabinoids: Sex and Gender Differences in Use and Responses (https://www.fda.gov/science-research/womens-health-research/scientific-conference-cbd-and-other-cannabinoids-sex-and-gender-differences-use-and-responses)

Other Regulatory Resources

- Warning Letters for Cannabidiol-Related Products (/news-events/public-health-focus/warning-letters-and-test-results-cannabidiol-related-products)
- Cannabis and Cannabis-Derived Compounds: Quality Considerations for Clinical Research, Draft Guidance for Industry (/regulatory-information/search-fda-guidance-documents/cannabis-and-cannabis-derived-compounds-quality-considerations-clinical-research-guidance-industry)
- FDA and Cannabis: Research and Drug Approval Process (/news-events/public-health-focus/fda-and-cannabis-research-and-drug-approval-process)
- FDA Regulation of Dietary Supplement & Conventional Food Products Containing Cannabis and Cannabis-Derived Compounds (/media/131878/download)

Questions and Answers

Below are a number of frequently asked questions and answers on this topic.

1. What are cannabis and marijuana?

2. How does the 2018 Farm Bill define hemp? What does it mean for FDA-regulated products?
3. Has FDA approved any medical products containing cannabis or cannabis-derived compounds such as CBD?
4. Aside from Epidiolex, are there other CBD drug products that are FDA-approved? What about the products I've seen in stores or online?
5. Why hasn't FDA approved more products containing cannabis or cannabis-derived compounds for medical uses?
6. What is FDA's reaction to states that are allowing cannabis to be sold for medical uses without the FDA's approval?
7. Has the agency received any adverse event reports associated with cannabis use for medical conditions?
8. Is it legal for me to sell CBD products?
9. Can THC or CBD products be sold as dietary supplements?
10. Is it legal, in interstate commerce, to sell a food (including any animal food or feed) to which THC or CBD has been added?
11. In making the two previous determinations about THC, why did FDA conclude that THC is an active ingredient in a drug product that has been approved under section 505 of the FD&C Act? In making the two previous determinations about CBD, why did FDA determine that substantial clinical investigations have been authorized for and/or instituted, and that the existence of such investigations has been made public?
12. Can hulled hemp seed, hemp seed protein powder, and hemp seed oil be used in human food?
13. What is FDA's position on cannabis and cannabis-derived ingredients in cosmetics?
14. Will FDA take action against cannabis or cannabis-related products that are in violation of the FD&C Act?
15. Can I import or export cannabis-containing or cannabis-derived products?
16. What is FDA's role when it comes to the investigation of cannabis and cannabis-derived products for medical use?
17. Does the FDA object to the clinical investigation of cannabis for medical use?
18. How can patients gain access to cannabis or cannabis-derived products for medical use through expanded access?
19. Can patients gain access to cannabis or cannabis-derived products for medical use through Right to Try?
20. Does the FDA have concerns about administering a cannabis product to children?

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1. What are cannabis and marijuana?

A. Cannabis is a plant of the Cannabaceae family and contains more than eighty biologically active chemical compounds. The most commonly known compounds are delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD). Parts of the *Cannabis sativa* plant have been controlled under the Controlled Substances Act (CSA) since 1970 under the drug class "Marihuana" (commonly referred to as "marijuana") [21 U.S.C. 802(16)]. "Marihuana" is listed in Schedule I of the CSA due to its high potential for abuse, which is attributable in large part to the psychoactive effects of THC, and the absence of a currently accepted medical use of the plant in the United States.

2. How does the 2018 Farm Bill define hemp? What does it mean for FDA-regulated products?

A. At the federal level, the Agriculture Improvement Act of 2018, Pub. L. 115-334, (the 2018 Farm Bill) was signed into law on Dec. 20, 2018. Among other things, this new law changes certain federal authorities relating to the production and marketing of hemp, defined as "the plant Cannabis sativa L. and any part of that plant, including the seeds thereof and all derivatives, extracts, cannabinoids, isomers, acids, salts, and salts of isomers, whether growing or not, with a delta-9 tetrahydrocannabinol concentration of not more than 0.3 percent on a dry weight basis." These changes include removing hemp from the CSA, which means that cannabis plants and derivatives that contain no more than 0.3 percent THC on a dry weight basis are no longer controlled substances under federal law.

The 2018 Farm Bill, however, explicitly preserved FDA's authority to regulate products containing cannabis or cannabis-derived compounds under the FD&C Act and section 351 of the Public Health Service Act (PHS Act). FDA treats products containing cannabis or cannabis-derived compounds as it does any other FDA-regulated products — meaning they're subject to

the same authorities and requirements as FDA-regulated products containing any other substance. This is true regardless of whether the cannabis or cannabis-derived compounds are classified as hemp under the 2018 Farm Bill.

3. Has FDA approved any medical products containing cannabis or cannabis-derived compounds such as CBD?

A. To date, the agency has not approved a marketing application for cannabis for the treatment of any disease or condition. FDA has, however, approved one cannabis-derived and three cannabis-related drug products. These approved products are only available with a prescription from a licensed healthcare provider.

FDA has approved Epidiolex (/news-events/press-announcements/fda-approves-first-drug-comprised-active-ingredient-derived-marijuana-treat-rare-severe-forms), which contains a purified form of the drug substance CBD for the treatment of seizures associated with Lennox-Gastaut syndrome or Dravet syndrome in patients 1 years of age and older. It has also approved Epidiolex for the treatment of seizures associated with tuberous sclerosis complex in patients 1 year of age or older. That means FDA has concluded that this particular drug product is safe and effective for its intended use.

The agency also has approved Marinol and Syndros for therapeutic uses in the United States, including for the treatment of anorexia associated with weight loss in AIDS patients. Marinol and Syndros include the active ingredient dronabinol, a synthetic delta-9- tetrahydrocannabinol (THC) which is considered the psychoactive component of cannabis. Another FDA-approved drug, Cesamet, contains the active ingredient nabilone, which has a chemical structure similar to THC and is synthetically derived.

4. Aside from Epidiolex, are there other CBD drug products that are FDA-approved? What about the products I've seen in stores or online?

A. No. There are no other FDA-approved drug products that contain CBD. We are aware that some firms are marketing CBD products to treat diseases or for other therapeutic uses , and we have issued several warning letters (/news-events/public-health-focus/warning-letters-and-test-results-cannabidiol-related-products) to such firms. Under the FD&C Act, any product intended to have a therapeutic or medical use, and any product (other than a food) that is intended to affect the structure or function of the body of humans or animals, is a drug. Drugs must generally either receive premarket approval by FDA through the New Drug Application (NDA) process or conform to a "monograph" for a particular drug category, as established by FDA's Over-the-Counter (OTC) Drug Review. CBD was not an ingredient considered under the OTC drug review. An unapproved new drug cannot be distributed or sold in interstate commerce.

FDA continues to be concerned at the proliferation of products asserting to contain CBD that are marketed for therapeutic or medical uses although they have not been approved by FDA. Often such products are sold online and are therefore available throughout the country. Selling unapproved products with unsubstantiated therapeutic claims is not only a violation of the law, but also can put patients at risk, as these products have not been proven to be safe or effective. This deceptive marketing of unproven treatments also raises significant public health concerns, because patients and other consumers may be influenced not to use approved therapies to treat serious and even fatal diseases.

Unlike drugs approved by FDA, products that have not been subject to FDA review as part of the drug approval process have not been evaluated as to whether they work, what the proper dosage may be if they do work, how they could interact with other drugs, or whether they have dangerous side effects or other safety concerns.

The agency has and will continue to monitor the marketplace and take action as needed to protect the public health against companies illegally selling cannabis and cannabis-derived products that can put consumers at risk and that are being marketed for therapeutic uses for which they are not approved. At the same time, FDA recognizes the potential therapeutic opportunities that cannabis or cannabis-derived compounds could offer and acknowledges the significant interest in these possibilities. FDA continues to believe that the drug approval process represents the best way to help ensure that safe and effective new medicines, including any drugs derived from cannabis, are available to patients in need of appropriate medical therapy. The Center for Drug Evaluation and Research (CDER) is committed to supporting the development of new drugs, including cannabis and cannabis-derived drugs, through the investigational new drug (IND) and drug approval process (see Question #16).

5. Why hasn't FDA approved more products containing cannabis or cannabis-derived compounds for medical uses?

A. FDA is aware that unapproved cannabis or cannabis-derived products are being used for the treatment of a number of medical conditions including, for example, AIDS wasting, epilepsy, neuropathic pain, spasticity associated with multiple sclerosis, and cancer and chemotherapy-induced nausea.

To date, FDA has not approved a marketing application for cannabis for the treatment of any disease or condition and thus has not determined that cannabis is safe and effective for any particular disease or condition. The agency has, however, approved one cannabis-derived and three cannabis-related drug products (see Question #2).

FDA relies on applicants and scientific investigators to conduct research. The agency's role, as laid out in the FD&C Act, is to review data submitted to the FDA in an application for approval to ensure that the drug product meets the statutory standards for approval.

The study of cannabis and cannabis-derived compounds in clinical trial settings is needed to assess the safety and effectiveness of these substances for the treatment of any disease or condition. FDA's December 2016 Guidance for Industry: Botanical Drug Development (/regulatory-information/search-fda-guidance-documents/botanical-drug-development-guidance-industry) provides specific recommendations on submitting INDs for botanical drug products, such as those derived from cannabis, in support of future marketing applications for these products. The agency's January 2023 guidance, Cannabis and Cannabis-Derived Compounds: Quality Considerations for Clinical Research Guidance for Industry (/regulatory-information/search-fda-guidance-documents/cannabis-and-cannabis-derived-compounds-quality-considerations-clinical-research-guidance-industry), highlights quality considerations for anyone wishing to conduct clinical research in this area, particularly those who are less familiar with the FDA.

The FDA will continue to facilitate the work of companies interested in appropriately bringing safe, effective, and quality products to market, including scientifically-based research concerning the medicinal uses of cannabis. Additional information concerning research on the medical use of cannabis is available from the National Institutes of Health, particularly the National Cancer Institute (https://www.cancer.gov/) (NCI) and National Institute on Drug Abuse (https://www.drugabuse.gov/drugs-abuse/marijuana/nih-research-marijuana-cannabinoids) (NIDA).

6. What is FDA's reaction to states that are allowing cannabis to be sold for medical uses without the FDA's approval?

A. The FDA is aware that several states have either passed laws that remove state restrictions on the medical use of cannabis and its derivatives or are considering doing so. It is important to conduct medical research into the safety and effectiveness of cannabis products through adequate and well-controlled clinical trials. We welcome the opportunity to talk with states who are considering support for medical research of cannabis and its derivatives, so that we can provide information on Federal and scientific standards.

7. Has the agency received any adverse event reports associated with cannabis use for medical conditions?

A. The agency has received reports of adverse events in patients using cannabis or cannabis-derived products to treat medical conditions. The FDA reviews such reports and will continue to monitor adverse event reports for any safety signals, with a focus on serious adverse effects. Consumers and healthcare providers can report adverse events associated with cannabis or cannabis-derived products via the FDA's MedWatch reporting system, either online (https://www.accessdata.fda.gov/scripts/medwatch/index.cfm) or by phone at 1-800-FDA-1088. For more information, please see the FDA's webpage on MedWatch (/safety/medwatch-fda-safety-information-and-adverse-event-reporting-program).

Information from adverse event reports regarding cannabis use is extremely limited; the FDA primarily receives adverse event reports for approved products. General information on the potential adverse effects of using cannabis and its constituents can come from clinical trials that have been published, as well as from spontaneously reported adverse events sent to the FDA. Additional information about the safety and effectiveness of cannabis and its constituents is needed. Clinical trials of cannabis conducted under an IND application could collect this important information as a part of the drug development process.

8. Is it legal for me to sell CBD products?

A. It depends, among other things, on the intended use of the product and how it is labeled and marketed. Even if a CBD product meets the definition of "hemp" under the 2018 Farm Bill (see Question #2), it still must comply with all other applicable laws, including the FD&C Act. The below questions and answers explain some of the ways that specific parts of the FD&C Act can affect the legality of CBD products.

We are aware that state and local authorities are fielding numerous questions about the legality of CBD. There is ongoing communication with state and local officials to answer questions about requirements under the FD&C Act, to better understand the landscape at the state level, and to otherwise engage with state/local regulatory partners.

9. Can THC or CBD products be sold as dietary supplements?

A. No. Based on available evidence, FDA has concluded that THC and CBD products are excluded from the dietary supplement definition under section 201(ff)(3)(B) of the FD&C Act [21 U.S.C. § 321(ff)(3)(B)]. Under that provision, if a substance (such as THC or CBD) is an active ingredient in a drug product that has been approved under section 505 of the FD&C Act [21 U.S.C. § 355], or has been authorized for investigation as a new drug for which substantial clinical investigations have been instituted and for which the existence of such investigations has been made public, then products containing that substance are excluded from the definition of a dietary supplement. FDA considers a substance to be "authorized for investigation as a new drug" if it is the subject of an Investigational New Drug application (IND) that has gone into effect. Under FDA's regulations (21 CFR 312.2), unless a clinical investigation meets the limited criteria in that regulation, an IND is required for all clinical investigations of products that are subject to section 505 of the FD&C Act.

There is an exception to section 201(ff)(3)(B) if the substance was "marketed as" a dietary supplement or as a conventional food before the drug was approved or before the new drug investigations were authorized, as applicable. However, based on available evidence, FDA has concluded that this is not the case for THC or CBD.

FDA is not aware of any evidence that would call into question its current conclusions that THC and CBD products are excluded from the dietary supplement definition under section 201(ff)(3)(B) of the FD&C Act. Interested parties may present the agency with any evidence that they think has bearing on this issue. Our continuing review of information that has been submitted thus far has not caused us to change our conclusions.

When a substance is excluded from the dietary supplement definition under section 201(ff)(3)(B) of the FD&C Act, the exclusion applies unless FDA, in the agency's discretion, has issued a regulation, after notice and comment, finding that the article would be lawful under the FD&C Act. To date, no such regulation has been issued for any substance.

Ingredients that are derived from parts of the cannabis plant that do not contain THC or CBD might fall outside the scope of this exclusion, and therefore might be able to be marketed as dietary supplements. However, all products marketed as dietary supplements must comply with all applicable laws and regulations governing dietary supplement products. For example, manufacturers and distributors who wish to market dietary supplements that contain "new dietary ingredients" (i.e., dietary ingredients that were not marketed in the United States in a dietary supplement before October 15, 1994) generally must notify FDA about these ingredients (see section 413(d) of the FD&C Act [21 U.S.C. § 350b(d)]). Generally, the notification must include information demonstrating that a dietary supplement containing the new dietary ingredient will reasonably be expected to be safe under the conditions of use recommended or suggested in the labeling. A dietary supplement is adulterated if it contains a new dietary ingredient for which there is inadequate information to provide reasonable assurance that the ingredient does not present a significant or unreasonable risk of illness or injury (see section 402(f)(1)(B) of the FD&C Act [21 U.S.C. 342(f)(1)(B)]).

Numerous other legal requirements apply to dietary supplement products, including requirements relating to Current Good Manufacturing Practices (CGMPs) (/food/current-good-manufacturing-practices-cgmps-food-and-dietary-supplements/current-good-manufacturing-practices-cgmps-dietary-supplements) and labeling. Information about these requirements, and about FDA requirements across all product areas, can be found on FDA's website.

10. Is it legal, in interstate commerce, to sell a food (including any animal food or feed) to which THC or CBD has been added?

A. No. Under section 301(ll) of the FD&C Act [21 U.S.C. § 331(ll)], it is prohibited to introduce or deliver for introduction into interstate commerce any food (including any animal food or feed) to which has been added a substance which is an active ingredient in a drug product that has been approved under section 505 of the FD&C Act [21 U.S.C. § 355], or a drug for which substantial clinical investigations have been instituted and for which the existence of such investigations has been made public. There are exceptions, including when the drug was marketed in food before the drug was approved or before the substantial clinical investigations involving the drug had

been instituted or, in the case of animal feed, that the drug is a new animal drug approved for use in feed and used according to the approved labeling. However, based on available evidence, FDA has concluded that none of these is the case for THC or CBD. FDA has therefore concluded that it is a prohibited act to introduce or deliver for introduction into interstate commerce any food (including any animal food or feed) to which THC or CBD has been added. FDA is not aware of any evidence that would call into question these conclusions. Interested parties may present the agency with any evidence that they think has bearing on this issue. Our continuing review of information that has been submitted thus far has not caused us to change our conclusions.

When this statutory prohibition applies to a substance, it prohibits the introduction into interstate commerce of any food to which the substance has been added unless FDA, in the agency's discretion, has issued a regulation approving the use of the substance in the food (section 301(ll)(2) of the FD&C Act [21 U.S.C. § 331(ll)(2)]). To date, no such regulation has been issued for any substance.

Ingredients that are derived from parts of the cannabis plant that do not contain THC or CBD might fall outside the scope of 301(ll), and therefore might be able to be added to food. For example, as discussed in Question #12, certain hemp seed ingredients can be legally marketed in human food. However, all food ingredients must comply with all applicable laws and regulations. For example, by statute, any substance intentionally added to food is a food additive, and therefore subject to premarket review and approval by FDA, unless the substance is generally recognized as safe (GRAS) by qualified experts under the conditions of its intended use, or the use of the substance is otherwise excepted from the definition of a food additive (sections 201(s) and 409 of the FD&C Act [21 U.S.C. §§ 321(s) and 348]). Aside from the three hemp seed ingredients mentioned in Question #12, no other cannabis or cannabis-derived ingredients have been the subject of a food additive petition, an evaluated GRAS notification, or have otherwise been approved for use in food by FDA. Food companies that wish to use cannabis or cannabis-derived ingredients in their foods are subject to the relevant laws and regulations that govern all food products, including those that relate to the food additive and GRAS processes.

11. In making the two previous determinations about THC, why did FDA conclude that THC is an active ingredient in a drug product that has been approved under section 505 of the FD&C Act? In making the two previous determinations about CBD, why did FDA determine that substantial clinical investigations have been authorized for and/or instituted, and that the existence of such investigations has been made public?

A. THC (dronabinol) is the active ingredient in the approved drug products, Marinol capsules (and generics) and Syndros oral solution. CBD is the active ingredient in the approved drug product, Epidiolex.

The existence of substantial clinical investigations regarding THC and CBD have been made public. For example, two such substantial clinical investigations include GW Pharmaceuticals' investigations regarding Sativex. (See Sativex Commences US Phase II/III Clinical Trial in Cancer Pain (https://www.gwpharm.com/about/news/sativexr-commences-us-phase-iiiii-clinical-trial-cancer-pain) (http://www.fda.gov/about-fda/website-policies/website-disclaimer))

12. Can hulled hemp seed, hemp seed protein powder, and hemp seed oil be used in human food?

A. In December 2018, FDA completed its evaluation (/food/cfsan-constituent-updates/fda-responds-three-gras-notices-hemp-seed-derived-ingredients-use-human-food) of three generally recognized as safe (GRAS) notices for the following hemp seed-derived food ingredients: hulled hemp seed, hemp seed protein powder, and hemp seed oil. FDA had no questions regarding the company's conclusion that the use of such products as described in the notices is safe. Therefore, these products can be legally marketed in human foods for the uses described in the notices, provided they comply with all other requirements. These GRAS notices related only to the use of these ingredients in human food. To date, FDA has not received any GRAS notices for the use of hemp-derived ingredients in animal food (see Question #25).

Hemp seeds are the seeds of the *Cannabis sativa* plant. The seeds of the plant do not naturally contain THC or CBD. The hemp seed-derived ingredients that are the subject of these GRAS notices contain only trace amounts of THC and CBD, which the seeds may pick up during harvesting and processing when they are in contact with other parts of the plant. Consumption of these hemp seed-derived ingredients is not capable of making consumers "high."

The GRAS conclusions can apply to ingredients for human food marketed by other companies, if they are manufactured in a way that is consistent with the notices and they meet the listed specifications. Some of the intended uses for these ingredients include adding them as source of protein, carbohydrates, oil, and other nutrients to beverages (juices, smoothies, protein drinks, plant-based alternatives to dairy products), soups, dips, spreads, sauces, dressings, plant-based alternatives to meat products, desserts, baked goods, cereals, snacks and nutrition bars. Products that contain any of these hemp seed-derived ingredients must declare them by name on the ingredient list.

These GRAS conclusions do not affect the FDA's position on the addition of CBD and THC to food.

13. What is FDA's position on cannabis and cannabis-derived ingredients in cosmetics?

A. A cosmetic is defined in 201(i) as "(1) articles intended to be rubbed, poured, sprinkled, or sprayed on, introduced into, or otherwise applied to the human body or any part thereof for cleansing, beautifying, promoting attractiveness, or altering the appearance, and (2) articles intended for use as a component of any such articles; except that such term shall not include soap."

Under the FD&C Act, cosmetic products and ingredients are not subject to premarket approval by FDA, except for most color additives. Certain cosmetic ingredients are prohibited or restricted by regulation, but currently that is not the case for any cannabis or cannabis-derived ingredients. Ingredients not specifically addressed by regulation must nonetheless comply with all applicable requirements, and no ingredient – including a cannabis or cannabis-derived ingredient – can be used in a cosmetic if it causes the product to be adulterated or misbranded in any way. A cosmetic generally is adulterated if it bears or contains any poisonous or deleterious substance which may render it injurious to users under the conditions of use prescribed in the labeling, or under such conditions of use as are customary or usual (section 601(a) of the FD&C Act [21 U.S.C. § 361(a)]).

If a product is intended to affect the structure or function of the body, or to diagnose, cure, mitigate, treat or prevent disease, it is a drug, or possibly both a cosmetic and a drug, even if it affects the appearance. (See Question #3 for more information about drugs.)

FDA can take action if it has information that an ingredient or cosmetic product is unsafe to consumers. Consumers can report adverse events associated with cosmetic products via the FDA's MedWatch reporting system, either online or by phone at 1-800-FDA-1088, or by contacting your nearest FDA district office consumer complaint coordinator. For more information, please see the FDA's webpage on how to report a cosmetic-related complaint (/cosmetics/cosmetics-compliance-enforcement/how-report-cosmetic-related-complaint).

14. Will FDA take action against cannabis or cannabis-related products that are in violation of the FD&C Act?

A. The FDA has sent warning letters (/news-events/public-health-focus/warning-letters-and-test-results-cannabidiol-related-products) in the past to companies illegally selling CBD products that claimed to prevent, diagnose, treat, or cure serious diseases, such as cancer. Some of these products were in further violation of the FD&C Act because they were marketed as dietary supplements or because they involved the addition of CBD to food.

When a product is in violation of the FD&C Act, FDA considers many factors in deciding whether or not to initiate an enforcement action. Those factors include, among other things, agency resources and the threat to the public health. FDA also may consult with its federal and state partners in making decisions about whether to initiate a federal enforcement action.

15. Can I import or export cannabis-containing or cannabis-derived products?

A. General information about the import/export of drug products regulated by FDA (/drugs/guidance-compliance-regulatory-information/human-drug-imports) can be found online here. The Drug Enforcement Administration (https://www.dea.gov/) (DEA) is the federal agency responsible for enforcing the controlled substance laws and regulations in the U.S. and, as such, should be consulted with respect to any regulations/requirements they may have regarding the import or export of products containing cannabis. Please see here for information about importing or exporting food ingredients (/food/guidance-regulation-food-and-dietary-supplements/food-imports-exports).

Regarding imports, if it appears that an article is adulterated, misbranded, in violation of section 505 of the FD&C Act, or prohibited from introduction or delivery for introduction into interstate commerce under section 301(ll) of the FD&C Act, such article will be refused admission (see section 801(a)(3) of the FD&C Act [21 U.S.C. § 381(a)(3)]).

Research and Expanded Access

16. What is FDA's role when it comes to the investigation of cannabis and cannabis-derived products for medical use?

A. To conduct clinical research that can lead to an approved new drug, including research using materials from plants such as cannabis, researchers need to work with the FDA and submit an IND application to the Center for Drug Evaluation and Research (CDER). The IND application process gives researchers a path to follow that includes regular interactions with the FDA to support efficient drug development while protecting the patients who are enrolled in the trials. For research for use as an animal drug product, researchers would establish an investigational new animal drug (INAD) file with the Center for Veterinary Medicine to conduct their research, rather than an IND with CDER.

As discussed above (see Question #2), the 2018 Farm Bill removed hemp from the CSA. This change may streamline the process for researchers to study cannabis and its derivatives, including CBD, that fall under the definition of hemp, which could speed the development of new drugs.

As also discussed above (see Question #5) the agency also issued a guidance in January 2023, Cannabis and Cannabis-Derived Compounds: Quality Considerations for Clinical Research Guidance for Industry (/regulatory-information/search-fda-guidance-documents/cannabis-and-cannabis-derived-compounds-quality-considerations-clinical-research-guidance-industry), for individuals considering clinical research in this area.

Conducting clinical research using cannabis-related substances that are scheduled by the DEA often involves interactions with several federal agencies. This includes: a registration administered by the DEA; obtaining the cannabis for research from NIDA, within the National

Institutes of Health, or another DEA-registered source; and review by the FDA of the IND or INAD application and research protocol. Additionally:

- For a Schedule I controlled substance under the CSA, DEA provides researchers with investigator and protocol registrations and has Schedule I-level security requirements at the site cannabis will be studied.
- NIDA provides research-grade cannabis for scientific study. The agency is responsible for overseeing the cultivation of cannabis for medical research and has contracted with the University of Mississippi to grow cannabis for research at a secure facility. Cannabis of varying potencies and compositions is available. DEA also may allow additional growers (https://www.federalregister.gov/documents/2016/08/12/2016-17955/applications-to-become-registered-under-the-controlled-substances-act-to-manufacture-marijuana-to) to register with the DEA to produce and distribute cannabis for research purposes.
- Researchers work with the FDA and submit an IND application to the appropriate division in the Office of New Drugs in CDER depending on the therapeutic indication. Based on the results obtained in studies conducted at the IND stage, sponsors may submit a marketing application for formal approval of the drug.

17. Does the FDA object to the clinical investigation of cannabis for medical use?

A. No. The FDA believes that scientifically valid research conducted under an IND application is the best way to determine what patients could benefit from the use of drugs derived from cannabis. The FDA supports the conduct of that research by:

1. Providing information on the process needed to conduct clinical research using cannabis.
2. Providing information on the specific requirements needed to develop a drug that is derived from a plant such as cannabis. In December 2016, the FDA updated its Guidance for Industry: Botanical Drug Development (/regulatory-information/search-fda-guidance-documents/botanical-drug-development-guidance-industry), which provides sponsors with guidance on submitting IND applications for botanical drug products.
3. Providing specific support for investigators interested in conducting clinical research using cannabis and its constituents as a part of the IND process through meetings and regular interactions throughout the drug development process.
4. Providing general support to investigators to help them understand and follow the procedures to conduct clinical research through the FDA Center for Drug Evaluation and Research's Small Business and Industry Assistance group (/drugs/development-approval-process-drugs/cder-small-business-industry-assistance-sbia).

18. How can patients gain access to cannabis or cannabis-derived products for medical use through expanded access?

A. Expanded access (/news-events/public-health-focus/expanded-access) is a potential pathway for a patient with a serious or life-threatening disease or condition to try an investigational medical product (drug, biologic, or medical device) for treatment outside of clinical trials when there are no comparable or satisfactory therapies available. Manufacturers may be able to make investigational drugs available to individual patients in certain circumstances through expanded access, as described in the FD&C Act and implementing regulations.

19. Can patients gain access to cannabis or cannabis-derived products for medical use through Right to Try?

A. Information for patients on Right to Try (/patients/learn-about-expanded-access-and-other-treatment-options/right-try) (RTT) is available on our website. RTT is designed to facilitate access to certain investigational drugs through direct interactions between patients, their physicians and drug sponsors – FDA is not involved in these decisions. Sponsors developing drugs for life-threatening conditions are responsible for determining whether to make their products available to patients who qualify for access under RTT. If you are interested in RTT, you should discuss this pathway with your licensed physician. Companies who develop drugs and biologics, also known as sponsors, can provide information about whether their drug/biologic is considered an eligible investigational drug under RTT and if they are able to provide the drug/biologic under the RTT Act.

Children and Pregnant/Lactating Women

20. Does the FDA have concerns about administering a cannabis product to children?

A. We understand that parents are trying to find treatments for their children's medical conditions. However, the use of untested drugs can have unpredictable and unintended consequences. Caregivers and patients can be confident that FDA-approved drugs have been carefully evaluated for safety, efficacy, and quality, and are monitored by the FDA once they are on the market. The FDA continues to support sound, scientifically-based research into the medicinal uses of drug products containing cannabis or cannabis-derived compounds, and will continue to work with companies interested in bringing safe, effective, and quality products to market. With the exception of Epidiolex, Marinol, and Syndros, no product containing cannabis or cannabis-derived compounds (either plant-based or synthetic) has been approved as safe and effective for use in any patient population, whether pediatric or adult.

21. Does the FDA have concerns about administering a cannabis product to pregnant and lactating women?

A. The FDA is aware that there are potential adverse health effects with use of cannabis products containing THC in pregnant or lactating women. Published scientific literature reports potential adverse effects of cannabis use in pregnant women, including fetal growth restriction, low birth

weight, preterm birth, small-for-gestational age, neonatal intensive care unit (NICU) admission, and stillbirth. [1, 2, 3] Based on published animal research, there are also concerns that use of cannabis during pregnancy may negatively impact fetal brain development. [4, 5, 6] The American College of Obstetricians and Gynecologists (ACOG) recommends that women who are pregnant or contemplating pregnancy should be encouraged to discontinue cannabis use. In addition, ACOG notes that there are insufficient data to evaluate the effects of cannabis use on breastfed infants; therefore, cannabis use is discouraged when breastfeeding. [7] Pregnant and lactating women should talk with a health care provider about the potential adverse health effects of cannabis use.

22. What does the FDA think about making CBD available to children with epilepsy?

A. The FDA has approved Epidiolex, which contains a purified form of the drug substance CBD, for the treatment of seizures associated with Lennox-Gastaut syndrome or Dravet syndrome in patients 1 years of age and older. It has also approved Epidiolex for the treatment of seizures associated with tuberous sclerosis complex in patients 1 year of age or older. That means the FDA has concluded that this particular drug product is safe and effective for its intended use. Controlled clinical trials testing the safety and efficacy of a drug, along with careful review through the FDA's drug approval process, is the most appropriate way to bring cannabis-derived treatments to patients. Because of the adequate and well-controlled clinical studies that supported this approval, and the assurance of manufacturing quality standards, prescribers can have confidence in the drug's uniform strength and consistent delivery that support appropriate dosing needed for treating patients with these complex and serious epilepsy syndromes.

23. What should I do if my child eats something containing cannabis?

A. With the exception of products such as the hemp seed ingredients discussed in Question #12, which have been evaluated for safety, it is important to protect children from accidental ingestion of cannabis and cannabis-containing products. FDA recommends that these products are kept out of reach of children to reduce the risk of accidental ingestion. If the parent or caregiver has a reasonable suspicion that the child accidentally ingested products containing cannabis, the child should be taken to a physician or emergency department, especially if the child acts in an unusual way or is/feels sick.

Pets and other Animals

24. I've seen cannabis products being marketed for pets. Are they safe?

A. FDA is aware of some cannabis products being marketed as animal health products. We want to stress that FDA has not approved cannabis for any use in animals, and the agency cannot ensure the safety or effectiveness of these products. For these reasons, FDA cautions pet-owners

against the use of such products and recommends that you talk with your veterinarian about appropriate treatment options for your pet.

Signs that your pet may be suffering adverse effects from ingesting cannabis may include lethargy, depression, heavy drooling, vomiting, agitation, tremors, and convulsions.

If you have concerns that your pet is suffering adverse effects from ingesting cannabis or any substance containing cannabis, consult your veterinarian, local animal emergency hospital or an animal poison control center immediately.

While the agency is aware of reports of pets consuming various forms of cannabis, to date, FDA has not directly received any reports of adverse events associated with animals given cannabis products. However, adverse events from accidental ingestion are well-documented in scientific literature. If you feel your animal has suffered from ingesting cannabis, we encourage you to report the adverse event to the FDA. Please visit Reporting Information about Animal Drugs and Devices (/animal-veterinary/report-problem/how-report-animal-drug-and-device-side-effects-and-product-problems) to learn more about how to report an adverse event related to an animal drug or for how to report an adverse event or problem with a pet food.

25. Can hemp be added to animal food?

A. All ingredients in animal food must be the subject of an approved food additive petition or generally recognized as safe (GRAS) for their intended use in the intended species. If an animal food contains an ingredient that is not the subject of an approved food additive petition or GRAS for its intended use in the intended species, that animal food would be adulterated under section 402(a)(2)(C)(i) of the FD&C Act [21 U.S.C. § 342(a)(2)(C)(i)]. In coordination with state feed control officials, CVM also recognizes ingredients listed in the Official Publication (OP) of the Association of American Feed Control Officials (AAFCO) as being acceptable for use in animal food. At this time, there are no approved food additive petitions or ingredient definitions listed in the AAFCO OP for any substances derived from hemp, and we are unaware of any GRAS conclusions regarding the use of any substances derived from hemp in animal food. Learn more about animal food ingredient submissions (/animal-veterinary/safety-health/safe-feed) here.

With respect to products labeled to contain "hemp" that may also contain THC or CBD, as mentioned above it is a prohibited act under section 301(ll) of the FD&C Act to introduce or deliver for introduction into interstate commerce any animal food to which THC or CBD has been added.

26. Can approved human drugs containing CBD or synthetic THC be used extralabel in animals?

A. The Animal Medicinal Drug Use Clarification Act of 1994 (AMDUCA), permits veterinarians to prescribe extralabel uses of approved human and animal drugs for animals under certain conditions. Extralabel use must comply with all the provisions of AMDUCA and its implementing regulation at 21 CFR § 530. Among other limitations, these provisions allow extralabel use of a drug only on the lawful order of a licensed veterinarian in the context of a valid veterinarian-client-patient relationship and only in circumstances when the health of an animal is threatened or suffering, or death may result from failure to treat.

In addition, under 21 CFR 530.20, extralabel use of an approved human drug in a food-producing animal is not permitted if an animal drug approved for use in food-producing animals can be used in an extralabel manner for the use. In addition, under 21 CFR 530.20(b)(2), if scientific information on the human food safety aspect of the use of the approved human drug in food-producing animals is not available, the veterinarian must take appropriate measures to ensure that the animal and its food products will not enter the human food supply.
For more information on extralabel use of FDA approved drugs in animals, see Extralabel Use of FDA Approved Drugs In Animals (/animal-veterinary/guidance-regulations/animal-medicinal-drug-use-clarification-act-1994-amduca).

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[5] Trezza, et al. Effects of perinatal exposure to delta-9-tetrahydrocannabinol on the emotional reactivity of the offspring: a longitudinal behavioral study in Wistar rats. Psychopharmacology (Berl) 2008; 198(4): 529-537.

[6] Campolongo, et al. Perinatal exposure to delta-9-tetrahydrocannabinol causes enduring cognitive deficits associated with alteration of cortical gene expression and neurotransmission in rats. Addict Biol 2007; 12(3-4): 485–495.

[7] ACOG Committee Opinion: Marijuana Use During Pregnancy and Lactation (https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Marijuana-Use-During-Pregnancy-and-Lactation) (http://www.fda.gov/about-fda/website-policies/website-disclaimer)

Veterinary Examining Board
Agenda Request Form

1) Meeting Date	
2) Requestor Name	Mace/WVMA
3) Item Title for the Agenda	Continuing Education: Mental Health & Interactive
4) Should the Item be in Open or Closed Session?	Open
5) Are there Attachments? (If yes, include file names)	No
6) Is a Public Appearance Anticipated?	No
7) Description of the Agenda Item	Action Both licensed veterinarians (30 hours) and certified veterinary technicians (15 hours) are required to take CE pertinent to veterinary medicine or veterinary technology. For veterinarians 25 of the 30 hours of CE must be related to scientific topics pertinent to veterinary medicine. For CVTs 10 of the 15 hours of CE must be related to scientific topics pertinent to veterinary medicine 5 hours each can be devoted to topics that are pertinent to veterinary medicine, but not necessarily scientific. WVMA's mental health committee has requested that the VEB affirmatively define mental health education as pertinent to veterinary medicine and technology and therefore an acceptable non-scientific CE. Potential Board Guidance: *The board considers mental health education to be pertinent to veterinary medicine and up to 5 hours of the total required CE hours for veterinarians and CVTs may relate to mental health education. Mental health education would be non-scientific credits* Proposed motion language: "Move to approve the guidance that mental health education is pertinent to veterinary medicine and up to 5 hours of the total CE hours for veterinarians and CVTs may relate to mental health education. Mental health education would be non-scientific."

Veterinary Examining Board
Agenda Request Form

1) Meeting Date	
2) Requestor Name	Mace/WVMA
3) Item Title for the Agenda	Continuing Education: Interactive
4) Should the Item be in Open or Closed Session?	Open
5) Are there Attachments? (If yes, include file names)	No
6) Is a Public Appearance Anticipated?	No
7) Description of the Agenda Item	Action The Board has informally defined interactive CE as related to recorded virtual CE, as CE that has some interactive component –at minimum an assessment which must be passed at the end of the recorded presentation that demonstrates that the individual watched the virtual CE, prior to a CE certificate being provided. Recommending this be formally documented in a continuing education guidance: *The board considers interactive continuing education to include pre-recorded virtual webinars as long as the webinar has an interactive component. At a minimum the interactive pre-recorded CE must require an assessment to be taken and passed with a 70%, demonstrating that the individual watched and engaged in the pre-recorded webinar, prior to a CE certificate being issued.* Proposed motion language: "Move to approve the guidance that the board considers interactive continuing education to include pre-recorded virtual webinars as long as the webinar has an interactive component. At a minimum the interactive pre-recorded CE must require an assessment to be taken and passed with a 70%, demonstrating that the individual watched and engaged in the pre-recorded webinar, prior to a CE certificate being issued."

State of Wisconsin
2023 - 2024 LEGISLATURE

LRB-0117/1
JPC:cdc

2023 SENATE BILL 135

March 23, 2023 - Introduced by Senators JACQUE, FELZKOWSKI, QUINN, ROYS, STROEBEL and TOMCZYK, cosponsored by Representatives MURPHY, ALLEN, BODDEN, BRANDTJEN, BROOKS, DITTRICH, MURSAU, NEYLON, PENTERMAN, TUSLER, WICHGERS and BEHNKE. Referred to Committee on Licensing, Constitution and Federalism.

AN ACT ***to repeal*** 89.073 (1), 89.073 (2m), 440.09 (1) and 440.09 (2m); ***to amend*** 89.073 (title), 89.073 (2) (b), 440.09 (title) and 440.09 (2) (b); and ***to create*** 440.09 (6) of the statutes; **relating to:** reciprocal credentials.

Analysis by the Legislative Reference Bureau

This bill creates a process for certain individuals who hold a license, certification, registration, or permit that was granted by another state to apply for and receive a reciprocal credential in this state. Under current law, an individual may not engage in certain professions or assume certain titles in this state unless the individual holds a credential issued by a department, examining board, or credentialing board with authority to oversee the profession or practice. Current law requires the Department of Safety and Professional Services, the Veterinary Examining Board, and any credentialing board attached to DSPS, with certain exceptions, to issue a reciprocal credential to a service member, former service member, or the spouse of a service member or former service member who resides in this state if certain conditions are met. This bill expands who may apply for reciprocal credentials to include all individuals. The bill does not allow individuals to receive a reciprocal credential from the Accounting Examining Board or the Real Estate Examining Board that would grant the holder of the credential a limited right to practice law in this state, unless the applicant is licensed to practice law in this state.

For further information see the state fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 89.073 (title) of the statutes is amended to read:

89.073 (title) **Reciprocal credentials ~~for service members, former service members, and their spouses.~~**

SECTION 2. 89.073 (1) of the statutes is repealed.

SECTION 3. 89.073 (2) (b) of the statutes is amended to read:

89.073 **(2)** (b) The individual ~~is a service member, a former service member, or the spouse of a service member or former service member and~~ resides in this state.

SECTION 4. 89.073 (2m) of the statutes is repealed.

SECTION 5. 440.09 (title) of the statutes is amended to read:

440.09 (title) **Reciprocal credentials ~~for service members, former service members, and their spouses.~~**

SECTION 6. 440.09 (1) of the statutes is repealed.

SECTION 7. 440.09 (2) (b) of the statutes is amended to read:

440.09 **(2)** (b) The individual ~~is a service member, a former service member, or the spouse of a service member or former service member and~~ resides in this state.

SECTION 8. 440.09 (2m) of the statutes is repealed.

SECTION 9. 440.09 (6) of the statutes is created to read:

440.09 **(6)** This section does not apply to a reciprocal credential issued by the accounting examining board or the real estate examining board that grants the

holder a limited right to practice law in this state, unless the applicant is licensed to practice law in this state.

(END)

Subject: Reciprocal Credentials (SB-320)
Date: June 20, 2023

Background:

The attached bill has been introduced in the Senate. The bill text and status is also available at: https://docs.legis.wisconsin.gov/2023/proposals/sb320

Additional Reference:

For reference, the current text of s. 89.073, Wis. Stats., is copied is copied below (also available on page 5 of the pdf at https://docs.legis.wisconsin.gov/statutes/statutes/89.pdf).

89.073 Reciprocal credentials for service members, former service members, and their spouses. (1) In this section:

(a) "Former service member" means a person who was discharged from the U.S. armed forces under conditions other than dishonorable within 4 years of the date on which the service member or the spouse of the service member applies for a license, certification, or permit under this section.

(b) "Service member" means a member of the U.S. armed forces, a reserve unit of the U.S. armed forces, or the national guard of any state.

(c) "Spouse" includes the spouse of a person who died while in service in the U.S. armed forces or in forces incorporated as part of the U.S. armed forces.

(2) The examining board shall grant a license, certification, or permit specified under s. 89.06 to an individual who the examining board determines meets all of the following requirements:

(a) The individual applies for a credential under this section on a form prescribed by the examining board.

(b) The individual is a service member, a former service member, or the spouse of a service member or former service member and resides in this state.

(c) The individual holds a credential that was granted by a governmental authority in a jurisdiction outside this state that qualifies the individual to perform the acts authorized under the appropriate credential specified under s. 89.06.

(d) The individual pays the fee established under s. 89.063.

(f) The individual is in good standing with the governmental authorities in every jurisdiction outside this state that have granted the individual a credential that qualifies the individual to perform acts authorized under the appropriate credential specified under s. 89.06.

(2m) If an individual is unable to provide documentation that the individual is a service member, former service member, or the spouse of a service member or former service member, the individual may submit an affidavit to the examining board stating that the individual is a service member, former service member, or the spouse of a service member or former service member.

(3) (a) A credential granted under this section expires on the renewal date specified in s. 89.062 (1), except that if the first renewal date specified in s. 89.062 (1) after the date on which the credential is granted is within 180 days of the date on which the credential is granted, the credential expires on the 2nd renewal date specified in s. 89.062 (1) after the date on which the credential is granted.

(b) The examining board shall grant a renewed license, certification, or permit specified under s. 89.06 to an applicant who pays the renewal fee specified under s. 89.063 and satisfies the renewal requirements under s. 89.062.

(4) The examining board shall expedite the issuance of a license, certification, or permit granted under this section.

(5) The examining board may promulgate rules necessary to implement this section.

History: 2015 a. 179; 2019 a. 143.

Chapter VE 1 regarding veterinarians is available at https://docs.legis.wisconsin.gov/code/admin_code/ve/1.pdf. Chapter VE 2 regarding certified veterinary technicians (CVTs) is available at https://docs.legis.wisconsin.gov/code/admin_code/ve/2.pdf.

The current process for veterinarian applicants who are credentialed in another state and applying for a veterinary license in Wisconsin is called "endorsement" and is under ss. VE 1.14 and VE 1.18. The process for CVTs is the same whether they have been previously credentialed or not and is under s. VE 2.04.

The VEB may determine that an applicant is not eligible for a credential if any of the criteria under ss. VE 1.20 or VE 2.04 (1) (f) apply. For example, the VEB can deny a license if the applicant has been disciplined in the past in another state under s. 89.072 (1), Wis. Stats., and s. VE 1.20 (2).

Sections VE 1.22 and VE 2.06 refer to s. 89.073, Wis. Stats., and specify fees for service members, former service members, and their spouses, which are lower than the standard fees.

Plain Language Explanation:

This bill would make the current process of reciprocal credentials for service members, former services members, and their spouses apply to anyone. Under this bill, the VEB would have to issue a credential to anyone who meets the requirements of the new law, which are:

- Applying for a license
- Having a credential from an outside jurisdiction
- Paying the fee
- Have no restrictions, limitations, or encumbrance on their credential in another jurisdiction, and not be under investigation in the other jurisdiction

This bill would effectively replace the current processes for applicants from other jurisdictions under ss. 89.072 and 89.06 (3), Wis. Stats., and ss. VE 1.14, VE 1.18, and VE 2.04. This bill could decrease the VEB's oversight of applicants from jurisdictions that may have lesser requirements for education, examinations, and background. Section 89.073, Wis. Stats., refers to "jurisdictions" and not "states", so the bill could require the VEB to credential applicants from other countries who may have significantly different requirements for licensure. The VEB could also lose the ability to deny or limit a license for many reasons listed under ss. VE 1.20 and VE 1.24, or deny or place conditions on a certification under ss. VE 2.04(1) (f) and VE 2.04 (3). This means that the VEB would not be able to take into consideration convictions that may be relevant to the applicant's ability to practice unencumbered, such as drug convictions or convictions related to the inhumane treatment of animals.

This bill would also remove the VEB's authority to issue temporary consulting permits, but there would likely be no need for temporary consulting permits under this bill, as applicants would instead apply for a reciprocal credential.

This bill would replace general language regarding "good standing" with clearer and more specific language stating that the individual "does not have any limitation, restriction, or other encumbrance on any license, certification, registration, or permit issued by a governmental authority in a jurisdiction outside this state" and "is not under investigation by any such governmental authority."

This bill would create a provision (s. 89.073 (3) (ac)) that would allow applicants to be granted a provisional credential on the date of the application. This provision could create public safety and animal welfare concerns. For example, if an applicant does not meet the criteria of s. 89.073,

such as having a restriction on their license elsewhere, s. 89.073 (3) (ac) would allow the applicant to begin practicing in Wisconsin before the application is reviewed.

Subject: Reciprocal Credentials (AB-135, SB-135)
Date: May 12, 2023

Background:

The attached bill has been introduced in the Senate and the Assembly. The bill text and status is also available at https://docs.legis.wisconsin.gov/2023/proposals/sb135 and https://docs.legis.wisconsin.gov/2023/proposals/ab135.

Additional Reference:

For reference, the current text of s. 89.073, Wis. Stats., is copied is copied below (also available on page 5 of the pdf at https://docs.legis.wisconsin.gov/statutes/statutes/89.pdf).

89.073 Reciprocal credentials for service members, former service members, and their spouses. (1) In this section:

(a) "Former service member" means a person who was discharged from the U.S. armed forces under conditions other than dishonorable within 4 years of the date on which the service member or the spouse of the service member applies for a license, certification, or permit under this section.

(b) "Service member" means a member of the U.S. armed forces, a reserve unit of the U.S. armed forces, or the national guard of any state.

(c) "Spouse" includes the spouse of a person who died while in service in the U.S. armed forces or in forces incorporated as part of the U.S. armed forces.

(2) The examining board shall grant a license, certification, or permit specified under s. 89.06 to an individual who the examining board determines meets all of the following requirements:

(a) The individual applies for a credential under this section on a form prescribed by the examining board.

(b) The individual is a service member, a former service member, or the spouse of a service member or former service member and resides in this state.

(c) The individual holds a credential that was granted by a governmental authority in a jurisdiction outside this state that qualifies the individual to perform the acts authorized under the appropriate credential specified under s. 89.06.

(d) The individual pays the fee established under s. 89.063.

(f) The individual is in good standing with the governmental authorities in every jurisdiction outside this state that have granted the individual a credential that qualifies the individual to perform acts authorized under the appropriate credential specified under s. 89.06.

(2m) If an individual is unable to provide documentation that the individual is a service member, former service member, or the spouse of a service member or former service member, the individual may submit an affidavit to the examining board stating that the individual is a service member, former service member, or the spouse of a service member or former service member.

(3) (a) A credential granted under this section expires on the renewal date specified in s. 89.062 (1), except that if the first renewal date specified in s. 89.062 (1) after the date on which the credential is granted is within 180 days of the date on which the credential is granted, the credential expires on the 2nd renewal date specified in s. 89.062 (1) after the date on which the credential is granted.

(b) The examining board shall grant a renewed license, certification, or permit specified under s. 89.06 to an applicant who pays the renewal fee specified under s. 89.063 and satisfies the renewal requirements under s. 89.062.

(4) The examining board shall expedite the issuance of a license, certification, or permit granted under this section.

(5) The examining board may promulgate rules necessary to implement this section.

History: 2015 a. 179; 2019 a. 143.

Chapter VE 1 regarding veterinarians is available at https://docs.legis.wisconsin.gov/code/admin_code/ve/1.pdf. Chapter VE 2 regarding certified veterinary technicians (CVTs) is available at https://docs.legis.wisconsin.gov/code/admin_code/ve/2.pdf.

The current process for veterinarian applicants who are credentialed in another state and applying for a veterinary license in Wisconsin is called "endorsement" and is under ss. VE 1.14

and VE 1.18. The process for CVTs is the same whether they have been previously credentialed or not and is under s. VE 2.04.

The VEB may determine that an applicant is not eligible for a credential if any of the criteria under ss. VE 1.20 or VE 2.04 (1) (f) apply. For example, the VEB can deny a license if the applicant has been disciplined in the past in another state under s. 89.072 (1), Wis. Stats., and s. VE 1.20 (2).

Sections VE 1.22 and VE 2.06 refer to s. 89.073, Wis. Stats., and specify fees for service members, former service members, and their spouses, which are lower than the standard fees.

Plain Language Explanation:

This bill would make the current process of reciprocal credentials for service members, former services members, and their spouses apply to anyone. Under this bill, the VEB would have to issue a credential to anyone who meets the requirements of the new law, which are:

- Applying for a license
- Residing in the State
- Having a credential from an outside jurisdiction
- Paying the fee
- Being in good standing in every jurisdiction where they have a credential

This bill would effectively replace the current processes for applicants from other jurisdictions under ss. 89.072 and 89.06 (3), Wis. Stats., and ss. VE 1.14, VE 1.18, and VE 2.04. This bill would decrease the VEB's oversight of applicants from jurisdictions that may have lesser requirements for education, examinations, and background. Section 89.073, Wis. Stats., refers to "jurisdictions" and not "states", so the bill could require the VEB to credential to applicants from other countries who may have significantly different requirements for licensure.

This bill provides a path to credentialing for applicants, who reside in WI, where the applicant is currently under investigation and has been disciplined by the licensing authority in the other state, territory or country, has been found guilty of a crime the circumstances of which are substantially related to the practice of veterinary medicine, is currently a party in pending litigation in which it is alleged that the applicant is liable for damages for acts committed in the course of practice and has never been found liable for damages for acts committed in the course of practice which evidenced a lack of ability or fitness to practice. However the Board would have no ability to review and take action it may feel necessary based on the applicant's history, or pending concerns on their fitness to practice.

This bill would require the VEB to license or certify applicants who are under investigation for potential discipline in other states. Whether a person holding a credential is "in good standing" in another jurisdiction would likely depend on the other jurisdiction's determination. But generally, the definition of "good standing", when it comes to a professional license, generally means the license is current, in compliance with all legal requirements and orders of a licensing authority, and not subject to any limitations. For example, if a licensee had prior discipline but the case was

resolved and is now licensed without restrictions or discipline, that license could be considered under good standing. If a case is currently open for investigation in another jurisdiction, but that jurisdiction has not yet taken disciplinary action on the license, the license could be considered in good standing until disciplinary actions are taken.

An applicant involved in litigation or a malpractice lawsuit (pending or not) would still be considered in good standing, as lawsuits are a civil process that is not part of credentialing boards authorities.

State of Wisconsin
2023 - 2024 LEGISLATURE

LRB-2742/1
MED:skw

2023 SENATE BILL 320

June 7, 2023 – Introduced by Senators STAFSHOLT, FELZKOWSKI, FEYEN, MARKLEIN and STROEBEL, cosponsored by Representatives GUSTAFSON, SORTWELL, ALLEN, BRANDTJEN, DITTRICH, EDMING, GREEN, MOSES, MURPHY, MURSAU, NEYLON, O'CONNOR, ROZAR and WICHGERS. Referred to Committee on Licensing, Constitution and Federalism.

AN ACT ***to repeal*** 89.072, 89.073 (1), 89.073 (2) (b), 89.073 (2m), 89.073 (4), 440.09 (1), 440.09 (2) (b), 440.09 (2m), 440.09 (4), 440.88 (7), 440.972 (1m), 440.98 (7), 441.06 (1m), 441.10 (8), 442.05, 443.06 (2) (d), 443.10 (1) (a), (b), (c) and (e), 445.08, 446.02 (3g), 447.02 (3) (a) 2., 447.04 (1) (b), 447.04 (2) (b), 448.53 (3), 448.535 (2), 448.63 (2), 448.82, 448.953 (2), 448.966, 448.9704 (2) (a), 448.974 (1) (b), 449.055, 450.05, 450.071 (3m), 451.08, 454.13 (1), 454.27 (1), 455.04 (3), 456.08, 457.15, 458.06 (4m), 458.08 (4), 459.05 (1m), 459.28 (1), 460.09, 470.06 and 480.12 (1); ***to renumber*** 89.073 (3) (a), 440.09 (3) (a), 443.10 (1) (d), 448.535 (1), 448.9704 (2) (b), 454.13 (2), 454.27 (2), 459.28 (2) and 480.12 (2); ***to renumber and amend*** 448.974 (1) (a), 458.06 (2) (intro.), 458.08 (2) (intro.) and 459.05 (1); ***to consolidate, renumber and amend*** 447.02 (3) (a) (intro.) and 1.; ***to amend*** 45.44 (1) (a) 5., 54.25 (2) (c) 1. d., 55.043 (4) (b) 5., 89.06 (1), 89.063, 89.071 (1), 89.0715 (2), 89.073 (title), 89.073 (2) (f), 89.078 (1), 89.078 (2), 89.078 (3), 93.135 (5), 251.06 (3) (e) 3., 321.60 (1) (a) 6m., 440.09 (title),

440.09 (2) (f), 442.04 (1), 442.04 (5) (b) 4., 443.01 (3r) (a), 443.01 (3r) (b), 443.02 (2), 443.02 (3), 443.18 (1) (a), 443.18 (2) (a), 445.07 (2) (b), 447.04 (2) (c) 1., 447.04 (2) (c) 2., 447.04 (2) (d) 1., 447.04 (2) (d) 2., 448.53 (1) (d), 448.54 (3), 448.63 (1) (d) 1., 448.64 (3), 448.9545 (1) (a), 450.01 (15), 450.02 (2) (a), 450.03 (1) (g), 451.04 (2) (d), 451.04 (2) (e), 451.04 (3), 452.05 (3), 452.09 (2) (a), 452.09 (2) (c) (intro.), 452.09 (4) (d), 454.06 (1) (a), 454.23 (2) (a), 458.06 (2) (b), 458.08 (2) (b), 462.03 (1) (intro.), 462.03 (2), 462.03 (3), 462.06 (1) (b) and 961.385 (1) (aL); ***to repeal and recreate*** 443.10 (1) (title), 454.13 (title), 454.27 (title), 459.28 (title) and 480.12 (title); and ***to create*** 89.073 (3) (ac), 89.073 (3) (am), 89.073 (6), 440.09 (3) (ac), 440.09 (3) (am) and 440.09 (6) of the statutes; **relating to:** reciprocal credentials.

Analysis by the Legislative Reference Bureau

This bill expands provisions allowing individuals who hold a license, certification, registration, or permit that was granted by another state to apply for and receive a reciprocal credential in this state.

Under current law, an individual may not engage in certain professions or assume certain titles in this state unless the individual holds a credential issued by the Department of Safety and Professional Services or a credentialing board with authority to oversee the profession or practice. In certain circumstances, an individual who holds a license, certification, or registration from another jurisdiction that authorizes or qualifies the applicant to perform acts that are substantially the same as those acts authorized by a Wisconsin credential may obtain a "reciprocal credential." Current law generally provides two methods for obtaining a reciprocal credential:

1. Under one of numerous provisions allowing DSPS or a credentialing board to grant a reciprocal credential if certain conditions are met. These provisions do not exist for every profession, and generally require that the requirements in the other jurisdiction in which the individual is licensed, certified, or registered have requirements that are similar to or substantially equivalent to those under Wisconsin law.

2. Under a "universal" provision that requires DSPS or a credentialing board to issue a reciprocal credential if certain conditions are met. This provision does not require that the other jurisdiction's requirements for granting the license, credential, or registration be similar to or substantially equivalent to those under

Wisconsin law and is not limited to specific professions or occupations. However, it is available only to service members, former service members, or the spouses of a service member or former service members who reside in this state. In addition, it requires that the individual be in good standing with the governmental authorities in every jurisdiction outside this state that have granted the license, credential, or registration.

The bill repeals the various profession–specific reciprocal credential provisions described above and expands who may apply for reciprocal credentials under the universal provision to include all individuals, and not only service members and spouses. However, the bill also eliminates the requirement that the applicant reside in this state. Additionally, the bill clarifies that the provision 1) requires that the individual not have any limitation, restriction, or other encumbrance on a credential issued in another state and not be under investigation by a credentialing authority in another state; 2) only provides for the granting of reciprocal credentials to natural persons; and 3) does not apply to temporary credentials or to certain other specified nonstandard credentials, including unarmed combat sports credentials, peddler's licenses for ex–soldiers, and credentials issued under the Uniform Athlete Agents Act. The bill provides that once an individual applies for a reciprocal credential, the credential is considered to be provisionally granted on that date, and the individual may immediately practice the occupation or profession, subject to the ultimate decision on whether to grant or deny the reciprocal credential. Finally, the bill provides that a person who receives a reciprocal credential must limit his or her practice to the scope of his or her experience, education, and training.

For further information see the state fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 45.44 (1) (a) 5. of the statutes is amended to read:

45.44 **(1)** (a) 5. A license, certification, registration, or permit issued under s. 89.06, ~~89.072,~~ 89.073, 94.10 (2), (3), or (3g), 94.50 (2), 94.704, 95.60, 97.17 (2), 97.175 (2), 97.22 (2), 98.145, 98.146, 98.18 (1) (a), or 168.23 (3).

SECTION 2. 54.25 (2) (c) 1. d. of the statutes is amended to read:

54.25 **(2)** (c) 1. d. The right to apply for an operator's license, a license issued under ch. 29, a license, certification, or permit issued under s. 89.06~~, 89.072,~~ or 89.073, or a credential, as defined in s. 440.01 (2) (a), if the court finds that the

individual is incapable of understanding the nature and risks of the licensed or credentialed activity, to the extent that engaging in the activity would pose a substantial risk of physical harm to the individual or others. A failure to find that an individual is incapable of applying for a license or credential is not a finding that the individual qualifies for the license or credential under applicable laws and rules.

SECTION 3. 55.043 (4) (b) 5. of the statutes is amended to read:

55.043 **(4)** (b) 5. Refer the case to the department of safety and professional services or the department of agriculture, trade and consumer protection, as appropriate, if the financial exploitation, neglect, self–neglect, or abuse involves an individual who is required to hold a credential, as defined in s. 440.01 (2) (a), under chs. 440 to 460 or to hold a license, certification, or permit issued under s. 89.06~~,~~ ~~89.072,~~ or 89.073.

SECTION 4. 89.06 (1) of the statutes is amended to read:

89.06 **(1)** Except as provided under ~~ss. 89.072 and~~ s. 89.073, veterinary licenses shall be issued only to persons who successfully pass an examination conducted by the examining board and pay the fee established under s. 89.063. An applicant for an initial license shall be a graduate of a veterinary college that has been approved by the examining board or have successfully completed either the educational commission for foreign veterinary graduates certification program of the American Veterinary Medical Association or the program for the assessment of veterinary education equivalence offered by the American Association of Veterinary State Boards. Persons who qualify for examination may be granted temporary permits to engage in the practice of veterinary medicine in the employment and under the supervision of a veterinarian until the results of the next examination conducted by the examining board are available. In case of failure at any examination, the

applicant shall have the privilege of taking subsequent examinations, upon the payment of another fee for each examination.

SECTION 5. 89.063 of the statutes is amended to read:

89.063 Fees. The department shall determine by rule the fees for each initial license, certification, and permit issued under ss. 89.06~~, 89.072,~~ and 89.073, and, if applicable, for renewal of the license, certification, or permit, including late fees, based on the department's administrative and enforcement costs under this chapter. The department shall notify the holder of each such license, certification, or permit of any fee adjustment under this subsection that affects that license, certification, or permit holder.

SECTION 6. 89.071 (1) of the statutes is amended to read:

89.071 **(1)** If the examining board determines during an investigation of a complaint against a person holding a license, certification, or permit issued under s. 89.06~~, 89.072,~~ or 89.073 that there is evidence that the credential holder committed misconduct, the examining board may close the investigation by issuing an administrative warning to the credential holder if the examining board determines that no further disciplinary action is warranted, the complaint involves a first occurrence of a minor violation, and the issuance of an administrative warning adequately protects the public.

SECTION 7. 89.0715 (2) of the statutes is amended to read:

89.0715 **(2)** In any disciplinary proceeding against a holder of a license, certification, or permit issued under s. 89.06~~, 89.072,~~ or 89.073 in which the examining board orders suspension, limitation, or revocation of the credential or reprimands the credential holder, the examining board may, in addition to imposing discipline, assess all or part of the costs of the proceeding against the credential

holder. Costs assessed under this subsection are payable to the department. Interest shall accrue on costs assessed under this subsection at a rate of 12 percent per year beginning on the date that payment of the costs are due as ordered by the examining board. Upon the request of the department, the department of justice may commence an action to recover costs assessed under this subsection and any accrued interest.

SECTION 8. 89.072 of the statutes is repealed.

SECTION 9. 89.073 (title) of the statutes is amended to read:

89.073 (title) **Reciprocal credentials ~~for service members, former service members, and their spouses.~~**

SECTION 10. 89.073 (1) of the statutes is repealed.

SECTION 11. 89.073 (2) (b) of the statutes is repealed.

SECTION 12. 89.073 (2) (f) of the statutes is amended to read:

89.073 **(2)** (f) The individual ~~is in good standing with the governmental authorities in every jurisdiction outside this state that have granted the individual a credential~~ does not have any limitation, restriction, or other encumbrance on any license, certification, registration, or permit issued by a governmental authority in a jurisdiction outside this state that qualifies the individual to perform acts authorized under the appropriate credential specified under s. 89.06 and is not under investigation by any such governmental authority.

SECTION 13. 89.073 (2m) of the statutes is repealed.

SECTION 14. 89.073 (3) (a) of the statutes is renumbered 89.073 (3) (ag).

SECTION 15. 89.073 (3) (ac) of the statutes is created to read:

89.073 **(3)** (ac) Notwithstanding sub. (2), once an individual applies for a credential under sub. (2) (a), the credential shall be considered to be provisionally granted on that date, and the individual may immediately practice as provided in

par. (am), subject to the ultimate decision by the examining board on whether to grant or deny the credential.

SECTION 16. 89.073 (3) (am) of the statutes is created to read:

89.073 **(3)** (am) 1. A reciprocal credential granted under this section shall, except as otherwise provided in this subsection and as otherwise provided by law, be considered in all respects as being equivalent to, subject to the same laws, scope of practice, and procedures as, and considered to confer the same rights, privileges, and authority that are conferred by, the appropriate provisions under s. 89.06.

2. An individual granted a reciprocal credential under this section shall limit his or her practice to the scope of his or her experience, education, and training.

SECTION 17. 89.073 (4) of the statutes is repealed.

SECTION 18. 89.073 (6) of the statutes is created to read:

89.073 **(6)** (a) This section applies only to grant reciprocal credentials to individuals.

(b) This section does not apply to credentials of a temporary nature.

SECTION 19. 89.078 (1) of the statutes is amended to read:

89.078 **(1)** The examining board may conduct an investigation to determine whether an applicant for a license, certification, or permit issued under s. 89.06~~,~~ ~~89.072,~~ or 89.073 satisfies any of the eligibility requirements specified for the license, certification, or permit, including, subject to ss. 111.321, 111.322, and 111.335, whether the applicant does not have an arrest or conviction record. In conducting an investigation under this subsection, the examining board may require an applicant to provide any information that is necessary for the investigation.

SECTION 20. 89.078 (2) of the statutes is amended to read:

89.078 **(2)** A person holding a license, certification, or permit issued under s. 89.06~~, 89.072,~~ or 89.073 who is convicted of a felony or misdemeanor anywhere shall send a notice of the conviction by 1st class mail to the examining board within 48 hours after the entry of the judgment of conviction. The examining board shall by rule determine what information and documentation the person holding the credential shall include with the written notice.

SECTION 21. 89.078 (3) of the statutes is amended to read:

89.078 **(3)** The examining board may investigate whether an applicant for or holder of a license, certification, or permit issued under s. 89.06~~, 89.072,~~ or 89.073 has been charged with or convicted of a crime.

SECTION 22. 93.135 (5) of the statutes is amended to read:

93.135 **(5)** The department shall deny an application for an initial license, certification, or permit issued under s. 89.06~~, 89.072,~~ or 89.073, or, if applicable, an application for renewal of that license, certification, or permit or revoke a license, certification, or permit issued under s. 89.06~~, 89.072,~~ or 89.073 to an individual for whom the department receives a record of a declaration under s. 54.25 (2) (c) 1. d. stating that the individual is incompetent to apply for or hold that license, certification, or permit.

SECTION 23. 251.06 (3) (e) 3. of the statutes is amended to read:

251.06 **(3)** (e) 3. A public health dental hygienist, who is licensed as a dental hygienist under s. 447.04 (2) (a) ~~or (b)~~, and who meets qualifications that the department shall specify by rule.

SECTION 24. 321.60 (1) (a) 6m. of the statutes is amended to read:

321.60 **(1)** (a) 6m. A license, certification, or permit issued under s. 89.06 ~~or 89.072~~.

SECTION 25. 440.09 (title) of the statutes is amended to read:

440.09 (title) **Reciprocal credentials ~~for service members, former service members, and their spouses~~.**

SECTION 26. 440.09 (1) of the statutes is repealed.

SECTION 27. 440.09 (2) (b) of the statutes is repealed.

SECTION 28. 440.09 (2) (f) of the statutes is amended to read:

440.09 **(2)** (f) The individual ~~is in good standing with the governmental authorities in every jurisdiction outside this state that have granted the individual a~~ does not have any limitation, restriction, or other encumbrance on any license, certification, registration, or permit issued by a governmental authority in a jurisdiction outside this state that qualifies the individual to perform acts authorized under the appropriate credential granted by the department or credentialing board and is not under investigation by any such governmental authority.

SECTION 29. 440.09 (2m) of the statutes is repealed.

SECTION 30. 440.09 (3) (a) of the statutes is renumbered 440.09 (3) (ag).

SECTION 31. 440.09 (3) (ac) of the statutes is created to read:

440.09 **(3)** (ac) Notwithstanding sub. (2), once an individual applies for a credential under sub. (2) (a), the credential shall be considered to be provisionally granted on that date, and the individual may immediately practice as provided in par. (am), subject to the ultimate decision by the department or credentialing board on whether to grant or deny the credential.

SECTION 32. 440.09 (3) (am) of the statutes is created to read:

440.09 **(3)** (am) 1. A reciprocal credential granted under this section shall, except as otherwise provided in this subsection and as otherwise provided by law, be considered in all respects as being equivalent to, subject to the same laws, scope of

practice, and procedures as, and considered to confer the same rights, privileges, and authority that are conferred by, the appropriate credential granted by the department or credentialing board under the appropriate provisions under chs. 440 to 480.

2. An individual granted a reciprocal credential under this section shall limit his or her practice to the scope of his or her experience, education, and training.

SECTION 33. 440.09 (4) of the statutes is repealed.

SECTION 34. 440.09 (6) of the statutes is created to read:

440.09 **(6)** (a) Only an individual may be granted a reciprocal credential under this section.

(b) This section does not apply to any of the following:

1. Credentials that are granted under subch. IV, V, or XIV or ch. 444 or 463.

2. Credentials that are of a temporary nature.

SECTION 35. 440.88 (7) of the statutes is repealed.

SECTION 36. 440.972 (1m) of the statutes is repealed.

SECTION 37. 440.98 (7) of the statutes is repealed.

SECTION 38. 441.06 (1m) of the statutes is repealed.

SECTION 39. 441.10 (8) of the statutes is repealed.

SECTION 40. 442.04 (1) of the statutes is amended to read:

442.04 **(1)** The examining board shall grant a certificate as a certified public accountant to all persons who become entitled thereto under this section ~~and s. 442.05~~. A certificate is permanent unless revoked and not subject to periodic renewal.

SECTION 41. 442.04 (5) (b) 4. of the statutes is amended to read:

442.04 **(5)** (b) 4. Except as provided in s. ~~442.05~~ 440.09, the person has successfully passed an examination in such subjects affecting accountancy and business as the examining board considers necessary. A person is not eligible to take the examination under this subdivision unless the person has completed at least 120 semester hours of education at an institution that include course work in accounting and business subjects, as determined by the examining board.

SECTION 42. 442.05 of the statutes is repealed.

SECTION 43. 443.01 (3r) (a) of the statutes is amended to read:

443.01 **(3r)** (a) Professional services performed by a registered architect or by a person who has in effect a permit under s. 443.10 (1) ~~(d)~~.

SECTION 44. 443.01 (3r) (b) of the statutes is amended to read:

443.01 **(3r)** (b) Professional services performed by a professional engineer or by a person who has in effect a permit under s. 443.10 (1) ~~(d)~~.

SECTION 45. 443.02 (2) of the statutes is amended to read:

443.02 **(2)** No person may practice architecture, landscape architecture, or professional engineering in this state unless the person has been duly registered, is exempt under s. 443.14 or has in effect a permit under s. 443.10 (1) ~~(d)~~.

SECTION 46. 443.02 (3) of the statutes is amended to read:

443.02 **(3)** Except as provided under s. 443.015 (1m) (c), no person may offer to practice architecture, landscape architecture, or professional engineering or use in connection with the person's name or otherwise assume, use or advertise any title or description tending to convey the impression that he or she is an architect, landscape architect, or professional engineer or advertise to furnish architectural, landscape architectural, or professional engineering services unless the person has been duly registered or has in effect a permit under s. 443.10 (1) ~~(d)~~.

SECTION 47. 443.06 (2) (d) of the statutes is repealed.

SECTION 48. 443.10 (1) (title) of the statutes is repealed and recreated to read:

443.10 **(1)** (title) PERMITS.

SECTION 49. 443.10 (1) (a), (b), (c) and (e) of the statutes are repealed.

SECTION 50. 443.10 (1) (d) of the statutes is renumbered 443.10 (1).

SECTION 51. 443.18 (1) (a) of the statutes is amended to read:

443.18 **(1)** (a) Any person who practices or offers to practice architecture, landscape architecture, or professional engineering in this state, or who uses the term "architect," "landscape architect," or "professional engineer" as part of the person's business name or title, except as provided in s. 443.08 (6), or in any way represents himself or herself as an architect, landscape architect, or a professional engineer unless the person is registered or exempted in accordance with this chapter, or unless the person is the holder of an unexpired permit issued under s. 443.10 (1) ~~(d)~~, or any person presenting or attempting to use as his or her own the certificate of registration of another, or any person who gives any false or forged evidence of any kind to the examining board or to any section of the examining board or to any member of the examining board or to any member of any section of the examining board in obtaining a certificate of registration, or any person who falsely impersonates any other registrant of like or different name, or any person who attempts to use an expired or revoked certificate of registration, or violates any of the provisions of this section, may be fined not less than $100 nor more than $500 or imprisoned for not more than 3 months or both.

SECTION 52. 443.18 (2) (a) of the statutes is amended to read:

443.18 **(2)** (a) If it appears upon complaint to the examining board or to any section of the examining board by any person, or is known to the examining board

or to any section of the examining board that any person who is neither registered nor exempt under this chapter nor the holder of an unexpired permit under s. 443.10 (1) ~~(d)~~ is practicing or offering to practice, or is about to practice or to offer to practice, architecture, landscape architecture, or professional engineering in this state, the appropriate section of the examining board or the attorney general or the district attorney of the proper county may investigate and may, in addition to any other remedies, bring action in the name and on behalf of this state against any such person to enjoin the person from practicing or offering to practice architecture, landscape architecture, or professional engineering.

SECTION 53. 445.07 (2) (b) of the statutes is amended to read:

445.07 **(2)** (b) Subsection (1) (a) does not apply to an applicant who was granted a reciprocal license under s. ~~445.08~~ 440.09.

SECTION 54. 445.08 of the statutes is repealed.

SECTION 55. 446.02 (3g) of the statutes is repealed.

SECTION 56. 447.02 (3) (a) (intro.) and 1. of the statutes are consolidated, renumbered 447.02 (3) (a) and amended to read:

447.02 **(3)** (a) The examining board may issue a permit authorizing the practice in this state, without compensation, of dentistry or dental hygiene to an applicant who is licensed to practice dentistry or dental hygiene in another state, if ~~all of the following apply: 1. The~~ the examining board determines that the applicant's services will improve the welfare of Wisconsin residents.

SECTION 57. 447.02 (3) (a) 2. of the statutes is repealed.

SECTION 58. 447.04 (1) (b) of the statutes is repealed.

SECTION 59. 447.04 (2) (b) of the statutes is repealed.

SECTION 60. 447.04 (2) (c) 1. of the statutes is amended to read:

447.04 **(2)** (c) 1. The examining board shall grant a certificate to administer local anesthesia to a dental hygienist who is licensed under par. (a) ~~or (b)~~, and who submits evidence satisfactory to the examining board that he or she satisfies the educational requirements established in rules promulgated under s. 447.02 (2) (e).

SECTION 61. 447.04 (2) (c) 2. of the statutes is amended to read:

447.04 **(2)** (c) 2. No fee may be charged for a certificate granted under subd. 1. A certificate granted under subd. 1. remains in effect while the dental hygienist's license granted under par. (a) ~~or (b)~~ remains in effect unless the certificate is suspended or revoked by the examining board.

SECTION 62. 447.04 (2) (d) 1. of the statutes is amended to read:

447.04 **(2)** (d) 1. The examining board shall grant a certificate to administer nitrous oxide inhalation analgesia to a dental hygienist who is licensed under par. (a) ~~or (b)~~ and who submits evidence satisfactory to the examining board that he or she satisfies the educational requirements established in rules promulgated under s. 447.02 (2) (j), including by having satisfied substantially similar requirements in another state.

SECTION 63. 447.04 (2) (d) 2. of the statutes is amended to read:

447.04 **(2)** (d) 2. A certificate granted under subd. 1. remains in effect while the dental hygienist's license granted under par. (a) ~~or (b)~~ remains in effect unless the board suspends or revokes the certificate.

SECTION 64. 448.53 (1) (d) of the statutes is amended to read:

448.53 **(1)** (d) Submits evidence satisfactory to the examining board that the applicant is a graduate of a school of physical therapy approved by the examining board~~, unless the examining board waives this requirement under sub. (3)~~.

SECTION 65. 448.53 (3) of the statutes is repealed.

SECTION 66. 448.535 (1) of the statutes is renumbered 448.535.

SECTION 67. 448.535 (2) of the statutes is repealed.

SECTION 68. 448.54 (3) of the statutes is amended to read:

448.54 **(3)** Notwithstanding s. 448.53 (1) (f), the examining board may not require an applicant for physical therapist licensure to take an oral examination or an examination to test proficiency in the English language for the sole reason that the applicant was educated at a physical therapy school that is not in the United States ~~if the applicant establishes, to the satisfaction of the examining board, that he or she satisfies the requirements under s. 448.53 (3)~~.

SECTION 69. 448.63 (1) (d) 1. of the statutes is amended to read:

448.63 **(1)** (d) 1. That the applicant is a graduate of a school of podiatric medicine and surgery approved by the affiliated credentialing board and possesses a diploma from such school conferring the degree of doctor of podiatric medicine, or equivalent degree as determined by the affiliated credentialing board~~, unless the affiliated credentialing board waives these requirements under sub. (2)~~.

SECTION 70. 448.63 (2) of the statutes is repealed.

SECTION 71. 448.64 (3) of the statutes is amended to read:

448.64 **(3)** The affiliated credentialing board may not require an applicant to take an oral examination or an examination to test proficiency in the English language for the sole reason that the applicant was educated at a podiatry school that is not in the United States ~~if the applicant establishes, to the satisfaction of the affiliated credentialing board, that he or she satisfies the requirements under s. 448.63 (2)~~.

SECTION 72. 448.82 of the statutes is repealed.

SECTION 73. 448.953 (2) of the statutes is repealed.

SECTION 74. 448.9545 (1) (a) of the statutes is amended to read:

448.9545 **(1)** (a) To be eligible for renewal of a license issued under s. 448.953 (1) ~~or (2)~~, a licensee shall, during the 2–year period immediately preceding the renewal date specified under s. 440.08 (2) (a), complete not less than 30 credit hours of continuing education in courses of study approved by the affiliated credentialing board.

SECTION 75. 448.966 of the statutes is repealed.

SECTION 76. 448.9704 (2) (a) of the statutes is repealed.

SECTION 77. 448.9704 (2) (b) of the statutes is renumbered 448.9704 (2).

SECTION 78. 448.974 (1) (a) of the statutes is renumbered 448.974 (1), and 448.974 (1) (intro.), as renumbered, is amended to read:

448.974 **(1)** (intro.) ~~Except as provided in par. (b), the~~ The board shall grant an initial license to practice as a physician assistant to any applicant who is found qualified by three–fourths of the members of the board and satisfies all of the following requirements, as determined by the board:

SECTION 79. 448.974 (1) (b) of the statutes is repealed.

SECTION 80. 449.055 of the statutes is repealed.

SECTION 81. 450.01 (15) of the statutes is amended to read:

450.01 **(15)** "Pharmacist" means a person licensed as a pharmacist by the board under ~~s. 450.03 or 450.05~~ this chapter.

SECTION 82. 450.02 (2) (a) of the statutes is amended to read:

450.02 **(2)** (a) Define the active practice of pharmacy. ~~The rules shall apply to all applicants for licensure under s. 450.05.~~

SECTION 83. 450.03 (1) (g) of the statutes is amended to read:

450.03 **(1)** (g) A person who has applied for a license under s. ~~450.05~~ 440.09 whose practice of pharmacy is limited to performing duties under the direct supervision of a person licensed as a pharmacist by the board and administering vaccines or drugs as authorized under s. 450.035 during the period before which the board takes final action on the person's application.

SECTION 84. 450.05 of the statutes is repealed.

SECTION 85. 450.071 (3m) of the statutes is repealed.

SECTION 86. 451.04 (2) (d) of the statutes is amended to read:

451.04 **(2)** (d) ~~Subject to s. 451.08, submits~~ Submits evidence satisfactory to the department that he or she has completed a course of study and residency program in acupuncture that meets standards established by the department by rule.

SECTION 87. 451.04 (2) (e) of the statutes is amended to read:

451.04 **(2)** (e) ~~Subject to s. 451.08, passes~~ Passes an examination approved by the department to determine fitness as an acupuncturist.

SECTION 88. 451.04 (3) of the statutes is amended to read:

451.04 **(3)** POSTING OF CERTIFICATE. The department shall issue a certificate to each individual who satisfies the requirements in sub. (2) ~~or s. 451.08~~, certifying that the holder is authorized to practice acupuncture in this state. The holder shall post the certificate in a conspicuous place in his or her place of business.

SECTION 89. 451.08 of the statutes is repealed.

SECTION 90. 452.05 (3) of the statutes is amended to read:

452.05 **(3)** The board may enter into reciprocal agreements with officials of other states or territories of the United States for licensing brokers and salespersons ~~and grant licenses to applicants who are licensed as brokers or salespersons in those states or territories according to the terms of the reciprocal agreements~~.

SECTION 91. 452.09 (2) (a) of the statutes is amended to read:

452.09 **(2)** (a) Except as provided in ~~a reciprocal agreement under s. 452.05 (3)~~ s. 440.09, each applicant for a salesperson's license shall submit to the board evidence satisfactory to the board of successful completion of educational programs approved for this purpose under s. 452.05 (1) (c). The board may waive the requirement under this paragraph upon proof that the applicant has received 10 academic credits in real estate or real estate related law courses from an accredited institution of higher education.

SECTION 92. 452.09 (2) (c) (intro.) of the statutes is amended to read:

452.09 **(2)** (c) (intro.) Except as provided in par. (d) or ~~a reciprocal agreement under s. 452.05 (3)~~ s. 440.09, each applicant for a broker's license to be issued to an individual shall do all of the following:

SECTION 93. 452.09 (4) (d) of the statutes is amended to read:

452.09 **(4)** (d) Except as provided in ~~a reciprocal agreement under s. 452.05 (3)~~ s. 440.09, an applicant for a broker's license who is a nonresident may satisfy the requirement under par. (a) by submitting to the board evidence satisfactory to the board that the applicant has been a licensed broker under the laws of another state for at least 2 years within the last 4 years preceding the date of the applicant's application for a broker's license.

SECTION 94. 454.06 (1) (a) of the statutes is amended to read:

454.06 **(1)** (a) The applicant pays the initial credential fee determined by the department under s. 440.03 (9) (a)~~, except as provided in s. 454.13 (1)~~.

SECTION 95. 454.13 (title) of the statutes is repealed and recreated to read:

454.13 (title) **Reciprocal agreements.**

SECTION 96. 454.13 (1) of the statutes is repealed.

SECTION 97. 454.13 (2) of the statutes is renumbered 454.13.

SECTION 98. 454.23 (2) (a) of the statutes is amended to read:

454.23 **(2)** (a) The applicant pays the initial credential fee determined by the department under s. 440.03 (9) (a)~~, except as provided in s. 454.27 (1)~~.

SECTION 99. 454.27 (title) of the statutes is repealed and recreated to read:

454.27 (title) **Reciprocal agreements.**

SECTION 100. 454.27 (1) of the statutes is repealed.

SECTION 101. 454.27 (2) of the statutes is renumbered 454.27.

SECTION 102. 455.04 (3) of the statutes is repealed.

SECTION 103. 456.08 of the statutes is repealed.

SECTION 104. 457.15 of the statutes is repealed.

SECTION 105. 458.06 (2) (intro.) of the statutes is renumbered 458.06 (1) and amended to read:

458.06 **(1)** APPLICATION. All applications for certification under this section shall be submitted to the department on a form provided by the department. An applicant shall specify on the application whether he or she is applying for a general appraiser certificate or a residential appraiser certificate.

(2) GENERAL REQUIREMENTS. No initial certificate may be issued under ~~this section~~ sub. (3) or (4) unless all of the following conditions are satisfied:

SECTION 106. 458.06 (2) (b) of the statutes is amended to read:

458.06 **(2)** (b) The applicant pays the fee specified in s. 440.05 (1)~~, except as provided in sub. (4m)~~.

SECTION 107. 458.06 (4m) of the statutes is repealed.

SECTION 108. 458.08 (2) (intro.) of the statutes is renumbered 458.08 (1) and amended to read:

458.08 **(1)** APPLICATION. An application for licensure under this section shall be submitted to the department on a form provided by the department.

(2) GENERAL REQUIREMENTS. No initial certificate of licensure may be issued under ~~this section~~ sub. (3) unless all of the following conditions are satisfied:

SECTION 109. 458.08 (2) (b) of the statutes is amended to read:

458.08 **(2)** (b) The applicant pays the fee specified in s. 440.05 (1), except as provided in ~~subs.~~ sub. (3m) ~~and (4)~~.

SECTION 110. 458.08 (4) of the statutes is repealed.

SECTION 111. 459.05 (1) of the statutes is renumbered 459.05 and amended to read:

459.05 Issuance of license. The department shall ~~issue~~ grant a hearing instrument specialist license to each applicant who passes an examination under s. 459.06 and pays the fee specified in s. 440.05 (1) ~~a license~~.

SECTION 112. 459.05 (1m) of the statutes is repealed.

SECTION 113. 459.28 (title) of the statutes is repealed and recreated to read:

459.28 (title) **Reciprocal agreements.**

SECTION 114. 459.28 (1) of the statutes is repealed.

SECTION 115. 459.28 (2) of the statutes is renumbered 459.28.

SECTION 116. 460.09 of the statutes is repealed.

SECTION 117. 462.03 (1) (intro.) of the statutes is amended to read:

462.03 **(1)** GENERAL REQUIREMENTS. (intro.) The board may not grant a license under sub. (2) or limited X–ray machine operator permit under ~~this section~~ sub. (3) to a person unless all of the following apply:

SECTION 118. 462.03 (2) of the statutes is amended to read:

462.03 **(2)** LICENSE. ~~Subject to sub. (1), the~~ The board shall grant a license to practice radiography to a person who satisfies the general requirements under sub. (1), passes an examination administered by the board, and submits evidence satisfactory to the board that the person has completed a course of study in radiography that has been approved by the board or an equivalent course of study, as determined by the board.

SECTION 119. 462.03 (3) of the statutes is amended to read:

462.03 **(3)** PERMIT. ~~Subject to sub. (1), the~~ The board shall grant a limited X–ray machine operator permit to perform radiography to a person who satisfies the general requirements under sub. (1) and passes an examination administered by the board and submits evidence satisfactory to the board that the person has completed an appropriate course of study, as determined by the board.

SECTION 120. 462.06 (1) (b) of the statutes is amended to read:

462.06 **(1)** (b) Establish standards for examinations under s. 462.03 (2) and (3). ~~Notwithstanding s. 462.03 (2) and (3), the rules may permit a person to satisfy the examination requirement by providing the board with evidence satisfactory to the board that the person holds a current registration by the American Registry of Radiologic Technologists or a successor organization or is currently licensed to practice radiography in another state with examination standards at least as stringent as those promulgated by the board under this paragraph. The board may adopt a limited scope radiography examination administered by the American Registry of Radiologic Technologists, a successor organization, or other recognized national voluntary credentialing body, if the examination standards are at least as stringent as those adopted by the board under this paragraph.~~

SECTION 121. 470.06 of the statutes is repealed.

SECTION 122. 480.12 (title) of the statutes is repealed and recreated to read:

480.12 (title) **Reciprocal agreements.**

SECTION 123. 480.12 (1) of the statutes is repealed.

SECTION 124. 480.12 (2) of the statutes is renumbered 480.12.

SECTION 125. 961.385 (1) (aL) of the statutes is amended to read:

961.385 **(1)** (aL) "Pharmacist" means a ~~person licensed by the pharmacy examining board under s. 450.03 or 450.05 or~~ pharmacist, as defined in s. 450.01 (15) or a person licensed in another state and recognized by this state as a person authorized to engage in the practice of pharmacy in the state in which the person is licensed.

SECTION 126. Effective date.

(1) This act takes effect on the first day of the 13th month beginning after publication.

(END)

State of Wisconsin
2023 - 2024 LEGISLATURE

LRB-2228/1
JPC:amn

2023 SENATE BILL 143

March 23, 2023 - Introduced by Senators CABRAL-GUEVARA, ROYS and WANGGAARD, cosponsored by Representatives MAGNAFICI, DITTRICH, MURPHY and ROZAR. Referred to Committee on Health.

AN ACT ***to create*** 448.03 (3m) of the statutes; **relating to:** the use of certain words and terms that refer to a physician.

Analysis by the Legislative Reference Bureau

This bill restricts the words and terms that may be used to designate certain medical professionals in titles, advertising, and descriptions of services. Under current law, no person may use or assume the title "doctor of medicine" or append to the person's name the letters "M.D." unless the person possesses the degree of doctor of medicine or the person is licensed as a physician by the Medical Examining Board. Similarly, only individuals who possess the degree of doctor of osteopathy may use or assume the title "doctor of osteopathy" or append "D.O." to their name.

This bill restricts persons, except licensed physicians, from using certain words, terms, letters, or abbreviations that represent a person as a physician. Those restrictions under the bill apply to a person's title, advertising, or description of services, and the bill provides an extensive but not exclusive list of the words and terms covered by the bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 448.03 (3m) of the statutes is created to read:

448.03 **(3m)** USE OF TERMS REPRESENTING PHYSICIANS. Except as otherwise provided in this chapter, no person, except a licensed physician, may use or assume

the following words, letters, or terms in the person's title, advertising, or description of services: "physician," "surgeon," "osteopathic physician," "osteopathic surgeon," "medical doctor," "anesthesiologist," "cardiologist," "dermatologist," "endocrinologist," "gastroenterologist," "gynecologist," "hematologist," "laryngologist," "nephrologist," "neurologist," "obstetrician," "oncologist," "ophthalmologist," "orthopedic surgeon," "orthopedist," "osteopath," "otologist," "otolaryngologist," "otorhinolaryngologist," "pathologist," "pediatrician," "primary care physician," "proctologist," "psychiatrist," "radiologist," "rheumatologist," "rhinologist," "urologist," or any other words, letters, or abbreviations, alone or in combination with other titles or words, that represent that the person is a physician.

(END)

State of Wisconsin
2023 - 2024 LEGISLATURE

LRBa0170/1
JPC:klm&cjs

SENATE AMENDMENT 1,

TO SENATE BILL 143

May 22, 2023 – Offered by Senator CABRAL-GUEVARA.

At the locations indicated, amend the bill as follows:

1. Page 1, line 4: after "PHYSICIANS." insert "(a)".

2. Page 2, line 10: after that line insert:

"(b) The board may, in consultation with the department, the veterinary examining board, or any credentialing board, as defined in s. 440.01 (2) (bm), as applicable, grant an exception to par. (a) to a health care provider who is not a licensed physician and allow the health care provider to use or assume words, letters, or abbreviations excepted by the board under this paragraph in the health care provider's title, advertising, and description of services, notwithstanding par. (a). If the board grants a health care provider an exception under this paragraph, the board shall inform the department, the veterinary examining board, or any credentialing board, as applicable, that the health care provider was granted an exception under this paragraph and may use or assume those words, letters, or abbreviations in the

health care provider's title, advertising, and description of services. An exception granted under this paragraph is effective until revoked by the board or until the health care provider's credential is no longer valid.

(c) The board, in consultation with the department, the veterinary examining board, and any credentialing board, as defined in s. 440.01 (2) (bm), shall develop criteria for granting exceptions under par. (b). The board shall publish the criteria on its website.

(d) Notwithstanding s. 227.10 (1), exceptions granted under par. (b) and criteria developed under par. (c) need not be promulgated as rules under ch. 227.

(e) This subsection shall not prohibit any person from using or assuming any words, letters, or abbreviations in the person's title in their communications and correspondence with the federal centers for medicare and medicaid services if the use or assumption of the words, letters, or abbreviations in the person's title is relevant to the reimbursement rates that the person is eligible for or receives under the Medical Assistance program.".

(END)

State of Wisconsin
2023 - 2024 LEGISLATURE

LRB-0470/P1
JPC:emw

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

AN ACT ***to create*** 13.527 of the statutes; **relating to:** the Joint Review Committee on Occupational Credentials.

Analysis by the Legislative Reference Bureau

This bill is explained in the NOTES provided by the Joint Legislative Council in the bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 13.527 of the statutes is created to read:

13.527 Joint review committee on occupational credentials. (1) DEFINITIONS. In this section:

(a) "Certification" means a credential awarded under a voluntary program to which all of the following apply:

1. A private organization or the state grants a nontransferable recognition to an individual who meets certain personal qualifications established by the private organization or by law.

2. Upon approval, the individual may use "certified" as a designated title.

3. A noncertified individual may perform the occupation for compensation but may not use the title "certified."

(b) "License" means a credential awarded under a program to which all of the following apply:

1. The state grants a nontransferable authorization to an individual who meets certain personal qualifications established by law in order to perform an occupation for compensation.

2. It is unlawful for an individual who does not possess the requisite authorization to perform the occupation for compensation.

(c) "Occupational credential" means any of the following:

1. A license, permit, certification, registration, or other approval granted under s. 167.10 (6m), ch. 101 or 145, or chs. 440 to 480.

2. A license, permit, certification, registration, or other approval not included under subd. 1., if it is granted to an individual by this state so that the individual may engage in a profession, occupation, or trade in this state or so that the individual may use one or more titles in association with his or her profession, occupation, or trade.

(d) "Registration" means a credential awarded under a program to which all of the following apply:

1. It requires an individual to provide notice to the state that may include the individual's name and address, the individual's agent for service of process, the location of the activity to be performed, and a description of the service the individual provides.

2. It does not require certain personal qualifications to be satisfied but may require a bond or insurance.

3. Upon registering, the individual may use "registered" as a designated title.

4. A nonregistered individual may not perform the occupation for compensation or use "registered" as a designated title.

(2) CREATION. There is created a joint review committee on occupational credentials composed of the following members:

(a) All of the following members appointed as are the members of standing committees in their respective houses:

1. Two majority party senators.

2. One minority party senator.

3. Two majority party representatives to the assembly.

4. One minority party representative to the assembly.

(b) The secretary of safety and professional services or his or her designee.

(c) The secretary of agriculture, trade and consumer protection or his or her designee.

(d) An individual selected by the governor who does not possess an occupational credential. The member appointed under this paragraph shall represent the interests of the public.

(3) TERMS OF COMMITTEE MEMBERS. Each appointment under sub. (2) (a) and (d) shall be for a period of 4 years and until a successor is appointed and qualified. Any member ceases to be a member of the joint review committee on occupational credentials upon losing the status upon which the appointment was based.

(4) MEMBERSHIP COMPATIBLE WITH OTHER PUBLIC OFFICE. Membership on the joint review committee on occupational credentials is not incompatible with any other public office.

(5) STAFF. The legislative council staff shall provide staff to assist the joint review committee on occupational credentials in the performance of its functions.

(6) COMMITTEE ACTION. All actions of the joint review committee on occupational credentials require the approval of a majority of all the members.

(7) POWERS AND DUTIES. (a) No bill or amendment creating a new occupational credential may be acted upon by the legislature until it has been referred to the joint review committee on occupational credentials and the committee has submitted a written report on the bill or amendment. The report shall contain all of the following:

1. A description of the occupation proposed for regulation, including a list of associations, organizations, and other groups that represent practitioners of the occupation proposed for regulation and an estimate of the number of practitioners that may be affected.

2. A description of the problem to be solved by regulation and the reasons why regulation is necessary, including any physical, emotional, or financial harm to clients that may occur from a failure to provide service at an appropriate standard, or from the provision of erroneous or incompetent service, within the usual practice of the occupation.

3. Whether requiring a license, certification, or registration is the least restrictive form of regulation that is necessary to protect the public health, safety, and welfare.

4. The anticipated benefit to the public that would result from the proposed regulation.

5. A comparison between the proposed regulation and regulations of the occupation in neighboring states.

6. A recommendation on whether to create the occupational credential as proposed, to create the occupational credential with modifications, to pursue a less restrictive form of regulation, or to decline to regulate the occupation.

(b) No bill or amendment creating an occupational credential may be considered by either house of the legislature until the written report under par. (a) has been submitted to the chief clerk of each house of the legislature. The bill or amendment shall then be referred to a standing committee of the house in which it is introduced. The report under par. (a) shall be printed as an appendix to the bill and attached as are amendments.

SECTION 2. Nonstatutory provisions.

(1) STAGGERING OF TERMS. Notwithstanding the length of terms specified for the members of the joint review committee on occupational credentials under s. 13.527 (3), one of the initial members appointed under s. 13.527 (2) (a) 1. shall be appointed for a term expiring on July 1, 2024; the initial member appointed under s. 13.527 (2) (a) 2. and one of the initial members appointed under s. 13.527 (2) (a) 3. shall be appointed for terms expiring on July 1, 2025; one of the initial members appointed under s. 13.527 (2) (a) 1. and the initial member appointed under s. 13.527 (2) (a) 4. shall be appointed for terms expiring on July 1, 2026; and one of the initial members appointed under s. 13.527 (2) (a) 3. shall be appointed for a term expiring on July 1, 2027.

(END)

Veterinary Examining Board
Agenda Request Form

1) Meeting Date	7/19/23
2) Requestor Name	Angela Fisher
3) Item Title for the Agenda	Legislative Update
4) Should the Item be in Open or Closed Session?	Open
5) Are there Attachments? (If yes, include file names)	"Legislative Update" "Reciprocal Credentials (SB-135_AB-135)" "SB-135" "Reciprocal Credentials (SB-320)" "SB-320" "SB-143" "SB-143-SA1" "LRB-0470_P1"
6) Is a Public Appearance Anticipated?	No
7) Description of the Agenda Item	This is informational. No Board action is required. Attached is a legislative update summary related to the VEB, as well as the draft bills referenced in the summary.

DAH Relevant Bills

2023-2024 Legislative Session
Last Updated: 6/27/23

Agency	Ch.	Citation	Topic	Description	LRB #	Bill #	Recent Status Notes
VEB	89	89.073	Reciprocal Credentials (1)	Would expand section related to reciprocal credentials for service members, former service members, and their spouses to include anyone credentialed by another jurisdiction.	LRB-0117/1	SB-135, AB-135	3/31/23: AB introduced and referred to Committee on Regulatory Licensing Reform 3/23/23: SB introduced and referred to Committee on Licensing, Constitution and Federalism
		89.063, 89.071, 89.0715, 89.072, 89.073, 89.078	Reciprocal Credentials (2)	Would expand section related to reciprocal credentials for service members, former service members, and their spouses to include anyone credentialed by another jurisdiction. Would also remove certain requirements from this section.	LRB-2742/1	SB-320, AB-332	6/22/23: AB introduced and referred to Committee on Regulatory Licensing Reform 6/7/23: SB introduced and referred to Committee on Licensing, Constitution and Federalism
	448	448.03 (3m)	Physician Terms	Would restrict the words and terms that may be used to designate medical professionals in titles, advertising, and descriptions of services.	LRB-2228/1	SB-143, AB-317	6/9/23: AB introduced and referred to Committee on Health, Aging and Long-Term Care 5/24/23: SB public hearing 5/22/23: SB amendment proposed
	13	13.527	Occupational Licenses	Would create a new section 13.527 and a Joint Review Committee on Occupational Credentials. The definition of occupational license under s. 13.527 (1) (c) 2. would include VEB credentials, which would mean that the powers and duties of the committee under s. 13.527 (7) would include VEB credentials.	LRB-0470/P1		12/13/22: Chair stated that the bill draft would not be voted on because of the number of questions

Veterinary Examining Board
Agenda Request Form

1) Meeting Date	July 19, 2023
2) Requestor Name	M. Mace
3) Item Title for the Agenda	Board Testimony
4) Should the Item be in Open or Closed Session?	N
5) Are there Attachments? (If yes, include file names)	N
6) Is a Public Appearance Anticipated?	N
7) Description of the Agenda Item	Discuss process for the board to provide testimony, or take a position on a bill.

VEB

VISION: Setting the standard of forward thinking veterinary regulation.

MISSION: To protect the public through a fair regulatory process that instills public confidence in our licensees while remaining agile to the constant advancement of veterinary medicine.

CORE VALUES

ProteCting the public

TrAnsparency

IntegRity

HonEsty

2022 VEB Strategic Goals

July 20, 2022 VEB Full Board Meeting

D o n e

1. **Implement rules for the safe practice of telehealth in Wisconsin by the end of 2022.**
   a. Update all forms and documents
   b. Update website materials
   c. Send notification of rule changes to all credential holders.
2. **Elevate the awareness and utilization of the VPAP program:**

   a. Transition to a new VPAP provider in a timely and as seamless of fashion as possible.
      Transition completed February 1, 2023
   b. Work closely with the WVMA mental health task force (MHTF) to provide focus for, and promotion of, the VEBs veterinary professional assistance program (VPAP)

      Lyn Schuh on the Mental Health Task Force

      WVMA has been provided the following resources to utilize in identifying ways the VPAP program can be used to assist the mission of the MHTF:
      - Access to review types of presentations/trainings available thru LifeWorks,
      - an orientation to the program specifically for the WVMA mental health taskforce, presented by LifeWorks consultant Shelly Gilmore,
      - a link to the recorded VPAP orientation

      WVMA hosted a reconnect the vets utilizing a VPAP presenter on resiliency.

      Submitted to the Board a request for formal recognition of mental health CE and an accepted type of CE.

3. **Streamline Complaint process by ensuring that new complaints are addressed as quickly and simple cases are expedited as follows:**

   a. Initiate the initial contact with the respondent within five business days of complaint receipt, on 90% of cases. This would not include cases where DEA is involved or a site- visit must be made, as those tasks normally exceed 5 days.
   83 Complaints received in Q1-Q2 2023, minus 5 cases intentionally delayed (clinic visits, not enough info from complainant, and DEA investigations) = 78 cases. 71 met goal, for a total of 91%.

   b. Respondents have up to 30 days to respond to the initial request. After that, the investigators must compline the materials and build the case. Cases that are presented to screening must be completed roughly two weeks prior to the committee meeting. Because of these timelines, our goal is to have the committee review every case within 90 days of the initial contact. This excludes cases where the respondent obtains legal counsel.
   56 Complaints went to screening in Q1-Q2 2023, minus 4 cases where an extension was granted or an attorney delayed the case = 52 cases. 50 met goal, for a total of

96%.

c. **Send final stip/FDO for all "CE Only" cases to the Respondent within 60 days of screening review.** "CE Only" cases are cases where there were no violations found, except that the respondent failed to complete the proper number of CE hours in the prior licensing year. These cases are relatively "templated" and should be quick to process. Our goal is to get the respondent the final version of the stipulation within 60 days of the screening committee deciding to open the case.
7 CE only cases opened so far in 2023. All of them had stips & FDO's sent to the respondent within 60 days.

4. Increase outreach to credential holders.

a. Complete a biennial report that is distributed to credential holders and available on the website.
Move forward to 2023 Plan, will complete after renewals in 2024

b. Create newsletter that includes: complaint process, race track information, and biennial statistics for licensing/complaints. Distribution Goal: November 2022.
Newsletter published January 27, 2023.

VEB

VISION:

Setting the standard of forward thinking veterinary regulation.

MISSION:

To protect the public through a fair regulatory process that instills public confidence in our licensees while remaining agile to the constant advancement of veterinary medicine.

CORE VALUES

ProteCting the public

TrAnsparency

IntegRity

HonEsty

2023 VEB Strategic Goals

Effective July 1, 2023 – June 30, 2024 VEB Full Board Meeting

1. AAVSB involvement:
    a. Have an AAVSB presentation at a Board meeting regarding:
        i. RACEtrack
        ii. Vault
        iii. Other services
    b. Have a minimum of one Board member attend as a voting delegate for the AAVSB annual meeting.

2. **Elevate the awareness and utilization of the VPAP program:**
    a. Work closely with the WVMA mental health task force to provide focus for, and promotion of, the VEBs veterinary professional assistance program (VPAP)
    b. Complete the bid process thru the state a secure a contract for a VPAP provider by Jan. 2024.

3. **Streamline Complaint process by ensuring that new complaints are addressed as quickly and simple cases are expedited as follows:**
    a. Initiate the initial contact with the respondent within five business days of complaint receipt, on 90% of cases. This would not include cases where DEA is involved or a site-visit must be made, as those tasks normally exceed 5 days.

    b. Have all complaints reviewed by the screening committee within 90 days of the initial contact with the respondent. This excludes cases where the respondent obtains legal counsel.
    Respondents have up to 30 days to respond to the initial request. After that, the investigators must compile the materials and build the case. Cases that are presented to screening must be completed roughly two weeks prior to the committee meeting.

    a. Send final stip/FDO for all "CE Only" cases to the Respondent within 60 days of screening committee opening the case**.** *"CE Only" cases are cases where there were no violations found, except that the respondent failed to complete the proper number of CE hours in the prior licensing year.*

4. **Increase outreach to credential holders.**
    a. Complete a biennial report that is distributed to credential holders and available on the website.
    b. Bulletin/Newsletter to credential holder addressing delegation of medical services, s. VE 1.44

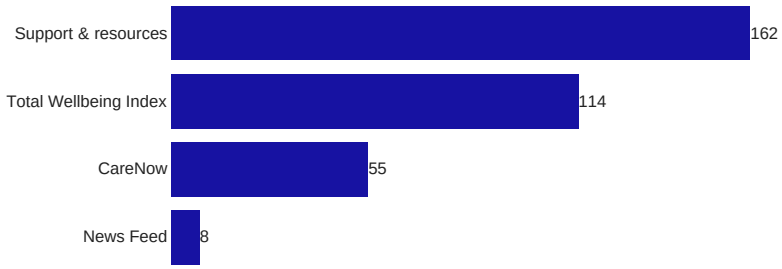
Overall Summary (Jan 1, 2023 to Jun 30, 2023)

User

Overall Engagement

Adoption

Activities by Feature



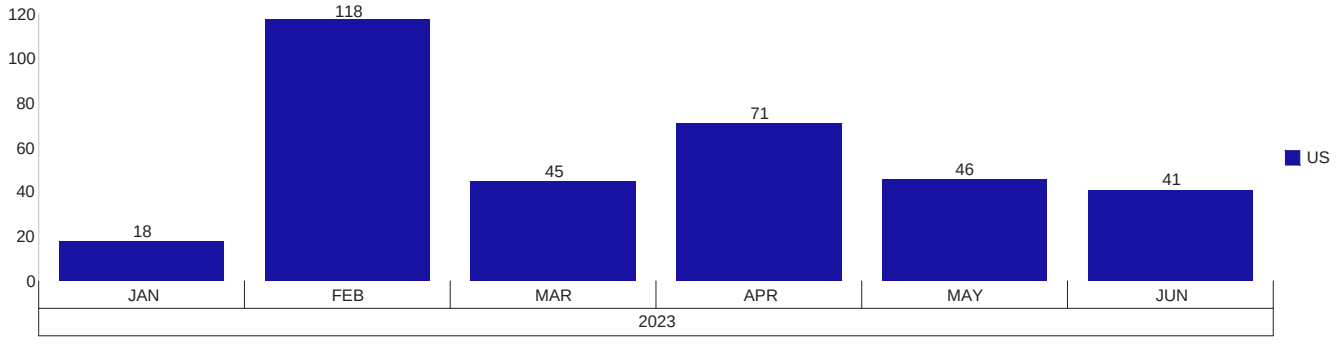
Total Activities

339

Compared to the same period 12 months prior

(Jan 1, 2022 to Jun 30, 2022)

Total Activities by Month



CareNow (Jan 1, 2023 to Jun 30, 2023)

Adoption

Total users who started a program

22

Adoption

Average # of programs started per user

1

Task success

Total users who completed a module

11

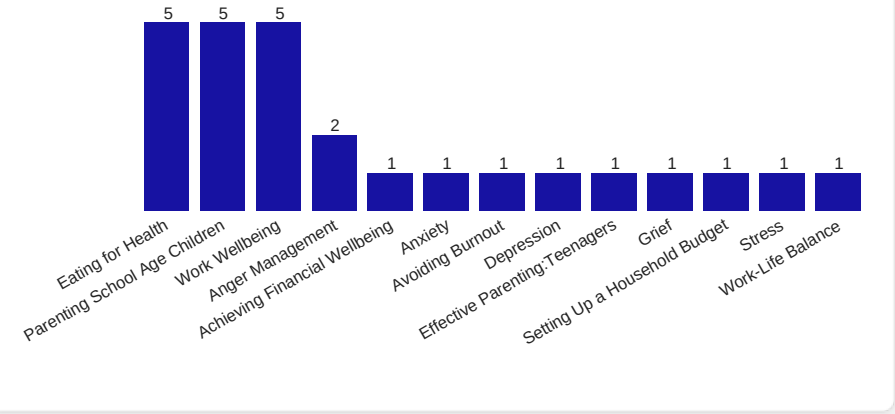
Task success

Average # of modules completed per user

3

Adoption

Total programs started



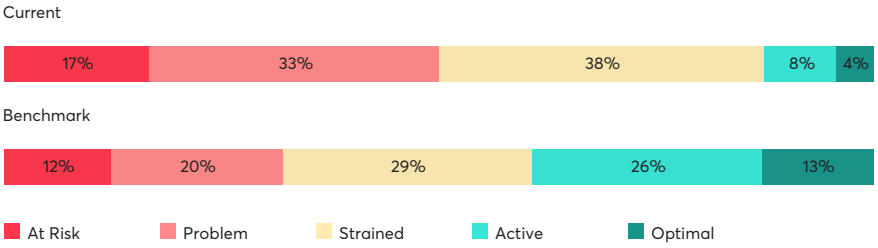
Total Wellbeing Index (Jan 1, 2023 to Jun 30, 2023)

TWI Score

60

This is your Total Wellbeing Index score
The median benchmark score is: 63
The top performing score is: 76

Distribution of Risk



Mental

46

Median benchmark: 56
Top performing score: 72

Physical

64

Median benchmark: 59
Top performing score: 69

Social

63

Median benchmark: 68
Top performing score: 79

Financial

69

Median benchmark: 71
Top performing score: 85

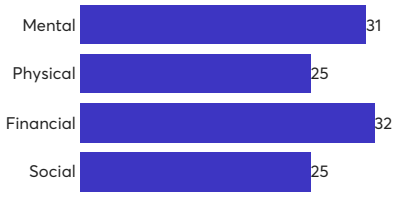
Total Participation

33 of 64

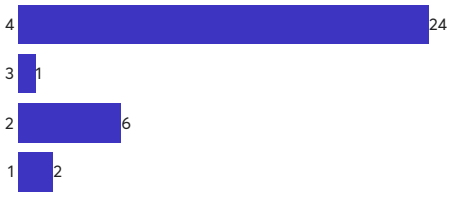
52%

of Registered Users

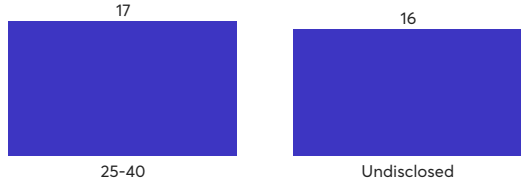
Completions by Assessment



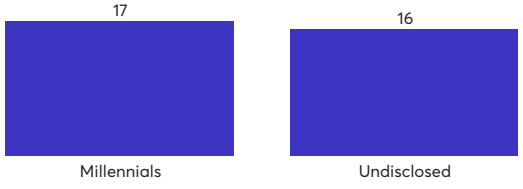
Number of Assessment Completed per Person



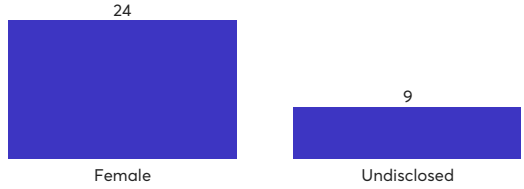
Age Bands



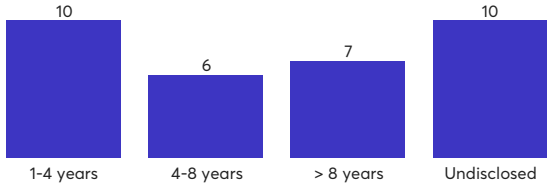
Generation



Gender



Tenure

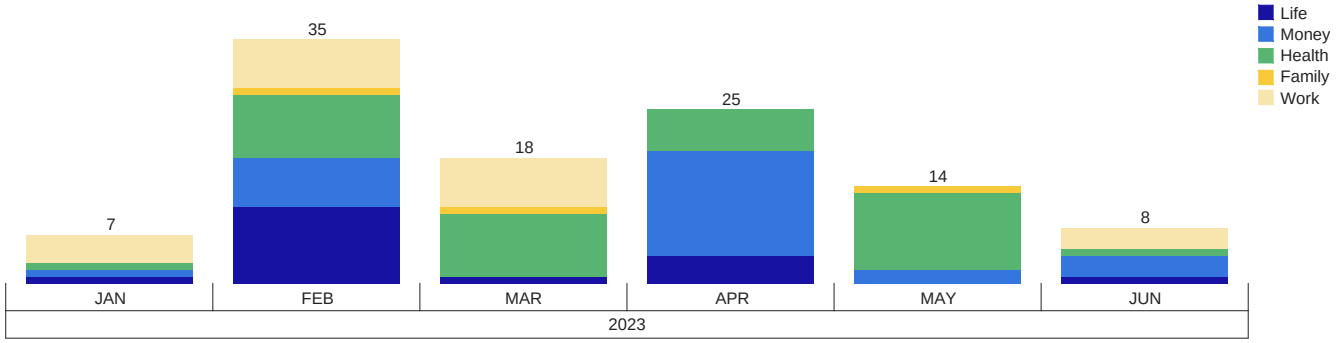


See All

Support & Resources (Jan 1, 2023 to Jun 30, 2023)

Support & Resource Activities

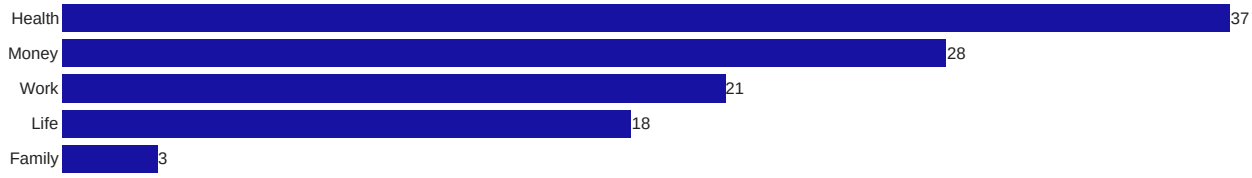
* Other resources are not included in this total



Top Categories

Total Activities **107**

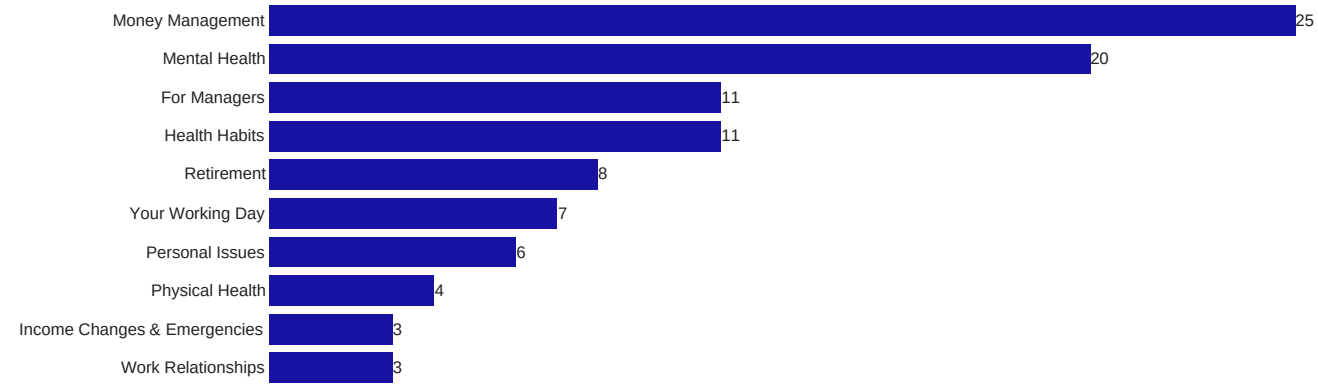
* Other resources are not included in this total



Top Subcategories

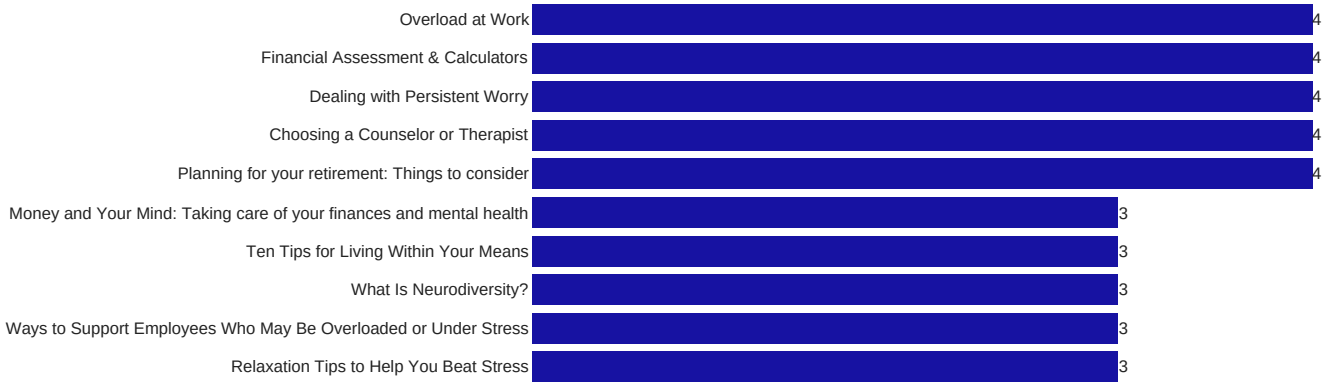
Total Activities **107**

* Other resources are not included in this total



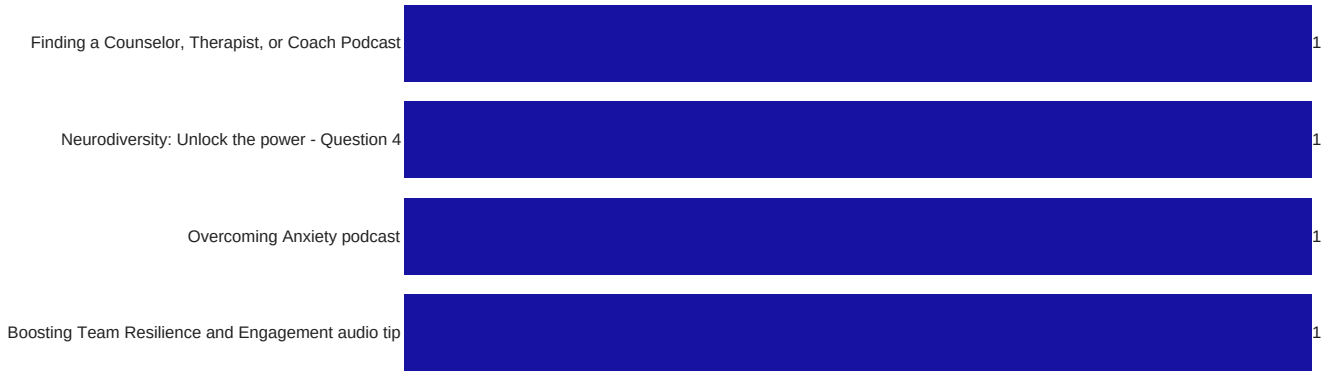
Top Articles

Total Activities 101 of 107



Top Audios

Total Activities 4 of 107

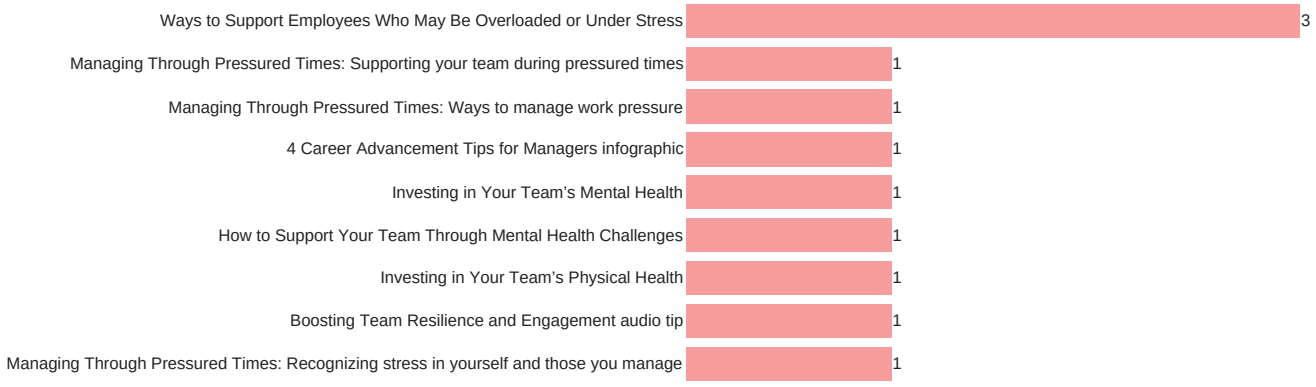


Top Videos

Total Activities 2 of 107

Top Manager Resources

Total Activities 11
* Total reflects a subset of the top categories.



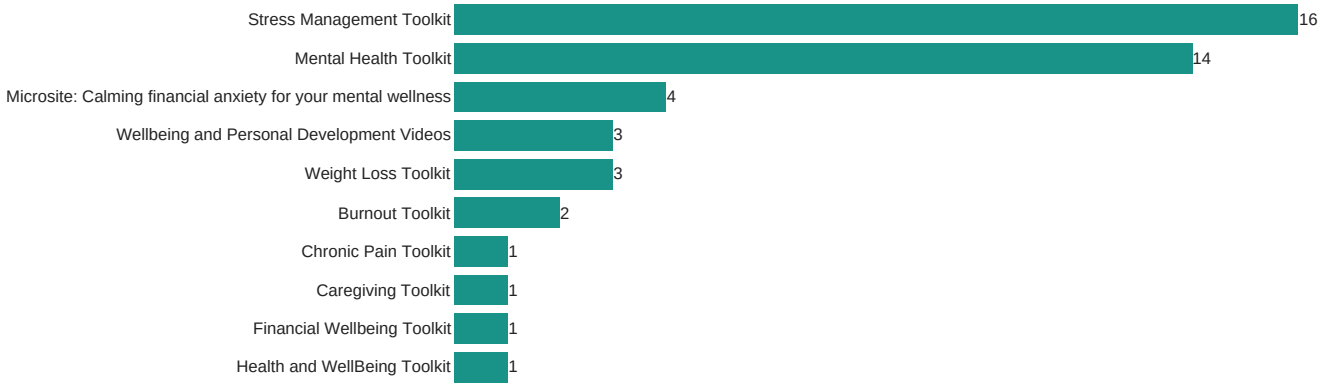
Other Resources

Other resources accessed

Total Activities 55

Top Toolkits

Total Activities 48 of 55



Glossary (Jan 1, 2023 to Jun 30, 2023)

Some features defined below may not be applicable to your program.

Overall Summary

Adoption	
Registration	A user creates an account and accepts the terms and conditions for using the LifeWorks platform.
User	All individuals who have created an account and accepted the terms and conditions for using the LifeWorks platform. This can include a participant, family, admin or personal account.
Participant	The user is invited to the platform by the Admin or signed up via CSV by our onboarding team. The user completes the sign up process and creates a profile on the platform.
Family	These accounts are friends or family members invited to the platform by a Participant via the "Family" feature in the Profile section. The user completes the sign up process and creates a profile on the platform.
Admin	The designated platform Administrators are granted access to certain features beyond those associated with a user. Administrators have access to the Admin Panel — the organization's dashboard and administrator tools – which will include an overview of recent activities and summary statistics.
Personal	A personal account is created when a participant who has logged into the platform under a shared/group login creates a personal profile to access certain features requiring registration.
Pending	These accounts are individuals who have been invited to join the platform but have yet to register, either from an eligibility list or through an invitation from an admin.
Overall Engagement	Measuring the general depth of use of the platform.
Activities	The sum total of user activities on the platform. Activities include: -viewing content (e.g. articles) -liking company posts -creating newsfeed posts -posting a recognition -purchases made using Perks -views and participation in wellbeing activities including: -joining a challenge -tracking your habitude or steps -completing assessments -completing a module or program, or starting a program within CareNow
% of users with at least one activity	The percentage of users that have had an activity on the platform, out of all of the users who have completed the registration and profile creation process.
Compared to the same period 12 months prior	
Compared to the same period 12 months prior	Where available the footnote number in the bottom left corner showcases the data from the same time period twelve months prior. Example 1: If report period is March 2020 then the data showcased in the bottom left corner is for March 2019. Example 2: If report period is November 2019 to January 2020 then the data showcased n the bottom left corner is for November 2018 to January 2019.
Company & News Feed Posts	News Feed posts that are created by a platform Admin
Average likes per company posts	The average number of likes for all company posts.
Average comments per company posts	The average number of comments on all posts.
Recognitions	
Recognitions	Posting a recognition (submitting text and selecting a badge) for one or more other users that is posted to your company's News Feed.
Total number of initial recognitions received	This represents the users receiving an initial recognition.
Total Initial Recognitions	This represents the process of creating a recognition (submitting a story and selection a badge) for one or more other users that will be posted to your company's News Feed.
Users Who Gave Recognitions	This represents the users giving an initial recognition.
Re-recognitions	Number of recognitions given by using the 'Re-recognize' button in the News Feed section of the platform.

Wellbeing

CareNow	
Modules Completed	Each CareNow program has multiple modules or chapters to complete. Each module focuses on a specific area. A

	module is completed when all content is viewed within the module.
Total programs started	Total number of times a CareNow program was started.
Total Wellbeing Index:	The scores reported for each pillar are based on those that completed that pillar's assessment; however, all TWI related scores require completion of all four assessments. The Total Wellbeing Index (TWI) is a scale aggregating behavioural assessment data from the four pillars of total health: Mental, Physical, Social and Finance.
Mental:	This pillar includes questions covering various areas of mental health, including anxiety, depression, coping skills, burnout, and general mental health.
Physical:	This pillar includes questions covering various areas of physical health, including physical activity, medical health, biometric awareness, lifestyle choices, sleep, and nutrition.
Social:	This pillar includes questions covering various areas of work-life, relationships, and work.
Financial	This pillar includes questions covering various areas of financial health, including debt, savings, and general financial behaviour.
Score:	A number from 0 to 100 which represents the average of all employee responses in a particular area.
Risk distributions:	Individuals completing the full TWI assessment and each pillar assessment are categorized into different risk groups (below). The percentage of the population falling into each category is displayed in the risk distributions.
Optimal Health (score from 81-100)	Individuals in this category are doing well in balancing the demands of life and work. Their Total Wellbeing (Mental, Physical, Social and Finance) collectively is quite good. Based on the information reported, individuals in this group should focus on sustaining optimal health.
Active Health (score from 71-80)	Individuals who fall in this category are doing reasonably well overall. In general, their total well-being is not an issue; however, there are areas upon which focus can help improve the individual's overall quality of life.
Strained Health (score from 61-70)	Individuals who fall in this category are currently experiencing some level of strain in one or more of the four total wellbeing areas. The challenge is to help and support these individuals in the areas they are feeling strain so that they can be improved into Active or Optimal Health and avoid dipping into Problem or At Risk Health.
Problem Health (score from 51-60)	Individuals who fall into this category are typically experiencing some physical, psychological, or financial symptoms that are having a negative impact on their total wellbeing and productivity. Individuals in this group typically require support to make changes that improve their total wellbeing.
At Risk Health (score from 0-50)	Individuals in this category are at risk for significant health issues in many or all of the key pillars of wellbeing: Mental, Physical, Social and Finance. These individuals are often off work or on the verge of being off work. Access to support services is essential to get them back on the right track.
Benchmark:	A standard or point of reference against which scores can be compared. The value of benchmarking is to measure the organization's performance/results against the standard. The benchmark/standard is based on the 50th percentile (middle value of all organizations) of collective scores of all organizations that have completed the TWI.
Top Performing (Employers) score:	Refers to scores at or above 90 per cent of the total TWI completions; only 10 per cent of total scores are above this threshold.
Generation:	Generations are defined by birth year. Regardless of age, individuals always belong to the generation into which they were born. Generations tend to experience similar life issues. By reporting on generations, organizations are able to compare results against other generations at a different place in the life cycle. Generation breakdown Generation Z: born in 1996 or later Millennials: born from 1980 to 1995 Generation X: born from 1965 to 1979 Baby boomers: born from 1946 to 1964 Traditionalists: born in 1945 or earlier
Assessments	
Assessments	A thematic assessment available in the wellbeing section of the platform.
Outcome	The calculated level of risk or impact pertaining to that area of the user's health, as determined by the overall score of their responses to the assessment.
Full HRA	The HRA (health risk assessment) is the completion of all the health and biometric assessments.
Precontemplation	User is not ready to engage in change and does not intend to take action in the next six months.
Contemplation	User is ready to consider change and does not intend to take action in the next six months.
Preparation	User is preparing to change and ready to take action within the next 30 days.
Action	User has started to engage in change.

Maintenance	User is continuing to engage in change after six months.

Challenges

Challenges	A personal or organization program that promotes activities related to improved health. This may include step and habitude challenges.
Personal	Challenges available to users to earn platform points as they progress towards long term healthy lifestyle choices. These challenges do not have a public leaderboard.
Corporate	Challenges created on behalf of your organization to promote engagement and health.
Habit	Specific behaviour that a user is looking to improve.
Step	A measurement of the action of taking a step.
Started or joined	The number of users who accepted or joined a personal or organization challenge.
Goal attained	This represents the number of users who have completed a challenge and met the target goal of the challenge.

Wellness Tiers

Points	Users earn points by completing various activities on the platform or by taking actions outside of the platform (that are tracked within the LifeWorks platform) to positively influence their overall wellbeing.
Tiers	There are 4 tiers that can be achieved by earning platform points. Within each tier, users can access specially-curated wellness rewards. These tiers are: Bronze (5), Silver (2,500), Gold (5,000), and Platinum (10,000)

Promoted Activities

Promoted Activity	An activity selected to promote to your user population. These include: Biometric Screening, Medical Event or Check-up, Preventive Screening, Training or Benefit Event, Competition or Athletic Event, Volunteering, Fitness or Sports, Gym or Workout, LIFT Challenge.

Support & Resources

Support & Resource Activities	The platform's Support & Resources section includes 1,800+ articles, podcasts, and toolkits. This report section shows the content viewed and which categories, subcategories, and specific content items are most popular. Viewing content counts as an activity.
Top Categories	There are five categories within Support & Resources: Family, Health, Life, Money, Work.
Top Subcategories	The subset of categories in the five categories from Support & Resources feature.
Total Activities	Total content views for each modality. The charts display up to ten most popular resources.

Perks

Summary

Total Perks transactions	Number of individual transactions completed on the Perks section of the platform.

Gift Cards

Gift cards transactions	Purchase of a single gift card through the Perks section of the platform.
Total gift card value	The redeemable value of the gift cards purchased.
Total gift card spend	The purchase price of the gift card paid by the user.
Gift card savings	The total savings divided by the total value of the gift cards purchased.

Cashback

Cashback Transactions	A single purchase (regardless of the # of products involved) from a partnered vendor's site.
Total cashback spend	The pre-tax purchase value of the transaction made with the vendor.
Total cashback	The total currency returned to the user who made the purchase, which is credited to the user's platform wallet. Upon confirmation from the vendor, the amount is eligible to be withdrawn by the user.
Average savings %	The portion of the total spending that is credited to the user's platform wallet.
Merchants	A 3rd party company that has an agreement with LifeWorks to provide cashback to LifeWorks' users

Cinemas

Cinema Transactions	Purchase of cinema tickets at a discount through the Perks section of the platform.
Cinema Value	The redeemable value of the cinema tickets purchased.
Cinema Spend	The purchase price of the cinema tickets paid by the user.
Cinema Saving	The difference between the value and the purchase price of the cinema tickets

Appendix

Report Information

Organization	Name of one or more organizations for the report run. Data on the report is aggregated for all selected organizations.
Country	Name of one or more countries represented in the report. Data on the report is aggregated for all selected countries.
Group	Name of one or more groups selected for the report run. Data on the report is aggregated for all selected groups.
Report Run Date	Name of one or more groups selected for the report run. Data on the report is aggregated for all selected groups.

Veterinary Examining Board
Agenda Request Form

<table>
<tr><td>1) Meeting Date</td><td>July 19, 2023</td></tr>
<tr><td>2) Requestor Name</td><td>Mace</td></tr>
<tr><td>3) Item Title for the Agenda</td><td>VPAP update</td></tr>
<tr><td>4) Should the Item be in Open or Closed Session?</td><td>Open</td></tr>
<tr><td>5) Are there Attachments?
(If yes, include file names)</td><td>Yes</td></tr>
<tr><td>6) Is a Public Appearance Anticipated?</td><td>No</td></tr>
<tr><td>7) Description of the Agenda Item</td><td>Informational – no action needed.

Seminars held (April - June):
<table>
<tr><th>Topic</th><th>Date</th><th>Time</th><th>Attendance</th></tr>
<tr><td>Stress Relaxation Techniques</td><td>5/11/2023</td><td>7pm</td><td>37</td></tr>
<tr><td>Overcoming Burnout for Employees</td><td>6/8/2023</td><td>12pm</td><td>43+ (one whole clinic participated)</td></tr>
<tr><td>Lifeworks VPAP Specific Orientation</td><td>6/15/2023</td><td>12pm</td><td>3</td></tr>
<tr><td>Building Resiliency in Uncertain Times (WVMA Reconnect the Vet: Plover)</td><td>6/22/2023</td><td>7pm</td><td>64</td></tr>
</table>

Upcoming events:
None currently scheduled. Will recommence in Sept.</td></tr>
</table>

Summary (January 2023 to June 2023)

Utilization Overview

We are pleased to present you with the key indicators relating to usage of your program for eligible participants by:

Veterinary Professional Assistance Program

The period covered is from: January 2023 to June 2023

During this reporting period, the program covered a population of **6,475**, resulting in a utilization rate of **0.45%** and an annualized utilization of **0.90%** . This is above the same period twelve months prior with **0.00%**.

Utilization	Annualized Utilization
0.45%	0.90%

View Utilization Breakdown

Counselling Services

0.39%

Work/Life Services

0.06%

Organizational Cases

Management Consultations

3

Critical Incident Services

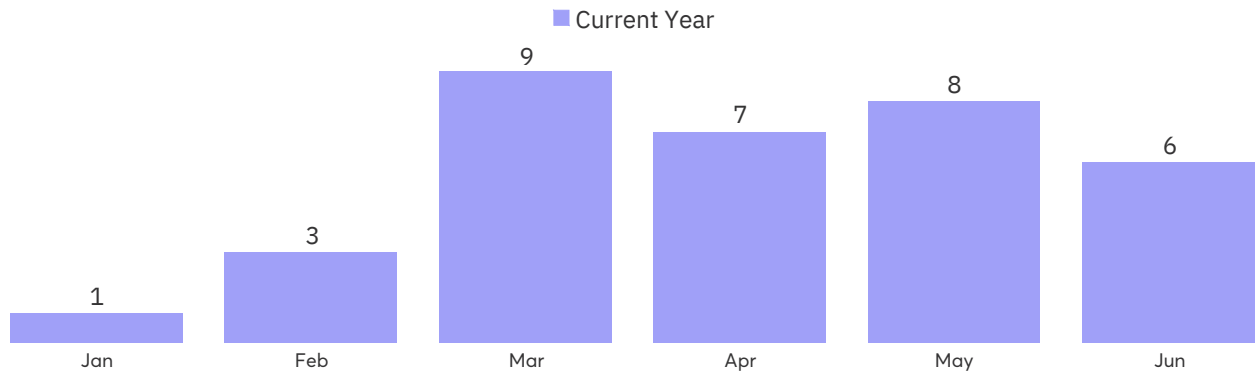
0

Workplace Support Programs

0

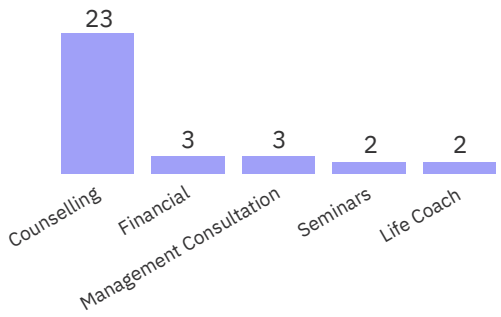
Comparative Prior Year vs. Current Year

Cases by Month



Case totals by top services

Current year



Case totals by top services

Previous Year

Participant (January 2023 to June 2023)

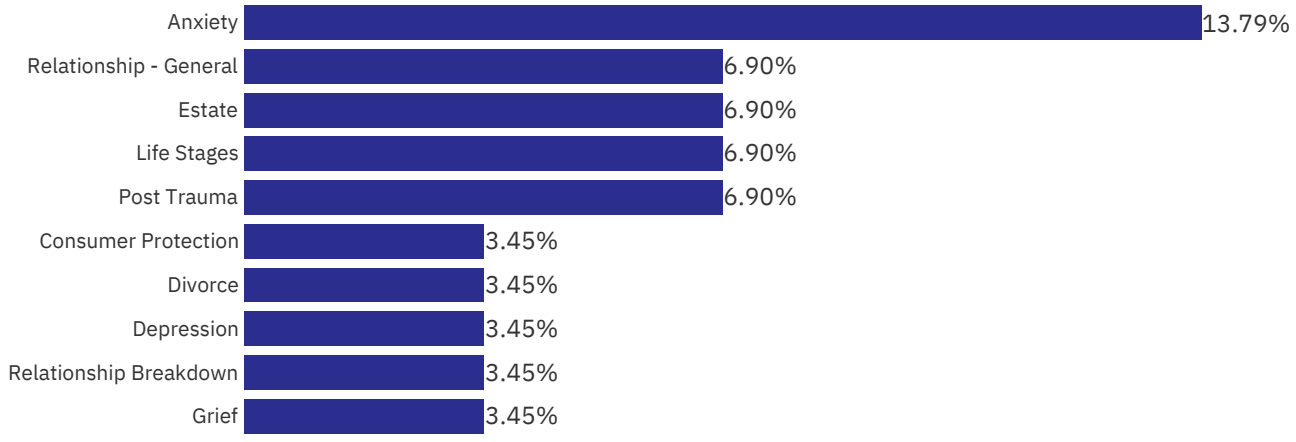
Total number of unique participants

18

New	Re-access
18	0

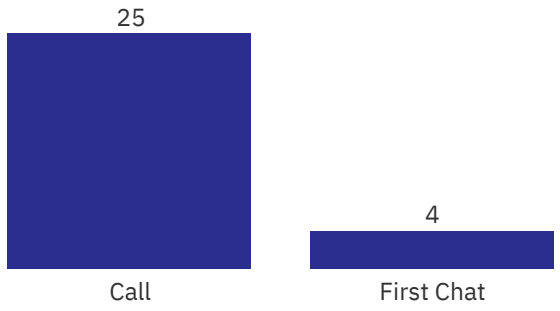
Participant Services	Q1	Q2	Q3	Q4	Current Total
General Counselling	**8**	**17**	**0**	**0**	**25**
Counselling	7	16	0	0	23
Life Coach	1	1	0	0	2
Work/Life	**2**	**2**	**0**	**0**	**4**
Financial	1	2	0	0	3
Legal	1	0	0	0	1
Total	**10**	**19**	**0**	**0**	**29**

Issues



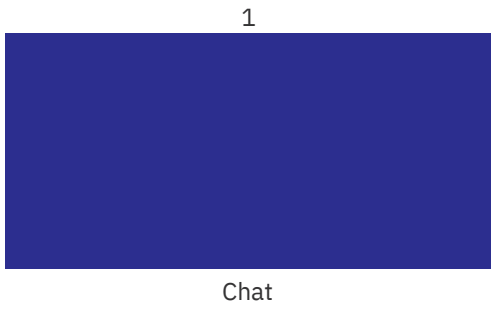
Cases by intake type

29

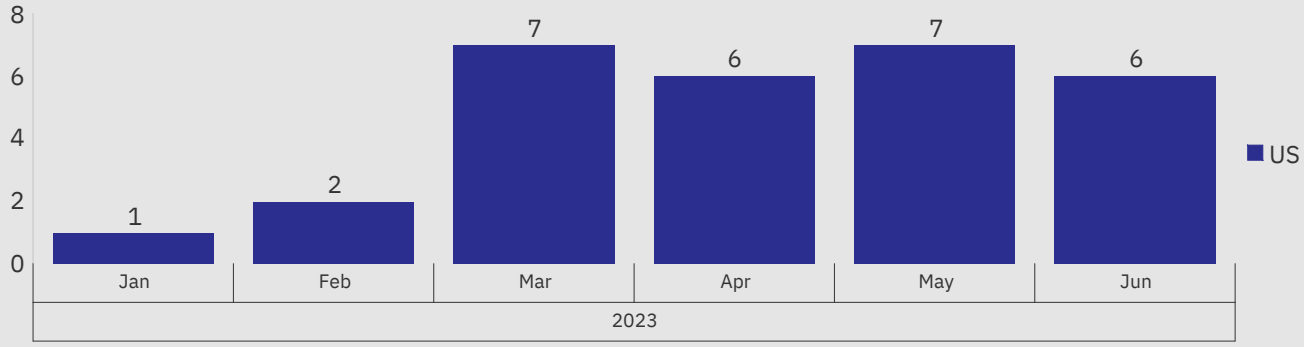


Service inquiries by intake type

1



Participant cases by month

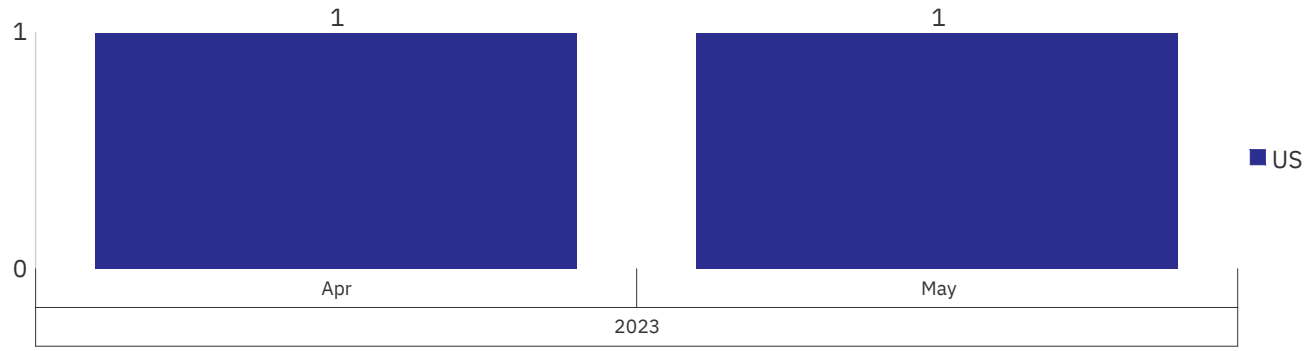


Organization (January 2023 to June 2023)

Organizational Solutions	Q1	Q2	Q3	Q4	Current Total
Training	0	2	0	0	2
Total	**0**	**2**	**0**	**0**	**2**

View Organizational Services Breakdown

Organization cases by month

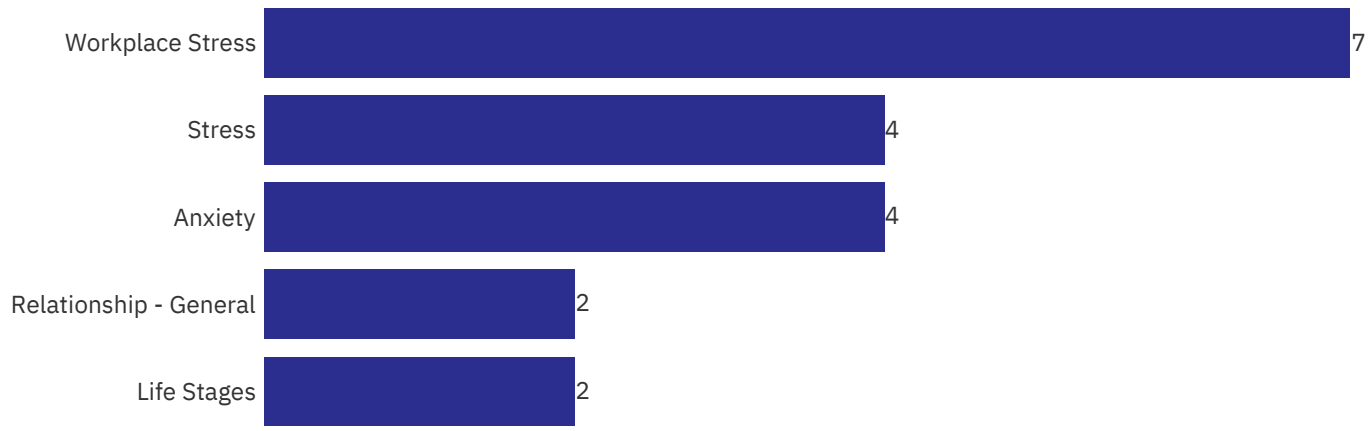


*Country assignment unavailable or service provided virtually across multiple countries.

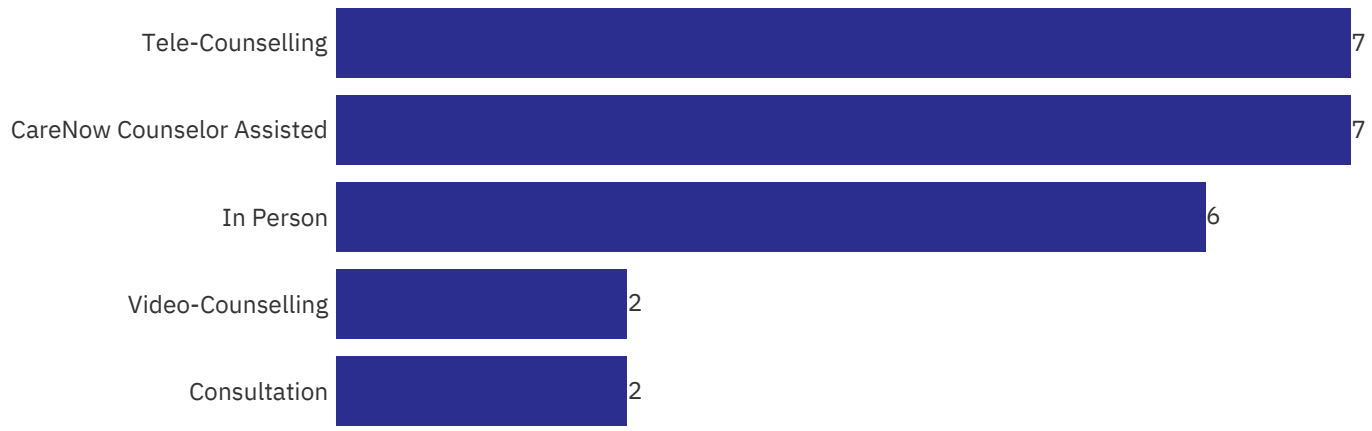
Emerging Issues (January 2023 to June 2023)

General Counselling

Top Issues



Top Modalities



Couple/Relationship	Q1	Q2	Q3	Q4	Current Total		Previous Year
Relationship - General	0	2	0	0	2	8.00%	0
Relationship Breakdown	0	1	0	0	1	4.00%	0
Total	**0**	**3**	**0**	**0**	**3**	**12.00%**	**0**

Personal/Emotional	Q1	Q2	Q3	Q4	Current Total		Previous Year
Anxiety	2	2	0	0	4	16.00%	0
Stress	2	2	0	0	4	16.00%	0
Life Stages	0	2	0	0	2	8.00%	0
Post Trauma	0	2	0	0	2	8.00%	0
Depression	1	0	0	0	1	4.00%	0
Grief	0	1	0	0	1	4.00%	0
Total	**5**	**9**	**0**	**0**	**14**	**56.00%**	**0**

Work Related	Q1	Q2	Q3	Q4	Current Total		Previous Year
Workplace Stress	2	5	0	0	7	28.00%	0
Total	**2**	**5**	**0**	**0**	**7**	**28.00%**	**0**

Work-Related	Q1	Q2	Q3	Q4	Current Total		Previous Year
Work Performance	1	0	0	0	1	4.00%	0
Total	**1**	**0**	**0**	**0**	**1**	**4.00%**	**0**

	Q1	Q2	Q3	Q4	Current Total		Previous Year
General Counselling	8	17	0	0	25	100.00%	0

Work/Life

Top Issues

Top Modalities

Financial	Q1	Q2	Q3	Q4	Current Total		Previous Year
Estate	1	1	0	0	2	50.00%	0
Divorce	0	1	0	0	1	25.00%	0
Total	**1**	**2**	**0**	**0**	**3**	**75.00%**	**0**

Legal	Q1	Q2	Q3	Q4	Current Total	Previous Year

Consumer Protection	1	0	0	0	1	25.00%	0
Total	**1**	**0**	**0**	**0**	**1**	**25.00%**	**0**

	Q1	Q2	Q3	Q4	Current Total		Previous Year
Work/Life	2	2	0	0	4	100.00%	0

Utilization (January 2023 to June 2023)

Weighted population for the report period was: 6,475

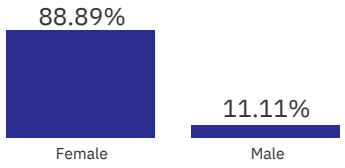
Back to Summary

Case Utilization	Q1	Q2	Q3	Q4	Current Quarter Utilization	Current Total	Utilization	Annualized Utilization
Population	*6,475*	*6,475*	*0*	*0*		*6,475*		
General Counselling	8	17	0	0	0.26%	25	0.39%	0.77%
Work/Life	2	2	0	0	0.03%	4	0.06%	0.12%
Total	**10**	**19**	**0**	**0**		**29**		

For any services that are counted at a ratio other than 1:1, the utilization above has been calculated based on the ratio. Population reflects the weighted average population of each quarter.

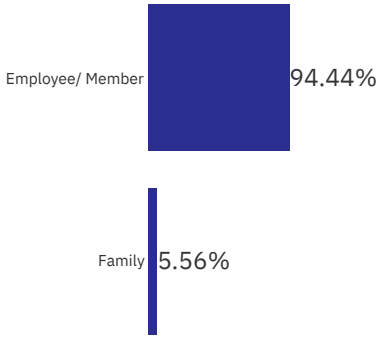
Demographic (January 2023 to June 2023)

Gender

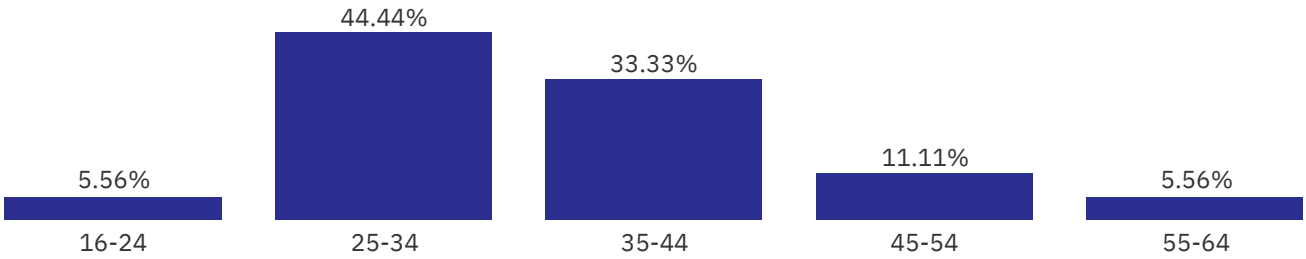


Language

Category

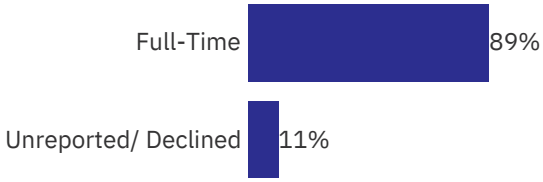


Age

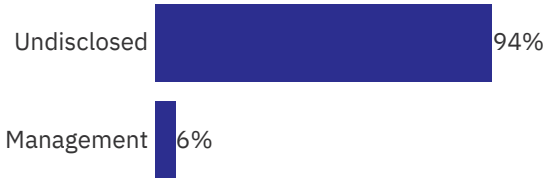


Profile

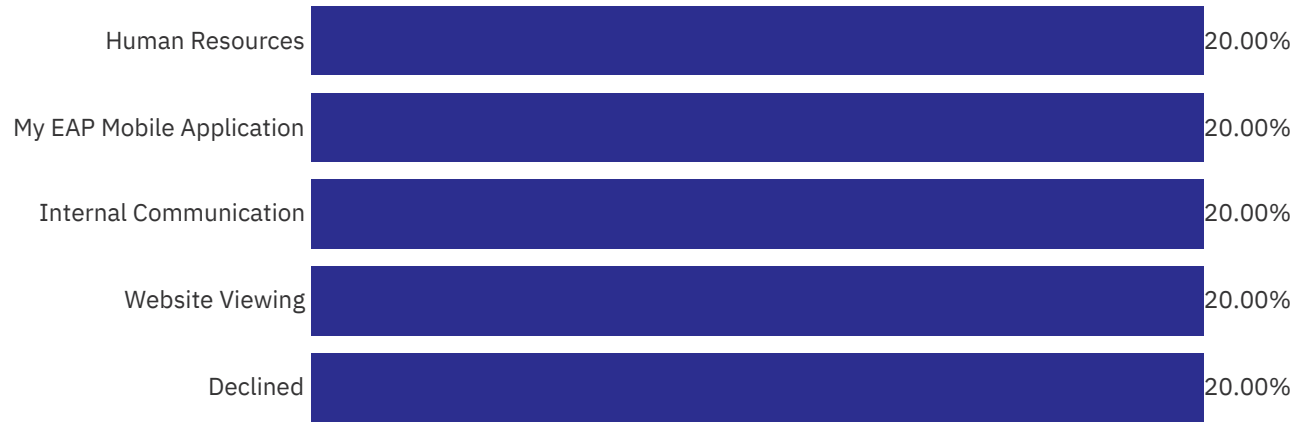
Employee/Member Status



Management Status



How did you hear about us?



Are you calling us as a result of Covid19?

Years of Service

Organization in Detail (January 2023 to June 2023)

Back to Organization

Management Consultations	Q1	Q2	Q3	Q4	Current Total		Previous Year	
Work Related	3	0	0	0	3	100.00%	0	0%
Total	**3**	**0**	**0**	**0**	**3**	**100%**	**0**	**0%**

Critical Incident Service

No Data Available

Critical incident events

No Data Available

Training name	Training type	Date	City	Country
Overcoming burnout	Stress Management	Jun 8, 2023	~	~
Building Resilience in Uncertain Times	Stress Management	Jun 22, 2023	~	~

Glossary (January 2023 to June 2023)

Some features defined below may not be applicable to your program.

Overall Summary

Summary

Participants & Participant Cases	Participants are eligible individuals who have accessed services within the reporting period. Participant cases includes: Counselling, Work/Life (i.e. legal, financial), Community Services. Except where explicity stated as closed cases, the counts are based on cases opened during the reporting period.
Organization & Organization Cases	The number of organizational cases (including Critical incidents, trainings, workplace support programs, management consults) and other organization authorized services. Except where explicity stated as closed cases, the counts are based on cases opened during the reporting period.
Population	Total lives that are covered within the reporting period. Population is averaged over time.
Utilization (%)	This is a measure to capture program usage by taking the total of cases as a proportion of the overall covered population. This reflects all cases contracted to count towards utilization. Calculated As: SUM =(number of cases/Population)*100
Annualized Utilization (%)	This is the projected annualized utilization if the reporting period selected is less than 12 months. Calculated As: SUM=(%of case utilization/the number of months in the reporting period)*12
EMEA	Europe, Middle East & Africa
NA	North America
APAC	Asia-Pacific
LATAM	Latin America
Country, Region, Global Benchmark	Overall benchmarking utilization percentages. Country benchmark is displayed if report is run for an individual country. Region benchmarks is displayed if report is run for countries only within the same region. Global benchmarks is displayed if report is run for more than one country in different regions. Calculated As: SUM=(total cases/total covered population)*100
Industry Benchmarks (Country, Region & Global)	Industry Benchmarks (Country, Region & Global)

Participant

Total number of unique participants	The number of distinct participants who have accessed services during the reporting period.
New participants	This is the number of unique participants who accessed services in the defined reporting period and have not previously accessed services within the reporting period.
Re-access Participants	This is the number of unique participants who have re-accessed services within the reporting period. In other words, total participants who have accessed the services more than once within the reporting period.
Cases by intake type	The method by which the participant contacted the program to access services.
Service inquiries by intake type	Service inquiries are brief calls that do not result in a case as no service was delivered. Intake type is the method by which a participant initiated a service inquiry.

Organization & Organization Cases

The number of organizational cases (including Critical incidents, trainings, workplace support programs, management consults) and other organization authorized services. Except where explicity stated as closed cases, the counts are based on cases opened during the reporting period.

Workplace Support Programs	Workplace Support Programs
Critical Incident Services	In the aftermath of an incident, our experts will design an immediate, global response that takes care of your people and your organization.
Management Consultations	Service delivered to the organization's people leaders to support with participant issues and how to have difficult conversations. The service is delivered by the program's clinical staff.
Training	Total training sessions conducted. Sessions can be short seminars, longer workshops offered onsite, online and self-directed. Topics can include mental health, resiliency, retirement/finances, nutrition/fitness and more.

Trends

Emerging Issues	Provides details on the counselling and work/life services opened during the reporting period. The presenting issues are self-identified by the participant at the time of intake.
Benchmarks	Provides comparative benchmarks between the organizational case distribution and the experience of other organizations within the same country, industry, or region. If the report is run for multiple countries, global benchmark comparison will also be available.
Modalities	The method by which the participant received their service.

Demographic

Gender	This is a breakdown of participant self-identified gender during the intake process. This information is only collected from covered participants and not family member participants.
Language	This is a breakdown of participant self-identified preferred language for service delivery purposes.
Category	This is a breakdown of participant self-identified category during the intake process.
Age	This is a breakdown of participant self-identified age group during the intake process. This information is only collected from covered participants and not family member participants.
Employee/Member Status	This is a breakdown of employe/member self-identified status during the intake process. This information is only collected from covered participants and not family member participants.
Management Status	This is a breakdown of participant self-identified job category during the intake process.
How did you hear about us?	This is a breakdown of participant self-reported detail on how they heard about the program.
Are you calling us as a result of Covid19?	This is a breakdown of participant self-reported to identify those who were calling as a result of the Covid-19 pandemic.
Years of Service	This is a breakdown of participant self-reported detail on how long the participant has been part of the organization. This information is only collected from covered participants and not family member participants.
Cases by Country	This is a map of the world to showcase the breakdown of case percentages by country.

Appendix

Report Information

Organization	The name of one or more organizations for the report run. Data on the report is aggregated for all selected organizations.
Report Run Date	The date that the report was generated.
Country	Name of one or more countries represented in the report. Data on the report is aggregated for all selected countries.
Region	Name of one or more regions represented in the report. Data on the report is aggregated for all selected regions.

Participant Category	Name of one or more participant category represented in the report. Data on the report is aggregated for all selected participant categories.
Optional Answers	List of one or more custom answer options represented in the report. Data on the report is aggregated for all selected answer options.
Consortium or Partner Name	Name of the Alliance Partner, Group, or Consortium name represented in the report.

Organizational Units Breakdown

Association, Companies, Branches & Divisions	Organizations for the program can be set up in hierarchical manner to support with breaking down utilization data at more granular levels. Services and cases are booked at the lowest level. The four possible levels in descending order are Association, Company, Branch and Division. Though cases are booked at the lowest level, they are also rolled up to the higher levels to provide aggregated organizational usage details.
Partner/Group	Partner is the name of the Alliance Partner for which the report was run. Group is the name of the group for which the report was run.