



## WISCONSIN LEGISLATIVE COUNCIL AMENDMENT MEMO

**2017 Senate Bill 767**

**Senate Amendment 1**

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### **2017 SENATE BILL 767**

Senate Bill 767 makes a number of modifications to current law, including the following:

- Requires certain health care providers authorized to prescribe controlled substances, when renewing his or her license issued by the applicable credentialing board, to submit proof of completion of continuing education requirements promulgated by rule of the board regarding best practices in prescribing controlled substances.
- With respect to the ability of an advanced practice nurse prescriber or physician assistant to obtain and practice under a waiver from the Drug Enforcement Administration for purposes of dispensing narcotic drugs to individuals for addiction treatment, allows a physician who satisfies any of the criteria specified in federal law to be eligible to obtain a waiver to serve as a qualifying physician for purposes of the collaboration or supervision requirement under federal law, regardless of whether the physician himself or herself holds a waiver.
- Prohibits the Department of Health Services (DHS) from requiring prior authorization for or another limitation on prescribing and dispensing of buprenorphine combination products to a Medical Assistance (MA) recipient, who is not pregnant, by a health care provider who possesses a valid waiver, if the prior authorization or other limitation is not required under the federal law.
- Requires each school board to incorporate drug abuse awareness and prevention in its health instructional program.

- Makes a number of changes to substance abuse counseling, including the following:
  - Allows marriage and family therapists and professional counselors to represent themselves to the public as substance abuse counselors, clinical supervisors, or prevention specialists without holding a certification for that purpose granted by the Department of Safety and Professional Services (DSPS).
  - Requires DSPS to grant a certification as a substance abuse counselor, clinical supervisor, or prevention specialist to an individual who holds a similar unexpired certification granted by another state that has requirements for certification that are not lower than this state's certification requirements.
  - Allows a person certified as a social worker, advanced practice social worker, or independent social worker, within the scope of his or her credential, to treat substance use disorder as a specialty. In order to treat substance use disorder as a specialty, current law requires a person holding one of those certifications to satisfy additional criteria related to education and amount of supervised practice, and to complete continuing education every two years, or to obtain a substance abuse counselor, clinical supervisor, or prevention specialist certification from DSPS.
  - Specifies the contents required in an application for certification as a substance abuse counselor, clinical substance abuse counselor, intermediate or independent clinical supervisor, prevention specialist, substance abuse counselor-in-training, clinical supervisor-in-training, or prevention specialist-in-training.
  - Adds various actions to the scope of unprofessional conduct for which DSPS may discipline a substance abuse counselor or other related professional.
  - Specifies the requirements that a person with an expired substance abuse counselor or other related certification must satisfy to renew or reinstate an expired, surrendered, or revoked certification.
  - Specifies the contents required in an application to be approved by DSPS to provide education that satisfies the educational requirements for a substance abuse counselor or other related certification.
  - Specifies the continuing education requirements that a substance abuse counselor, clinical substance abuse counselor, prevention specialist, or clinical supervisor is required to satisfy in order to renew his or her certification.
- Requires the DSPS Secretary to appoint a behavioral health review committee to advise DSPS regarding behavioral health. The committee is required to conduct a semiannual review of the requirements for obtaining credentials to become a substance abuse counselor, substance abuse counselor-in-training, clinical substance abuse counselor, clinical supervisor-in-training, intermediate clinical supervisor, independent clinical supervisor, prevention specialist, prevention specialist-in-

training, marriage and family therapist, professional counselor, social worker, advanced practice social worker, independent social worker, or clinical social worker, as well as any other credentials related to behavioral health.

- Provides \$50,000 of funding to the Department of Children and Families to develop and maintain online training resources for social services workers who deal with substance abuse-related cases.
- Creates an appropriation under the UW System with \$250,000 general purpose revenue of annual funding, beginning in 2018-19, for graduate psychiatric nursing education. The bill requires the Board of Regents, in consultation with the Chancellor of the University of Wisconsin (UW)-Madison, to do all of the following with respect to the graduate program in psychiatric mental health nursing at the UW-Madison:
  - Increase the number of students provided the opportunity to study to be board-eligible psychiatric mental health nurse practitioners;
  - Expand the instructional capacity available to teach psychiatric mental health nursing; and
  - Annually provide fellowships for psychiatric nursing students to participate in clinical rotations in rural communities or areas with shortages of mental health professionals in the state.

The bill specifies that in order to receive a fellowship, a student must commit to passing applicable board certification and to practicing in Wisconsin for at least two years after graduation from the program.

### **SENATE AMENDMENT 1**

Senate Amendment 1 modifies the bill as follows:

- Specifies that the sections in the bill relating to the continuing education requirements for the health care providers regarding best practices in prescribing controlled substances take effect on the first day of the 10th month beginning after publication.
- Deletes all of the provisions in the bill relating to prohibitions on prior authorizations for prescribing and dispensing of buprenorphine combination products to a MA recipient. Instead, the amendment requires DHS to review its prior authorization policy on buprenorphine-containing products provided to MA recipients. On the first day of the seventh month beginning after the bill's general effective date, and every six months thereafter, the amendment requires DHS to submit a report describing its findings on the prior authorization policy on buprenorphine-containing products in populations where removal of prior authorization is appropriate, to the standing committees of the Legislature with jurisdiction over health. DHS would not be required to submit the report after the date the prior authorization requirement for

use of buprenorphine-containing products by MA program recipients is eliminated for all appropriate populations.

- Makes a number of modifications to the provisions relating to substance abuse counseling, including the following:
  - Makes technical changes to accurately account for the appropriate licensing entity for various credentials.
  - Modifies the definition of “clinical supervision” to specify that supervision takes place in intermittent in-person contact between a clinical supervisor and counselor, rather than between a clinical supervisor and treatment staff.
  - Clarifies that a person certified by the Marriage and Family Therapy, Professional Counseling, and Social Work Examining Board is not authorized to use the title “alcohol and drug counselor” or “chemical dependency counselor” or treat alcohol or substance dependency or abuse as a specialty unless the individual is certified as an alcohol and drug counselor or as a chemical dependency counselor through a process recognized by DSPS.
  - Removes the requirement that applicants for substance abuse counselor and clinical substance abuse counselor certification submit evidence satisfactory to DSPS of the applicant's current credential.
  - Specifies that a clinical social worker, marriage and family therapist, or professional counselor who provides clinical supervision must be knowledgeable in addiction treatment.
- Authorizes the DSPS behavioral health review committee to propose changes in statutes and rules to the Marriage and Family Therapy, Professional Counseling, and Social Work Examining Board, or other appropriate credentialing board, in addition to DSPS.
- Clarifies that the fellowships provided by the Board of Regents under the bill are for **graduate** psychiatric nursing students.
- Authorizes the Medical Examining Board, the Board of Nursing, the Dentistry Examining Board, the Podiatry Affiliated Credentialing Board, and the Optometry Examining Board to promulgate rules required under the bill as emergency rules, and that the emergency rules would remain in effect until May 1, 2019, or the date on which permanent rules take effect, whichever is sooner. The amendment does not require the boards to provide evidence that the emergency rules are necessary for the preservation of the public peace, health, safety, or welfare to provide a finding of an emergency.

**BILL HISTORY**

Senate Amendment 1 was offered by the Joint Committee on Finance on February 8, 2018. On the same day, the Joint Committee on Finance recommended adoption of the amendment, and passage of the bill, as amended, on votes of Ayes, 16; Noes, 0.

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