

WISCONSIN LEGISLATIVE COUNCIL AMENDMENT MEMO

2007 Senate Bill 246

Senate Amendment 1

Memo published: February 28, 2008 Contact: Laura Rose, Deputy Director (266-9791)

2007 Senate Bill 246

2007 Senate Bill 246 does the following:

- Requires group health insurance policies to cover the services of clinical social workers, marriage and family therapists, and professional counselors (licensed mental health professionals) for outpatient treatment of mental health and alcohol and other drug abuse (AODA) problems, in the amounts required by the statutes.
- Exempts certain Medical Assistance (MA) mental health and AODA services from the requirement that the services be prescribed by a physician in order to get MA reimbursement.
- Requires that licensed mental health professionals and psychologists be included as providers of MA-reimbursable psychotherapy and AODA services.
- Establishes psychotherapy and AODA services as an MA benefit; and prohibits requiring supervision of licensed mental health professionals; that psychotherapy or AODA services be provided under a certified program; and that a physician or other health care provider first prescribe the psychotherapy or AODA services to an MA recipient.

Senate Amendment 1

Senate Amendment 1 makes the following changes to the bill:

• **Treatment records**: The amendment provides that treatment records, as defined in s. 51.30 (1) (b), Stats., include those records created by licensed psychologists or licensed mental health professionals who are not affiliated with a county department or treatment facility.

- **Scope of practice**: The amendment clarifies that outpatient services provided by a licensed mental health professional that are included under the mandate for insurance coverage under s. 632.89, Stats., must be provided by a licensed mental health professional practicing within the scope of his or her license under ch. 457 and applicable rules.
- **Grievance procedure**: The amendment requires that no one may practice clinical social work, marriage and family therapy, or professional counseling without making available to his or her clients, in writing, one of the following three options for a grievance procedure:
 - 1. A written grievance procedure that contains:
 - The name, address, and telephone number of, and any other contact information available for, the appropriate section of the examining board responsible for receiving a complaint and investigating and conducting a hearing.
 - The name, address, and telephone number of, and any other contact information available for, a person not involved in the services, therapy, or counseling giving rise to the complaint who would be available to receive and investigate a complaint.
 - How a client may present a complaint, and appeal the resolution, of any complaint presented to the person not involved in the services.
 - Time limits for filing, processing, and appealing the resolution of a complaint.
 - Protections against retaliation for a client who presents a complaint, and for any person who assists the client in presenting a complaint.
 - 2. A written grievance procedure that complies with the current Department of Health and Family Services (DHFS) administrative rules governing grievance procedures for clients under ch. 51, Stats.
 - 3. A written grievance procedure that is available to the credential holder through a professional association of which the credential holder is a member.

The amendment provides that a failure, by a licensed mental health professional who is not affiliated with a county department or treatment facility, to comply with the provisions under the law relating to informed consent and access to mental health treatment records, may be processed as a grievance under one of the grievance procedure options outlined above. In addition, the amendment creates a patient right under s. 51.61, Stats., to receive a copy of the grievance procedure from the licensed mental health professional that is providing services to the patient.

• **Delayed effective date**: The amendment provides a delayed effective date for the Act of 18 months.

Legislative History

On February 27, 2007, the Senate Committee on Health, Human Services, Insurance and Job Creation took executive action on the bill. The committee voted to introduce and adopt Senate Amendment 1 to the bill on a vote of Ayes, 5; Noes, 2; and recommended passage of the bill, as amended, by a vote of Ayes, 5; Noes, 2.

LR:jal:ty