



## Legislative Fiscal Bureau

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February 7, 2018

TO: Members  
Joint Committee on Finance

FROM: Bob Lang, Director

SUBJECT: Assembly Bill 907 and Senate Bill 767: Workforce and Healthcare Changes Relating to Substance Use Disorder

Assembly Bill 907 was introduced on January 31, 2018, and referred to the Joint Committee on Finance. An identical companion bill, Senate Bill 767, was introduced on February 2, 2018, and referred to the Joint Committee on Finance.

*DCF.* The bill would provide \$50,000 GPR annually, beginning in 2018-19, for the Department of Children and Families (DCF) to develop and maintain Internet-accessible training materials for county social services or veteran service workers on the appropriate response to cases involving substance abuse.

*DHS.* The bill would prohibit the Department of Health Services (DHS) from requiring prior authorization for, or other limitations on, prescribing and dispensing buprenorphine combination products to a medical assistance recipient by an authorized provider, if the prior authorization or other limitation is not required under federal law.

*DSPS.* The bill would modify current statutory provisions and administrative rules promulgated by the Department of Safety and Professional Services (DSPS) relating to: (a) continuing education requirements for certain health care practitioners authorized to dispense controlled substances; (b) dispensing narcotic drugs for addiction treatment provided by physician assistants and advanced practice nurse prescribers; (c) substance abuse counseling and the licensing requirements for professionals who perform substance abuse counseling; and (d) creating a Behavioral Health Review Committee to advise DSPS on matters relating to behavioral health.

*School Boards.* The bill would establish new requirements for instructional programs that school districts must provide to increase awareness of drug abuse, including prescription drug abuse, and prevention.

*UW System.* The bill would create new requirements relating to the graduate psychiatric mental health nursing program at the University of Wisconsin-Madison and provide \$250,000 GPR annually, beginning in 2018-19, to implement the new requirements.

## **BACKGROUND**

The DHS Division of Public Health indicates that the rate of opioid use disorder in Wisconsin has more than doubled between 2005 and 2014, and the rate continues to increase. The rate of opioid-related overdose deaths has been rapidly increasing since 1999. In 2015, 384 of the state's 614 opioid-related overdose deaths involved prescription opioids.

On January 5, 2018, Andrew Whitacre, a senior associate with the Substance Use Prevention and Treatment Initiative, from PEW Charitable Trusts presented policy recommendations to the Governor's Task Force on Opioid Abuse, which included: (1) creating an advisory body to evaluate implementation of a statewide "hub and spoke" treatment delivery system (a model currently employed in Vermont); (2) increasing access to buprenorphine by expanding training and removing unnecessary barriers; (3) evaluating Wisconsin's substance abuse counselor certification criteria to streamline credentialing while ensuring quality; (4) facilitating effective, evidence-based substance use disorder treatment for pregnant women; (5) creating a substance use disorder treatment referral tool; (6) developing a standardized process to compile and maintain data on the number of people in Wisconsin that want, but have not yet received, substance use disorder treatment; and (7) improving the reentry process for individuals with substance use disorders that are involved in the criminal justice system.

Of those seven recommendations, PEW suggested that legislative action would be the most effective to address the issues surrounding buprenorphine access, counseling capacity, and increased access to treatment for pregnant women.

## **BILL SUMMARY**

### **Department of Children and Families**

The bill would provide an additional \$50,000 GPR annually, beginning in 2018-19, in the DCF general program operations appropriation for the agency to develop Internet-accessible training materials for county social services or veteran services workers on the appropriate response to cases involving substance abuse.

### **Department of Health Services**

Under current law, the Pharmacy Prior Authorization Advisory Committee advises DHS on issues related to prior authorization policies regarding prescription drugs dispensed to medical assistance (MA) recipients. The Committee includes two physicians, two pharmacists, and one advocate for MA recipients. The Committee is required to accept information or commentary from

representatives of the pharmaceutical manufacturing industry in the Committee's review of the MA program's prior authorization policies.

In cases where prior authorization or other limitations are not required by federal law, the bill would prohibit DHS from requiring prior authorization for, or imposing other limitations on, prescribing and dispensing of buprenorphine combination products to a non-pregnant MA recipient, by a health care provider who possesses a valid waiver issued by the U.S. Department of Justice. This federal waiver authority is described under "Safety and Professional Services -- Dispensing Narcotic Drugs for Addiction Treatment."

## **Department of Safety and Professional Services**

### **Behavioral Health Review Committee**

Under current law, the Marriage and Family Therapy, Professional Counseling, and Social Work Examining Board (hereafter, the "Marriage and Family Therapy Examining Board") promulgates rules establishing minimum standards for educational programs and clinical training that must be completed for certification or licensure for marriage and family therapists, professional counselors, social workers, advanced practice social workers, independent social workers, and clinical social workers. DSPPS promulgates the rules that establish minimum standards and qualifications for substance abuse counselors, substance abuse counselors-in-training, clinical substance abuse counselors, clinical supervisors-in-training, intermediate clinical supervisors, independent clinical supervisors, prevention specialists, and prevention specialists-in-training. Under the bill, the Marriage and Family Therapy Examining Board and DSPPS would still be responsible for promulgating rules establishing credentialing criteria.

The bill would require the DSPPS Secretary to appoint a Behavioral Health Review Committee to advise DSPPS regarding behavioral health. The Committee would be 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.

Prior to the Committee conducting the semiannual credential review for behavioral health professionals, the bill would require DSPPS to publish a Class 1 notice in compliance with state law and a notice on its website announcing the opportunity for public comment, which the Committee would be required to accept as part of the review process. The Committee would be authorized to propose changes to state statutes and administrative rules to DSPPS.

### **Licensing -- Minimum Standards and Qualifications**

Under current law, DSPPS is required to promulgate rules that establish minimum standards and qualifications for the certification of substance abuse counselors, substance abuse counselors-

in-training, clinical substance abuse counselors, clinical supervisors-in-training, intermediate clinical supervisors, independent clinical supervisors, prevention specialists, and prevention specialists-in-training, as well as substance abuse counselors and clinical supervisors, as defined by DHS.

The DSPS certification standards and qualifications currently do not apply to a physician, clinical social worker, or licensed psychologist who practices as a substance abuse clinical supervisor or provides substance abuse counseling, treatment, or prevention services within the scope of his or her licensure. The bill would expand this exemption to include marriage and family therapists, and professional counselors.

Upon application and payment of the required fee, current law permits, but does not require, DSPS to issue a certification as a substance abuse counselor, clinical supervisor, or prevention specialist to an individual who holds a similar unexpired certification from another state for which the requirements for certification are of a standard that is not lower than those in Wisconsin. The bill would require, rather than permit, DSPS to issue such certifications.

### **Continuing Education Requirements for Practitioners Who Prescribe Controlled Substances**

Under current law, advanced practice nurses, dentists, physicians, physician assistants, podiatrists, and optometrists are all required to meet various continuing education requirements as determined by their respective boards. There is currently no specific requirement for any of these professions to complete continuing education credits relating to best practices for prescribing controlled substances.

The bill would modify continuing education requirements for these professions as follows.

*Nurses.* The bill would require the Board of Nursing to include continuing education requirements regarding best practices in prescribing controlled substances for any advanced practice nurse who is authorized to dispense controlled substances under federal law. The Board of Nursing would be required to specify the minimum number of hours of such instruction that must be completed in each two-year certification period.

*Dentists.* The bill would require the Dentistry Examining Board to promulgate rules specific to continuing education requirements regarding best practices in prescribing controlled substances for any dentist who is authorized to dispense controlled substances under federal law. The Dentistry Examining Board would be required to specify the minimum number of hours of such instruction that must be completed in each two-year certification period. The renewal of a license to practice dentistry would be contingent upon completion of current continuing education requirements, in addition to completion of continuing education credits regarding best practices in prescribing controlled substances for any dentist who is authorized to dispense controlled substances under federal law.

*Physicians.* The bill would require the Medical Examining Board to establish continuing education requirements regarding best practices in prescribing controlled substances for renewal of a license to practice medicine and surgery for any physician who is authorized to dispense controlled substances under federal law and to specify the minimum number of hours of such instruction that must be completed in each two-year certification period. The bill would require the Medical Examining Board to require physicians authorized to dispense controlled substances under federal law to submit proof of attendance for all continuing education programs regarding best practices in prescribing controlled substances.

*Physician Assistants.* The bill would require physician assistants who are authorized to dispense controlled substances under federal law to submit proof of completion of continuing education requirements regarding best practices in prescribing controlled substances, as established by the Medical Examining Board, at the time of recertification every other year. The bill would require the Council on Physician Assistants to promulgate rules establishing continuing education requirements regarding best practices in prescribing controlled substances as part of its duties to advise the Medical Examining Board. The Medical Examining Board would be required to promulgate rules regarding best practices in prescribing controlled substances, for renewal of a physician assistant license by a physician assistant authorized to dispense controlled substances under federal law. These rules must specify the minimum number of hours of such instruction that must be completed in each two-year certification period. In promulgating these rules the Medical Examining Board would be required to give deference to the recommendations of the Council on Physician Assistants.

Currently, individuals licensed or certified by the Medical Examining Board are required to register with the Medical Examining Board every other year following the issuance of his or her license or certificate. No person may exercise the rights or privileges conferred by any license or certificate granted by the Medical Examining Board unless they are currently registered. Under current law, a physician or perfusionist who fails to meet their continuing education requirements may not register with the Medical Examining Board. The bill would expand this requirement to include physician assistants.

*Podiatrists.* The bill would require the Podiatry Affiliated Credentialing Board to establish continuing education requirements specifically regarding best practices in prescribing controlled substances for any podiatrist who is authorized to dispense controlled substances under federal law. The Podiatry Affiliated Credentialing Board would also be required to specify the minimum number of hours of such instruction that must be completed in each two-year certification period.

*Optometrists.* The bill would require the Optometry Examining Board to establish continuing education requirements specifically regarding best practices in prescribing controlled substances for any optometrist who is authorized to dispense controlled substances under federal law. The Optometry Examining Board would be required to specify the minimum number of hours of such instruction that must be completed in each two-year certification period.

## **Dispensing Narcotic Drugs for Addiction Treatment**

Under current federal law, health care practitioners who dispense controlled substances are registered with the U.S. Department of Justice, Drug Enforcement Administration (DEA). A separate DEA registration is required for practitioners who dispense narcotic drugs to individuals for addiction treatment. However, subject to certain limitations and requirements, a qualifying practitioner can obtain a waiver from the requirement to obtain a separate DEA registration to dispense narcotic drugs for addiction treatment. Qualifying practitioners include physicians and, until October 1, 2021, physician assistants and nurse practitioners. In order to qualify for a waiver from the additional registration requirements, physician assistants and nurse practitioners must be supervised by, or work in collaboration with, a qualifying physician, if such collaboration or supervision is required under state law.

In Wisconsin, current administrative rules promulgated by the Medical Examining Board specify that a physician assistant must be supervised by one or more physicians while practicing as a physician assistant. Advanced practice nurse prescribers must work in a collaborative relationship with a physician, as specified in the administrative rules promulgated by the Board of Nursing.

The bill would authorize a physician assistant or advanced practice nurse prescriber who holds a waiver to dispense narcotic drugs to individuals for addiction treatment, to be supervised or work collaboratively with a physician who does not hold a waiver, as long as the supervising or collaborating physician meets the criteria in federal law to be eligible to obtain a waiver.

### **Applicability and Definitions**

Under changes to the administrative rules governing substance abuse professionals, the bill would prohibit a person from representing himself or herself to the public as a substance abuse counselor, clinical supervisor, or prevention specialist or as a certified substance abuse counselor, clinical supervisor, or prevention specialist or use in connection with his or her name a title or description that conveys the impression that he or she is a substance abuse counselor, clinical supervisor, or prevention specialist, or is a certified substance abuse counselor, clinical supervisor, or prevention specialist, unless he or she is so certified under state law.

The administrative rules governing substance abuse professionals would not apply to physicians, clinical social workers, licensed psychologists, or marriage and family therapists who practice as substance abuse clinical supervisors or provide substance abuse counseling, treatment, or prevention services within the scope of their licensure. Those same rules would not apply to: (a) the preparation of a patient for substance use disorder treatment by referral; (b) the treatment of a patient for substance use disorder until a referral for substance use disorder treatment is completed; and (c) the continuation of treatment with the non-substance use disorder issues of a person, when performed by a mental health provider practicing within the scope of his or her credential.

Except as noted in the prior paragraph, an individual who is not certified as a substance abuse counselor or as a clinical substance abuse counselor would also be prohibited from using the

title "addiction counselor," "substance abuse counselor," "alcohol and drug counselor," "substance use disorder counselor," or "chemical dependency counselor."

The bill would make a number of changes to the definitions in the administrative rules governing substance abuse professionals. Those changes include the repeal of the existing definitions of: comprehensive program, core functions, general education development (GED), high school equivalency diploma (HSED), prevention domains, and transdisciplinary foundations. Those changes also include creating the following definitions:

*Marriage and Family Therapy.* As defined in state statute to mean applying psychotherapeutic and marital or family systems theories and techniques in the assessment, marital or family diagnosis, prevention, treatment or resolution of a cognitive, affective, behavioral, nervous or mental disorder of an individual, couple, or family.

*Professional Counseling.* As defined in state statute to mean applying a combination of human development, rehabilitation, and either psychosocial or psychotherapeutic principles, procedures, or services that integrate a wellness, pathology, and multicultural model of human behavior in order to assist an individual, couple, family, group of individuals, organization, institution, or community to achieve mental, emotional, physical, social, moral, educational, spiritual, vocational, or career development and adjustment through the life span of the individual, couple, family, group of individuals, organization, institution, or community.

*Amended Definitions.* The bill would modify the definitions of two terms defined in the administrative rules governing substance abuse professionals. First, "substance use disorder," which is currently defined to mean the existence of a diagnosis of "substance dependence" or "substance abuse" listed in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), would be amended to mean the existence of a "substance use disorder" listed in the most current edition of the DSM. Second, the definition of "clinical supervision" would be amended to note quality patient care as a primary purpose of clinical supervision. Currently, that primary purpose is defined as skill development as evidenced in quality patient care.

*Moved Definitions.* The bill would move, but not alter, the current definitions for assessment training, case management, counseling training, patient education, and professional responsibility, to locate these definitions with the state administrative rules addressing definitions relating to substance abuse professionals.

### **Substance Abuse Counseling -- Individuals Licensed by the Marriage and Family Therapy Examining Board**

Individuals licensed by the Marriage and Family Therapy Examining Board are not currently permitted to use the title "alcohol and drug counselor" or "chemical dependency counselor" unless the individual is certified as an alcohol and drug counselor or as a chemical dependency counselor through a process recognized by DSPS. The bill would repeal this limitation, and allow individuals

licensed by the Board to represent themselves to the public as substance abuse counselors, clinical supervisors, or prevention specialists without holding a certification for that purpose.

Further, under the bill, individuals licensed by the Board would be authorized to treat alcohol or substance dependency or abuse as a specialty by meeting the certification requirements described in the next section.

The bill would repeal the alcohol and drug counseling section of the administrative rules governing marriage and family therapists, social workers, and professional counselors. This section of the administrative rules relates to how an individual licensed by the Marriage and Family Therapy Examining Board would become authorized to practice alcohol and drug counseling and to treat substance use disorder as a specialty. The "Certification Requirements" section of this memorandum identifies the new requirements individuals licensed by the Board must meet in order to treat substance use disorder.

### **Certification Requirements**

The bill would repeal and recreate SPS 161, which relates to certification requirements for individuals who treat alcohol or substance dependency or abuse in clinics certified under DHS 75 ("Community Substance Abuse Service Standards"). These certification requirements apply to substance abuse counselors-in-training, substance abuse counselors, clinical substance abuse counselors, and individuals who have a specialty certification in alcohol and drug counseling under current administrative rule, which would be repealed by this bill.

#### **Substance Abuse Counselors-in-Training**

*Current Law.* Currently, an applicant for certification as a substance abuse counselor-in-training must submit, in addition to an application and fee, evidence satisfactory to DSPS that all of the following have been met: (a) that the applicant has a high school diploma, a high school equivalency diploma (HSED) or a general equivalency diploma (GED); (b) successful passage of an ethics, boundaries, and jurisprudence examination developed or approved by DSPS; (c) successful completion of 100 hours of specialized education in the transdisciplinary foundations in compliance with DSPS rules, which may include an organized educational field experience program from an accredited school; and (d) current employment, a written offer of employment, or an agreement authorizing volunteer hours at an agency providing substance use disorder treatment. The applicant's clinical supervisor must review the education component described under (c), and attest that the education submitted by the applicant fulfills other requirements specified by rule.

*Bill.* The bill would require an applicant for certification as a substance abuse counselor-in-training to submit: (a) an application form and required fee; (b) evidence of a successful passage of the jurisprudence examination; (c) evidence of current employment, a written offer of employment, internship, practicum, or an agreement authorizing volunteer hours at an agency providing substance use disorder treatment; and (d) evidence of completion of 100 hours of substance use disorder specialized education through a postsecondary institution, DSPS-approved continuing education, or DSPS-approved education program. The 100 hours must include: (a) 15 hours in



assessment training; (b) 15 hours in counseling training; (c) 10 hours in case management; (d) 15 hours in patient education; (e) 20 hours in professional responsibility; and (f) 25 hours in electives in any of the subjects listed under (a) to (e).

If an applicant has a pending criminal charge or has been convicted of a crime, the bill would require the applicant to also submit all related information, necessary for DSPS to determine whether the circumstances of the pending criminal charge or conviction are substantially related to the practice of substance abuse counseling.

### Substance Abuse Counselors

*Current Law.* Currently, an applicant for certification as a substance abuse counselor must submit, in addition to an application and fee, evidence satisfactory to DSPS of all of the following: (a) successful passage of the International Certification Reciprocity Consortium Alcohol and Other Drug Abuse written counselor examination; (b) that the applicant has a high school diploma, an HSED or GED; and (c) completion of the requirements of substance abuse counselor education requirements, as specified in administrative rule.

In addition, the applicant must demonstrate completion of 4,000 supervised hours of work experience performing the practice dimensions, within five years immediately preceding the date of application, with the conditions that: (a) experience in excess of 40 hours per week or 2,000 hours per year does not count in meeting the experience requirement; and (b) the 4,000 hours must include all of the following: (1) 2,000 hours in performing the practice dimensions with patients who have a primary substance use disorder diagnosis; (2) 1,000 hours in substance use disorder counseling with at least 500 hours in a one-on-one individual modality setting; and (3) a minimum of 200 hours of counseling during the 12-month period immediately preceding the date of application, of which 100 hours must have been completed using an individual modality setting.

An applicant who previously held a certificate from the Wisconsin Certification Board, Inc. and who can provide documentation of accumulation of 100 or more hours of approved specialized education as of March 1, 2007, may submit proof of completion of the balance of the 360 hours specified by DSPS rules from sources other than a comprehensive program. An applicant for certification as a substance abuse counselor who is previously credentialed by the Marriage and Family Therapy Examining Board must submit evidence satisfactory to DSPS of fulfilling certain requirements specified by rule.

*Bill.* The bill would require an applicant for certification as a substance abuse counselor to submit, in addition to an application form and fee, the following: (a) evidence of a successful passage of the jurisprudence examination, unless the applicant previously passed the examination while obtaining a substance abuse counselor-in-training credential; and (b) evidence of completion of 360 hours of substance use disorder specialized education through a postsecondary institution or DSPS-approved education program. The 360 hours must include: (1) 60 hours in assessment training; (2) 60 hours in counseling training; (3) 60 hours in case management; (4) 60 hours in patient education; (5) 60 hours in professional responsibility; (6) six hours in boundaries and ethics; and (7) 54 hours in electives in any of the subjects in (1) to (6). The applicant must also

submit evidence of successful passage of the National Association for Alcoholism and Drug Abuse Counselors' NCAC I Exam.

Additionally, under the bill, the applicant must submit evidence of completion of 3,000 hours of work experience performing the practice dimensions, supervised by an authorized individual within the five years immediately preceding the date of application. Those 3,000 hours would have to include: (a) 1,000 hours in providing substance use disorder counseling with a minimum of 500 hours in an individual modality setting; and (b) 200 hours of providing counseling during the 12-month period immediately preceding the date of application, of which 100 hours shall have been completed using an individual modality setting.

Finally, if an applicant has a pending criminal charge or has been convicted of a crime, the bill would require the applicant to also submit all related information, necessary for DSPS to determine whether the circumstances of the pending criminal charge or conviction are substantially related to the practice of substance abuse counseling.

Under the bill, an applicant for certification as a substance abuse counselor who is credentialed by the Marriage and Family Therapy Examining Board at the bachelor's level or higher would not be subject to the requirements described above, but would instead be required to submit evidence to DSPS of their current credential as issued under state law by the Marriage and Family Therapy Examining Board.

#### Clinical Substance Abuse Counselor

*Current Law.* Currently, by rule, an applicant for certification as a clinical substance abuse counselor must submit evidence satisfactory to DSPS of all of the following:

(a) successful passage of the International Certification Reciprocity Consortium Alcohol and Other Drug Abuse written counselor certification examination taken on or after June 1, 2008. If the written examination was taken before June 1, 2008, an applicant must have either successfully passed the International Certification Reciprocity Consortium case presentation method *interview* on or before December 31, 2008, or have successfully retaken the written counselor certification examination on or after June 1, 2008;

(b) completion of 7,000 hours of patient counseling experience performing the practice dimensions as a substance abuse counselor, supervised by an individual defined by rule, within five years immediately preceding the date of application, with the conditions that the 7,000 hours must include 2,000 hours in direct, in-person substance use disorder patient counseling and that experience in excess of 40 hours per week or 2,000 hours per year does not count in meeting the experience requirement;

(c) attendance and completion of 360 hours of approved specialized education in substance use disorder counseling within a comprehensive program covering the transdisciplinary foundations and practice; or attendance and completion of 360 hours of approved specialized

education in substance use disorder counseling within a degree program approved by DSPTS in a field with an addiction emphasis or concentration in clinical counseling;

(d) an applicant who previously held a certificate from the Wisconsin Certification Board, Inc., and can provide documentation of accumulation of 100 or more hours of approved specialized education as of March 1, 2007, may submit proof of completion of the balance of the 360 hours from sources other than a comprehensive program;

(e) successful passage of an ethics, boundaries, and jurisprudence examination developed or approved by DSPTS; and

(f) graduation from an accredited school with an associate's, bachelor's, master's, or doctoral degree in behavioral science.

*Bill.* The bill would require an applicant for certification as a clinical substance abuse counselor to submit, in addition to an application form and fee, evidence of a successful passage of the jurisprudence examination (unless the applicant previously passed the examination while obtaining a substance abuse counselor or substance abuse counselor-in-training credential) and evidence of either holding a substance abuse counselor credential or completion of 360 hours of substance use disorder specialized education through a postsecondary institution or DSPTS-approved education program.

The 360 hours must include: (a) 60 hours in assessment training; (b) 60 hours in counseling training; (c) 60 hours in case management; (d) 60 hours in patient education; (e) 60 hours in professional responsibility; (f) six hours in boundaries and ethics; and (g) 54 hours in electives in any of the subjects in (a) to (f). The applicant must also submit evidence of successful passage of the National Association for Alcoholism and Drug Abuse Counselors' NCAC I Exam, as well as evidence of an associate's degree or higher in a behavioral science field from an accredited university or college.

Additionally, under the bill, the applicant must submit evidence of completion of 5,000 hours of work experience performing the practice dimensions, supervised by an authorized individual within the five years immediately preceding the date of application. Those 5,000 hours may include any work experience hours obtained as a requirement of the substance abuse counselor credential.

Finally, if an applicant has a pending criminal charge or has been convicted of a crime, the bill would require the applicant to also submit all related information, necessary for DSPTS to determine whether the circumstances of the pending criminal charge or conviction are substantially related to the practice of substance abuse counseling.

Under the bill, an applicant for certification as a substance abuse counselor who is credentialed by the Marriage and Family Therapy Examination Board at the bachelor's level or higher would not be subject to the requirements listed above, but must instead submit evidence to DSPTS of his or her current credential as issued under state law by the Board.

### Clinical Supervisor-in-Training

*Current Law.* Currently, by rule, an applicant for certification as a clinical supervisor-in-training must submit, in addition to an application form and fee, evidence satisfactory to DSPS of all of the following: (a) current employment, a written offer of employment or an agreement authorizing volunteer hours at an agency providing substance use disorder treatment service as a certified clinical supervisor of counselors; (b) successful passage of an ethics, boundaries, and jurisprudence examination developed or approved by DSPS; (c) current certification as either a clinical substance abuse counselor or a professional counselor, marriage and family therapist, or social worker holding a credential at the master's level or higher with the specialty authorization specified by rule; (d) completion of 2,000 hours of patient counseling experience performing the practice dimensions as a clinical substance abuse counselor, supervised, within five years immediately preceding the date of application, with the conditions that the 2,000 hours must include 200 hours in direct, in-person substance use disorder patient counseling and that experience in excess of 40 hours per week or 2,000 hours per year does not count in meeting the experience requirement.

*Bill.* The bill would require an applicant for certification as a clinical supervisor-in-training to submit, in addition to an application and fee, evidence of current employment, a written offer of employment, or an agreement authorizing volunteer hours as a clinical supervisor of state certified counselors providing substance use disorder treatment services, and evidence of either holding an active clinical substance abuse counselor credential or holding an active credential as issued under state law by the Marriage and Family Therapy Examining Board, at the master's level or higher.

### Intermediate Clinical Supervisor and Independent Clinical Supervisor

*Current Law -- Intermediate Clinical Supervisor.* Currently, by rule, an applicant for certification as an intermediate clinical supervisor must submit, in addition to an application form and fee, evidence satisfactory to DSPS of all of the following:

(a) current certification as a clinical substance abuse counselor or a professional counselor, marriage and family therapist, or social worker holding a credential under Chapter 457 of the statutes, at the master's level or higher with the specialty authorization specified by rule;

(b) verification of one year clinical supervisory experience as the supervisor of counselors certified under provisions in rule, with the conditions that: (1) the clinical supervisory experience obtained after December 15, 2009, must be supervised by an intermediate clinical supervisor, an independent clinical supervisor, a physician, or a psychologist who practices as a substance abuse clinical supervisor within the scope of his or her license; and (2) the year includes the provision of 200 contact hours of in-person clinical supervision;

(c) verification of 30 hours of classroom training in clinical supervision, which includes a minimum of six hours of training in each of the following domains: (1) assessment or evaluation; (2) counselor development; (3) management or administration; and (4) professional responsibility;

(d) completion of 2,000 hours of patient counseling experience performing the practice dimensions as a clinical substance abuse counselor, supervised by an individual defined by rule, within five years immediately preceding the date of application. Experience in excess of 40 hours per week or 2,000 hours per year does not count in meeting the experience requirement. The hours must include 200 hours in direct, in-person substance use disorder patient counseling;

(e) successful passage of the International Certification Reciprocity Consortium written clinical supervisor certification examination; and

(f) successful passage of an ethics, boundaries, and jurisprudence examination developed or approved by DSPS.

*Current Law -- Independent Clinical Supervisor.* Currently, by rule, an applicant for certification as an independent clinical supervisor must submit, in addition to an application and fee, evidence satisfactory to DSPS of all of the following:

(a) successful passage of an ethics, boundaries, and jurisprudence examination developed or approved by DSPS;

(b) the applicant holds a current certificate as a clinical substance abuse counselor or a professional counselor, marriage and family therapist or social worker holding a credential at the master's level or higher with the specialty authorization specified by rule, with verification of 10,000 hours of counseling experience within a period of no less than five years. This experience must include at least completion of 2,000 hours of patient counseling experience performing the practice dimensions as a clinical substance abuse counselor, supervised by an individual defined by rule, within five years immediately preceding the date of application. The 2,000 hours must include 200 hours in direct, in-person substance use disorder patient counseling. Experience in excess of 40 hours per week or 2,000 hours per year does not count in meeting the experience requirement;

(c) verification of two years of clinical supervisory experience as the supervisor of certified counselors. Clinical supervisory experience obtained after December 15, 2009, must be supervised by an intermediate clinical supervisor, an independent clinical supervisor, a physician, or a psychologist who practices as a substance abuse clinical supervisor within the scope of his or her license. These two years must include the provision of 200 contact hours of in-person clinical supervision;

(d) verification of 30 hours of classroom training in clinical supervision. This must include a minimum of six hours of training in each of the following domains: (1) assessment or evaluation; (2) counselor development; (3) management or administration; and (4) professional responsibility; and

(e) successful passage of the International Certification Reciprocity Consortium written clinical supervisor certification examination.

*Bill.* The bill would require an applicant for certification as an intermediate clinical supervisor or an independent clinical supervisor to submit, in addition to an application and fee, evidence of either holding an active clinical substance abuse counselor credential or holding an active credential as issued under state law by the Marriage and Family Therapy Examining Board, at the master's level or higher; and evidence of two years of clinical supervisory experience as a supervisor-in-training or intermediate supervisor within the last five years as the supervisor of state certified counselors, or having a credential issued by the Marriage and Family Therapy Examining Board.

Additionally, an applicant must submit evidence of one of the following: (a) holding an intermediate clinical supervisor credential; (b) successful completion of 30 hours of education in clinical supervision, including a minimum of six hours each of training in assessment and evaluation, counselor development, management and administration, and professional responsibility; or (c) holding an American Association for Marriage and Family Therapy supervisor certification. Finally, an applicant must submit evidence of successful passage of the National Association of Alcoholism Counselors and Trainers' NCSE examination.

#### Prevention Specialist-in-Training

*Current Law.* By rule, an applicant for certification as a prevention specialist-in-training must submit evidence satisfactory to DSPTS that the applicant: (a) has a high school diploma, an HSED, or a GED; and (b) has completed 40 hours of approved education and training covering the prevention domains, of which five hours must be in ethics.

*Bill.* The bill would require an applicant for certification as a prevention specialist-in-training to submit an application form and fee, as well as evidence of successful completion of 40 hours of approved education, including five hours specific to ethics, in the following areas: (1) planning and evaluation; (2) prevention education and service delivery; (3) communication; (4) community organization; (5) public policy and environmental change; and (6) professional growth and responsibility.

#### Prevention Specialist

*Current Law.* By rule, an applicant for certification as a prevention specialist must submit evidence satisfactory to DSPTS of all of the following: (a) that the applicant has a high school diploma, an HSED or a GED; (b) successful passage of an ethics, boundaries and jurisprudence examination developed or approved by DSPTS; (c) completion of 240 hours of approved education and training covering the prevention domains, with the conditions that at least fifty hours of this training must be specific to alcohol, tobacco, or other substance abuse and at least six hours must be in ethics; (d) verification of 2,000 hours of work experience as a prevention specialist-in-training, with a minimum of 100 hours of the experience in each prevention domain; (e) successful passage of the International Certification Reciprocity Consortium written prevention specialist certification examination; and (f) verification of a 120 hour practicum in the prevention domain areas with no less than 10 hours in any prevention domain area.

*Bill.* The bill would require an applicant for certification as a prevention specialist to submit: an application form and fee; evidence of successful passage of the jurisprudence examination; and evidence of successful completion of 120 hours of approved education, including 50 hours specific to alcohol, tobacco, and other substance abuse and six hours specific to ethics, in the following areas: (a) planning and evaluation; (b) prevention education and service delivery; (c) communication; (d) community organization; (e) public policy and environmental change; and (f) professional growth and responsibility.

### **Requirements for Certification - Reciprocity**

*Current Law - Clinical Substance Abuse Counselors.* Applicants who hold a credential substantially similar to a clinical substance abuse counselor who are credentialed in another state or territory that is a member of the International Certification Reciprocity Consortium must:

(a) meet requirements specified by rule relating to general requirements applicable to all certifications, successful passage of the International Certification Reciprocity Consortium Examination, and successful passage of an ethics, boundaries, and jurisprudence examination developed or approved by DSPS;

(b) provide verification of the applicant's eligibility for reciprocity by the International Certification Reciprocity Consortium; and

(c) provide verification of the applicant's credentials in all states or countries in which the applicant has ever held a credential.

*Current Law - Independent Clinical Supervisors.* Applicants who hold a credential substantially similar to an independent clinical supervisor issued by another state or territory that is a member of the International Certification Reciprocity Consortium must:

(a) meet the requirements specified by rule relating to general requirements applicable to all certifications, successful passage of an ethics, boundaries, and jurisprudence examination developed or approved by DSPS, and successful passage of the International Certification Reciprocity Consortium written clinical supervisor certification examination;

(b) provide verification of the applicant's eligibility for reciprocity by the International Certification Reciprocity Consortium;

(c) provide verification of the applicant's credentials in all states and countries in which the applicant has held a credential; and

(d) show evidence of holding a valid current certification as an independent substance abuse counselor in Wisconsin or concurrently submits an application for reciprocal credentialing that satisfies the terms described under (a) above.

*Current Law - Prevention Specialists.* Applicants who hold a credential substantially similar to a prevention specialist issued by another state or territory that is a member of the International Certification Reciprocity Consortium must:

(a) meet general requirements applicable to all certifications, and demonstrate successful passage of an ethics, boundaries, and jurisprudence examination developed or approved by DSPS and the International Certification Reciprocity Consortium written prevention specialist certification examination;

(b) provide verification of the applicant's eligibility for reciprocity by the International Certification Reciprocity Consortium; and

(c) provide verification of the applicant's credentials in all states and countries in which the applicant has held a credential.

By rule, applicants from other states applying under these provisions must submit proof of completion of at least 40 hours of approved continuing education within two years prior to application.

*Bill.* The bill would require an applicant holding a current credential in good standing as a substance abuse counselor, clinical supervisor, or prevention specialist or their equivalents in another state or U.S. territory with requirements that are at least as high as those required for credentialing in Wisconsin, to submit evidence of successful passage of the jurisprudence examination, as well as an application form and fee.

If an applicant has a pending criminal charge or has been convicted of a crime, the bill would require the applicant to also submit all related information necessary for DSPS to determine whether the circumstances of the pending criminal charge or conviction are substantially related to the practice of substance abuse counseling.

Finally, if an applicant has had disciplinary or adverse action taken on their substance abuse counselor, clinical supervisor, or prevention specialist credential or its equivalent, the bill would require the applicant to also submit all related information necessary for DSPS to determine whether the circumstances of the disciplinary or adverse action would warrant denial of the application.

### **Practice Restrictions -- Substance Abuse Counselors**

The bill would repeal most of the administrative code (SPS 163) relating to practice restrictions. This repeal includes the section of administrative code relating to who may treat individuals with substance abuse disorders. However, other provisions in the bill have a similar effect of limiting who is authorized to treat individuals with substance abuse disorders.

Current administrative rules relating to practice restrictions for substance abuse counselors-in-training, specify that the granting of a substance abuse counselor-in-training certificate does not



denote or assure competency to provide substance use disorder counseling. A substance abuse counselor-in-training may provide services in any of the core functions, except counseling, if authorized by the clinical supervisor. A clinical supervisor may only authorize the practice of substance abuse counseling by a substance abuse counselor-in-training after the substance abuse counselor-in-training has completed 300 hours of supervised training or supervised work experience in the core functions. This restriction does not apply to a substance abuse counselor-in-training who transferred from a previous credential issued by the Wisconsin Certification Board, Inc. Such an individual may practice substance use disorder counseling after providing proof to his or her clinical supervisor that within the previous five years he or she completed a total of 100 hours of specialized education in the content areas defined by administrative code.

The bill would allow a substance abuse counselor-in-training to provide services, if authorized and documented by the clinical supervisor. The bill would repeal provisions relating to completion of supervised training or supervised work experience prior to a clinical supervisor authorizing the practice of substance abuse counseling by a substance abuse counselor-in-training.

### **Unprofessional Conduct by Substance Abuse Professionals**

Current administrative code (SPS 164) contains a list of behaviors and actions which violate the minimum standards of the substance abuse treatment profession, necessary for the protection of the health, safety, or welfare of a patient or the public.

The bill would add the following behaviors and actions to the existing list: (a) allowing students or supervisees to perform services for which the substance abuse professional is not qualified by education, training, or experience to perform; (b) discriminating in practice on the basis of gender identity; (c) revealing to personnel not engaged in the care of a patient or to members of the public information concerning a patient's identity unless authorized by the patient or required by law; and (d) disclosing supervisee confidences, except as mandated by law, to prevent a clear and immediate danger to a person, or in an educational or training setting where there are multiple supervisors who share responsibility for training the supervisee.

The bill would also modify the current listing of failing to report a violation of administrative rule to DSPPS or to institutional supervisory personnel, as unprofessional conduct. Specifically, under the bill, it would be unprofessional conduct to not report a violation of administrative rule to DSPPS or to any supervisory personnel, not just institutional supervisory personnel, as under current rule.

### **Renewal and Reinstatement of Licenses**

The bill would repeal and recreate SPS 165, which relates to credential renewal requirements for substance abuse professionals.

Under the bill, an individual with an expired credential as a substance abuse counselor-in-training, substance abuse counselor, clinical substance abuse counselor, clinical supervisor-in-training, intermediate clinical supervisor, independent clinical supervisor, prevention specialist-in-

training, or prevention specialist may not reapply for a credential using the initial application process.

If an individual holding one of the credentials listed in the prior paragraph renews their credential within five years after its expiration, the individual must: (a) pay the renewal fee and any applicable late fee; and (b) certify the completion of continuing education requirements during the two-year period preceding the last renewal date. Currently, there is no requirement in administrative code that an applicant certify the completion of continuing education requirements during the two-year period preceding the last renewal date.

Currently, if an individual holding one of the credentials noted above renews his or her credential after five years of its expiration, that individual is eligible for reinstatement by complying with the requirements for obtaining the initial certification, including educational and examination requirements that apply at the time the application is made. Under the bill, the individual would instead be required to: (a) pay the renewal fee and any applicable late fee; and (b) provide proof that either the individual holds a substantially equivalent credential in another state or that the individual has completed 60 hours of continuing education in the last two years, including six hours of ethics and boundaries and six hours of psychopharmacology. These requirements would not apply to an individual who has unsatisfied disciplinary requirements.

Under the current administrative rules, an applicant for reinstatement of certification following disciplinary action must meet the requirements for credential renewal of an unexpired certification and could be required to successfully complete an examination as prescribed by DSPS. Following investigation and satisfactory proof that the cause of the disciplinary action no longer exists, DSPS may reinstate any certification. An applicant who applies for reinstatement more than five years after the date of the order imposing discipline against the applicant may be reinstated by complying with the requirements for obtaining initial certification or licensure, including educational and examination requirements that apply at the time the application for reinstatement is made.

Instead, under the bill, individuals who have unsatisfied disciplinary requirements and have not renewed their credentials within five years of its expiration, or whose credentials have been surrendered or revoked, would be able to apply for the credential to be reinstated by submitting evidence of: (a) meeting all the requirements specified for an individual renewing their credential after five years of its expiration; (b) completion of disciplinary requirements, if applicable; and (c) rehabilitation or change in circumstances warranting reinstatement.

The bill would eliminate two current provisions in administrative rule: (a) that the credential and certificate of biennial certification must be displayed in a prominent place by each person while certified by DSPS; and (b) that a certificate holder may apply to DSPS for a postponement or waiver of the requirements for reinstatement on grounds of prolonged illness, disability, or other grounds constituting extreme hardship. However, the bill permits a certificate holder to apply to DSPS for a postponement or waiver of the continuing education requirements on grounds of prolonged illness, disability, or other grounds constituting extreme hardship. In such cases DSPS would be required to review each case on its individual merits.

## **Approval of Education Programs**

The bill would repeal and recreate SPS 166, which relates to required content and number of hours that certified substance abuse professionals must meet to comply with educational requirements.

*Substance Abuse Counselors.* Under the bill, an application for a DSPS approved education program must include all of the following: (a) a detailed outline of each course, or for core competency programs, a detailed outline of each core competency and how the competency will be measured; and (b) for each course or core competency, the allocation of hours or competency hour equivalencies for the following content areas: (1) assessment training; (2) counseling training; (3) case management; (4) patient education; (5) professional responsibility; and (6) boundaries and ethics.

Further, under the bill, the education program would be required to submit evidence that each instructor is qualified. These permissible qualifications would be the same as under current administrative code. However, the bill would eliminate DSPS' authority to determine that someone is qualified to supervise a course of study by experience or education, if that individual does not meet the specified qualifications.

Relating to application requirements, the bill would eliminate the current requirements in administrative code that applications contain certain information, including: (a) the method of instruction used; (b) an explanation of integrated and identified program outcomes and how those outcomes will be measured; and (c) an explanation of how the program meets requirements that information presented is responsive to the characteristics of individual, group, family, and couple clients and significant others seeking substance use disorder treatment, including but not limited to age, gender, ability, disability, developmental level, sexual orientation, health status, ethnicity, culture, and social issues.

The bill would eliminate provisions in the administrative code relating to providers of Internet-based education. Specifically, the bill would eliminate the requirement that providers ensure instructor availability to students at reasonable times by reasonable means, reasonable oversight of student identity, and reasonable opportunity for student self-evaluation of mastery.

Under current administrative rule, education programs that are not part of a degree in an accredited institution are approved by DSPS for a period of two years. Programs that are part of a degree in an accredited institution are approved by DSPS for a period of five years. Once the approval period expires, the education provider is required to resubmit the program for approval. Under the bill, all program approvals would remain in effect for five years. After five years, the program must resubmit a new application to become an approved educational program.

The bill would also eliminate the current administrative rule provisions requiring education providers to have an effective method of tracking student attendance and assessing mastery of the taught material.

*Prevention Specialists.* The bill would eliminate educational programs endorsed, accredited, or approved by another international certification and reciprocity consortium member jurisdiction from being considered valid educational programs for purposes of meeting substance abuse prevention educational requirements. However, the bill would not make changes to the other entities currently authorized to provide, sponsor, or approve prevention specialist training that DSPS will accept as valid education. The bill would also eliminate DSPS' ability to approve other educational programs in advance that are not provided, sponsored, or approved by one of the entities listed in administrative code.

### **Continuing Education**

Currently, in administrative rule, in order to maintain his or her authority to treat alcohol or substance dependency as a specialty, a credential holder must complete the following continuing education hours relating to alcohol and substance dependency during each biennial credentialing period: (a) 40 hours for prevention specialists, substance abuse counselors-in-training, substance abuse counselors, and clinical substance abuse counselors; (b) six hours, in addition to the clinical substance abuse counselor requirements, for clinical supervisors-in-training, intermediate clinical supervisors, and independent clinical supervisors; and (c) 25 hours for prevention specialists-in-training.

Under the bill, all substance abuse counselors and prevention specialists, not granted a postponement or waiver of the continuing education requirements, would be required to complete 30 continuing education credit hours in approved continuing education programs during each two-year credential period, and to certify on the renewal application that all required continuing education was completed. At least four of the 30 continuing education credit hours would be required to be in the area of professional ethics and boundaries.

Under the bill, individuals licensed by the Marriage and Family Therapy Examining Board would be authorized to have their continuing education credits for those credentials satisfy the requirements for substance abuse counselors and prevention specialists.

Under the bill, a clinical supervisor would be required to complete four hours of continuing education for each two-year credential period related to the supervision of substance abuse counselors. These four hours could count towards the 30 hours needed for renewal of a clinical substance abuse counselor certification.

Under current administrative rules, DSPS does not pre-approve continuing education programs. In order to be considered a valid continuing education program the program subject matter must include core curriculum education in at least one of the following: (a) substance use disorder counseling, prevention domains, clinical practice, knowledge, and skills; (b) a field or subject area allied with, and relevant to, the clinical practice of substance use disorder counseling including work toward an academic degree; (c) substance use disorder counseling practice ethics; (d) professional boundaries; (e) administration; (f) advanced counseling theory and techniques; (g) family issues; (h) mental health issues; (i) substance use disorders studies; or (j) clinical supervision principles and procedures.

Further, the program sponsor must agree to provide a responsible person to monitor and verify the attendance of each registered student at the program, and the program sponsor agrees to keep the records of attendance for three years from the date of the program and to provide each participant with evidence of having attended the program. These responsibilities may only be assigned or delegated if noted in the course materials and approved by DSPS. Additionally, the program sponsor must review and validate the program's content to ensure its compliance with the core curriculum requirements. The program must also offer significant professional educational benefit for participants and contain a reasonable security procedure to assure that the student enrolled is the actual participant. Finally, the instructor must be qualified to present the course.

Undergraduate or graduate level courses or continuing education courses relevant to the professional practice of substance use disorder counseling, clinical supervision, or prevention work offered by an accredited college or university, a local or national professional substance use disorder association, or other professional mental health or medical health related organizations, as well as programs or continuing education courses sponsored by one of the mentioned entities, may be approved as a continuing education program if the program meets the requirements in the previous paragraph.

Finally, all providers of continuing education courses must agree to monitor attendance and provide a certificate of attendance to each participant. The certificate must identify the educational components that were covered by the course or seminar and the total hours for each component.

Currently, a continuing education program may take a variety of forms, with administrative code outlining how the continuing education hours (CEHs) would be granted as follows: (a) formal presentations of relevant professional material at seminars, workshops, programs, or institutes, which may include formal presentation and directed discussion of videotaped material (one CEH per hour of continuing education for attendees, two CEHs per hour of continuing education for presenters, but no additional CEHs may be granted for subsequent presentations of the same material); (b) university, college, or vocational technical adult education courses, which may include formal presentation and directed discussion of videotaped instruction (10 CEHs per semester credit or 6.6 CEHs per quarter credit for students, 20 CEHs per semester hour or 13.2 CEHs per quarter hour for instructors, but no additional CEHs may be granted for subsequent presentations of the same material); (c) educational sessions at state and national conferences (one CEH per hour of continuing education for students, two CEHs per hour of continuing education for presenters, but no additional CEHs may be granted for subsequent presentations of the same material); (d) Internet learning courses offered by an accredited college or university (10 CEHs per semester credit or 6.6 CEHs per quarter credit); and (e) self-study courses approved by accredited college or university schools, local or national professional or mental health related organizations (one CEH per credit completed, but self-study courses may not be used to satisfy the ethics requirement).

Under the bill, in order to be considered an approved continuing education program for substance abuse counselors, a program would have to be relevant to the practice of substance abuse counseling and meet one of the following: (a) be approved, sponsored, provided, endorsed, or authorized by any of the following: (1) the National Association of Alcohol and Drug Abuse

Counseling or one of its affiliated divisions; (2) the International Certification & Reciprocity Consortium; (3) the American Association for Marriage and Family Therapy or one of its affiliated divisions; (4) the Wisconsin Association for Marriage and Family Therapy; (5) the National, American, or Wisconsin Rehabilitation Counseling Association; (6) the National Board for Certified Counselors; (7) the Commission on Rehabilitation Counselor Certification; (8) the Association of Social Work Boards; (9) the National Association of Social Workers or one of its affiliated chapters; (10) the Association of Baccalaureate Program Directors; or (11) the Council on Social Work Education; (b) be offered by a training program accredited by the Commission on Accreditation for Marriage and Family Therapy Education; (c) be approved, sponsored, or co-sponsored by a presenter approved by the Committee for the Approval of Continuing Education Sponsors of the American Psychological Association; (d) be offered by an accredited college or university (a credential holder will receive 15 continuing education credit hours for completing an approved semester course); or (e) be an employee sponsored in-service training and development program, although no more than 15 continuing education credit hours earned through employee sponsored in-service training and development programs that are not approved under (a) through (d) could count towards satisfying the continuing education requirements.

Alternatively under the bill, an individual may earn continuing education credit hours for engaging in any of the following activities, if the activity is relevant to the practice of substance abuse: (a) presenting professional material, one continuing education credit hour is earned under this subdivision for each hour of a continuing education presentation, except that 15 credit hours are earned for presenting a semester-long educational course. No continuing education credit hours are earned by a person for repeating a presentation for which the person has previously earned continuing education. A person who presents for any of the following may earn continuing education credit hours: (1) an approved seminar, workshop, program, or institution or (2) a university, college, or vocational technical adult education course; (b) developing professional material. One continuing education credit hour is earned under this subdivision for each hour spent developing continuing education professional material; (c) authoring a published textbook or professional resource book, (for 15 continuing education credit hours); or (d) authoring a professional journal article or a chapter published in a textbook or professional resource book, (for eight continuing education credit hours). However, a maximum total of 15 continuing education credits earned through the activities listed in (a) through (d) of this paragraph may be counted towards satisfying the continuing education requirement.

Under the bill, an individual credentialed as a substance abuse counselor-in-training, substance abuse counselor, clinical substance abuse counselor, clinical supervisor-in-training, intermediate clinical supervisor, independent clinical supervisor, prevention specialist-in-training, or prevention specialist, may apply to DSPS for a postponement or waiver of the continuing education requirements on grounds of prolonged illness, disability, or other grounds constituting extreme hardship. DSPS must consider each application individually on the application's merits.

## **School Boards**

The bill would modify current law governing educational goals for public schools relating to personal development, to require school districts to provide an instructional program designed to

give pupils awareness about drug abuse, including prescription drug abuse, and prevention. In addition, the bill would modify current law relating to instruction regarding highway safety and the use of alcohol and controlled substances and the relationship between youth suicide and the use of alcohol and controlled substances, to add references to prescription drugs.

### **University of Wisconsin System (UW)**

The bill would create an appropriation under the UW System with \$250,000 GPR of annual funding, beginning in 2018-19, for graduate psychiatric nursing education. The bill would require the Board of Regents, in consultation with the Chancellor of the UW-Madison, to do all of the following with respect to the graduate program in psychiatric mental health nursing at the UW-Madison: (a) increase the number of students provided the opportunity to study to be board-eligible psychiatric mental health nurse practitioners; (b) expand the instructional capacity available to teach psychiatric mental health nursing; and (c) 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 under (c), a student would have to commit to passing applicable board certification and to practicing in Wisconsin for at least two years after graduation from the program.

The bill would specify that costs associated with accomplishing the duties described above would be funded from the appropriation created under the bill.

### **Initial Applicability**

Changes to the certification requirements, certification renewal requirements, and continuing education requirements for an individual credentialed as a substance abuse counselor-in-training, substance abuse counselor, clinical substance abuse counselor, clinical supervisor-in-training, intermediate clinical supervisor, independent clinical supervisor, prevention specialist-in-training, or prevention specialist would first apply to applications received by DSPS on the bill's general effective date.

### **Effective Date**

All statutory changes in the bill would take effect on the day after publication, except for changes to the administrative rules, which would be effective as provided under Chapter 227 of the statutes (in this case, on the first day of the month commencing after the date of the bill's publication).

### **FISCAL EFFECT**

*Department of Children and Families.* The bill would increase the Department of Children and Families general program operations appropriation by \$50,000 GPR annually, beginning in fiscal year 2018-19, to develop and maintain Internet-accessible training materials for county social services or veteran services workers on the appropriate response to cases involving substance abuse.

*UW System.* The bill would create an appropriation under the UW System with \$250,000 GPR annual funding beginning in 2018-19 for graduate psychiatric nursing education. Specifically, the funding would be used to 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 Wisconsin.

*Department of Safety and Professional Services.* The bill would not modify funding or authorize additional positions for DSPS. In its fiscal note to the bill, DSPS estimated that the bill would result in one-time implementation costs of approximately \$18,000 PR and ongoing costs of approximately \$2,100 PR annually. Of the one-time costs, \$16,000 is associated with the changes to administrative rules and the development of new administrative rules. The remaining \$2,000 is associated with the changes to the continuing education requirements regarding best practices for prescribing controlled substances, including: (a) updating the renewal application forms for these professions; (b) updating and testing the credentialing enforcement database; (c) updating the DSPS website; and (d) training credential processing staff on the new requirements.

The ongoing costs would be related to preparing for, and staffing the new Behavioral Health Advisory Committee, as well as the Committee members' per diem and mileage reimbursement. DSPS indicates that the agency can absorb both the one-time and ongoing costs within its current budget.

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