



Wisconsin Psychological Association

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February 19, 2026

RE: Assembly Bill 799, a health professional assistance program

Representative Moses (Chair) Rep.Moses@legis.wisconsin.gov
Representative Brooks (Vice-Chair) Rep.Rob.Brooks@legis.wisconsin.gov
Members of the Assembly Committee on Health, Aging and Long-Term Care

The Wisconsin Psychological Association would like to commend the authors of AB799 and SB802 for tackling this complex and challenging issue. The issue has long needed addressing and this is an excellent effort to do so. We also view the amendment by Senator Feyen as useful in adjusting some details of the original bill. However, we do not support the bill in its current form.

DSPS has long had a program and procedures for protecting the public by promoting “early identification of chemically dependent professionals and encouraging rehabilitation.” This bill should expand the scope of that program to address other forms of impairment “due to a health condition” beyond substance abuse¹ instead of creating a new separate process and structure. We ask that you examine the proposed creation of 440.10 and the current s. 440.03 (1c) and the associated administrative code², which authorizes the current DSPS Professional Assistance Program. The proposed legislation looks more like a replacement for s. 440.03 (1c) without modifying that section; leaving that section intact and creating a new process is likely to cause confusion.

The proposed legislation has several components we support. The bill would create and utilize a non-profit tax exempt “entity” to address assessment and treatment of those professionals, and the bill creates a funding mechanism within DSPS to cover the costs of the assessment and necessary treatment. Although the funding mechanism would increase the cost of licenses issued by boards participating in the program, the cost for licenses in Wisconsin is low and the cost increase is unlikely to cause hardship for affected professionals. We appreciate the suggested low cost of the program but believe that writing the dollar amount into the bill³ should be avoided and setting the fee should be a function of DSPS so it can be adjusted up or down from the \$70 target to cover the actual cost of the program. Please allow DSPS and its Boards to draft rules to govern this process.

We like that the proposal grants each board a choice to participate or opt out of the program. The rules and guidelines for the programs policies and procedures⁴ seem sound and reasonable. We recommend adding an authorization for DSPS, the participating board, or both to write any additional rules, procedures, and regulations needed to administer and fund the program as future needs arise and any shortcomings are identified.

We have a similar recommendation about the guidelines proposed on page 5, lines 3-14, and additions from the amendment, (3) Health professional assistance program. DSPS, the participating board, or both should be able to write any additional rules, procedures, and regulations that may be needed as the program is implemented or as future needs and concerns are identified.

¹ Page 3 Section 3 of the proposed bill.

² <https://dsps.wi.gov/Pages/SelfService/ProfessionalAssistanceProcedure.aspx>, s. 440.03 (1c), and [Wisconsin Legislature: Chapter SPS 7](#).

³ Page 5, line 20

⁴ Page 5, lines 6-18

We have concerns about how the bill creates processes and procedures that might complicate the relationship between the entity and DSPS and its associated boards. We believe this section needs clarification.⁵ For example, the bill indicates that a practitioner who “believes that a colleague health care provider has a condition that could lead to impairment”⁶ may report the health care provider to the program; this standard is problematic. First, the standard of “a condition that could lead to impairment” lacks sufficient precision. An improvement might be “observes a colleague exhibiting signs or symptoms consistent with impairment.” Second, that section does not indicate the allegedly impaired colleague should be reported to DSPS. We believe that DSPS, the related board, or both should be involved in any reporting or referral process. DSPS has established procedures for addressing referrals to treatment programs that work well. Establishing two reporting pathways for impaired colleagues would create confusion. This section would benefit from reworking to integrate with the current DSPS statutes and administrative code.

We applaud that the bill and Amendment 1 provide for “Voluntary assistance”⁷. Allowing practitioners to seek voluntary entry to the treatment program established by this bill without involving DSPS and its boards creates a payment dilemma. If DSPS has the responsibility to cover the costs of the program entity, they would need to know the participant’s identity to determine if the costs are warranted, and to eliminate the possibility of fraud. We suggest that all reports and referral to the entity be routed through DSPS and the affiliated boards as is currently established by statute and administrative code, while incorporating the broadened definition of impairment to factors beyond substance use disorders. We note that there is nothing in either DSPS regulations or this proposed bill that would prohibit a professional from voluntarily seeking treatment outside this system.

Finally, much of this bill’s language about implementation and other details could readily be accomplished in administrative code like the one cited above. This bill should authorize DSPS and its boards to write additional code after the basic definitions, entity structure, and policy goals provided by this proposed bill become law.

WPA would welcome the opportunity to work with legislators and the legislature toward improving this important bill.

Sincerely,



Bruce Erdmann, Ph.D.
Member of the Advocacy Cabinet on behalf of the
Wisconsin Psychological Association

CC: Committee Clerk Maryjane Behm Maryjane.Behm@legis.wisconsin.gov

⁵ Page 6, line 24 to page 7 line 20.

⁶ Page 7, lines 1 and 2

⁷ Page 6, line 15