



State of Wisconsin  
2025 - 2026 LEGISLATURE

LRB-3279/1  
MED:cjs/skw/wlj

## 2025 BILL

1     **AN ACT** *to amend* 440.03 (9) (a) (intro.) and 448.115 (1) (intro.); *to create*  
2             20.165 (1) (hr) and 440.10 of the statutes; **relating to:** a health professional  
3             assistance program and making an appropriation.

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### ***Analysis by the Legislative Reference Bureau***

This bill directs the Department of Safety and Professional Services to contract with an entity to establish and operate a health professional assistance program to coordinate detection, evaluation, treatment, and continuing care monitoring for health care providers who are suffering from a condition that could lead to impairment, which the bill defines as the inability of a health care provider to practice with reasonable skill or safety due to a health condition.

Under the bill, the entity selected by DSPS to provide the program must be sponsored by a health care provider professional association or society, be organized as a not-for-profit entity, contract with or employ a medical director who specializes or has training or expertise in addiction medicine, and contract with or employ health care providers as needed for the program's operation. In addition, the program must adopt certain procedures, including procedures for 1) determining eligibility for the program; 2) contracting or coordinating with a network of health care providers to provide care for participants; 3) monitoring the continuing care and support of participants; 4) intervening when participants violate any terms of program participation or when participants may require additional evaluation or treatment; and 5) safeguarding confidentiality.

**BILL**

The bill allows a credentialing board that regulates health care providers to participate in the program with respect to one or more credentials issued by that board. If a credentialing board participates in the program, the credentialing board is not required to participate in the program with respect to each credential issued by the board, but may limit its participation to one or more specified credentials.

The bill provides that the program must allow health care providers who are suffering from a condition that could lead to impairment to participate on a voluntary and confidential basis. The bill provides that voluntary participation in the program does not limit a credentialing board's authority to investigate or discipline the participating health care provider on the basis of conduct that is unrelated to the health care provider's participation in the program.

The bill permits health care providers and credentialing boards that have reason to believe that a health care provider has a condition that could lead to impairment to report the health care provider to the program. The bill requires the program to receive and assess the reports and determine whether the health care provider who is the subject of the report requires further screening, evaluation, treatment, or other action. If the program determines that a health care provider requires further screening, evaluation, treatment, or other action, the program must offer the health care provider the option to voluntarily participate in the program.

Under current law, a physician who has reason to believe that certain facts about another physician are true, including that the other physician is engaging or has engaged in acts that constitute a pattern of unprofessional conduct or that the other physician is or may be medically incompetent, must promptly submit a written report to the Medical Examining Board that includes facts relating to the conduct of the other physician. The bill provides that a physician can fulfill their reporting obligation by submitting a written report to the program, instead of the Medical Examining Board, if the Medical Examining Board is participating in the program with respect to physician credentials.

The bill provides that a health care provider's participation in the program, any treatment received through the program, and any information reported to the program shall remain confidential except as provided in the bill; that the program may disclose information about a health care provider to a credentialing board only in certain circumstances; and that no person may require that a health care provider disclose their participation in the program or any treatment received through the program. The bill further provides that information, interviews, reports, statements, memoranda, and other documents that are furnished to the program or produced by the program are privileged and confidential.

The bill provides immunity from civil liability as specified in the bill for the program and its employees, officers, and agents and reporting health care providers.

Finally, the bill directs DSPPS to charge a fee of \$70 to each health care provider whose credential is served by the program to be paid at the time the health care provider is issued or renews their credential. The bill provides funding for the program costs using moneys collected from those fees.

**BILL****SECTION 1**

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

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

1           **SECTION 1.** 20.165 (1) (hr) of the statutes is created to read:

2           20.165 (1) (hr) *Health professional assistance programs.* All moneys received  
3 from fees under s. 440.10 (2) (d) for costs associated with the health professional  
4 assistance program under s. 440.10.

5           **SECTION 2.** 440.03 (9) (a) (intro.) of the statutes, as affected by 2025  
6 Wisconsin Act 20, is amended to read:

7           440.03 (9) (a) (intro.) Subject to pars. (b) and (c) and ~~ss. 440.10 (2) (d) and~~  
8 458.33 (2) (b) and (5), the department shall, biennially, determine each fee for an  
9 initial credential for which no examination is required, for a reciprocal credential,  
10 and for a credential renewal and any fees imposed under ss. 447.51 (2), 448.986 (2),  
11 448.9875 (2), 448.9885 (2), 448.9888 (2), 457.51 (2), and 459.71 (2) by doing all of the  
12 following:

13           **SECTION 3.** 440.10 of the statutes is created to read:

14           **440.10 Health professional assistance program. (1) DEFINITIONS.** In  
15 this section:

16           (a) “Impairment” means an inability of a health care provider to practice with  
17 reasonable skill or safety due to a health condition.

18           (b) “Participant” means a holder of a participating credential who participates  
19 in the program, as described in sub. (3) (b).

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1 (c) "Participating credential" means a credential with respect to which a  
2 credentialing board is participating in the program, as provided in sub. (2) (b).

3 (d) "Participating credentialing board" means a credentialing board that is  
4 participating in the program with respect to one or more credentials, as provided in  
5 sub. (2) (b).

6 (e) "Program" means the health professional assistance program operated by  
7 an entity with which the department enters into a contract under sub. (2) (a).

8 **(2) CONTRACT; PARTICIPATION AND FEES.** (a) The department shall contract  
9 with an entity to establish and operate a health professional assistance program to  
10 coordinate detection, evaluation, treatment, and continuing care monitoring for  
11 health care providers described in sub. (3) (b) who are suffering from a condition  
12 that could lead to impairment. A contract under this paragraph shall establish the  
13 specific services that the program may provide. The entity described under this  
14 paragraph must meet all of the following requirements:

15 1. The entity is sponsored by one or more professional associations or societies  
16 of health care providers.

17 2. The entity is an entity organized under the law of this state that is  
18 described in section 501 (c) (3) of the Internal Revenue Code and that is exempt  
19 from federal income tax under section 501 (a) of the Internal Revenue Code.

20 3. The entity contracts with or employs a medical director who holds a license  
21 to practice medicine and surgery under subch. II ch. 448 and specializes or has  
22 training and expertise in addiction medicine.

23 4. The entity contracts with or employs health care providers necessary for  
24 the entity's operations.

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1 (b) A credentialing board that regulates health care providers may participate  
2 in the program with respect to one or more credentials issued by that board. If a  
3 credentialing board participates in the program, the credentialing board is not  
4 required to participate in the program with respect to each credential issued by the  
5 board, but may limit its participation to one or more specified credentials.

6 (c) The program shall adopt procedures for all of the following:

- 7 1. Determining eligibility for the services of program.
- 8 2. Contracting or coordinating with a network of health care providers to  
9 provide care for participants.
- 10 3. Receiving and assessing reports under sub. (5).
- 11 4. Safeguarding confidentiality as required under sub. (6).
- 12 5. Monitoring the continuing care and support of participants.
- 13 6. Intervening when participants violate any terms of program participation  
14 or when participants may require additional evaluation or treatment.
- 15 7. Reporting to the participating credentialing board on the progress and  
16 program compliance of participants who have consented to the disclosure of such  
17 information under sub. (6) (a) 3.
- 18 8. Performing any other agreed upon activities.

19 (d) The department shall, in addition to the applicable fee determined under  
20 s. 440.03 (9), charge a fee of \$70 to the holder of each participating credential, to be  
21 paid at the time the health care provider is issued an initial credential and at the  
22 time the health care provider renews their credential.

23 (e) The department shall ensure that the program is coordinated with the  
24 procedure under s. 440.03 (1c).

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1 (f) The department shall pay the costs associated with the contract under this  
2 subsection from the appropriation under s. 20.165 (1) (hr).

3 **(3) HEALTH PROFESSIONAL ASSISTANCE PROGRAM.** All of the following apply to  
4 the program:

5 (a) The program shall provide all services established under sub. (2) (a).

6 (b) The program shall allow holders of participating credentials who are  
7 suffering from a condition that could lead to impairment to participate in the  
8 program on a voluntary and confidential basis.

9 (c) The program and its employees, officers, and agents shall be immune from  
10 civil liability for any damages that result from the provision of services described, or  
11 the taking of any action authorized, under this section.

12 (d) The program shall base the scope of services provided to participants on  
13 information that is science-based and published in peer-reviewed journals and  
14 textbooks and accords with national standards.

15 **(4) VOLUNTARY ASSISTANCE.** (a) A health care provider who holds a  
16 participating credential may voluntarily request participation in the program for a  
17 condition that could lead to impairment if the health care provider believes that  
18 their participation is necessary to prevent or reverse impairment.

19 (b) A participant's voluntary participation in the program or any treatment  
20 received through the program shall not limit a credentialing board's authority to  
21 investigate, discipline, or take action to suspend, limit, or revoke the credential of  
22 the health care provider on the basis of violations based on conduct unrelated to the  
23 health care provider's participation in the program.

24 **(5) REPORTS TO PROGRAM.** (a) 1. A health care provider who reasonably

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1 believes that a colleague health care provider has a condition that could lead to  
2 impairment may report the colleague health care provider to the program.

3 2. A participating credentialing board may report a health care provider who  
4 holds a participating credential from that credentialing board to the program if the  
5 credentialing board has reason to believe that the health care provider has a  
6 condition that could lead to impairment.

7 3. No person that in good faith reports a health care provider to the program  
8 under subd. 1. or 2. may be held civilly liable for any damages as a result of the  
9 report.

10 (b) 1. Whenever the program receives a report under par. (a) 1. or 2., the  
11 program shall, except as provided in subd. 2., assess the report to determine  
12 whether the health care provider who is the subject of the report requires further  
13 screening, evaluation, treatment, or other action. If the program determines that  
14 the health care provider requires further screening, evaluation, treatment, or other  
15 action, the program shall offer the health care provider the option to voluntarily  
16 participate in the program under sub. (4) (a).

17 2. If the health care provider who is the subject of a report under par. (a) 1. or  
18 2. does not hold a participating credential, the program may inform the health care  
19 provider of that fact and may refer the health care provider to other resources that  
20 may be available, including the procedure under s. 440.03 (1c).

21 **(6) CONFIDENTIALITY.** (a) A health care provider's participation in the  
22 program, any treatment received by a health care provider through the program,  
23 and any information received by the program under sub. (5) shall remain  
24 confidential, except as follows:

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1           1. The program may disclose a health care provider's participation in the  
2           program, any treatment received by the health care provider through the program,  
3           or any information received under sub. (5) to a law enforcement official if the  
4           program reasonably believes that the health care provider poses an immediate  
5           danger to themselves or the public.

6           2. The name of a reporting health care provider and any other identifying  
7           information of a reporting health care provider may be disclosed with the consent of  
8           the reporting health care provider.

9           3. For a health care provider who is a participant, any information that  
10          documents the health care provider's participation in the program or any treatment  
11          received through the program may be disclosed with the consent of the health care  
12          provider.

13          (b) Except as provided in par. (a), the program may not disclose to a  
14          credentialing board that regulates health care providers the name of a health care  
15          provider or any records relating to a health care provider unless any of the following  
16          occurs:

17           1. The health care provider is determined to be ineligible to participate in the  
18           program.

19           2. The health care provider requests the disclosure.

20           3. The health care provider is unwilling or unable to comply with any term of  
21           program participation.

22           4. The health care provider presents an imminent danger to themselves or the  
23           public as a result of their impairment.



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5. The health care provider's impairment has not been substantially prevented or reversed by participation in the program.

(c) No person may require that a health care provider disclose their participation in the program under sub. (4) or any treatment received through the program.

(d) All information, interviews, reports, statements, memoranda, or other documents that are furnished by the credentialing board or other source to the program or that are produced by the program are declared to be privileged and confidential. All records of the program shall be confidential and may be used by the program and its employees and agents only in the exercise of the proper function of the program pursuant to its contract under sub. (2) (a). Such information, interviews, reports, statements, memoranda, or other documents furnished to or produced by the program and any findings, conclusions, recommendations, or reports resulting from the monitoring or rehabilitation of health care providers shall not be subject to subpoena and are not subject to discovery or admissible in evidence in any private civil action.

**SECTION 4.** 448.115 (1) (intro.) of the statutes is amended to read:

448.115 (1) (intro.) A physician who has reason to believe any of the following about another physician shall promptly submit a written report to the board, if the board is participating in the health professional assistance program with respect to physicians under s. 440.10 (2) (b), or to the health professional assistance program under s. 440.10 that shall include facts relating to the conduct of the other physician:

**(END)**