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WHA and Members Express Ongoing Challenges Stemming from DHS 75 Substance Use Disorder Rule

WHA and WHA members raised continuing concerns and challenges regarding the practical impacts on treatment and access to substance use disorder and mental health services stemming from Wisconsin's DHS 75 substance use disorder regulations during the Department of Health Service (DHS) emergency and permanent rule hearing and comment period on Sept. 29. On Aug. 11, DHS enacted an emergency rule that amends parts of DHS 75 that were created in 2021.

DHS 75 establishes certification requirements for 12 different types of substance use disorder treatment, ranging from clinic services to inpatient treatment. These requirements often overlap with other state and federal laws, including professional licensing standards, federal and state hospital licensing regulations, federal rural health clinic regulations, federal substance use disorder regulations and other state mental health requirements.

While raising concerns regarding DHS 75 and the emergency rule amendment to DHS 75, WHA and WHA members made clear their alignment with DHS in a shared goal of expanding access to integrated substance use disorder and mental health services to meet community needs.

"Multiple mental health and substance use disorder providers have continuously engaged the Department since 2021 through on-site discussions, webinars, public meetings, private meetings, advisory committees, and today's rulemaking hearing, to communicate their concerns, frustrations, challenges and recommendations to help enable their clinicians to provide clinically sound, efficient access to mental health and substance use disorder services to their communities and patients," said, WHA General Counsel Matthew Stanford in written comments to DHS.

"However, WHA continues to hear significant concerns from the WHA Mental Health and Addiction Care Forum and the Rural Wisconsin Healthcare Cooperative's Behavioral Health Roundtable ... regarding DHS 75 as amended in 2021 and as amended under EmR2511/CR 25-054 on August 11, 2025," added Stanford. "All too often, DHS 75 continues to be a source of confusion, complexity, and frustration to WHA members seeking to provide mental health and substance use disorder services that are not otherwise available to patients in their communities."

Stanford said that WHA and WHA members "share the Department's goal in expanding mental health and substance use disorder services to meet expanding community needs for such services, and we appreciate the Department's goal of CR 25-054 and EmR2511 to address existing challenges to achieve that shared goal."

"WHA and our members stand ready to continue to work with the department and other stakeholders providing mental health and substance use disorder services to make changes within the scope of CR 25-054 and EmR2511 and outside that scope to achieve our mutual goals of supporting and expanding access to mental health and substance use disorder services," wrote Stanford in its comments to DHS.

Individual health care providers also shared their practical perspectives and concerns regarding DHS 75 during DHS's rule hearing, including Lauren Daoust, a licensed clinical social worker and manager of behavioral health services at Door County Medical Center.

"We remain deeply concerned about the ongoing confusion surrounding the practical application of both the current DHS 75 and the emergency rule," said Daoust. "Door County Medical Center has invested considerable resources over the past three years to revise policies and procedures in alignment with DHS 75. Despite these efforts, we continue to encounter significant challenges in applying the rule, particularly when attempting to meet its requirements across the integrated patient population that we serve."

"DHS 75 has created tangible barriers to efficient care delivery and has hindered our ability to serve our community effectively," continued Daoust. "The rules structure does not adequately reflect the realities of integrated mental health and substance use disorder services making compliance both confusing and operationally burdensome. We also received direct feedback from patients indicating that certain mandated components such as annual reassessments do not contribute meaningful value to their care experience."

Dr. Peter Gertsonson, a practicing psychiatrist at Reedsburg Area Medical Center, also provided comments to DHS on the emergency and proposed permanent rule.

"As a clinician, DHS 75 is redundant with DHS 35, which is redundant with [Rural Health Clinic certification], which is redundant with a [Joint Commission] compliant organization, which is redundant to quality care," stated Dr. Gertonson.

"Having to create a separate document to 'pencil whip' or 'check the block,' as many organizations do is diverting previous time from caring for patients to satisfying a policy requirement, which ends up distracting from care, leading to worse outcomes for the patient and burn-out for the providers, exacerbating the behavioral health shortage, leading to more burn out," added Dr. Gertonson.

The need to address practical impacts on access to substance use and mental health care of current DHS 75 and as amended in the emergency rule were also raised during the rule hearing by Jessica Small, President of Aurora Psychiatric Hospital and Behavioral Health Operations for Aurora Health Care in Wisconsin.

"While the intent of the rule, particularly its emphasis on integrated care within DHS 75, is clinically sound, we are experiencing notable challenges in its practical application," said Small. "The language around integrated care, though well-meaning, continues to create confusion among providers, insurers and other key stakeholders in our health care system."

"This blurring of lines is having a real impact, creating barriers to timely and effective access to care for Wisconsin residents," continued Small. "I respectfully urge the Department of Health Services to actively collaborate with providers who are directly delivering these services. Incorporating feedback from those on the front lines will help ensure that policy changes are both clinically meaningful and operationally feasible, ultimately improving outcomes for our communities."

Shannon Esala, Recovery Services Program Coordinator at Tamarack Health in Ashland, shared similar comments during the rule hearing.

"Our clinic is deeply concerned about the increasing administrative burden and over-regulation under Chapter DHS 75," said Esala.

"While we support accountability and quality in patient care, the current framework is creating significant barriers that ultimately take time and resources away from patients."

Esala noted that Tamarack Health behavioral health must hold and maintain more than 50 separate licenses just to operate. She also noted how overlapping and duplicative regulations create significant regulatory uncertainty.

"Beyond duplication, there are critical unanswered questions," said Esala. "These uncertainties force us into endless administrative cycles, pulling hours away from direct patient care. These hours are not reimbursable, further straining providers."

Information about the emergency rule and proposed permanent rule can be found at EmR2511 and CR 25-054.

WHA's written comment on EmR2511 and CR 25-054 regarding DHS 75 can be found [here](#).

IN THIS ISSUE

- WHA Letter to WI Congressional Delegation Lays out Impact of Federal Government Shutdown on Telehealth, Hospital at Home
- WHA and Members Express Ongoing Challenges Stemming from DHS 75 Substance Use Disorder Rule
- WHA Hosts DSPS for Physician License Renewal Update
- Expanded Faculty Role for BSNs One Step Closer
- Wisconsin Medical Examining Board Recognized for Commitment to Provider Mental Health

EDUCATION EVENTS

Oct. 30, 2025

careLearning Overview: Learning Management System (LMS)

Nov. 6, 2025

Hospital Board Education

Jan. 28, 2026

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