



State of Wisconsin
2017 - 2018 LEGISLATURE

January 2017 Special Session

LRB-1909/1
TJD:amn&wlj

SENATE BILL 9

February 21, 2017 - Introduced by COMMITTEE ON SENATE ORGANIZATION, Senators DARLING, VUKMIR, HARSDORF, OLSEN, TESTIN, LASEE, WANGGAARD, CARPENTER, WIRCH and COWLES, cosponsored by Representatives NYGREN, QUINN, NOVAK, RIPP, FELZKOWSKI, MURPHY, BALLWEG, TRANEL, PETRYK, KLEEFISCH, BILLINGS, KOLSTE, WACHS, MURSAU, VRUWINK, FIELDS, SARGENT, SPIROS, KULP, TUSLER, SKOWRONSKI, SWEARINGEN, ROHRKASTE, E. BROOKS, OHNSTAD, BERNIER, ZEPNICK, SINICKI, EDMING, DOYLE, KRUG, PETERSEN, JAGLER, BORN, VANDERMEER, LOUDENBECK, SUBECK, BROSTOFF, SPREITZER and ZAMARRIPA, by request of Governor Scott Walker. Referred to Committee on Health and Human Services.

- 1 **AN ACT to amend** 20.435 (5) (bw); and **to create** 51.448 of the statutes; **relating**
2 **to:** addiction medicine consultation program and making an appropriation.

Analysis by the Legislative Reference Bureau

This bill requires the Department of Health Services to create and administer an addiction medicine consultation program to assist participating clinicians in providing enhanced care to patients with substance addiction and to provide referral support for patients with a substance abuse disorder, and to provide additional services. DHS must review proposals submitted by organizations seeking to provide consultation services through this consultation program and must designate sites based on the organizations' submitted proposals. DHS must select qualified providers to provide consultation program services that meet certain criteria specified in the bill.

While the bill requires a consultation provider to have the capability to provide services by telephone, a consultation provider may provide services by certain other means of communication including in-person conference. A consultation provider may also provide the following services, which are eligible for funding from DHS: certain second opinion diagnostic and medication management evaluations and certain in-person or Internet site-based educational seminars and refresher courses provided to any participating clinician who uses the consultation program.

The bill requires a consultation provider to report to DHS any information it requests. The bill also requires the organization to conduct interviews and annual surveys of participating clinicians who use the consultation program and submit that information to DHS.

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

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

1 **SECTION 1.** 20.435 (5) (bw) of the statutes is amended to read:

2 20.435 (5) (bw) *Child psychiatry and addiction medicine consultation program*
3 *programs.* Biennially, the amounts in the schedule for operating the child psychiatry
4 consultation program under s. 51.442 and the addiction medicine consultation
5 program under s. 51.448.

6 **SECTION 2.** 51.448 of the statutes is created to read:

7 **51.448 Addiction medicine consultation program. (1)** In this section,
8 “participating clinicians” includes physicians, nurse practitioners, and physician
9 assistants.

10 **(2)** Beginning July 1, 2017, the department shall create and administer an
11 addiction medicine consultation program to assist participating clinicians in
12 providing enhanced care to patients with substance use addiction and to provide
13 referral support for patients with a substance abuse disorder, and to provide
14 additional services described in this section. The addiction medicine consultation
15 program created under this section is not an emergency referral service.

16 **(3)** The department shall review proposals submitted by organizations seeking
17 to provide consultation services through the addiction medicine consultation
18 program under this section and shall designate sites, in a number determined by the
19 department, based on the submitted proposals. The department shall select and
20 provide moneys to organizations to provide consultation services through the

1 addiction medicine consultation program in a manner that maximizes medically
2 appropriate access and services as described under sub. (4).

3 (4) The department shall select qualified organizations to provide addiction
4 medicine consultation program services through the sites designated in sub. (3).
5 Each site shall make available its own qualified provider or consortium of providers.
6 To be a qualified provider in the addiction medicine consultation program under this
7 section, an organization shall successfully demonstrate it meets all of the following
8 criteria:

9 (a) The organization has the required infrastructure to be located within the
10 geographic service area of the proposed site.

11 (b) Any individual who would be providing consulting services through the
12 addiction medicine consultation program is located in this state.

13 (c) The organization enters into a contract with the department agreeing to
14 satisfy all of the following criteria as a condition of providing services through the
15 addiction medicine consultation program:

16 1. The organization has at the time of participation in the addiction medicine
17 consultation program a physician who is board-certified in addiction psychiatry or
18 addiction medicine.

19 2. The organization operates during the normal business hours of Monday to
20 Friday between 8 a.m. and 5 p.m., excluding holidays.

21 3. The organization shall be able to provide consultation services as promptly
22 as is practicable.

23 4. The organization shall provide all of the following services:

1 a. Support for participating clinicians to assist in the management of addiction
2 or substance abuse and to provide referral support for patients with a substance use
3 addiction.

4 b. A triage-level assessment to determine the most appropriate response to
5 each request, including appropriate referrals to other mental health professionals.

6 c. When medically appropriate, diagnostic and therapeutic feedback.

7 d. Recruitment of other practices in the site's service territory to the provider's
8 services.

9 5. The organization shall have the capability to provide consultation services
10 by telephone, at a minimum.

11 **(5)** (a) An organization that provides consultation services through the
12 addiction medicine consultation program under this section may provide services by
13 teleconference, video conference, voice over Internet protocol, electronic mail, pager,
14 or in-person conference.

15 (b) The organization that provides consultation services through the addiction
16 medicine consultation program under this section may provide any of the following
17 services, which are eligible for funding from the department:

18 1. Second opinion diagnostic and medication management evaluations
19 conducted either by a physician who is board-certified in addiction psychiatry or
20 addiction medicine or a physician with extensive and documented experience in
21 treating substance use disorders, either by in-person conference or by
22 teleconference, video conference, or voice over Internet protocol.

23 2. In-person or Internet site-based educational seminars and refresher
24 courses provided to any participating clinician who uses the addiction medicine
25 consultation program on a medically appropriate topic within addiction medicine.

1 **(6)** An organization that provides consultation services through the addiction
2 medicine consultation program under this section shall report to the department any
3 information as requested by the department.

4 **(7)** An organization that provides consultation services through the addiction
5 medicine consultation program under this section shall do all of the following:

6 (a) Conduct annual surveys of participating clinicians who use the addiction
7 medicine consultation program under this section to assess the amount of addiction
8 medicine consultation provided, self-perceived levels of confidence in providing
9 addiction medicine services, and the satisfaction with the consultations and the
10 educational opportunities provided.

11 (b) Immediately after a clinical practice group begins using the addiction
12 medicine consultation program under this section and again 6 to 12 months later,
13 conduct an interview of participating clinicians from that practice group to assess the
14 barriers to and benefits of participation to make future improvements and to
15 determine the participating clinician's treatment abilities, confidence, and
16 awareness of relevant resources before and after using the addiction medicine
17 consultation program.

18 (c) Annually, submit to the department survey results under par. (a),
19 summaries of interviews under par. (b), and a description of the impact of the
20 program under this section.

21 **SECTION 3. Fiscal changes.**

22 (1) ADDICTION MEDICINE CONSULTATION PROGRAM. In the schedule under section
23 20.005 (3) of the statutes for the appropriation to the department of health services
24 under section 20.435 (5) (bw) of the statutes, the dollar amount for fiscal year
25 2017-18 is increased by \$500,000 to create and operate the addiction medicine

1 consultation program under section 51.448 of the statutes. In the schedule under
2 section 20.005 (3) of the statutes for the appropriation to the department of health
3 services under section 20.435 (5) (bw) of the statutes, the dollar amount for fiscal year
4 2018-19 is increased by \$500,000 to create and operate the addiction medicine
5 consultation program under section 51.448 of the statutes.

6 **SECTION 4. Effective dates.** This act takes effect on the day after publication,
7 except as follows:

8 (1) The treatment of section 20.435 (5) (bw) of the statutes takes effect on July
9 1, 2017.

10 (END)