

# State of Wisconsin



January 2017 Special Session  
2017 Assembly Bill 9

Date of enactment: **July 17, 2017**  
Date of publication\*: **July 18, 2017**

## 2017 WISCONSIN ACT 28

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

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

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

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

SECTION 2. 51.448 of the statutes is created to read:  
**51.448 Addiction medicine consultation program.**

(1) In this section, "participating clinicians" includes physicians, nurse practitioners, and physician assistants.

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

(3) The department shall review proposals submitted by organizations seeking to provide consultation services through the addiction medicine consultation program under this section and shall designate sites, in a number

determined by the department, based on the submitted proposals. The department shall select and provide monies to organizations to provide consultation services through the addiction medicine consultation program in a manner that maximizes medically appropriate access and services as described under sub. (4).

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

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

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

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

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

\* Section 991.11, WISCONSIN STATUTES: Effective date of acts. "Every act and every portion of an act enacted by the legislature over the governor's partial veto which does not expressly prescribe the time when it takes effect shall take effect on the day after its date of publication."

2017 Wisconsin Act 28

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

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

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

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

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

c. When medically appropriate, diagnostic and therapeutic feedback.

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

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

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

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

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

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

(6) An organization that provides consultation services through the addiction medicine consultation pro-

gram under this section shall report to the department any information as requested by the department.

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

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

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

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

**SECTION 3. Fiscal changes.**

(1) ADDICTION MEDICINE CONSULTATION PROGRAM. In the schedule under section 20.005 (3) of the statutes for the appropriation to the department of health services under section 20.435 (5) (bw) of the statutes, the dollar amount for fiscal year 2017-18 is increased by \$500,000 to create and operate the addiction medicine consultation program under section 51.448 of the statutes. In the schedule under section 20.005 (3) of the statutes for the appropriation to the department of health services under section 20.435 (5) (bw) of the statutes, the dollar amount for fiscal year 2018-19 is increased by \$500,000 to create and operate the addiction medicine consultation program under section 51.448 of the statutes.

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

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