



## 2013 SENATE BILL 359

October 22, 2013 – Introduced by Senators DARLING, VUKMIR, MOULTON, COWLES, ERPENBACH, HARRIS, HARSDFORF, LASSA, L. TAYLOR and CARPENTER, cosponsored by Representatives STEINEKE, KRUG, KOLSTE, SEVERSON, BALLWEG, BERCEAU, BERNARD SCHABER, BERNIER, BIES, BILLINGS, CZAJA, DANOU, HEBL, HULSEY, JAGLER, JOHNSON, MURPHY, A. OTT, PASCH, RIEMER, SANFELIPPO, STRACHOTA, TITTL, TRANEL, WACHS, WRIGHT and ZEPNICK. Referred to Committee on Health and Human Services.

1     **AN ACT to repeal** 20.435 (5) (bw); and **to create** 20.435 (5) (bw) and 51.442 of the  
2             statutes; **relating to:** child psychiatry consultation program and making an  
3             appropriation.

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### *Analysis by the Legislative Reference Bureau*

This bill requires the Department of Health Services (DHS) to create and administer a child psychiatry consultation program (consultation program) to assist participating clinicians in providing enhanced care to pediatric patients with mild to moderate health care needs, to provide referral support for those patients who need care beyond the scope of primary practice, and to provide additional services. The consultation program is not an emergency referral service. Before January 1, 2015, DHS must review proposals submitted by organizations seeking to provide consultation services through this consultation program (consultation providers) and must designate one urban and one rural regional program hub based on organizations' submitted proposals. Beginning on January 1, 2016, DHS must create additional regional program hubs to expand the consultation program statewide.

Under the bill, DHS must select qualified providers to provide consultation program services. To be a qualified consultation provider, an organization must demonstrate it meets certain criteria as specified in the bill. While required to have the capability to provide consultation 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

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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. Beginning on January 1, 2016, a consultation provider must report annually to DHS all of the following: a record of each request for consultation services including certain information specified in the bill; consultation service response times, the total number of requests for consultation services, the total number of cases for which consultation services are provided, and the total number of individuals and practices requesting consultation services; and a description of the recruitment and educational efforts conducted by the consultation provider.

The bill also requires the department to conduct annual surveys of participating clinicians who use the consultation program and conduct interviews of participating clinicians who use the consultation program.

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.** 20.005 (3) (schedule) of the statutes: at the appropriate place, insert  
2           the following amounts for the purposes indicated:

3				<b>2013-14</b>	<b>2014-15</b>
4	<b>20.435</b>	<b>Health services, department of</b>			

5           (5)    **MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES**

6           (bw)   **Child psychiatry consultation**

7	program		<b>GPR</b>	<b>B</b>	<b>500,000</b>	<b>500,000</b>
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8           **SECTION 2.** 20.435 (5) (bw) of the statutes is created to read:

9           20.435 (5) (bw)   *Child psychiatry consultation program.* Biennially, the  
10          amounts in the schedule for operating the child psychiatry consultation program  
11          under s. 51.442.

12          **SECTION 3.** 20.435 (5) (bw) of the statutes is repealed.

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1           **SECTION 4.** 51.442 of the statutes is created to read:

2           **51.442 Child psychiatry consultation program.** (1) In this section,  
3           “participating clinicians” include pediatricians, family physicians, nurse  
4           practitioners, and physician assistants.

5           (2) The department shall create and administer a child psychiatry consultation  
6           program to assist participating clinicians in providing enhanced care to pediatric  
7           patients with mild to moderate mental health care needs, to provide referral support  
8           for those pediatric patients who need care that is beyond the scope of primary care  
9           practice, and to provide additional services described in this section. The  
10          consultation program created under this section is not an emergency referral service.

11          (3) (a) In the period before January 1, 2015, the department shall review  
12          proposals submitted by organizations seeking to provide consultation services  
13          through the consultation program under this section and shall designate one urban  
14          and one rural regional program hub based on the submitted proposals. The  
15          department shall select and provide moneys to organizations to provide consultation  
16          services through the consultation program in a manner that maximizes medically  
17          appropriate access and services as described under sub. (4).

18          (b) Beginning on January 1, 2016, the department shall create additional  
19          regional program hubs in order to provide consultation services statewide.

20          (4) The department shall select qualified organizations to provide consultation  
21          program services through the regional hubs. Each regional hub shall make available  
22          its own qualified provider or consortium of providers. To be a qualified provider in  
23          the program under this section, an organization shall successfully demonstrate it  
24          meets all of the following criteria:

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1 (a) The organization has the required infrastructure to be located within the  
2 geographic service area of the proposed regional hub.

3 (b) Any individual who would be providing consulting services through the  
4 program is located on-site at the organization's facility.

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

8 1. The organization has at the time of participation in the program and  
9 maintains all of the following staffing at adequate levels:

10 a. A psychiatrist, who is either eligible for certification or certified by the  
11 American Board of Psychiatry and Neurology, Inc., for either adult psychiatry or  
12 child and adolescent psychiatry or both.

13 b. A social worker or psychologist.

14 c. A care coordinator.

15 d. Appropriate administrative support.

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

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

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

21 a. Support for participating clinicians to assist in the management of children  
22 and adolescents with mild to moderate mental health problems and to provide  
23 referral support for those patients who are considered beyond the scope of primary  
24 care practice.

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

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

4           d. Recruitment of other practices in the regional hub's service territory to the  
5 provider's services.

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

8           **(5)** (a) An organization providing consultation services through the  
9 consultation program under this section may provide services by teleconference,  
10 video conference, voice over Internet protocol, electronic mail, pager, or in-person  
11 conference.

12           (b) The organization providing consultation services through the consultation  
13 program under this section may provide any of the following services, which are  
14 eligible for funding from the department:

15           1. Second opinion diagnostic and medication management evaluations  
16 conducted either by a psychiatrist or by a social worker or psychologist either by  
17 in-person conference or by teleconference, video conference, or voice over Internet  
18 protocol.

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

22           **(6)** Beginning on January 1, 2016, and annually thereafter, an organization  
23 that provides consultation services through the consultation program under this  
24 section shall report all of the following to the department in a format required by and  
25 on a form created by the department:

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1 (a) A record of each request for consultation services that includes all of the  
2 following information:

3 1. The form of communication used.

4 2. Medically applicable and appropriate background information related to the  
5 inquiry, limited to all of the following:

6 a. A brief description of the presenting problem.

7 b. The reason for the request for consultation services.

8 c. Basic demographic information of the patient served, including insurance  
9 coverage.

10 d. Type of clinician requesting consultation service.

11 3. Information on the consultation provided, including whether the  
12 consultation was provided on diagnosis, treatment, or medication management and  
13 whether any referral is given.

14 4. Information on which type of mental health professional provided the  
15 consultation.

16 (b) Consultation service response times, the total number of requests for  
17 consultation services, the total number of cases for which consultation services are  
18 provided, and the total number of individuals and practices requesting consultation  
19 services.

20 (c) A description of the recruitment and educational efforts conducted by the  
21 organization providing consultation services.

22 **(7)** (a) The department shall conduct annual surveys of participating clinicians  
23 who use the consultation program under this section to assess the amount of  
24 pediatric mental health care provided, self-perceived levels of confidence in

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1 providing pediatric mental health services, and the satisfaction with the  
2 consultations and the educational opportunities provided.

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

9 (c) The department may collect additional data on the consultation program  
10 under this section as needed to measure program outcomes.

11 **SECTION 5. Effective dates.** This act takes effect on the day after publication,  
12 except as follows:

13 (1) The repeal of section 20.435 (5) (bw) of the statutes takes effect on July 1,  
14 2015.

15 (END)