

2013 DRAFTING REQUEST

Bill

Received: **9/30/2013** Received By: **tdodge**
Wanted: **As time permits** Same as LRB:
For: **John Nygren (608) 266-2343** By/Representing: **Jennifer Malcore**
May Contact: Drafter: **tdodge**
Subject: **Mental Health - AODA** Addl. Drafters:
Extra Copies:

Submit via email: **YES**
Requester's email: **Rep.Nygren@legis.wisconsin.gov**
Carbon copy (CC) to: **tamara.dodge@legis.wisconsin.gov**

Pre Topic:

No specific pre topic given

Topic:

Opioid treatment programs

Instructions:

See attached

Drafting History:

| <u>Vers.</u> | <u>Drafted</u> | <u>Reviewed</u> | <u>Typed</u> | <u>Proofed</u> | <u>Submitted</u> | <u>Jacketed</u> | <u>Required</u> |
|--------------|----------------------|------------------------|-----------------------|----------------|-----------------------|-----------------|-----------------|
| /? | tdodge 12/10/2013 | | | _____ | | | |
| /P1 | tdodge 1/9/2014 | kfollett 12/11/2013 | jmurphy 12/11/2013 | _____ | lparisi 12/11/2013 | | State S&L |
| /P2 | tdodge 1/17/2014 | kfollett 1/9/2014 | jmurphy 1/9/2014 | _____ | srose 1/9/2014 | | State S&L |
| /1 | tdodge | kfollett | rschluet | _____ | lparisi | srose | State |

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| | 1/22/2014 | 1/17/2014 | 1/17/2014 | _____ | 1/17/2014 | 1/17/2014 | S&L |
| /2 | | kfollett 1/22/2014 | jmurphy 1/22/2014 | _____ | lparisi 1/22/2014 | lparisi 1/22/2014 | State S&L |

FE Sent For:

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→ 01-28-2014
("1/2")

see attached

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| /1 | | kfollett 12/15 1/22 | rschlue 12/15 1/22 | _____ | lparisi 1/22 | srose | State |

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1/15/14
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FE Sent For:

1P21g 11/9
1P21f 11/9
JmRS 11/9
<END>

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|--------------|----------------|-----------------|--------------|----------------|------------------|-----------------|-----------------|
| /? | tdodge | 1/11/11 | 1/11/11 | Jan 12/11 | | | |

FE Sent For:

<END>

By Louis Oppen @ DHS
Money comes from Joint Finance
appropriation (money put there during
budget)

Recommendation 1: Provide funding for regionally based statewide buprenorphine only Opioid Treatment Programs (OTPs). The treatment milieu would include a continuum of services to include the treatment of adolescents, residential treatment, natural supports and primary care settings employing mental health and AODA workers. The cost would be roughly estimated between \$1-2million annually.

Overview

It is projected that the existing Opioid Treatment Programs that provide methadone treatment to 5,768 people a year will continue to see an increase of 7-9% increase in the number of people they serve each year for opiate addictions. Presently these existing clinics provide primarily Methadone treatment although some have an option of buprenorphine treatment. Patients of these clinics must travel to the clinics on a daily basis for treatment. These clinics located in urban areas of the state accept Medicaid, insurance and private pay. It is estimated they could serve an additional 500 new individuals a year to meet their projected growth. It is estimated that the current funding mechanisms will continue to pay for this increased capacity.

However, in the less populated areas of the state where there is limited access to the current Opioid Treatment Programs (OTPs) and high numbers of opiate addicted individuals, it is important to increase capacity and access to medication assisted treatment options to assure individuals have better treatment outcomes. The vast majority of county-based substance abuse treatment programs do not have the capacity to offer medication assisted treatment. County-based programs provided services to 6,791 individuals with an opiate addiction in 2011. It is projected that by 2014 the county programs would have to have capacity to treat an additional 1,000 people a year.

This proposal would add two to three new comprehensive buprenorphine and counseling OTPs (without methadone) to provide a regional treatment resource for rural/underserved and high need areas. These new programs would offer counseling and buprenorphine without methadone. Because methadone would not be included, it will be easier to establish in less populated areas for a number of reasons, including the fact that buprenorphine medication oversight and regulation is less restrictive than methadone and is less likely to be diverted. In addition, the buprenorphine only treatment clinic used in this approach would involve more intensive outpatient treatment sessions (including short term residential treatment for some individuals) in the first few months and would be reduced to a level that could be sustained without the daily attendance required in a methadone Opioid Treatment Program.

Proposed New Comprehensive Opioid Treatment Programs

An individual in need of services would start with an assessment within the new Comprehensive Opioid Treatment Program. The type of treatment required for an individual would be determined and discussed with the patient at this access point. If the individual needed inpatient residential detoxification, a seamless transition to that level of care would occur that would include counseling and medication assisted treatment. If the patient's needs warranted intensive outpatient Medication Assisted Treatment (MAT) and

counseling, the individual would begin treatment with the appropriate OTP** in an outpatient clinic setting. An individual that completes MAT and counseling treatment through the Comprehensive Opioid Treatment Program would then be transitioned into aftercare, assuring ongoing peer support and monitoring of post treatment outcomes.

Estimate of Comprehensive Opioid Treatment Program Costs

Based on the increases in the current Opioid Treatment Program admissions as well as the county reported substance abuse treatment program admissions, it is estimated that an additional 1,500 people a year will seek treatment for opiate addictions in Wisconsin in 2014.

Of the total new clients seeking treatment it is projected that the current Opioid Treatment Programs will be able to expand capacity to meet the needs of the estimated 500 people in their service areas using existing funding sources.

To expand to those areas not served by current Opioid Treatment Programs with high needs, it is projected that two to three new Comprehensive Opioid Treatment programs could serve 240 people with no insurance coverage at an estimated cost of \$2.0 Million. Once the new programs are established, they would have the capacity to serve additional people with health insurance and those who privately pay for services.

It is estimated that of the 240 people in this cost estimate, approximately 20% (48 people) would need a comprehensive package that includes residential treatment and buprenorphine followed by outpatient counseling and aftercare with an estimated cost of \$10,000 per person per year. It is estimated that 80% (192) would need intensive outpatient treatment including buprenorphine medication, counseling and aftercare. It is estimated that individuals needing this level of care would cost \$8,000 per person per year.

The components of each type of treatment components are outlined below.

Residential Medically-Monitored Detoxification

Heroin (or any other Opiate) produces intensely uncomfortable withdrawal symptoms that range from moderate to severe. Individuals needing this level of care would typically be someone who has a long history of use and with little ability to stop using. In this type of situation, the withdrawal symptoms that accompany opiate detoxification are so severe that without a medical detox, an individual's chances of achieving long-term sobriety are minimal. Once detox is complete, and neurochemistry is somewhat stabilized, a medication such as Buprenorphine will be started (if not already being utilized as part of the detoxification process).

The length of residential stay at this level of treatment is based on each patient's needs and is highly personalized and specifically designed to address the unique nature of each individual's addiction and dependency problem. Not all individuals may need the residential stay; however, any type of residential treatment would be kept to the minimal

time necessary. During this process mental health issues that may be contributing to an individual's condition will begin to be addressed. A comprehensive assessment and plan will determine the required level of treatment needed post detox.

The cost of this service is estimated at \$200.00/day; a 10 day stay would cost \$2,000.

Medication Assisted Treatment with Counseling

Buprenorphine OTP – DHS75.15 and 75.13 Certified

Medication Assisted Treatment is an outpatient service providing medication as an adjunct to outpatient substance abuse counseling. The medication in this instance will be Suboxone or its generic counterpart, Buprenorphine. Treatment at this level is multi-faceted and personalized to meet the needs of the individual. An individual at this level of service would be seen by a team of professionals to include a physician, nursing staff, counselors and mental health therapists. An array of services such as: individual and group counseling, substance abuse counseling, psychotherapy, family & couple's counseling, as well as education and supplemental, alternative therapies such as nutrition and exercise would be utilized.

Medication that is initiated during this level of treatment will be monitored daily for a minimum of 14 days. The substance abuse treatment provider will ensure access to a physician to provide medication monitoring that integrates with the outpatient substance abuse treatment. This close follow up will help ensure that the individual is transitioning with ease from the residential setting into intensive outpatient if coming from residential stay or if starting at this level of care will ensure that the individual is stabilized on the medication and that treatment services are securely part of the individual's daily activities. The time frame could be extended if the individual's needs warrant it.

The estimated daily cost for this service would be \$22.00/day or a yearly cost of \$8,000.

Medication Assisted Treatment with Counseling

Methadone OTP – DHS 75.15 and 75.13 Certified

Currently there are 15 methadone OTPs in existence in the state. These are private, for-profit corporations that are located in urban areas, mainly in the southeast part of the state. In 2012, these clinics served 5768 patients providing methadone and outpatient counseling. The services offered in this setting include initial admittance by a physician, daily nursing dispensing of methadone, substance abuse counseling by a certified counselor and random urinalysis. The daily cost for this is on average \$16.00/day or \$5,840 per person per year.

It should be noted that no one single therapy provides a cure, and that the most successful interventions combine different therapeutic styles in conjunction with various medications. It is imperative that an integrated approach based on personalized need is utilized.

** Both the proposed buprenorphine OTP and current methadone OTPs would require regulation changes to ensure that a strong evidence-based and therapeutic treatment milieu will lead to positive patient outcomes.

Post Medication Counseling and Peer Support

The primary purpose of the aftercare component is to provide real time assistance navigating the uncertain course addicts must traverse in their early recovery. Peer mentors will be relied upon to provide assistance as individuals continue to cultivate and diversify the set of clinical tools and coping strategies that have already been accessed during other level of care. For most individuals outpatient therapy/substance abuse counseling would also continue at a cost of \$40-\$80.00 per hour.



State of Wisconsin
2013 - 2014 LEGISLATURE



LRB-3287

TJD: [signature]

RMR

In: 12/10

Due Wed
Dec 11

PI

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

Gen

and making
an appropriation

1

AN ACT ...; relating to: ~~creation of~~ opioid treatment programs.

Analysis by the Legislative Reference Bureau

This is a preliminary draft. An analysis will be provided in a subsequent version of this draft.

For further information see the **state and local** 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:

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

3 20.435 (5) (bL) *Community support programs and psychosocial services.* The

4 amounts in the schedule for one-time grants under s. 51.423 (3) to counties that

5 currently do not operate certified community support programs, for community

6 support program services under s. 51.421 (3) (e), for opioid treatment programs

7 under s. 51.422, for community-based psychosocial services under the requirements

8 of s. 49.45 (30e), for community recovery services under the requirements of s. 49.45

1 (30g), and for mental health crisis intervention under the requirements of s. 49.45
 2 (41). Notwithstanding s. 20.002 (1), the department of health services may transfer
 3 from this appropriation account to the appropriation account under sub. (7) (bc)
 4 funds as specified in sub. (7) (bc).

History: 1971 c. 125 ss. 138 to 155, 522 (1); 1971 c. 211, 215, 302, 307, 322; 1973 c. 90, 198, 243; 1973 c. 284 s. 32; 1973 c. 308, 321, 322, 333, 336; 1975 c. 39 ss. 153 to 173, 732 (1), (2); 1975 c. 41 s. 52; 1975 c. 82, 224, 292; 1975 c. 413 s. 18; 1975 c. 422, 423; 1975 c. 430 ss. 1, 2, 80; 1977 c. 29 ss. 236 to 273, 1657 (18); 1977 c. 112; 1977 c. 203 s. 106; 1977 c. 213, 233, 327; 1977 c. 354 s. 101; 1977 c. 359; 1977 c. 418 ss. 129 to 137, 924 (18) (d), 929 (55); 1977 c. 428 s. 115; 1977 c. 447; 1979 c. 32 s. 92 (11); 1979 c. 34, 48; 1979 c. 102 s. 237; 1979 c. 111, 175, 177; 1979 c. 221 ss. 118g to 133, 2202 (20); 1979 c. 238, 300, 331, 361; 1981 c. 20 ss. 301 to 356b, 2202 (20) (b), (d), (g); 1981 c. 93 ss. 3 to 8, 186; 1981 c. 298, 314, 317, 359, 390; 1983 a. 27 ss. 318 to 410, 2202 (20); 1983 a. 192, 199, 245; 1983 a. 333 s. 6; 1983 a. 363, 398, 410, 427; 1983 a. 435 ss. 2, 3, 7; 1983 a. 538; 1985 a. 24, 29, 56, 73, 120, 154, 176, 255, 281, 285, 332; 1987 a. 27, 339, 368, 398, 399, 402; 1987 a. 403 ss. 25, 256; 1987 a. 413; 1989 a. 31, 53; 1989 a. 56 ss. 13, 259; 1989 a. 102; 1989 a. 107 ss. 11, 13, 17 to 37; 1989 a. 120, 122, 173, 199, 202, 318, 336, 359; 1991 a. 6, 39, 189, 269, 275, 290, 315, 322; 1993 a. 16, 27, 76, 98, 99, 168, 183, 377, 437, 445, 446, 450, 469, 479, 490, 491; 1995 a. 27 ss. 806 to 961r, 9126 (19); 1995 a. 77, 98; 1995 a. 216 ss. 26, 27; 1995 a. 266, 276, 289, 303, 404, 417, 440, 448, 464, 468; 1997 a. 27 ss. 211, 214, 216, 217, 527 to 609; 1997 a. 35, 105, 231, 237, 280, 293; 1999 a. 5, 9, 32, 52, 84, 103, 109, 113, 133, 185, 186; 2001 a. 16, 69, 103, 105; 2003 a. 33, 139, 186, 318, 320, 326, 327; 2005 a. 15, 22; 2005 a. 25 ss. 299 to 331, 2498 to 2500, 2510; 2005 a. 74, 107, 199, 228, 264, 388, 406, 434; 2007 a. 20 ss. 331 to 422, 9121 (6) (a); 2007 a. 39, 88, 107, 111, 130; 2009 a. 2, 15; 2009 a. 28 ss. 325 to 470, 485, 488, 490; 2009 a. 76, 180, 190, 219, 274, 276, 279, 318, 334; 2011 a. 32, 70, 257; 2013 a. 20; s. 35.17 correction in (4) (gr), (5) (ma).

X **NOTE:** Under this bill, the joint finance committee supplement will go to an existing appropriation to which I have added language allowing DHS to expend the moneys for the opioid treatment programs. The supplement (see the nonstatutory provisions in the bill) will only be for the 2013-2015 biennium. The language allowing for DHS to expend moneys for the opioid treatment programs will remain in this appropriation. Please advise if you would like any of this changed.

5 **SECTION 2.** 51.422 of the statutes is created to read:

6 **51.422 Opioid treatment programs.** (1) PROGRAM CREATION. The
 7 department shall create 2 or 3 new, regional comprehensive buprenorphine and
 8 counseling opioid treatment programs to provide treatment for opiate addiction in
 9 rural or underserved, high-need areas. A program under this section may not offer
 10 methadone treatment.

NOTE: This draft does not define buprenorphine, opioid, or opiate. Do you believe that definitions are necessary for those terms?

11 (2) PROGRAM COMPONENTS. An opioid treatment program created under this
 12 section shall offer an assessment to individuals in need of service to determine what
 13 type of treatment is needed. The program shall transition individuals to inpatient,
 14 residential detoxification, if that level of treatment is necessary. The program shall
 15 provide counseling and medication-assisted treatment. The program shall
 16 transition individuals who have completed counseling and medication-assisted

1

2 treatment to post-treatment care offering ongoing peer support and monitoring of
3 post-treatment outcomes.

4 *****NOTE: Please review this subsection to ensure that it complies with your intent
5 of creating opioid treatment programs.

6 **SECTION 3. Nonstatutory provisions.**

7

8 (1) OPIOID TREATMENT PROGRAM FUNDING. During the 2013-2015 fiscal

9

10 biennium, the department of health services shall submit one or more requests to the joint committee
11 on finance under section 13.10 of the statutes to supplement the appropriation under

12

13 section 20.435 (5) (bL) of the statutes from the appropriation under section 20.865
14 (4) (a) of the statutes for a purpose of paying for the opioid treatment programs under

15

16 section 51.422 of the statutes, as created by this act. If the joint committee on finance
17 releases the moneys, the department may not expend more for the opioid treatment

18

19 programs than the amount of the supplement provided by the joint committee on
20 finance.

21 *****NOTE: The last sentence of this nonstatutory provision prohibits DHS from
22 spending more than the joint finance committee supplement on the opioid treatment
23 programs. If you would like DHS to also be able to use GPR from the appropriation under
24 s. 20.435 (5) (bL), that sentence may be removed.

25

(END)

Dodge, Tamara

From: Malcore, Jennifer
Sent: Friday, January 03, 2014 4:22 PM
To: Dodge, Tamara
Cc: Nygren, John
Subject: LRB 3287/ P1

Tamara,

I went over the draft and have some suggestion/questions after conferring with DHS.

First on line 3 section 1 20.435 (5) (bL) deals with community support programs and psychosocial services, DHS has suggested to change it to (5) (bc) which deals with grants for community programs. We had wanted to also include private non-profit organizations and that might change with the change to (bc).

On page 2, line 8 and 9 could we please delete buprenorphine and counseling, we want to open it to vivitrol or abstinence.

Here is the tricky one where I will need some guidance from you. On page 2, starting with line 16, we want to make it clear that after 14 days they are referred to post treatment care either with the county outpatient services or to private services, we are hesitant to actually say a max of 14 days but maybe put in language on line 18 after post-treatment care with outpatient counseling with county services or private services.

Below is a summary of what the intent of this legislation should do.....

The primary purpose is to create what I might call Opiate Stabilization Centers. These are programs licensed as Medically monitored residential detoxification services (75.07) and/or Transitional residential treatment service (75.14). Individuals who are referred to these centers will undergo an intake to determine the type of detox and treatment being requested and recommended. **Individuals could remain in the residential setting anywhere from 1 – 14 days depending on the type of detox and treatment being recommended. Individual entering the residential program would have a number of options, and the length of stay would depend on the option selected/recommended.** These options could include:

Medication Assisted Treatment

- Buprenorphine
- Naltrexone extended release injectable suspension

Non-Medicated Assisted Treatment

- Abstinence

Methadone would not be one of the choices.

The idea behind any of the three options identified above is to allow sufficient time for an individual to become stabilized, a treatment plan developed and a warm handoff back to their community for continued behavioral health counseling/therapy and/or continuation medication management.

Each of the above options would require differing lengths of stay. See following examples:

Buprenorphine: Individuals placed on buprenorphine must be in active withdrawal. This withdrawal could be medically monitored for 1-2 days prior to the initiation of buprenorphine. It may take an additional 1-2 days to establish therapeutic levels and development of an ongoing treatment plan. (residential care 3-5 days)

Naltrexone extended release injectable suspension (Vivitrol): Individuals choosing Naltrexone may require up to 14 days of residential care. Prior to being placed on naltrexone, an individual must be fully detoxed (3-5 days) and then there is a 7 day waiting period before their first injection of naltrexone. During this time, an ongoing treatment plan will be completed and referrals will be made back to their community for ongoing behavioral health counseling/therapy and continuation of naltrexone with a local primary care physician or community mental health psychiatrist.

Abstinence: Individuals selecting abstinence will be able to remain in the residential facility for the period of detox. They will be provided with non-addictive comfort drugs to assist with detox. A treatment plan will be developed and a referral back to their community for ongoing behavioral health counseling/therapy.

Funding would be used to support the non-reimbursable services. Clients/patients will be responsible for re-payment under a sliding fee scale. Medication should be covered under Medicaid and/or Commercial Providers. After a quick survey of approximately 5 medically monitored residential programs, residential services were averaging \$190 - \$200 per day.

The original plan was to develop a competitive request for proposals for the selection of opioid stabilization centers (2-3 anticipated depending on level of funding). **One of the questions is do we have to have special language for the RFP process?**

Please review and we will touch base on this early next week.

Thank you very much for your work on this bill.

Jennifer Malcore

Office of State Representative John Nygren

Co-Chair , Joint Committee on Finance

89th Assembly District

309 East, State Capitol

608.266.2344

Dodge, Tamara

From: Malcore, Jennifer
Sent: Monday, January 06, 2014 5:12 PM
To: Dodge, Tamara
Subject: LRB 3287

Tamara,

Just wanted to touch base, unfortunately, I am going to want to release this for co-sponsorship as soon as possible so I was hoping we could go over the changes tomorrow.

Thank you,

Jennifer Malcore

Office of State Representative John Nygren
Co-Chair , Joint Committee on Finance
89th Assembly District
309 East, State Capitol
608.266.2344



State of Wisconsin
2013 - 2014 LEGISLATURE



LRB-3287/P1

TJD:kjf:jm

P2

RMR

In: 119

Due Tomorrow am 1110

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

regen cat

1 AN ACT *to amend* 20.435 (5) (bL); and *to create* 51.422 of the statutes; relating
2 to: opioid treatment programs and making an appropriation.

Insert Analysis

Analysis by the Legislative Reference Bureau

This is a preliminary draft. An analysis will be provided in a subsequent version of this draft.

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

Insert 1-3

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

3 SECTION 1. 20.435 (5) (bL) of the statutes is amended to read:
4 20.435 (5) (bL) *Community support programs and psychosocial services.* The
5 amounts in the schedule for one-time grants under s. 51.423 (3) to counties that
6 currently do not operate certified community support programs, for community
7 support program services under s. 51.421 (3) (e), for opioid treatment programs
8 under s. 51.422, for community-based psychosocial services under the requirements

The department shall obtain and review proposals for opioid treatment programs in accordance with its request-for-proposal procedures.

1 of s. 49.45 (30e), for community recovery services under the requirements of s. 49.45
2 (30g), and for mental health crisis intervention under the requirements of s. 49.45
3 (41). Notwithstanding s. 20.002 (1), the department of health services may transfer
4 from this appropriation account to the appropriation account under sub. (7) (bc)
5 funds as specified in sub. (7) (bc).

***NOTE: Under this bill, the joint finance committee supplement will go to an existing appropriation to which I have added language allowing DHS to expend the moneys for the opioid treatment programs. The supplement (see the nonstatutory provisions in the bill) will only be for the 2013-15 biennium. The language allowing for DHS to expend moneys for the opioid treatment programs will remain in this appropriation. Please advise if you would like any of this changed.

SECTION 2. 51.422 of the statutes is created to read:

51.422 Opioid treatment programs. (1) PROGRAM CREATION. The department shall create 2 or 3 new, regional comprehensive (buprenorphine and counseling) opioid treatment programs to provide treatment for opiate addiction in rural or underserved, high-need areas. A program under this section may not offer methadone treatment.

***NOTE: This draft does not define buprenorphine, opioid, or opiate. Do you believe that definitions are necessary for those terms?

(2) PROGRAM COMPONENTS. An opioid treatment program created under this section shall offer an assessment to individuals in need of service to determine what type of treatment is needed. The program shall transition individuals to inpatient, residential detoxification, if that level of treatment is necessary. The program shall provide counseling (and) medication-assisted treatment. The program shall transition individuals who have completed (counseling and medication-assisted) treatment to post-treatment care offering ongoing peer support and monitoring of post-treatment outcomes.

and abstinence-based treatment

***NOTE: Please review this subsection to ensure that it complies with your intent of creating opioid treatment programs.

The program shall attempt to transition individuals to post-treatment care within 14 days of entering the program. the individual

1 **SECTION 3. Nonstatutory provisions.**

2 (1) OPIOID TREATMENT PROGRAM FUNDING. During the 2013-15 fiscal biennium,
3 the department of health services shall submit one or more requests to the joint
4 committee on finance under section 13.10 of the statutes to supplement the
5 appropriation under section 20.435 (5) (b) ^{rel} of the statutes from the appropriation
6 under section 20.865 (4) (a) of the statutes for a purpose of paying for the opioid
7 treatment programs under section 51.422 of the statutes, as created by this act. If
8 the joint committee on finance releases the moneys, the department may not expend
9 more for the opioid treatment programs than the amount of the supplement provided
10 by the joint committee on finance.

****NOTE: The last sentence of this nonstatutory provision prohibits DHS from spending more than the joint finance committee supplement on the opioid treatment programs. If you would like DHS to also be able to use GPR from the appropriation under s. 20.435 (5) (bL), that sentence may be removed.

11

(END)

2 two
3 three

1 INSERT ANALYSIS

+ This bill requires the Department of Health Services (DHS) to create 2 or 3 regional comprehensive opioid treatment programs to provide treatment for opiate addiction in rural or underserved, high-need areas. In creating the program, DHS must obtain and review proposals for opioid treatment programs in accordance with its request-for-proposal procedures. These programs may not offer methadone treatment.

+ An opioid treatment program, under the bill, must offer an assessment to individuals in need of service to determine what type of treatment is needed. The opioid treatment program must provide counseling, medication-assisted treatment, and abstinence-based treatment. If inpatient, residential detoxification is necessary for an individual, the opioid treatment program must transition the individual there. The opioid treatment program must transition individuals who have completed treatment to county-based or private post-treatment care offering ongoing peer support and monitoring of post-treatment outcomes. The opioid treatment program must attempt to make that transition to post-treatment care within 14 days of the individual entering the program.

(END INSERT ANALYSIS)

2 INSERT 1-3

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

4 20.435 (5) (bc) *Grants for community programs*. The amounts in the schedule
5 for grants for community programs under s. 46.48 and for opioid treatment programs
6 under s. 51.422. Notwithstanding ss. 20.001 (3) (a) and 20.002 (1), the department
7 may transfer funds between fiscal years under this paragraph. Except for amounts
8 authorized to be carried forward under s. 46.48 and as otherwise provided in this
9 paragraph, all funds allocated but not encumbered by December 31 of each year lapse
10 to the general fund on the next January 1 unless carried forward to the next calendar
11 year by the joint committee on finance. Notwithstanding ss. 20.001 (3) (a) and 20.002
12 (1), the department shall transfer from this appropriation account to the
13 appropriation account for the department of children and families under s. 20.437

- 1 (2) (dz) funds allocated by the department under s. 46.48 (30) but unexpended on
- 2 June 30 of each year.

History: 1971 c. 125 ss. 138 to 155, 522 (1); 1971 c. 211, 215, 302, 307, 322; 1973 c. 90, 198, 243; 1973 c. 284 s. 32; 1973 c. 308, 321, 322, 333, 336; 1975 c. 39 ss. 153 to 173, 732 (1), (2); 1975 c. 41 s. 52; 1975 c. 82, 224, 292; 1975 c. 413 s. 18; 1975 c. 422, 423; 1975 c. 430 ss. 1, 2, 80; 1977 c. 29 ss. 236 to 273, 1657 (18); 1977 c. 112; 1977 c. 203 s. 106; 1977 c. 213, 233, 327; 1977 c. 354 s. 101; 1977 c. 359; 1977 c. 418 ss. 129 to 137, 924 (18) (d), 929 (55); 1977 c. 428 s. 115; 1977 c. 447; 1979 c. 32 s. 92 (11); 1979 c. 34, 48; 1979 c. 102 s. 237; 1979 c. 111, 175, 177; 1979 c. 221 ss. 118g to 133, 2202 (20); 1979 c. 238, 300, 331, 361; 1981 c. 20 ss. 301 to 356b, 2202 (20) (b), (d), (g); 1981 c. 93 ss. 3 to 8, 186; 1981 c. 298, 314, 317, 359, 390; 1983 a. 27 ss. 318 to 410, 2202 (20); 1983 a. 192, 199, 245; 1983 a. 333 s. 6; 1983 a. 363, 398, 410, 427; 1983 a. 435 ss. 2, 3, 7; 1983 a. 538; 1985 a. 24, 29, 56, 73, 120, 154, 176, 255, 281, 285, 332; 1987 a. 27, 339, 368, 398, 399, 402; 1987 a. 403 ss. 25, 256; 1987 a. 413; 1989 a. 31, 53; 1989 a. 56 ss. 13, 259; 1989 a. 102; 1989 a. 107 ss. 11, 13, 17 to 37; 1989 a. 120, 122, 173, 199, 202, 318, 336, 359; 1991 a. 6, 39, 189, 269, 275, 290, 315, 322; 1993 a. 16, 27, 76, 98, 99, 168, 183, 377, 437, 445, 446, 450, 469, 479, 490, 491; 1995 a. 27 ss. 806 to 961r, 9126 (19); 1995 a. 77, 98; 1995 a. 216 ss. 26, 27; 1995 a. 266, 276, 289, 303, 404, 417, 440, 448, 464, 468; 1997 a. 27 ss. 211, 214, 216, 217, 527 to 609; 1997 a. 35, 105, 231, 237, 280, 293; 1999 a. 5, 9, 32, 52, 84, 103, 109, 113, 133, 185, 186; 2001 a. 16, 69, 103, 105; 2003 a. 33, 139, 186, 318, 320, 326, 327; 2005 a. 15, 22; 2005 a. 25 ss. 299 to 331, 2498 to 2500, 2510; 2005 a. 74, 107, 199, 228, 264, 388, 406, 434; 2007 a. 20 ss. 331 to 422, 9121 (6) (a); 2007 a. 39, 88, 107, 111, 130; 2009 a. 2, 15; 2009 a. 28 ss. 325 to 470, 485, 488, 490; 2009 a. 76, 180, 190, 219, 274, 276, 279, 318, 334; 2011 a. 32, 70, 257; 2013 a. 20; 2013 a. 116 s. 31; s. 35.17 correction in (4) (gr), (5) (ma).

(END INSERT 1-3)

Dodge, Tamara

From: Malcore, Jennifer
Sent: Thursday, January 16, 2014 4:13 PM
To: Dodge, Tamara
Subject: Opiate treatment programs draft - 3287

Tamara,

Could you please make the changes suggested below:

Page 2, line 17: Have it read rural and underserved rather than rural or underserved.

Page 3, line 3: remove the word "inpatient". This seems to imply a hospital based program. Can you change it to licensed residential program?

Page 3, line 4: Remove the word detoxification so it would read "residential program"

Page 3, line 7 & 8: Should we end the sentence at post-treatment care. Remove "offering ongoing peer support and monitoring of post -treatment outcomes. Let's take out the last sentence.

Thanks,

Let me know if you have any questions, otherwise it should be ready to go.

Jennifer Malcore

Office of State Representative John Nygren
Co-Chair , Joint Committee on Finance
89th Assembly District
309 East, State Capitol
608.266.2344

Dodge, Tamara

From: Malcore, Jennifer
Sent: Friday, January 17, 2014 10:10 AM
To: Dodge, Tamara
Subject: RE: Opiate treatment programs draft

Tamara,

Yes, remove those also.

Tuesday is fine.

Thank you,

Jennifer Malcore

Office of State Representative John Nygren
Co-Chair , Joint Committee on Finance
89th Assembly District
309 East, State Capitol
608.266.2344

From: Dodge, Tamara
Sent: Thursday, January 16, 2014 4:35 PM
To: Malcore, Jennifer
Subject: RE: Opiate treatment programs draft

Jennifer,

I can make the changes. I just want to confirm that in addition to removing the "offering ongoing peer support and monitoring..." phrase that modifies the post-treatment care you also want to take out the entire sentence on p. 3, lines 8-10 regarding the 14 days.

I should be able to get this turned around quickly. Is Tuesday okay or do you need it tomorrow?

Tami

Tamara J. Dodge

Attorney
Wisconsin Legislative Reference Bureau
P.O. Box 2037
Madison, WI 53701-2037
(608) 267 - 7380
tamara.dodge@legis.wisconsin.gov

From: Malcore, Jennifer
Sent: Thursday, January 16, 2014 4:13 PM
To: Dodge, Tamara
Subject: Opiate treatment programs draft

Tamara,

Could you please make the changes suggested below:

Page 2, line 17: Have it read rural and underserved rather than rural or underserved.

Page 3, line 3: remove the word "inpatient". This seems to imply a hospital based program. Can you change it to licensed residential program?

Page 3, line 4: Remove the word detoxification so it would read "residential program"

Page 3, line 7 & 8: Should we end the sentence at post-treatment care. Remove "offering ongoing peer support and monitoring of post-treatment outcomes. Let's take out the last sentence.

Thanks,

Let me know if you have any questions, otherwise it should be ready to go.

Jennifer Malcore

Office of State Representative John Nygren

Co-Chair , Joint Committee on Finance

89th Assembly District

309 East, State Capitol

608.266.2344



State of Wisconsin
2013 - 2014 LEGISLATURE



LRB-3287/P2
TJD:kjf:jm

In: 1117

Due
Tues 1/21

RMR

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

Regen

1 AN ACT *to amend* 20.435 (5) (bc); and *to create* 51.422 of the statutes; relating
2 to: opioid treatment programs and making an appropriation.

and

Analysis by the Legislative Reference Bureau

This bill requires the Department of Health Services (DHS) to create two or three regional comprehensive opioid treatment programs to provide treatment for opiate addiction in rural or underserved, high-need areas. In creating the program, DHS must obtain and review proposals for opioid treatment programs in accordance with its request-for-proposal procedures. These programs may not offer methadone treatment.

An opioid treatment program, under the bill, must offer an assessment to individuals in need of service to determine what type of treatment is needed. The opioid treatment program must provide counseling, medication-assisted treatment, and abstinence-based treatment. If ^{a licensed} inpatient, residential detoxification is necessary for an individual, the opioid treatment program must transition the individual there. The opioid treatment program must transition individuals who have completed treatment to county-based or private post-treatment care offering ongoing peer support and monitoring of post-treatment outcomes. The opioid treatment program must attempt to make that transition to post-treatment care within 14 days of the individual entering the program.

Program

For further information see the *state and local* 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) (bc) of the statutes is amended to read:

2 20.435 (5) (bc) *Grants for community programs.* The amounts in the schedule
3 for grants for community programs under s. 46.48 and for opioid treatment programs
4 under s. 51.422. Notwithstanding ss. 20.001 (3) (a) and 20.002 (1), the department
5 may transfer funds between fiscal years under this paragraph. Except for amounts
6 authorized to be carried forward under s. 46.48 and as otherwise provided in this
7 paragraph, all funds allocated but not encumbered by December 31 of each year lapse
8 to the general fund on the next January 1 unless carried forward to the next calendar
9 year by the joint committee on finance. Notwithstanding ss. 20.001 (3) (a) and 20.002
10 (1), the department shall transfer from this appropriation account to the
11 appropriation account for the department of children and families under s. 20.437
12 (2) (dz) funds allocated by the department under s. 46.48 (30) but unexpended on
13 June 30 of each year.

✓

14 **SECTION 2.** 51.422 of the statutes is created to read:

15 **51.422 Opioid treatment programs.** (1) PROGRAM CREATION. The
16 department shall create 2 or 3 new, regional comprehensive opioid treatment
17 programs to provide treatment for opiate addiction in rural ^{or} underserved, ^{and}
18 high-need areas. The department shall obtain and review proposals for opioid
19 treatment programs in accordance with its request-for-proposal procedures. A
20 program under this section may not offer methadone treatment.

Parisi, Lori

From: Rep.Nygren
Sent: Friday, January 17, 2014 3:44 PM
To: LRB.Legal
Subject: Draft Review: LRB -3287/1 Topic: Opioid treatment programs

Please Jacket LRB -3287/1 for the ASSEMBLY.

Dodge, Tamara

From: Malcore, Jennifer
Sent: Tuesday, January 21, 2014 4:12 PM
To: Dodge, Tamara
Subject: RE: Talking points for opioid treatment programs

Yes, please give it to Joint Finance

Jennifer Malcore

Office of State Representative John Nygren
Co-Chair , Joint Committee on Finance
89th Assembly District
309 East, State Capitol
608.266.2344

From: Dodge, Tamara
Sent: Tuesday, January 21, 2014 3:59 PM
To: Malcore, Jennifer
Subject: RE: Talking points for opioid treatment programs

Jennifer,

I'll put in the two years from the effective date. Looking at who the report should go to, "the legislature" doesn't get the report into anyone's hands, it just puts the report on a list of available reports. So, how about joint finance committee and the appropriate standing committees of each house instead?

Tami

Tamara J. Dodge

Attorney
Wisconsin Legislative Reference Bureau
P.O. Box 2037
Madison, WI 53701-2037
(608) 267 - 7380
tamara.dodge@legis.wisconsin.gov

From: Malcore, Jennifer
Sent: Tuesday, January 21, 2014 3:54 PM
To: Dodge, Tamara
Subject: FW: Talking points for opioid treatment programs

Tami ~

Please read below. Let's put in 2 years from effective date. It isn't going to help my case as far as the budget but oh well.

Thank you,

Jennifer Malcore

Office of State Representative John Nygren
Co-Chair , Joint Committee on Finance
89th Assembly District
309 East, State Capitol
608.266.2344

From: Oppor, Louis L - DHS [<mailto:Louis.Oppor@dhs.wisconsin.gov>]
Sent: Tuesday, January 21, 2014 3:34 PM
To: Malcore, Jennifer
Subject: RE: Talking points for opioid treatment programs

2 years would be better. Depending on when this is passed, it generally takes 4-6 months to prepare and award an RFP and there needs to be a little time for the organization awarded funds to staff up and prepare to take patients. So from the date of passage, the first patient will probably not be seen for at least 6 months. The program would probably want to follow an individual for at least 6 – 12 months to determine if there has been any relapse.

Louis Oppor, Section Chief
Substance Abuse Services Section
Bureau of Prevention Treatment and Recovery
Division of Mental Health and Substance Abuse Services
Department of Health Services
1 W. Wilson Street, Room 850
Madison, WI 53703
Phone: 608 266-9485
Fax: 608-266-1533
Email: Louis.Oppor@Wisconsin.gov

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From: Malcore, Jennifer [<mailto:Jennifer.Malcore@legis.wisconsin.gov>]
Sent: Tuesday, January 21, 2014 2:37 PM
To: Oppor, Louis L - DHS
Subject: RE: Talking points for opioid treatment programs

Lou,

Would saying a year after effective date of the bill be too soon for you to come up with data on the program?

Jennifer Malcore
Office of State Representative John Nygren
Co-Chair , Joint Committee on Finance
89th Assembly District
309 East, State Capitol
608.266.2344

From: Oppor, Louis L - DHS [<mailto:Louis.Oppor@dhs.wisconsin.gov>]
Sent: Tuesday, January 21, 2014 1:53 PM
To: Malcore, Jennifer
Subject: RE: Talking points for opioid treatment programs

Thanks

Louis Oppor, Section Chief
Substance Abuse Services Section

Bureau of Prevention Treatment and Recovery
Division of Mental Health and Substance Abuse Services
Department of Health Services
1 W. Wilson Street, Room 850
Madison, WI 53703
Phone: 608 266-9485
Fax: 608-266-1533
Email: Louis.Oppor@Wisconsin.gov

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From: Malcore, Jennifer [<mailto:Jennifer.Malcore@legis.wisconsin.gov>]
Sent: Tuesday, January 21, 2014 1:52 PM
To: Oppor, Louis L - DHS
Subject: RE: Talking points for opioid treatment programs

OK, I will add it!!

Thanks,

Jennifer Malcore
Office of State Representative John Nygren
Co-Chair , Joint Committee on Finance
89th Assembly District
309 East, State Capitol
608.266.2344

From: Oppor, Louis L - DHS [<mailto:Louis.Oppor@dhs.wisconsin.gov>]
Sent: Tuesday, January 21, 2014 1:52 PM
To: Malcore, Jennifer
Subject: RE: Talking points for opioid treatment programs

Hi Jennifer:

Yes I would like to see an evaluation component to help us determine if outcomes are achieved.

Lou

Louis Oppor, Section Chief
Substance Abuse Services Section
Bureau of Prevention Treatment and Recovery
Division of Mental Health and Substance Abuse Services
Department of Health Services
1 W. Wilson Street, Room 850
Madison, WI 53703
Phone: 608 266-9485
Fax: 608-266-1533
Email: Louis.Oppor@Wisconsin.gov

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From: Malcore, Jennifer [<mailto:Jennifer.Malcore@legis.wisconsin.gov>]
Sent: Tuesday, January 21, 2014 1:18 PM
To: Oppor, Louis L - DHS
Subject: RE: Talking points for opioid treatment programs

Lou,

I assumed that DHS is going to evaluate this program so we can ask for more money in a budget year. Here is my thought, should we put that part in the legislation?

Thanks,

Jennifer Malcore

Office of State Representative John Nygren
Co-Chair , Joint Committee on Finance
89th Assembly District
309 East, State Capitol
608.266.2344

From: Oppor, Louis L - DHS [<mailto:Louis.Oppor@dhs.wisconsin.gov>]
Sent: Tuesday, January 21, 2014 12:30 PM
To: Malcore, Jennifer
Subject: RE: Talking points for opioid treatment programs

Hi Jennifer:

I did make some edits, primarily in the background section. I stressed the need to serve rural areas as methadone clinics cannot serve individuals who reside more than 50 miles from their facility. I also tried to develop a case for stabilization centers by indicating the difficulty physicians have with admitting patients and the need for detox assistance.

Let me know if there is anything else I could help with.

Thanks,
Lou

Louis Oppor, Section Chief
Substance Abuse Services Section
Bureau of Prevention Treatment and Recovery
Division of Mental Health and Substance Abuse Services
Department of Health Services
1 W. Wilson Street, Room 850
Madison, WI 53703
Phone: 608 266-9485
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From: Malcore, Jennifer [<mailto:Jennifer.Malcore@legis.wisconsin.gov>]
Sent: Tuesday, January 21, 2014 10:45 AM
To: Oppor, Louis L - DHS
Subject: Talking points for opioid treatment programs

Good Morning Lou~

I went over notes of what you have sent me regarding this piece of legislation and put together talking points. Could you please take a quick glance and let me know if I am correct in what I have so far?

Thank you,

Jennifer Malcore
Office of State Representative John Nygren
Co-Chair , Joint Committee on Finance
89th Assembly District
309 East, State Capitol
608.266.2344



State of Wisconsin
2013 - 2014 LEGISLATURE



LRB-32871
TJD:kjf:rs

2

In: 1/22

Due Today
if possible

RMR

2013 BILL

Regen

- 1 AN ACT to amend 20.435 (5) (bc); and to create 51.422 of the statutes; relating
- 2 to: opioid treatment programs and making an appropriation.

Analysis by the Legislative Reference Bureau

This bill requires the Department of Health Services (DHS) to create two or three regional comprehensive opioid treatment programs to provide treatment for opiate addiction in rural and underserved, high-need areas. In creating the program, DHS must obtain and review proposals for opioid treatment programs in accordance with its request-for-proposal procedures. These programs may not offer methadone treatment.

An opioid treatment program, under the bill, must offer an assessment to individuals in need of service to determine what type of treatment is needed. The opioid treatment program must provide counseling, medication-assisted treatment, and abstinence-based treatment. If a licensed residential program is necessary for an individual, the opioid treatment program must transition the individual there. The opioid treatment program must transition individuals who have completed treatment to county-based or private post-treatment care.

For further information see the **state and local** 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:

no 71
The bill also requires DHS to submit annually, beginning approximately two years after the bill's effective date, a progress report on the outcomes of the opioid treatment program to the Joint Committee on Finance and appropriate standing committees of the legislature.

BILL**SECTION 1**

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

2 20.435 (5) (bc) *Grants for community programs.* The amounts in the schedule
3 for grants for community programs under s. 46.48 and for opioid treatment programs
4 under s. 51.422. Notwithstanding ss. 20.001 (3) (a) and 20.002 (1), the department
5 may transfer funds between fiscal years under this paragraph. Except for amounts
6 authorized to be carried forward under s. 46.48 and as otherwise provided in this
7 paragraph, all funds allocated but not encumbered by December 31 of each year lapse
8 to the general fund on the next January 1 unless carried forward to the next calendar
9 year by the joint committee on finance. Notwithstanding ss. 20.001 (3) (a) and 20.002
10 (1), the department shall transfer from this appropriation account to the
11 appropriation account for the department of children and families under s. 20.437
12 (2) (dz) funds allocated by the department under s. 46.48 (30) but unexpended on
13 June 30 of each year.

14 **SECTION 2.** 51.422 of the statutes is created to read:

15 **51.422 Opioid treatment programs.** (1) PROGRAM CREATION. The
16 department shall create 2 or 3 new, regional comprehensive opioid treatment
17 programs to provide treatment for opiate addiction in rural and underserved,
18 high-need areas. The department shall obtain and review proposals for opioid
19 treatment programs in accordance with its request-for-proposal procedures. A
20 program under this section may not offer methadone treatment.

21 (2) PROGRAM COMPONENTS. An opioid treatment program created under this
22 section shall offer an assessment to individuals in need of service to determine what
23 type of treatment is needed. The program shall transition individuals to a licensed
24 residential program, if that level of treatment is necessary. The program shall
25 provide counseling, medication-assisted treatment, and abstinence-based

BILL

Insert
3-3
→

1 treatment. The program shall transition individuals who have completed treatment
2 to county-based or private post-treatment care.

3 **SECTION 3. Nonstatutory provisions.**

4 (1) OPIOID TREATMENT PROGRAM FUNDING. During the 2013-15 fiscal biennium,
5 the department of health services shall submit one or more requests to the joint
6 committee on finance under section 13.10 of the statutes to supplement the
7 appropriation under section 20.435 (5) (bc) of the statutes from the appropriation
8 under section 20.865 (4) (a) of the statutes for a purpose-of paying for the opioid
9 treatment programs under section 51.422 of the statutes, as created by this act. If
10 the joint committee on finance releases the moneys, the department may not expend
11 more for the opioid treatment programs than the amount of the supplement provided
12 by the joint committee on finance.

13 (END)

2013-2014 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-3287/2ins
TJD:.....

1 INSERT 3-3

2 (3) REPORT. By the first day of the 24th month beginning after the effective date
3 of this subsection ... [LRB inserts date], and annually thereafter, the department
4 shall submit to the joint committee on finance and to the appropriate standing
5 committees under s. 13.172 (3) an annual progress report on the outcomes of the
6 program under this section.

(END INSERT 3-3)

Barman, Mike

From: Barman, Mike
Sent: Tuesday, January 28, 2014 11:17 AM
To: Dodge, Tamara
Subject: RE: Fiscal Estimate

Tami,
I submitted the draft ("1/2") to DOA for agency fiscal estimate assignment. I noted that the sponsor was eager to see the fiscal estimate(s).

Thanks,
Mike

From: Dodge, Tamara
Sent: Tuesday, January 28, 2014 11:07 AM
To: Barman, Mike
Subject: Fiscal Estimate

Mike,
Jenny from Representative Nygren's office would like to request a fiscal estimate (I think a rush, if possible) for LRB-3287. It hasn't been introduced yet.

Please let me know if this isn't possible or if you need more information.

Thanks,
Tami

Tamara J. Dodge
Attorney
Wisconsin Legislative Reference Bureau
P.O. Box 2037
Madison, WI 53701-2037
(608) 267 - 7380
tamara.dodge@legis.wisconsin.gov

Memo

To: Representative **Nygren**

(The Draft's Requester)

Per your request ... the attached fiscal estimate was prepared for your un-introduced 2013 session draft.

LRB Number: LRB-3287

Version: " /2 " (original)

Fiscal Estimate Prepared By: (agency abbr.) DHS

If you have questions about the enclosed fiscal estimate, you may contact the state agency representative that prepared the fiscal estimate. If you disagree with the enclosed fiscal estimate, please contact the LRB drafter of your proposal to discuss your options under the fiscal estimate procedure.

* * * * *

Entered In Computer And Copy Sent To Requester Via E-Mail: 01 / 30 / 2013

To: **LRB - Legal Section PA's**



Subject: *Fiscal Estimate Received For An Un-introduced Draft*

- > **If re-drafted** ... please insert this cover sheet and attached early fiscal estimate into the drafting file "guts" ... after the draft's old version (the version that this fiscal estimate was based on), and just before re-draft of the updated version.
- > **If introduced** ... please make sure the attached fiscal estimate is for the **current version** ... write the draft's new introduction number below and give this packet to Mike (or Lori) to re-process the fiscal estimate (w/intro. number included).

THIS DRAFT WAS INTRODUCED AS: 2013

AB 701

Barman, Mike

From: Barman, Mike
Sent: Thursday, January 30, 2014 2:20 PM
To: Rep.Nygren
Cc: Malcore, Jennifer
Subject: LRB-3287/2 (un-introduced) (FE by DHS - attached - for your review)



FE-3287_DHS.pdf

Drafter: TJD
Subject: Mental Health – AODA

Mike Barman (Lead Program Assistant)

State of Wisconsin - Legislative Reference Bureau - Legal Section - Front Office
1 East Main Street, Suite 200, Madison, WI 53703
(608) 266-3561 / mike.barman@legis.wisconsin.gov