

**2019 DRAFTING REQUEST**

**Bill**

For: **John Nygren (608) 266-2343** Drafter: **tdodge**  
 By: **Chris** Secondary Drafters:  
 Date: **4/18/2019** May Contact:

Same as LRB:

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:**

Reimbursement for recovery coaches under Medical Assistance program; coordination and continuation of care

**Instructions:**

See attached

**Drafting History:**

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	tdodge 4/24/2019	wjackson 4/24/2019			
/P1	tdodge 10/14/2019	anienaja 10/14/2019	lparisi 4/24/2019		State
/P2	tdodge 10/30/2019	wjackson 10/30/2019	jmurphy 10/14/2019		State
/P3	tdodge 11/4/2019	anienaja 11/4/2019	dwalker 10/30/2019		State
/1			lparisi	lparisi	State

Vers.    Drafted

Reviewed

Submitted  
11/4/2019

Jacketed  
11/4/2019

Required

FE Sent For:

at  
intro

<END>

## Dodge, Tamara

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**From:** Borgerding, Chris  
**Sent:** Thursday, April 18, 2019 1:11 PM  
**To:** Dodge, Tamara  
**Subject:** Peer Recovery Coaches

Hi Tami,

Thanks for all your help the last few days.

Was wondering if it would be possible to have a bill drafted that makes recovery coaches reimbursable under MA? Like how certified peer specialists are.

Thanks!

***Chris Borgerding***

Office of State Representative John Nygren  
Co-Chair, Joint Committee on Finance  
89th Assembly District  
309 East, State Capitol  
608.266.2343



State of Wisconsin  
2019 - 2020 LEGISLATURE

LRB-2886?  
TJD:...  
WJY ePI

In: 4/24

Due Today  
4/24 if possible

**PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION**

1 AN ACT <sup>gc</sup>...; relating to: reimbursement for peer recovery coach services under the  
2 Medical Assistance program.

*Analysis by the Legislative Reference Bureau*

*gc* This bill requires the Department of Health Services to provide as a benefit and reimburse peer recovery coach services under the Medical Assistance program. A "peer recovery coach," as defined in the bill, is a peer who is in recovery from mental illness or a substance use disorder and who provides support and assistance to other individuals who are in treatment or recovery from mental illness or substance use disorder. The bill requires DHS to reimburse a peer recovery coach service that meets all of the following criteria: the recipient of the peer recovery coach service is in treatment for or recovery from mental illness or a substance use disorder; the peer recovery coach provides the service under the supervision of a mental health professional and in coordination and accordance with the recipient's individual treatment plan and treatment goals; and the peer recovery coach completes any training required by DHS. The bill requires DHS to request any federal approval necessary to implement the bill.

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.** 49.45 (30j) of the statutes is created to read:

2           49.45 **(30j)** REIMBURSEMENT FOR <sup>PEER</sup> RECOVERY COACH SERVICES. (a) In this  
3 subsection, “peer recovery coach” means a peer who is in recovery from mental illness  
4 or a substance use disorder and who provides support and assistance to other  
5 individuals who are in treatment or recovery from mental illness or <sup>a</sup> substance use  
6 disorder. ✓

7           (b) The department shall reimburse under the Medical Assistance program  
8 under this subchapter any service provided by a peer recovery coach if the service  
9 satisfies all of the following conditions:

10           1. The recipient of the service provided by a peer recovery coach is in treatment  
11 for or recovery from mental illness or a substance use disorder. ✓

12           2. The peer recovery coach provides the service under the supervision of a  
13 mental health professional. ✓

14           3. The peer recovery coach provides the service in coordination with the  
15 Medical Assistance recipient’s individual treatment plan and in accordance with the  
16 recipient’s individual treatment goals. ✓

17           4. The peer recovery coach providing the service has completed any training  
18 required by the department. ✓ The department may not require a peer recovery coach  
19 to obtain a credential as a mental health professional.

20           (c) The department shall certify under Medical Assistance peer recovery  
21 coaches to provide services in accordance with this subsection. ✓

22           (d) The department shall request from the federal department of health and  
23 human services any waiver of federal Medicaid law, state plan amendment, or other  
24 federal approval necessary to implement this subsection and s. 49.46 (2) (b) 14p. ✓

25           **SECTION 2.** 49.46 (2) (b) 14p. of the statutes is created to read:

1

49.46 (2) (b) 14p. Subject to s. 49.45 (30j), services provided by a <sup>peer</sup> recovery coach.

^

2

(END)

## Dodge, Tamara

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**From:** Borgerding, Chris  
**Sent:** Thursday, October 03, 2019 12:23 PM  
**To:** Dodge, Tamara  
**Subject:** RE: LRB 2886/P1

Keep as is. Thanks!

***Chris Borgerding***

Office of State Representative John Nygren  
Co-Chair, Joint Committee on Finance  
89th Assembly District  
309 East, State Capitol  
608.266.2343

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**From:** Dodge, Tamara <Tamara.Dodge@legis.wisconsin.gov>  
**Sent:** Thursday, October 03, 2019 12:16 PM  
**To:** Borgerding, Chris <Chris.Borgerding@legis.wisconsin.gov>  
**Subject:** RE: LRB 2886/P1

Hi Chris,

Right now, -2886 doesn't increase the amount of money DHS is appropriated to accommodate the new service. So, DHS would, as the draft is written, have to find the money within what has been allocated. But, the bill doesn't say how much DHS has to spend, which is fine but it means the DHS may not provide as many opportunities to receive recovery coach services.

So do you want me to just leave this one? Or do you want me to specify an amount that DHS has to allocate toward this from its existing Medicaid funds?

Tami

**Tamara J. Dodge**

Senior Legislative Attorney  
Wisconsin Legislative Reference Bureau  
P.O. Box 2037  
Madison, WI 53701-2037  
**(608) 504 - 5808**  
[tamara.dodge@legis.wisconsin.gov](mailto:tamara.dodge@legis.wisconsin.gov)

*Please note my new direct phone number (as of June 13, 2018).*

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**From:** Borgerding, Chris <Chris.Borgerding@legis.wisconsin.gov>  
**Sent:** Thursday, October 03, 2019 9:25 AM  
**To:** Dodge, Tamara <Tamara.Dodge@legis.wisconsin.gov>  
**Subject:** RE: LRB 2886/P1

Tami,

Could we change this bill to require DHS to find the funding for this?

Thanks!

***Chris Borgerding***

Office of State Representative John Nygren

Co-Chair, Joint Committee on Finance

89th Assembly District

309 East, State Capitol

608.266.2343



## Dodge, Tamara

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**From:** Borgerding, Chris  
**Sent:** Thursday, October 03, 2019 3:10 PM  
**To:** Dodge, Tamara  
**Subject:** warm handoff bill draft

Good afternoon Tami,

I was wondering if you'd be able to read this article(short I promise!) and the highlighted part below and draft off of the federal language for warm hand off?

<http://www.legislationandpolicy.com/3864/warm-handoffs-a-practical-approach-to-improving-opioid-overdose-relapse/>

*The U.S. House of Representatives recently passed H.R. 6, or the SUPPORT for Patients and Communities Act, which is a comprehensive bill to address the opioid epidemic, including numerous provisions to improve access to MAT.[9] One provision of this bill uses language from Republican David B. McKinley's (WV-01) and Democrat Mike Doyle's (PA-14) bill H.R. 5176, or the Preventing Overdoses While in Emergency Rooms Act of 2018. Subtitle I section 7082 of H.R. 6 seeks to provide federal support to states and localities by establishing a grant program to "develop protocols for discharging patients who have presented with a drug overdose and enhance the integration and coordination of care and treatment options for individuals with substance use disorder after discharge." [10] The country is missing critical opportunities to prevent repeated overdoses by not following through on treatment for patients who have suffered a non-fatal overdose.*

Thank you!

**Chris Borgerding**

Office of State Representative John Nygren  
Co-Chair, Joint Committee on Finance  
89th Assembly District  
309 East, State Capitol  
608.266.2343

ABOUT THE BRIEF ([HTTP://WP.ME/P2LUQK-2l](http://wp.me/p2luqk-2l))

EXPLORE ISSUES ([HTTP://WWW.LEGISLATIONANDPOLICY.COM/CATEGORY/CONGRESS/](http://www.legislationandpolicy.com/category/congress/))

# The AU Legislation & Policy Brief

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## Warm Handoffs: A Practical Approach to Improving Opioid Overdose Relapse

📅 August 20, 2018 (<http://www.legislationandpolicy.com/3864/warm-handoffs-a-practical-approach-to-improving-opioid-overdose-relapse/>) 👤 Matthew Itzkowitz  
(<http://www.legislationandpolicy.com/author/matthew-itzkowitz/>)

The prescription opioid and heroin crisis is one of the most significant public health crises facing the United States. On average, 115 Americans die each day from opioid overdoses.[1] Hospital emergency departments (EDs) have become inundated with patients experiencing opioid overdoses. Between 2016 and 2017, ED visits for opioid overdoses increased by thirty percent.[2] Unlike patients who come to the ED for a heart attack, who are immediately referred to a cardiologist once stable,[3] patients who experience a nonfatal opioid overdose are immediately discharged after being stabilized, neglecting the underlying substance use disorder (SUD).[4] A 2014 study found that individuals who visited the ED for nonfatal overdoses presented a high likelihood of future hospitalization and fatal or near fatal overdoses, partly due to the lack of follow-up treatment.[5]

Some states and localities have implemented “warm handoff” strategies, which have been widely successful at getting individuals with SUD into treatment programs. A warm handoff is the process of transitioning a patient with SUD from an intercept point, such as an ED, to a treatment provider, once the patient is stable.[6] Warm handoff case management teams immediately meet with overdose survivors and their families in the ED. The team then works with the survivor to provide a pathway to treatment and recovery, which could include providing a clinical assessment and immediately facilitating the transfer to a treatment facility for medication-assisted treatment (MAT). Since implementing a warm handoff policy statewide in 2016, Pennsylvania has seen an increase in treatment referrals.[7] In 2017, the first full year of the warm handoff program, Pennsylvania reported that fifty-one percent of warm handoff patients were successfully referred for MAT,[8] demonstrating the positive affect warm handoffs can have on the opioid epidemic.

The U.S. House of Representatives recently passed H.R. 6, or the SUPPORT for Patients and Communities Act, which is a comprehensive bill to address the opioid epidemic, including numerous provisions to improve access to MAT.[9] One provision of this bill uses language from Republican David B. McKinley's (WV-01) and Democrat Mike Doyle's (PA-14) bill H.R. 5176, or the Preventing Overdoses While in Emergency Rooms Act of 2018. Subtitle I section 7082 of H.R. 6 seeks to provide federal support to states and localities by establishing a grant program to “develop protocols for discharging patients who have presented with a drug overdose and enhance the integration and coordination of care and treatment options for individuals with substance use disorder after discharge.”[10] The country is missing critical opportunities to prevent repeated overdoses by not following through on treatment for patients who have suffered a non-fatal overdose. Studies show that following through with MAT for a patient within seventy-two hours of an overdose is more cost effective than simply handing patients a pamphlet and referring them to outside treatment.[11] H.R. 6 will create a health care model for lowering opioid deaths and providing treatment for those affected by substance use disorder that can be implemented nationwide. H.R. 6 is currently awaiting approval in the Senate, and there is no indication the president will veto the bill.[12] The warm handoff policy is not the only solution to the opioid crisis, but if implemented across the country, it could majorly curb the opioid crisis.

- [1] *Understanding the Epidemic*, Ctrs. for Disease Control and Prevention (last visited July 21, 2018), <https://www.cdc.gov/drugoverdose/epidemic/index.html>.
  - [2] *Opioid Overdoses Treated in Emergency Departments*, Ctrs. for Disease Control and Prevention (last visited July 21, 2018), <https://www.cdc.gov/vitalsigns/opioid-overdoses/index.html>.
  - [3] *Heart Attack: Emergency Treatment*, UPMC (last visited? July 21, 2018), <http://www.upmc.com/patients-visitors/education/cardiology/pages/heart-attack-emergency-treatment.aspx>.
  - [4] Simone Clark & Paul Dargan, *Discharge of Patients Who Have Taken an Overdose of Opioids*, 19 *Emergency Med. J.* 247, 250 (2002).
  - [5] Kohei Hasegawa et. al., *Epidemiology of Emergency Department Visits for Opioid Overdose: A Population-Based Study*, 89 *Mayo Clinic Proceedings* 462, 462 (2014).
  - [6] Shruti R. Kulkarni, J.D., *International Conference on Opioids: Warm Handoff: Bridging the Gap Between Overdose and Treatment* (June 10, 2018).
  - [7] *Warm Hand-off Summit: Outcome Measures*, Pa. Dep't of Drug and Alcohol Programs (last visited July 21, 2018), <http://www.ddap.pa.gov/Pages/WHO-Outcome-Measures.aspx>.
  - [8] *Id.*
  - [9] SUPPORT for Patients and Communities Act, H.R. 6, 115th Cong. §§ 1007(b)(1)-(2), 3003(a)(II)(aa)-(cc) (2018).
  - [10] Preventing Overdoses While in Emergency Rooms Act of 2018, H.R. 5176, 115th Cong. § 2(a) (2018).
  - [11] Gail D'Onfrio et al., *Emergency Department-Initiated Buprenorphine/Naloxone Treatment for Opioid Dependence*, 313 *JAMA* 1636, 1639 (2015).
  - [12] Press Release, The White House, *Statement from the Press Secretary Regarding the Passage of Over 50 Bills by the House of Representatives to Combat the Opioid and Drug Demand Crisis* (June 22, 2018), <https://www.whitehouse.gov/briefings-statements/statement-press-secretary-regarding-passage-50-bills-house-representatives-combat-opioid-drug-demand-crisis/> (<https://www.whitehouse.gov/briefings-statements/statement-press-secretary-regarding-passage-50-bills-house-representatives-combat-opioid-drug-demand-crisis/>).
- Current Events (<http://www.legislationandpolicy.com/category/current-events/>), Health care (<http://www.legislationandpolicy.com/category/healthcare/>), Legislation (<http://www.legislationandpolicy.com/category/legislation/>), Policy (<http://www.legislationandpolicy.com/category/policy/>), State and Local Issues (<http://www.legislationandpolicy.com/category/state-and-local-issues/>)  permalink

(<http://www.legislationandpolicy.com/3864/warm-handoffs-a-practical-approach-to-improving-opioid-overdose-relapse/>)

← **FIVE TAKEAWAYS FROM THE LAW AND GOVERNMENT 25TH ANNIVERSARY CELEBRATION**  
**([HTTP://WWW.LEGISLATIONANDPOLICY.COM/3826/FIVE-TAKEAWAYS-FROM-THE-LAW-AND-GOVERNMENT-25TH-ANNIVERSARY-CELEBRATION/](http://www.legislationandpolicy.com/3826/five-takeaways-from-the-law-and-government-25th-anniversary-celebration/))**

**UPCOMING EVENTS: THE KAVANAUGH NOMINATION: A PANEL DISCUSSION** →  
**([HTTP://WWW.LEGISLATIONANDPOLICY.COM/382/UPCOMING-EVENTS/](http://www.legislationandpolicy.com/382/upcoming-events/))**

## 2 thoughts on “Warm Handoffs: A Practical Approach to Improving Opioid Overdose Relapse”

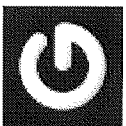


**Caran Gottlieb** says:

August 21, 2018 at 4:47 PM (<http://www.legislationandpolicy.com/3864/warm-handoffs-a-practical-approach-to-improving-opioid-overdose-relapse/#comment-29332>)

I hope this gets passed because it could lead to similiar programs for other mental health issues.

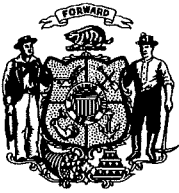
Reply (<http://www.legislationandpolicy.com/3864/warm-handoffs-a-practical-approach-to-improving-opioid-overdose-relapse/?replytocom=29332#respond>)



**BestGabriele** (<https://CleverDeon.blogspot.com>) says:

August 5, 2019 at 7:03 PM (<http://www.legislationandpolicy.com/3864/warm-handoffs-a-practical-approach-to-improving-opioid-overdose-relapse/#comment-34042>)

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State of Wisconsin  
2019 - 2020 LEGISLATURE

LRB-2886(P1) P2  
TJD:wjl/ann

Due Today

In: 10/14

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

Regen.

and to establish and maintain a program to coordinate and continue care following a substance use overdose

1 AN ACT to create 49.45 (30j) and 49.46 (2) (b) 14p. of the statutes; relating to:  
2 reimbursement for peer recovery coach services under the Medical Assistance  
3 program. and coordination and continuation of care following overdose

Analysis by the Legislative Reference Bureau

This bill requires the Department of Health Services to provide as a benefit and reimburse peer recovery coach services under the Medical Assistance program. A "peer recovery coach," as defined in the bill, is a peer who is in recovery from mental illness or a substance use disorder and who provides support and assistance to other individuals who are in treatment or recovery from mental illness or a substance use disorder. The bill requires DHS to reimburse a peer recovery coach service that meets all of the following criteria: the recipient of the peer recovery coach service is in treatment for or recovery from mental illness or a substance use disorder; the peer recovery coach provides the service under the supervision of a mental health professional and in coordination and accordance with the recipient's individual treatment plan and treatment goals; and the peer recovery coach completes any training required by DHS. The bill requires DHS to request any federal approval necessary to implement the bill. reimbursement

under the Medical Assistance Program

Insert A new ¶

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:

← Insert 2-1

1           **SECTION 1.** 49.45 (30j) of the statutes is created to read:

2           **49.45 (30j) REIMBURSEMENT FOR PEER RECOVERY COACH SERVICES.** (a) In this  
3 subsection, “peer recovery coach” means a peer who is in recovery from mental illness  
4 or a substance use disorder and who provides support and assistance to other  
5 individuals who are in treatment or recovery from mental illness or a substance use  
6 disorder.

7           (b) The department shall reimburse under the Medical Assistance program  
8 under this subchapter any service provided by a peer recovery coach if the service  
9 satisfies all of the following conditions:

10           1. The recipient of the service provided by a peer recovery coach is in treatment  
11 for or recovery from mental illness or a substance use disorder.

12           2. The peer recovery coach provides the service under the supervision of a  
13 mental health professional.

14           3. The peer recovery coach provides the service in coordination with the  
15 Medical Assistance recipient’s individual treatment plan and in accordance with the  
16 recipient’s individual treatment goals.

17           4. The peer recovery coach providing the service has completed any training  
18 required by the department. The department may not require a peer recovery coach  
19 to obtain a credential as a mental health professional.

20           (c) The department shall certify under Medical Assistance peer recovery  
21 coaches to provide services in accordance with this subsection.

22           (d) The department shall request from the federal department of health and  
23 human services any waiver of federal Medicaid law, state plan amendment, or other  
24 federal approval necessary to implement this subsection and s. 49.46 (2) (b) 14p.

25           **SECTION 2.** 49.46 (2) (b) 14p. of the statutes is created to read:





1            INSERT A

*do all of the following:*

The bill also requires DHS to establish and maintain a program to facilitate overdose treatment providers to use peer recovery coaches to encourage individuals to seek treatment for substance use disorder following an overdose, provide access to medications to reverse overdose, coordinate and continue care and treatment of individuals after overdose, provide education to patients and families on preventing and reversing overdose, provide follow-up services for patients after overdose to ensure continued recovery and connection to support services, and collect and evaluate outcomes data on patients receiving peer recovery coach services and coordination and continuation of care services. The bill allows DHS to establish policies and procedures to provide guidance on the provision of medications that reverse overdose or treat substance use disorder or on continuation of, or referral to, evidence-based treatment services for patients with a substance use disorder who have experienced an overdose. DHS is required under the bill to seek any funding available from the federal government, including grant funding under the federal SUPPORT for Patients and Communities Act, to establish and maintain the program or establish the policies and procedures.

2            END INSERT A

3            INSERT 2-1

4            SECTION 1. 46.482 of the statutes is created to read:

5            × **46.482 Coordination of care in substance use overdose. (1) DEFINITIONS.**

6            In this section:

7            (a) "Overdose treatment provider" means an entity, including an emergency  
8            department of a hospital, that offers treatment or other services to individuals in  
9            response to or following a substance use overdose.

10           (b) "Peer recovery coach" has the meaning given in s. 49.45 (30j). *(a)*

11           (2) The department shall establish and maintain a program to facilitate  
12           overdose treatment providers to do all of the following:

13           (a) Use of peer recovery coaches to encourage individuals to seek treatment for  
14           substance use disorder following an overdose.

15           (b) Provide access to medications to reverse overdose, as appropriate.

1 (c) Coordinate and continue care and treatment of individuals after overdose,  
2 including through referrals to treatment services, peer support, community  
3 organizations that support recovery, education, training, and employment services,  
4 housing services, and child welfare agencies. An overdose treatment provider may  
5 coordinate and continue care and treatment under this paragraph by establishing  
6 an integrated model of care for patients who have experienced overdose that may  
7 include assessment, follow-up services, and transportation to and from treatment.

8 (d) Provide education to patients and families on preventing and reversing  
9 overdose.

10 (e) Provide follow-up services for patients after overdose to ensure continued  
11 recovery and connection to support services.

12 (f) Collect and evaluate outcomes data on patients receiving peer recovery  
13 coach services and coordination and continuation of care services under this section.

14 (3) The department may establish policies and procedures to provide guidance  
15 on any of the following:

16 (a) The provision of medications that reverse overdose and any other  
17 medications or biological products used to treat substance use disorder.

18 (b) Continuation of, or referral to, evidence-based treatment services for  
19 patients with a substance use disorder who have experienced an overdose for the  
20 purpose of supporting long-term treatment and preventing relapse or future  
21 overdoses.

22 (4) The department shall seek any funding available from the federal  
23 government, including grant funding under 42 USC 290dd-4, to establish and  
24 maintain the program under sub. (2) or establish the policies and procedures under  
25 sub. (3). The department may satisfy the requirement under this sub. (2) by

1 encouraging or facilitating or providing funding to programs operated by  
2 nongovernmental overdose treatment providers.

3 END INSERT 2-1

## Dodge, Tamara

---

**From:** Dodge, Tamara  
**Sent:** Monday, October 28, 2019 1:39 PM  
**To:** Borgerding, Chris  
**Subject:** RE: Bill Drafts

Got it. I'll start working on these changes.

Tami

**Tamara J. Dodge**  
Senior Legislative Attorney  
Wisconsin Legislative Reference Bureau  
P.O. Box 2037  
Madison, WI 53701-2037  
**(608) 504 - 5808**  
tamara.dodge@legis.wisconsin.gov

*Please note my new direct phone number (as of June 13, 2018).*

---

**From:** Borgerding, Chris <Chris.Borgerding@legis.wisconsin.gov>  
**Sent:** Monday, October 28, 2019 1:23 PM  
**To:** Dodge, Tamara <Tamara.Dodge@legis.wisconsin.gov>  
**Subject:** Fwd: Bill Drafts

Tami, please see the attached document for changes to LRB-2886.

Please let me know if you have any questions!

Chris Borgerding  
Office of State Representative John Nygren

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**From:** [jmalcore@foley.com](mailto:jmalcore@foley.com)  
**Sent:** Monday, October 28, 2019 06:51  
**To:** Borgerding, Chris  
**Subject:** Fwd: Bill Drafts

Some edits, we can talk about this today.

Jenny

Begin forwarded message:

**From:** Jesse Heffernan <[jheffernan@heliosrecovery.com](mailto:jheffernan@heliosrecovery.com)>  
**Date:** October 27, 2019 at 11:36:31 PM CDT  
**To:** "Malcore, Jenny" <[jmalcore@foley.com](mailto:jmalcore@foley.com)>  
**Subject: Re: Bill Drafts**

**\*\* EXTERNAL EMAIL MESSAGE \*\***

Jenny,

Sorry, one last message on this, I went through and redlined a bunch and added in some definitions and outlined supervision. If it's done like this, it will accomplish what we set out for with Recovery Alignment. Let me know what you think and if you have some time to talk tomorrow.

You rock! Talk soon.

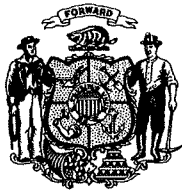
Jesse Heffernan RCP  
He/Him/His  
Helios Recovery Services LLC  
CCAR Core Trainer  
#HeliosRepresent

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P 920-680-  
5991 E [jheffernan@heliosrecovery.com](mailto:jheffernan@heliosrecovery.com) W [www.heliosrecovery.com](http://www.heliosrecovery.com)

**RECOVERY & MOORE PODCAST**





State of Wisconsin  
2019 - 2020 LEGISLATURE

LRB-2886/P2

TJD:wlj&amn

**PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION**

1 AN ACT *to create* 46.482, 49.45 (30j) and 49.46 (2) (b) 14p. of the  
statutes;

2 **relating to:** reimbursement for peer recovery coach services under the  
Medical

3 Assistance program and coordination and continuation of care  
following an

4 overdose.

---

***Analysis by the Legislative Reference Bureau***

This bill requires the Department of Health Services to provide as a benefit and reimburse peer recovery coach services under the Medical Assistance program and to establish and maintain a program to coordinate and continue care following a substance use overdose. A "peer recovery coach," as defined in the bill, is a peer who is Anyone in the recovery field ~~in recovery from mental illness or a substance use disorder~~ and who provides support and assistance to other individuals who are in treatment or recovery from mental illness or a substance use disorder.

The bill requires DHS to reimburse under the Medical Assistance program a peer recovery coach service that meets a minimum of all of the following criteria: 46 hours specific to the domains with 10 hours in each of the domains of Advocacy, Mentoring/Education, and Recovery/Wellness Support and

16 hours in the domain of Ethical Responsibility, 25 hours of supervision specific to the domains, 500 hours of supervised volunteer or paid work experience specific to the domains.

~~the recipient of the peer recovery coach service is in treatment for or recovery from mental illness or a substance use disorder; the peer recovery coach provides the service under the supervision of a peer supervisor that has been trained in the following core~~  
competencies: Understands peer role, recovery orientation, models principles of recovery, supports meaningful roles, Recognizes the importance of addressing Trauma, Social Inequity & Health Care Disparity, ongoing training, professional system navigation, applicable laws & regulations, community resources, role clarity, strength based person centered supervision, identify & evaluate peer competencies, confidentiality, ethics & boundaries, quality supervision, occupational equity & staff development, employment practices, peer delivered services advocacy.

~~mental health professional and in coordination and accordance with the recipient's individual treatment plan and treatment goals; and the peer recovery coach completes any training required by DHS.~~ The bill requires DHS to request any federal approval necessary to implement the reimbursement.

The bill also requires DHS to establish and maintain a program to facilitate overdose treatment providers to do all of the following: use peer recovery coaches to

encourage individuals to seek treatment for a substance use disorder following an overdose, provide access to medications to reverse an overdose, coordinate and continue care and treatment of individuals after an overdose, provide education to patients and families on preventing and reversing an overdose, provide follow-up services for patients after an overdose to ensure continued recovery and connection to support services, and collect and evaluate outcomes data on patients receiving peer recovery coach services and coordination and continuation of care services. The bill allows DHS to establish policies and procedures to provide guidance on the provision of medications that reverse an overdose or treat a substance use disorder or on continuation of, or referral to, evidence-based treatment services for patients with a substance use disorder who have experienced an overdose. DHS is required under the bill to seek any funding available from the federal government, including grant funding under the federal SUPPORT for Patients and Communities Act, to establish and maintain the program or establish the policies and procedures.

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.** 46.482 of the statutes is created to read:

2           **46.482 Coordination of care in substance use overdose. (1) DEFINITIONS.**

3           In this section:

4           (a) "Overdose treatment provider" means an entity, including an  
            emergency

5           department of a hospital, that offers treatment or other services to  
            individuals in



6 response to or following a substance use overdose.

7 (b) "Peer recovery coach has the meaning given in s. 49.45 (30j) (a).

8 **(2)** The department shall establish and maintain a program to  
facilitate

9 overdose treatment providers to do all of the following:

10 (a) Use peer recovery coaches to encourage individuals to seek  
treatment for

11 a substance use disorder following an overdose.

12 (b) Provide access to medications to reverse overdose, as appropriate.

1 (c) Coordinate and continue care and treatment of individuals  
after an  
2 overdose, including through referrals to treatment services, to peer  
support, to  
3 community organizations that support recovery, to education, training,  
and  
4 employment services, to housing services, and to child welfare agencies. An  
overdose  
5 treatment provider may coordinate and continue care and treatment  
under this  
6 paragraph by establishing an integrated model of care for patients who  
have  
7 experienced an overdose that may include assessment, follow-up  
services, and  
8 transportation to and from treatment.

9 (d) Provide education to patients and families on preventing and  
reversing an  
10 overdose.

11 (e) Provide follow-up services for patients after overdose to ensure  
continued  
12 recovery and connection to support services.

13 (f) Collect and evaluate data on the outcomes of patients  
receiving peer  
14 recovery coach services and coordination and continuation of care services  
under this  
15 section.

16           **(3)** The department may establish policies and procedures to provide  
guidance

17           on any of the following:

18           (a) The provision of medications that reverse an overdose and  
any other

19           medications or biological products used to treat a substance use  
disorder.

20           (b) Continuation of, or referral to, evidence-based treatment  
services for

21           patients with a substance use disorder who have experienced an  
overdose, for the

22           purpose of supporting long-term treatment and preventing relapse or  
future

23           overdoses.

24           **(4)** The department shall seek any funding available from the  
federal

25           government, including grant funding under 42 USC 290dd-4, to  
establish and

- 1 maintain the program under sub. (2) or establish the policies and  
procedures under
- 2 sub. (3). The department may satisfy the requirement under sub. (2) by  
encouraging
- 3 or facilitating or providing funding to programs operated by  
nongovernmental
- 4 overdose treatment providers.

5 **SECTION 2.** 49.45 (30j) of the statutes is created to read:

6 49.45 **(30j)** REIMBURSEMENT FOR PEER RECOVERY COACH SERVICES. (a) In this

7 subsection, "peer recovery coach" means anyone in the recovery field that meets  
a minimum of all of the following criteria: 46 hours specific to the domains with 10 hours in  
each of the domains of Advocacy, Mentoring/Education, and Recovery/Wellness Support and 16 hours in  
the domain of Ethical Responsibility, 25 hours of supervision specific to the domains, 500 hours of  
supervised volunteer or paid work experience specific to the domains. ~~wha peer who is in recovery~~  
~~from mental illness~~

8 ~~7~~ ~~or a substance use disorder~~ and who provides support and assistance  
to other

9 ~~8~~ individuals who are in treatment or recovery from mental illness or a  
substance use

10 ~~9~~ disorder.

11 (b) The department shall reimburse under the Medical Assistance  
program

12 under this subchapter any service provided by a peer recovery coach if  
the service

13 satisfies all of the following conditions:

14 1. The recipient of the service provided by a peer recovery coach is in  
treatment

~~1514~~ for or recovery from mental illness or a substance use disorder.

2. The peer recovery coach provides the service under the supervision of a peer supervisor that has been trained in the following core competencies: Understands peer role, recovery orientation, models principles of recovery, supports meaningful roles, Recognizes the importance of addressing Trauma, Social Inequity & Health Care Disparity, ongoing training, professional system navigation, applicable laws & regulations, community resources, role clarity, strength based person centered supervision, identify & evaluate peer competencies, confidentiality, ethics & boundaries, quality supervision, occupational equity & staff development, employment practices, peer delivered services advocacy.

~~1615~~

~~1716~~ mental health professional.

~~1817~~ 3. The peer recovery coach provides the service in coordination with the

~~1918~~ Medical Assistance recipient's individual treatment plan and in accordance with the

~~2019~~ recipient's individual treatment goals.

~~2120~~ 4. The peer recovery coach providing the service has completed ~~any~~ training

~~22~~ Defined in 49.45 **(30j)** ~~required by the department. The department may not require a peer recovery coach~~

~~2321~~ ~~to obtain a credential as a mental health professional.~~

~~2422~~ (c) The department shall certify under Medical Assistance peer recovery

~~2523~~ coaches to provide services in accordance with this subsection.

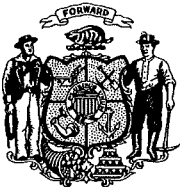
1 (d) The department shall request from the federal department of  
health and  
2 human services any waiver of federal Medicaid law, state plan  
amendment, or other  
3 federal approval necessary to implement this subsection and s. 49.46 (2)  
(b) 14p.

4 **SECTION 3.** 49.46 (2) (b) 14p. of the statutes is created to read:

5 49.46 **(2)** (b) 14p. Subject to s. 49.45 (30j), services provided by a peer  
recovery

6 coach.

7 **(END)**



State of Wisconsin  
2019 - 2020 LEGISLATURE

LRB-2886/P2 e P3  
TJD:wlj&amn

Due Today

In: 10/30

**PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION**

1 AN ACT to create 46.482, 49.45 (30j) and 49.46 (2) (b) 14p. of the statutes;  
2 relating to: reimbursement for peer recovery coach services under the Medical  
3 Assistance program and coordination and continuation of care following an  
4 overdose.

an individual who practices in the recovery field

**Analysis by the Legislative Reference Bureau**

This bill requires the Department of Health Services to provide as a benefit and reimburse peer recovery coach services under the Medical Assistance program and to establish and maintain a program to coordinate and continue care following a substance use overdose. A "peer recovery coach," as defined in the bill, is a peer who is in recovery from mental illness or a substance use disorder and who provides support and assistance to other individuals who are in treatment or recovery from mental illness or a substance use disorder.

STET

The bill requires DHS to reimburse under the Medical Assistance program a peer recovery coach service that meets all of the following criteria: the recipient of the peer recovery coach service is in treatment for or recovery from mental illness or a substance use disorder; the peer recovery coach provides the service under the supervision of a mental health professional and in coordination and accordance with the recipient's individual treatment plan and treatment goals; and the peer recovery coach completes any training required by DHS. The bill requires DHS to request any federal approval necessary to implement the reimbursement. Specified in the bill

Peer Supervisor

the

The bill also requires DHS to establish and maintain a program to facilitate overdose treatment providers to do all of the following: use peer recovery coaches to

encourage individuals to seek treatment for a substance use disorder following an overdose, provide access to medications to reverse an overdose, coordinate and continue care and treatment of individuals after an overdose, provide education to patients and families on preventing and reversing an overdose, provide follow-up services for patients after an overdose to ensure continued recovery and connection to support services, and collect and evaluate outcomes data on patients receiving peer recovery coach services and coordination and continuation of care services. The bill allows DHS to establish policies and procedures to provide guidance on the provision of medications that reverse an overdose or treat a substance use disorder or on continuation of, or referral to, evidence-based treatment services for patients with a substance use disorder who have experienced an overdose. DHS is required under the bill to seek any funding available from the federal government, including grant funding under the federal SUPPORT for Patients and Communities Act, to establish and maintain the program or establish the policies and procedures.

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. 46.482 of the statutes is created to read:

2 **46.482 Coordination of care in substance use overdose. (1) DEFINITIONS.**

3 In this section:

4 (a) "Overdose treatment provider" means an entity, including an emergency  
5 department of a hospital, that offers treatment or other services to individuals in  
6 response to or following a substance use overdose.

7 (b) "Peer recovery coach" means an individual described under (has the meaning given in s. 49.45 (30j) (a). — and who  
8 (2) The department shall establish and maintain a program to facilitate the <sup>^</sup> has completed

9 overdose treatment providers to do all of the following:

10 (a) Use peer recovery coaches to encourage individuals to seek treatment for <sup>training</sup>  
11 a substance use disorder following an overdose. <sup>requirements</sup>  
<sup>specified</sup>

12 (b) Provide access to medications to reverse overdose, as appropriate.

under  
s. 49.45(30j)  
(b) 4 4



1 (c) Coordinate and continue care and treatment of individuals after an  
2 overdose, including through referrals to treatment services, to peer support, to  
3 community organizations that support recovery, to education, training, and  
4 employment services, to housing services, and to child welfare agencies. An overdose  
5 treatment provider may coordinate and continue care and treatment under this  
6 paragraph by establishing an integrated model of care for patients who have  
7 experienced an overdose that may include assessment, follow-up services, and  
8 transportation to and from treatment.

9 (d) Provide education to patients and families on preventing and reversing an  
10 overdose.

11 (e) Provide follow-up services for patients after overdose to ensure continued  
12 recovery and connection to support services.

13 (f) Collect and evaluate data on the outcomes of patients receiving peer  
14 recovery coach services and coordination and continuation of care services under this  
15 section.

16 **(3)** The department may establish policies and procedures to provide guidance  
17 on any of the following:

18 (a) The provision of medications that reverse an overdose and any other  
19 medications or biological products used to treat a substance use disorder.

20 (b) Continuation of, or referral to, evidence-based treatment services for  
21 patients with a substance use disorder who have experienced an overdose, for the  
22 purpose of supporting long-term treatment and preventing relapse or future  
23 overdoses.

24 **(4)** The department shall seek any funding available from the federal  
25 government, including grant funding under 42 USC 290dd-4, to establish and

an individual who practices in the recovery field

1 maintain the program under sub. (2) or establish the policies and procedures under  
2 sub. (3). The department may satisfy the requirement under sub. (2) by encouraging  
3 or facilitating or providing funding to programs operated by nongovernmental  
4 overdose treatment providers.

5 SECTION 2. 49.45 (30j) of the statutes is created to read:

6 49.45 (30j) REIMBURSEMENT FOR PEER RECOVERY COACH SERVICES. (a) In this  
7 subsection, "peer recovery coach" means a peer who is in recovery from mental illness  
8 or a substance use disorder and who provides support and assistance to other  
9 individuals who are in treatment or recovery from mental illness or a substance use  
10 disorder.

11 (b) The department shall reimburse under the Medical Assistance program  
12 under this subchapter any service provided by a peer recovery coach if the service  
13 satisfies all of the following conditions:

14 1. The recipient of the service provided by a peer recovery coach is in treatment  
15 for or recovery from mental illness or a substance use disorder.

16 2. The peer recovery coach provides the service under the supervision of a  
17 mental health professional. Insert 4-17

18 3. The peer recovery coach provides the service in coordination with the  
19 Medical Assistance recipient's individual treatment plan and in accordance with the  
20 recipient's individual treatment goals.

21 Insert 4-22 4. The peer recovery coach providing the service has completed any training  
22 required by the department. The department may not require a peer recovery coach  
23 to obtain a credential as a mental health professional. all the following requirements:

24 (c) The department shall certify under Medical Assistance peer recovery  
25 coaches to provide services in accordance with this subsection.

1 (d) The department shall request from the federal department of health and  
2 human services any waiver of federal Medicaid law, state plan amendment, or other  
3 federal approval necessary to implement this subsection and s. 49.46 (2) (b) 14p.

4 **SECTION 3.** 49.46 (2) (b) 14p. of the statutes is created to read:

5 49.46 (2) (b) 14p. Subject to s. 49.45 (30j), services provided by a peer recovery  
6 coach.

7 (END)

2019-2020 DRAFTING INSERT  
FROM THE  
LEGISLATIVE REFERENCE BUREAU

LRB-2886/P3ins  
TJD:...

1 INSERT 4-17

2 peer supervisor who has been trained in all of the following subjects:

3 a. Understanding the peer role in recovery and supporting clear and  
4 meaningful peer roles.

5 b. Recovery orientation.

6 c. Model principles of recovery.

7 d. Training of peer recovery coaches.

8 e. Professional health system navigation.

9 f. Applicable laws and policies.

10 g. Community resources.

11 h. Quality, strength-based, and person-centered supervision.

12 i. Identification and evaluation of peer competencies.

13 j. Confidentiality, ethics, and professional boundaries.

14 k. Antidiscrimination in employment, staff development, and employment  
15 practices.

16 L. Peer-delivered services advocacy.

17 END INSERT 4-17

18 INSERT 4-22

19 <sup>SP</sup> a. <sup>46</sup> hours of training in advocacy, mentoring and education, recovery and  
20 wellness support, and ethical responsibility that includes training of at least 10  
21 hours in advocacy, at least 10 hours in mentoring and education, at least 10 hours  
22 in <sup>and</sup> recovery and wellness support, and at least 16 hours in ethical responsibility.

1            b. ~~25~~ hours of supervised volunteer or paid work experience involving advocacy,  
2 mentoring and education, recovery and wellness support, ethical responsibility, or  
3 a combination of those areas.

4            c. ~~500~~ hours of volunteer or paid work experience involving advocacy,  
5 mentoring and education, recovery and wellness support, ethical responsibility, or  
6 a combination of those areas.

<sup>experience</sup>  
      \*\*\*\*NOTE: In the requested language, the requirements for 25 hours of supervised  
      experience and 500 hours of supervised ~~seemed~~ to overlap. A different interpretation  
      from what I have drafted is that 525 hours of supervised paid or volunteer experience is  
      required. Please confirm that I have translated the requested instruction appropriately.

7            END INSERT 4-22

## Dodge, Tamara

---

**From:** Dodge, Tamara  
**Sent:** Monday, November 04, 2019 9:56 AM  
**To:** Borgerding, Chris; jmalcore@foley.com  
**Subject:** RE: Draft review: LRB -2886/P3

I'll get the /1 out then (with the jacket) and send the Senate companion to Sen. Testin's office

Tami

**Tamara J. Dodge**  
Senior Legislative Attorney  
Wisconsin Legislative Reference Bureau  
P.O. Box 2037  
Madison, WI 53701-2037  
**(608) 504 - 5808**  
tamara.dodge@legis.wisconsin.gov

*Please note my new direct phone number (as of June 13, 2018).*

---

**From:** Borgerding, Chris <Chris.Borgerding@legis.wisconsin.gov>  
**Sent:** Monday, November 04, 2019 8:50 AM  
**To:** jmalcore@foley.com; Dodge, Tamara <Tamara.Dodge@legis.wisconsin.gov>  
**Subject:** RE: Draft review: LRB -2886/P3

Senator Testin is the Senate Author.

**Chris Borgerding**  
Office of State Representative John Nygren  
Co-Chair, Joint Committee on Finance  
89th Assembly District  
309 East, State Capitol  
608.266.2343

---

**From:** [jmalcore@foley.com](mailto:jmalcore@foley.com) <[jmalcore@foley.com](mailto:jmalcore@foley.com)>  
**Sent:** Monday, November 04, 2019 8:49 AM  
**To:** Borgerding, Chris <[Chris.Borgerding@legis.wisconsin.gov](mailto:Chris.Borgerding@legis.wisconsin.gov)>; Dodge, Tamara <[Tamara.Dodge@legis.wisconsin.gov](mailto:Tamara.Dodge@legis.wisconsin.gov)>  
**Subject:** RE: Draft review: LRB -2886/P3

You bet.

Jennifer Malcore  
Dir, Public Affairs

Foley & Lardner, LLP  
Suite 5000  
150 Gilman Street  
Madison, WI 53703  
PH 608 250 7416

**From:** Borgerding, Chris <[Chris.Borgerding@legis.wisconsin.gov](mailto:Chris.Borgerding@legis.wisconsin.gov)>  
**Sent:** Monday, November 4, 2019 8:46 AM  
**To:** Dodge, Tamara <[Tamara.Dodge@legis.wisconsin.gov](mailto:Tamara.Dodge@legis.wisconsin.gov)>  
**Cc:** Malcore, Jenny <[jmalcore@foley.com](mailto:jmalcore@foley.com)>  
**Subject:** RE: Draft review: LRB -2886/P3

**\*\* EXTERNAL EMAIL MESSAGE \*\***

I'm good on my end. You okay JM?

**Chris Borgerding**

Office of State Representative John Nygren  
Co-Chair, Joint Committee on Finance  
89th Assembly District  
309 East, State Capitol  
608.266.2343

---

**From:** Dodge, Tamara <[Tamara.Dodge@legis.wisconsin.gov](mailto:Tamara.Dodge@legis.wisconsin.gov)>  
**Sent:** Monday, November 04, 2019 8:46 AM  
**To:** Borgerding, Chris <[Chris.Borgerding@legis.wisconsin.gov](mailto:Chris.Borgerding@legis.wisconsin.gov)>  
**Cc:** [jmalcore@foley.com](mailto:jmalcore@foley.com)  
**Subject:** RE: Draft review: LRB -2886/P3

Are we ready for /1 on -2886 then?

No rush, just want to make sure you all aren't waiting on me.

Tami

**Tamara J. Dodge**

Senior Legislative Attorney  
Wisconsin Legislative Reference Bureau  
P.O. Box 2037  
Madison, WI 53701-2037  
**(608) 504 - 5808**  
[tamara.dodge@legis.wisconsin.gov](mailto:tamara.dodge@legis.wisconsin.gov)

*Please note my new direct phone number (as of June 13, 2018).*



In: 11/4

Due Today  
ASPP

**PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION**

Please  
Jacket  
for  
Assembly

1 AN ACT *to create* 46.482, 49.45 (30j) and 49.46 (2) (b) 14p. of the statutes;  
2 **relating to:** reimbursement for peer recovery coach services under the Medical  
3 Assistance program and coordination and continuation of care following an  
4 overdose.

---

***Analysis by the Legislative Reference Bureau***

This bill requires the Department of Health Services to provide as a benefit and reimburse peer recovery coach services under the Medical Assistance program and to establish and maintain a program to coordinate and continue care following a substance use overdose. A “peer recovery coach,” as defined in the bill, is an individual who practices in the recovery field and who provides support and assistance to individuals who are in treatment or recovery from mental illness or a substance use disorder.

The bill requires DHS to reimburse under the Medical Assistance program a peer recovery coach service that meets all of the following criteria: the recipient of the peer recovery coach service is in treatment for or recovery from mental illness or a substance use disorder; the peer recovery coach provides the service under the supervision of a peer supervisor and in coordination and accordance with the recipient’s individual treatment plan and treatment goals; and the peer recovery coach completes the training specified in the bill. The bill requires DHS to request any federal approval necessary to implement the reimbursement.

The bill also requires DHS to establish and maintain a program to facilitate overdose treatment providers to do all of the following: use peer recovery coaches to



encourage individuals to seek treatment for a substance use disorder following an overdose, provide access to medications to reverse an overdose, coordinate and continue care and treatment of individuals after an overdose, provide education to patients and families on preventing and reversing an overdose, provide follow-up services for patients after an overdose to ensure continued recovery and connection to support services, and collect and evaluate outcomes data on patients receiving peer recovery coach services and coordination and continuation of care services. The bill allows DHS to establish policies and procedures to provide guidance on the provision of medications that reverse an overdose or treat a substance use disorder or on continuation of, or referral to, evidence-based treatment services for patients with a substance use disorder who have experienced an overdose. DHS is required under the bill to seek any funding available from the federal government, including grant funding under the federal SUPPORT for Patients and Communities Act, to establish and maintain the program or establish the policies and procedures.

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.** 46.482 of the statutes is created to read:

2           **46.482 Coordination of care in substance use overdose. (1) DEFINITIONS.**

3           In this section:

4           (a) “Overdose treatment provider” means an entity, including an emergency  
5           department of a hospital, that offers treatment or other services to individuals in  
6           response to or following a substance use overdose.

7           (b) “Peer recovery coach” means an individual described under s. 49.45 (30j) (a)  
8           and who has completed the training requirements specified under s. 49.45 (30j) (b)  
9           4.

10           **(2)** The department shall establish and maintain a program to facilitate  
11           overdose treatment providers to do all of the following:

12           (a) Use peer recovery coaches to encourage individuals to seek treatment for  
13           a substance use disorder following an overdose.

1 (b) Provide access to medications to reverse overdose, as appropriate.

2 (c) Coordinate and continue care and treatment of individuals after an  
3 overdose, including through referrals to treatment services, to peer support, to  
4 community organizations that support recovery, to education, training, and  
5 employment services, to housing services, and to child welfare agencies. An overdose  
6 treatment provider may coordinate and continue care and treatment under this  
7 paragraph by establishing an integrated model of care for patients who have  
8 experienced an overdose that may include assessment, follow-up services, and  
9 transportation to and from treatment.

10 (d) Provide education to patients and families on preventing and reversing an  
11 overdose.

12 (e) Provide follow-up services for patients after overdose to ensure continued  
13 recovery and connection to support services.

14 (f) Collect and evaluate data on the outcomes of patients receiving peer  
15 recovery coach services and coordination and continuation of care services under this  
16 section.

17 **(3)** The department may establish policies and procedures to provide guidance  
18 on any of the following:

19 (a) The provision of medications that reverse an overdose and any other  
20 medications or biological products used to treat a substance use disorder.

21 (b) Continuation of, or referral to, evidence-based treatment services for  
22 patients with a substance use disorder who have experienced an overdose, for the  
23 purpose of supporting long-term treatment and preventing relapse or future  
24 overdoses.

1           (4) The department shall seek any funding available from the federal  
2 government, including grant funding under 42 USC 290dd-4, to establish and  
3 maintain the program under sub. (2) or establish the policies and procedures under  
4 sub. (3). The department may satisfy the requirement under sub. (2) by encouraging  
5 or facilitating or providing funding to programs operated by nongovernmental  
6 overdose treatment providers.

7           **SECTION 2.** 49.45 (30j) of the statutes is created to read:

8           **49.45 (30j) REIMBURSEMENT FOR PEER RECOVERY COACH SERVICES.** (a) In this  
9 subsection, “peer recovery coach” means an individual who practices in the recovery  
10 field and who provides support and assistance to individuals who are in treatment  
11 or recovery from mental illness or a substance use disorder.

12           (b) The department shall reimburse under the Medical Assistance program  
13 under this subchapter any service provided by a peer recovery coach if the service  
14 satisfies all of the following conditions:

15           1. The recipient of the service provided by a peer recovery coach is in treatment  
16 for or recovery from mental illness or a substance use disorder.

17           2. The peer recovery coach provides the service under the supervision of a peer  
18 supervisor who has been trained in all of the following subjects:

19           a. Understanding the peer role in recovery and supporting clear and  
20 meaningful peer roles.

21           b. Recovery orientation.

22           c. Model principles of recovery.

23           d. Training of peer recovery coaches.

24           e. Professional health system navigation.

25           f. Applicable laws and policies.

- 1 g. Community resources.
- 2 h. Quality, strength-based, and person-centered supervision.
- 3 i. Identification and evaluation of peer competencies.
- 4 j. Confidentiality, ethics, and professional boundaries.
- 5 k. Antidiscrimination in employment, staff development, and employment
- 6 practices.

7 L. Peer-delivered services advocacy.

8 3. The peer recovery coach provides the service in coordination with the

9 Medical Assistance recipient's individual treatment plan and in accordance with the

10 recipient's individual treatment goals.

11 4. The peer recovery coach providing the service has completed all of the

12 following training requirements:

13 a. Forty-six hours of training in advocacy, mentoring and education, recovery

14 and wellness support, and ethical responsibility that includes training of at least 10

15 hours in advocacy, at least 10 hours in mentoring and education, at least 10 hours

16 in recovery and wellness support, and at least 16 hours in ethical responsibility.

17 b. Twenty-five hours of supervised volunteer or paid work experience involving

18 advocacy, mentoring and education, recovery and wellness support, ethical

19 responsibility, or a combination of those areas.

20 c. Five hundred hours of volunteer or paid work experience involving advocacy,

21 mentoring and education, recovery and wellness support, ethical responsibility, or

22 a combination of those areas.

\*\*\*\*NOTE: In the requested language, the requirements for 25 hours of supervised experience and 500 hours of supervised experience seemed to overlap. A different interpretation from what I have drafted is that 525 hours of supervised paid or volunteer experience is required. Please confirm that I have translated the requested instruction appropriately.

1 (c) The department shall certify under Medical Assistance peer recovery  
2 coaches to provide services in accordance with this subsection.

3 (d) The department shall request from the federal department of health and  
4 human services any waiver of federal Medicaid law, state plan amendment, or other  
5 federal approval necessary to implement this subsection and s. 49.46 (2) (b) 14p.

6 **SECTION 3.** 49.46 (2) (b) 14p. of the statutes is created to read:

7 49.46 (2) (b) 14p. Subject to s. 49.45 (30j), services provided by a peer recovery  
8 coach.

9 (END)