

1999 DRAFTING REQUEST

Assembly Amendment (AA-AA(LRBa0719/2)-AB480)

Received: 10/20/1999

Received By: malaigm

Wanted: As time permits

Identical to LRB:

For: Health and Family Services 7-9000

By/Representing: Kevin Lewis

This file may be shown to any legislator: NO

Drafter: malaigm

May Contact:

Alt. Drafters:

Subject: Mental Health - AODA

Extra Copies:

Pre Topic:

No specific pre topic given

Topic:

AODA treatment for minors; parental consent for assessment and treatment; treatment without parental consent

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>
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FE Sent For:

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AA(LRB a 9719/2)

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FE Sent For:

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State of Wisconsin
 Department of Health and Family Services

Tommy G. Thompson, Governor
 Joe Lecaen, Secretary

October 18, 1999

TO: Representative Rick Skindrud
 FROM: Joe Lecaen, Secretary
 RE: 1999 Assembly Bill 480 as Amended

Thank you for the opportunity to review AB 480 as amended by LRB 0719/1. Your legislation is significantly narrowed in focus to just those minors who, in the judgment of their parents or guardians, are in need of alcohol and other drug abuse treatment.

The concept of this legislation is good for Wisconsin because it seeks to provide earlier, and in some cases life-saving, intervention for minors who are alcohol or drug addicted. I support a number of aspects of the bill, including the elimination of the 48-hour discharge provision for someone admitted to an inpatient treatment facility for the primary purpose of alcoholism or drug abuse. When inpatient services are warranted, the worst outcome can come from a minor who upon detoxification once again views himself indestructible and seeks to return to the old habits which landed him there in the beginning.

However, there are some areas of the bill that should be strengthened. AB 480 is limited to inpatient services and thereby assumes forced parental involvement only at the deepest end of the continuum of services. Research has found that empowering parents with earlier intervention strategies is often far more successful in the long run. This bill should give parents—and the AODA counselors with whom they are working—the option of mandating an in-depth assessment followed by AODA treatment in the least restrictive and most appropriate setting. AB 480 could do this if amended:

- (1) To allow the parent to have an in-depth assessment of the minor, conducted by a certified AODA counselor, which would result in a recommendation for treatment in the most appropriate setting.
- (2) To allow the parent to have AODA treatment provided to the minor based on the assessment in the most appropriate setting. These settings should include outpatient, day treatment, and residential treatment, in addition to inpatient services.

AM
 0719/2
 5/14
 Finally, I agree with a provision of your original bill that was removed by the amendment and should be placed back into the bill, and in a broader context. This is the change to the language under s. 51.13(1)(c). AB 480 originally rid this paragraph of the distinction that only a minor 14 years of age or older could be admitted for inpatient treatment without parental or guardian consent. AB 480 as amended ought to reflect that a minor of any age could seek treatment without parental consent through a petition to the juvenile court if a parent is either absent ("cannot be found") or unreasonably withholds consent.

These recommended changes would help improve Assembly Bill 480 and in turn improve the delivery system for families in need of AODA intervention services. Thank you.



To Assembly Amendment (LRBa0779/2)

Gmm/cmt

**ASSEMBLY AMENDMENT,
TO 1999 ASSEMBLY BILL 480**

1 At the locations indicated, amend the bill as follows:

2 1. Page 2, line 11: delete lines 11 and 12.

3 2. Page 11, line 23: after that line insert:

4 "SECTION 34k. 51.47 (title) of the statutes is amended to read:

5 51.47 (title) **Alcohol and other drug abuse treatment for minors without**
6 **parental consent.**

7 History: 1979 c. 331; 1985 a. 281.

7 SECTION 34m. 51.47 (1) of the statutes is amended to read:

8 51.47 (1) Except as provided in subs. (2) and (3), any physician or health care
9 facility licensed, approved or certified by the state for the provision of health services
10 may render preventive, diagnostic, assessment, evaluation or treatment services for
11 the abuse of alcohol or other drugs to a minor ~~12 years of age or over~~ without
12 obtaining the consent of or notifying the minor's parent or guardian. Unless consent
13 of the minor's parent or guardian is required under sub. (2), the physician or health

1 care facility shall obtain the minor’s consent prior to billing a 3rd party for services
 2 under this section. If the minor does not consent, the minor shall be solely
 3 responsible for paying for the services, which the department shall bill to the minor
 4 under s. 46.03 (18) (b).

5 History: 1979 c. 331; 1985 a. 281.

SECTION 34p. 51.48 of the statutes is created to read:

6 **51.48 Alcohol or other drug abuse treatment for minors with parental**

7 **consent.** A parent or guardian of a minor may consent to have the minor assessed
 8 by an approved treatment facility for the minor’s abuse of alcohol or other drugs. If,
 9 based on the assessment, the approved treatment facility determines that the minor
 10 is in need of treatment for the abuse of alcohol or other drugs, the approved
 11 treatment facility shall recommend a plan of treatment that is appropriate for the
 12 minor’s needs and that provides for the least restrictive form of treatment consistent
 13 with the minor’s needs. That treatment may consist of outpatient treatment, day
 14 treatment or, if the minor is admitted in accordance with s. 51.13, inpatient
 15 treatment. The parent or guardian of the minor may consent to the treatment
 16 recommended under this section. The consent of the minor to assessment or
 17 treatment under this section is not required.”.

18 (END)