

2013 DRAFTING REQUEST

Bill

Received: **12/6/2013** Received By: **chanaman**
 Wanted: **As time permits** Same as LRB:
 For: **Senate Chief Clerk** By/Representing: **Jeff**
 May Contact: Drafter: **tdodge**
 Subject: **Mental Health - miscellaneous** Addl. Drafters:
 Extra Copies:

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

Pre Topic:

No specific pre topic given

Topic:

Engrossed Assembly Bill 452

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 12/9/2013	scalvin 12/16/2013		_____			
/1			rschluet 12/16/2013	_____	srose 12/16/2013	srose 12/16/2013	

FE Sent For:

<END>

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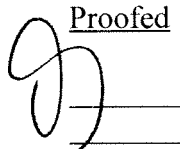
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/?	tdodge 12/9/2013	scalvin /1 12/13/2013	/1 sac 12/16/2013	 12/16/13			

FE Sent For:

<END>

2013

LRB 3785 / 1

ENGROSS BILL
[or 2nd House Sub]

(To Be Printed for Legislature)

TJD:sac:_____

ENGROSSED 2013 ASSEMBLY BILL 452

(Date) December 16, 2013 - Printed by direction of Senate CHIEF CLERK

JOINT RULE 63. **Reproduction of engrossed proposals and amendments.** Upon the finding by the chief clerk of either house that a proposal or major amendment thereto has been amended in the house of origin to a considerable degree, the chief clerk may instruct the legislative reference bureau to prepare and have reproduced an engrossed copy of the proposal or amendment. In preparing engrossed copy for a proposal the legislative reference bureau shall, if time permits, provide it with a revised analysis. Upon receipt from the legislative reference bureau of the engrossed copy, the chief clerk shall enter that fact in the history file for the proposal. Any subsequent amendments to a proposal ordered reproduced with all adopted amendments engrossed therein shall be drafted to the reproduced engrossed text.

ADOPTED DOCUMENTS:

Orig SubAmtdt

3212 12

Amendments to above (if none, write "NONE"): AA1, AA3

Corrections - show date (if none, write "NONE"): none

12/13/13
Date


Drafter

SAC
Editor

2013 Assembly Bill 452 (LRB -3212)

An Act to repeal 20.435 (5) (bw); and to create 20.435 (5) (bw) and 51.442 of the statutes; relating to: child psychiatry consultation program and making an appropriation. (FE)

2013

10-18.	A.	Introduced by Representatives Steineke, Krug, Kolste, Severson, Ballweg, Berceau, Bernard Schaber, Bernier, Bies, Billings, Czaja, Danou, Hebl, Hulsey, Jagler, Johnson, Murphy, A. Ott, Pasch, Riemer, Sanfelippo, Strachota, Tittl, Tranel, Wachs, Wright, Zepnick and Jorgensen ; cosponsored by Senators Darling, Vukmir, Moulton, Cowles, Erpenbach, Harris, Harsdorf, Lassa and L. Taylor .	376
10-18.	A.	Read first time and referred to Committee on Health	376
10-22.	A.	Public hearing held	
10-28.	A.	LRB correction	390
10-31.	A.	Assembly Amendment 1 offered by Representative Steineke (LRB a1077)	393
11-01.	A.	Representative Doyle added as a coauthor	399
11-04.	A.	Assembly Amendment 2 offered by Representative Pasch (LRB a1114)	400
11-05.	A.	Fiscal estimate received	
11-05.	A.	Executive action taken	
11-05.	A.	Assembly Amendment 3 offered by Committee on Health (LRB a1126)	405
11-06.	A.	Report Assembly Amendment 1 adoption recommended by Committee on Health, Ayes 9, Noes 0	420
11-06.	A.	Report Assembly Amendment 3 adoption recommended by Committee on Health, Ayes 9, Noes 0	420
11-06.	A.	Report passage as amended recommended by Committee on Health, Ayes 9, Noes 0	420
11-06.	A.	Referred to Committee on Rules	420
11-07.	A.	Placed on calendar 11-12-2013 by Committee on Rules	
11-12.	A.	Read a second time	435
11-12.	A.	Assembly Amendment 1 adopted	435
11-12.	A.	Assembly Amendment 3 adopted	435
11-12.	A.	Ordered to a third reading	435
11-12.	A.	Rules suspended	435
11-12.	A.	Read a third time and passed , Ayes 94, Noes 0	435
11-12.	A.	Representative Barca added as a coauthor	435
11-12.	A.	Ordered immediately messaged	435
11-13.	S.	Received from Assembly	493
11-14.	S.	Read first time and referred to joint committee on Finance	495



In: 12/9 Due SOON

State of Wisconsin
2013 - 2014 LEGISLATURE

CORRECTED COPY



3785/1

LRB-3212/2

TJD:sac/jf

RMNR

stays

ENBROSSED

FREEZE SECTIONS

2013 ASSEMBLY BILL 452

October 18, 2013 - Introduced by Representatives STEINEKE, KRUG, KOLSTE, SEVERSON, BALLWEG, BERCEAU, BERNARD SCHABER, BERNIER, BIES, BILLINGS, CZAJA, DANOU, HEBL, HULSEY, JAGLER, JOHNSON, MURPHY, A. OTT, PASCH, RIEMER, SANFELIPPO, STRACHOTA, TITTL, TRANEL, WACHS, WRIGHT, ZEPNICK and JORGENSEN, cosponsored by Senators DARLING, VUKMIR, MOULTON, COWLES, ERPENBACH, HARRIS, HARSDOFF, LASSA and L. TAYLOR. Referred to Committee on Health.

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

Analysis by the Legislative Reference Bureau

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

Under the bill, DHS must select qualified providers to provide consultation program services. To be a qualified consultation provider, an organization must demonstrate it meets certain criteria as specified in the bill. While required to have the capability to provide consultation services by telephone, a consultation provider may provide services by certain other means of communication including in-person conference. A consultation provider may also provide the following services, which

hubs; in a number - determined by DHS;

INS A mental

any

ASSEMBLY BILL 452

any information requested by DHS.

are eligible for funding from DHS: certain second opinion diagnostic and medication management evaluations and certain in-person or Internet site-based educational seminars and refresher courses provided to any participating clinician who uses the consultation program. ~~Beginning on January 1, 2016~~, a consultation provider must report ~~annually~~ to DHS all of the following: a record of each request for consultation services including certain information specified in the bill; consultation service response times, the total number of requests for consultation services, the total number of cases for which consultation services are provided, and the total number of individuals and practices requesting consultation services; and a description of the recruitment and educational efforts conducted by the consultation provider.

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

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

interviews and

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

1 SECTION 1. 20.005 (3) (schedule) of the statutes: at the appropriate place, insert
2 the following amounts for the purposes indicated:

3 2013-14 2014-15

4 20.435 Health services, department of

5 (5) MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

6 (bw) Child psychiatry consultation

7 program GPR B 500,000 500,000

8 SECTION 2. 20.435 (5) (bw) of the statutes is created to read:

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

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

AA1

ASSEMBLY BILL 452

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

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

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

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

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

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

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ASSEMBLY BILL 452

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

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

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

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

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

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

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

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

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

INS 5-16

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any information as requested

ASSEMBLY BILL 452

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

3 1. The form of communication used.
4 2. Medically applicable and appropriate background information related to the
5 inquiry, limited to all of the following:

6 a. A brief description of the presenting problem.
7 b. The reason for the request for consultation services.
8 c. Basic demographic information of the patient served, including insurance
9 coverage.
10 d. Type of clinician requesting consultation service.

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

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

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

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

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

ASSEMBLY BILL 452

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

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

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

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

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

15

(END)

AAZ

2013-2014 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-3785/lins
TJD:.....

1 Ins A

Engrossment information:

The text of Engrossed 2013 Assembly Bill 452¹ consists of the following documents adopted in the assembly on November 12, 2013: the bill as affected by Assembly Amendments 1 and 3.

Content of Engrossed 2013 Assembly Bill 452:

(End Ins A)



**ASSEMBLY AMENDMENT 1,
TO ASSEMBLY BILL 452**

October 30, 2013 – Offered by Representative STEINEKE.

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

2 ✓ **1.** Page 2, line 12: delete that line.

3 ✓ **2.** Page 3, line 7: delete “mild to moderate”.

4 ✓ **3.** Page 3, line 8: delete “those”.

5 ✓ **4.** Page 3, line 8: delete the material beginning with “who need care” and
6 ending with “practice” on line 9.

7 ✓ **5.** Page 3, line 13: delete the material beginning with “one urban” and ending
8 with “rural” on line 14.

9 **6.** Page 3, line 14: delete “hub” and substitute “hubs, in a number determined
10 by the department,”.

11 **7.** Page 3, line 18: after “create” insert “any”.

INS 3-14

ASSEMBLY BILL 452

SECTION 4

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

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

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

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

10 a. ~~A~~ psychiatrist, who is either eligible for certification or certified by the
11 American Board of Psychiatry and Neurology, Inc., for either adult psychiatry or
12 child and adolescent psychiatry or both. *ins 4-12*

13 b. A social worker or psychologist.

14 c. A care coordinator.

15 d. Appropriate administrative support.

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

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

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

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

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pediatric



State of Wisconsin
2013 - 2014 LEGISLATURE

Insert



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**ASSEMBLY AMENDMENT 3,
TO ASSEMBLY BILL 452**

November 5, 2013 - Offered by COMMITTEE ON HEALTH.

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

2 **1.** Page 5, line 16: after "psychologist" insert "*or a registered nurse with*
3 *psychiatric training*".

4 (END)

↑
INS
5-16



State of Wisconsin
2013-2014 LEGISLATURE

CORRECTIONS IN:

2013 ASSEMBLY BILL 452

Prepared by the Legislative Reference Bureau
October 28, 2013

1. Page 2, line 12: delete “statutes” and substitute “statutes, as created by 2013 Wisconsin Act (this act),”.

(END)

*I'm
deleted
in
AA 1*