2015 SENATE BILL 271

September 29, 2015 – Introduced by Senators DARLING, GUDEX, HARSDORF, MARKLEIN, OLSEN, PETROWSKI, COWLES and BEWLEY, co-sponsored by Representatives NYGREN, PTRYK, NOVAK, TAUCHEN, SWARINGEN, SPIROS, JAGLER, A. OTT, RIPP, KERKMAN, SCHRAA, HORLACHER, MURTHA, EDMING, LOUDENBECK, VANDERMEER, ALLEN, PETERSEN, KUGLITSCH, KNODL, TITTL, MURSAU, MACCO, SANFELIPPO, BORN, SKOWRONSKI, QUINN, J. OTT, KOLSTE, GOYKE, OHNSTAD, SINICKI, GENRICH, MEYERS, SPREITZER, BARCA, SUBECK, BILLINGS and BROSTOFF. Referred to Committee on Health and Human Services.

AN ACT to create 51.4223 of the statutes; relating to: reporting by treatment programs using methadone and requiring review of prescription drug monitoring database.

Analysis by the Legislative Reference Bureau

This bill requires treatment programs that treat addiction using methadone to report annually to the Department of Health Services (DHS) the information specified in the bill. The bill requires that the treatment program ensure that the information reported to DHS is provided in a manner that does not permit the identification of an individual who is receiving methadone treatment from the program. The bill also requires that before prescribing methadone, a physician or other health care provider authorized to prescribe methadone must review for treatment purposes an individual’s records on the prescription drug monitoring database for other methadone or pain medication use.

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

SECTION 1. 51.4223 of the statutes is created to read:
51.4223 Reporting by methadone treatment programs; prescription monitoring. (1) Reporting. (a) Annually, a treatment program that treats addiction using methadone shall report to the department all of the following:

1. The ratio of treatment program staff to the number of individuals receiving methadone treatment.
2. The number of individuals receiving methadone treatment who are receiving behavioral health services.
3. The relapse rate or the average time an individual is receiving methadone treatment.
4. The treatment program’s plan for tapering individuals off of methadone.
5. The average mileage that individuals receiving treatment in the methadone treatment program are traveling to receive treatment at the facility.
6. The number of doses of methadone that individuals carry out of the facility to take outside of treatment program staff supervision.
7. Any other information specified by the department.

(b) The treatment program shall ensure that the information under par. (a) is provided in a manner that does not permit the identification of an individual who is receiving methadone treatment from the program.

(2) Prescription monitoring. Before prescribing methadone, a physician or other health care provider authorized to prescribe methadone shall review for treatment purposes an individual’s records on the prescription drug monitoring database for other methadone or pain medication use.

(END)