

# State of Wisconsin



2019 Assembly Bill 650

Date of enactment: **March 3, 2020**  
Date of publication\*: **March 4, 2020**

## 2019 WISCONSIN ACT 122

AN ACT *to create* 46.482, 49.45 (30j) and 49.46 (2) (b) 14p. of the statutes; **relating to:** reimbursement for peer recovery coach services under the Medical Assistance program, coordination and continuation of care following an overdose, granting rule-making authority, and extending the time limit for emergency rule procedures.

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

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

**46.482 Coordination of care in substance use overdose. (1) DEFINITIONS.** In this section:

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

(b) "Peer recovery coach" means an individual described under s. 49.45 (30j) (a) 2. and who has completed the training requirements specified under s. 49.45 (30j) (b) 4.

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

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

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

(c) Coordinate and continue care and treatment of individuals after an overdose, including through referrals to treatment services, to peer support, to community organizations that support recovery, to education, training, and employment services, to housing services, and

to child welfare agencies. An overdose treatment provider may coordinate and continue care and treatment under this paragraph by establishing an integrated model of care for patients who have experienced an overdose that may include assessment, follow-up services, and transportation to and from treatment.

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

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

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

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

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

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

(4) The department shall seek any funding available from the federal government, including grant funding

\* Section 991.11, WISCONSIN STATUTES: Effective date of acts. "Every act and every portion of an act enacted by the legislature over the governor's partial veto which does not expressly prescribe the time when it takes effect shall take effect on the day after its date of publication."

under 42 USC 290dd-4, to establish and maintain the program under sub. (2) or establish the policies and procedures under sub. (3). The department may satisfy the requirement under sub. (2) by encouraging or facilitating or providing funding to programs operated by non-governmental overdose treatment providers.

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

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

1. "Competent mental health professional" means a physician who has completed a residence in psychiatry; a psychologist or a private practice school psychologist licensed under ch. 455; a marriage and family therapist licensed under s. 457.10 or 457.11; a professional counselor licensed under s. 457.12 or 457.13; an advanced practice social worker granted a certificate under s. 457.08 (2); an independent social worker granted a certificate under s. 457.08 (3); a clinical social worker licensed under s. 457.08 (4); a clinical substance abuse counselor or independent clinical supervisor certified under s. 440.88, or any of these individuals practicing under a currently valid training or temporary license or certificate granted under applicable provisions of ch. 457. "Competent mental health professional" does not include an individual whose license or certificate is suspended, revoked, or voluntarily surrendered, or whose license or certificate is limited or restricted, when practicing in areas prohibited by the limitation or restriction.

2. "Peer recovery coach" means 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.

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

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

2. The peer recovery coach provides the service under the supervision of a competent mental health professional who has been trained in all of the following subjects:

- a. Understanding the peer role in recovery and supporting clear and meaningful peer roles.
- b. Recovery orientation.
- c. Model principles of recovery.
- d. Training of peer recovery coaches.
- e. Professional health system navigation.
- f. Applicable laws and policies.
- g. Community resources.

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

i. Identification and evaluation of peer competencies.

j. Confidentiality, ethics, and professional boundaries.

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

L. Peer-delivered services advocacy.

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

4. The peer recovery coach providing the service has completed all of the following training requirements, as established by the department by rule, after consulting with members of the recovery community:

a. Forty hours of training in advocacy, mentoring and education, recovery and wellness support, and ethical responsibility that includes training of at least 10 hours in advocacy, at least 10 hours in mentoring and education, at least 10 hours in recovery and wellness support, and at least 10 hours in ethical responsibility.

b. Twenty-four hours of supervised volunteer or paid work experience involving advocacy, mentoring and education, recovery and wellness support, ethical responsibility, or a combination of those areas.

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

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

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

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

**SECTION 4m. Nonstatutory provisions.**

(1) **RULES REGARDING TRAINING OF PEER RECOVERY COACHES.** The department of health services may promulgate the rules required under s. 49.45 (30j) (b) 4. as emergency rules under s. 227.24. Notwithstanding s. 227.24 (1) (a) and (3), the department of health services is not required to provide evidence that promulgating a rule under this subsection as an emergency rule is necessary for the preservation of the public peace, health, safety, or welfare and is not required to provide a finding of emergency for a rule promulgated under this subsection. Notwithstanding s. 227.24 (1) (c) and (2), emergency rules promulgated under this subsection remain in effect until the date the permanent rules take effect.