
Wisconsin Legislative Council

AMENDMENT MEMO



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2019 Assembly Bill 650

Assembly Amendment 1

2019 ASSEMBLY BILL 650

Assembly Bill 650 relates to the coordination and continuation of care following an overdose and to reimbursement for peer recovery coach services under the Medical Assistance program.

Coordination of Care in Substance Abuse Overdose

The bill requires the Department of Health Services (DHS) to establish and maintain a program to facilitate overdose treatment providers¹ to provide certain services and education and to 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.

Medical Assistance Reimbursement for Peer Recovery Services

The bill requires DHS to reimburse peer recovery coach services² under the Medical Assistance program. Under the bill, DHS must certify peer recovery coaches. To be eligible for reimbursement:

- The recipient of the peer recovery coach service must be in treatment for or recovery from mental illness or a substance use disorder.
- The peer recovery coach must provide the service under the supervision of a peer supervisor trained in certain subjects and in coordination and accordance with the recipient's individual treatment plan and treatment goals.
- The peer recovery coach must complete all of the following training requirements:
 - Forty-six hours of training in advocacy, mentoring and education, recovery and wellness support, and ethical responsibility. This training must include:
 - At least 10 hours in advocacy.

¹ The bill defines “overdose treatment provider” to mean 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.

² The bill defines “peer recovery coach” as 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.

- At least 10 hours in mentoring and education.
- At least 10 hours in recovery and wellness support.
- At least 16 hours in ethical responsibility.
- Twenty-five 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.
- Five hundred hours of volunteer or paid work experience involving advocacy, mentoring and education, recovery and wellness support, ethical responsibility, or a combination of those areas.

The bill requires DHS to request any federal approval necessary to implement the reimbursement.

ASSEMBLY AMENDMENT 1

Assembly Amendment 1 makes the following changes to the bill's provisions regarding reimbursement for peer recovery coach services under the Medical Assistance program:

- Provides that a peer recovery coach must be supervised by “competent mental health professional”³ trained in certain subjects, instead of a “peer supervisor.”
- Grants DHS emergency rule-making power to establish the training requirements for peer recovery coaches and modifies those requirements in the bill by doing the following:
 - Reducing the total number of hours of training in advocacy, mentoring and education, recovery and wellness support, and ethical responsibility required from 46 hours to 40 hours.
 - Reducing the number of hours in training in ethical responsibility from 16 hours to 10 hours.
 - Reducing the number of hours of supervised volunteer or paid work experience from 25 hours to 24 hours.
 - Eliminating the requirement for 500 hours of volunteer or paid work experience.

BILL HISTORY

Representative Nygren introduced Assembly Amendment 1 on January 13, 2020. The Assembly Committee on Substance Abuse and Prevention voted on January 15, 2020, to recommend adoption of the amendment and passage of the bill, as amended, on votes of Ayes, 9; Noes, 0.

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³ Under the amendment, a “competent mental health professional” is a physician who has completed a residence in psychiatry; a psychologist or a private practice school psychologist licensed under ch. 455, Stats.; a marriage and family therapist licensed under ss. 457.10 or 457.11, Stats.; a professional counselor licensed under ss. 457.12 or 457.13, Stats.; an advanced practice social worker granted a certificate under s. 457.08 (2), Stats.; an independent social worker granted a certificate under s. 457.08 (3), Stats.; a clinical social worker licensed under s. 457.08 (4), Stats.; a clinical substance abuse counselor or independent clinical supervisor certified under s. 440.88, Stats., or any of these individuals practicing under a currently valid training or temporary license or certificate granted under applicable provisions of ch. 457, Stats. The amendment provides that a “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.