



Legislative Fiscal Bureau

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TO: Members
Joint Committee on Finance

FROM: Bob Lang, Director

SUBJECT: January 2017 Special Session Assembly Bill 9: Addiction Medicine Consultation Program

January 2017 Special Session Assembly Bill 9 would provide \$500,000 GPR in both years of the 2017-19 biennium to establish an addiction medicine consultation program, allowing participating clinicians to receive guidance on addiction treatment from experts in the field. The bill was introduced on February 17, 2017, and referred to the Committee on Health. On March 15, that Committee recommended the bill for passage on a vote of 11 to 0. On March 21, the bill was referred to the Joint Committee on Finance.

An identical companion bill, January 2017 Special Session Senate Bill 9, was introduced on February 21, 2017, and referred to the Committee on Health and Human Services, which has not yet taken action on the bill.

SUMMARY OF BILL

The bill would establish an addiction medicine consultation program within the Department of Health Services (DHS) and provide \$500,000 GPR annually in the 2017-19 biennium for the operations of the program. This funding would be included in a current DHS appropriation for the child psychiatry consultation program.

Under the bill, DHS would create and administer the addiction medicine consultation program beginning on July 1, 2017. The purpose of the program would be to assist participating clinicians in providing enhanced care to patients with substance abuse addition, as well as to provide other services specified in the bill (described below). For the purpose of the program, "participating clinicians" would include physicians, nurse practitioners, and physician assistants.

Consultation services under the program would be rendered by organizations selected by the Department. The Department would solicit and review proposals from organizations seeking to

provide services, and then select and provide moneys to organizations in a manner that maximizes medically appropriate access and services. Based on the submitted proposals, the Department would designate the sites for the consultations services.

Each selected organization would be required to make available its own qualified provider or consortium of providers for the delivery of consultation services. To be a qualified provider, an organization would be required to demonstrate that it has the required infrastructure to be located within the geographic service areas of its proposed site and that any individual who would be providing consulting services is located in the state. In addition, the bill specifies that the contract with the provider must include the following requirements: (a) the organization has, at the time of participation in the program, a physician who is board-certified in addiction psychiatry or addiction medicine; (b) the organization operates during normal business hours of Monday to Friday between 8:00 a.m. and 5:00 p.m., excluding holidays; (c) the organization is able to provide consultation services as promptly as is practicable; and (d) the organization has the capability to provide consultation services by telephone, at a minimum. The organization could also provide consultation services by teleconference, video conference, voice over Internet protocol, electronic mail, pager, or in-person conference.

Each selected organization would enter into a contract with DHS to provide the following services: (a) support for participating clinicians to assist in the management of addiction or substance abuse and to provide referral support for patients with a substance abuse addiction; (b) a triage-level assessment to determine the most appropriate response to each request, including appropriate referrals to other mental health professionals; and (c) when medically appropriate, diagnostic and therapeutic feedback. The organization would also be required to recruit other practices in the site's service territory to the provider's services. The bill would specify that the consultation program is not an emergency referral service.

In addition to the required services outlined above, the organization could also offer other services that are eligible for program funding. First, the organization could provide second opinion diagnostic and medication management evaluations, either by in-person conference or by teleconference, video conference, or voice over Internet protocol, conducted by a physician who is board-certified in addiction psychiatry or addiction medicine or by a physician with extensive and documented experience in treating substance use disorders. Second, the organization could provide in-person or Internet site-based educational seminars and refresher courses on a medically appropriate topic within addiction medicine to any participating clinician who uses the addiction medicine consultation program.

Each contracted organization under the addiction medicine consultation program would be required to conduct annual surveys of participating clinicians who use the consultation program to assess the amount of consultation provided, self-perceived levels of confidence in providing addiction medicine services, and the satisfaction with the consultations and the educational opportunities provided. In addition, the organization would be required to conduct interviews of clinicians receiving consultation services to assess the barriers to and benefits of participation to make future improvements and to determine the participating clinician's treatment abilities, confidence, and awareness of relevant resources before and after using the addiction medicine

consultation program. Interviews would be conducted immediately when a clinician group begins using the consultation services and again six to 12 months later. The organization would be required to annually submit survey results and summaries of interviews, as well as a description of the impact of the program. Finally, each organization would be required to report any other information to DHS as requested by the Department.

All provisions of the bill would take effect on the day after publication, except that funding would first be available beginning on July 1, 2017.

FISCAL EFFECT

The bill would provide \$500,000 GPR annually in the 2017-19 biennium for administering the addiction medicine consultation program. In its fiscal estimate for the bill, the Department indicates that administering the program would require 1.0 position at an annualized cost of \$66,700. One-time costs to establish the program are estimated at \$7,500. The bill would not provide positions or funding to administer the program, so the Department would be required to reallocate resources from other functions.

It is not known how many organizations would provide consultation services under the program or how much consultation contacts could be made with the amount of funding provided under the bill. The current demand for the kind of addiction medicine consultation services that would be provided is also unknown.

The annual funding level that would be provided by the bill is the same as the amount provided for the current child psychiatry consultation program, and many of the program parameters are similar to or the same as those for the child psychiatry consultation program. The Department contracts with Medical College of Wisconsin (MCW) to provide child psychiatry consultation services for clinicians in Milwaukee County and in several northern Wisconsin counties. In addition to annual state funding of \$500,000, MCW has also used private donations to expand the reach of the program, although no such supplemental funding was available in 2016. In 2016, the consultation service had 384 enrolled providers, and provided 860 consultations. In the first annual report for the child psychiatry consultation program (covering 2015 operations), the Department indicates that available funding (state funding and private donations) provides part-time consultation services for the covered regions, and the MCW estimates that it would need approximately \$3.1 million to provide full-time staffing capacity for the entire state.

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