



## 2019 ASSEMBLY BILL 650

December 5, 2019 - Introduced by Representatives NYGREN, NOVAK, BORN, SNYDER, PETERSEN, KITCHENS, QUINN, FELZKOWSKI, EDMING, KULP, MAGNAFICI, PLUMER, HORLACHER, ROHRKASTE, KNODL, TUSLER, DITTRICH, TRANEL, JAGLER, SPIROS, MURSAU, RAMTHUN, BILLINGS and BOWEN, cosponsored by Senators TESTIN, OLSEN and WANGGAARD. Referred to Committee on Substance Abuse and Prevention.

1     **AN ACT to create** 46.482, 49.45 (30j) and 49.46 (2) (b) 14p. of the statutes;  
2             **relating to:** reimbursement for peer recovery coach services under the Medical  
3             Assistance program and coordination and continuation of care following an  
4             overdose.

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### *Analysis by the Legislative Reference Bureau*

This bill requires the Department of Health Services to provide as a benefit and reimburse peer recovery coach services under the Medical Assistance program and to establish and maintain a program to coordinate and continue care following a substance use overdose. A “peer recovery coach,” as defined in the bill, is 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.

The bill requires DHS to reimburse under the Medical Assistance program a peer recovery coach service that meets all of the following criteria: the recipient of the peer recovery coach service is in treatment for or recovery from mental illness or a substance use disorder; the peer recovery coach provides the service under the supervision of a peer supervisor and in coordination and accordance with the recipient’s individual treatment plan and treatment goals; and the peer recovery coach completes the training specified in the bill. The bill requires DHS to request any federal approval necessary to implement the reimbursement.

The bill also requires DHS to establish and maintain a program to facilitate overdose treatment providers to do all of the following: use peer recovery coaches to

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encourage individuals to seek treatment for a substance use disorder following an overdose, provide access to medications to reverse an overdose, coordinate and continue care and treatment of individuals after an overdose, provide education to patients and families on preventing and reversing an overdose, provide follow-up services for patients after an overdose to ensure continued recovery and connection to support services, and 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.

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

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

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

2           **46.482 Coordination of care in substance use overdose. (1) DEFINITIONS.**

3           In this section:

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

7           (b) “Peer recovery coach” means an individual described under s. 49.45 (30j) (a)  
8           and who has completed the training requirements specified under s. 49.45 (30j) (b)  
9           4.

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

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

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- 1 (b) Provide access to medications to reverse overdose, as appropriate.
- 2 (c) Coordinate and continue care and treatment of individuals after an  
3 overdose, including through referrals to treatment services, to peer support, to  
4 community organizations that support recovery, to education, training, and  
5 employment services, to housing services, and to child welfare agencies. An overdose  
6 treatment provider may coordinate and continue care and treatment under this  
7 paragraph by establishing an integrated model of care for patients who have  
8 experienced an overdose that may include assessment, follow-up services, and  
9 transportation to and from treatment.
- 10 (d) Provide education to patients and families on preventing and reversing an  
11 overdose.
- 12 (e) Provide follow-up services for patients after overdose to ensure continued  
13 recovery and connection to support services.
- 14 (f) Collect and evaluate data on the outcomes of patients receiving peer  
15 recovery coach services and coordination and continuation of care services under this  
16 section.
- 17 **(3)** The department may establish policies and procedures to provide guidance  
18 on any of the following:
- 19 (a) The provision of medications that reverse an overdose and any other  
20 medications or biological products used to treat a substance use disorder.
- 21 (b) Continuation of, or referral to, evidence-based treatment services for  
22 patients with a substance use disorder who have experienced an overdose, for the  
23 purpose of supporting long-term treatment and preventing relapse or future  
24 overdoses.

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1           (4) The department shall seek any funding available from the federal  
2 government, including grant funding under 42 USC 290dd-4, to establish and  
3 maintain the program under sub. (2) or establish the policies and procedures under  
4 sub. (3). The department may satisfy the requirement under sub. (2) by encouraging  
5 or facilitating or providing funding to programs operated by nongovernmental  
6 overdose treatment providers.

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

8           49.45 (30j) REIMBURSEMENT FOR PEER RECOVERY COACH SERVICES. (a) In this  
9 subsection, “peer recovery coach” means an individual who practices in the recovery  
10 field and who provides support and assistance to individuals who are in treatment  
11 or recovery from mental illness or a substance use disorder.

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

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

17           2. The peer recovery coach provides the service under the supervision of a peer  
18 supervisor who has been trained in all of the following subjects:

19           a. Understanding the peer role in recovery and supporting clear and  
20 meaningful peer roles.

21           b. Recovery orientation.

22           c. Model principles of recovery.

23           d. Training of peer recovery coaches.

24           e. Professional health system navigation.

25           f. Applicable laws and policies.

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- 1           g. Community resources.
- 2           h. Quality, strength-based, and person-centered supervision.
- 3           i. Identification and evaluation of peer competencies.
- 4           j. Confidentiality, ethics, and professional boundaries.
- 5           k. Antidiscrimination in employment, staff development, and employment  
6 practices.
- 7           L. Peer-delivered services advocacy.
- 8           3. The peer recovery coach provides the service in coordination with the  
9 Medical Assistance recipient's individual treatment plan and in accordance with the  
10 recipient's individual treatment goals.
- 11          4. The peer recovery coach providing the service has completed all of the  
12 following training requirements:
- 13           a. Forty-six hours of training in advocacy, mentoring and education, recovery  
14 and wellness support, and ethical responsibility that includes training of at least 10  
15 hours in advocacy, at least 10 hours in mentoring and education, at least 10 hours  
16 in recovery and wellness support, and at least 16 hours in ethical responsibility.
- 17           b. Twenty-five hours of supervised volunteer or paid work experience involving  
18 advocacy, mentoring and education, recovery and wellness support, ethical  
19 responsibility, or a combination of those areas.
- 20           c. Five hundred hours of volunteer or paid work experience involving advocacy,  
21 mentoring and education, recovery and wellness support, ethical responsibility, or  
22 a combination of those areas.
- 23          (c) The department shall certify under Medical Assistance peer recovery  
24 coaches to provide services in accordance with this subsection.

**ASSEMBLY BILL 650****SECTION 2**

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

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

5 49.46 (2) (b) 14p. Subject to s. 49.45 (30j), services provided by a peer recovery  
6 coach.

7 (END)