



# ROB STAFSHOLT

STATE REPRESENTATIVE • 29<sup>th</sup> ASSEMBLY DISTRICT

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DATE: January 14, 2020  
RE: **Testimony Assembly Bill 639**  
TO: Members of the Committee on Mental Health  
FROM: Representative Rob Stafsholt

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Thank you Chairman Tittl and members of the Assembly Committee on Mental Health for hearing Assembly bill 639 relating to the reimbursement of certain costs relating to hospitalization for purposes of emergency detention.

With regards to mental health, there are only two facilities in Wisconsin that take Chapter 51 patients for involuntary civil commitment, The Mendota Mental Health Institute and the Winnebago Mental Health Institute. This proposed piece of legislation would create a pilot program for Northwest Wisconsin Hospitals to take in patients. The proposed legislation would allow hospitals in Barron, Burnett, Dunn, Pierce, Polk, St. Croix, and Washburn counties to receive reimbursement for housing certain patients receiving in-patient mental health treatment. These hospitals would receive an amount determined by DHS, up to 80 percent of the difference between the hospital's average cost per bed per day and the average rate received per bed per day calculated by averaging the rate received under Medicare, Medical Assistance, and other insurance.

Currently, citizens taken involuntarily in these counties are driven across the state to Winnebago and then back to their home county for a potential court appearance. The citizens are then driven back to Winnebago to serve out their treatment. Additionally, there is nothing in state statute that mandates law enforcement officials to deliver citizens back to their home county after their treatment is finished, meaning that many citizens are left in Winnebago once treatment is complete.

After speaking with citizens and officials in my area, I feel it is important to create this pilot program. It is a burden on our law enforcement officials to drive these citizens back and forth across the state and it is even more troublesome to move these at risk citizens to and from their home counties. This is a voluntary program that hospitals do not have to participate in and I believe this is a crucial step in moving forward.

Again, thank you for allowing me to testify on Assembly Bill 639. I would appreciate your support.



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## TESTIMONY IN SUPPORT OF AB 639

Good Chariman Tittl and members of the Committee, and thank you for taking the time to hear my testimony today.

I'm very excited about the opportunity to speak in favor of this bill today. Representative Stafsholt's bill addresses one of the biggest issues in our area of the state: the problem of emergency detention transport.

I'd like to thank the law enforcement that took time out of their day today to come and speak on this issue. The law enforcement in my district have made clear to me that emergency detention is one of the biggest problems they face at the state level.

My conversations with local law enforcement officers cover many topics, but they often come back to emergency detention. As these officers described, transporting people in crisis across the state with on-duty officers is a significant drain on department resources

From a nurse's perspective, these long drives can only do more harm to the patient. The people being transported in these cases are in crisis, and they need medical treatment as soon as possible. A five hour drive that can worsen a patient's condition only makes a medical staff's job harder.

The days following a crisis event are critical as well. Patients should be close to home, family, and friends while they recover



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from their event. Instead, these patients must spend their immediate recovery hundreds of miles from home and then endure the long drive back to Northwest Wisconsin.

In light of these issues, this pilot program has the potential to provide major improvements to emergency mental health treatment in our state. By treating people in crisis closer to home, we can eliminate the need for these long transports. Our law enforcement will save resources and these patients will be better cared for closer to home.

Addressing the emergency detention issue has been one of my top priorities as a state representative, and I'm proud to be a co-sponsor of this legislation.

Thank you again for taking the time to hear my testimony, and I'd be happy to answer any questions.

## MEMORANDUM

**TO:** Honorable Members of the Assembly Committee on Mental Health

**FROM:** Sarah Diedrick-Kasdorf, Deputy Director of Government Affairs

**DATE:** January 14, 2019

**SUBJECT:** Assembly Bill 639: Testimony for Information Only

Concerns related to the costs associated with the emergency detention process have risen to an all-time high. With a limited number of beds available for emergency detention in many areas of the state, many individuals in need of emergency detention services must travel several hours under the custody of law enforcement to a detention facility capable of meeting their emergent needs.

Counties appreciate the fact that many legislators recognize that something must be done to improve access to bed capacity to minimize the travel time for individuals in crisis. Assembly Bill 639 attempts to do just that. However, the Wisconsin Counties Association (WCA) raises the following questions related to Assembly Bill 639 and appreciates the willingness of Representative Stafsholt to work with us to address the following:

- What are the cost implications for county human services departments/Ch. 51 boards under the bill?
  - Budgeting will be difficult for counties if DHS can reimburse anywhere between 0-80% of the difference between the hospital's average cost per bed day and the average rate received.
- Many counties enter into contracts with private providers outlining the rates to be paid for emergency detention services. What will be the impact of this bill on those contracts?
- Are the payments proposed under the bill allowable under federal law?
  - For example, if a provider accepts Medicaid, the provider is required to accept the Medicaid rate as payment in full. Does what the bill proposes violate Medicaid supplementation rules?

- Why is the county health department named as the county entity responsible for payments?
  - The county human services department or Ch. 51 board is the responsible entity for emergency detentions.
  
- Are hospitals willing to share their cost data with counties? Are the average costs and rates subject to audit? Will any limitations be placed on the average cost calculation e.g., administration and overhead?

Thank you for considering our comments.