



State of Wisconsin
2019 - 2020 LEGISLATURE

LRB-4312/1
TJD&SWB:ahe&cde

2019 BILL

1 **AN ACT** *to amend* 256.40 (3) (a) (intro.), 256.40 (3) (a) 2. and 256.40 (3) (b) of the
2 statutes; **relating to:** opioid antagonist administration in jails and
3 medication-assisted treatment availability in prisons and jails.

Analysis by the Legislative Reference Bureau

This bill allows county jails to enter into a written agreement to affiliate with an ambulance service provider or a physician to 1) obtain a supply of naloxone or another opioid antagonist; and 2) allow jailers or keepers of a jail or persons designated with custodial authority by a jailer or keeper to receive the training necessary to safely and properly administer those medications to individuals who are undergoing or who are believed to be undergoing an opioid-related drug overdose. Under current law, law enforcement agencies and fire departments may enter such agreements; this bill grants that authority to county jails.

Current law also grants law enforcement officers and fire fighters immunity from civil and criminal liability for any outcomes resulting from the administration of an opioid antagonist to a person the officer or fire fighter reasonably believes is undergoing an opioid-related drug overdose, if the officer or firefighter is acting pursuant to an agreement with an ambulance service provider or physician and his or her training. This bill extends the same immunity to a jailer or keeper of a jail or person designated with custodial authority by the jailer or keeper.

The bill requires the Department of Health Services, after consulting with the Department of Corrections, to study the availability of medication-assisted treatment for opioid use disorder in each prison and county jail, including by

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identifying certain pieces of data specified in the bill. DHS, again after consulting DOC, must then use the results of the study to propose to implement, or identify county officials to implement, a pilot project to make available all approved medications for medication-assisted treatment for opioid use disorder in at least one prison or county jail. DHS must report its study findings, its proposal, and any requests for proposed statutory changes or funding necessary to implement the pilot project to the Joint Committee on Finance.

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

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

1 **SECTION 1.** 256.40 (3) (a) (intro.) of the statutes is amended to read:

2 256.40 (3) (a) (intro.) A law enforcement agency, county jail, or fire department
3 may enter into a written agreement to affiliate with an ambulance service provider
4 or a physician for all of the following purposes:

5 **SECTION 2.** 256.40 (3) (a) 2. of the statutes is amended to read:

6 256.40 (3) (a) 2. Allowing law enforcement officers, jailers or keepers of a jail
7 or persons designated with custodial authority by the jailer or keeper, and fire
8 fighters to obtain the training necessary to safely and properly administer naloxone
9 or another opioid antagonist to individuals who are undergoing or who are believed
10 to be undergoing an opioid-related drug overdose.

11 **SECTION 3.** 256.40 (3) (b) of the statutes is amended to read:

12 256.40 (3) (b) A law enforcement officer, jailer or keeper of a jail or person
13 designated with custodial authority by the jailer or keeper, or fire fighter who,
14 reasonably believing another person to be undergoing an opioid-related drug
15 overdose, administers naloxone or another opioid antagonist to that person shall be
16 immune from civil or criminal liability for any outcomes resulting from the
17 administration of the opioid antagonist to that person, if the law enforcement officer,

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1 jailer or keeper of a jail or person designated with custodial authority by the jailer
2 or keeper, or fire fighter is acting pursuant to an agreement and any training
3 obtained under par. (a).

SECTION 4. Nonstatutory provisions.

4
5 (1) STUDY ON MEDICATION-ASSISTED TREATMENT IN PRISONS AND JAILS. The
6 department of health services, after consulting with the department of corrections,
7 shall study in each prison and county jail the availability of medication-assisted
8 treatment for opioid use disorder, including identifying all of the following for each
9 prison and county jail:

10 (a) The availability of behavioral health counseling on the premises as
11 measured by the number of substance abuse counselors available for the number of
12 persons in custody at the prison or county jail.

13 (b) The facilities available for inpatient detoxification, including the number
14 of rooms available.

15 (c) Each medication and forms of each medication approved by the federal food
16 and drug administration that are used for treating opioid use disorder for persons
17 in custody in the prison or county jail and the number of persons in each prison and
18 county jail who receive each medication each month.

19 (2) PROPOSAL FOR AVAILABILITY OF MEDICATION-ASSISTED TREATMENT; REPORT. The
20 department of health services shall, using the results of the study under sub. (1) and
21 after consulting with the department of corrections, develop a proposal to
22 implement, or identify county officials to implement, a pilot project to make available
23 in at least one prison or county jail all medications for medication-assisted
24 treatment for opioid use disorder that are approved by the federal food and drug
25 administration. By the first day of the 13th month beginning after the effective date

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1 of this subsection, the department of health services shall submit a report to the joint
2 committee on finance that includes the findings of the study under sub. (1), the
3 proposal under this subsection, and any requests for proposed statutory changes or
4 funding necessary to implement the pilot project.

5 (END)