



# John Nygren

WISCONSIN STATE REPRESENTATIVE ★ 89<sup>TH</sup> ASSEMBLY DISTRICT

Co-Chair, Joint Committee on Finance

Assembly Committee on Health  
Chair, Representative Joe Sanfelippo  
Testimony by Representative John Nygren  
March 8, 2017

Thank you Chairman Sanfelippo and members of the Committee on Health for holding a public hearing on Special Session Assembly Bills 4, 7, 8, and 9.

For the past two sessions, we have worked together as legislative colleagues to pass a package of 17 bills aimed at combating our state's opioid and heroin epidemic. We call this package the Heroin, Opioid Prevention and Education – or HOPE – Agenda. With unanimous bipartisan support and Governor Walker's signature, we successfully laid a foundation to combat heroin and opioid addiction in Wisconsin. That said, there is still more work to be done.

This session, I was appointed Co-Chair of the Governor's Task Force on Opioid Abuse with Lt. Governor Kleefisch. Following three task force meetings throughout the state, involving testimony from dozens of citizens, advocates, and stakeholders, the Lt. Governor and I released a report of recommendations to Governor Walker. The governor took immediate action and called for a Special Session on Opioid Abuse.

The following bills are part of Governor Walker's Special Session call to fight opioid abuse and addiction in Wisconsin:

## 2017 Special Session Assembly Bill 4

Codeine is an opioid that can be found in certain cough syrups and other medicines used to treat severe colds and common illnesses. While many other states require a prescription to obtain these medications, Wisconsin does not.

When codeine is ingested in large doses, the person taking the medication can experience a dangerous high. To discourage abuse and illegal consumption of this potentially harmful substance, this bill requires a prescription for certain schedule V medications, such as codeine cough syrup. Other schedule V medications are not affected by this change and will still be available without a prescription.

## 2017 Special Session Assembly Bill 7

It's well known that there is a need for more addiction experts across the state. Currently, doctors can pursue fellowship positions to become certified in a specific area of medicine; however,



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addiction-related fellowships are unavailable in Wisconsin. This bill provides grants to support addiction-specific fellowships so doctors can become certified in an area of addiction medicine.

## **2017 Special Session Assembly Bill 8**

The heroin and opioid epidemic has hit every corner of Wisconsin; no demographic is immune from the dangers of addiction. It is vital that we continue our efforts to provide resources throughout the entire state, especially those that remain underserved. This bill provides funding for additional opioid treatment programs in high-need areas. These programs will ensure that individuals suffering from addiction in underserved areas have increased access to treatment opportunities and are able to succeed in recovery.

## **2017 Special Session Assembly Bill 9**

In parts of the state, access to addiction medicine specialists, addiction psychiatrists, and other addiction experts is hard to come by. Specifically, rural areas don't have as many addiction resources as more populated areas of the state. This bill creates a doctor-to-doctor consultation service, modeled after the Medical College of Wisconsin's Child Psychiatry Consultation Program (CPCP), to help increase access to addiction experts in underserved areas. With this bill, doctors will have a place to turn if they have questions about best practices when treating a patient who suffers from an addiction.

I appreciate the opportunity to testify before your committee today on these important pieces of legislation and welcome any questions you may have at this time.



## State Senator Sheila Harsdorf

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Date: March 8, 2017

To: Assembly Committee on Health

From: State Senator Sheila Harsdorf

RE: Special Session Assembly Bill 8

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Dear Chair Sanfelippo and Committee Members:

Thank you for holding a public hearing on Special Session Assembly Bill 8 which provides funding for additional opioid treatment programs.

As you know, we began attacking heroin and opioid abuse in the 2013-14 legislative session under the leadership of Representative Nygren. With input from law enforcement, first responders, medical professionals, and others, legislation known as the H.O.P.E. Agenda was developed. In 2015, and now in 2017, we continue to build on the H.O.P.E. Agenda as needed changes are brought to our attention.

2013 Wisconsin Act 195 directed the Department of Health Services (DHS) to create two or three regional comprehensive opioid treatment programs. Under this direction, DHS has contracted with three providers in Northeast, Northcentral, and Northwest Wisconsin. Even with these facilities, rural areas continue to have shortages of drug treatment. Where facilities do exist, travelling long distances for services cause hardship for individuals in need of treatment and as a result they may not seek out necessary treatment.

Special Session Bill 8 proposes \$2 million for this biennia to provide additional treatment opportunities for high need, underserved areas of the state.

I urge your support and prompt action on this legislation. Thank you! I would welcome the opportunity to answer questions.



State of Wisconsin  
Department of Health Services

Scott Walker, Governor  
Linda Seemeyer, Secretary

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March 8, 2017

Assembly Committee on Health

2017 Special Session Assembly Bills 7, 8, and 9

WI Department of Health Services Position: Testifying in favor

Good morning Chairman Sanfelippo and members of the Committee on Health,

Thank you for the opportunity to testify on Special Session Assembly Bills 7, 8, and 9 regarding the opioid epidemic in Wisconsin. My name is Jennifer Malcore, and I am the Assistant Deputy Secretary at the Department of Health Services. I have with me Linda McCart, DHS office of Policy Initiatives and Budget; Bernestine Jeffers, Division of Care and Treatment Services, Bureau of Prevention, Treatment and Recovery; Dr. Jon Meiman, Chief Medical Officer, Division of Public Health; and Linda Hale, Division of Public Health, Bureau of Community Promotion.

By now, I am sure we have heard the statistics. Opioid related overdose deaths more than tripled in Wisconsin, from 194 deaths in 2003 to 622 deaths in 2014, and that heroin abuse is tightly tied to prescription drug abuse. Addressing opioid abuse and addiction requires a multifaceted approach, and we believe the special session bills introduced by Representative Nygren continue this effort.

Ensuring accessible and effective opioid addiction treatment is a vital part in a strategic plan to address this epidemic. Assembly Bill 7 would expand graduate medical training in an addiction specialty. In Wisconsin, we have a critical shortage in the AODA physician workforce of addiction psychiatrists and addiction medicine specialists.

To continue to address this shortage, Assembly Bill 9 would require the Department of Health Services to create and administer an addiction medicine consultation program to assist clinicians and provide care to patients with substance addiction.

Assembly Bill 8 would provide additional funds to add two or three opioid treatment programs in underserved and high-needs areas. These clinics provide residential, outpatient and counseling services. In the two short years that the existing 3 have been open, they have provided services to over 300 participants.



WISCONSIN  
**PSYCHIATRIC**  
ASSOCIATION

**TO: Members, Assembly Committee on Health**

**FROM: Jeff Marcus, MD, President  
Wisconsin Psychiatric Association**

**DATE: March 8, 2017**

**RE: Support for Special Session AB 7, 8 and 9**

The Wisconsin Psychiatric Association represents more than 400 physicians specializing in psychiatry across Wisconsin. Within our specialty and membership we count numerous addiction medicine sub-specialists as well.

We continue to welcome the Legislature and Governor's efforts to tackle the problem of opioid, heroin and narcotic abuse and addiction, and we appreciate the opportunity to express our gratitude for your work here, and our support for three bills in particular:

Without question, Wisconsin can benefit from having more Addiction Medicine physicians practicing in our state. Assembly Bill 7 would provide funding to the Department of Health Services to provide grants for the creation of more Addiction Medicine graduate medical training. Please support AB 7.

Wisconsin is significantly short of beds and treatment facilities for patients suffering from addiction disorders. Assembly Bill 8 would provide funding to create new treatment programs in underserved and high-need areas. This is another positive step, and we urge your support for AB 8.

Finally, as specialists treating patients with addiction disorders, we are acutely aware that many family physicians, internists, pediatricians, emergency physicians and others regularly see patients in need of more specialized care. Assembly Bill 9 would create an addiction medicine consultation program modeled after Wisconsin's new but already successful Child Psychiatry Consultation Program. Again, AB 9 is another positive step in cost-effectively expanding access to needed specialty care. Please support AB 9.

We urge you to continue to expand on the steps being taken here, and as a part of Representative Nygren's larger HOPE Agenda, continue to look for ways, both proven and novel, to address social, economic, domestic and other factors that often underlie, encourage or enable drug abuse and addiction.





**C.A.R.E.** for Dodge County, Inc.  
Community Awareness and Recovery Environment

Hello, my name is Wendy Borner, President of C.A.R.E. for Dodge County, a 501(c)3 nonprofit organization (Community Awareness and Recovery Environment).

I am here to support Bill #8 because I have been affected by Substance Use Disorder (SUD) and also I live in a smaller community – Dodge County. Dodge County has a lack of resources that are available to those who are afflicted with SUD. I personally see the families that are desperately trying to find treatment options close to home and they are just not available. Families are having to travel to bigger communities in order to get sufficient treatment services. I was one of those families. In the beginning of my son's recovery, I would drive him to a bigger community that offered Intensive Outpatient Programming (IOP) and Medication Assistant Treatment (MAT) services 3 to 4 times a week and would have to wait over 3 hours for him to be done with his group. It was mandatory that he went to these groups in order for him to receive his medication. We had to drive in bad weather conditions and sometimes with a car that was not always reliable or safe.

A majority of people in the beginning stages of recovery have no means to drive the distance to get their treatment needs met. Most have no support from family or friends as ties have been severed and they have lost their jobs so they have no financial support in order to get to a treatment provider outside our community.

We need more funding so smaller communities have access to treatment closer to home so it is attainable! The overdose fatalities are growing at an alarming rate, not to mention the burglaries and crime as a result of the desperation that addiction can have on someone actively using.

I feel we also need more funding for grass root organizations like C.A.R.E. for Dodge County to be able purchase literature and provide services to bring awareness, education and prevention to our communities. C.A.R.E. is a 501(c)3 nonprofit organization that was created to bring much needed resources to our area, bring awareness, education and prevention to our community members. We are providing, workshops, programs, recovery coaching and support groups in order to help those in need that are falling through the cracks because they are unable to get their treatment needs met in our smaller communities. The few grants that are available have a requirement that you need to be a nonprofit for a minimum of 2 years, have had an audit, etc. that doesn't help smaller organizations like us get started. We need grants that are available right away for us to pay for literature and provide resources and services to in our communities that are needed.

I thank you for your time and the opportunity to speak today.

Sincerely,

Wendy Borner  
President

**P.O. Box 84, 900 Green Valley Rd., Suite S, Beaver Dam, WI 53916**

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SSAR 8



**Testimony by ARCW Vice President Bill Keeton in Support of the January 2017 Special Session Package of Bills Addressing Heroin and Opioids**

Chairman Sanfelippo and Committee Members,

Thank you for allowing me the opportunity to speak with you today in support of the bills resulting from the Governor's Task Force on Opioid Abuse that are aimed at fighting heroin and opioid abuse in our state. My name is Bill Keeton and I am the Vice President for Government and Public Relations at the AIDS Resource Center of Wisconsin. I am also the Chair of the Wisconsin Public Health Council, but am not formally representing that body here today.

I would like to begin my testimony by publicly thanking Governor Walker, Lieutenant Governor Kleefisch, Representative Nygren and all of the members of the Governor's task force for their work in developing the set of proposals before you today. I would like to also especially thank Representative Nygren for his steadfast and tireless commitment to addressing this ongoing challenge.

Since 1994, ARCW has been engaged in the fight against heroin and opiate abuse through our nationally renowned HIV, hepatitis C and opiate overdose prevention programs that have been successfully providing services to injection drug users, their family members, their social networks, members of law enforcement and public health programs across the state.

Previous HOPE bills have had a direct and positive impact in addressing the opioid and heroin epidemic. At ARCW, we have been able to increase community access to naloxone and have heard first hand reports of how individuals witnessing an overdose have been more likely to call 9-1-1 for help. Our Lifepoint prevention and outreach program, which is built upon the tenants of harm reduction, operates statewide and last year was instrumental in helping ARCW reach more than 15,000 people who are using opiates and who at-risk for HIV infection in Wisconsin annually. To date, our staff have trained more than 12,000 people on the use of naloxone and provided them with doses they can use to save a life during an overdose. More than 4,000 times, individuals we have trained have returned to one of our locations to let us know they have used the naloxone we provided them to save a life.

The relationship we are able to engage in with our program participants not only helps prevent new HIV infections, it also helps people who are battling addiction get linked to the health care and treatment services they need to begin traveling the often difficult road to sobriety.

These outcomes are the result of the enactment of HOPE legislation.

The four bills being heard today will continue this legacy by helping to overcome identified gaps in our state's ability to address the ongoing opioid epidemic.

By tightening controls related to the availability of codeine, Special Session Assembly Bill 4 will help reduce access to another pathway to addiction and abuse of opioids. While often less publicized than other opiates, codeine contributes to the development or continuation of opiate addiction for many individuals. The passage of this bill will help ensure less opioids are available to be abused.

Special Session Assembly Bills 7, 8 and 9 together will help address a critical need in our state's response to this problem as well. Too often, individuals who reach out to ARCW for help in accessing treatment for their addiction are placed on wait lists or are unable to find providers in their areas at all. This is especially true in rural areas throughout the state. Building our provider workforce, clinical capacity and taking advantage of technology are all critical as we continue to address gaps in access to addiction treatment.

ARCW encourages the committee to support passage of the four bills before you today.

Thank you for your consideration of my testimony today.