



# 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.

**Alberta Darling**  
**Wisconsin State Senator**  
Co-Chair, Joint Committee on Finance

TESTIMONY BEFORE THE ASSEMBLY COMMITTEE ON HEALTH  
SPECIAL SESSION ASSEMBLY BILL 9  
Senator Alberta Darling  
Wednesday, March 8, 2017 at 11:00 AM

Thank you Chairman Sanfelippo and committee members for holding a public hearing on Special Session Assembly Bill 9. The legislation before you is an important recommendation from the Governor's Task Force on Opioid Abuse. Special Session Assembly Bill 9 creates a doctor-to-doctor consultation service for physicians to connect with addiction specialists, psychiatrists, and experts in the field of addiction medicine.

While many suffering from addiction in Wisconsin have access to a general practitioner, access to an addiction specialist is not universally accessible across the state. In particular, rural areas struggle with access to addiction specialists. Special Session Assembly Bill 9 creates a hotline for primary physicians to easily consult with experts in the field of addiction medicine. This legislation is modeled after the highly successful Child Psychiatry Consultation Program (CPCP), which connected primary physicians with child psychiatrists. When the CPCP was implemented, primary physicians expressed a higher confidence when prescribing medicine, implementing best practices, and in generally handling mental health cases. These same results can be expected in the field of addiction consultation.

Not only will this bill create an ongoing partnership between general physicians and addiction specialists, but it will be instrumental in spreading best practices and addiction education statewide. Special Session Assembly Bill 9 is critical in ensuring that every Wisconsin citizen has access to vital addiction resources regardless of where they live.

I'd like to thank Representative Nygren, the members of the Governor's Task Force on Opioid Abuse, and all other stakeholders for contributing to this important piece of legislation.

Thank you again committee members for your time and consideration. I hope I can count on your support for Special Session Assembly Bill 9.



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.



Office of Government and  
Community Relations

**TO:** | Members of the Assembly Committee on Health

**TO:** | Members of the Assembly Committee on Health

**FROM:** | Jon A. Lehrmann, MD  
*Charles E. Kubly Professor in Psychiatry and Behavioral Medicine  
Chairman and Professor  
Department of Psychiatry and Behavioral Medicine  
Medical College of Wisconsin*

Robert W. Hurley, MD, PhD  
*Department of Anesthesiology  
Director F&MCW System Comprehensive Pain Program  
Director, MCW Pain Management Centers  
Medical College of Wisconsin*

**DATE:** | March 8, 2017

**RE:** | Testimony in Support of 2017 Special Session Assembly Bill 9

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Good morning Chairman Sanfelippo and members of the Assembly Committee on Health. Thank you for holding a public hearing on Special Session Assembly Bill 9, creating an addiction medicine consultation program for the State of Wisconsin. The Medical College of Wisconsin (MCW) strongly supports this bill and appreciates the opportunity to testify on this groundbreaking legislation.

I am Jon Lehrmann, MD, Chairman of MCW's Department of Psychiatry and Behavioral Medicine, and along with me is Robert Hurley, MD, PhD, Vice-Chairman of MCW's Department of Anesthesiology and Medical Director of MCW's Pain Management Center.

MCW congratulates Governor Walker's Task Force on Opioid Abuse for advancing an addiction medicine consultation service, modeled after the state's Child Psychiatry Consultation Program (CPCP). We would like to also especially thank Representative Nygren and Senator Darling for authoring the legislation. This new service has the potential to increase access to addiction resources, while providing long-term educational tools so physicians may better understand, prevent, and treat addiction more confidently and independently.

Before we discuss the specifics of the addiction consultation program, however, it would be helpful to provide background on Wisconsin's CPCP, on which this was modeled. MCW, in partnership with Children's Hospital of Wisconsin, currently operates Wisconsin's CPCP. The CPCP includes two regional hubs, in which primary care

providers can receive free-of-charge pediatric mental health consultations for their patients in 15 northern Wisconsin counties and the Milwaukee area.

When primary care providers contact the CPCP, there are three primary benefits for patients:

1. First and foremost, the CPCP provides immediate access to mental health for many patients who would otherwise be unable to see a child psychiatrist in a reasonable amount of time
2. The program provides long-term education to providers on mental health prevention and treatment
3. Finally, the CPCP provides referral support to assist in the identification of local mental health professionals and community resources that may be available

After providing CPCP services for a little over two years, we are thrilled with the results. Over 90% of providers using the program report satisfaction. Utilization continues to increase and we continue to enroll new providers. In short, these words from a parent sum up the importance of the CPCP: *"It was a quick turnaround in which my son's pediatrician called me to discuss medication and treatment options. He is currently stable and doing great in school, and he is even excelling in math!"*

Quotes like these are why MCW is excited about modeling an addiction consultation program after the CPCP. Statewide, improvements in the management of pain and addiction are urgently needed, and Assembly Bill 9 provides Wisconsin with a unique infrastructure opportunity to lead the nation in addressing addiction and pain management.

Pain is our nation's most common and expensive clinical condition, and its impacts cannot be underestimated. 60 million Americans suffer from what is considered "moderate" chronic pain, which often results in work, social and personal restrictions for months at a time. 44 million Americans in the "high impact" category face substantial restrictions in their work and personal lives over long periods as well. These conditions translate into an average cost of \$6,000 per American per year.

Pediatric chronic pain, which commonly includes headache/migraine, abdomen, back, and musculoskeletal pain lasting 3 to 6 months, is estimated to affect between 25-40% of children and adolescents,<sup>123</sup> causing a whole host of widespread negative effects, including: significant suffering, disruptions in daily functioning, and psychological distress such as depression and anxiety. Stunningly, quality of life issues in these children has been reported to be greater than the impact of other illnesses, including cancer.

Given these facts, most physicians would agree we need improved comprehensive care to prevent and treat pain and addiction issues. The bill would assist hundreds, and eventually thousands, of primary care physicians with assistance to better treat their patients:

- Addiction prevention strategies and treatments addressing pain, injury and disease
- Education on how to prevent the transition from acute to chronic pain, and
- Education on patient outcomes following chronic pain management treatments

Ultimately, the addiction consultation program will help prevent addiction before it begins.

As a final point, MCW envisions CPCP and addiction consultations being layered together under a single infrastructure, so primary care providers have one point of contact for mental health and addiction consultations. Addiction and mental health are often linked, and a unified consultation program will result in better overall care for patients since requests can be triaged for mental health, addiction, or both.

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<sup>1</sup> Hoftun GB, Romundstad PR, Rygg M. Factors associated with adolescent chronic non-specific pain, chronic multisite pain, and chronic pain with high disability: The young-HUNT study 2008. *J Pain*. 2012 Sep; 13(9): 874-883. DOI:10.1016/j.jpain.2012.06.001 [doi].

<sup>2</sup> Standford EA, Chambers CT, Biesanz JC, Chen E. The frequency, trajectories and predictors of adolescent recurrent pain: A population-based approach. *Pain*. 2008 Aug 15; 138(1): 11-21. DOI:S0304-3959(07)00649-5 [pii].

<sup>3</sup> Perquin CW, Hazebroek-Kampschreur AA, Hunfeld JA, van Suijlekom-Smit LW, Passchier J, van der Wouden JC. Chronic pain among children and adolescents: Physician consultation and medication use. *Clin J Pain*. 2000 Sep; 16(3): 229-235.

Combining CPCP and addiction consultations will create efficiencies of scale for the state as well, allowing overall larger geographic coverages of the programs. One major component of the CPCP is having our outreach specialists physically travel to individual clinics for enrollment and education. These services and the relationships with clinics and physicians we have already built can be leveraged if both programs are jointly administered. This would eliminate duplicative infrastructure costs, as well as removing any provider confusion over who to call for different types of consultation services.

MCW believes the legislation is drafted broadly enough to allow DHS, at its discretion, to allow grant applicants to submit proposals delivering CPCP and addiction services simultaneously. In addition to the \$500,000 funding for this legislation, MCW also supports Governor Walker's budget proposal to expand the CPCP by an additional \$500,000 per year, which will help provide CPCP in additional areas of the state.

Thank you for your time and consideration, we are happy to answer any Committee members' questions.



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.





## **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.