



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

Dear Chairwoman Vukmir and Committee Members,

Thank you for allowing me the opportunity to provide written testimony 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.

First, it is important to recognize the work of 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.

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 five 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.

Special Session Senate Bill 1 will help ensure that more individuals are protected when administering naloxone or narcan to a student who may be experiencing an overdose.

Much the same as how epinephrine injectors can save the lives of people who are experiencing a severe allergic reaction, the delivery of narcan or naloxone to someone experiencing an overdose in a timely fashion is paramount to saving their life.

By tightening controls related to the availability of codeine, Special Session Senate 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 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.

Sincerely,

Bill Keeton  
Vice President, Government and Public Relations



# John Nygren

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

**Senate Committee on Health and Human Services**

**Chair, Senator Leah Vukmir**

**Testimony by Representative John Nygren**

**April 6, 2017**

Thank you Chair Vukmir and members of the Senate Committee on Health and Human Services for holding a public hearing on Special Session Assembly Bills 1, 4, 7, 9, and Special Session Senate Bill 5.

For the past two sessions, we have worked together 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. From the work of this task force, 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 1**

Currently, school personnel are only protected to administer epinephrine in the event of an allergic reaction and glucagon in the event of a diabetic students' low blood sugar event. This bill expands upon these safety measures to allow school district personnel to administer an opioid antagonist to a student or other individual who experiences an overdose on school grounds.

Additionally, I worked on an amendment with Rep. Billings to allow residence hall directors in public, private, and technical colleges across the state to administer opioid antagonists to students on campus.

Expanding access to these lifesaving drugs is key to ensuring the safety of all students and adults on school grounds.

## **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 stop mass consumption of this potentially harmful substance, this bill requires a prescription for certain schedule V medications, like codeine cough syrup.

An amendment has been offered by Rep. Kolste that will expand upon this bill to require a prescription for other Schedule V medications beyond those that contain codeine.

#### **2017 Special Session Senate Bill 5**

Under current law, there is a stringent framework in place that allows for the involuntary commitment to treatment for a person who is suffering from alcohol addiction. This bill expands upon current law to allow for the involuntarily commitment of a person who suffers from drug addiction to treatment.

Additionally, I worked with the Wisconsin Counties Association on an amendment that helps streamline the system so counties across the state are notified and ready to provide resources should a person be committed.

This expansion will allow family members, friends, and others the opportunity to bridge the gap between their loved ones' addiction and an opportunity for treatment and recovery.

#### **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, 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 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.





REBECCA KLEEFISCH  
Lieutenant Governor  
STATE OF WISCONSIN

**Written Testimony concerning January 2017 SSSB 1, 5, 7, and 9  
Senate Committee on Health**

Dear Members of the Committee,

Thank you for the opportunity to present written testimony concerning Special Session Senate Bills 1, 5, 7, and 9. Six months ago, Governor Walker asked Rep. John Nygren and me to serve as co-chairs of a Task Force on Opioid Abuse. Since then we've done a deep dive the many facets of this issue, and the legislation we are recommending stems from our January 2017 report.

SSSB 1 would provide school employees with the same legal protection for administering an opioid antagonist like Narcan that they currently receive for other response services like administering an epi-pen. Though we have not yet had a fatal overdose in a Wisconsin school, this bill would empower districts with the option to ensure trained staff are prepared. SSSB 5 would give families the same opportunity to ensure a struggling family member gets the detox treatment they need that the law currently makes available for another addiction, namely alcoholism.

Concerning SSSB 7 and 9: traveling all over our great state, I often hear about the challenges facing our rural communities. We know we have a skills gap in Wisconsin, where people don't have skills in jobs like computer-numerical machining or welding. But we also have a geography gap, where people don't live in the same places as the jobs are located. That's true in many of our trades, but it's also true in other fields, including health care. We have a skills gap for addiction medicine - there are very few psychiatrists, psychologists, or others trained in this emerging field - and we have a geography gap - there are even fewer trained experts in rural communities.

These bills seek to tackle both of these problems. SSSB 7 would authorize additional graduate medical education fellowships at the University of Wisconsin School of Medicine to train more addiction medicine specialists. And SSSB 9 would create an addiction medicine consultation hotline so that doctors across Wisconsin who encounter these cases can promptly reach experts who are trained in the latest brain and chemical science for treating addiction. Together these bills help address our medical skills gap to ensure that all our citizens have access to the latest innovations and ideas in addressing addiction to heroin and other opioids.

A handwritten signature in cursive script that reads "Rebecca Kleefisch".

REBECCA KLEEFISCH  
Lieutenant Governor  
State of Wisconsin

**STATE SENATOR**  
**Leah Vukmir**

**Senate Committee on Health & Human Services**

Thursday, April 5, 2017

**Special Session Senate Bill 1**

Committee members, thank you for taking the time today to hear testimony on Special Session Senate Bill 1.

This bill is the one of several that the Legislature will consider that came from the Governor's Taskforce on Heroin and Opioid Abuse, which I was honored to serve on this fall with Rep. John Nygren and Lt. Gov. Rebecca Kleefisch.

A couple of sessions ago, I was proud to author a law that has allowed school personnel to administer epinephrine in the event that someone would go into anaphylactic shock from an allergic reaction. Last session we expanded this bill allow colleges, businesses, restaurants, sports centers and other public venues to be prepared to act in one of these emergency situations.

This bill similarly allows school personnel to be able to administer an opioid antagonist, such as naloxone, to someone who is experiencing an opioid overdose on school grounds. After an emergency antagonist is administered, the bill requires the person who administered the drug to call 911 for immediate attention. In the Assembly committee, this bill was amended to extend this ability to personnel on our university campuses, and that's the version we intend to vote on today.

This proposal is a big step forward toward helping our communities prepare to appropriately respond to heroin overdoses, and I'm proud to see several members of the medical community the Wisconsin Association of School Boards have registered in favor of this bill. The groundswell of support to help prevent deaths due to heroin and opioid overdoses is encouraging.

Thank you again for your consideration of this bill. Please feel free to reach out to me and my office if you have any questions.

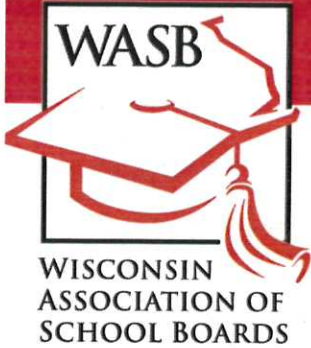
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John H. Ashley, Executive Director

**TO: Members, Senate Committee on Health and Human Services**  
**FROM: Chris Kulow, Government Relations Specialist**  
**RE: Special Session Senate Bill 1, emergency administration of opioid antagonist**  
**DATE: April 6, 2017**

The Wisconsin Association of School Boards (WASB) supports Special Session Senate Bill 1 which provides clarity for school districts in the administration of an opioid antagonist or antidote like Narcan to students who may be experiencing an opioid overdose.

The American Medical Association and others promote increasing access to opioid antidotes as a key pillar of combating opioid abuse. To further encourage saving lives, the AMA believes that a person who provides assistance to someone experiencing an overdose—as well as the person who overdosed—should not have to fear arrest, prosecution or other civil or criminal repercussions. Thanks to Rep. Nygren and the HOPE Agenda bills passed last session, Wisconsin has an access law as well as an overdose Good Samaritan law. This bill would extend liability protections to school personnel in administering an opioid antidote to pupils and others in a school setting.

**Why this bill is necessary:**

WASB attorneys interpret the requirements of the administration of drugs to pupils law (118.29) to likely serve as a barrier to direct reliance on Wisconsin's opioid antidote access laws (441.18 and 448.037) when it comes to school employee administration of an opiate antidote to students.

Stated another way, just because school personnel have a means of obtaining the drug doesn't necessarily mean that the drug can be administered to a pupil under the liability protections offered by current law without satisfying all of the requirements including, for example, (1) the school district to receive a pharmacy-labeled package that specifies the name of the pupil, and (2) a requirement for the school district to have the written permission of a parent or guardian to administer the medication. There are two express exemptions to these requirements: (1) epinephrine (EPIPEN), for severe allergic reactions, and (2) glucagon for low blood sugar diabetic emergencies.

**Proposed Solution:**

Special Session Senate Bill 1 provides clarity based on the statutory precedent that was set for epinephrine and for glucagon in current law. While we are unaware of an opioid overdose occurring in a school setting, we feel this bill is a sensible, proactive measure that fits into the strategies promoted in the HOPE Agenda and other efforts to combat opioid abuse.