

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 loves 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.



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 cochairs 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.

Rebecca Kleefisch REBECCA KLEEFISCH Lieutenant Governor

State of Wisconsin



State of Wisconsin Department of Health Services

Scott Walker, Governor Linda Seemeyer, Secretary

April 6, 2017

Senate Committee on Health and Human Services

2017 Special Session Senate Bills 5, 7 and 9

WI Department of Health Services Position: Testifying in favor

Good morning Chairwoman Vukmir and members of the Committee on Health and Human Services,

Thank you for the opportunity to provide written testimony on Special Session Senate Bills 5, 7 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.

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.

Giving families the opportunity to petition the court to have someone committed to treatment has not been an option in Wisconsin; it is for alcohol but not for drug dependence. Families are desperate to be able to get help to their loved ones and this is another way to allow that to happen. Special Session Senate Bill 5 will give families that option.

Ensuring accessible and effective opioid addiction treatment is a vital part in a strategic plan to address this epidemic. Special Senate 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, Special Session Senate 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.

Thank you for your time.

Jennifer Malcore



TESTIMONY BEFORE THE SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES SPECIAL SESSION SENATE BILL 5 Senator Alberta Darling Thursday, April 6 at 10:00 AM

Thank you Chair Vukmir and committee members for holding a public hearing on Special Session Senate Bill 5. The legislation before you today amends statutory language relating to involuntary commitment for individuals addicted to drugs.

Nationwide, there has been a significant increase in opioid abuse. In fact, nearly 78 Americans die every day from an opioid related overdose. Wisconsin is no exception to this dangerous national crisis. Wisconsin is a leader in combatting the opioid epidemic under the leadership of Representative Nygren and unanimous bi-partisan support. After two successful sessions of H.O.P.E. legislation, the Governor created the Task Force on Opioid Abuse to further Wisconsin's dedication to ending drug abuse.

This bill is an important recommendation from the Governor's Task Force on Opioid Abuse. Special Session Senate Bill 5 will extend the emergency and involuntary commitment procedures to include those suffering from drug dependence, those who are incapacitated by the use of other drugs, and those who habitually lack self-control as to the use of drugs.

Currently in Wisconsin, this same commitment protocol already exists for individuals suffering from alcohol abuse. Special Session Senate Bill 5 makes a simple statutory change to include all individuals suffering from drug addiction, not solely alcohol addiction. This change will allow friends, family members, and others the opportunity to seek immediate help for their loved one.

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 Senate Bill 5.

Thank you, Mr. Chair and Committee members, 51- 522 Hours Rep

On behalf of the Wisconsin Association for Marriage and Family Therapy, we would like to applaud your efforts in drafting legislation to the address the growing need for critical and timely interventions for our friends, family and neighbors caught in the rising tide of addiction and substance use in our state.

The results of substance use, particularly alcohol, methamphetamines and opiates are serious and complex. The harm and suffering has no cultural or economic boundaries. Indeed, it is highly likely that many, if not everyone in this room, has witnessed and felt the suffering of someone, or has suffered personally, from the broken dreams and lives left in wake of this tide.

We would like to thank you, for considering this bill, one that gives voice and options for concerned Wisconsinites, to intervene in emergency situations in supporting the health and safety of our loved ones.

This is a powerful and compassionate statement from our state representatives, that says, we will rise together, we will be there for you in critical life changing moments. We have the ability to help and we will not stand idly by watching our neighbors struggle in this web of life and death.

The reasons for an involuntary hold; Intoxication and incapacitation are often the result of chronic use, toxic, life threatening use. Neuroscience has shown how substance use robs one of the ability to stop, to change, to reason. We know that those who stop using their substance 'cold turkey' often suffer physical consequences, many of which can be life threatening or result in serious medical conditions. Detox is a medical condition. In addition to being a mental health issue, substance use carries with it, significant physical affects and risks.

Due to these significant physical effects and risks, we believe, as health professionals, that it is important to include, in this bill, the availability of evaluation and care services by a medical professional such as a doctor, nurse practitioner, psychiatrist, during an involuntary hold, as critical to address the physical risks of detoxification.

And, in addition to a short period of detoxication support during an involuntary hold, we as professionals treating addiction have found, that a person's craving does not subside, and in fact, it intensifies during a short detoxication — a short hold. The likelihood for overdose after release rises substantially, particularly with opiates.

I have personally lost clients to overdose shortly after a detox or treatment. It is for them that I stand before you today asking for your consideration.

A well-meaning hold may turn out to be a mandatory detox, which will save lives, but, for some, may increase the likelihood of fatality – there is a risk to this bill. Physical + fiscal consideration

To address this risk, Wisconsin Marriage and Family therapists, humbly and sincerely, ask for your consideration. Consideration, as an addition to this bill, access to medical care during the hold, and the inclusion of safety planning. Aftercare. We believe a referral or access to continued care after discharge from the hold may decrease the risk of post detoxification overdose, and provide a community

connection, a pathway to continue to empower individuals, families and communities to heal and recover. We recover this is an additional fiscil consulted one important and a

We are happy to have a voice in working with you today, to empower and safeguard all Wisconsin residents. We thank you for the positive contributions you made in your dedication to this important issue facing our state. Heppy be shown every quarters

Respectfully,

Sheri Austin MFT-SUD, SAC

Wisconsin Association for Marriage and Family Therapy (WAMFT)

Director-at-large & Legislative Committee member