SHANNON ZIMMERMAN
STATE REPRESENTATIVE • 30th ASSEMBLY DISTRICT

Assembly Bill 317
Assembly Committee on Substance Abuse and Prevention
September 30, 2021

Thank you Chairman James and committee members for hearing testimony on Assembly Bill 317 today. This bill would require those convicted of OWI in Wisconsin to undergo an evaluation for the possible use of medication-assisted treatment (MAT).

According to the Federal Substance Abuse and Mental Health Services Administration (SAMHSA), medication-assisted treatment is "the use of medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders". Furthermore, SAMHSA points out that the medications are approved by the FDA and MAT programs are clinically driven and tailored to each individual patient.

The effectiveness of MAT programs when appropriately applied has been proven over time. While the goal of this treatment is full recovery, it has been shown to:

- Improve patient survival
- Increase retention in treatment
- Decrease illicit opiate use and other criminal activity among individuals with substance use disorder
- Increase patient's ability to gain and maintain employment
- Improve birth outcomes among women who have substance use disorders and are pregnant

Many of you may be familiar with this type of treatment for individuals addicted to opioids, but it can also be used to assist those with alcohol use disorder as well. Medication-assisted treatment is just another tool in the toolbox as we mold policies to assist those needing treatment.

Thank you again for the opportunity to provide testimony and I would be happy to take any questions you may have.

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Alberta Darling

Wisconsin State Senator · District 8

Testimony before the Assembly Committee on Substance Abuse and Prevention

Assembly Bill 317: Medication-Assisted Treatment

09/30/2021

Thank you committee members for hearing testimony on Assembly Bill 317.

According to the Wisconsin Department of Transportation, in 2019 there were approximately 21,000 convictions for drunken driving, 140 killed in alcohol-related crashes, and 2,918 injured in alcohol-related crashes.

Driving drunk has lifelong consequences. In recent years, we as policymakers have taken a multi-faceted approach to help combat our state's drunken driving problem. We have increased penalties for repeat offenders while also providing more funding to increase access to treatment through the Treatment Alternatives and Diversion Program.

Under current law, courts must order a person convicted of operating a motor vehicle while intoxicated to submit to an assessment of the person's use of alcohol or controlled substances. The assessment facility must develop a driver safety plan for the person, which may include substance abuse treatment. The Department of Health Services establishes standards for assessment procedures and driver safety plans by administrative rule.

Current DHS rules provide that, if an assessment makes a finding of dependency, suspected dependency, or dependency in remission for a person, the driver safety plan for that person must recommend substance abuse treatment. Assembly Bill 317 provides that, if substance abuse treatment is recommended for a person, the treatment must include an evaluation for the appropriateness of medication-assisted treatment for the person.

How individuals respond to certain treatments vary. By connecting individuals with the treatment that best suits them, we may be able to reduce the chance of repeat offenders, incarceration costs, and alcohol-related driving fatalities.

I want to thank Representative Shannon Zimmerman for leading this effort in the Assembly and thank you for taking the time to hear Assembly Bill 317. I hope to count on your support for the important bill.

An Act to Modify Administrative Rules Relating to Driver Safety

Assembly Bill 317

Introduced by Representatives Zimmerman, Horlacher, James, Krug, Steffen & Wichgers

Cosponsored by Senator Darling

Operating while under the influence (OWI) of drugs or alcohol is a leading cause of fatal car crashes in the United States.

Alcohol Use Disorder (AUD) in Wisconsin

- More than **326,000** adults in Wisconsin suffer with alcohol use disorder (NSDUH).[1]
- Alcohol use disorder (AUD) is a chronic brain disorder that is characterized by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences.[2]

Wisconsin Public Safety Impact [3]

- 2011 to 2015: alcohol contributed to at least 1,737 Wisconsinite **deaths** with 28 years of potential life lost.
- 2018: 24,368 drivers were arrested for OWI
- 2018**: 34%** of fatal crashes involved alcohol impairment and **71.8%** (BAC .15%+) involved **repeat OWI** offenders

WI Act to Modify Administrative Rules Relating to Driver Safety (Assembly 317):[4]

- Ensures the repeat offenders have access to FDA approved medication assisted treatment (MAT**)** combined with other rehabilitative treatment modalities.
- Includes provision for an evaluation for substance use disorder (SUD) and appropriateness for, and access to, MAT at a priority level commensurate with other forms of rehabilitative treatment.
- Current WI law addresses OWI offenders through assessment and driver safety planning designed to support recovery but contains **no provisions** related to assessments for or use of MAT despite its demonstrated value.

Wisconsin OWI-Alcohol Trends[5]

2018 Alcohol-Impaired Driving Fatality Data	Wisconsin	National
Percent of Alcohol-Impaired Driving Fatalities of Total Fatalities	**34**	28.8
Percent Drivers in Fatal Crashes Involving Repeat OWI (BAC .08 - .14)	**28.6**	25.4
2009-2018 % Change in Alcohol-Impaired Driving Fatalities per 100K Pop	% Change	% Change
10-year Change in Alcohol-Impaired Driving Fatalities per 100K pop	**-7.1**	-8.4
Percent of Alcohol-Impaired Driving Fatalities Involving high BAC drivers (.15+)	**71.8**	70.0

Access to Treatment

- The American Society of Addiction Medicine (ASAM) recommends the use of medications for the treatment of alcohol use disorders including disulfiram, acamprosate, naltrexone and extended-release naltrexone.[6]
- The National Quality Forum's consensus standards for the treatment of substance use disorders that pharmacotherapy should be made available to all adult patients diagnosed with "opioid dependence, alcohol dependence, and nicotine dependence," as long as there are not medical contraindications.[7]

Impaired Driver Prevention Legislation in Other States

Michigan enacted law requiring 2nd and subsequent offenders to undergo assessment by a provider or other licensed/certified SUD professional for alcohol dependence and suitability for an FDA approved medication for treatment of alcohol dependence.[8] Pennsylvania[9] and Massachusetts[10] have similar legislation pending.

1.Substance Abuse and Mental Health Services Administration. 2017-2018 National Surveys on Drug Use and Health: Model-based Estimated Totals, Accessed July 20, 2020 at https://www.samhsa.gov/data/sites/default/files/reports/rpt23259/NSDUHsaeTotals2018/NSDUHsaeTotals2018.pdf. 2.National Institute on Alcohol Abuse and Alcoholism. Alcohol Use Disorder. Access July 20, 2020 at: https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/alcohol-use-disorders 3 .Esser MB, Sherk A, Liu Y, et al. Deaths and Years of Potential Life Lost From Excessive Alcohol Use — United States, 2011–2015. MMWR Morb Mortal Wkly Rep 2020;69:1428–143 https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6939a6-H.pdf 4.https://docs.legis.wisconsin.gov/2021/related/proposals/ab317.pdf 5. https://www.responsibility.org/alcohol-statistics/state-map/state/wisconsin// Alcohol-Impaired Driving Fatality Data Source: NHTSA/FARS, 11/2019 6. Substance Abuse and Mental Health Services Administration and National Institute on Alcohol Abuse and Alcoholism, Medication for the Treatment of Alcohol Use Disorder: A Brief Guide. HHS Publication No. (SMA) 15-4907. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015. https://store.samhsa.gov/sites/default/files/d7/priv/sma15-4907.pdf 7. National Quality Forum (2007). National voluntary consensus standards for the treatment of substance use conditions: Evidence-based treatment practices. Retrieved from https://www.rwjf.org/en/library/research/2008/11/consensus-standards-reached-on-11-evidence-based-practices-for-s.html 8. HNB 5327 Accessed at http://www.legislature.mi.gov/documents/2017-2018/billenrolled/House/htm/2017-HNB-5372.htm 9. HB 521 Accessed at https://www.legis.state.pa.us/cfdocs/billInfo/billInfo.cfm?sYear=2021&body=H&type=B&bn=521. 10. HB1517 accessed at https://malegislature.gov/Bills/192/H1517.

Michael M. Miller, M.D., DFASAM, DLFAPA
Curriculum Vitae

Michael M. Miller, MD, Consulting, LLC (2012-present)
asamdrmike@gmail.com; 608-695-8913
Consultations to health systems, health plans, drug testing laboratories, pharmaceutical firms, governmental agencies, foundations, and expert witness consultations

Clinical Adjunct Professor, University of Wisconsin School of Medicine and Public Health
Associate Clinical Professor, Medical College of Wisconsin

Medical Director Positions:

Eau Claire Regional Detoxification Center, Luther Hospital, Eau Claire, WI (10-83 through 3-89)
Journey Program (Adult and Adolescent Intensive Outpatient Programs for Chemical Dependency), Midelfort Clinic, Eau Claire, WI, (1-84 through 3-89)
Genesis Program (Adolescent Inpatient Treatment for Chemical Dependency), Luther Hospital, Eau Claire, WI (5-88 through 3-89)
Eating Disorders Program, Meriter Hospital, Madison, WI (4-89 through 12-89)
NewStart Alcohol & Drug Treatment Program, Meriter Hospital, Madison, WI (4-89 through 9-10)
Child/Adolescent Psychiatric Services, Meriter Hospital, Madison, WI (interim: 1-99 through 12-99)
Adult Psychiatric Services, Meriter Hospital, Madison, WI (interim: 1-99 through 4-00)
Herrington Recovery Center (Adult Residential Treatment for Dual Diagnosis), Rogers Memorial Hospital, Oconomowoc, WI (3-10 through 2-18)
Connections Counseling/Rosecrance Health Network, Madison, WI (interim: 10-20 through 9-21)

Medical Association Activities:

American Society of Addiction Medicine (ASAM)
- President and Board Chair (2007-09)
- Secretary (1999-2003)
- Executive Council (1999-2003; 2005-2011)
- Delegate to AMA House of Delegates and ex-officio Director (1995-98)
- Representative to JCAHO Hospital Accreditation Program (1994-98)
- Chair, Public Policy Committee (1999-2004); Exec. Comm. of Public Policy Comm. (2011-2016)
- Nominations and Awards Council (1997-99, 2001-03; 2005-11); Chair (2009-11
- Co-Chair, Medical Specialty Action Group (2005-07) – assisted in development of ABAM
- Descriptive and Diagnostic Terminology Action Group (2007-2018); Chair (2009-13) – developed the *ASAM Definition of Addiction,* (adopted 2011)
- Managing Editor: *The ASAM Criteria* (2011-13)

American Board of Addiction Medicine (ABAM): Director (2008-2019)

American College of Academic Addiction Medicine (ACAAM; formerly The ABAM Foundation): Director (2008-2019)

Wisconsin Medical Society (formerly State Medical Society of Wisconsin)
- Vice-Speaker, House of Delegates (2009-15)
- Speaker, House of Delegates (2015-2019)
- Executive Committee (2015-19)
- Delegate to WMS House of Delegates (1988-89; 1999-2009)
- Alternate Delegate to AMA House of Delegates (2000-05)
- Delegate to the AMA House of Delegates (2006-2022)
- District 2 Representative to Nominating Committee (2001-06)
- District 2 Director, Board of Directors (2005-07)
- Managing Committee, Statewide Physician Health Program (1985-97)

Commission on Addictive Diseases (1990-99); Chair (1996-99)
Council on Health Care Quality and Population Health (2006-15)
Bylaws Task Force (2007-08)
Task Force on Physician Health and Wellness (2006-07); Chair (2006-07)
Constitution and Bylaws Committee (2008-19 and 2021-present); Chair (2009-11 and 2021-present)

Key National Activities:

Council on Science and Public Health, American Medical Association (2014-22); Chair (2019-20)
Professional-Technical Advisory Committee, Hospital Accreditation Program, The Joint Commission (formerly JCAHO) (1994-1998); Chair (1997-98)

Key State Activities:

Past President and Board Chair, Wisconsin Society of Addiction Medicine (WISAM) (1993-95)
Board Member and Public Policy Chair, Wis. Soc. of Addiction Medicine (WISAM) (1993-2019)
Past President and Board Chair, Dane County Medical Society (2000-01)
Co-Chair, Alcohol and Other Substance Use and Addiction Sub-Committee,
Implementation Committee for Wisconsin Turning Point Project, Wisconsin Division of Public Health (developed the *Healthiest Wisconsin 2010 State Health Plan*)

Major Honors:

Distinguished Life Fellow, American Psychiatric Association
Distinguished Fellow, American Society of Addiction Medicine

WAAODA Outstanding Citizen of the Year (Hugh Wallace Award)—2002
WAAODA Outstanding Professional of the Year--2005
...both presented by Wisconsin Association on Alcohol and Other Drug Abuse
Best Doctors in America® 2007-2008, 2009-2010, 2011-2012, 2013-14, 2015-16, 2017-18
Presented with Certificate # 000001, American Board of Addiction Medicine--2009
Clinician of the Year – 2011: *Addiction Professional* Magazine
ASAM Annual Award – 2013
Bronze Key Award, National Council on Alcoholism and Other Drug Dependencies—2017
ASAM John P. McGovern Award on Addiction and Society—2019
UWSMPH Preventive Medicine Residency Excellence in Teaching Award—2020
Wisconsin Medical Society Directors' Award—2021

Testimony IN SUPPORT of the proposed bill, with recommended wording changes.

Offered by Michael M. Miller, MD, Madison, Wisconsin, on behalf of the Wisc. Society of Addiction Medicine (WISAM) and the Wisc. Medical Society (WMS)

ASSEMBLY BILL 317 1 SECTION 1 SECTION 1.

DHS 62.07 (5) (b) 2., 3., and 4. of the administrative code are amended to read:

DHS 62.07 (5) (b) 2. `Finding of suspected ~~dependency~~moderate or severe substance use disorder.' If the assessment finding for a client is suspected alcohol, controlled substance, controlled substance analog, or other drug use disorder, moderate or severe~~dependency~~, the driver safety plan shall recommend substance use disorder~~abuse~~ treatment, including an evaluation of the appropriateness of-medications for addiction treatment~~medication-assisted treatment~~, that does not include residential or inpatient services under s. DHS 75.10, 75.11, or 75.14.

DHS 62.07 (5) (b) 3. `Finding of ~~dependency~~moderate or severe substance use disorder.' If the assessment finding for a client is alcohol, controlled substance, controlled substance analog, or other drug ~~dependency~~use disorder, moderate or severe, the driver safety plan shall recommend substance use disorder~~abuse~~ treatment, any residential or inpatient services may not exceed 30 days, and if medications for addiction treatment have been assessed to be appropriate, the residential or inpatient services must be in a facility with the capability of providing such medications.

DHS 62.07 (5) (b) 4. `Finding of ~~dependency~~ substance use disorder in remission.' If the assessment finding for a client is suspected alcohol, controlled substance, controlled substance analog, or other drug use disorder~~dependency~~ in remission, the driver safety plan shall recommend substance ~~abuse~~ use disorder treatment, including an evaluation of the appropriateness of medications for addiction ~~assisted~~ treatment.

RATIONALE FOR THESE RECOMMENDED CHANGES TO WORDING.

1. The Wisconsin Society of Addiction Medicine and the Wisconsin Medical Society strongly support the overall intent of this proposed change to Wisconsin Administrative Rules, so that the use of FDA-approved pharmacotherapies for addiction is more widely adopted. In cases where the use of medications for addiction treatment is indicated based on the clinical judgment of a professional with prescribing authority, research studies have shown that treatment outcomes are improved by the use of medications for the treatment of alcohol use disorder, opioid use disorder, and tobacco use disorder.
2. WISAM, along with its national organization, the American Society of Addiction Medicine (ASAM), advises that the term "substance abuse" no longer be used as it is stigmatizing (and infers some commonality among physical abuse, sexual abuse, child abuse, domestic abuse, and substance abuse). When referring to substance use, that term should be used instead of "substance abuse," and when referring to substance use disorder, that term should be used instead of "substance abuse."
3. The American Psychiatric Association, which produces the *Diagnostic and Statistical Manual of Mental Disorders*, the most widely accepted diagnostic manual for behavioral health conditions in North America, in its latest (fifth, 2013) edition of the *DSM*, replaced the terms "substance abuse" and "substance dependence" with "substance use disorder," with "SUD, moderate or severe" being the rough equivalent of the condition termed "substance dependence" in previous editions.
4. ASAM advises that the longstanding term "MAT" for "medication assisted treatment" is outdated. In medical practice, insulin or oral hypoglycemics for diabetes are not called "medication assisted treatment." Antidepressants for mood disorders are not called "medication assisted treatment." Antibiotics for pneumonia are not called "medication assisted treatment." There are many aspects and components of treatment for diabetes, depression and pneumonia, and medications are but one component. ASAM recognizes that the term MAT has wide use. WISAM recommends that "medications for addiction treatment" be used in Wisconsin Administrative Rules whenever the abbreviation MAT is used.

5. ASAM recognizes that many residential treatment facilities for addiction do not use medications for addiction treatment (MAT), even though medications for the treatment of opioid use disorder, by way of example, have proven to be not only helpful, but life-saving. To help address this, ASAM has established a level of care certification program by the Commission on Accreditation of Rehabilitation Facilities (CARF) to certify adult residential programs at Levels 3.1, 3.5, and 3.7 of the widely-used *ASAM Criteria* (I happen to be the Managing Editor for the latest (third, 2013) edition of *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related and Co-Occurring Conditions*). Additionally, ASAM has successfully advocated in Washington, DC, for federal legislation which was enacted in 2018, which amended the institution for mental diseases (IMD) exclusion and established a temporary, state plan option to provide services to adult Medicaid beneficiaries with a SUD diagnosis in IMDs; ASAM's specific advocacy was to include the provision that this new state option be limited to IMDs that follow reliable, evidence-based practices and that offer at least two forms of medication as part of MAT onsite (including, in the case of MAT for OUD, at least one FDA-approved opioid receptor antagonist and one opioid receptor partial agonist medication). WISAM believes that when persons are referred to residential treatment through the driver safety plan process, and medications for addiction treatment are indicated, they should not be referred to residential programs that do not have the capability of offering medications for addiction treatment, and the willingness/program philosophy that would support the use of medications.

Thank you.

Michael M. Miller, MD, DFASAM, DLFAPA

Distinguished Fellow, ASAM. Distinguished Life Fellow, Amer. Psychiatric Assoc.

Professor, Clinical Adjunct Faculty, University of Wisconsin School of Medicine

Clinical Associate Professor, Medical College of Wisconsin

Former President (1993-1995), Wisconsin Society of Addiction Medicine

Former Chair (1993-2019), Public Policy Committee, WISAM

Former President (2007-09), American Society of Addition Medicine

Former Chair (1999-2004), Public Policy Committee, ASAM

Member (2004-2021), Legislative Advocacy Committee, ASAM

Former Speaker, House of Delegates (2015-19), Wisconsin Medical Society

Addendum:

Performance Measures related to Alcohol Use Disorder and Opioid Use Disorder

American Psychiatric Association (www.psych.org, accessed September 29, 2021)

This measure is used to assess the percentage of patients aged 18 years and older with a diagnosis of current alcohol dependence who were counseled regarding psychosocial AND pharmacologic treatment options for alcohol dependence within the 12-month reporting period.

This measure is used to assess the percentage of patients aged 18 years and older with a diagnosis of current opioid addiction who were counseled regarding psychosocial AND pharmacologic treatment options for opioid addiction within the 12-month reporting period.