



May 23rd, 2023

Senator Jagler, Chair
Senator Quinn, Vice-Chair
Members of the Senate Committee on Education

Testimony on 2023 Senate Bill 206

Relating to: maintaining a supply of usable opioid antagonist at a school.

Thank you, Chairman Jagler and other members of the committee, for hearing my testimony on Senate Bill 206 today.

The opioid epidemic is not a new issue, and it has no boundaries; it impacts urban and rural areas, all races, and all ages. School districts nationwide have recognized the dangers of fentanyl and are proactively stocking their schools with naloxone, more commonly known as Narcan. I know it must be hard to imagine that this is an issue that is impacting our youth; no one wants to think our kids are exposed to these dangers. According to WISH (Wisconsin Interactive Statistics on Health) Query System, there were 76 opioid deaths for those 19 years old and younger from 2016-2020, and I can only imagine that after the pandemic and the rising presence of fentanyl that this number has increased.

The WI Department of Health Services *recommends* schools stock Narcan in their schools' first aid kit. SB 206 would *require* all public and private schools in the state to stock an opioid antagonist, such as naloxone, on school grounds in an accessible place. Denmark School District in Brown County, WI has already seen the writing on the wall: opioids have infiltrated the school system, and schools need to be prepared. They view having Narcan, a naloxone product, available in schools similar to having automated external defibrillators (AEDs) or Epipens; it's a proactive lifesaving medication that should be accessible in case of emergencies. Beloit School District put Narcan in their emergency response kits this month. Our schools should be equipped for the worst case scenario, especially when it comes to an opioid overdose.

We keep hearing vape pens are a huge issue in our schools. I take advantage of the times I get to have discussions with school age kids in the 23rd Senate District. The kids let me know what is going on in our schools even if our schools pretend, "there is nothing to see here at our school, we don't have those kinds of issues happening here." Our bathrooms are plagued with the use of vape pens; we just don't know what may or may not be in them. CBS New York reported on January 23, 2023 a student brought a vape device which had a marijuana cartridge inside which contained fentanyl. The student used it and suffered an overdose. Nurses at the school administered naloxone and the student was saved. The student did not even know fentanyl was inside the vape cartridge.

STATE SENATOR

JESSE



JAMES

23RD DISTRICT

We also have the #onepillkills campaign that brings awareness to fentanyl being in pills as well. We have had overdoses in Wisconsin taking place not only in our universities, but high schools and middle schools, but we never hear about them. This should never be about an image of schools, this is about life and death.

We need this in our schools. One box, which contains two-4mg doses is good for a period of three years. If a dose has to be replaced, the Narcan Direct program and local DHS departments should be able to help. These efforts start with us. I am asking for your support on this life-saving legislation. Thank you.

Respectfully,

A handwritten signature in blue ink, appearing to read 'Jesse James'.

Senator Jesse James
23rd Senate District
Sen.James@legis.wisconsin.gov

TO: Members, Senate Committee on Education

FROM: Daniel Henderson, School Programs Coordinator



SUBJECT: SB-206 – Maintaining a supply of usable opioid antagonists at a school.

DATE: May 23, 2023

Thank you for the opportunity to testify on SB-206. The Wisconsin Council of Religious and Independent Schools (WCRIS) takes no position on SB-206. We do, however, have several concerns.

WCRIS represents more than 10 percent of the state's K-12 students. We represent over 600 private schools enrolling over 120,000 students in K-12 schools across the state. WCRIS supports measures to keep its students safe but we have questions about how our schools will manage the task of being mandated to carry opioid antagonists.

The following issues must be addressed in order for our schools to comply with SB-206:

- Will there be liability protection for schools that administer the drugs but something goes wrong? What happens if a staff person misdiagnoses an overdose or does not act? **If there is no liability protection WCRIS could not support this bill.**
- **Who will pay for the medication?** The fiscal estimate from the Department of Public Instruction (DPI) suggested that opioid antagonists can cost between \$31 to \$100 for two doses. Will the state provide funding for this initiative?
- **How many doses will schools be required to keep?** The bill mentions “an adequate supply.” What is an “adequate supply” for a school? One size does not fit all. Who will be authorized to knowledgeably calculate an “adequate supply?”
- **Medication expires over time.** Will the state provide long-term funding to cover replacing expired medications and the proper disposal of them?

Archdiocese of Milwaukee

Association of Christian
Schools International

Christian Schools
International

Diocese of Green Bay

Diocese of LaCrosse

Diocese of Madison

Diocese of Superior

Lutheran Church
Missouri Synod
North Wisconsin District

Lutheran Church
Missouri Synod
South Wisconsin District

Wisconsin Association
of Independent Schools

Wisconsin Conference
of Seventh Day Adventists

Wisconsin Evangelical
Lutheran Synod
Northern Wisconsin District

Wisconsin Evangelical
Lutheran Synod
Western Wisconsin District

Wisconsin Evangelical
Lutheran Synod
Southeastern Wisconsin
District

Associate Members

PHONE
(608) 287-1224

E-MAIL
wcris.staff@wcris.org

WEBSITE
www.wcris.org

ADDRESS
110 East Main Street
Suite 802
Madison, WI 53703

- **Who will train school staff to administer the medication?** Can a principal educate the staff or does the school need to have a licensed medical professional or first responder provide the training? How will the principals be educated? How often will staff need to be trained? Who will cover training expenses?
- **Schools are facing an unprecedented shortage of staff.** Because of this, many staff members have little extra time as they are taking on extra responsibilities. Will there be funds to pay for staff's time?
- **There are some questions of applicability.** Do all schools have to have opioid antagonists agents? It seems unreasonable to require elementary schools to have protection against drug overdosing. This may be more applicable at a high school level.

Thank you for your consideration. Please take time to resolve these issues before advancing SB-206.

Don't hesitate to contact me, or WCRIS Executive Director Sharon Schmeling, if our office can be of additional service.



Wisconsin's Opioid Epidemic

The Need for NARCAN

In Public and Private Schools

George Moore, Vice-President, Addiction Resource Council

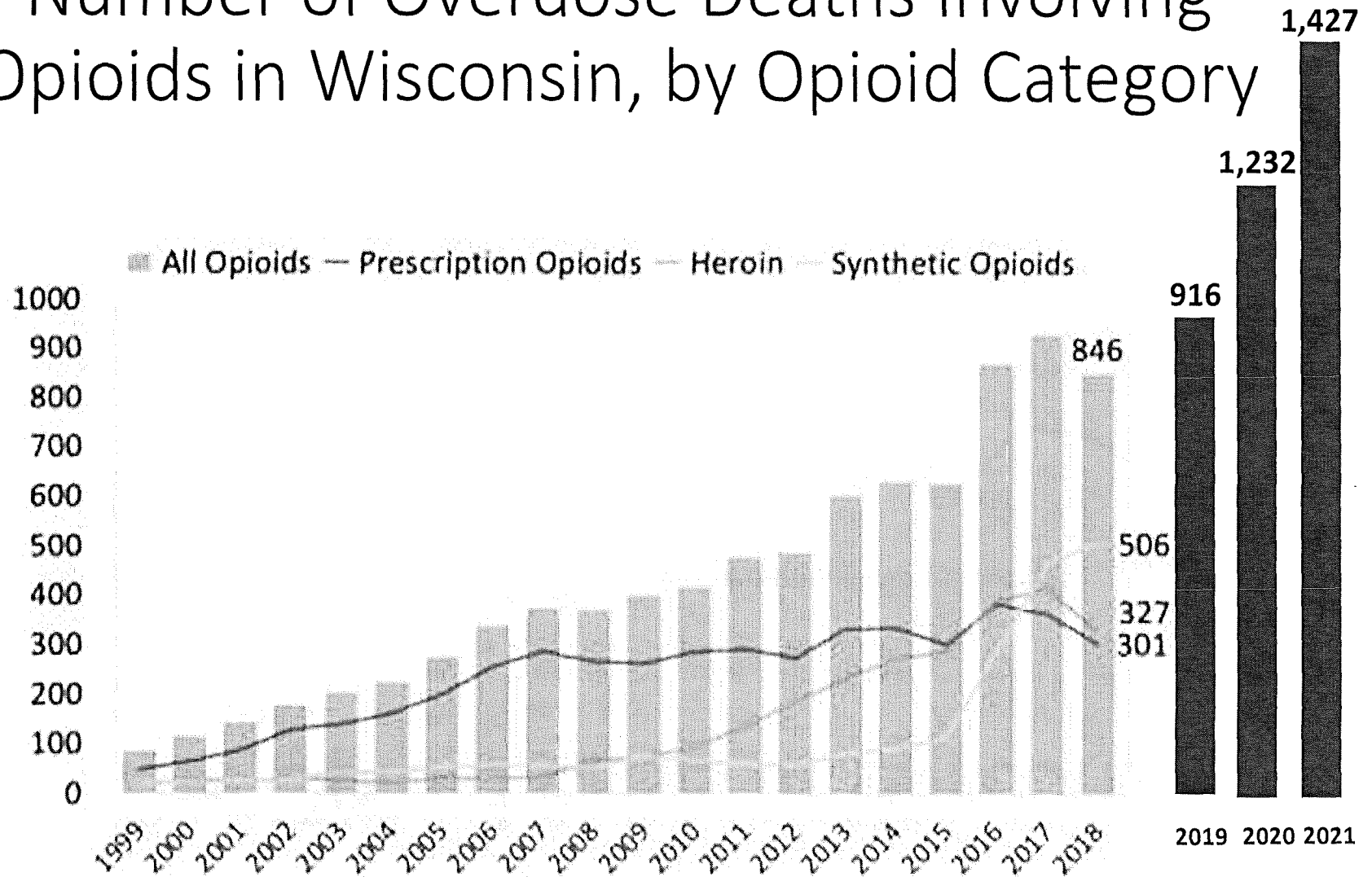
Joe Kiel, Prevention/Education Manager, Addiction Resource Council

Dick Niles, Treasurer, Addiction Resource Council

The Opioid Crisis in Wisconsin

- 2000-2022: Over 13,000 Opioid Overdose Deaths in Wisconsin
- 1 of 6 Residents 18+ Use Prescription Opioids
- 4 out of 5 Heroin Addicts Start on Prescription Opioids
- Prescriptions Down, But Opioid Deaths Still Rising
- 2021 Opioid-Related Deaths: 24.4 per 100,000 Residents
- 2021 Overdose Trends Very Concerning (Up 16%)

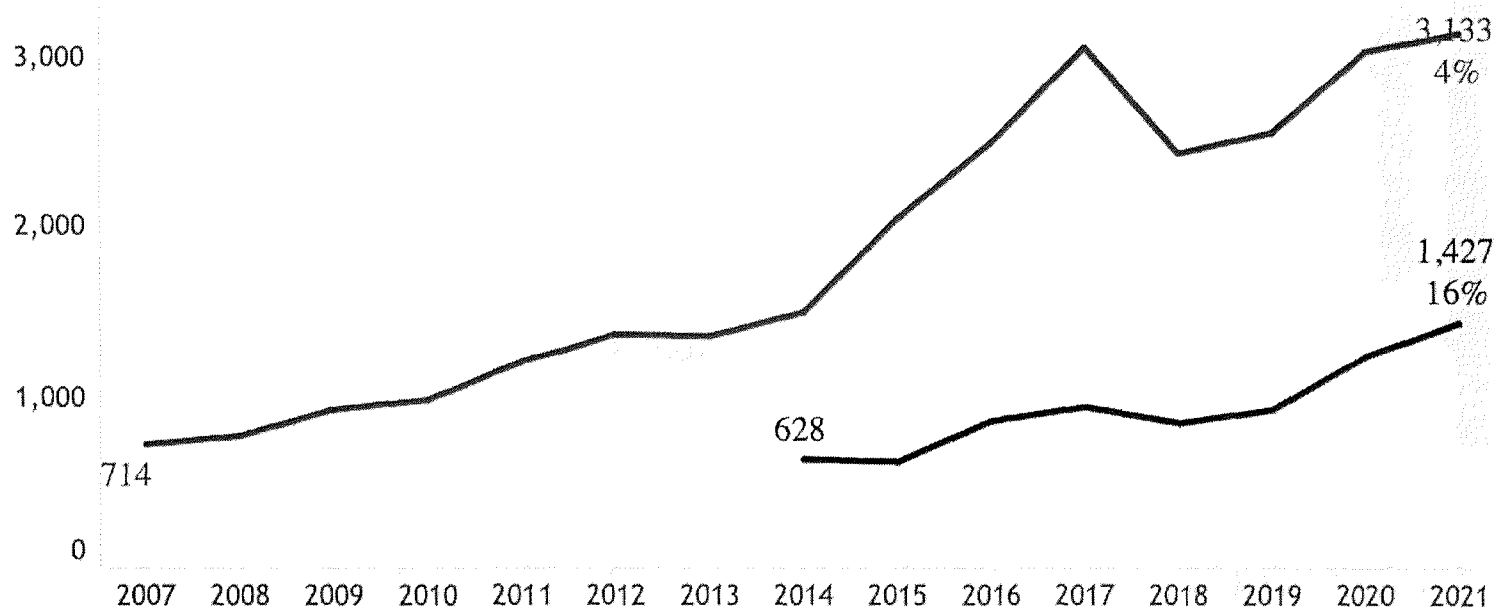
Number of Overdose Deaths Involving Opioids in Wisconsin, by Opioid Category



Source: Wisconsin DHSS.
For additional Wisconsin opioid resources: www.dhs.wisconsin.gov/opioids

The Opioid Crisis in Wisconsin

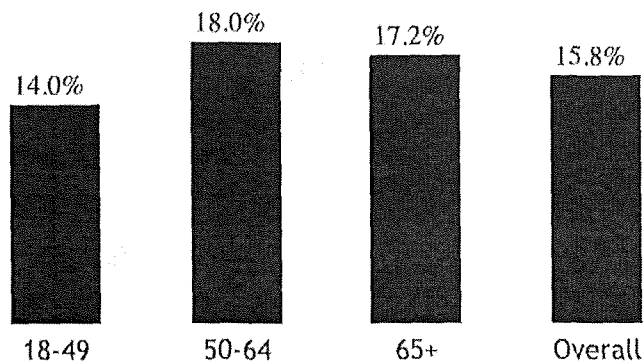
Count of Opioid-Related Deaths and Emergency Room Hospitalizations



The Opioid Crisis in Wisconsin

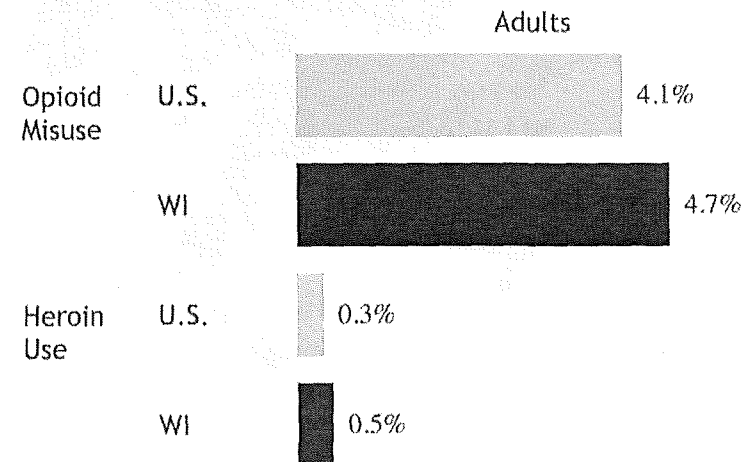
Use of Opioids and Heroin in Wisconsin

Proportion who Used a Prescribed Opioid in the Past Year: Wisconsin 2019



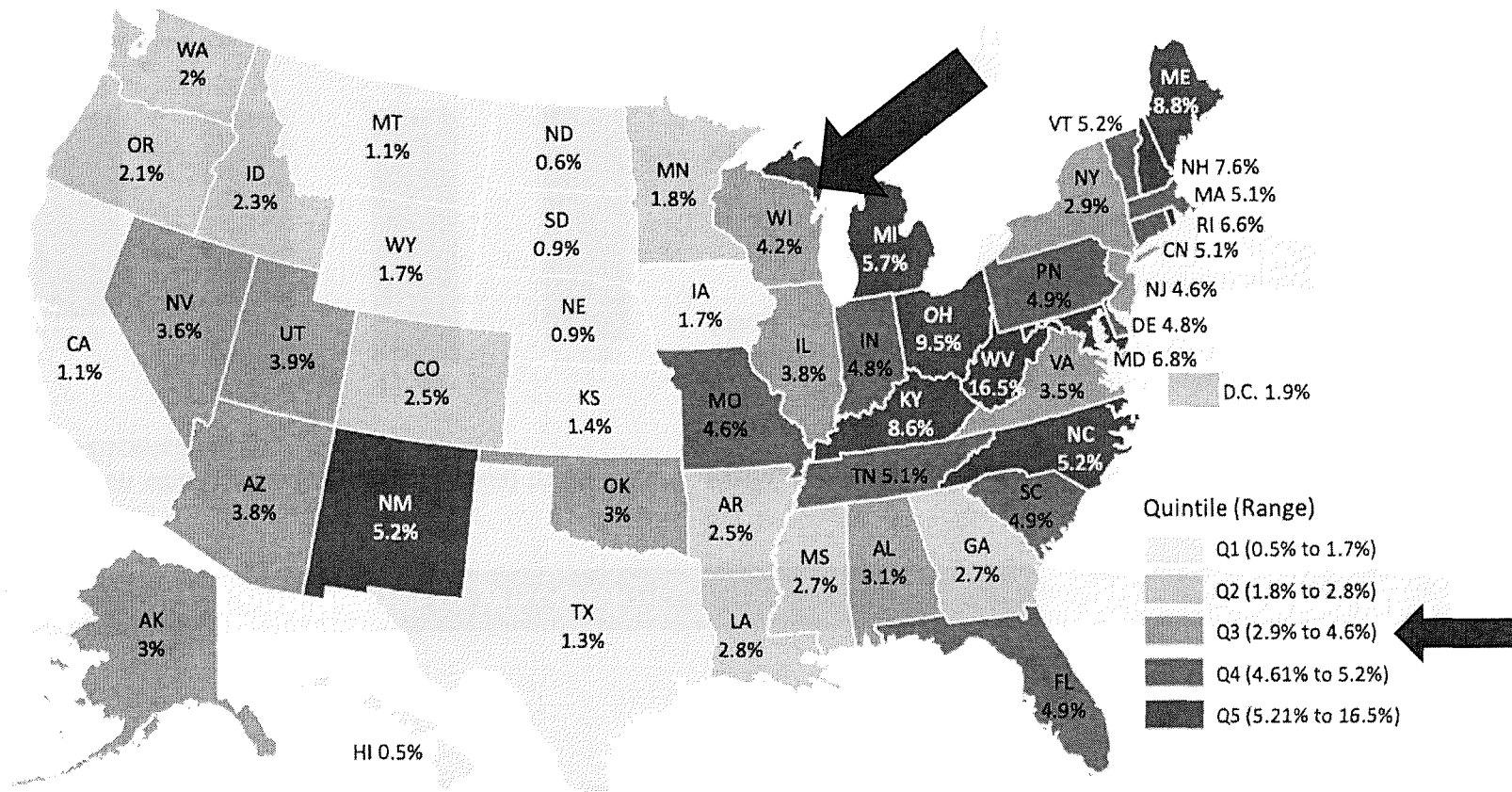
An estimated 1 in 6 Wisconsin adults (18+) were prescribed and used an opioid in the past year.

Estimated Proportion of Drug Misuse in the Past Year



Recommended Citation: Wisconsin Department of Health Services. Data Direct, Opioid Summary Module [web query]. Data last updated 6/8/2022.

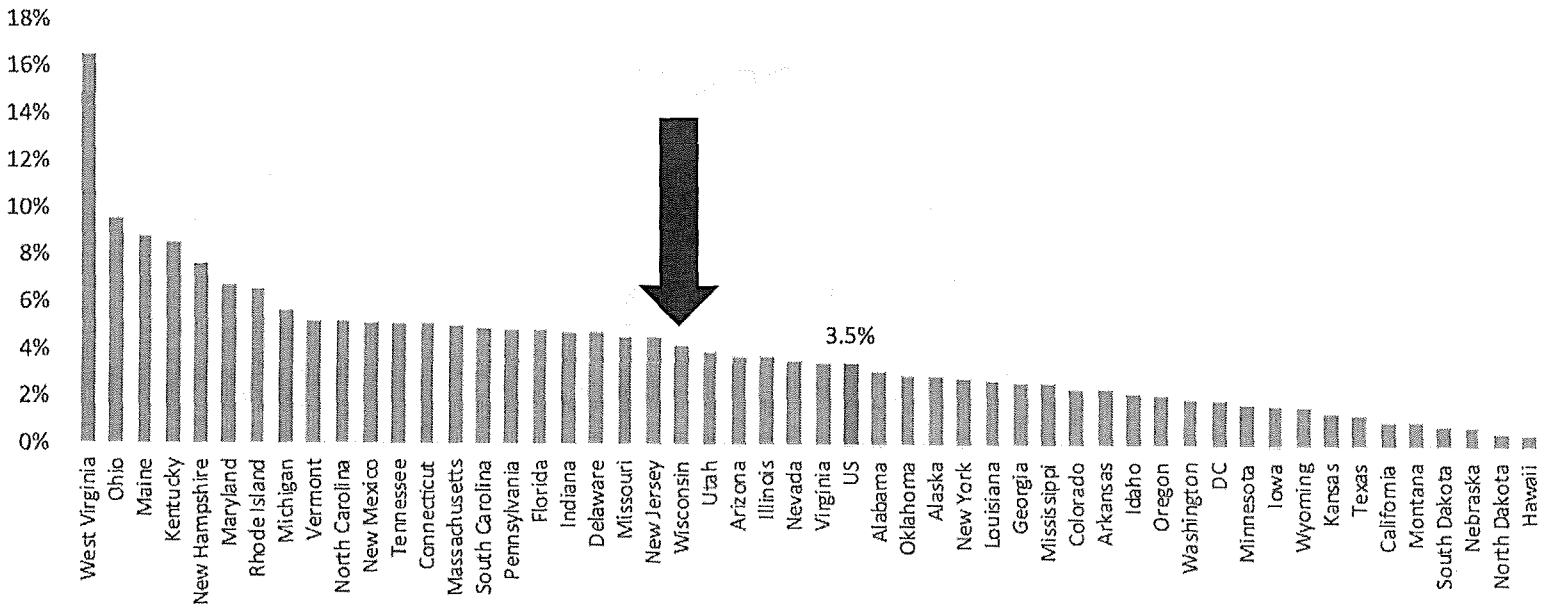
Figure 2: Economic Cost of Opioid Use Disorder in the United States as a Percent of State GDP in 2017



Source: Hospital Industry Data Institute analysis of CEA methods applied to 2017 data from the CDC, BEA, BLS and SAMHSA

Costs of Opioid Use Disorder

Figure 3: Economic Cost of Opioid Use Disorder by State as a Percent of GDP in 2017



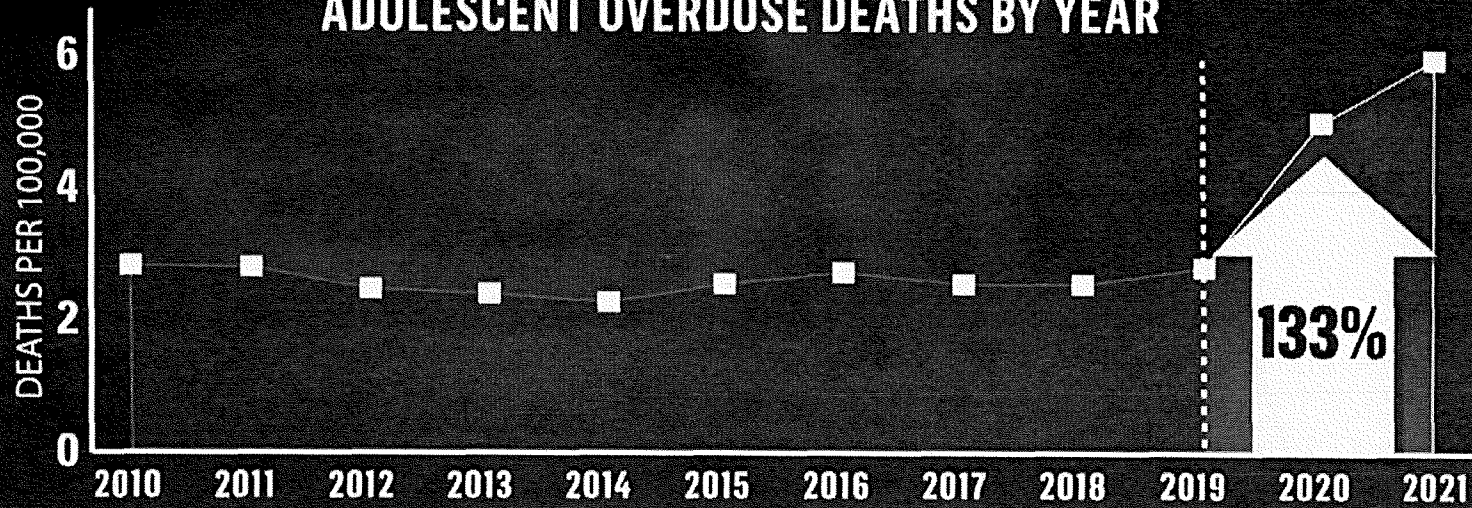
Wisconsin On the Wrong Side of Costs Compared to Other States

Economic Impact on Wisconsin

Extrapolating the National Numbers

- Total Costs of Combating the Crisis (2001-2021):
\$21+ Billion
 - Total Health Care Costs (2001-2021):
\$4.568 Billion
- Current Annual Per Resident Costs of Combating the Crisis:
\$1,374
Costs Up 37% From 2017

ADOLESCENT OVERDOSE DEATHS BY YEAR



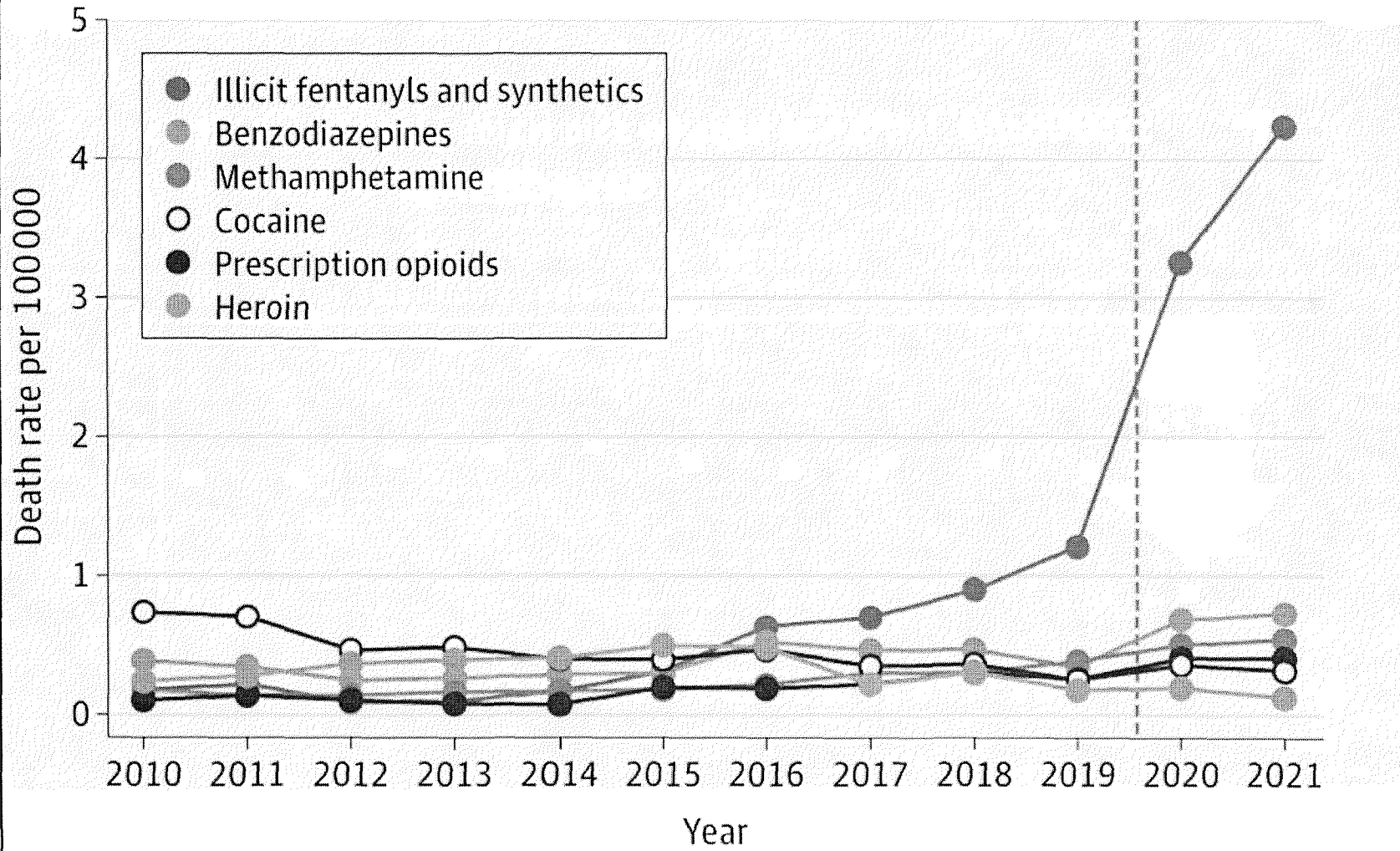
SOURCE: JAMA NETWORK: "TRENDS IN DRUG OVERDOSE DEATHS AMONG U.S. ADOLESCENTS, JANUARY 2010 TO JUNE 2021"

ONE NATION **OVERDOSED**

SCHOOLS GRAPPLE WITH RISE IN TEEN FENTANYL OVERDOSES



A Overdose mortality among adolescents by substance type (Ages 10-19)

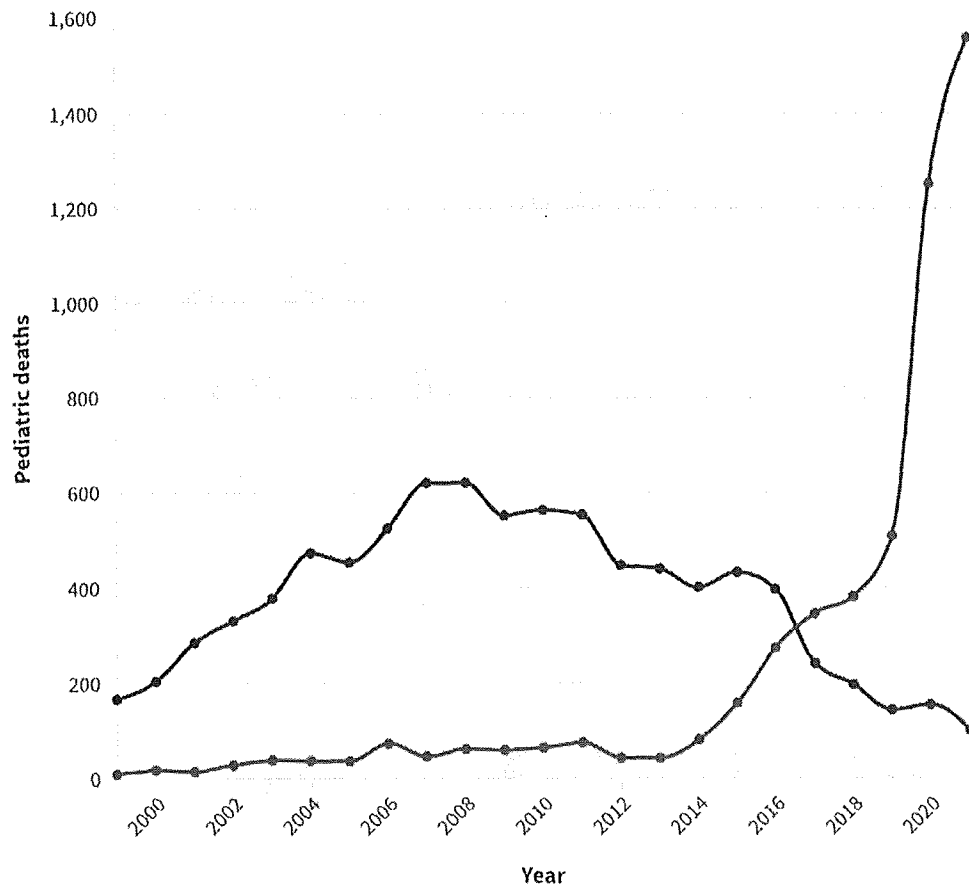


Source: JAMA

The Opioid Crisis

Pediatric opioid deaths 1999–2021, fentanyl vs. other opioids

Other opioids Fentanyl



Pediatric deaths (Age 10-19) from fentanyl in 2021 were more than 30 times higher than they were in 2013

Harm Reduction

Why Is Fentanyl Such A Problem?

- Source: China → Mexico → USA
- Why? Mexican Cartel Profits:
 - Kilo of Heroin \$80,000
 - Kilo of Fentanyl \$1,400,000
- Cartel Strategy:
 - Put Fentanyl in Marijuana, Cocaine, Meth, Ecstasy, Counterfeit Prescription Drugs (i.e., Xanax, Adderall, etc.)
 - Get Users Hooked On Fentanyl-Laced Drugs
 - Leads To Full Opioid Addiction

***In 2019, 71% of All Wisconsin Opioid-Related Deaths
Involved Fentanyl***

Harm Reduction

Require NARCAN In All Public/Private Schools

- Opioid Overdoses Are Occurring in US Schools
- An Overdose Victim Only Has 7-8 Minutes To Live
- Cause is Typically Non-Opioid Fentanyl-Laced Drugs: Marijuana, Cocaine, Meth, Ecstasy, Counterfeit Prescription Pills (i.e. Xanax, Adderall, Oxy, Percocet)
- Lawsuits are Being Brought Against Higher Ed. Schools That Are Not Adequately Prepared to Address Opioid Overdoses

ONE PILL CAN KILL Department of Justice Drug Enforcement Administration
FAKE PILLS FACT SHEET
 FAKE PRESCRIPTION PILLS • WIDELY AVAILABLE • INCREASINGLY LETHAL

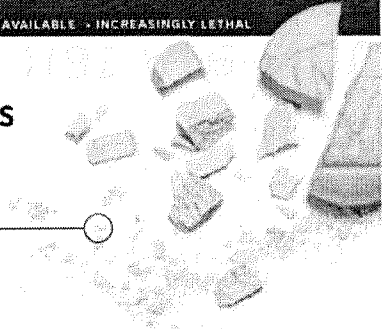
DEA LAB TESTING REVEALS THAT
6 OUT OF EVERY 10 PILLS
 WITH FENTANYL CONTAIN A POTENTIALLY
LETHAL DOSE

Fake pills often contain fentanyl and are more lethal than ever before.

DEA officials report a dramatic rise in the number of fake pills containing at least 2 mg of fentanyl, which is considered a potentially lethal dose.

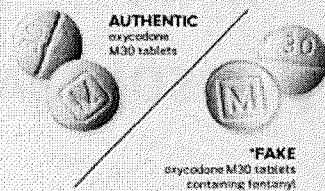
Drug traffickers are using fake pills to exploit the opioid crisis and prescription drug misuse. In 2021, 107,622 people died by drug poisoning in the United States.

Fentanyl, the synthetic opioid most commonly found in fake pills, is the primary driver of this alarming increase in overdose deaths.



Criminal drug networks are flooding the U.S. with deadly fake pills.

- Criminal drug networks are mass producing fake pills and falsely marketing them as legitimate prescription pills to deceive the American public.
- Fake pills are easy to purchase, widely available, often contain fentanyl or methamphetamine, and can be deadly.
- Fake prescription pills are easily accessible and often sold on social media and e-commerce platforms, making them available to anyone with a smartphone.
- Many fake pills are made to look like prescription opioids such as oxycodone (Oxycontin®, Percocet®), hydrocodone (Vicodin®) and alprazolam (Xanax®), or stimulants like amphetamines (Adderall®).



For more information about fake pills, go to [DEA.gov/OnePill](https://www.dea.gov/OnePill)

December 2022



*Picture of fake pills do not represent all available fake pills.

Fake Prescription Pills

What are they?

- Many fake pills are made to look like prescription opioids – such as oxycodone (Oxycontin®, Percocet®), hydrocodone (Vicodin®), and alprazolam (Xanax®); or stimulants like amphetamines (Adderall®) – but contain fentanyl or methamphetamine.
- Criminal drug networks are mass-producing fake pills and falsely marketing them as legitimate prescription pills to deceive the American public.

• Fake pills are widely available, and DEA and its law enforcement partners are seizing deadly fake pills at record rates.

• Fake pills are more lethal than ever before. DEA lab testing reveals that 2 out of every 5 pills with fentanyl contain a potentially lethal dose.

• The only safe medications are ones prescribed by a trusted medical professional and dispensed by a licensed pharmacist.

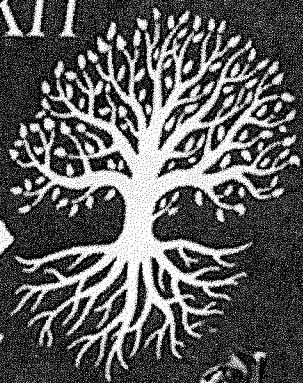
Recommendation: Require NARCAN In All Public/Private Schools

- NARCAN Is Available in 14/16 UW System Dorms-- We Feel It's Needed in Our K-12 Schools as Well.
- To Provide NARCAN and Virtual Training to All 3,152 WI Schools Would Involve a One-Time Cost of Roughly \$1.2 Million
- Protecting the Roughly 984,000 WI Schoolchildren Would Involve a One-Time Cost of Roughly \$1.20 Per Pupil

OVERDOSE AID KIT

O.A.K.

The Roots of Recovery



IN CASE OF EMERGENCY:

CALL 911

AND THEN ADMINISTER THE

NARCAN INSIDE

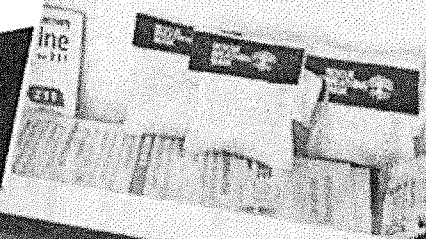
GET AN O.A.K. BOX FOR YOUR BUSINESS OR ESTABLISHMENT BY LISTING



SERVE YOU 
serveyou.com



DISPOSE



OVERDOSE AID KIT
O.A.K.
The Roots of Recovery

**OPIOID OVERDOSE
RESCUE
INSTRUCTIONS**

- 1. ATTEMPT TO WAKE**
Try to wake the unconscious person by shaking them and shouting. If they don't respond, try pinching and rubbing their nostrils for 30 seconds.
- 2. CALL 911**
If the person still doesn't wake up, call 911 for help and get them to a hospital as soon as possible.
- 3. ADMINISTER NARCAN**
• Administer Narcan from the package.
• Administer Narcan into the nostrils by holding the package to the nostril and spraying the spray.
• Repeat the process every 2-3 minutes until the person is awake and breathing.
- 4. RESCUE BREATHING OR CPR**
• If the person is not breathing, use rescue breathing or CPR.
• Use the barrier device from the kit to give rescue breathing.
• Start the barrier over their nose and mouth and breathe into the device slowly with one breath every 5 seconds.
• If rescue breathing doesn't return the person after 2-3 minutes, give an additional dose of Narcan using any device in the alternate kit.
• Resume rescue breathing until they wake up or help arrives.
- 5. ROLL ONTO SIDE**
Place the person on the recovery position and stay with them until help arrives.

**INSTRUCCIONES DE
RESCATE
EN CASO DE SOBREDOSIS POR OPIACEOS**

- 1. INTENTE DESPERTAR A LA PERSONA**
Trate de despertar a la persona inconsciente sacudiéndola y gritando. Si no responde, trate de estimular sus fosas nasales durante 30 segundos.
- 2. LLAME AL 911**
Si la persona sigue sin responder, llame de inmediato al 911 y envíe a la persona a un hospital lo antes posible.
- 3. ADMINISTRE NARCAN**
• Administre Narcan desde el paquete.
• Administre Narcan en las fosas nasales colocando el paquete en la fosa nasal y pulverizando la pulverización.
• Repita el proceso cada 2-3 minutos hasta que la persona se despierte y respire.
- 4. RESPIRACIÓN ARTIFICIAL O RCP**
• Si la persona no respira, use respiración artificial o RCP.
• Use el dispositivo de la kit para dar respiración artificial.
• Coloque la barrera sobre la nariz y la boca de la persona y respire a través del dispositivo lentamente, con respiración cada 5 segundos.
• Si la respiración no se restablece en 2-3 minutos, una dosis adicional de Narcan usando cualquier dispositivo en el kit alternativo.
• Resúmate respiración artificial hasta que la persona se despierte o hasta que llegue la ayuda especializada.
- 5. GIRE A LA PERSONA PARA QUE QUEDE DE BARRIDO**
Coloque a la persona en la posición de recuperación acompañada hasta que llegue la ayuda.
• Que la persona quede orientada de tal manera que la cabeza incline hacia atrás.
• Apoye la cabeza de la persona sobre la parte inferior de la mano o brazo.
• Coloque el dispositivo de la persona para que quede estable.
• Permanezca con la persona hasta que llegue la ayuda.



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SAVE A LIFE.
Equip your office, school, or community with an Overdose Aid Kit (OAK).

SCAN CODE TO LEARN MORE

Struggling with addiction?
HELP IS AVAILABLE.

Call **1-800-662-HELP (4357)**
or visit **findtreatment.gov**
for more information.

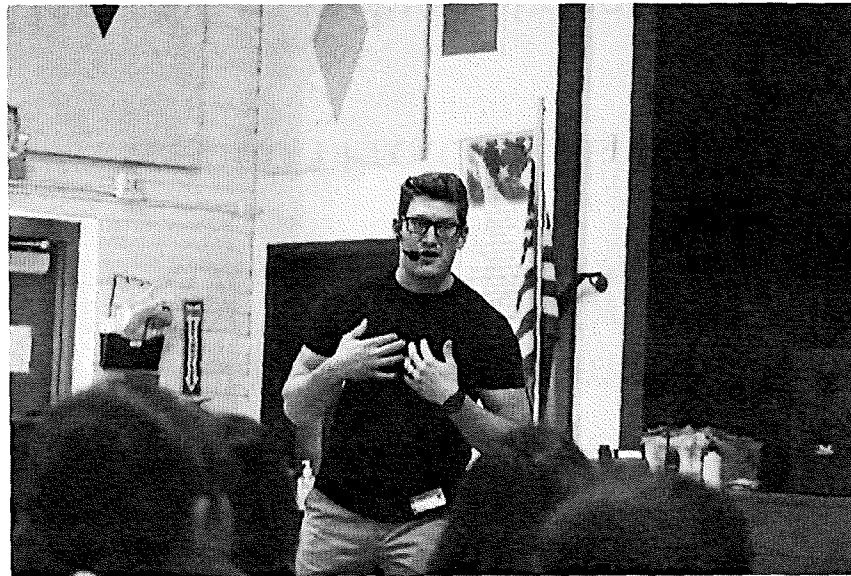
The Opioid Crisis

2022 JAMA Study Conclusions

- Beginning in 2020, adolescents experienced a greater relative increase in overdose mortality than the overall population, attributable in large part to fatalities involving fentanyl
- Since 2015, fentanyl have been increasingly added to counterfeit pills resembling prescription opioids, benzodiazepines, and other drugs, which adolescents may not identify as dangerous and which may be playing a key role in these shifts
- Increasing adolescent overdose deaths, in the context of increasing availability of illicit fentanyl, highlight the need for accurate harm-reduction education for adolescents and greater access to naloxone and services for mental health and substance use behaviors.

Joe Kiel

ARC Prevention/Education Manager



A More Comprehensive Plan

Fighting the Opioid Epidemic

- Fully Loaded NARCAN Kit in Every School
- Repeal Current Three-Day Lookup Exemption for Wisconsin Doctors in the Enhanced Prescription Drug Monitoring Program (ePDMP)
- Pass 3/5/7 Day Prescription Protocol Bill for Acute Pain (38 States Already Have)
- Modify Social Host Law to Include Narcotics (Lockup and Disposal)
- Amend BadgerCare to Provide for Residential Treatment (saves \$ vs. Outpatient)
- Develop and Implement More Effective Mandatory Statewide Drug Education Program (Less Than 1/3 of WI Public Middle Schools Have a Program)

5/23/23

Michelle Kullmann Testimony in support of SB 206.

Good morning members of the Committee on Education. My name is Michelle Kullmann and I live in Madison. I am here to support SB 206

On November 4, 2021 at 6:00 am, I received the phone call of every parent's worst nightmare. My youngest of two sons, Cade Reddington, had passed away shortly after midnight that morning in his freshman dorm room at UW-Milwaukee, just a couple of weeks shy of his 19th birthday. Cade died from taking what he thought was ONE Percocet pill, purchased from someone he trusted. It turned out that the pill was not a Percocet, but was a fake and was 100% fentanyl. Cade died surrounded by his suitemates who had no idea what the signs of a fentanyl poisoning or drug overdose looked like and did not have access to life saving Narcan. He told a friend he "took a perc and felt yucky". But she had no idea about fake pills and that you could die from taking ONE PILL.

I am certain that if Cade and his friends had been educated in high school that any drug not prescribed to you could contain a lethal dose of fentanyl and were educated on the signs of a drug overdose and if they knew about Narcan and it had been available in the dorms, they could have saved his life.

Cade's story is all too common. According to the CDC, nationwide monthly drug overdose deaths among children between the ages of 10 and 19 increased 109% from 2019 to 2021. If you look at the snapshot of July – December, the increase goes up 182%. Fentanyl is responsible for 84% of all overdose deaths in this age group. Just last week, two teenage girls, aged 16 and 17 were found dead in their high school parking lot in Somerville Tennessee, poisoned by fentanyl. A third girl was also found unconscious, but they were able to revive her with Narcan. In a school district outside of Dallas, nearly a dozen students were poisoned by fentanyl between September through March. Three of them died. In Los Angeles last September, a 15 year old girl died in her high school bathroom from fentanyl poisoning after taking what she thought was a Percocet. Her friend was also poisoned, but she survived. In Anchorage, at least 10 high school students have overdosed since the beginning of March, with five in one single day, after taking pills or crushing and snorting them. One overdose occurred during lunch off campus and 8 others took place in schools. Luckily all of them survived, with students nearby identifying that something was wrong and half of the students were saved by staff who was trained to use Narcan.

Good Morning

Thank you for providing me the opportunity to share my view on the Wisconsin Senate Bill 206 and how it relates to my story. My name is Erin Rachwal, and like many others here today, I am a grieving mom walking through an unimaginable loss. I am a WI-Licensed Clinical Therapist working with families and children in mental health. My husband and I started the non-profit, Love, Logan Foundation last year after losing our son Logan, on February 14th, 2021, to a fake pill containing fentanyl.

Wisconsin is no exception to the opioid epidemic that is sweeping the nation. In our state alone, the number of fentanyl related deaths grew by 97% from 2019 to 2021.² Proactive education and responses are key when addressing this public health crisis. With naloxone as part of emergency protocol in schools, staff members are equipped with the training and tools they need to quickly administer life-saving measures to reverse respiratory depression caused by poisoning or overdose.

When equipped with Narcan, school staff are also empowered and prepared to intervene in an urgent opioid situation - whether that be with a student, peer, parent, or guest onsite, or just a pedestrian near campus.

Having naloxone and use instructions available in schools will allow staff to become comfortable with the treatment and will help alleviate any hesitation they may have if needing to administer it and would clear up any liability concerns. Most important, it would encourage more schools to start conversations and educate students on the

Narcan's availability is a basic, integral safety measure for schools; it is an emergency treatment to fentanyl poisoning just as EpiPens for allergic reactions.

We need to respond to this crisis in a robust, proactive manner. Dead kids cannot learn from their mistakes – Narcan makes this possible.

According to DEA, fentanyl-related deaths occur approximately every eight minutes¹ – during our time today, how many individuals will lose their life due to this epidemic. How many will be children? How many could we have saved?

That's why we're here today.

Sources:

1. <https://www.dea.gov/fentanylawareness>
2. [https://www.dhs.wisconsin.gov/opioids/ph-advisory.htm#:~:text=Over%20the%20last%20year%2C%20synthetic,%20to%202021%20\(1%2C280\).](https://www.dhs.wisconsin.gov/opioids/ph-advisory.htm#:~:text=Over%20the%20last%20year%2C%20synthetic,%20to%202021%20(1%2C280).)
3. **NY Times** - <https://www.nytimes.com/2022/05/19/health/pills-fentanyl-social-media.html>
4. <https://www.cdc.gov/stopoverdose/naloxone/index.html>



Love Logan Foundation

RECENT VICTIMS OF THE FENTANYL EPIDEMIC



Bubba (25)



Christopher (31)



Logan (19)



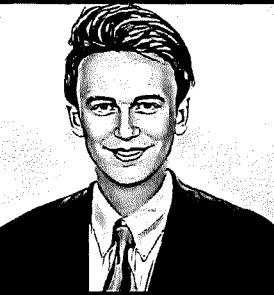
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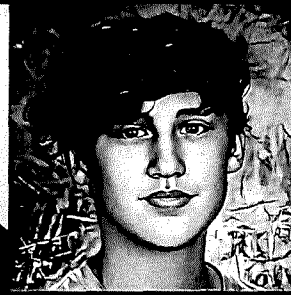
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Mariah (27)



Carter (22)



Jase (16)



Sylvia (20)



Macie (33)



Nik (23)



Sam (25)



Ryan (29)



Miguel (31)



Ryan (23)



Katrina (29)



Rachel (21)



Zebby (23)



Sarah (33)



Tyler (22)



Elijah (20)



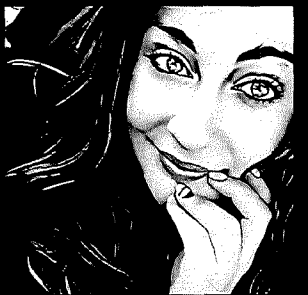
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Jose (22)



Dylan (27)

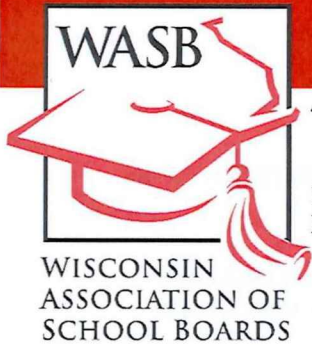


Makenzi (22)



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"Leadership in Public School Governance"

JOHN H. ASHLEY, EXECUTIVE DIRECTOR

122 W. WASHINGTON AVENUE, MADISON, WI 53703
PHONE: 608-257-2622 FAX: 608-257-8386

TO: Members, Senate Committee on Education
FROM: Dan Rossmiller, WASB Government Relations Director
DATE: May 23, 2023
RE: COMMENTS on SENATE BILL 206, relating to maintaining a supply of usable opioid antagonist at a school.

The Wisconsin Association of School Boards (WASB) is a voluntary membership association representing all 421 of Wisconsin's locally elected public school boards.

School board members and the WASB share a strong interest in ensuring the health and safety of our students and those within our school communities.

The goals and purpose of Senate Bill 206 are important and should be commended. Having a usable supply of rescue medications such as opioid antagonists in our schools can save lives. Passing this bill could be a positive step toward saving lives.

That being said, administering any kind of medications to students or others in school, let alone emergency medications, is no simple matter legally. If we expect school boards and the governing bodies of private schools to ensure that each school maintains a usable supply of an opioid antagonist on site, in a place that is accessible at all times, we should work to reduce the legal barriers to obtaining, stocking, and using opioid antagonists in schools.

Until recently, naloxone, the most commonly available commercial opioid antagonist, has generally been available only by prescription. While the U.S. Food and Drug Administration approved Narcan, 4 milligram (mg) naloxone hydrochloride nasal spray for over the counter (OTC), nonprescription use on March 29, 2023, other formulations and dosages of naloxone remain available only by prescription. Furthermore, the timeline for availability and price of this OTC product is up to the manufacturer and the time needed to implement the Narcan switch from prescription to OTC status may take months.

With that in mind, here are the barriers that are of concern and that we ask to be addressed. We recognize that as OTC naloxone becomes more available, these concerns may diminish in importance.

- 1) While there is nothing in existing state statutes prohibiting the stocking of opioid antagonists in our schools; however, there is also nothing in our statutes supporting it, either. For example, under current state law, it is unclear whether an individual can drop off a naloxone dose they got at a training, through the Narcan Direct program or from a pharmacy and have the school use it as a "stocked" medication.
- 2) Under current law, naloxone prescriptions must be written in the name of an individual. Nothing in current state law authorizes a health care professional or practitioner with prescribing authority to prescribe naloxone to an entity such as a school. Practitioners are only allowed to write prescriptions for individuals. Pharmacies are only allowed to fill prescriptions for individuals.

3) There is currently no protection in state statutes for a school medical advisor to write a prescription for an opioid antagonist in the name of the school, such as there is for emergency epinephrine.

4) Licensed school medical providers, such as school nurses, need medical orders to administer medication. School medical advisors are hesitant to write such prescriptions or orders without clear protections in state statutes. There is no exemption from liability under such circumstances.

Fortunately, state statutes regarding emergency epinephrine provide a precedent for the kind of action that would resolve our concerns.

Under the leadership of former state Senator Leah Vukmir, an effort was undertaken by lawmakers several years ago to allow the prescribing and dispensing emergency epinephrine in schools. Laws were changed to allow the prescribing and dispensing of emergency epinephrine to schools, businesses, and organizations. The statutory changes instigated by Senator Vukmir could serve as a model for addressing the changes needed to clarify state statutes regarding the prescribing and dispensing of emergency opioid antagonists in schools.

We look forward to working with you on legislation to ensure that the barriers schools and school personnel currently face are removed and that schools and school personnel have the legal authority and protections to provide critically important opioid antagonist rescue medications without worry.



May 23, 2023

Senate Committee on Education

**Department of Public Instruction Testimony
2023 Senate Bill 206**

Thank you, Chairman Jagler and members of the committee, for the opportunity to give written testimony on 2023 Senate Bill 206 (SB 206; companion bill AB 223). My name is Kevyn Radcliffe, Legislative Liaison for the Department of Public Instruction (DPI).

DPI's position on this bill is neutral. We would consider changing our position to support the bill if the recommendations discussed below were to be incorporated into the bill.

The youth of Wisconsin need a continuum of support to protect them from the realities of substance abuse today. Wisconsin's statute regarding the purpose, goals, and expectations of public education, particularly those addressed under personal development section [118.01\(2\)\(d\)](#), Wis. Stats., outline public schools' responsibilities to provide instructional programming to give students the skills needed to cope with social change. The Department of Public Instruction supports schools and teachers in this endeavor by providing curriculum resources and training.

The reason for deaths related to opioid use has changed over time. It is becoming less common for young people to become addicted to opioids or overdose using opioids prescribed to other people. Now it is "one pill can kill" as evidenced by the [Drug Enforcement Agency campaign](#) which adapted that terminology.

Access to medication and pills has changed. Students and their friends are ordering medications online and any pill that is not manufactured in a pharmaceutical facility may contain an unknown quantity of fentanyl. Illegally manufactured fentanyl is often found in counterfeit pills that are made to resemble prescription drugs. This includes prescription pain relievers, like oxycodone, and stimulants like ADDERALL®.

The amount of fentanyl in illegal drugs as well as counterfeit pills is completely random—even from the same supply. One portion or pill may *not* contain fentanyl, while other portions and pills from the same supply may contain fentanyl. Because fentanyl is very strong, it does not take a lot of the drug to cause an overdose, especially for someone who does not usually take opioids.

We are hearing more and more, stories about a young person taking one pill they obtained online, from a friend, or at a party, being found dead the next morning. It is not difficult to imagine such an exchange of one pill in a school bathroom, hallway, school parking lot, or locker room. It is easy to imagine the student taking that pill while at school and in doing so, receiving an unknown dose of

fentanyl smaller than a few grains of salt which causes an overdose. Without an opioid antagonist being administered, the student or community member will go into respiratory arrest, and then cardiac arrest.

To address the complete policy picture, the department is recommending the following changes:

1. *Modify the bill to include statutory changes similar to the statute allowing schools to administer emergency epinephrine (Section [118.2925, Wis. Stats.](#)).*

Opioid antagonists can save lives, but we need to reduce the red tape to get them into schools. To save lives, schools need to have barriers removed to obtaining, stocking, and using opioid antagonists. And educators need the tools and time to address substance use comprehensively.

There is no provision in statute for a school medical advisor to write a prescription for an opioid antagonist in the name of the school as there is for emergency epinephrine. Practitioners are only allowed to write prescriptions to individuals. Pharmacies are only allowed to fill prescriptions for individuals. Licensed school health care providers such as school nurses need medical orders to administer medications. School medical advisors are hesitant to write such orders without clear protections.

Section 118.2925, Wis. Stats., allows the prescribing and dispensing of emergency epinephrine to schools, businesses, and organizations. DPI recommends modifying SB 206 to allow the prescribing and dispensing opioid antagonists similar to the way epinephrine is treated in section 118.2925, Wis. Stats. This would remove legal questions or barriers to schools stocking opioid antagonists – for example, explicitly permit prescribers to write prescriptions and orders, and permit pharmacies to fill orders, in the name of a school (not just an individual, as under current law).

This change would alleviate the liability worries many professionals face when weighing the choice between stocking and administering a lifesaving drug and following their professional code of conduct.

2. *Increase the minimum required of credits of Health Education.*

Wisconsin's current requirements for Health Education instruction only requires a half credit of Health Education between grades 7-12. This means that a student in Wisconsin may only receive instruction from a licensed Health Education teacher one time and it may be in 7th grade.

Education is a primary prevention measure. Schools, parents, and others can work together to educate our children about the dangers of substance use and taking any pill not prescribed to you or coming from a licensed pharmacy. An increase of the minimum required credits of Health Education would allow educators more opportunities to provide education to students throughout their K-12 career. An increase in required credits would also allow students more opportunity to practice skills like refusal and decision making. Skills that our youth will be required to use as they navigate experiences with mental health and substances.

3. *Provide funding to school districts to train staff, purchase opioid antagonists, and to develop district policies.*

SB 206 is yet another unfunded mandate. School districts throughout the state are struggling to meet their operational costs and stay in front of a growing list of demands for this legislature and the public they strive to serve. DPI recommends utilizing the opioid settlement funds to support the development of opioid educational standards, staff development and training, and opioid antagonist purchases. In addition, DPI requests authority to hire one full time staff position to assist districts in implementing SB 206 and increase overall capacity to support districts in combatting the opioid epidemic as it intersects with K-12 education.

If you have questions or would like additional information, please contact Kevyn Radcliffe, Legislative Liaison, at Kevyn.radcliffe@dpi.wi.gov or (608) 264-6716.



**Testimony to the Senate Committee on Education requesting changes to Senate
Bill 206, relating to maintaining a supply of usable opioid antagonist in schools
May 23, 2023**

The Wisconsin Association of School Nurses (WASN) represents school nurses working in school settings across Wisconsin. WASN appreciates and shares the goal of the authors of SB 206 of making opioid antagonist as available as possible in our schools. But SB 206, as drafted, needs to be amended to ensure the best possible language is put into statute and that it is consistent with other provisions relating to school health that already exist in our statutes.

Specifically, the bill should:

- Create language that clearly supports schools being able to receive doses of an opioid antagonist in the school's name and stock such medication under a medication policy written by a school nurse (currently that is the requirement for all other medications) in conjunction with those designated by the school board.
- Make it clear that prescribers can write prescriptions and orders for opioid antagonist and pharmacies can fill orders in the name of a school, not just an individual.
- Ensure that the bill's language is linked to the medication training for school employees currently required in state statute.
- Ensure that licensed healthcare providers (school nurses) may administer these medications to students and others.

These changes will ensure better and safer health care delivery in the school setting, and more clarity for those who implement state laws on a daily basis. We look forward to working with the bill's authors on an amendment to ensure these changes are included in the bill.

Thank you for considering the views of the state's school nurses.

5-23-2023

Stated below is my written testimony in support of Senate Bill 206, the Narcan/opioid antagonist legislation, has been officially noticed for a public hearing today 5-23-23

As a harm reduction advocate, a parent that has lost a child to fentanyl poisoning and a medical professional (Registered Medical Assistant) I worked in the Beloit ER for 15 years, 3 years at School District of Beloit and now at Vivent Health. I want to let everyone know that it is imperative to have Narcan on all WI school grounds, and at the very least in each and every school health office. It should be placed next to the AED's and Epi Pens in each school. Every 7 minutes, someone in this country is dying from an overdose, with 74% of those deaths involving illicit fentanyl.

These deaths ARE PREVENTABLE if Narcan is administered in the first 5 minutes of an overdose. In December of 2022, a 15-year-old Milton student bought a fake Percocet from a junior at Milton High School. He did not live to see Christmas. These kids think they are buying Vicodin, Percocet, Adderall, Oxycodone and they are being sold illicit fentanyl instead and they are dying in droves.

We know we can't stop people from using substances, that would be our ideal world. We must adapt and have Narcan in place at every WI public school, and all staff, at the least, health office staff should be trained to use it without hesitation.

You can give someone, including a toddler, 20 doses of Narcan, without any side effects, but if Narcan is NOT given in the first 5 minutes, the chances of death are very likely.

How would it look when WI schools have every other safety measure in place, except for Narcan?

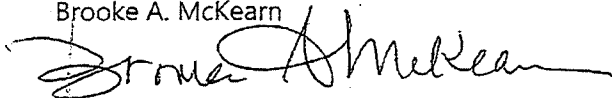
Fentanyl poisoning is now the leading cause of death for ages FOURTEEN to 44. Every WI public school must have Narcan and a policy/procedure in place in 2023.

Please feel free to reach out to me at the contact info below.

Thank you very much for sharing this written testimony and please be safe.

Respectfully,

Brooke A. McKearn



608-295-5269

2317 E Huebbe Pkwy

Beloit WI 53511