

Duchek, Michael

From: Malcore, Jennifer
Sent: Friday, October 11, 2013 2:24 PM
To: Duchek, Michael
Subject: RE: Narcan bill

11/3/13 - Rep. just wants reporting
to keep track of how it's being used.
Don't need to mandate a report
based on records

Sounds good!! Talk to you Monday.

Jennifer Malcore
Office of State Representative John Nygren
Co-Chair, Joint Committee on Finance
89th Assembly District
309 East, State Capitol
608.266.2344

From: Duchek, Michael
Sent: Friday, October 11, 2013 2:22 PM
To: Malcore, Jennifer
Subject: Re: Narcan bill

There is nothing in the bill specifically about reporting but I will have to check if there is anything in current law or the rules. Also do you mean reporting to DHS or someone else?

Also the other part I worked on will pertain more to DSPS and the boards so you may want to run it by them too as it deals with physician and pharmacy practice.

-Mike

Sent from Samsung Mobile

"Malcore, Jennifer" <Jennifer.Malcore@legis.wisconsin.gov> wrote:

Mike,

I know that you are out of the office, I wanted to send this now before I forget. The Representative had asked if there are any reporting requirements for EMT's when Narcan is administered? If so, great, if not, he would like that added to the legislation.

Also, after you send the language for the other part of the Narcan bill, hopefully on Monday, I will send it to DHS and we should meet sometime next week about it.

Thanks,

Jennifer Malcore
Office of State Representative John Nygren
Co-Chair, Joint Committee on Finance
89th Assembly District
309 East, State Capitol

608.266.2344

Duchek, Michael

From: Malcore, Jennifer
Sent: Tuesday, October 08, 2013 10:04 AM
To: Duchek, Michael
Subject: FW: Naloxone program

Mike,

Please read the e-mail chain below. DHS has expressed that they think a bystander law would cover public health workers and ARCW, is that correct?

Thanks for your input.

Jennifer Malcore

Office of State Representative John Nygren
Co-Chair , Joint Committee on Finance
89th Assembly District
309 East, State Capitol
608.266.2344

From: Ignatowski, Alex - DHS [mailto:Alex.Ignatowski@dhs.wisconsin.gov]
Sent: Wednesday, October 02, 2013 5:08 PM
To: Malcore, Jennifer
Subject: FW: Naloxone program

Alex Ignatowski

Legislative Advisor
Department of Health Services
Office: 608-266-3262
Mobile: 608-301-6149
alex.ignatowski@wisconsin.gov

From: McKeown, Karen D - DHS
Sent: Wednesday, October 02, 2013 10:20 AM
To: Ignatowski, Alex - DHS; Ullsvik, Jennifer C - DHS
Subject: FW: Naloxone program

See below for description of Mass. Program.

Karen

Karen McKeown, RN, MSN
Administrator, Division of Public Health
Wisconsin Department of Health Services

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From: Jacobs, Hilary (DPH) [<mailto:hilary.jacobs@state.ma.us>]
Sent: Tuesday, October 01, 2013 8:10 AM
To: McKeown, Karen D - DHS; 'Monica Valdes Lupi'; Bartlett, Cheryl (DPH)
Cc: Elizabeth Walker Romero; Sharon Moffatt; Ruiz, Sarah (DPH)
Subject: RE: Naloxone program

Hi:

Sorry for the delay. I am not sure what your reimbursement structure will be, but in MA the DPH, specifically the Bureau of Substance Abuse Services, pays for the Naloxone that is distributed to first responders as well as to "bystanders". Are you thinking about bystander distribution? FYI, for clarity, we define a bystander as any person who could witness an overdose, so that could be a parent, a roommate, an outreach worker, etc. The MA program is heavily weighted on distribution of Naloxone to bystanders, we only have 4 police and fire departments in the program that we fund. The lion's share of overdose reversal in MA is done by bystanders. Also, we use nasal Narcan here with first responders, police, fire and bystanders, not the injectable. Ambulance personnel carry injectable Narcan. So, to try to answer your questions specifically:

Are there evaluations of your program that would reassure people in the EMS community that providers at the EMT-Basic level can safely and effectively administer this drug?

While we do not have specific data, I think the following fact is relevant. We have had almost 2,200 overdose reversals since 2007 and those reversals have been done by bystanders without any ill effect. So, to get Naloxone in MA, you receive a 15-1 hour long training by a non-medical professional on recognizing the signs and symptoms of overdose, how to use nasal Narcan and the importance of calling 911 even when an overdose is reversed. So, my contention would be, if those people can do it successfully, so can persons with 60 hours of training.

Also, are we missing important pieces in this legislative proposal?

I would strongly suggest you consider bystander distribution of Narcan. It is by far the most effective tool for overdose reversal, especially in rural areas where even a few minutes of waiting for a response may be the difference between life and death. I am not sure where your state would be on this, in MA this was originally very controversial but has wide public acceptance at this time. Secondly, it is imperative that there be both some kind of protection from prosecution for those who report an overdose and are in possession of drugs or paraphernalia that are for their own use, we are not talking dealers here, and that there be some money for education about this protection. Also, I would suggest protection for persons administering the Naloxone, which is more important if you include bystander intervention.

I have included Sarah Ruiz on this email, she is responsible for this program at BSAS. I hope this information is what you were looking for, we can always do a phone call if its confusing or if there are other questions. Tx h

Hilary Jacobs, LICSW, LADC I
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Bureau of Substance Abuse Services
Massachusetts Department of Public Health
250 Washington Street Third Floor
Boston, MA 02108-4619
Telephone: 617-624-5151
Fax: 617-624-5185
Hilary.Jacobs@state.ma.us
WEBSITE: WWW.MASS.GOV/DPH
BLOG; [HTTP://PUBLICHEALTH.BLOG.STATE.MA.US](http://PUBLICHEALTH.BLOG.STATE.MA.US)

From: McKeown, Karen D - DHS [<mailto:Karen.McKeown@dhs.wisconsin.gov>]
Sent: Thursday, September 26, 2013 12:41 PM
To: 'Monica Valdes Lupi'; Jacobs, Hilary (DPH); Bartlett, Cheryl (DPH)

Cc: Elizabeth Walker Romero; Sharon Moffatt
Subject: RE: Naloxone program

Hi, Cheryl and Hilary,

We are working with one of our legislators who is going to introduce legislation about this issue. While the exact draft is still in flux, at this point I believe it will

- Require EMT-Basics to be able to administer naloxone (currently only paramedics and EMT-Intermediates can).
- Allow police and fire to administer naloxone.
- Offer some form of immunity for those who call emergency services to report an overdose.

I am interested in adding medical First Responders to the police and fire bullet – allowing them also to carry and administer naloxone if their medical director wants to add it to their protocols. Do you have any thoughts about this? (We see this level of providers mostly in the rural, volunteer setting. They receive about 60 hours of initial training; basically, they provide emergency medical assistance until EMTs arrive.)

Also, are we missing important pieces in this legislative proposal?

Also, I appreciate any help you can give me.

Thank you,
Karen

Karen McKeown, RN, MSN
Administrator, Division of Public Health
Wisconsin Department of Health Services

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From: Monica Valdes Lupi [<mailto:MLupi@astho.org>]
Sent: Wednesday, September 25, 2013 8:49 PM
To: hilary.jacobs@state.ma.us; cheryl.bartlett@state.ma.us; McKeown, Karen D - DHS
Cc: Elizabeth Walker Romero; Sharon Moffatt
Subject: Naloxone program

Hello,

I wanted to introduce you all “virtually” to one another – Cheryl, Karen is the SHO from Wisconsin and attended the annual meeting last week in Orlando. She reached out to ASTHO for some additional information re: naloxone and training for medical/non medical providers and I mentioned the work that we did in Boston and at MA Department of Public Health. I shared the link to the BSAS website that provides some information about the program along with a PDF that I found on the EOHHS website. Finally, I offered to connect Karen with both of you so that she can follow up directly on some questions that she may have since you’re really at the front of the pack among states that have implemented naloxone programs.

Many thanks in advance,
Monica

Monica Valdes Lupi, JD, MPH
Senior State Public Health Advisor
Association of State and Territorial Health Officials
2231 Crystal Drive, Suite 450
Arlington, VA 22202

Cell: 617.719.0950 Direct: 571.318.5411
www.astho.org

Duchek, Michael

From: Malcore, Jennifer
Sent: Wednesday, October 02, 2013 4:08 PM
To: Duchek, Michael
Subject: RE: AODA/HIV prevention programs at ARCW and Narcan/Naloxone distribution mechanism for ARCW staff

Mike,

Yes, that would be really helpful to send me a draft without ARCW and I will send around what I sent you to DHS and get back to you.

Thank you for all of your work.

Jennifer Malcore

Office of State Representative John Nygren
Co-Chair , Joint Committee on Finance
89th Assembly District
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From: Duchek, Michael
Sent: Wednesday, October 02, 2013 4:02 PM
To: Malcore, Jennifer
Subject: RE: AODA/HIV prevention programs at ARCW and Narcan/Naloxone distribution mechanism for ARCW staff

Jennifer,

I am out the door, but I will touch base with you tomorrow. It sounds like they/you want to immunize not only ARCW employees but also the physician and/or pharmacist involved. Is that correct? Something you may want to run by DSPPS and the Med/Pharmacy Boards.

Also, just so I know, would it be at all of help if I got you something for just the EMTs/police/fire/first responders first if that were quicker?

-Mike

From: Malcore, Jennifer
Sent: Wednesday, October 02, 2013 3:56 PM
To: Duchek, Michael
Subject: FW: AODA/HIV prevention programs at ARCW and Narcan/Naloxone distribution mechanism for ARCW staff

Mike,

He again sent the language he would like to see in the bill so I am forwarding this again. Let me know your thoughts.

Thanks,

Jennifer Malcore

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From: Bill Keeton [<mailto:Bill.Keeton@arcw.org>]

Sent: Wednesday, October 02, 2013 3:49 PM

To: Malcore, Jennifer

Subject: RE: AODA/HIV prevention programs at ARCW and Narcan/Naloxone distribution mechanism for ARCW staff

Thanks Jennifer – I really appreciate all the time and energy you guys are spending on this. Two quick additional items:

- 1.) Regarding our usage of injectable versus nasal Narcan: Nasal delivery is \$14/dose; injectable is 63 cents per dose.
- 2.) Question on the drafting instructions you provided to LRB... Was a decision made about inclusion of the following from my previous email? These provisions would ensure our program continues to reach and save as many lives as possible:

Third-Party Prescription/Standing Order Distribution Sample Language:

Notwithstanding any other law or regulation, a health care professional otherwise authorized to prescribe an opioid antagonist may, directly or by standing order, prescribe, dispense, and distribute an opioid antagonist to a person at risk of experiencing an opioid-related overdose or to a family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose. Any such prescription shall be regarded as being issued for a legitimate medical purpose in the usual course of professional practice.

Prescriber/Dispenser Civil and Criminal Immunity Sample Language:

A health care professional who, acting in good faith and with reasonable care, prescribes or dispenses an opioid antagonist shall not be subject to any criminal or civil liability or any professional disciplinary action for (1) such prescribing or dispensing; and (2) any outcomes resulting from the eventual administration of the opioid antagonist.

Possession of Naloxone Lawful Sample Language:

Notwithstanding any other law or regulation, any person may lawfully possess an opioid antagonist.

Civil and Criminal Immunity for Administration of Naloxone Sample Language:

A person who, acting in good faith and with reasonable care, administers an opioid antagonist to another person whom the person believes to be suffering an opioid-related drug overdose shall be immune from criminal prosecution, sanction under any professional licensing statute, and civil liability, for acts or omissions resulting from such act.

Lay Distribution of Naloxone Via Standing Orders Sample Language:

Notwithstanding any other law or regulation, a person or organization acting under a standing order issued by a health care professional who is otherwise authorized to prescribe an opioid antagonist may store an opioid antagonist without being subject to provisions of [the state pharmacy act] except [those provisions regarding storage of drugs], and may dispense an opioid antagonist so long as such activities are undertaken without charge or compensation.

From: Malcore, Jennifer [<mailto:Jennifer.Malcore@legis.wisconsin.gov>]

Sent: Wednesday, October 02, 2013 3:42 PM

To: Bill Keeton

Subject: RE: AODA/HIV prevention programs at ARCW and Narcan/Naloxone distribution mechanism for ARCW staff

Thanks Bill.

The drafters are in the process of drafting right now. I am sure more questions will come up, if so I will be in touch and I will also share the draft language when done.

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From: Bill Keeton [<mailto:Bill.Keeton@arcw.org>]

Sent: Wednesday, October 02, 2013 3:38 PM

To: Malcore, Jennifer

Subject: RE: AODA/HIV prevention programs at ARCW and Narcan/Naloxone distribution mechanism for ARCW staff

Hello Jennifer –

Thank you for the email.

At ARCW, all of the individuals who do the training and the distribution of the Narcan to the injection drug users (IDUs) - or to an IDU's parent/family member - are employees of ARCW.

The Narcan we provide to the individuals who have been trained is the injection form. Intranasal naloxone has not been approved by the FDA (i.e., it is an "off-label" delivery method).

Please let me know if you have any other questions. I realize I sent over a sizable amount of information in my last email that included an attachment with model language. If it would help to have additional conversation about our concerns/preferences I would be happy to do so.

Thanks,
Bill

From: Malcore, Jennifer [<mailto:Jennifer.Malcore@legis.wisconsin.gov>]

Sent: Wednesday, October 02, 2013 3:29 PM

To: Bill Keeton

Subject: RE: AODA/HIV prevention programs at ARCW and Narcan/Naloxone distribution mechanism for ARCW staff

Bill,

A question came up today while discussing Narcan, are the people who distribute the Narcan all employees. Also, in what form is the Narcan, is it a nasal spray or is it injected with a needle.

Thank you,

Jennifer Malcore

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From: Bill Keeton [mailto:Bill.Keeton@arcw.org]

Sent: Tuesday, September 17, 2013 4:24 PM

To: Malcore, Jennifer

Cc: Ramie Zelenkova; Ignatowski, Alex - DHS; 'jbauknecht@hwz-gov.com'

Subject: AODA/HIV prevention programs at ARCW and Narcan/Naloxone distribution mechanism for ARCW staff

Hello Jennifer –

My apologies for not getting this information to you sooner, and for this being a relatively long email.

Below are answers to questions you and Representative Nygren raised during our conversation last week. If you have any additional questions or would like more clarification or detail, please don't hesitate to contact me.

Q. *How many slots do we have for our harm reduction AODA treatment program at any given time?*

A. Our day treatment and intensive outpatient groups typically have between 8-10 individuals enrolled in them. Additionally, we have an estimated 20 individual counseling sessions open weekly. Treatment is available for alcohol and other substance abuse issues, including for individuals confronting heroin/opiate addiction.

Q. *What is the total number of people we have had go through our AODA program?*

A. Between 2002-2012, ARCW has served 564 individuals through our AODA treatment program in Milwaukee. In Green Bay (where the program started one year and two months ago) we have served 106 individuals. So far in 2013, 171 individuals have been served through our AODA program (combined in Green Bay and Milwaukee).

Q. *What is the success rate for our AODA program?*

A. To date in 2013, we have a 39% success rate (as defined by the State of Wisconsin). ARCW works with the State of Wisconsin through what is called the STAR-SI Program. We were chosen to participate in this select group of AODA treatment providers who engage annually in various initiatives to rigorously enhance the quality of programming.

According to research, success rates for AODA treatment programs across the United States are low, with averages between 0-40% and most programs falling in the very low portion of this range.

Q. *How many referrals to AODA treatment does our Lifepoint clean syringe exchange and opiate overdose prevention program make on an annual basis?*

A. Approximately 225 referrals to treatment services, including to the ARCW AODA program, annually. Annually, our Lifepoint program reaches approximately 17,000 injection drug users.

Q. *What is the total number of people we have trained on narcan/Naloxone?*

A. ARCW has trained 2,491 people in how to safely administer narcan/naloxone since starting our opiate overdose prevention program in 2008.

Q. *What is the total number of reported peer reversals in the history of the program?*

A. 2,134 individuals trained by ARCW have returned to ARCW to report a peer reversal since 2008.

You had also asked for a legislative mechanism to carve-in our HIV/opiate overdose prevention staff with the paramedics and police for the possession and use of narcan/naloxone.

This can be accomplished by utilizing the already existing definition of an AIDS service organization in chapter 252 of the Statutes by stating that the individual possessing narcan must be either an employee of a state designated ASO or be an individual trained by such. You could make this pool even smaller by saying that the ASO hosting/training individuals in the use of narcan must receive funding from the state from the appropriation account 20.435 (1) (md) to do HIV prevention work. We would also be willing to have our staff go through training by DHS should that be an option Representative Nygren or the legislature would want to include.

By way of background, here is the language I am referencing from Ch. 252:

252.12 HIV and related infections, including hepatitis C virus infections; services and prevention.

252.12(1) (1) Definitions. In this section:

- 252.12(1)(b) (b) "AIDS service organizations" means nonprofit corporations or public agencies that provide, or arrange for the provision of, comprehensive services to prevent HIV infection and comprehensive health and social services for persons who have HIV infection, and that are designated as such by the department under sub. (4).
- 252.12(1)(c) (c) "Nonprofit corporation" means a nonstock corporation organized under ch. 181 that is a nonprofit corporation, as defined in s. 181.0103 (17).
- 252.12(1)(d) (d) "Organization" means a nonprofit corporation or a public agency which proposes to provide services to individuals with acquired immunodeficiency syndrome.
- 252.12(1)(e) (e) "Public agency" means a county, city, village, town or school district or an agency of this state or of a county, city, village, town or school district.

Bill Keeton
Vice President of Government and Public Relations
AIDS Resource Center of Wisconsin
414.225.1572 (o)
414.313.2036 (c)



From: Malcore, Jennifer [mailto:Jennifer.Malcore@legis.wisconsin.gov]

Sent: Wednesday, October 02, 2013 3:42 PM

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Duchek, Michael

From: Malcore, Jennifer
Sent: Wednesday, October 02, 2013 3:53 PM
To: Duchek, Michael
Subject: FW: AODA/HIV prevention programs at ARCW and Narcan/Naloxone distribution mechanism for ARCW staff

Mike,

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Jennifer Malcore

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A. To date in 2013, we have a 39% success rate (as defined by the State of Wisconsin). ARCW works with the State of Wisconsin through what is called the STAR-SI Program. We were chosen to participate in this select group of AODA treatment providers who engage annually in various initiatives to rigorously enhance the quality of programming.

According to research, success rates for AODA treatment programs across the United States are low, with averages between 0-40% and most programs falling in the very low portion of this range.

Q. *How many referrals to AODA treatment does our Lifepoint clean syringe exchange and opiate overdose prevention program make on an annual basis?*

A. Approximately 225 referrals to treatment services, including to the ARCW AODA program, annually. Annually, our Lifepoint program reaches approximately 17,000 injection drug users.

Q. What is the total number of people we have trained on narcan/Naloxone?

A. ARCW has trained 2,491 people in how to safely administer narcan/naloxone since starting our opiate overdose prevention program in 2008.

Q. What is the total number of reported peer reversals in the history of the program?

A. 2,134 individuals trained by ARCW have returned to ARCW to report a peer reversal since 2008.

You had also asked for a legislative mechanism to carve-in our HIV/opiate overdose prevention staff with the paramedics and police for the possession and use of narcan/naloxone.

This can be accomplished by utilizing the already existing definition of an AIDS service organization in chapter 252 of the Statutes by stating that the individual possessing narcan must be either an employee of a state designated ASO or be an individual trained by such. You could make this pool even smaller by saying that the ASO hosting/training individuals in the use of narcan must receive funding from the state from the appropriation account 20.435 (1) (md) to do HIV prevention work. We would also be willing to have our staff go through training by DHS should that be an option Representative Nygren or the legislature would want to include.

By way of background, here is the language I am referencing from Ch. 252:

252.12 HIV and related infections, including hepatitis C virus infections; services and prevention.

252.12(1) (1) Definitions. In this section:

- 252.12(1)(b) (b) "AIDS service organizations" means nonprofit corporations or public agencies that provide, or arrange for the provision of, comprehensive services to prevent HIV infection and comprehensive health and social services for persons who have HIV infection, and that are designated as such by the department under sub. (4).
- 252.12(1)(c) (c) "Nonprofit corporation" means a nonstock corporation organized under ch. 181 that is a nonprofit corporation, as defined in s. 181.0103 (17).
- 252.12(1)(d) (d) "Organization" means a nonprofit corporation or a public agency which proposes to provide services to individuals with acquired immunodeficiency syndrome.
- 252.12(1)(e) (e) "Public agency" means a county, city, village, town or school district or an agency of this state or of a county, city, village, town or school district.

Bill Keeton
Vice President of Government and Public Relations
AIDS Resource Center of Wisconsin
414.225.1572 (o)
414.313.2036 (c)



Duchek, Michael

From: Kite, Robin
Sent: Wednesday, October 02, 2013 1:59 PM
To: Hanaman, Cathlene; Duchek, Michael
Cc: Shovers, Marc; Mueller, Eric; Gibson-Glass, Mary
Subject: RE: Nalaxone legislation

Thanks for the clarification. Based on this information, I don't think that DSPS would play a role. They are only involved in the firefighting area if it involves protecting buildings or building occupants from fires.

Robin

From: Hanaman, Cathlene
Sent: Wednesday, October 02, 2013 1:53 PM
To: Kite, Robin; Duchek, Michael
Cc: Shovers, Marc; Mueller, Eric; Gibson-Glass, Mary
Subject: RE: Nalaxone legislation

The thread is crystal clear, just like everything around here.

I believe the request will involve including, in training of EMTs (health), leos (crime/justice), and fire fighters (subject area?), training on the use of naloxone, a prescription drug that is not a controlled substance that stops a heroin OD immediately—or so I've heard.

From: Kite, Robin
Sent: Wednesday, October 02, 2013 1:44 PM
To: Hanaman, Cathlene; Duchek, Michael
Cc: Shovers, Marc; Mueller, Eric; Gibson-Glass, Mary
Subject: RE: Nalaxone legislation

I'm having trouble following this thread. DSPS has involvement in the area of fire inspection, prevention, detection, and suppression in public buildings and one and 2 family dwellings. I have no idea what naloxone is. If you need my input, let me know. Is there a pending drafting request?

Robin

From: Hanaman, Cathlene
Sent: Wednesday, October 02, 2013 1:38 PM
To: Duchek, Michael
Cc: Shovers, Marc; Mueller, Eric; Kite, Robin; Gibson-Glass, Mary
Subject: RE: Nalaxone legislation

I don't do fire fighter training—at least I don't think I do (mainly because I have no idea where it would go—my first clue that it's not my area). I do law enforcement training as part of crime or justice and fire fighters are not there.

Is it local? Is it buildings and safety? Or is it somewhere else? I've cc'ed the local and the safety people.

From: Duchek, Michael
Sent: Wednesday, October 02, 2013 1:28 PM
To: Hanaman, Cathlene
Subject: FW: Nalaxone legislation

Info re: fire fighters.

From: Malcore, Jennifer
Sent: Wednesday, October 02, 2013 1:26 PM
To: Duchek, Michael
Subject: FW: Nalaxone legislation

Mike,

Here are some answers on first responders, we can talk about it in the meeting.

Thanks,

Jennifer Malcore

Office of State Representative John Nygren
Co-Chair , Joint Committee on Finance
89th Assembly District
309 East, State Capitol
608.266.2344

From: Merrifield, Layla
Sent: Wednesday, October 02, 2013 11:02 AM
To: Malcore, Jennifer
Subject: RE: Nalaxone legislation

Hi Jenny,

Thought I would forward some information that came over from WTCS yesterday. I think the individual departments/chiefs currently have a lot of leeway to determine what type of training they want for their FFs:

-----Original Message-----

From: Silva, Peter [<mailto:peter.silva@wtcsystem.edu>]
Sent: Tuesday, October 01, 2013 5:28 AM
To: Merrifield, Layla; Weir, Timothy L - WTCS
Cc: Zylstra, James
Subject: RE: EMT-Basic Narcan training

Layla,

Here are the answers to your questions regarding firefighter training:

1. Continuing education for firefighters is recommended through national standards but there is no mandate or oversight at the state level, it is the responsibility of the fire chief to set up the departments training schedules. Some departments have a very robust training calendar but there are many small volunteer departments who train just once a month at the most.
2. There would need to be stand alone courses on Narcan delivery developed for departments but there would be no guarantee that any department would participate unless mandated, even if that were to occur, there are many departments who have no medical care delivery training. Any delivery of medicines such as Narcan would require some appropriate training which at the state level is the Basic Emergency Medical Technician course.

3.The only initial required training for firefighters, volunteer or career, is a 60-hour course, required by Wisconsin SPS 330. This course is not enough time to properly train a firefighter to meet nationally accepted standards but it is currently the law of the land for Wisconsin. Adding additional time to train on a new skill would require us to take out something else from that course since the rule does not allow us to go over the 60 hours.

4.Turnover rates are hard to gauge since there is no data collection for this issue. However, there is considerable concern about recruitment and retention problems for volunteers on a national level. This is the biggest concern I hear as I travel around the state. Fire Chiefs already blame the fire and EMS training requirements mandated as the number one reason for these problems. Additional mandated training so would only increase the complaints.

I hope this gives you a bit more information to work from. I would be glad to discuss these issues with anyone who may be interested in fire training requirements. Let me know if I can be of any more assistance.

Peter Silva, Jr.

Education Director- Fire Service Training & Education, Nuclear Technology Wisconsin Technical College System
4622 University Ave
Madison, WI 53705
608-266-7289

From: Austin, Sam
Sent: Tuesday, October 01, 2013 8:24 PM
To: Duchek, Michael
Cc: Morgan, Charlie; Onsager, Paul; Merrifield, Layla; Bauer Jr., Jere
Subject: RE: Nalaxone legislation

Hi Mike,

I'm out of the office for a bit (as is Charlie), but just wanted to get a couple other LFB analysts in the loop on this Narcan legislation issue and meeting with DHS. Maybe you've already touched base with them on this -- if so, sorry to poke my nose in. Let us know how the meeting with DHS goes.

Best,

Sam

From: Litza, Brian D - DHS [Brian.Litza@dhs.wisconsin.gov]
Sent: Tuesday, October 01, 2013 3:05 PM
To: Moore, Donna J - DHS; Duchek, Michael; Malcore, Jennifer
Cc: Ullsvik, Jennifer C - DHS; Ignatowski, Alex - DHS; Austin, Sam
Subject: RE: Nalaxone legislation

Donna,

Please schedule the room. The notice has been sent.

Thanks,

Brian

Brian Litza
WI EMS Director
608.261.6870

From: Moore, Donna J - DHS
Sent: Tuesday, October 01, 2013 3:02 PM
To: Litza, Brian D - DHS; Duchek, Michael - LEGIS; Malcore, Jennifer - LEGIS
Cc: Ullsvik, Jennifer C - DHS; Ignatowski, Alex - DHS; Austin, Sam - LEGIS
Subject: RE: Nalaxone legislation

I can reserve the 250 conference room here for 2-3.

Donna

From: Litza, Brian D - DHS
Sent: Tuesday, October 01, 2013 2:59 PM
To: Duchek, Michael - LEGIS; Malcore, Jennifer - LEGIS
Cc: Ullsvik, Jennifer C - DHS; Ignatowski, Alex - DHS; Moore, Donna J - DHS; Austin, Sam - LEGIS
Subject: RE: Nalaxone legislation

Mike,
If you can get a room that would be great. As soon as you give me that address and room number I will send a meeting notice to everyone for 2:00 PM tomorrow.
Thanks,
Brian

Brian Litza
WI EMS Director
608.261.6870

From: Duchek, Michael [<mailto:Michael.Duchek@legis.wisconsin.gov>]
Sent: Tuesday, October 01, 2013 2:47 PM
To: Malcore, Jennifer - LEGIS; Litza, Brian D - DHS
Subject: RE: Nalaxone legislation

Anywhere is fine with me. Also, FYI if more space is required, we have a conference room here, or I'd be happy to go to DHS as well.

-Mike

From: Malcore, Jennifer
Sent: Tuesday, October 01, 2013 2:46 PM
To: Duchek, Michael; Litza, Brian D - DHS
Subject: RE: Nalaxone legislation

How about 2 tomorrow? Here or somewhere else?

Thanks,

Jennifer Malcore

Office of State Representative John Nygren
Co-Chair , Joint Committee on Finance
89th Assembly District
309 East, State Capitol
608.266.2344

From: Duchek, Michael

Sent: Tuesday, October 01, 2013 2:06 PM

To: Malcore, Jennifer; Litza, Brian D - DHS

Subject: RE: Nalaxone legislation

Jennifer,

I just spoke with Brian at DHS who was going to propose some time to meet tomorrow afternoon. Will that work for you? He now has your email here as well so he can reply to both of us. I am free tomorrow afternoon though I usually leave around 4.

-Mike

Duchek, Michael

From: Litza, Brian D - DHS <Brian.Litza@dhs.wisconsin.gov>
Sent: Tuesday, October 01, 2013 2:27 PM
To: Duchek, Michael; Malcore, Jennifer
Cc: Ignatowski, Alex - DHS; Moore, Donna J - DHS; Austin, Sam; Ullsvik, Jennifer C - DHS
Subject: RE: Nalaxone legislation

Hello all;

We would like to schedule a meeting to address the questions you have regarding my reply (below). Please advise of your availabilities tomorrow 10/2/13 between 1:30 and 3:30 PM (some of us leave around 4:00 PM).

Thank you in advance.

Brian

Brian Litza
WI EMS Director
608.261.6870

From: Duchek, Michael [mailto:Michael.Duchek@legis.wisconsin.gov]
Sent: Monday, September 30, 2013 9:17 AM
To: Litza, Brian D - DHS
Cc: Malcore, Jennifer - LEGIS
Subject: RE: Nalaxone legislation

Brian,

Thanks for your reply. Would you be available today for a phone call about this with myself and Jennifer in Rep. Nyren's office? I am more or less available today, while Jennifer has meetings at 10:30 and 2:00. Is there anything that would work for you? If not maybe in the next day or two?

Mike Duchek
Legislative Attorney
Wisconsin Legislative Reference Bureau
(608) 266-0130

Mike,
Ambulance services operate under a delegated practice of a physician. The physician medical director authorizes the purchase and use of the prescription medication (in this case Narcan [Naloxone]). It is administered under either a direct order by a physician or through a standing protocol that directs patient care. Most ambulance services obtain medications, equipment and supplies through the authorization by the service physician medical director.

Basic EMT's are trained to provide auto-injected medications. This is a spring loaded device that, when pressed against the skin, delivers a pre-measured dose of a medication. Some ambulance services have gotten approval to give an intramuscular injection using a regular syringe but this is not trained in the EMT basic curricula and is done at the service level by their medical director or designee. Therefore not every EMT-Basic is trained in its administration.

Therefore, the EMS Board and Physician Advisory Committee have recommended nasal administration. Nasal administration is safe and does not require piercing the skin to deliver the medication. This delivery method is simple and easy to train. This would be the preferred method for administration by everyone that is not medically trained.

As far as language for emergency workers there needs to be consideration that it is a prescription medication so if an agency wants to provide this they would need to either affiliate with an ambulance service to provide training and access to the medication or require an agency to have a medical physician to provide oversight for training and access to medication. As far as a directive to EMS, a simple line that requires nasal Narcan to be added to the scope of practice for the EMT-Basic and added to the initial training curricula should be sufficient.

I hope this helps. Please let us know if you have further questions.

Brian Litza
EMS Director
608.261.6870

Duchek, Michael

From: Malcore, Jennifer
Sent: Tuesday, October 01, 2013 9:37 AM
To: Duchek, Michael
Subject: RE: Nalaxone legislation

Mike,

Yes, I have a few meetings but should be available most of the day. I also had the question about first responders, they must receive some training. Let me know what you find out.

Thank you,

Jennifer Malcore

Office of State Representative John Nygren
Co-Chair , Joint Committee on Finance
89th Assembly District
309 East, State Capitol
608.266.2344

From: Duchek, Michael
Sent: Tuesday, October 01, 2013 9:26 AM
To: Malcore, Jennifer
Subject: RE: Nalaxone legislation

Just spoke with Eric @ DHS. I was wondering about first responders, which is an even lesser certification than EMT basic (some firefighters are also first responders). He said Brian was out yesterday but that he'd be in today and so while I think I have a good start here, hopefully I can touch base with him today and we could talk a couple things out. I will let you know if I get a hold of him. Are you around today?

-Mike

From: Malcore, Jennifer
Sent: Tuesday, October 01, 2013 9:12 AM
To: Duchek, Michael
Subject: RE: Nalaxone legislation

Mike,

I like that suggestion.

I would like to be able to have a draft in the next couple of days if possible.

Thank you,

Jennifer Malcore

Office of State Representative John Nygren
Co-Chair , Joint Committee on Finance
89th Assembly District
309 East, State Capitol
608.266.2344

From: Duchek, Michael
Sent: Monday, September 30, 2013 3:54 PM
To: Malcore, Jennifer
Subject: RE: Nalaxone legislation

I think that makes sense. Perhaps we could say, as Brian suggested, that the immunity is contingent on police/fire/ARCW getting training and access to the medication through an ambulance service or an MD.

I did not hear back from Brian yet. If he doesn't email back tonight, maybe I can try to work on something and then they could review it afterwards.

-Mike

From: Malcore, Jennifer
Sent: Monday, September 30, 2013 3:46 PM
To: Duchek, Michael
Subject: RE: Nalaxone legislation

Mike,

Just to recap, I believe that I want to leave that up to DHA to decide what method as long as EMT basics have access. Also I think if we put a date of Jan. 1, 2015, that should give everyone enough time to be certified without any issues.

Police and fire, we do not want to mandate to them that they have to administer narcan at all. I want to make it permissive so if they go to their local community with this option, it is up to the community to decide to have police and fire carry narcan. They would then have to arrange a Dr. and training within their local department. If police/fire decide as a community to do this then yes I would want them to have immunity provisions.

Does that sum up what we talked about? I assume that you didn't hear back from Brian.

Thank you,

Jennifer Malcore
Office of State Representative John Nygren
Co-Chair , Joint Committee on Finance
89th Assembly District
309 East, State Capitol
608.266.2344

From: Duchek, Michael
Sent: Monday, September 30, 2013 8:59 AM
To: Malcore, Jennifer
Subject: FW: Nalaxone legislation

Jennifer,

Here is some information I got from Brian Litza the EMS Unit Director at DHS. So I think the key things are that the nasal spray-administered Narcan is the one that does not really require much training to administer. So I guess my question for you would be whether the intent is to allow the administration of just the nasal spray Narcan, or other forms as well. If you want more, then more training may be required (see Brian's response). We could also try language to let DHS decide what methods as long as EMT basics have some access to naloxone. One of the attachments you sent with model legislation, however, was against requiring training and was also against specifically specifying in the legislation

that it only applies to nasally administered naloxone. But Brian seems to be indicating that at least some level of training is required even for the nasally administered form (and more when you are piercing the skin), though whether you specify that in the bill is perhaps a question. The model legislation suggested using "education" instead of "training" but the question again is whether you specify/require this at all.

And then see the last long paragraph re: police and fire, and this would also apply to the ARCW. Same considerations, but the police and fire will also need to be able to have a physician to provide access. I suppose they might be able to get a physician to do that already. The question is whether, regarding police and fire, you want to mandate training and whether you envisioned some immunity provisions for police and fire as well. ACRW also indicated in one of the emails a willingness to go through training so again that is a question about whether to mandate training in order to get the immunity.

It might be helpful to try to talk this out, perhaps in a call or meeting with Brian, but let me know what you think. The attachments and emails you've sent are very helpful, but raise questions of whether you want to include every kind of provision (some which may not be necessary) recommended in those emails/attachments or not.

-Mike (6-0130)

From: Litza, Brian D - DHS [<mailto:Brian.Litza@dhs.wisconsin.gov>]
Sent: Friday, September 27, 2013 4:12 PM
To: Duchek, Michael; Wendorff, Eric J - DHS; Oppor, Louis L - DHS
Cc: Ignatowski, Alex - DHS; McKeown, Karen D - DHS; Charles Cady MD (cecady@mcw.edu); Ullsvik, Jennifer C - DHS
Subject: RE: Naloxone legislation

Mike,
Ambulance services operate under a delegated practice of a physician. The physician medical director authorizes the purchase and use of the prescription medication (in this case Narcan [Naloxone]). It is administered under either a direct order by a physician or through a standing protocol that directs patient care. Most ambulance services obtain medications, equipment and supplies through the authorization by the service physician medical director.

Basic EMT's are trained to provide auto-injected medications. This is a spring loaded device that, when pressed against the skin, delivers a pre-measured dose of a medication. Some ambulance services have gotten approval to give an intramuscular injection using a regular syringe but this is not trained in the EMT basic curricula and is done at the service level by their medical director or designee. Therefore not every EMT-Basic is trained in its administration.

Therefore, the EMS Board and Physician Advisory Committee have recommended nasal administration. Nasal administration is safe and does not require piercing the skin to deliver the medication. This delivery method is simple and easy to train. This would be the preferred method for administration by everyone that is not medically trained.

As far as language for emergency workers there needs to be consideration that it is a prescription medication so if an agency wants to provide this they would need to either affiliate with an ambulance service to provide training and access to the medication or require an agency to have a medical physician to provide oversight for training and access to medication. As far as a directive to EMS, a simple line that requires nasal Narcan to be added to the scope of practice for the EMT-Basic and added to the initial training curricula should be sufficient.

I hope this helps. Please let us know if you have further questions.

Brian Litza
EMS Director
608.261.6870

From: Duchek, Michael [Michael.Duchek@legis.wisconsin.gov]
Sent: Friday, September 27, 2013 3:06 PM
To: Wendorff, Eric J - DHS; Oppor, Louis L - DHS

Cc: Ignatowski, Alex - DHS; McKeown, Karen D - DHS; Litza, Brian D - DHS; Charles Cady MD (cecady@mcw.edu)
Subject: RE: Nalaxone legislation

Thanks Eric,

That was my thought, unless we were somehow able to require the scope of practice itself to allow EMT basics to administer narcan.

I've been trying to look into this more to understand it better, and it's my understanding that with regards to some of these, that a standing order may be what is used to prescribe the use of the drug for a person who is OD'ing. So my question is how that might work with police and firefighters because you need a physician (or other practitioner?) involved for the order. Correct me if I am wrong. I understand this has been done in other states and Kentucky is working on a bill currently to do this as well, but I'm not exactly sure at this point what language we need. I know this aspect of the proposal might not involve emergency medical personnel as much and might be a question for Rep. Nygren about how they want it to work, but anyone CC'd here has any thoughts I would welcome them.

-Mike

From: Wendorff, Eric J - DHS [<mailto:Eric.Wendorff@dhs.wisconsin.gov>]
Sent: Friday, September 27, 2013 2:45 PM
To: Duchek, Michael; Oppor, Louis L - DHS
Cc: Ignatowski, Alex - DHS; McKeown, Karen D - DHS; Litza, Brian D - DHS; Charles Cady MD (cecady@mcw.edu)
Subject: RE: Nalaxone legislation

Mike,

I don't have any specific language. You will want to provide that this is an exception to the requirement of § 256.15 (6n). I think you should consult with Brian Litza and Dr. Cady for any concerns they may have about the need for training and potential logistical problems with implementation. I would appreciate the opportunity to review your draft with the EMS program.

Thanks.

Eric

From: Duchek, Michael [<mailto:Michael.Duchek@legis.wisconsin.gov>]
Sent: Friday, September 27, 2013 1:19 PM
To: Wendorff, Eric J - DHS; Oppor, Louis L - DHS
Cc: Ignatowski, Alex - DHS; McKeown, Karen D - DHS
Subject: RE: Nalaxone legislation

Eric,

Rep. Nygren is seeking to draft legislation that would allow EMT basics to administer Narcan as well. Basically I think the idea would be to override the scope of practice and allow EMT basics to do it even if not in an approved pilot program. Jennifer Malcore in his office suggested you might have some suggested language in order to do this, so while I could try to come up with something myself, I thought I would start with you.

They'd also like to give police officers and firefighters the same authority.

-Mike

From: Wendorff, Eric J - DHS [mailto:Eric.Wendorff@dhs.wisconsin.gov]
Sent: Friday, September 27, 2013 1:14 PM
To: Oppor, Louis L - DHS
Cc: Duchek, Michael; Ignatowski, Alex - DHS; McKeown, Karen D - DHS
Subject: RE: Nalaxone legislation

I don't know. The EMS medical director, Dr. Charles Cady, or the EMS unit supervisor, Brian Litza, would be the persons to ask.

From: Oppor, Louis L - DHS
Sent: Friday, September 27, 2013 1:12 PM
To: Wendorff, Eric J - DHS
Cc: Duchek, Michael - LEGIS; Ignatowski, Alex - DHS; McKeown, Karen D - DHS
Subject: Re: Nalaxone legislation

I am wondering if it makes a difference if it injection or nasal spray?

Lou Oppor
Div of Mental Health and Substance
608 266 9485

Sent from my iPhone

On Sep 27, 2013, at 12:00 PM, "Wendorff, Eric J - DHS" <Eric.Wendorff@dhs.wisconsin.gov> wrote:

Mike,

Scopes of practice authorize what different levels of EMTs may do. The scopes are available on the DHS-EMS web site. Administration of Narcan is within the scope of practice for the EMT Intermediate Technician, EMT Intermediate, and paramedic levels. EMT basics may administer Narcan **if but only if** they have an approved pilot program.

Here's a link to the scopes of practice.

http://www.dhs.wisconsin.gov/ems/License_certification/scope_of_practice.htm

From: Duchek, Michael [mailto:Michael.Duchek@legis.wisconsin.gov]
Sent: Friday, September 27, 2013 11:09 AM
To: Ignatowski, Alex - DHS; Oppor, Louis L - DHS
Cc: Wendorff, Eric J - DHS; McKeown, Karen D - DHS
Subject: RE: Nalaxone legislation

Thanks Alex, Lou just called me and suggested they may be the right people. And Jennifer mentioned an Eric, so maybe that is who I should have been talking to.

From: Ignatowski, Alex - DHS [mailto:Alex.Ignatowski@dhs.wisconsin.gov]
Sent: Friday, September 27, 2013 11:03 AM
To: Duchek, Michael; Oppor, Louis L - DHS
Cc: Wendorff, Eric J - DHS; McKeown, Karen D - DHS
Subject: RE: Nalaxone legislation

Hi Mike – I thought it would be helpful to bring a few more people into the loop right away. I didn't realize that Naloxone was the same as Narcan. I have cc'd Eric Wendorff (Legal Council) and Karen McKeown (Public Health Administrator).

Thanks!

Alex Ignatowski

Legislative Advisor
Department of Health Services
Office: 608-266-3262
Mobile: 608-301-6149
alex.ignatowski@wisconsin.gov

From: Duchek, Michael [<mailto:Michael.Duchek@legis.wisconsin.gov>]
Sent: Friday, September 27, 2013 10:53 AM
To: Oppor, Louis L - DHS
Cc: Ignatowski, Alex - DHS
Subject: RE: Nalaxone legislation

Lou,

Jennifer in Rep. Nygren's office would like to, as I understand it, allow all EMTs to be able to administer naloxone. It's my understanding that this is currently prohibited by way of the Scopes of Practice, which is not in the statutes or rules, but do determine what EMTs can/cannot do. So I'm assuming the idea would be to override this Scope of Practice. Jennifer suggested you or someone at DHS would have suggested language.

I'm also hoping you can help me understand a little bit more about naloxone. I understand it's not a controlled substance (961.16 (2) (a)) but that a prescription may otherwise be required to get it. Is that correct? If so, can you explain to me how EMTs currently obtain naloxone without a prescription? Jennifer would also like police and fire to be able to administer it similarly. Feel free to call.

Mike Duchek
Legislative Attorney
Wisconsin Legislative Reference Bureau
(608) 266-0130

From: Ignatowski, Alex - DHS [<mailto:Alex.Ignatowski@dhs.wisconsin.gov>]
Sent: Friday, September 27, 2013 10:39 AM
To: Duchek, Michael
Cc: Oppor, Louis L - DHS
Subject: RE: Nalaxone legislation

Hi Mike,

Lou is the best contact in the Department and he will be able to bring in anyone else that may be able to help as well. He is cc'd on this email. Please keep me in the loop. Let me know if you need anything else.

Thanks,

Alex

Alex Ignatowski
Legislative Advisor
Department of Health Services
Office: 608-266-3262
Mobile: 608-301-6149
alex.ignatowski@wisconsin.gov

From: Duchek, Michael [<mailto:Michael.Duchek@legis.wisconsin.gov>]
Sent: Friday, September 27, 2013 10:21 AM
To: Ignatowski, Alex - DHS
Subject: Nalaxone legislation

Alex,

I've been asked to get in touch with someone at DHS regarding naloxone legislation. Jennifer in Nygren's office said you'd know who I should contact. Let me know.

Mike Duchek
Legislative Attorney
Wisconsin Legislative Reference Bureau
(608) 266-0130

Duchek, Michael

From: Malcore, Jennifer
Sent: Tuesday, October 01, 2013 9:12 AM
To: Duchek, Michael
Subject: RE: Nalaxone legislation

Mike,

I like that suggestion.

I would like to be able to have a draft in the next couple of days if possible.

Thank you,

Jennifer Malcore

Office of State Representative John Nygren
Co-Chair , Joint Committee on Finance
89th Assembly District
309 East, State Capitol
608.266.2344

From: Duchek, Michael
Sent: Monday, September 30, 2013 3:54 PM
To: Malcore, Jennifer
Subject: RE: Nalaxone legislation

I think that makes sense. Perhaps we could say, as Brian suggested, that the immunity is contingent on police/fire/ARCW getting training and access to the medication through an ambulance service or an MD.

I did not hear back from Brian yet. If he doesn't email back tonight, maybe I can try to work on something and then they could review it afterwards.

-Mike

From: Malcore, Jennifer
Sent: Monday, September 30, 2013 3:46 PM
To: Duchek, Michael
Subject: RE: Nalaxone legislation

Mike,

Just to recap, I believe that I want to leave that up to DHA to decide what method as long as EMT basics have access. Also I think if we put a date of Jan. 1, 2015, that should give everyone enough time to be certified without any issues.

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Does that sum up what we talked about? I assume that you didn't hear back from Brian.

Thank you,

Jennifer Malcore

Office of State Representative John Nygren
Co-Chair , Joint Committee on Finance
89th Assembly District
309 East, State Capitol
608.266.2344

From: Duchek, Michael
Sent: Monday, September 30, 2013 8:59 AM
To: Malcore, Jennifer
Subject: FW: Nalaxone legislation

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Here is some information I got from Brian Litza the EMS Unit Director at DHS. So I think the key things are that the nasal spray-administered Narcan is the one that does not really require much training to administer. So I guess my question for you would be whether the intent is to allow the administration of just the nasal spray Narcan, or other forms as well. If you want more, then more training may be required (see Brian's response). We could also try language to let DHS decide what methods as long as EMT basics have some access to naloxone. One of the attachments you sent with model legislation, however, was against requiring training and was also against specifically specifying in the legislation that it only applies to nasally administered naloxone. But Brian seems to be indicating that at least some level of training is required even for the nasally administered form (and more when you are piercing the skin), though whether you specify that in the bill is perhaps a question. The model legislation suggested using "education" instead of "training" but the question again is whether you specify/require this at all.

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It might be helpful to try to talk this out, perhaps in a call or meeting with Brian, but let me know what you think. The attachments and emails you've sent are very helpful, but raise questions of whether you want to include every kind of provision (some which may not be necessary) recommended in those emails/attachments or not.

-Mike (6-0130)

From: Litza, Brian D - DHS [<mailto:Brian.Litza@dhs.wisconsin.gov>]
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To: Duchek, Michael; Wendorff, Eric J - DHS; Oppor, Louis L - DHS
Cc: Ignatowski, Alex - DHS; McKeown, Karen D - DHS; Charles Cady MD (cecady@mcw.edu); Ullsvik, Jennifer C - DHS
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I hope this helps. Please let us know if you have further questions.

Brian Litza
EMS Director
608.261.6870

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Thanks.

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They'd also like to give police officers and firefighters the same authority.

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Cc: Duchek, Michael; Ignatowski, Alex - DHS; McKeown, Karen D - DHS
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Lou Oppor
Div of Mental Health and Substance
608 266 9485

Sent from my iPhone

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Technician, EMT Intermediate, and paramedic levels. EMT basics may administer Narcan **if but only if** they have an approved pilot program.

Here's a link to the scopes of practice.

http://www.dhs.wisconsin.gov/ems/License_certification/scope_of_practice.htm

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To: Ignatowski, Alex - DHS; Oppor, Louis L - DHS
Cc: Wendorff, Eric J - DHS; McKeown, Karen D - DHS
Subject: RE: Nalaxone legislation

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From: Ignatowski, Alex - DHS [<mailto:Alex.Ignatowski@dhs.wisconsin.gov>]
Sent: Friday, September 27, 2013 11:03 AM
To: Duchek, Michael; Oppor, Louis L - DHS
Cc: Wendorff, Eric J - DHS; McKeown, Karen D - DHS
Subject: RE: Nalaxone legislation

Hi Mike – I thought it would be helpful to bring a few more people into the loop right away. I didn't realize that Naloxone was the same as Narcan. I have cc'd Eric Wendorff (Legal Council) and Karen McKeown (Public Health Administrator).

Thanks!

Alex Ignatowski
Legislative Advisor
Department of Health Services
Office: 608-266-3262
Mobile: 608-301-6149
alex.ignatowski@wisconsin.gov

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Sent: Friday, September 27, 2013 10:53 AM
To: Oppor, Louis L - DHS
Cc: Ignatowski, Alex - DHS
Subject: RE: Nalaxone legislation

Lou,

Jennifer in Rep. Nygren's office would like to, as I understand it, allow all EMTs to be able to administer naloxone. It's my understanding that this is currently prohibited by way of the Scopes of Practice, which is not in the statutes or rules, but do determine what EMTs can/cannot do. So I'm assuming the idea would be to override this Scope of Practice. Jennifer suggested you or someone at DHS would have suggested language.

I'm also hoping you can help me understand a little bit more about naloxone. I understand it's not a controlled substance (961.16 (2) (a)) but that a prescription may otherwise be required to get it. Is that correct? If so, can you explain to me how EMTs currently obtain naloxone without a prescription? Jennifer would also like police and fire to be able to administer it similarly. Feel free to call.

Mike Duchek
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(608) 266-0130

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To: Duchek, Michael
Cc: Oppor, Louis L - DHS
Subject: RE: Nalaxone legislation

Hi Mike,

Lou is the best contact in the Department and he will be able to bring in anyone else that may be able to help as well. He is cc'd on this email. Please keep me in the loop. Let me know if you need anything else.

Thanks,

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Alex Ignatowski
Legislative Advisor
Department of Health Services
Office: 608-266-3262
Mobile: 608-301-6149
alex.ignatowski@wisconsin.gov

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Sent: Friday, September 27, 2013 10:21 AM
To: Ignatowski, Alex - DHS
Subject: Nalaxone legislation

Alex,

I've been asked to get in touch with someone at DHS regarding naloxone legislation. Jennifer in Nygren's office said you'd know who I should contact. Let me know.

Mike Duchek
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Duchek, Michael

From: Malcore, Jennifer
Sent: Monday, September 30, 2013 4:00 PM
To: Duchek, Michael
Subject: RE: Nalaxone legislation

That all sounds great, thank you for your work on this.

Jennifer Malcore

Office of State Representative John Nygren
Co-Chair , Joint Committee on Finance
89th Assembly District
309 East, State Capitol
608.266.2344

From: Duchek, Michael
Sent: Monday, September 30, 2013 3:54 PM
To: Malcore, Jennifer
Subject: RE: Nalaxone legislation

I think that makes sense. Perhaps we could say, as Brian suggested, that the immunity is contingent on police/fire/ARCW getting training and access to the medication through an ambulance service or an MD.

I did not hear back from Brian yet. If he doesn't email back tonight, maybe I can try to work on something and then they could review it afterwards.

-Mike

From: Malcore, Jennifer
Sent: Monday, September 30, 2013 3:46 PM
To: Duchek, Michael
Subject: RE: Nalaxone legislation

Mike,

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Subject: RE: Nalaxone legislation

Eric,

Rep. Nygren is seeking to draft legislation that would allow EMT basics to administer Narcan as well. Basically I think the idea would be to override the scope of practice and allow EMT basics to do it even if not in an approved pilot program. Jennifer Malcore in his office suggested you might have some suggested language in order to do this, so while I could try to come up with something myself, I thought I would start with you.

They'd also like to give police officers and firefighters the same authority.

-Mike

From: Wendorff, Eric J - DHS [mailto:Eric.Wendorff@dhs.wisconsin.gov]
Sent: Friday, September 27, 2013 1:14 PM
To: Oppor, Louis L - DHS
Cc: Duchek, Michael; Ignatowski, Alex - DHS; McKeown, Karen D - DHS
Subject: RE: Nalaxone legislation

I don't know. The EMS medical director, Dr. Charles Cady, or the EMS unit supervisor, Brian Litza, would be the persons to ask.

From: Oppor, Louis L - DHS
Sent: Friday, September 27, 2013 1:12 PM
To: Wendorff, Eric J - DHS
Cc: Duchek, Michael - LEGIS; Ignatowski, Alex - DHS; McKeown, Karen D - DHS
Subject: Re: Nalaxone legislation

I am wondering if it makes a difference if it injection or nasal spray?

Lou Oppor
Div of Mental Health and Substance
608 266 9485

Sent from my iPhone

On Sep 27, 2013, at 12:00 PM, "Wendorff, Eric J - DHS" <Eric.Wendorff@dhs.wisconsin.gov> wrote:

Mike,

Scopes of practice authorize what different levels of EMTs may do. The scopes are available on the DHS-EMS web site. Administration of Narcan is within the scope of practice for the EMT Intermediate Technician, EMT Intermediate, and paramedic levels. EMT basics may administer Narcan **if but only if** they have an approved pilot program.

Here's a link to the scopes of practice.

http://www.dhs.wisconsin.gov/ems/License_certification/scope_of_practice.htm

From: Duchek, Michael [<mailto:Michael.Duchek@legis.wisconsin.gov>]
Sent: Friday, September 27, 2013 11:09 AM
To: Ignatowski, Alex - DHS; Oppor, Louis L - DHS
Cc: Wendorff, Eric J - DHS; McKeown, Karen D - DHS
Subject: RE: Nalaxone legislation

Thanks Alex, Lou just called me and suggested they may be the right people. And Jennifer mentioned an Eric, so maybe that is who I should have been talking to.

From: Ignatowski, Alex - DHS [<mailto:Alex.Ignatowski@dhs.wisconsin.gov>]
Sent: Friday, September 27, 2013 11:03 AM
To: Duchek, Michael; Oppor, Louis L - DHS
Cc: Wendorff, Eric J - DHS; McKeown, Karen D - DHS
Subject: RE: Nalaxone legislation

Hi Mike – I thought it would be helpful to bring a few more people into the loop right away. I didn't realize that Naloxone was the same as Narcan. I have cc'd Eric Wendorff (Legal Council) and Karen McKeown (Public Health Administrator).

Thanks!

Alex Ignatowski
Legislative Advisor
Department of Health Services
Office: 608-266-3262
Mobile: 608-301-6149
alex.ignatowski@wisconsin.gov

From: Duchek, Michael [<mailto:Michael.Duchek@legis.wisconsin.gov>]
Sent: Friday, September 27, 2013 10:53 AM
To: Oppor, Louis L - DHS
Cc: Ignatowski, Alex - DHS
Subject: RE: Nalaxone legislation

Lou,

Jennifer in Rep. Nygren's office would like to, as I understand it, allow all EMTs to be able to administer naloxone. It's my understanding that this is currently prohibited by way of the Scopes of Practice, which is not in the statutes or rules, but do determine what EMTs can/cannot do. So I'm assuming the idea would be to override this Scope of Practice. Jennifer suggested you or someone at DHS would have suggested language.

I'm also hoping you can help me understand a little bit more about naloxone. I understand it's not a controlled substance (961.16 (2) (a)) but that a prescription may otherwise be required to get it. Is that correct? If so, can you explain to me how EMTs currently obtain naloxone without a prescription? Jennifer would also like police and fire to be able to administer it similarly. Feel free to call.

Mike Duchek
Legislative Attorney
Wisconsin Legislative Reference Bureau
(608) 266-0130

From: Ignatowski, Alex - DHS [<mailto:Alex.Ignatowski@dhs.wisconsin.gov>]
Sent: Friday, September 27, 2013 10:39 AM
To: Duchek, Michael
Cc: Oppor, Louis L - DHS
Subject: RE: Nalaxone legislation

Hi Mike,

Lou is the best contact in the Department and he will be able to bring in anyone else that may be able to help as well. He is cc'd on this email. Please keep me in the loop. Let me know if you need anything else.

Thanks,

Alex

Alex Ignatowski
Legislative Advisor
Department of Health Services
Office: 608-266-3262
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alex.ignatowski@wisconsin.gov

From: Duchek, Michael [<mailto:Michael.Duchek@legis.wisconsin.gov>]
Sent: Friday, September 27, 2013 10:21 AM

To: Ignatowski, Alex - DHS
Subject: Nalaxone legislation

Alex,

I've been asked to get in touch with someone at DHS regarding naloxone legislation. Jennifer in Nygren's office said you'd know who I should contact. Let me know.

Mike Duchek
Legislative Attorney
Wisconsin Legislative Reference Bureau
(608) 266-0130

Duchek, Michael

From: Malcore, Jennifer
Sent: Friday, September 27, 2013 4:08 PM
To: Duchek, Michael
Subject: FW: Emailing NOPE Model Naloxone Legislation with NOPE Description and Exhibits - FINAL(1).pdf
Attachments: NOPE Model Naloxone Legislation with NOPE Description and Exhibits - FINAL(1).pdf; ATT00001.htm

Jennifer Malcore

Office of State Representative John Nygren
Co-Chair , Joint Committee on Finance
89th Assembly District
309 East, State Capitol
608.266.2344

From: Bill Keeton [mailto:Bill.Keeton@arcw.org]
Sent: Friday, September 20, 2013 12:53 PM
To: Malcore, Jennifer
Cc: Ignatowski, Alex - DHS; Ramie Zelenkova
Subject: Emailing NOPE Model Naloxone Legislation with NOPE Description and Exhibits - FINAL(1).pdf

Apologies. Here is the attachment.