



John Nygren

WISCONSIN STATE REPRESENTATIVE ★ 89TH ASSEMBLY DISTRICT

Co-Chair, Joint Committee on Finance

Assembly Committee on Health
Chair, Representative Joe Sanfelippo
Testimony by Representative John Nygren
March 8, 2017

Thank you Chairman Sanfelippo and members of the Committee on Health for holding a public hearing on Special Session Assembly Bills 4, 7, 8, and 9.

For the past two sessions, we have worked together as legislative colleagues to pass a package of 17 bills aimed at combating our state's opioid and heroin epidemic. We call this package the Heroin, Opioid Prevention and Education – or HOPE – Agenda. With unanimous bipartisan support and Governor Walker's signature, we successfully laid a foundation to combat heroin and opioid addiction in Wisconsin. That said, there is still more work to be done.

This session, I was appointed Co-Chair of the Governor's Task Force on Opioid Abuse with Lt. Governor Kleefisch. Following three task force meetings throughout the state, involving testimony from dozens of citizens, advocates, and stakeholders, the Lt. Governor and I released a report of recommendations to Governor Walker. The governor took immediate action and called for a Special Session on Opioid Abuse.

The following bills are part of Governor Walker's Special Session call to fight opioid abuse and addiction in Wisconsin:

2017 Special Session Assembly Bill 4

Codeine is an opioid that can be found in certain cough syrups and other medicines used to treat severe colds and common illnesses. While many other states require a prescription to obtain these medications, Wisconsin does not.

When codeine is ingested in large doses, the person taking the medication can experience a dangerous high. To discourage abuse and illegal consumption of this potentially harmful substance, this bill requires a prescription for certain schedule V medications, such as codeine cough syrup. Other schedule V medications are not affected by this change and will still be available without a prescription.

2017 Special Session Assembly Bill 7

It's well known that there is a need for more addiction experts across the state. Currently, doctors can pursue fellowship positions to become certified in a specific area of medicine; however,



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addiction-related fellowships are unavailable in Wisconsin. This bill provides grants to support addiction-specific fellowships so doctors can become certified in an area of addiction medicine.

2017 Special Session Assembly Bill 8

The heroin and opioid epidemic has hit every corner of Wisconsin; no demographic is immune from the dangers of addiction. It is vital that we continue our efforts to provide resources throughout the entire state, especially those that remain underserved. This bill provides funding for additional opioid treatment programs in high-need areas. These programs will ensure that individuals suffering from addiction in underserved areas have increased access to treatment opportunities and are able to succeed in recovery.

2017 Special Session Assembly Bill 9

In parts of the state, access to addiction medicine specialists, addiction psychiatrists, and other addiction experts is hard to come by. Specifically, rural areas don't have as many addiction resources as more populated areas of the state. This bill creates a doctor-to-doctor consultation service, modeled after the Medical College of Wisconsin's Child Psychiatry Consultation Program (CPCP), to help increase access to addiction experts in underserved areas. With this bill, doctors will have a place to turn if they have questions about best practices when treating a patient who suffers from an addiction.

I appreciate the opportunity to testify before your committee today on these important pieces of legislation and welcome any questions you may have at this time.



DATE: March 8, 2017
TO: Representative Joe Sanfelippo, Chair
Members, Assembly Committee on Health
FROM: Danielle M. Laurent, MPH
Director, Public Affairs
Pharmacy Society of Wisconsin
SUBJECT: SSAB 4 relating to: prohibiting certain schedule V controlled substances from being dispensed without a prescription.

Thank you for the opportunity to testify on Special Session Assembly Bill 4, relating to prohibiting certain schedule V controlled substances from being dispensed without a prescription. The Pharmacy Society of Wisconsin appreciates the work of the bill authors, Representative Nygren and Senator Petrowski, in bringing forth this bill, which would require a prescription for all codeine-containing medications, as part of the Governor's Special Session on Opioid Abuse.

When used correctly, prescription opioid medications can prevent pain and suffering for patients; however, many opioid medications, including codeine, have a high propensity for abuse. Codeine's propensity for abuse has been identified in numerous studies, based on its opiate effects and the development of tolerance within a short timeframe on both regular and excessive use¹. Like many opiate medications, misuse of products containing codeine can occur following initial legitimate therapeutic use of the drug or can occur when the drug is used to induce intoxication.

While codeine-only products require a prescription, Wisconsin currently allows the sale of codeine-containing products over-the-counter, without a prescription, if the codeine combined with another non-narcotic active ingredient. Because these drugs are available over-the-counter, many patients assume that there is no health or dependency risk.

Additionally, these drugs are frequently misused; abuse can lead to dependency, hallucinations, and respiratory failure. The combination of codeine-containing cough syrups, soda, and candy is commonly referred to by street names including "Purple Drank," "Syrup," or "Texas Tea." According to The Partnership for Drug-Free Kids, 15% of American teenagers have reported using over-the-counter cough medicine to get high².

The challenge, therefore is how to ensure that patients who need codeine-containing medications for legitimate medical use are able to access the drug, while minimizing the risk of dependence. This bill seeks to achieve that goal by making codeine-containing products available solely with a prescription. By requiring a prescription, patients can be dispensed the drug if a prescriber has determined is necessary for therapeutic purposes. Additionally, because of the new PDMP requirements effective April 1, the prescriber will be required to review the

¹ Marie-Claire Van Hout, Ian Norman. 2016. "Misuse of non-prescription codeine containing products: Recommendations for detection and reduction of risk in community pharmacies." *International Journal of Drug Policy* (27): 17-22.
[http://www.ijdp.org/article/S0955-3959\(15\)00302-3/pdf](http://www.ijdp.org/article/S0955-3959(15)00302-3/pdf).

² Partnership for Drug-Free Kids. 2013. *The Partnership Attitude Tracking Survey*. MetLife Foundation.
<http://www.drugfree.org/wp-content/uploads/2014/07/PATS-2013-FULL-REPORT.pdf>.

PDMP before prescribing any codeine containing product, one of the goals of which is to prevent "doctor-shopping" for controlled substances.

Many pharmacies in Wisconsin already require a prescription for these products. In a survey of 11 of Wisconsin's largest pharmacy chains, 9 of the 11 chains stated they have policies in place that do not allow patients to acquire these products without a prescription. Many pharmacies are already recognizing the need to move these products to prescription only, and this bill would require all pharmacies to adopt this model.

It is the belief of the Pharmacy Society of Wisconsin that the risk of abuse for these medications outweighs the therapeutic benefit provided by making these drugs available without a prescription, and we support requiring a prescription for all codeine-containing products.

Thank you again for allowing me to testify on this important legislation. I would be happy to answer any questions from the committee.



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

Chairman Sanfelippo and Committee Members,

Thank you for allowing me the opportunity to speak with you today in support of the bills resulting from the Governor's Task Force on Opioid Abuse that are aimed at fighting heroin and opioid abuse in our state. My name is Bill Keeton and I am the Vice President for Government and Public Relations at the AIDS Resource Center of Wisconsin. I am also the Chair of the Wisconsin Public Health Council, but am not formally representing that body here today.

I would like to begin my testimony by publicly thanking Governor Walker, Lieutenant Governor Kleefisch, Representative Nygren and all of the members of the Governor's task force for their work in developing the set of proposals before you today. I would like to also especially thank Representative Nygren for his steadfast and tireless commitment to addressing this ongoing challenge.

Since 1994, ARCW has been engaged in the fight against heroin and opiate abuse through our nationally renowned HIV, hepatitis C and opiate overdose prevention programs that have been successfully providing services to injection drug users, their family members, their social networks, members of law enforcement and public health programs across the state.

Previous HOPE bills have had a direct and positive impact in addressing the opioid and heroin epidemic. At ARCW, we have been able to increase community access to naloxone and have heard first hand reports of how individuals witnessing an overdose have been more likely to call 9-1-1 for help. Our Lifepoint prevention and outreach program, which is built upon the tenants of harm reduction, operates statewide and last year was instrumental in helping ARCW reach more than 15,000 people who are using opiates and who at-risk for HIV infection in Wisconsin annually. To date, our staff have trained more than 12,000 people on the use of naloxone and provided them with doses they can use to save a life during an overdose. More than 4,000 times, individuals we have trained have returned to one of our locations to let us know they have used the naloxone we provided them to save a life.

The relationship we are able to engage in with our program participants not only helps prevent new HIV infections, it also helps people who are battling addiction get linked to the health care and treatment services they need to begin traveling the often difficult road to sobriety.

These outcomes are the result of the enactment of HOPE legislation.

The four bills being heard today will continue this legacy by helping to overcome identified gaps in our state's ability to address the ongoing opioid epidemic.

By tightening controls related to the availability of codeine, Special Session Assembly Bill 4 will help reduce access to another pathway to addiction and abuse of opioids. While often less publicized than other opiates, codeine contributes to the development or continuation of opiate addiction for many individuals. The passage of this bill will help ensure less opioids are available to be abused.

Special Session Assembly Bills 7, 8 and 9 together will help address a critical need in our state's response to this problem as well. Too often, individuals who reach out to ARCW for help in accessing treatment for their addiction are placed on wait lists or are unable to find providers in their areas at all. This is especially true in rural areas throughout the state. Building our provider workforce, clinical capacity and taking advantage of technology are all critical as we continue to address gaps in access to addiction treatment.

ARCW encourages the committee to support passage of the four bills before you today.

Thank you for your consideration of my testimony today.

2861 Crinkle Root Drive
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DATE: Wednesday, March 8th, 2017
TO: Representative Joe Sanfelippo, Chair
Members, Assembly Committee on Health
FROM: Wisconsin Pharmacy Examining Board
Philip J. Trapskin, PharmD, BCPS, PEB Vice-Chair

SUBJECT: Special Session Assembly Bill 4: relating to prohibiting certain schedule V controlled substances from being dispensed without a prescription

Thank you for the opportunity to testify today on Assembly Bill 4. I am here today on behalf of the Wisconsin Pharmacy Examining Board (PEB) which discussed this bill at our February meeting. It is the PEB's understanding that if enacted it would no longer be permissible for a pharmacy to dispense a substance specified in s. 961.22(2)(a) (i.e. Not more than 200 milligrams of codeine per 100 milliliters or per 100 grams) without a prescription of a practitioner.

Additionally, there are other opioids in s. 961.22(2) that also have potential for misuse and abuse that the author's and committee may want to consider adding to the bill, all substances listed in s. 961.22(2) (i.e. dihydrocodeine, ethylmorphine, diphenoxylate, opium, and difenoxin). As the committee may already be aware the primary use for preparations in s. 961.22 are the treatment of cough or diarrhea for which over-the-counter alternatives with a much lower abuse potential exist.

It is the opinion of the PEB that the risks of misuse and abuse of opioids far outweigh the benefits of access of these substances without a prescription. Therefore, the PEB wishes to go on record in support of this legislation.