



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.



State of Wisconsin
Department of Health Services

Scott Walker, Governor
Linda Seemeyer, Secretary

March 8, 2017

Assembly Committee on Health

2017 Special Session Assembly Bills 7, 8, and 9

WI Department of Health Services Position: Testifying in favor

Good morning Chairman Sanfelippo and members of the Committee on Health,

Thank you for the opportunity to testify on Special Session Assembly Bills 7, 8, and 9 regarding the opioid epidemic in Wisconsin. My name is Jennifer Malcore, and I am the Assistant Deputy Secretary at the Department of Health Services. I have with me Linda McCart, DHS office of Policy Initiatives and Budget; Bernestine Jeffers, Division of Care and Treatment Services, Bureau of Prevention, Treatment and Recovery; Dr. Jon Meiman, Chief Medical Officer, Division of Public Health; and Linda Hale, Division of Public Health, Bureau of Community Promotion.

By now, I am sure we have heard the statistics. Opioid related overdose deaths more than tripled in Wisconsin, from 194 deaths in 2003 to 622 deaths in 2014, and that heroin abuse is tightly tied to prescription drug abuse. Addressing opioid abuse and addiction requires a multifaceted approach, and we believe the special session bills introduced by Representative Nygren continue this effort.

Ensuring accessible and effective opioid addiction treatment is a vital part in a strategic plan to address this epidemic. Assembly Bill 7 would expand graduate medical training in an addiction specialty. In Wisconsin, we have a critical shortage in the AODA physician workforce of addiction psychiatrists and addiction medicine specialists.

To continue to address this shortage, Assembly Bill 9 would require the Department of Health Services to create and administer an addiction medicine consultation program to assist clinicians and provide care to patients with substance addiction.

Assembly Bill 8 would provide additional funds to add two or three opioid treatment programs in underserved and high-needs areas. These clinics provide residential, outpatient and counseling services. In the two short years that the existing 3 have been open, they have provided services to over 300 participants.



Public Hearing – Assembly Committee on Health
Testimony in favor of SS AB-7
Presented by Robert N. Golden, MD
Dean, University of Wisconsin School of Medicine and Public Health
March 8, 2017

Dear Chairperson Sanfelippo and members of the Assembly Committee on Health:

I appear before you today to testify in favor of Special Session Assembly Bill 7 related to grants to establish and expand graduate training in an addiction subspecialty and providing funding for this purpose. Specifically, the bill adds fellowships in addiction medicine and addiction psychiatry to the list of specialties the Department of Health Services may support through grant funding established in the 2013-15 biennial budget and increases the funding available to the grant program by \$63,000 in FY17-18 and FY18-19.

As you know, the bill before you is the result of months of thoughtful deliberations by the Governor's Task Force on Opioid Abuse and I applaud and appreciate the members' effort to expand access to specialists in addiction medicine. There is no doubt that the opioid epidemic is far-reaching and devastating, and we need many more clinicians that are specialized in order to address the complex and deadly effects of addiction. This bill was clearly created with that goal in mind.

We are addressing the opioid epidemic at the University of Wisconsin School of Medicine and Public Health in a number of ways. For example, we established an Addiction Psychiatry Fellowship in 2007, providing a unique opportunity for psychiatrists to develop additional specialized clinical skills for meeting the needs of patients suffering from substance use disorders and comorbid medical and psychiatric conditions. The primary sites for hands-on experience are the Madison VA and NewStart, a community-based inpatient/outpatient drug and alcohol treatment program. Fellows also rotate at Tellurian, ARC, Connections Counseling, and the Jesse Brown VA in Chicago. We believe this approach allows fellows a wide range of experiences working with patients of varying ages, genders, and socioeconomic backgrounds across the continuum of care but in keeping with the spirit of the legislation before us, we would embrace the opportunity to add a rural rotation to the fellowship in collaboration with a participating hospital. This additional experience would benefit the fellows, the patients, the population whom we serve, and the rural training sites.

Recruitment could begin in earnest for one or two fellows in Addiction Psychiatry in the spring of 2017 with a start date in July of 2018. This 12-15 month timeline is typical of the recruitment and selection process for post-residency fellowships, and should be kept in mind when considering the potential impact of Special Session Assembly Bill 7 on the opioid crisis. I would encourage members of the committee to allow adequate time to assess the return on investment, as there is "ramp up" time to consider, and these positions are often difficult to fill. That being said, allow me to reiterate my strong enthusiasm for Special Session AB-7. Please join me in supporting this legislation.

Thank you for your consideration. I am happy to entertain questions at this time.



Office of Government and
Community Relations

TO: | Members of the Assembly Committee on Health

FROM: | Jon A. Lehrmann, MD
Charles E. Kubly Professor in Psychiatry and Behavioral Medicine
Chairman and Professor
Department of Psychiatry and Behavioral Medicine
Medical College of Wisconsin

Robert W. Hurley, MD, PhD
Department of Anesthesiology
Director F&MCW System Comprehensive Pain Program
Director, MCW Pain Management Centers
Medical College of Wisconsin

DATE: | March 8, 2017

RE: | Testimony in Support of 2017 Special Session Assembly Bill 7

Good morning Chairman Sanfelippo and members of the Assembly Committee on Health. Thank you for holding this public hearing on Special Session Assembly Bill 7, which will provide \$63,000 in grant funding each year to establish and expand graduate training in addition specialties. The Medical College of Wisconsin (MCW) strongly supports this legislation.

I am Jon Lehrmann, MD, Chairman of MCW's Department of Psychiatry and Behavioral Medicine, and along with me is Robert Hurley, MD, PhD, Vice-Chairman of MCW's Department of Anesthesiology and Medical Director of MCW's Pain Management Center.

MCW applauds the members of Governor Walker's Task Force on Opioid Abuse for putting forward this recommendation, as well as Representative Nygren for taking the lead to author and introduce this bill in the State Assembly. Increasing opportunities for graduate medical education (GME) positions is the single most important step the state can pursue to continue addressing Wisconsin's physician shortages, which are particularly acute in relation to the opioid epidemic.

8701 Watertown Plank Road
Post Office Box 26509
Milwaukee, WI 53226-0509
(414) 955-8217
FAX (414) 955-6501

MCW is pleased that the grant funding may be applied to fellowships in either addiction medicine or addiction psychiatry. Increasing the number of trained physicians within both these specialty areas is critical. With respect to Addiction Psychiatry, MCW is actively recruiting additional Addiction Psychiatry faculty, and has been developing an accredited Addiction Psychiatry fellowship, with the intent to matriculate to fellows in academic year 2018. Although these two additional trainees will not completely satisfy the needs of Wisconsin, they will increase access to addiction services in Southeast Wisconsin.

In addition to Addiction Medicine and Addiction Psychiatry fellowships, however, MCW would also recommend the committee consider amending the legislation to ensure funding would be allowable for new Comprehensive Pain Medicine Fellowship positions.

MCW is home to the only Comprehensive Pain Medicine fellowship in Wisconsin. We train four fellows per year. This fellowship program approaches the opioid crisis through preventative strategies. These include the education of trainees in diagnosis of pain and appropriate (and limited) prescribing of opioids for the treatment of pain. We refer to this concept as "preventative pain."

MCW's Comprehensive Pain Medicine fellowship is based on the philosophy that opioid dependence can, and will, develop when pain is inappropriately or ineffectively treated with opioids. This program also takes the longer-term view that ineffective treatment can result in dependence or addiction to other non-opioid medications. Accordingly, we train our Comprehensive Pain Medicine fellows with the goal of improving patient function and reduction of disability. We meet these goals by teaching the most up-to-date opioid reduction and weaning strategies, as well as non-opioid pain management therapies and techniques.

MCW strongly supports Special Session Assembly Bill 7. We also wish to request the committee's consideration and support for amending the legislation so that Comprehensive Pain Medicine fellowships would also be eligible to apply for the grant funding.

Thank you for your time and consideration, we are happy to answer any Committee members' questions.



WISCONSIN
PSYCHIATRIC
ASSOCIATION

TO: Members, Assembly Committee on Health

FROM: Jeff Marcus, MD, President
Wisconsin Psychiatric Association

DATE: March 8, 2017

RE: Support for Special Session AB 7, 8 and 9

The Wisconsin Psychiatric Association represents more than 400 physicians specializing in psychiatry across Wisconsin. Within our specialty and membership we count numerous addiction medicine sub-specialists as well.

We continue to welcome the Legislature and Governor's efforts to tackle the problem of opioid, heroin and narcotic abuse and addiction, and we appreciate the opportunity to express our gratitude for your work here, and our support for three bills in particular:

Without question, Wisconsin can benefit from having more Addiction Medicine physicians practicing in our state. Assembly Bill 7 would provide funding to the Department of Health Services to provide grants for the creation of more Addiction Medicine graduate medical training. Please support AB 7.

Wisconsin is significantly short of beds and treatment facilities for patients suffering from addiction disorders. Assembly Bill 8 would provide funding to create new treatment programs in underserved and high-need areas. This is another positive step, and we urge your support for AB 8.

Finally, as specialists treating patients with addiction disorders, we are acutely aware that many family physicians, internists, pediatricians, emergency physicians and others regularly see patients in need of more specialized care. Assembly Bill 9 would create an addiction medicine consultation program modeled after Wisconsin's new but already successful Child Psychiatry Consultation Program. Again, AB 9 is another positive step in cost-effectively expanding access to needed specialty care. Please support AB 9.

We urge you to continue to expand on the steps being taken here, and as a part of Representative Nygren's larger HOPE Agenda, continue to look for ways, both proven and novel, to address social, economic, domestic and other factors that often underlie, encourage or enable drug abuse and addiction.



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.

March 7, 2018

Dear Members of the Assembly Health Committee,

My name is Skyler Chouinard, and I am a third year medical student at UW School of Medicine and Public Health. I apologize for being unable to attend the hearing on March 8th; however, I want to extend my support for the Special Session bill to expand graduate training in addiction.

I was one of the medical students that co-founded the Substance Abuse and Addiction Interest Group at UW SMPH two years ago. The small number of medical students who are members of this group have chosen to hold various educational sessions for parents of high school students, undergraduate students, and fellow medical students. All of these provided us with very positive feedback and our message seemed to be very well received, demonstrating the want and the need for this education in these various groups. Of course, this is not a task that this one student organization can undertake alone; instead, all medical students should have some foundational knowledge of addiction so that they can help to educate their patients and others in the community.

This past fall, another medical student and I were interested in attempting to get more addiction medicine training into our curriculum; however, again, this was a large task for just two medical students. We decided the best first step would be to assess where gaps in knowledge lie so that we could have some evidence for where to target such training. With the help of WI Voices for Recovery, and Dr. Randy Brown, one of the Addiction Medicine Specialists at UW, we developed a survey designed to assess the knowledge and opinions on addiction and the current opioid epidemic. We sent this out to all UW SMPH medical students and UW Family Medicine physicians and received 172 responses from medical students, and 58 from physicians. We are currently working on a brief report to share our findings; however, I wanted to share some of our results with you, in order to demonstrate the need for additional training in addiction.

First, it clearly demonstrated that multiple gaps in knowledge exist. For example, only 25% of students and 14% of physicians correctly identified which patient demographic is at the highest risk of opioid overdose. This is clearly problematic as physicians are at the front lines of screening patients for addiction and substance use disorders, and are the ones writing the prescriptions that unintentionally lead to misuse. Expanding addiction training in graduate education on addiction could help correct this, and many other existing knowledge gaps.

Second, our survey demonstrated that some discrepancies exist between knowledge and opinion. For example, the majority of physicians and medical students supported harm reduction strategies, such as prescribing naloxone; however, many respondents were unable to correctly identify of the details of the statewide standing order for pharmacies for naloxone dispensing. Additionally, our results demonstrated awareness of multiple lower risk alternatives for treating chronic pain; however, the most frequently requested topic to learn more about, from both groups, was non-opioid treatment options and their efficacies. This seems to indicate that we are aware of various treatment options, but would benefit from additional education on how to best utilize them.

Finally, our results demonstrate a desire for further training in addiction. Both groups ranked health care professionals the most frequently when asked who is responsible for the current opioid abuse epidemic. Additionally, numerous topics were listed by both groups when asked what they would like to learn more about. Some of these topics included indications for prescribing opioids, preventing opioid addiction, and how to get patients off of chronic opioids. Overall, this demonstrates that we are willing to take a lot of responsibility for this problem and that we are willing to put in work to help correct it; however, as discussed above, knowledge gaps exist that may be preventing us from doing so.

As you can see, there is a need, and desire, for more addiction education among physicians and medical students. By expanding addiction training in graduate education, future physicians would be better able to treat and prevent substance abuse disorders in our patients, as well as educate our patients and communities on addiction.

Thank you for taking the time to consider my viewpoint on this very important topic. If you have any questions, please feel free to contact me.

Sincerely,

Skyler Chouinard, BS
M.D. Candidate, Class of 2018
UW School of Medicine and Public Health
schouinard@wisc.edu

My name is Aman Prasad and I'm a medical student at the University of Wisconsin – Madison. It is an honor to write to the Assembly in support of this bill. I want to start by saying thank you. If it weren't for your continued support of UW-Madison, I would not be earning any degrees, and for that I am grateful. I was raised in Idaho and went to college in New York. Seven years ago, I fell in love with the fried cheese curds, the good beer, and the people of Wisconsin. This has truly become my home.

My training at UW has given me the opportunity to journey across the state. I have witnessed how badly we are losing the fight against opiate painkillers - the most addictive substance known to mankind. From nursing homes to school meetings, I have had the privilege of meeting Wisconsinites from all walks of life. The people of Wisconsin are down to earth and honest. They are hard-working - making ends meet in tough circumstances, but always with a smile and handshake. That makes the stories that I have heard about lost loved ones to opioid abuse even more heartbreaking. The people I've met are moms and dads who have had to bury their children. They are grandparents, who have had to become parents again to their grandchildren. They are young people, who don't see a way out of the hopelessness that is taking a toll across rural America. Please continue to craft and support excellent programs like the one in this bill that help providers – doctors, dentists, nurses, and pharmacists - with the resources and education to fight this crisis in Wisconsin.

Finally, in this budget year, I would like to ask for your continued, vigorous support of UW-Madison and our research mission. Without the knowledge, data, and ideas that research provides, we will not conquer the opioid problem. It will continue to spiral out of control – from heroin to fentanyl and who knows what next. The reason I do research is because the health of my fellow Wisconsinites- my neighbors and my friends - is my #1 priority. I know that academics can come off as out of touch and elitist. I hope I can dispel some of that. I worked the night shift at a Sonic Drive-in in high school and worked through college to help pay bills when my dad lost his job. I worked nights in graduate school to pay my rent and buy groceries - the very same things the people of Wisconsin do each and every day. UW-Madison can and will be your ally in this fight. It is a gem of our state and country, recognized across the world for cutting edge research especially on problems like this epidemic. Without your support, we are on the cusp of losing this status. Come visit us on campus and at the medical school, walk into the labs and classrooms that your money pays for. Be part of the ideas that this great institution generates. And continue to hold us to a higher standard of doing good for the people of Wisconsin. Thank you.