MARK BORN
STATE REPRESENTATIVE • 39TH ASSEMBLY DISTRICT

Testimony on Assembly Bill 645

Assembly Committee on Substance Abuse and Prevention
January 8, 2020

Thank you Chairman Plumer and members of the Assembly Committee on Substance Abuse and Prevention for allowing me to testify in support of Assembly Bill 645. I would also like to thank many members of this committee for your support by co-sponsoring this important piece of bipartisan legislation.

On Tuesday, June 18, 2019, a 31-year-old male was booked into the Dane County Jail and later that evening, found unresponsive in his bunk. Not even five months later, a 32-year-old woman experienced a drug overdose while undergoing the booking process. Fortunately, Dane County Jail has 24 hours a day, 7 days a week medical staff who were able to successfully administer Narcan and save both individuals' lives. However, not all county jails, especially in smaller, rural communities, have the resources to staff their medical units 24/7. For that reason, it is absolutely critical that county jailers are properly trained on how to administer Narcan in these types of emergency situations.

This bill adds county jailers to the current state statute which establishes a framework for all levels of EMT and first responders to be trained on how to administer Narcan. By amending this provision, we are not only increasing the number of lives saved from overdose, we are also equipping jail staff to be fully prepared in a situation where they are exposed to the dangerous and powerful drug fentanyl. In a circumstance where a county jail does not have 24 hour medical staff, the officer would have to wait for a deputy or EMT to arrive to properly administer the Narcan. These types of situations require a rapid response and county jailers should be fully equipped to handle them.

The second component of this legislation focuses on the availability of medication-assisted treatment, most commonly referred to as MAT, in both county jails and state prisons. The criminal justice system provides a unique opportunity to connect individuals with opioid use disorder to treatment in a controlled space. Despite MAT's proven effectiveness, individuals in need of treatment often have little to no access to these medications while incarcerated.

To address this treatment gap, the bill requires DHS in consultation with DOC, to study the availability of medication-assisted treatment for opioid use disorder in both state prisons and county jails. Following the data collection, the departments shall propose a pilot project to make these treatment methods more accessible to individuals in custody. This requirement is a crucial step in ensuring access to these effective treatments.

Some of the most vulnerable times for a person in recovery are while they are incarcerated and just before they are released. This bill focuses on individuals who are serving time in our criminal justice system. It strengthens both individuals who are suffering from opioid use disorder and the staff who are tasked with keeping our jails and prisons safe. I hope you can join me in supporting this important, lifesaving piece of legislation.

At this time, I would be happy to answer any questions you might have.

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Alberta Darling
Wisconsin State Senator
Co-Chair, Joint Committee on Finance

Testimony before the Assembly Committee on Substance Abuse and Prevention
Assembly Bill 645
Wednesday, January 8, 2020

Thank you Chair Testin and committee members for taking the time to hear Assembly Bill 645. This bill continues our state's fight against the opioid epidemic by expanding access to Narcan.

2013 Wisconsin Act 200 established a framework for all EMT and first responders to be trained on how to administer naloxone. This HOPE legislation allowed law enforcement agencies or fire departments to enter into a written agreement with an ambulance service to obtain a supply of Narcan.

AB 645 would expand Act 200 to county jailers. County jailers often deal with similar situations as our first responders. However, not all county jails are equipped with 24-hour medical staffing, making the need for county jailers with the training to administer Narcan critical in emergency situations.

Often times, an individual is arrested and hours later will overdose in jail. Without 24 hour medical staff, the county jailer would have to wait for a deputy or EMT to arrive before administering Narcan. Delayed action in these types of situations can often mean the difference between life and death.

Additionally, in many cases medications approved by the FDA for the treatment of opioid use disorder (OUD) are not available to those in Wisconsin prisons and county jails. In most cases, individuals in need of treatment have no access to any of these medications during incarceration.

To help address this, AB 645 also requires the Department of Health Services (DHS), after consulting with the Department of Corrections (DOC), to study the availability of medication-assisted treatment for opioid use disorder in each prison and county jail. DHS must then work with DOC to propose the implementation of a pilot project to make available all approved medications for medication-assisted treatment for opioid use disorder in at least one prison or county jail. DHS will then report the findings and any requested changes to the Joint Committee on Finance.

Thank you to Representatives Nygren and Born for their leadership on the issue. I hope to count on your continued support for the HOPE agenda with Assembly Bill 645.

WPHCA
Wisconsin Primary Health Care Association

January 8, 2020

TO: Chairman Jon Plumer
Members of the Assembly Committee on Substance Abuse and Prevention

RE: Assembly Bill 647 (SB 581): the prescription drug monitoring program, Assembly Bill 650 (SB 582): reimbursement for peer recovery coach services under the Medical Assistance program and coordination and continuation of care following an overdose, Assembly Bill 646 (SB 591): registration of recovery residences and disciplinary action against a state employee who is receiving medication-assisted treatment, Assembly Bill 645 (SB 594): opioid antagonist administration in jails and medication-assisted treatment availability in prisons and jails, and AB 651 (SB 590): Drug immunity.

On behalf of the Wisconsin Primary Health Care Association (WPHCA), I am writing to express support for the package of bills related to substance use and recovery services for Wisconsinites. These include: Assembly Bills 645, 646, 647, 650 and 651.

WPHCA is the membership association for the 17 Community Health Centers (also known as Federally Qualified Health Centers, FQHCs) in Wisconsin. Community Health Centers are private, non-profit organizations that provide access to primary medical care, dental and behavioral health services including Substance Use Disorder (SUD) treatment. Health Centers play a significant role in providing Wisconsinites with the specialized care for SUD they would not have access to otherwise.

The Wisconsin Primary Health Care Association believes that this package of legislation will help to:

- **Expand access to the important support and coordination services of Peer Recovery Coaches through Medicaid reimbursement (AB 650).**
    - Health Centers are in the business of providing whole patient care and that extends to their SUD services as well. This means that health centers employ or work with care coordinators, Peer Recovery Specialists, and Community Recovery Specialists to support patients as they navigate multiple systems in their treatment and recovery journey.
    - WPHCA supports the reimbursement of Peer Recovery Specialists and requests that the legislation include Community Recovery Specialists and other providers with similar training and certification as Peer Recovery Coaches, and extend the utilization and reimbursement of care coordination services beyond an overdose encounter. Patients should have access to comprehensive care however they come into the treatment and recovery process.

- **Extend new options to provide overdose treatment and increase access to SUD services, specifically Medication Assisted Treatment, for vulnerable populations (AB 645)**

- **Support prevention efforts through continued support of the prescription drug monitoring program (AB 647).**

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- **Support policies that serve to help individuals in their treatment and recovery and reduce the stigma associated with substance use treatment (AB 646)**

- **Support overdose reporting by allowing current law to continue as it relates to certain immunity protections for individuals who summon or provide emergency medical assistance in the event of an overdose (AB 651)**

Health Centers who received HOPE funding in 2015 (Family Health Center of Marshfield with the HOPE Consortium and NorthLakes Community Clinic) saw the number of individuals they are providing treatment go from 20 in 2015 to 597 in 2018, with the number of pregnant women being served reaching 48 in 2018 (Opioid and Methamphetamine Treatment Centers: 2019 Report to the Legislature). The latest data collected for all Wisconsin Health Centers shows that between 2017 and 2018 the number of individuals receiving opioid use disorder (OUD) treatment services at a Wisconsin Health Center nearly doubled, from 429 to 769 (HRSA Uniform Data System). With more Health Centers having expanded their SUD treatment and recovery services in this past year we expect this number to grow. With the legislature's support for SUD program sustainability, Health Centers are hopeful that no person in need of treatment in Wisconsin will go without.

Sincerely,

Stephanie Harrison

Stephanie Harrison, CEO
Wisconsin Primary Health Care Association

ABOUT WPHCA:
WPHCA is the membership association for Wisconsin's 17 Federally Qualified Health Centers (FQHCs) also known as Community Health Centers (CHCs). Community Health Centers work to create healthier communities by improving access, providing quality health care and reducing health disparities for Wisconsin's underserved and low-income populations. Our aim is to ensure that all Wisconsinites achieve their highest health potential. We execute our mission and focus our aim through providing training and technical assistance to Wisconsin's Community Health Centers and advocating on their behalf.

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Wisconsin Medical Society

Your Doctor. Your Health.

TO: Assembly Committee on Substance Abuse and Prevention

FROM: Taylor Boland Rigby, MD

DATE: January 8, 2020

RE: Support for HOPE Legislation
AB 645 – Medication Assisted Treatment (MAT) for Prisons and Jails
AB 646 – Recovery Residences and State Employee MAT
AB 647 – Prescription Drug Monitoring Program Extension
AB 650 – Peer Recovery Coaches
AB 651 – Good Samaritan Extension

Good afternoon Mr. Chairman and esteemed members of the Substance Abuse and Prevention Committee. My name is Dr. Taylor Boland Rigby. I earned my medical degree here at the University of Wisconsin and am currently a second-year resident at UW in Family Medicine. I work in several of the hospitals here in Madison as well as in the rural community of Belleville, WI. I am here today to testify **in support** of the most recent round of the Heroin, Opioid Prevention and Education (HOPE) bills.

Wisconsin has been a leader in tackling the opioid crisis that has afflicted so many in our community. At national conferences, I have been proud to say that I am from Wisconsin while discussing what further measures can be taken to combat this epidemic. As the state's largest physician organization, the Wisconsin Medical Society has been a vital partner with the Legislature to create solutions to the opioid crisis and to help those who are struggling with addiction. Physicians throughout Wisconsin, like many of yourselves, have witnessed first-hand the impacts that addiction has on our patients, families and communities. The Society has worked tirelessly to promote opioid education throughout the state with the goal of improving both physician practice and patient outcomes. However, much work remains to be done.

This most recent round of HOPE legislation focuses on increasing access to treatment for those suffering from opioid addiction. Specifically, we are supportive of both AB 645 and AB 646 which would increase the use of medication assisted treatment, also known as MAT, for prison populations. They also create needed employee protections for those under a prescribed MAT program. MAT is the use of one of three medicines (methadone, naltrexone, or buprenorphine) to decrease cravings and withdrawal in a monitored medical setting with the goal of achieving sobriety. Evidence proves that MAT is an effective way to manage opioid addiction, allowing patients to live productive and meaningful lives. Increasing access to MAT, particularly for at-risk populations, will help those who would likely suffer from withdrawal and/or relapse and act as a foundation for continued sobriety. Evidence shows persons recently incarcerated are anywhere from 40 to 120 times more likely to overdose and die.[1, 2] Programs that have offered MAT in jails have led to 60-85% decreases in

[1] *Commonwealth of* Massachusetts, accessed January 6, 2020, https://www.mass.gov/files/documents/2017/08/31/legislative-report-chapter-55-aug-2017.pdf.
[2] SI Ranapurwala SI et al. "Opioid Overdose Mortality Among Former North Carolina Inmates: 2000-2015," *American Journal of Public Health* 108, no. 9 (2018): 1207–1213. doi:10.2105/AJPH.2018.304514.

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overdose death.[3, 4] MAT is life-saving and, as one of my patients said last week, "the best decision I have made in my entire life." With patients that are on a particular MAT medicine, it is important that they remain stable by continuing their specific form of MAT. Several of my patients on MAT have fled rather than go to jail due to fear that their buprenorphine would not be continued. Thus, piloting the use of all forms of MAT in the jail system is a crucial step towards successful treatment of opioid addiction. While some people have concerns that MAT medicines can be diverted in the jail, there are several ways to mitigate this risk including monitored administration and using the dissolvable form of buprenorphine. We are also supportive of the use of recovery residences under AB 646 as a means to help those who suffer from opioid use disorder integrate back into their communities.

The Society is also supportive of the concept of properly trained and certified peer recovery coaches, another evidence-based treatment for opioid use disorder, as laid out under AB 650. The 2018 report from Pew Charitable Trusts states that peer recovery coaches and recovery specialists are a viable means to help coordinate care for patients upon their discharge for an overdose.[5] Additionally, a study from the Academy of Emergency Medicine also shows that the use of a peer recovery coach along with naloxone in the emergency department is an acceptable treatment and one that can be maintained over time.[6] The recent addition of a peer recovery coach in Green County has been an overall positive experience for our patients; this coach is available for therapy sessions, informal conversations, and even rides to appointments.

Lastly, the Society supports the extension of the Prescription Drug Monitoring Program requirement (AB 647) and the repeal of the sunset date for the "Good Samaritan" Law (AB 651). Opioid prescriptions have steadily decreased by 35 percent since 2015 according to the most recent data from the Controlled Substances Board.[7] This decrease suggests that the requirement to check the PDMP has helped to reduce opioid prescribing. It is the hope of the Society that checking the PDMP becomes a best practice for Wisconsin physicians and that ultimately this requirement would no longer be needed. However, we support the extension pending future conversations and data. Repealing the sunset on the Good Samaritan Law is a commonsense update to a necessary law that helps people get access to care at the most critical moments.

I thank the Committee for giving me the opportunity to testify in support of this important legislation.

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[3] TC Green TC et al. "Postincarceration Fatal Overdoses After Implementing Medications for Addiction Treatment in a Statewide Correctional System," *JAMA Psychiatry* 75, no. 4 (2018): 405–407, doi: https://doi.org/10.1001/jamapsychiatry.2017.4614.

[4] J Marsden et al. "Does exposure to opioid substitution treatment in prison reduce the risk of death after release? A national prospective observational study in England," *Addiction* 112, no. 8 (2017): 1408-18, doi: 10.1111/add.13779.

[5] "Substance Use Disorder Treatment Policy Recommendations for the State of Wisconsin; Final Report-July 2018," *Wisconsin State Legislature*, accessed January 5, 2020, https://legis.wisconsin.gov/assembly/hope/media/1161/wisconsin-final-report-final.pdf.

[6] EA Samuels et al. "Adoption and Utilization of an Emergency Department Naloxone Distribution and Peer Recovery Coach Consultation Program," *Academy of Emergency Medicine* 26, no. 2 (2019): 160-173, doi: 10.1111/acem.13545.

[7] "Wisconsin ePDMP Report 8, Quarter 1, January 1-March 31, 2019," *Controlled Substances Board*, accessed January 5, 2020, https://pdmp.wi.gov/Uploads/2019%20Q1%20CSB.pdf.

Andrew Whitacre, Associate Manager, Substance Use Prevention and Treatment Initiative
The Pew Charitable Trusts

Wisconsin Assembly Committee on Substance Abuse and Prevention
Written Testimony
1/8/2020

Good morning Chairman Plumber, Vice-Chairwoman Magnifici, and members of the Committee. Thank you for holding this hearing and inviting me to testify.

My name is Andrew Whitacre and I lead The Pew Charitable Trusts' technical assistance work in the State of Wisconsin and I have been asked to testify on Assembly Bills 645 and 646 today.

The Pew Charitable Trusts is a data-driven research and policy organization. Our project, the Substance Use Prevention and Treatment Initiative, collaborates with states in their efforts to improve access to timely, comprehensive, evidence-based treatment for substance use disorders, specifically opioid use disorder (OUD).

Beginning in June 2017, Pew provided technical assistance to the Governor's Task Force on Opioid Abuse at the request of the Co-Chairs, Rep. Nygren and Lt. Governor Kleefisch, with support from Governor Walker, Speaker Voss, and Majority Leader Fitzgerald.

Pew conducted an assessment of Wisconsin's substance use disorder (SUD) treatment system. This work included discussions with stakeholders from state and local government agencies, elected officials, as well as organizations representing health care providers, individual prescribers, and patient advocates. In total, Pew spoke with more than 100 stakeholders across the state to better understand stakeholder priorities and the strengths and opportunities for improvement in Wisconsin's existing treatment system. In addition, Pew consulted national experts and reviewed evidence-based and emerging practices to address the opioid crisis. Based on this input, we then presented the Task Force with state-specific policy

recommendations to improve the treatment of OUD for the people of Wisconsin in both January and July 2018.

Recommendations provided by Pew in January 2018 were unanimously adopted by the Task Force and implemented thereafter through Executive Order or legislation. Recommendations provided in July 2018 that require legislative action are reflected in Senate Bills 591 and 594 for your consideration today. These legislative actions build on the legacy of the HOPE agenda to continue to make progress on the opioid crisis in this state. I will briefly discuss how these bills address critical gaps in treatment access, as well as serve the needs of underserved populations, including people who are incarcerated. Additionally, I'll share how these measures will help build a treatment system that is capable of responding to the need here in Wisconsin with proven and effective practices.

Assembly Bill 646

Requiring the Department of Health Services to establish and maintain a registry of approved recovery residences

First, the length of treatment for people with OUD varies based on severity of need, medication used, and individual circumstance.[i] For example, the National Institute on Drug Abuse states that a minimum of 12 months of treatment is needed for patients on methadone maintenance.[ii] It also states that least 90 days of residential or intensive outpatient treatment is required for patients to maintain positive outcomes, noting that treatment lasting significantly longer is recommended.[iii] During this time, patients may need to stay in recovery housing; in fact, patients with SUD frequently report housing as one of their top concerns during their recovery.[iv]

Recovery houses are residential environments that provide individuals in recovery from SUD with alcohol- and drug-free cohabitation spaces and often include peer support and other services such as individual and group therapy, employment opportunities, and assistance with

social, personal, and living skills.[v] Patients with SUD who reside in recovery housing have reduced substance use, reduced risk of relapse, lowered incarceration rates, and increased employment compared with those not in recovery homes.[vi,vii] Further, recovery houses have been shown to be cost-effective, with cost savings between $17,830 and $29,000 per person; these savings factor in the cost of substance use, illegal activity, and incarceration that might occur without the support that recovery housing offers.[viii]

Despite the positive role of recovery housing in an individual's recovery, many of these residences prohibit or actively discourage the use of Food and Drug Administration (FDA) - approved medications for OUD, which have proven effective in helping individuals manage their disease.[ix,x]

Wisconsin currently lacks a legal definition for recovery housing, which leaves OUD patients vulnerable to being excluded from or discriminated against in these facilities if they continue to take medications as part of their treatment.

Assembly Bill 646 seeks to ensure patients using OUD medications have access to recovery housing by requiring the Department of Health Services (DHS) to establish and maintain a registry of approved recovery residences. Importantly, the registry will not include a recovery residence if the facility excludes any resident solely on the basis that the resident participates in medication-assisted treatment (MAT).

Assembly Bill 645

Requiring the Department of Health Services to study the availability of medication-assisted treatment for opioid use disorder in each prison and county jail

Second, the same OUD medications that have kept patients out of recovery housing are not readily available to those in Wisconsin prisons and jails. In most cases, individuals in need of treatment have no access to any of these medications during incarceration.

The criminal justice system provides an opportunity to connect patients with OUD to needed treatment in a controlled space; however, support for OUD medications is inadequate in these settings. Historically, more emphasis has been placed on drug-free treatment although evidence demonstrating the effectiveness of that approach is limited.[xi] In Wisconsin, 69 percent of people who are incarcerated have a SUD.[xii] Funding for one of the three medications, naltrexone, has been made available in Wisconsin to a limited number of prisons and jails through state grants.[xiii,xiv] As of September 2017, only 24 offenders completed the program, which does not offer[xv] access to buprenorphine or methadone. Individuals entering jail or prison that are receiving either medication are weaned off.

Providing adequate clinically-appropriate treatment in criminal justice settings, as well as ensuring continuity of care for patients moving from these settings to community-based treatment, is critical to addressing a public health crisis resulting in more than 42,000 opioid overdose deaths each year. For example, a 2010 study found that less than one percent of justice-involved individuals received medications for OUD while in the criminal justice system.[xvi] Access to OUD medication in prison is also associated with reduced recidivism rates. In fact, individuals released from prison after receiving methadone for an OUD are 33 percent more likely to stay out of prison and reenter the community successfully than individuals receiving no methadone[xvii] Though evidence-based behavioral therapies—such as cognitive behavioral therapy—have become more commonplace, most therapeutic alternatives do not incorporate medications, including buprenorphine, methadone, and naltrexone.

There is limited data on availability of medications for OUD in correctional facilities. According to a Pew report published in 2017, few states facilitate access to MAT upon re-entry and even fewer provide medication directly. Only 13 states, which includes Wisconsin, make available a supply of naltrexone and only three a supply of buprenorphine.[xviii] Although a 2011 survey of prison medical directors found that 55 percent of prisons offered methadone, over half of those prisons surveyed only offered treatment to pregnant women. The same study found that only 14 percent of prisons offered buprenorphine, and estimated that only 2,000 prisoners (0.1

percent of all prisoners) received any kind of medication as an ongoing treatment. Prisons also overwhelmingly failed to refer individuals to community-based methadone and buprenorphine providers as they transition out of prisons, with only 45 and 29 percent respectively doing so in 2011.

Jails are typically operated at the county-level, usually housing nonviolent offenders and individuals awaiting trial but unable to post bail. Individuals held in jail serve, on average, short terms. Over 10.9 million individuals cycled through the nation's jails in 2015 with a 57 percent weekly turnover rate.[xix] Despite the large number of individuals cycling in and out of jails each year, there is limited exposure to medically appropriate treatment for OUD.

Assembly Bill 645 will require the Department of Health Services, after consulting with the Department of Corrections, to study the availability of medication for OUD in each prison and county jail. DHS must then use the results of the study to propose to implement, or identify county officials to implement, a pilot project to make available all approved medications to treat OUD in at least one prison or county jail. DHS must also report its study findings, its proposal, and any requests for proposed statutory changes or funding necessary to implement the pilot project to the Joint Committee on Finance. These efforts will be critical to reducing overdose deaths upon discharge and further expanding access to effective, evidence-based treatments to Wisconsinites currently incarcerated.

These two reforms are critical to addressing treatment gaps and ensuring underserved populations have access to effective, evidence-based care for OUD. Wisconsin has long been a leader nationally in combatting the opioid epidemic, and these legislative priorities will continue to help the state lead the way.

Thank you again Chairman Plumber, Vice-Chairwoman Magnific, and members of the Committee for inviting me to testify regarding our analysis, recommendations, and the proposed legislation before you today. I welcome your questions.

[i] National Institute on Drug Abuse (NIDA), Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition) (January 2018), accessed May 23, 2018, https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/675-principles-of-drug-addiction-treatment-a-research-based-guide-third-edition.pdf.

[ii] Ibid.

[iii] Ibid.

[iv] Laudet A. B., White W. What are your priorities right now? Identifying service needs across recovery stages to inform service development. J Subst Abuse Treat 2010; 38: 51–9.

[v] Criss, L., Molloy, P., Polin, S. G., Post, R., & Sheridan, D. M. (2018, April 27). Building Recovery: State Policy Guide for Supporting Recovery Housing (Rep.). Retrieved May 6, 2018, from The National Council website: https://www.thenationalcouncil.org/wp-content/uploads/2018/04/18_Recovery-Housing-Toolkit_5.3.2018.pdf

[vi] Jason, L. A., Davis, M. I., & Ferrari, J. R. (2007). The need for substance abuse after-care: Longitudinal analysis of Oxford House. Addictive Behaviors, 32(4), 803–818.

[vii] Jason, L. A., Olson, B. D., Ferrari, J. R., & Lo Sasso, A. T. (2006). Communal housing settings enhance substance abuse recovery. American Journal of Public Health, 96(10), 1727–1729.

[viii] Anthony T. Lo Sasso, Erik Byro, Leonard A. Jason, Joseph R. Ferrari, Bradley Olson. Benefits and costs associated with mutual-help community-based recovery homes: The Oxford House model, Evaluation and Program Planning, Volume 35, Issue 1, 2012, 47-53, http://www.sciencedirect.com/science/article/pii/S014971891100067X

[ix] Knopf, A. (2016). For methadone, buprenorphine patients, sober housing may be hard to find. Alcoholism & Drug Abuse Weekly, 28(9), 1-3. doi:10.1002/adaw.30486

[x] Iritani, K. M. (2018, March 22). Information on Recovery Housing Prevalence, Selected States' Oversight, and Funding. Retrieved May 3, 2018, from United States Government Accountability Office website: https://www.gao.gov/products/GAO-18-315

[xi] Michael Gordon, Timothy Kinlock, and Patrice Miller, "Medication-assisted treatment research with criminal justice populations: challenges of implementation," Behavioral sciences & the law 29.6:829-845, doi: 10.1002/bsl.1015.

[xii] https://doc.wi.gov/DataResearch/DataAndReports/DrugOffenderPrisonAdmissions2000to2016.pdf

[xiii] Wisconsin Department of Corrections, Opioid Addiction Treatment Pilot Program, https://doc.wi.gov/Documents/AboutDOC/PressReleases/170912VivitrolPilotFactSheet.pdf

[xiv] 2017 Wisconsin Act 261, https://docs.legis.wisconsin.gov/2017/related/acts/261

[xv] Wisconsin Department of Corrections, Opioid Addiction Treatment Pilot Program, https://doc.wi.gov/Documents/AboutDOC/PressReleases/170912VivitrolPilotFactSheet.pdf

[xvi] National Center on Addiction & Substance Abuse, Columbia University, "Behind Bars II: Substance Abuse and America's Prison Population," accessed March 9, 2017, http://www.centeronaddiction.org/addiction-research/reports/behind-bars-ii-substance-abuse-and-america%E2%80%99s-prison-population.

[xvii] Verner Westerberg et al., "Community-Based Methadone Maintenance in a Large Detention Center is Associated with Decreases in Inmate Recidivism," Journal of Substance Abuse Treatment, https://doi.org/10.1016/j.jsat.2016.07.007.

[xviii] The Pew Charitable Trusts, Prison Health Care: Costs and Quality, October 2017, http://www.pewtrusts.org/~/media/assets/2017/10/sfh_prison_health_care_costs_and_quality_final.pdf.

[xix] Bureau of Justice Statistics, "Jail Inmates in 2015," accessed March 12, 2017, https://www.bjs.gov/content/pub/pdf/ji15.pdf.

State of Wisconsin
Department of Health Services
Tony Evers, Governor
Andrea Palm, Secretary

TO: Members of the Assembly Committee on Substance Abuse and Prevention

FROM: Lisa Olson, Legislative Director & Paul Krupski, Director of Opioid Initiatives

DATE: January 8, 2019

RE: The HOPE Agenda: AB 645 relating to opioid antagonist administration in jails, AB 646 relating to registration of recovery residences, AB 650 reimbursement for peer recovery coaches

Good afternoon, Chairman Plumer and members of the Assembly Committee on Substance Abuse and Prevention. My name is Lisa Olson and I am the Legislative Director at the Department of Health Services (DHS). I am joined today by Paul Krupski, DHS' Director of Opioid Initiatives. Paul has held this position since it was developed in 2017, coordinating the Department's response to the opioid crisis in partnership with the legislature, the Governor's office, and the many stakeholders across Wisconsin.

We are here today to speak on the latest package of HOPE Agenda bills, and offer the Department's continued commitment to support Substance Use Disorder prevention, treatment and recovery efforts statewide.

Wisconsin's fight against the opioid crisis has been a partnership between State government and providers at all levels: federal, state, county, tribes, and local. This collaboration has engaged a variety of stakeholders and funders and has enabled the Department to invest in strategies and programs across the continuum of care: prevention, intervention, treatment, and recovery. Wisconsin's legislative response to the opioid crisis, led by Representative Nygren's HOPE agenda, has also been vital to combatting the opioid crisis. Through these combined efforts, we are beginning to see positive outcomes. This package of HOPE legislation will build upon prior efforts to combat the opioid crisis.

Assembly Bill 645 requires DHS to work in consultation with DOC to study the availability of Medication Assisted Treatment (MAT) in prisons and county jails, and ultimately propose a pilot project to make all forms of MAT available in at least one prison or county jail. Recognizing the effectiveness of MAT, the Department believes the information gathered throughout this study, and ultimate construction of a pilot will be useful in building a path to recovery that begins prior to an individuals' release.

Assembly Bill 646 requires the Department to establish and maintain a registry of approved recovery residences. We know that safe and stable housing is critical to recovery from any substance use disorder, including opioid recovery. While we do not currently maintain a registry of recovery residencies, we understand that for a variety of reasons, many do not accept those receiving medication assisted treatment. The Department recognizes MAT as a valid, evidence-based therapy that, when used in combination with other behavioral therapy, can be an effective tool to treat substance use disorders. We also recognize that recovery is different for everyone, and know we must carefully consider the impact of creating a statewide registry of residences which, as a prerequisite to receiving state or federal pass through funding, must not exclude a resident solely on the basis that they are participating in MAT. The legislature will need to weigh the potential unintended consequences of eliminating state funding for current sober housing options that do not allow their residents to use MAT.

Finally, AB 650 requires the Department to reimburse peer recovery coach services as a Medicaid benefit, and to maintain a peer recovery coach program. The Department is broadly supportive of efforts to include recovery coaches, peers, and rehabilitation workers as part of a treatment and recovery team. Today, the Department oversees the Certified Peer Specialist program. Over 1,000 Certified Peer Specialists statewide, trained and certified by the Department through partnerships with UW-Milwaukee and Access to Independence, provide support to people receiving services related to mental health and/or substance use challenges in an integrated model. Certified Peer Specialists are supervised by a licensed mental health professional, and therefore are able to provide billable services through the Comprehensive Community Services (CCS) program.

Recovery Coaches are also widely leveraged in Wisconsin as a valuable resource. Through federal grant dollars, DHS funds the ED2Recovery program which leverages both Recovery Coaches and Peer Specialists to help opioid overdose survivors engage in treatment and avoid future overdoses. The Department will continue to seek federal grant funding for these programs, however, the Medicaid program is unable to draw down federal Medicaid matching funds for peer-provided services unless that individual is supervised by a licensed mental health professional.

Were AB 650 to pass in its current form, peer recovery coaches would be entirely GPR funded because the bill does not propose they be supervised by a licensed mental health professional, rather by another peer with certain training. With some changes, there may be opportunity to draw down federal matching funds & better preserve the existing workforce by either building upon our existing Certified Peer Specialists infrastructure, or by providing DHS with additional oversight of the training and other requirements so that the Department can align it with the existing infrastructure. We are happy to continue to work with the authors on creative solutions that promote sustainable peer-based services.

DHS values the strong commitment and partnership with the state legislature to address not only the opioid crisis, but all substance use issues affecting Wisconsinites. In 2018, Wisconsin saw a 10% decrease in opioid related deaths; a decline from an all-time high in 2017 and the first significant decrease in almost 20 years. Wisconsin also experienced a 20% decrease in opioid-related emergency room hospitalizations in 2018. Opioid-related inpatient hospitalizations have decreased in the past two consecutive years. The Prescription Drug Monitoring Program, which would be extended under AB 647, has provided us with critical information to inform our decision making on next steps, and we also support the extension of this program. Thanks to the PDMP, we know that Wisconsin has experienced a nearly 30% decrease in opioid prescriptions from 2014 to 2018.

These statistics give us reason to be hopeful that Wisconsin is gaining traction in the fight to end the opioid crisis in our state, even if there is still much more to be done. While we believe there are some areas of the package that would benefit from amendments, the Department believes that the direction of this HOPE legislation will boost the positive outcomes we are seeing in Wisconsin and provide some new approaches to reduce the number of individuals and families affected and place more people on the journey towards recovery.