



John Nygren

WISCONSIN STATE REPRESENTATIVE ★ 89TH ASSEMBLY DISTRICT

Co-Chair, Joint Committee on Finance

**Assembly Bill 647 – the prescription drug monitoring program.
Assembly Committee on Substance Abuse and Prevention
Testimony by State Rep. John Nygren
January 8, 2020**

Collectively, the Assembly Committee on Substance Abuse and Prevention introduced this bill to extend the sunset of the highly successful Electronic Prescription Drug Monitoring Program (ePDMP).

The ePDMP is a tool to help combat the ongoing prescription drug abuse epidemic in Wisconsin. It aids healthcare professionals in their prescribing and dispensing decisions by providing valuable information about controlled substance prescriptions that are dispensed in the state. The ePDMP also fosters the ability of pharmacies, healthcare professionals, law enforcement agencies, and public health officials to work together to reduce the misuse, abuse, and diversion of prescribed controlled substance medications.

The ePDMP is one of the most important prevention tools we have in our fight against the opioid epidemic.

Registrations with Wisconsin's ePDMP have increased ten-fold between 2014 and 2018. Over the same period, the number of queries in the system increased from around 230,000 to more than 7 million. Healthcare providers have been instrumental in the successes seen in Wisconsin, but there is still more work to do and complacency can reverse the positive trends we have seen.

Data from the ePDMP is an example of our successes. In the fourth quarter of 2014, my home county of Marinette County represented one of the highest, at 32.3 doses per capita.

By the second quarter of 2019, Marinette County, while still too high, is at 19.54 doses per capita, a decrease of over 12 doses per capita. This represents a 39% decrease! The trend in Marinette County is similar to Wisconsin's other 71 counties since the development of the ePDMP.

Currently, two sunsets are in effect regarding the ePDMP. First, there is a provision that requires an ePDMP inquiry before a prescriber issues a prescription for a patient. This sunsets on April 1, 2020. Additionally, there is a requirement for the Controlled Substances Board to do quarterly reviews of the ePDMP. This requirement sunsets October 30, 2020. This bill extends the first deadline to April 1, 2025 and the second deadline to October 30, 2025.

I firmly believe that the ePDMP is one of our most effective tools to combating and preventing addiction and its reauthorization is an important component of continuing the work we have started.



PATRICK TESTIN

STATE SENATOR

DATE: January 8, 2020

RE: **Testimony on Assembly Bill 647**

TO: The Assembly Committee on Substance Abuse and Prevention

FROM: Senator Patrick Testin

Thank you members of the Assembly Committee on Substance Abuse and Prevention for accepting my testimony on Assembly Bill 647.

Assembly Bill 647 extends the sunsets for the Electronic Prescription Drug Monitoring Program (ePDMP). The ePDMP has been an important tool that allows healthcare professionals, public health officials, law enforcement, and pharmacies to work together in combating the opioid epidemic that affects all corners of our state.

The ePDMP database provides information about controlled substance prescriptions that are dispensed throughout the state, thus giving healthcare providers more information as they work with patients to prescribe and dispense medications.

The database has proven to be instrumental with registrations having increased ten-fold between 2014 and 2018. During that time, the number of inquiries in the system increased from roughly 230,000 to more than seven million.

The first sunset provision requires an ePDMP review before a prescriber issues a prescription for a patient. This sunsets on April 1, 2020. The second sunset provision requires the Controlled Substances Board to conduct quarterly reviews of the ePDMP. This requirement sunsets on October 30, 2020. This bill extends the sunsets by five years to April 1, 2025 and October 30, 2025 for each respective provision.

Thank you again for listening to my testimony and I hope that you will join me in supporting this bill.



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).**
 - o 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.
 - o 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).**

- **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, 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.



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](https://doi.org/10.2105/AJPH.2018.304514).

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.

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](https://doi.org/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](https://doi.org/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>.