

John Nygren

WISCONSIN STATE REPRESENTATIVE ★ 89TH ASSEMBLY DISTRICT

Co-Chair, Joint Committee on Finance

Assembly Bill 650 – reimbursement for peer recovery coach services under the Medical Assistance program and coordination and continuation of care following an overdose.

Assembly Committee on Substance Abuse and Prevention

Testimony by State Rep. John Nygren

January 8, 2020

While opioid deaths have decreased in 2018, and this should be celebrated, the battle is far from over.

In Wisconsin, we have relied on credible research to drive policy responses to the addiction crisis. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), there are four proven dimensions of recovery: home, health, purpose, and community. When these elements are supported in someone's life through safe sober housing, access to Recovery Coach peer support services and a warm hand-off to community resources, and employment support and job training, real change can happen.

People in recovery from addiction and mental health know this first hand. The recovery experience points to the solutions, but so does the research that proves peer support is a cost-effective and successful way to support someone in or seeking recovery.

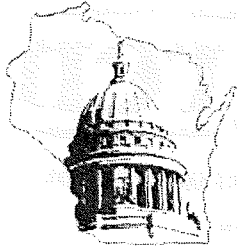
Research also indicates that when an individual receives peer support services in the Emergency Department following an opioid overdose, they are more likely to seek treatment or other services.

We know that in order to support the health of our families and communities, we need to take a holistic approach to support recovery. We need to continue to work with families to create solutions and support those that are already proven effective.

This bill requires the Department of Health Services to provide as a benefit and reimburse peer recovery coach services under the Medical Assistance program.

The bill also requires DHS to establish and maintain a program to encourage overdose treatment providers to do all of the following:

- Use peer recovery coaches to encourage individuals to seek treatment for a substance use disorder following an overdose;
- Provide access to medications to reverse an overdose;
- Coordinate and continue care and treatment of individuals after an overdose;
- Provide education to patients and families on preventing and reversing an overdose;
- Provide follow-up services for patients after an overdose to ensure continued recovery and connection to support services; and,
- Collect and evaluate outcomes data on patients receiving peer recovery coach services and coordination and continuation of care services.



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DHS is required under the bill to seek any funding available from the federal government, including grant funding under the federal SUPPORT for Patients and Communities Act, to establish and maintain the program or establish the policies and procedures.

I often say recovery is a life-long endeavor and Recovery Coaches play an instrumental role in assisting individuals on their path to a sober life. As you'll hear from those in the recovery community today, this bill will have a lasting impact in Wisconsin.

I encourage you to ask questions of those who work directly in this space, individuals who are in recovery who have a unique perspective on these topics.



PATRICK TESTIN

STATE SENATOR

DATE: January 8, 2020

RE: **Testimony on Assembly Bill 650**

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 650.

Assembly Bill 650 requires the Department of Health Services (DHS) to provide as a benefit and to reimburse peer recovery coach services under the Medical Assistance program. Additionally, it requires DHS to establish a program to coordinate care following a substance abuse overdose.

A peer recovery coach is someone who practices in the recovery field and provides support to individuals who are in treatment or recovery from mental illness or a substance use disorder. Typically, recovery coaches have real life experience of addiction and successful recovery.

The DHS program will facilitate overdose treatment providers to use peer recovery coaches to encourage individuals to seek treatment for a substance use disorder following an overdose; provide access to medications to reverse an overdose; coordinate care and treatment of individuals after an overdose; provide education to patients and families on preventing and reversing an overdose; and provide follow up services for patients.

To qualify for reimbursement, the peer recovery coach must provide services under the supervision of a peer supervisor and in coordination with a recipient's treatment plan. Peer recovery coaches must also complete extensive training before providing services.

As we look at reducing barriers to accessing treatment, peer recovery coaches will play a vital role in individuals sustaining treatment through immediate access to services, shared life experience, and the ability to meet people where they are.

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

1-8-2020

To Assembly Committee on Substance Abuse and Prevention

Representative Plumer (Chair), Representative Magnafici (Vice-Chair), Representative Petry, Representative Hutton, Representative James, Representative Nygren, Representative Kolste, Representative Sargent, Representative Billings

I want to thank members of the Substance Abuse and Prevention Committee for having this public hearing. I am speaking out as an advocate for substance use recovery today.

My name is Jesse Heffernan and I am a person in long term substance use and mental health recovery for 19 years. I have lived in Appleton, WI for almost 40 years. I am the co-owner of a training and consulting business called Helios Recovery Services and recently became the Chief Advocacy and Recovery Officer for the Telehealth Recovery Network.

As a registered voter and person in recovery, the issue of funding recovery support services is very important to me. We are at the point in our state to remove stigma, barriers, and antiquated policies for regulation of peers and coaches. It is time to develop a new field of recovery support services that will fill in the cracks of our system, create jobs and provide individuals with a livable wage for meaningful work.

I have spent my recovery journey in service to the community in several capacities. Some of those roles have been:

- coordinated recovery support activities, events and statewide conventions

- brought recovery support meetings into jails and institutions

- co-facilitated the first youth specific recovery support group in NE WI

- help create one of the state's recovery community centers (Solutions Recovery Center Oshkosh)

- served as an AmeriCorps Fellow for WI Assoc. of Homeless and Runaway youth services

- program director for one of Wisconsin's 3 Mental Health respite facilities

- helped develop and train coaches for Wisconsin's first Recovery Coach AmeriCorps program called Recovery Corps

- trained Recovery Coaches for over 5 years

- sat on the States Certified peer specialist curriculum review and development committee

- consulted with several communities, non-profit organizations and counties on integrating recovery coach and peer services.

- Served as a member of Governor Walkers Opiate Task Force

- currently a member on the board of directors for the youth prevention organization RISE TOGETHER.

Last year on April 3rd, I, along with over a 150 recovery advocates, family members, and community leaders came to Madison, WI for the first Recovery Alignment Day. The legislative priorities we introduced included 3 of the initiatives in the new HOPE Bills. Specifically, I would like to talk about and express my support for AB650 the reimbursement for peer recovery coach services under the Medical Assistance program and coordination and continuation of care following an overdose.

There are an estimated 400-500 trained recovery coaches in the state of WI and an even greater amount of certified peer specialists. The recovery community and the recovery support workforce know what works and has stepped up in recent years to provide solutions. One of the biggest barriers is a serious lack of infrastructure and funding for the effective support of people once in recovery.

Since the beginning of the recognition by the state of the peer role in WI, there has not been a code created for direct insurance billing or use of nationally recognized standards for coaches or supervisors. This has limited WI peer workforce employment as a coach or peer, and prevented certified individuals in WI from being recognized elsewhere in the United States.

Plainly stated, as a response to the needs of Wisconsin citizens who are struggling with substance use, their families and their communities, I am asking the state to prioritize funding for recovery support services that will save lives. Investing in recovery also saves dollars as many people in recovery give back to their communities and become tax-paying, productive members of society.

I am asking you to fully support the language as it is currently written in AB650 and all the HOPE Agenda bills that are being introduced. This package of bills, as former version has created life saving, public health and public safety options to build thriving recovery communities across Wisconsin.

Thank you again for your time.

Jesse Heffernan RCP

Chief Advocacy & Recovery Officer

Telehealth Recovery Network / Recovery at Hand

j.heffernan@telehealthrecovery.com

920-680-5991

Supporting Links:

CMS SMDL #07-0 11 https://www.integration.samhsa.gov/workforce/CMS_letter_with_date.pdf

CMS Expands Types Of Practitioners Providing Medicaid Preventive Services

https://www.integration.samhsa.gov/workforce/Clip-IHR-CMS_Expands_Types_of_Practitioners_-DEC2013-.pdf

SMD # 18--011 RE: Opportunities to Design Innovative Service Delivery Systems for Adults with a Serious Mental Illness or Children with a Serious Emotional Disturbance

<https://www.medicaid.gov/federal-policy-guidance/downloads/smd18011.pdf>

EQUIPPING BEHAVIORAL HEALTH SYSTEMS & AUTHORITIES TO PROMOTE PEER SPECIALIST/PEER RECOVERY COACHING SERVICES

https://www.integration.samhsa.gov/workforce/team-members/Equipping_BH_Systems_-_Authorities_to_Promote_Peer_Specialists_Peer_Recovery_Coaching_Services.pdf

Supervision Recommendation

Supervisors need clear guidance about the roles of peer specialists and recovery coaches, as well as training in how to supervise and support peers/coaches and help them with workplace challenges. Many supervisors need training in how to support peer staff in maintaining their own recovery and how to deal with relapse. While peers may need administrative supervision to help them manage the demands of the workplace (e.g., record keeping, work schedule), they also need supervision from senior, experienced peers/coaches who can teach and reinforce critical competencies and help with problem solving. A peer supervisor can also share experience, strengths, and hope when the job seems overwhelming. With this being said, WI has the opportunity to define the scope of a mental health professional in a new billing code under DHS Medicaid. Recent examples include both Texas and Oregon:

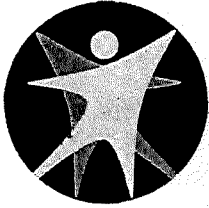
[Texas Qualifications for Peer Supervisors](#) The rules include the following supervisor option in order to ensure peer specialists are able to provide supervision:

A Qualified Peer Supervisor must:

- Be a certified peer specialist; and
- Have one of the following combinations:
- High school diploma or GED and at least:
- Four years of work experience as a peer specialist or peer recovery coach; or
- Two years of work experience as a peer specialist or peer recovery coach, and at least two years of work experience supervising others; or
- Associate degree from an accredited college or university and at least two years of work experience as a peer specialist or peer recovery coach.

[Oregon Qualifications for Peer Supervisors](#) OAR 309-019-0100:

(82) "Peer Support and Peer Wellness Specialist Supervision" means supervision by a certified PSS or PWS with at least one year of experience as a PSS or PWS in behavioral health services or supervision by a qualified PSS/PWS supervisor and a qualified clinical supervisor. The supports provided include guidance in the unique discipline of peer delivered services and the roles of peer support specialists and peer wellness specialists



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 residences, 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.

January 8, 2020

Hello. My name is Jenny Souviner Hallett. I am a registered voter who lives in Milton, Wisconsin. I want to thank everyone on the Assembly Committee on Substance Abuse and Prevention and The Senate Committee on Health and Human Services for giving me the honor of speaking with you today.

My loving 26 year old daughter, Brittany Rose Hallett, died from addiction to alcohol on November 5, 2014. **((Here is her PHOTO))** She was a straight A student her entire life and she was very family-oriented. She didn't deserve to die from something so preventable.

Addiction is not a moral failing. It is something that happens TO YOU. I recommend that all of you watch a powerful video by Neuroscientist Dr. Stephen Dewey that you can find on the Internet. He uses PET Scan Imaging to explain how different substances affect different parts of the brain. It explains exactly what I witnessed my Brittany going through.

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Some of MY THOUGHTS about Senate Bill 591 and Assembly Bill 646:

Regarding the Registry of Recovery Residences.....Every time I called 911 for my daughter when she was overdosing on alcohol, I begged the police officers and the medical personnel....to please tell me where I could send her to get her help, but no one had any answers. There needs to be an easy path to finding reputable Treatment Providers and also reputable Recovery Residences. These places need to be held to high standards and they need to be monitored to make sure that they stay in compliance. They also need to be promoted so that people can find them.

Each time that I called 911 for my daughter, I should have been told about and received a brochure about registered reputable Treatment Providers and reputable Recovery Residences. My daughter was too cognitively incapacitated to make those kinds of decisions for herself. If I had been given those resources, I could have moved Heaven and earth to get her to go to those providers and eventually to a recovery residence if only I had been given a way to know which places were reputable. I am so thankful for this Bill that will help others find reputable recovery residences. I just hope that you can also create a Treatment Provider Registry as well. And these registries need to let people know which ones take what types of insurance. And insurance carriers need to cover long-term treatment options.

Regarding the State Employee Discipline part of this bill- It breaks my heart to think that someone could be disciplined for using Medication Assisted Treatment that is literally saving their life. My daughter was addicted to alcohol and she died from it. I would give everything I own to have her back and under some sort of medication that could keep her alive. It's so important to help people live productive lives. They should not be punished for taking a prescribed medication that helps them manage their disease.

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MY THOUGHTS about Senate Bill 582 and Assembly Bill 650):

Regarding Peer Recovery Coaches.....I cannot express enough how important Peer Recovery Coaches and also Certified Parent Peer Specialists (CPPS) are.... precisely when someone is experiencing an overdose. It is at this time, that they are most likely to accept help. I hope that Recovery Coaches will also be available to people overdosing from the legal drug of alcohol as well. When I think of all of the times that I sat in the emergency room with my daughter, I wish wholeheartedly that they had brought in a Recovery Coach to let her know that there was hope. She might have listened to them in her darkest hours, but she was never given that life-saving support.

I might add that it is just as critical to offer Certified Parent Peer Specialists, to help the loved ones of the addicted person. The loved ones usually are the strongest ally in trying to help the person get into recovery. We need to utilize their devotion and energy by giving them access to a Certified Parent Peer Specialist to help them explore possible options that might help the addicted person that they love. I took the Certified Parent Peer Specialist training this year and I am just waiting for the next available date for taking the Wisconsin state exam to become an official CPPS.

I wish I had had someone to lean on and ask questions of when I was dealing with my daughter's addiction to alcohol. The loved ones are usually lost in the shuffle. Their love and devotion should be harnessed to allow them to become informed about possible options so they can help the person that they love who is struggling with addiction. My daughter was too cognitively incapacitated to make informed decisions about her treatment options. If I could have had someone help me navigate the system to find good reputable AND AFFORDABLE treatment providers and then Recovery Residences, my daughter would probably still be alive. If I had had access to a Certified Parent Peer Specialist, they could have speeded up my learning curve to help me find resources that would help my daughter.

Thank you for any help in bringing Recovery Coaches and hopefully also Certified Parent Peer Specialists in to help those needing guidance in their darkest hours. My daughter needed someone to guide her out of the darkness. These people might have saved my daughter's life. I believe this strongly enough, which is why I am becoming certified to be able to help others in need. I want to become that person that I desperately needed myself when I was trying to save my own daughter's life.

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I would like to thank every member here for listening to me and for considering what I have said. Please implement my suggestions that I believe will help save many lives in Wisconsin every year. This is my daughter's legacy! I love you forever sweet pea Brittany Rose!

My Contact Information:

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608-290-6555

My website with a link to a special Facebook page: www.BrittanysACAP.com
My YouTube channel: Brittany's Alcoholism Counseling and Prevention with videos of me speaking.
Please let me know if I can ever help you in any way!



Brittany Rose Hallett



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.

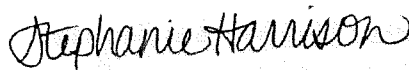
The Wisconsin Primary Health Care Association believes that this package of legislation will help to:

- **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>.