



John Nygren

WISCONSIN STATE REPRESENTATIVE ★ 89TH ASSEMBLY DISTRICT

Co-Chair, Joint Committee on Finance

Assembly Bill 651 – immunity from revocation of probation, parole, or extended supervision for certain controlled substance offenses.

Assembly Committee on Substance Abuse and Prevention

Testimony by State Rep. John Nygren

January 8, 2020

In 2014, as part of the original portion of the HOPE Agenda, Governor Walker signed Act 194 which created a “911 Good Samaritan Law”. That legislation granted limited immunity to an “aider” who helps another person experiencing an overdose. This has been a lifesaving measure, and removed an important barrier to someone saving another person’s life.

In 2017, Act 33 was signed, which built on the original law by creating limited immunity for the individual experiencing the overdose. Additionally, the Act prohibits the revocation of parole, probation, or extended supervision for an aider or aided person under the circumstances surrounding or leading to the aider’s actions.

At the time, Wisconsin’s Good Samaritan law was the only one in the country that did not provide immunity for both the person calling 911 and the individual experiencing the overdose.

There is strong evidence to show that granting immunity increases 911 calls in the case of an overdose. As of January 2019, forty-six states and the District of Columbia had passed overdose Good Samaritan laws.

The current law provisions relating to revocation of probation, parole, or extended supervision and to aided persons are set to sunset on August 1, 2020, at which time the law will provide to aiders immunity from prosecution only for certain controlled substance crimes.

This bill repeals the sunset provisions relating to probation, parole, or extended supervision and aided persons so that current law will remain in place and continue to help save lives.

Heroin and opioid addiction is a scourge on our communities. This addiction typically starts with simple, legal prescription drugs. We must balance our commitment to saving lives and rendering justice on those who violate our laws. This proposal will remove disincentives for individuals calling 911 and thereby save lives.

However, this bill is not a free pass. Immunity would only be available for certain offenses. Evidence of more serious crimes (drug dealing, trafficking, operating while intoxicated, etc.) and the unrelated offense would not receive immunity under this bill.

This proposal preserves prosecutors’ broad discretion when filing charges. If there is evidence of an offense more severe than mere possession, they retain the ability to make that charge.

Recovery can only begin if the individual suffering from substance abuse is alive. Extending the 911 Good Samaritan Law will continue to save lives in Wisconsin and open doors to recovery.



Assembly Bill 651
Public Testimony of Rep. David Bowen
January 8, 2020

Chairman Plumer and Members of the Assembly Committee on Substance Abuse and Prevention,

Thank you for allowing me to submit my testimony in support of Assembly Bill 651, relating to immunity from revocation of probation, parole, or extended supervision for certain controlled substance offenses.

As the ranking member on the Assembly Committee on Corrections, I am always looking to support bipartisan legislative solutions to our current incarceration, supervision, and opioid crises in Wisconsin. Many of the individuals who are on extended supervision have significant substance abuse issues. In fact, a recent study published by the Badger Institute found that out of the 189 cases examined where an individual had their supervision revoked, 81 percent of those individuals had substance abuse issues that contributed to their revocation. As a legislature, we need to make sure that these individuals have the resources they need so that they can successfully reintegrate into society.

By removing the current sunset provision, we can make sure that this important policy does not expire so that those on extended supervision do not fear re-incarceration and hesitate to help an individual who needs immediate assistance for a drug overdose. I want to thank Rep. Nygren, Sen. Olsen, and Sen. Wanggaard for working on this bill and I look forward to continued conversations and legislation to help those with substance abuse issues.



Luther S. Olsen

State Senator

14th District

TO: Assembly Committee on Substance Abuse and Prevention

FROM: Senator Luther Olsen

DATE: Wednesday, January 8, 2020

SUBJECT: Testimony for Assembly Bill 651

Thank you Chairman Plumer and members of the Assembly Committee on Substance Abuse and Prevention for holding a hearing and allowing me to testify in support of Assembly Bill 651 (AB 651).

Between 2008 and 2014 the annual heroin deaths in Wisconsin quadrupled, from just 70 deaths per year to 267. In response, the Legislature passed a package of laws that were aimed at tackling the heroin and opioid epidemic. The new initiatives those bills implemented are often referred to as the Heroin, Opiate Prevention, and Education (HOPE) agenda.

Once such initiative was passed and signed into law with the hope of avoiding unnecessary deaths due to fear of repercussions. It changed current law to grant immunity to a person who calls for emergency medical assistance for another person who is overdosing or having some other adverse reaction to a controlled substance. It granted immunity to the aider from prosecution for certain controlled substance crimes as well as from having their probation, parole, or extended supervision revoked for being in possession of a controlled substance, provided that they complete a drug treatment program.

This law is set to sunset in August, which is why we introduced legislation to repeal the sunset and keep this life saving bill on the books. If people are afraid to call 911 out of fear of what may happen to them, it could cost another person their life. We believe that is too great of a price to pay and we should allow these aiders to be able to reach out for help without hesitation.

Again, thank you Chairman Plumer and members of the Assembly Committee on Substance Abuse and Prevention for holding a hearing today, I ask for your support on AB 651.



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.

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>.



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.

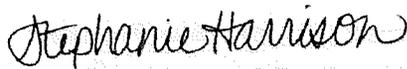
The Wisconsin Primary Health Care Association believes that this package of legislation will help to:

- **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.