Wisconsin State Senate
24th Senate District

Serving Wood, Portage, Adams,
Waushara, Monroe, and Jackson

PATRICK TESTIN
STATE SENATOR

DATE: January 8, 2020

RE: **Testimony on Senate Bill 581**

TO: The Senate Committee on Health and Human Services

FROM: Senator Patrick Testin

Thank you members of the Senate Committee on Health and Human Services for accepting my testimony on Senate Bill 581.

Senate Bill 581 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.

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John Nygren

WISCONSIN STATE REPRESENTATIVE ★ 89TH ASSEMBLY DISTRICT

Co-Chair, Joint Committee on Finance

Senate Bill 581 – the prescription drug monitoring program.
Senate Committee on Health and Human Services
Testimony by State Rep. John Nygren
January 8, 2020

Chairman Testin and members of the Senate Committee on Health and Human Services, thank you for allowing me the opportunity to testify on numerous pieces of legislation aimed at combating substance abuse in Wisconsin.

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 is 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.

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Wisconsin Medical Society

Your Doctor. Your Health.

TO: Senate Committee on Health and Human Services

FROM: Ritu Bhatnagar, MD, MPH,
Medical Director, NewStart Addiction Services at Unity Point Health Meriter Hospital

DATE: January 8, 2020

RE: Support for HOPE Legislation
SB 581 – Prescription Drug Monitoring Program Extension
SB 582 – Peer Recovery Coaches
SB 591 – Recovery Residences and State Employee MAT
SB 594 – Medication Assisted Treatment (MAT) for Prisons and Jails
SB 600 – Physical Health Services

Good afternoon Mr. Chairman and members of the Senate Health Committee. My name is Dr. Ritu Bhatnagar. I am a licensed psychiatrist specializing in addiction psychiatry. I completed my advanced training at the University of Wisconsin here in Madison. For the last seven years, I have been working at NewStart, Unity Point Hospital (UPH) Meriter Hospital's addiction treatment service branch, and I have been the Medical Director there since 2015. I am also an adjunct professor with the University of Wisconsin Department of Psychiatry and involved with the Addiction Psychiatry Fellowship. Additionally, I am president-elect of the Wisconsin Society of Addiction Medicine (WISAM). I am here today on behalf of the Wisconsin Medical Society 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. 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 across all specialties throughout Wisconsin have witnessed first-hand the impacts that addiction has had not only on our patients, but also their families and our communities. The Society has worked tirelessly to promote education of opioid treatment 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 SB 591 and SB 594 which would increase the use of medication assisted treatment (MAT) for prison populations and create needed employee protections for those under a prescribed MAT program. MAT is an evidence-based treatment that not only enables those suffering from opioid use disorder to manage their addiction and related behaviors but allows them to live productive and meaningful lives. I have seen this seemingly miraculous transition in my practice. MAT comes in many forms (methadone, buprenorphine, and naltrexone) and is a critical component of a successful opioid treatment program. Increasing access to MAT, particularly for at-risk populations, will not only help those who would likely suffer from withdrawal and/or relapse but are a foundation for continued sobriety. Maintaining this coverage after the person is discharged from prison is essential to maintain these benefits and

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reduce the risk of fatal overdose. This risk is highest in the time immediately following release from an institutional setting.

We are also supportive of the use of recovery residences under SB 594 to help those who suffer from opioid use disorder integrate back into their communities. It is critical that the medications that have been helpful in maintaining recovery be allowed at these locations to more readily allow people with addiction manage their return to being productive members of society.

The Society is also supportive of the concept of properly trained and certified peer recovery coaches, another evidence-based adjunct to treatment for opioid use disorder, as laid out under SB 582. The 2018 report from Pew Charitable Trusts recommended the increased use of peer recovery coaches and recovery specialists as a viable means to help coordinate care for patients upon their discharge for an overdose and to increase the chance of connecting to life-saving treatment.[1] Additionally, a study from the Academy of Emergency Medicine also shows that the use of a peer recovery coach along with distribution of naloxone from the emergency department is an intervention that is acceptable to the patient, connects them to treatment and is a method that can be maintained over time.[2] The use of peer recovery coaches is growing in terms of its evidence base and has been shown to be a low-cost, valuable tool to help those suffering from addiction. These coaches connect with people when they are faced with the most severe consequence of their use and often have the highest motivation to follow through with getting needed help. I feel relieved when I hear about patients being connected to recovery coaches in the emergency department as I have greater confidence that the person will present to the clinic for ongoing care. These innovative approaches certainly deserve to be recognized, legitimized and reimbursed.

The Society supports the extension of the use of the Prescription Drug Monitoring Program requirement as stated in SB 581. Opioid prescriptions have steadily decreased by 35 percent since 2015, according to the most recent data from the Controlled Substances Board.[3] This decrease shows that the requirement to check the PDMP has had the intended effect of reducing opioid prescribing. Checking the PDMP can also be used to improve decision making in a clinical encounter. It is the hope of the Society that checking the PDMP becomes a best practice for physicians in Wisconsin, and that ultimately this legal requirement would no longer be needed. However, we support the extension pending future conversations and data.

Lastly, we are in support of SB 600, which would cover non-pharmacological treatments for pain for patients who receive BadgerCare. As opioid prescribing has been reduced, it is critical that physicians and patients have access to effective non-pharmacological treatments for pain. The modalities discussed in the bill: physical therapy, chiropractic and acupuncture, have increasing evidence of benefit for some common pain concerns that had increased the demand for and use of opioids in past years.

These bills are thus well timed to continue addressing the impacts of the opioid crisis. I thank the Committee for giving me the opportunity to testify in support of this important legislation.

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[1] "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.

[2] 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.

[3] "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.

TESTIMONY JANUARY 8, 2020

Good Morning & Thank you for the opportunity to share my thoughts & support for these series of bills. My name is Michael Kemp from West Bend Wisconsin, & I have been an Addiction Professional for almost 35 years. I have worked in all levels of care in treating addiction & co-occurring disorders in Wisconsin. I hold both state & national credentials for addiction services. In addition, I am the Public Policy Committee co-chair for NAADAC. NAADAC, the Association for Addiction Professionals, represents the professional interests of more than 100,000 addiction counselors, educators and other addiction-focused health care professionals in the United States, Canada and abroad. NAADAC's members are addiction counselors, educators and other addiction-focused health care professionals, who specialize in addiction prevention, treatment, recovery support and education. An important part of the healthcare continuum, NAADAC members and its 47 state and international affiliates, of which Wisconsin is one, work to create healthier individuals, families and communities through prevention, intervention, quality treatment and recovery support.

Addiction has been recently redefined by the American Society of Addiction Medicine as "a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences. Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases".

We know how to treat progressive, chronic diseases. Because of this science, we have seen death rates drop for cancers, diabetes, heart disease, etc. It involves the correct level/ dosage of care as needed that has treatment by professionals, medication as needed, support & auxiliary services as determined by the individual & their TX providers. We see that with most of these chronic diseases, there is recommendation for check-ups yearly. Yet, due to the societal discriminations about addiction, we fail to provide this type of care to the majority of people who have addiction. We have yet to truly implement parity in insurance coverages, accountability in treatment services, and follow the science that shows a path to successful recovery from this disease. I have seen individuals with addiction recover because they got the care they needed. Sadly, they are the minority, since our country does not have the treatment and recovery support infrastructure it so desperately needs. Five years of sustained recovery from substance use is the benchmark: 85% of people who achieve that remain in recovery for life. So it makes no sense to me that we aren't designing our care systems around this goal.

According to the National Institute on Drug Abuse, treatment "for less than 90 days is of limited effectiveness, and treatment lasting significantly longer is recommend for maintaining positive outcomes." Few Americans get anywhere near 90 days of care. Within the confines of existing insurance networks, short-term treatment of 28 days or less is all that most Americans are offered — if they can get any help at all. This ultimately reflects the soft bigotry of low expectations: an inadequate care system designed to deliver less than what people need because we still moralize addiction. An adult with an addiction also needs 90 days of evidence-based care in a

WPHCA
Wisconsin Primary Health Care Association

January 8, 2020

TO: Chairman Patrick Testin
Members of the Senate Committee on Health and Human Services

RE: Senate Bill 581: the prescription drug monitoring program, Senate Bill 582: reimbursement for peer recovery coach services under the Medical Assistance program and coordination and continuation of care following an overdose, Senate Bill 591: registration of recovery residences and disciplinary action against a state employee who is receiving medication-assisted treatment, Senate Bill 594: opioid antagonist administration in jails and medication-assisted treatment availability in prisons and jails, and Senate Bill 600: physical health services and acupuncture under Medical Assistance program and making an appropriation

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: Senate Bill 581, 582, 591, 594 and 600.

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 additional treatment options outside of pain medication for Medicaid patients by offering Medicaid reimbursement for acupuncture treatment and services provided by physical therapists and chiropractors (SB 600).**
    - Three Health Centers provide chiropractic services and a few provide physical therapy. According to Health Centers, these services have been well received by patients as alternatives to prescription drug pain management. Currently, a couple of Health Centers provide acupuncture services and more Health Centers are exploring the option. Health Center reimbursement for acupuncture at the same rate of reimbursement for physical therapy and chiropractic services would help in the expansion of this treatment option.

- **Expand access to the important support and coordination services of Peer Recovery Coaches through Medicaid reimbursement (SB 582).**
    - 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.

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- 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 (SB 594).**

- **Support prevention efforts through continued support of the prescription drug monitoring program (SB 581).**

- **Support policies that serve to help individuals in their treatment and recovery and reduce the stigma associated with substance use treatment (SB 591)**

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.