

John Nygren

WISCONSIN STATE REPRESENTATIVE ★ 89TH ASSEMBLY DISTRICT Co-Chair, Joint Committee on Finance

Assembly Committee on Judiciary Chair, Representative Jim Ott Testimony by Representative John Nygren March 8, 2017

Thank you Chairman Ott and members of the Committee on Health for holding a public hearing on Special Session Assembly Bills 3 and 5.

For the past two sessions, we have worked together as legislative colleagues to pass a package of 17 bills aimed at combating our state's opioid and heroin epidemic. We call this package the Heroin, Opioid Prevention and Education – or HOPE – Agenda. With unanimous bipartisan support and Governor Walker's signature, we successfully laid a foundation to combat heroin and opioid addiction in Wisconsin. That said, there is still more work to be done.

This session, I was appointed Co-Chair of the Governor's Task Force on Opioid Abuse with Lt. Governor Kleefisch. Following three task force meetings throughout the state, involving testimony from dozens of citizens, advocates, and stakeholders, the Lt. Governor and I released a report of recommendations to Governor Walker. The governor took immediate action and called for a Special Session on Opioid Abuse.

The following bills are part of Governor Walker's Special Session call to fight opioid abuse and addiction in Wisconsin:

2017 Special Session Assembly Bill 3

In 2014, Governor Walker signed a bill into law called the "911 Good Samaritan Law" that granted limited immunity to an individual who calls 911 to help another person experiencing an overdose. This law is a lifesaving measure that helps encourage people suffering from addiction to call for help and potentially save another person's life.

This bill expands upon current law to include limited immunity for the person who may be experiencing the overdose. Recovery advocates have been very vocal about the need for this expansion because it will further encourage people to call for help in the instance of an overdose. Wisconsin is currently one of the only "911 Good Samaritan Law" on the books that does not extend limited immunity to both the caller and the person experiencing the overdose. With this bill, even more lives will be saved.

2017 Special Session Assembly Bill 5

Under current law, there is a stringent framework in place that allows for the involuntary commitment for a person who is suffering from alcohol addiction. This bill expands upon current



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law to allow for the involuntarily commitment of a person who suffers from drug addiction. This expansion will allow family members, friends, and others the opportunity to bridge the gap between their loves ones' addiction and an opportunity for treatment and recovery.

Involuntary commitment under this bill requires three separate individuals to petition the court if a person is a danger to his or herself, or others, due to drug addiction. If granted, the person may be held for up to 72 hours in emergency detention. This time within the emergency detention setting is key — not only does it take the person out of a dangerous cycle of active drug use, but it's a good opportunity for family members, friends, or others to convince the addicted individual to agree to go to treatment.

A person who suffers from a drug addiction should be offered the same avenues of help that people who suffer from an alcohol addiction are given. This bill will simply align current law so these two addictions – drugs and alcohol – can be treated similarly regarding emergency detention.

I appreciate the opportunity to testify before your committee today on these important pieces of legislation and welcome any questions you may have at this time.



TESTIMONY BEFORE THE ASSEMBLY COMMITTEE ON THE JUDICIARY SPECIAL SESSION ASSEMBLY BILL 5 Senator Alberta Darling Wednesday, March 8, 2017 at 1:00 PM

Thank you Chairman Ott and committee members for holding a public hearing on Special Session Assembly Bill 5. The legislation before you today amends statutory language relating to involuntary commitment for individuals addicted to drugs.

Nationwide, there has been a significant increase in opioid abuse. In fact, nearly 78 Americans die every day from an opioid related overdose. Wisconsin is no exception to this dangerous national crisis. Wisconsin is a leader in combatting the opioid epidemic under the leadership of Representative Nygren and unanimous bi-partisan support. After two successful sessions of H.O.P.E. legislation, the Governor created the Task Force on Opioid Abuse to further Wisconsin's dedication to ending drug abuse.

This bill is an important recommendation from the Governor's Task Force on Opioid Abuse. Special Session Assembly Bill 5 will extend the emergency and involuntary commitment procedures to include those suffering from drug dependence, those who are incapacitated by the use of other drugs, and those who habitually lack self-control as to the use of drugs.

Currently in Wisconsin, this same commitment protocol already exists for individuals suffering from alcohol abuse. Special Session Assembly Bill 5 makes a simple statutory change to include all individuals suffering from drug addiction, not solely alcohol addiction. This change will allow friends, family members, and others the opportunity to seek immediate help for their loved one.

I'd like to thank Representative Nygren, the members of the Governor's Task Force on Opioid Abuse, and all other stakeholders for contributing to this important piece of legislation.

Thank you again committee members for your time and consideration. I hope I can count on your support for Special Session Assembly Bill 5.



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MEMORANDUM

TO:

Honorable Members of the Assembly Committee on Judiciary

FROM:

Sarah Diedrick-Kasdorf, Deputy Director of Government Affairs

DATE:

March 8, 2017

SUBJECT:

January 2017 Special Session Assembly Bill 5

The Wisconsin Counties Association (WCA) has the following comments related to January 2017 Special Session Assembly Bill 5 relating to prevention and control of, emergency and involuntary commitment for, and treatment programs and services for drug dependence.

There is no doubt that the state of Wisconsin is in the midst of a drug epidemic. Counties all across the state are seeing the impacts of this crisis in our public health departments, jails, and unfortunately, in the child welfare system. WCA applauds the work of the Governor's Task Force on Opioid Abuse and its co-chairs – Lt. Governor Rebecca Kleefisch and Representative John Nygren – for all the work completed to date to curb this epidemic.

Counties recognize the distress family members face when a loved one is unable to voluntarily accept assistance in fighting their addictions. January 2017 Special Session Assembly Bill 5 attempts to address this issue by allowing individuals with a drug dependency to be involuntarily committed to the county for treatment if approved by the circuit court utilizing a three-party petition process. Counties have identified a number of potential challenges with this legislation including the lack of funding contained within the bill to assist counties in paying for treatment when ordered by the court, the lack of treatment beds across the state to serve the population targeted in the bill, the efficacy/effectiveness of forcing an individual into drug treatment, etc. What truly makes this bill challenging for counties is the unknown as it is difficult, if not impossible, to predict the number of emergency detentions that will be ordered by the courts on an annual basis.

WCA asked our counties if there were ways in which to improve the bill that will assist counties with its implementation. As a result, we have shared three potential amendments with the Assembly author:

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- The bill defines "drug dependent" as "suffering from drug dependence." However, drug dependence is not defined. Our counties would like to see drug dependence defined for the purposes of this bill utilizing the new terminology in DSM V. DSM V categorizes substance use disorder as mild, moderate, or severe. Individuals in the severe category are deemed to be dependent. Therefore, WCA requests that a definition of drug dependence be included in state statute and reflect the DSM V Severe category.
- Under current law, a three-party petition under Wis. Stat. §51.20 can only be filed by corporation counsel. The three parties may have their statements ready to go, but corporation counsel has to review them and either agree and file or disagree and ask if the parties still want it filed. Although it may put corporation counsel in an awkward position of filing and presenting a case that may not have much merit, it at least ensures that the county, which would be responsible for treatment if commitment is ordered, is aware of the individual and the needs. A three-party petition under Wis. Stat. §51.45(13) for alcohol does not involve corporation counsel at all. If drug dependent becomes a basis for three-party petition under Wis. Stat. §51.45(13), it would be important, maybe even vital, for the county to be aware of it before the court orders it. Our counties recommend an amendment to Wis. Stat. §51.45(13)(c) to require notice to corporation counsel. That way, counties receive notice and can participate in the hearings, without having to file a petition that may not have merit (as required under the mental health statutes). Following please find suggested language: Effective and timely notice of the preliminary hearing, together with a copy of the petition and supporting affidavits under par. (a), shall be given to the person unless he or she has been taken into custody under par. (b), the legal guardian if the person is adjudicated incompetent, the person's counsel, corporation counsel of the county in which the petition is filed, and the petitioner...
- All counties are not aware of the availability of treatment beds across the state and
 what types of drug addiction each specialize in. WCA requests that the bill be
 amended to require the Department of Health Services to maintain an up to date
 list of treatment beds across the state. This will help counties that are required to
 make a placement under the statute know where treatment beds are located.

Thank you for your consideration.