MARK BORN
STATE REPRESENTATIVE • 39TH ASSEMBLY DISTRICT

Testimony on Senate Bill 594

Senate Committee on Health and Human Services
January 8, 2020

Thank you Chairman Testin and members of the Senate Committee on Health and Human Services for allowing me to testify in support of Senate Bill 594.

On Tuesday, June 18, 2019, a 31-year-old male was booked into the Dane County Jail and later that evening, found unresponsive in his bunk. Not even five months later, a 32-year-old woman experienced a drug overdose while undergoing the booking process. Fortunately, Dane County Jail has 24 hours a day, 7 days a week medical staff who were able to successfully administer Narcan and save both individuals' lives. However, not all county jails, especially in smaller, rural communities, have the resources to staff their medical units 24/7. For that reason, it is absolutely critical that county jailers are properly trained on how to administer Narcan in these types of emergency situations.

This bill adds county jailers to the current state statute which establishes a framework for all levels of EMT and first responders to be trained on how to administer Narcan. By amending this provision, we are not only increasing the number of lives saved from overdose, we are also equipping jail staff to be fully prepared in a situation where they are exposed to the dangerous and powerful drug fentanyl. In a circumstance where a county jail does not have 24 hour medical staff, the officer would have to wait for a deputy or EMT to arrive to properly administer the Narcan. These types of situations require a rapid response and county jailers should be fully equipped to handle them.

The second component of this legislation focuses on the availability of medication-assisted treatment, most commonly referred to as MAT, in both county jails and state prisons. The criminal justice system provides a unique opportunity to connect individuals with opioid use disorder to treatment in a controlled space. Despite MAT's proven effectiveness, individuals in need of treatment often have little to no access to these medications while incarcerated.

To address this treatment gap, the bill requires DHS in consultation with DOC, to study the availability of medication-assisted treatment for opioid use disorder in both state prisons and county jails. Following the data collection, the departments shall propose a pilot project to make these treatment methods more accessible to individuals in custody. This requirement is a crucial step in ensuring access to these effective treatments.

Some of the most vulnerable times for a person in recovery are while they are incarcerated and just before they are released. This bill focuses on individuals who are serving time in our criminal justice system. It strengthens both individuals who are suffering from opioid use disorder and the staff who are tasked with keeping our jails and prisons safe. I hope you can join me in supporting this important, lifesaving piece of legislation.

At this time, I would be happy to answer any questions you might have.

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Alberta Darling
Wisconsin State Senator
Co-Chair, Joint Committee on Finance

Testimony before the Senate Committee on Health
Senate Bill 594
Wednesday, January 8, 2020

Thank you Chair Testin and committee members for taking the time to hear Senate Bill 594. This bill continues our state's fight against the opioid epidemic by expanding access to Narcan.

2013 Wisconsin Act 200 established a framework for all EMT and first responders to be trained on how to administer naloxone. This HOPE legislation allowed law enforcement agencies or fire departments to enter into a written agreement with an ambulance service to obtain a supply of Narcan.

SB 594 would expand Act 200 to county jailers. County jailers often deal with similar situations as our first responders. However, not all county jails are equipped with 24-hour medical staffing, making the need for county jailers with the training to administer Narcan critical in emergency situations.

Often times, an individual is arrested and hours later will overdose in jail. Without 24 hour medical staff, the county jailer would have to wait for a deputy or EMT to arrive before administering Narcan. Delayed action in these types of situations can often mean the difference between life and death.

Additionally, in many cases medications approved by the FDA for the treatment of opioid use disorder (OUD) are not available to those in Wisconsin prisons and county jails. In most cases, individuals in need of treatment have no access to any of these medications during incarceration.

To help address this, SB 594 also requires the Department of Health Services (DHS), after consulting with the Department of Corrections (DOC), to study the availability of medication-assisted treatment for opioid use disorder in each prison and county jail. DHS must then work with DOC to propose the implementation of a pilot project to make available all approved medications for medication-assisted treatment for opioid use disorder in at least one prison or county jail. DHS will then report the findings and any requested changes to the Joint Committee on Finance.

Thank you to Representatives Nygren and Born for their leadership on the issue. I hope to count on your continued support for the HOPE agenda with Senate Bill 594.

State of Wisconsin
Department of Health Services
Tony Evers, Governor
Andrea Palm, Secretary

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

FROM: Lisa Olson, Legislative Director & Paul Krupski, Director of Opioid Initiatives

DATE: January 8, 2019

RE: The HOPE Agenda: SB 582 relating to reimbursement for peer recovery coaches, SB 591 relating to registration of recovery residences, SB 594 relating to opioid antagonist administration in jails, SB 600 relating to physical health services and acupuncture under Medical Assistance

Good morning, Chairman Testin and members of the Senate Committee on Health and Human Services. 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.

Senate Bill 582 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 SB 582 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 and 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.

Senate Bill 591 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 residencies, we understand that for a variety of reasons, many do not accept those receiving medication assisted treatment. The Department recognizes Medication Assisted Treatment (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.

Senate Bill 594 requires DHS to work in consultation with DOC to study the availability of 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.

Finally, Senate Bill 600 would allow for reimbursement of acupuncture services as well as an increase in reimbursement for physical health services within the Medicaid program. DHS, as directed by the legislature, has previously studied best practices for physical health services and the impact those services have on prescription and over-the-counter drug usage by individuals within the Medicaid program. The Department supports efforts to reimburse providers for non-opioid and non-pharmacological pain management techniques.

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 Senate Bill 581, 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 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.

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.

Andrew Whitacre, Associate Manager, Substance Use Prevention and Treatment Initiative
The Pew Charitable Trusts

Wisconsin Senate Committee on Health and Human Services
Written Testimony
1/8/2020

Good morning Chairman Testin, Vice-Chairman Kooyenga, and members of the Committee. Thank you for holding this hearing and inviting me to testify.

My name is Andrew Whitacre and I lead The Pew Charitable Trusts' technical assistance work in the State of Wisconsin and I have been asked to testify on Senate Bills 591 and 594 today.

The Pew Charitable Trusts is a data-driven research and policy organization. Our project, the Substance Use Prevention and Treatment Initiative, collaborates with states in their efforts to improve access to timely, comprehensive, evidence-based treatment for substance use disorders, specifically opioid use disorder (OUD).

Beginning in June 2017, Pew provided technical assistance to the Governor's Task Force on Opioid Abuse at the request of the Co-Chairs, Rep. Nygren and Lt. Governor Kleefisch, with support from Governor Walker, Speaker Voss, and Majority Leader Fitzgerald.

Pew conducted an assessment of Wisconsin's substance use disorder (SUD) treatment system. This work included discussions with stakeholders from state and local government agencies, elected officials, as well as organizations representing health care providers, individual prescribers, and patient advocates. In total, Pew spoke with more than 100 stakeholders across the state to better understand stakeholder priorities and the strengths and opportunities for improvement in Wisconsin's existing treatment system. In addition, Pew consulted national experts and reviewed evidence-based and emerging practices to address the opioid crisis. Based on this input, we then presented the Task Force with state-specific policy

recommendations to improve the treatment of OUD for the people of Wisconsin in both January and July 2018.

Recommendations provided by Pew in January 2018 were unanimously adopted by the Task Force and implemented thereafter through Executive Order or legislation. Recommendations provided in July 2018 that require legislative action are reflected in Senate Bills 591 and 594 for your consideration today. These legislative actions build on the legacy of the HOPE agenda to continue to make progress on the opioid crisis in this state. I will briefly discuss how these bills address critical gaps in treatment access, as well as serve the needs of underserved populations, including people who are incarcerated. Additionally, I'll share how these measures will help build a treatment system that is capable of responding to the need here in Wisconsin with proven and effective practices.

Senate Bill 591

Requiring the Department of Health Services to establish and maintain a registry of approved recovery residences

First, the length of treatment for people with OUD varies based on severity of need, medication used, and individual circumstance.[i] For example, the National Institute on Drug Abuse states that a minimum of 12 months of treatment is needed for patients on methadone maintenance.[ii] It also states that least 90 days of residential or intensive outpatient treatment is required for patients to maintain positive outcomes, noting that treatment lasting significantly longer is recommended.[iii] During this time, patients may need to stay in recovery housing; in fact, patients with SUD frequently report housing as one of their top concerns during their recovery.[iv]

Recovery houses are residential environments that provide individuals in recovery from SUD with alcohol- and drug-free cohabitation spaces and often include peer support and other services such as individual and group therapy, employment opportunities, and assistance with

social, personal, and living skills.[v] Patients with SUD who reside in recovery housing have reduced substance use, reduced risk of relapse, lowered incarceration rates, and increased employment compared with those not in recovery homes.[vi,vii] Further, recovery houses have been shown to be cost-effective, with cost savings between $17,830 and $29,000 per person; these savings factor in the cost of substance use, illegal activity, and incarceration that might occur without the support that recovery housing offers.[viii]

Despite the positive role of recovery housing in an individual's recovery, many of these residences prohibit or actively discourage the use of Food and Drug Administration (FDA) - approved medications for OUD, which have proven effective in helping individuals manage their disease.[ix,x]

Wisconsin currently lacks a legal definition for recovery housing, which leaves OUD patients vulnerable to being excluded from or discriminated against in these facilities if they continue to take medications as part of their treatment.

Senate Bill 591 seeks to ensure patients using OUD medications have access to recovery housing by requiring the Department of Health Services (DHS) to establish and maintain a registry of approved recovery residences. Importantly, the registry will not include a recovery residence if the facility excludes any resident solely on the basis that the resident participates in medication-assisted treatment (MAT).

Senate Bill 594

Requiring the Department of Health Services to study the availability of medication-assisted treatment for opioid use disorder in each prison and county jail

Second, the same OUD medications that have kept patients out of recovery housing are not readily available to those in Wisconsin prisons and jails. In most cases, individuals in need of treatment have no access to any of these medications during incarceration.

The criminal justice system provides an opportunity to connect patients with OUD to needed treatment in a controlled space; however, support for OUD medications is inadequate in these settings. Historically, more emphasis has been placed on drug-free treatment although evidence demonstrating the effectiveness of that approach is limited.[xi] In Wisconsin, 69 percent of people who are incarcerated have a SUD.[xii] Funding for one of the three medications, naltrexone, has been made available in Wisconsin to a limited number of prisons and jails through state grants.[xiii,xiv] As of September 2017, only 24 offenders completed the program, which does not offer[xv] access to buprenorphine or methadone. Individuals entering jail or prison that are receiving either medication are weaned off.

Providing adequate clinically-appropriate treatment in criminal justice settings, as well as ensuring continuity of care for patients moving from these settings to community-based treatment, is critical to addressing a public health crisis resulting in more than 42,000 opioid overdose deaths each year. For example, a 2010 study found that less than one percent of justice-involved individuals received medications for OUD while in the criminal justice system.[xvi] Access to OUD medication in prison is also associated with reduced recidivism rates. In fact, individuals released from prison after receiving methadone for an OUD are 33 percent more likely to stay out of prison and reenter the community successfully than individuals receiving no methadone[xvii] Though evidence-based behavioral therapies—such as cognitive behavioral therapy—have become more commonplace, most therapeutic alternatives do not incorporate medications, including buprenorphine, methadone, and naltrexone.

There is limited data on availability of medications for OUD in correctional facilities. According to a Pew report published in 2017, few states facilitate access to MAT upon re-entry and even fewer provide medication directly. Only 13 states, which includes Wisconsin, make available a supply of naltrexone and only three a supply of buprenorphine.[xviii] Although a 2011 survey of prison medical directors found that 55 percent of prisons offered methadone, over half of those prisons surveyed only offered treatment to pregnant women. The same study found that only 14 percent of prisons offered buprenorphine, and estimated that only 2,000 prisoners (0.1

percent of all prisoners) received any kind of medication as an ongoing treatment. Prisons also overwhelmingly failed to refer individuals to community-based methadone and buprenorphine providers as they transition out of prisons, with only 45 and 29 percent respectively doing so in 2011.

Jails are typically operated at the county-level, usually housing nonviolent offenders and individuals awaiting trial but unable to post bail. Individuals held in jail serve, on average, short terms. Over 10.9 million individuals cycled through the nation's jails in 2015 with a 57 percent weekly turnover rate.[xix] Despite the large number of individuals cycling in and out of jails each year, there is limited exposure to medically appropriate treatment for OUD.

Senate Bill 594 will require the Department of Health Services, after consulting with the Department of Corrections, to study the availability of medication for OUD in each prison and county jail. DHS must then use the results of the study to propose to implement, or identify county officials to implement, a pilot project to make available all approved medications to treat OUD in at least one prison or county jail. DHS must also report its study findings, its proposal, and any requests for proposed statutory changes or funding necessary to implement the pilot project to the Joint Committee on Finance. These efforts will be critical to reducing overdose deaths upon discharge and further expanding access to effective, evidence-based treatments to Wisconsinites currently incarcerated.

These two reforms are critical to addressing treatment gaps and ensuring underserved populations have access to effective, evidence-based care for OUD. Wisconsin has long been a leader nationally in combatting the opioid epidemic, and these legislative priorities will continue to help the state lead the way.

Thank you again Chairman Testin, Vice-Chairman Kooyenga, and members of the Committee for inviting me to testify regarding our analysis, recommendations, and the proposed legislation before you today. I welcome your questions.

[i] National Institute on Drug Abuse (NIDA), Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition) (January 2018), accessed May 23, 2018, https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/675-principles-of-drug-addiction-treatment-a-research-based-guide-third-edition.pdf.

[ii] Ibid.

[iii] Ibid.

[iv] Laudet A. B., White W. What are your priorities right now? Identifying service needs across recovery stages to inform service development. J Subst Abuse Treat 2010; 38: 51–9.

[v] Criss, L., Molloy, P., Polin, S. G., Post, R., & Sheridan, D. M. (2018, April 27). Building Recovery: State Policy Guide for Supporting Recovery Housing (Rep.). Retrieved May 6, 2018, from The National Council website: https://www.thenationalcouncil.org/wp-content/uploads/2018/04/18_Recovery-Housing-Toolkit_5.3.2018.pdf

[vi] Jason, L. A., Davis, M. I., & Ferrari, J. R. (2007). The need for substance abuse after-care: Longitudinal analysis of Oxford House. Addictive Behaviors, 32(4), 803–818.

[vii] Jason, L. A., Olson, B. D., Ferrari, J. R., & Lo Sasso, A. T. (2006). Communal housing settings enhance substance abuse recovery. American Journal of Public Health, 96(10), 1727–1729.

[viii] Anthony T. Lo Sasso, Erik Byro, Leonard A. Jason, Joseph R. Ferrari, Bradley Olson. Benefits and costs associated with mutual-help community-based recovery homes: The Oxford House model, Evaluation and Program Planning, Volume 35, Issue 1, 2012, 47-53, http://www.sciencedirect.com/science/article/pii/S014971891100067X

[ix] Knopf, A. (2016). For methadone, buprenorphine patients, sober housing may be hard to find. Alcoholism & Drug Abuse Weekly, 28(9), 1-3. doi:10.1002/adaw.30486

[x] Iritani, K. M. (2018, March 22). Information on Recovery Housing Prevalence, Selected States' Oversight, and Funding. Retrieved May 3, 2018, from United States Government Accountability Office website: https://www.gao.gov/products/GAO-18-315

[xi] Michael Gordon, Timothy Kinlock, and Patrice Miller, "Medication-assisted treatment research with criminal justice populations: challenges of implementation," Behavioral sciences & the law 29.6:829-845, doi: 10.1002/bsl.1015.

[xii] https://doc.wi.gov/DataResearch/DataAndReports/DrugOffenderPrisonAdmissions2000to2016.pdf

[xiii] Wisconsin Department of Corrections, Opioid Addiction Treatment Pilot Program, https://doc.wi.gov/Documents/AboutDOC/PressReleases/170912VivitrolPilotFactSheet.pdf

[xiv] 2017 Wisconsin Act 261, https://docs.legis.wisconsin.gov/2017/related/acts/261

[xv] Wisconsin Department of Corrections, Opioid Addiction Treatment Pilot Program, https://doc.wi.gov/Documents/AboutDOC/PressReleases/170912VivitrolPilotFactSheet.pdf

[xvi] National Center on Addiction & Substance Abuse, Columbia University, "Behind Bars II: Substance Abuse and America's Prison Population," accessed March 9, 2017, http://www.centeronaddiction.org/addiction-research/reports/behind-bars-ii-substance-abuse-and-america%E2%80%99s-prison-population.

[xvii] Verner Westerberg et al., "Community-Based Methadone Maintenance in a Large Detention Center is Associated with Decreases in Inmate Recidivism," Journal of Substance Abuse Treatment, https://doi.org/10.1016/j.jsat.2016.07.007.

[xviii] The Pew Charitable Trusts, Prison Health Care: Costs and Quality, October 2017, http://www.pewtrusts.org/~/media/assets/2017/10/sfh_prison_health_care_costs_and_quality_final.pdf.

[xix] Bureau of Justice Statistics, "Jail Inmates in 2015," accessed March 12, 2017, https://www.bjs.gov/content/pub/pdf/ji15.pdf.