



John Nygren

WISCONSIN STATE REPRESENTATIVE ★ 89TH ASSEMBLY DISTRICT

Co-Chair, Joint Committee on Finance

**Senate Bill 600 – physical health services and acupuncture under Medical Assistance program.
Senate Committee on Health and Human Services
Testimony by State Rep. John Nygren
January 8, 2020**

Expanding access to non-addictive pain treatment is one of the best things we can do to prevent opioid addiction.

In the budget, Republicans included \$500,000 GPR and \$730,000 FED in each year of the biennium for physical health service provider reimbursement. The funding was placed in the Joint Committee on Finance supplemental account with the intention of having the Department of Health Services meet with various physical health providers like Physical Therapists and Chiropractors to determine how best to utilize the funding.

The increased funding was intended to improve access to alternative methods of pain relief without the prescription of addictive opioids. These methods may provide similar levels of treatment and pain relief without the risk of substance abuse.

This bill accomplishes what was passed by Republicans in the state budget and places \$500,000 GPR each year of the biennium in the Joint Committee on Finance supplemental account. Upon passage, we hope DHS will meet with providers and stakeholders to address the best strategy to increase reimbursement rates.

Additionally, this bill includes acupuncture provided by a certified acupuncturist as a reimbursable benefit under the Medicaid Assistance program.

Nonpharmacologic treatments, including acupuncture, are underutilized in the treatment of chronic pain. By increasing the availability of safe, effective nonpharmacologic treatments for chronic pain, patient exposure to opioids can be reduced.

A substantial body of evidence demonstrates that acupuncture is effective for chronic pain. The World Health Organization, the Centers for Disease Control and Prevention, the National Institutes of Health, and the Institutes of Medicine recognize the effectiveness of acupuncture based on data from controlled clinical trials and systematic reviews of the evidence for the management of numerous types of pain.

The Department of Health Services, in an April 2018 Report on Physical Medicine Alternatives to Pharmacological Treatment of Low Back Pain, included a recommendation that acupuncture be added as a covered benefit in the Medicaid program to allow the program to develop and implement appropriate parameters to cover medically necessary acupuncture for chronic pain.

As the providers after me will testify, physical health treatments can play a major role in initially preventing opioid addiction and providing reimbursement for these treatments will help incentivize them as an alternative to opioids.

STATE SENATOR KATHY BERNIER
TWENTY-THIRD SENATE DISTRICT



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Thank you Chairman Testin and members of the Committee on Senate Health and Human Services for holding this public hearing on Senate Bill 600. I am grateful for the opportunity to work with Rep. Nygren on this important piece of legislation.

Senate Bill 600 would add acupuncture as a covered benefit within the Medicaid program and set aside funds to increase reimbursement rates for physical health services.

Wisconsin has had an opioid epidemic for many years. Adding additional funding to increase reimbursement rates for physical health services under the Medicaid program would allow individuals more access to alternative methods of pain relief without using prescribed medications.

In April 2018, the Department of Health Services (DHS) issued a report on Physical Medicine Alternatives to Pharmacological Treatment of Low Back Pain. The report recommended that acupuncture be added as a covered benefit in the Medicaid program. Currently, physical medicine alternatives for managing chronic lower back pain are covered by Wisconsin Medicaid, however, acupuncture is not included.

Several states have passed legislation that allows non-pharmacologic pain treatments, including acupuncture, to be covered under Medicaid. In some states, the coverage is limited to certain conditions, and in other states, physicians have been added who have obtained acupuncture specialties as eligible provider types.

This legislation is supported by the Wisconsin Medical Society, Wisconsin Chiropractic Association, Wisconsin Physical therapy Association and the Wisconsin Society of Certified Acupuncturists.

I ask that you please vote for Senate Bill 600, as it increases the reimbursement rates for physical health services, adds acupuncture as a covered benefit within the Medicaid program and offers additional treatment options outside of pain medication.



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 residences, 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 Physical Therapy Association

A CHAPTER OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION

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

FROM: Dennis Kaster PT,
President, Wisconsin Physical Therapy Association

DATE: January 8, 2020

RE: Support of Senate Bill 600, relating to: physical health services and acupuncture under Medical Assistance

Chairman Testin and members of the Senate Committee on Health and Human Services, my name is Dennis Kaster and I am the President of the Wisconsin Physical Therapy Association (WPTA). I appreciate the opportunity to submit testimony in support of Senate Bill 600 (SB-600).

We would first like to thank Senator Bernier and Representative Nygren for their work on this important legislation.

Current reimbursement rates do not come close to covering the cost of providing physical therapy treatment and creates a significant barrier for Medical Assistance patients to receive physical therapy, which in turn causes MA patients to suffer worse outcomes. In addition to insufficient reimbursement rates, there is additional administrative burden in obtaining authorization to see these patients.

In a physical therapy setting specifically, clinics lose a significant amount of money when they treat MA patients. Many practices, both small private ones, and large hospital systems, avoid seeing Medical Assistance patients due to the financial losses of doing so. We have seen some recent changes to the Medical Assistance program that has helped to streamline the authorization process, which has helped, but more change is needed. This bill would add additional funding to improve the reimbursement for providing physical therapy to MA Patients.

There is a great deal of research showing that physical therapy for musculoskeletal problems reduces the overall cost of care, decreases medical imaging, and the use of opioids, while at the same time improving patient outcomes. On the other hand, there is research showing that as little as 7%-15% of all patients who would benefit from physical therapy actually get it.

Physical therapy helps to reduce pain, increase appropriate strength, range-of-motion, function and exercise. Physical therapy also empowers patients through education, helping them to understand the causes of their pain or dysfunction, take control of their issues and treat their problems conservatively instead of using passive treatments such as opioids to just mask and ignore the root of their pain.

Decreasing barriers to physical therapy for Medical Assistance patients will decrease the overall cost of care within the MA program and facilitate improved outcomes for the patients.

This bill is an investment in higher quality healthcare and improved outcomes, and is the direction we would like to see health care move. Thank you for the opportunity to submit testimony in favor of Senate Bill 600.

Any questions please feel free to contact our lobbyist Annie Early (414) 405-1050 or Jeremy Shepherd (608) 516-7715.



Wisconsin Physical Therapy Association

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

FROM: Lynn Steffes, PT, DPT, CHC, Payment Specialist, WPTA

DATE: January 8, 2020

RE: Support of 2019 Senate Bill 600, relating to: physical health services and acupuncture under MA

Chairman Testin and members of the Senate Committee on Health and Human Services, my name is Lynn Steffes and I am the Payment Specialist at the Wisconsin Physical Therapy Association (WPTA). I appreciate the opportunity to submit testimony in support of Senate Bill 600 (SB 600).

Our Association represents over 2,700 Physical Therapists and Physical Therapist Assistants in our state. In my role as the Payment Specialist, I work with small rural clinics such as Core Physical Therapy in Evansville, WI, who only employs one Physical Therapist and as large as Advocate/Aurora and Mayo Clinic. In my travels around the state, I hear about so many challenges our providers have in trying to serve Wisconsin residents who want to return to active, independent, pain-free-lifestyles without relying on drugs – especially opioids!

Physical Therapists are dedicated professionals who can be the first choice along-side our other conservative healthcare providers for treating both acute and chronic musculoskeletal pain. We look to provide hands on, active care that both treats the underlying condition and addresses pain. We know that the quicker a patient has access to physical therapy, the less likely they are to rely on opioids for pain relief.

In Wisconsin, our Medicaid population is among the most vulnerable to problems with addiction. Physical therapy providers who want to be part of the solution for non-pharmacological treatment of pain have had two primary barriers. First and foremost, the barrier of needing both a physician referral and a cumbersome prior authorization prior to delivering treatment. Both of these administrative barriers create delays in accessing care. I am however happy to report that the current and past Department of Health Services (DHS) leadership have been actively working with our association on reducing those barriers, although referral challenges continue.

However, the second major barrier that remains is the poor payment provided to providers for these services. The last time Wisconsin Physical Therapists had an increase in fee schedule was well over a decade ago! Each time a Medicaid patient is served by a Physical Therapist, there is a financial loss. Depending on the setting it could be as much as over \$50/visit. Unfortunately, this creates a disincentive to promptly schedule these patients and provide the comprehensive services they need to overcome their musculoskeletal problems and pain.

We are so hopeful that this bill provides some much overdue relief to our providers as they try to serve our most vulnerable population, Medicaid beneficiaries with musculoskeletal pain. Thank you for your consideration and support of SB 600.

January 8, 2020

Wisconsin Legislators,

A growing number of options are becoming available for non-pharmacological pain relief treatments. Occupational Therapists play a key role in pain management. We ask that you include Occupational Therapists in Senate Bill 600.

Occupational Therapist provide pain management services to patients in several different capacities.

- **Dry needling:** This is a physical treatment, like manual therapy, that has been proven to reduce and manage musculoskeletal pain. In Wisconsin, Occupational Therapists provide dry needling to patients. It is different from Acupuncture, and provides pain relief without medication.
- **Activity Modification:** OTs train clients on safe body mechanics and ergonomics. OTs help clients assess their activities and occupations, adjust their movements, and employ tools or other resources in order to reduce pain.
- **Modality Application:** OTs are trained to recognize and utilize heat and cold modalities to reduce a client's pain perception. In addition, OT's are trained on biofeedback and various forms of electrical stimulation have been shown to reduce pain thresholds, reduce inflammation which results in pain, and impact transmission of the pain response to the brain.
- **Pacing Activities:** Often patients struggle with recognizing the appropriate pace for specific activities. OTs can help patients identify proper pacing of activities, in order to reduce strain.
- **Manual Therapy**
- **Cognitive based approach:** This can include training and education in mindfulness, guided imagery, cognitive behavioral education, progressive relaxation training, and pain neuroscience education.
- **Exercise:** training and education in specific exercises to reduce and eliminate pain perceptions.

The Wisconsin Occupational Therapy Association believes that OTs and OT assistants play an important role in pain management. OT services employ non-pharmacological solutions to pain and should be recognized as part of SB 600.

Included with this letter is a letter from the American Occupational Therapy Association, which specifically outlines the OT's role in pain management.

Thank you in advance for your thoughtful consideration and support.

Sincerely,



Dr. Jennifer Labonte, OTD, OTR/L, MS, RAC-T, LSVT BIG, CKTP OTD
Wisconsin Occupational Therapy Association



To: Senate Committee on Health and Human Services
From: Michelle Meramour, MSOM, CA
Wisconsin Society of Acupuncturists (WISCA)
Date: January 8, 2020
Re: Senate Bill 600

Chairman Testin and members of the Committee thank you for the opportunity to testify in support of Senate Bill 600. And thank you to Representative John Nygren and Senator Kathy Bernier for authoring this important piece of legislation.

I am an acupuncturist practicing in Madison, WI since 2002, and actively treat patients while providing internship supervision for the Midwest College of Oriental Medicine and writing books in the field of acupuncture and holistic medicine. I am the current Treasurer of the Wisconsin Society of Acupuncturists and am a member of our legislative committee. My involvement with teaching acupuncture integrated with allopathic-style medicine and ongoing patient care enables me to see the benefits acupuncture has on an individual's quality of life, their family, and their community.

Confidence in acupuncture has significantly increased based on data from controlled clinical trials and systematic reviews of the evidence for the management of numerous types of pain. Early in my career as an acupuncturist, many patients were coming to see me as a last resort. Today patients are choosing to use acupuncture as a first step for pain management because they and their providers recognize that acupuncture is an effective non-pharmacological option for pain. As awareness of adverse consequences of opioid use increases, patients and providers are seeking safe, non-addictive alternatives such as acupuncture.

While private insurance coverage for acupuncture is growing, a majority of acupuncture patients in Wisconsin pay out of pocket for treatment. The structure of an insurance policy's payments and covered benefits powerfully influences the management of patients experiencing pain. Currently, the Medicaid population has fewer non-pharmacological pain management options than those who are privately insured or can afford out of pocket care.

The Department of Health Services, in an April 2018 Report on Physical Medicine Alternatives to Pharmacological Treatment of Low Back Pain, included a recommendation that acupuncture be considered as a covered benefit in the Medicaid program to allow the development and implementation of appropriate parameters to cover medically necessary acupuncture for chronic pain. Several states have already implemented acupuncture as a

covered benefit and Medicare is conducting a review of the use of acupuncture for the treatment of lower back pain.

One of the most visionary and successful public programs utilizing acupuncture is the Department of Defense. Currently, all veterans have access to acupuncture coverage for pain management treatment through the VA. Due to greater awareness of the adverse consequences of opioids, many patients are being referred to acupuncture proactively as their physicians reduce longstanding prescriptions for medically assisted pain management. In my practice, I have successfully treated veterans with combat and non-combat related pain who were able to eliminate or reduce the amount of pain medication they use while enjoying greater mobility and better quality of life. Acupuncture before and after surgery improves the outcomes resulting in reduced infections and pain medications.

In addition to pain management, acupuncture can also support patients in recovery for drug and alcohol abuse making it a viable option for symptoms of withdrawal or cravings. As an acupuncturist specializing in pregnancy care, I help women successfully eliminate or reduce a variety of medications during pregnancy and address common pain conditions associated with pregnancy and post-partum.

In closing, the Wisconsin Society of Acupuncturists supports Senate Bill 600 as an important first step to open the door for acupuncture coverage for the Medicaid population seeking non-pharmacological options for pain management. Acupuncture is non-addictive and evidence proves it is even safe for use by pregnant women and children.

Thank you for your time and I am available for any questions.



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

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.

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](https://doi.org/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



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.

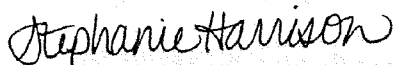
The Wisconsin Primary Health Care Association believes that this package of legislation will help to:

- **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).**
 - o 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).**
 - 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.

- 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, 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.