

WISCONSIN SENATE REPUBLICANS

ISSUE BRIEFS FOR THE 2015-16 LEGISLATIVE SESSION

PUBLIC SAFETY: H.O.P.E.

HEROIN, OPIOID PREVENTION AND EDUCATION

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HISTORY

In the last decade, heroin abuse has skyrocketed. The rate of heroin-related overdose deaths increased 286 percent between 2002 and 2013. In 2002, 100 people per 100,000 were addicted to heroin but that number had doubled by 2013. Heroin abuse is tightly tied to prescription drug abuse. Almost half of people addicted to heroin are also addicted to painkillers. People are 40 times more likely to be addicted to heroin if they are addicted to prescription painkillers. More Wisconsin residents died in 2013 from drug poisoning than from suicide, breast cancer, colon cancer, firearms, influenza, or HIV.

Rep. Nygren (R- Marinette) has spearheaded an agenda to combat heroin and opioid abuse in Wisconsin that has become known as the HOPE Agenda. The Wisconsin legislature has worked hard over the past two sessions to research, create, and pass bills in the HOPE Agenda so that we can stop this epidemic before it grows further.

LEGISLATIVE ACTION

- **2013 WI ACT 199 (2013-14 AB 445):** Requires individuals to show proper identification when picking up schedule II or III narcotic/opiate prescription medication in order to address prescription fraud and diversion.
- **2013 WI ACT 200 (2013-14 AB 446):** Provides all levels of EMTs, first responders, police and fire the ability to be trained to administer Naloxone Narcan, a drug used to counter the effects of opiate overdose, such as a heroin overdose. Any person who administers the drug is immune from civil or criminal liability provided their actions are consistent with Wisconsin's Good Samaritan law
- **2013 WI ACT 194 (2013-14 AB 447):** Provides limited immunity from certain criminal prosecutions for a person who seeks assistance from the police or medical professionals for another individual who has overdosed on controlled substances.
- **2013 WI ACT 198 (2013-14 AB 448):** Encourages communities to set up drug disposal programs and regulates these programs so unwanted prescription drugs do not fall into the wrong hands.
- **2013 WI ACT 197 (2013-14 AB 668):** Expands Treatment Alternatives and Diversion (TAD) programs by increasing funding by \$1.5 million annually. Administered by the county, TAD has proven to be an effective and efficient means of combatting drug and alcohol abuse in our state.
- **2013 WI ACT 195 (2013-14 AB 701):** Creates regional pilot programs to address opiate addiction in underserved areas. The treatment programs will assess individuals to determine treatment needs, provide counseling, and medical or abstinence-based treatment. After individuals successfully complete the program, they will be transitioned into county-based or private post-treatment care.

- **2013 WI ACT 196 (2013-14 AB 702)**: Creates a system of immediate punishments for individuals who violate their parole or probation parolees based on so-called "swift and certain" laws in other states. The model is based on research that shows that it's the swiftness and the certainty of the sanction, not the length of the confinement, which has the greatest impact on influencing an offender's behavior.
- **2015 WI ACT 115 (2015-16 AB 427)**: Expands Wisconsinites' access to opioid antagonists like Narcan by offering the drug for purchase from certain pharmacies without a prescription via standing order.
- **2015-16 WI ACT 266 (2015-16 AB 364)**: Changes the requirement for those who dispense certain prescription drugs to submit information to the PDMP from 7 days to 24 hours. It will also require a practitioner to review a patient's record when initially prescribing a monitored prescription drug (for example, a Schedule II drug).
- **2015 WI ACT 268 (2015-16 AB 365)**: States that when law enforcement encounters an inappropriate use or an infraction of the law concerning scheduled drugs, they upload that information into the PDMP and have the PDMP notify the physician. There are exceptions for on-going investigations.
- **2015 WI ACT 265 (2015-16 AB 366)**: Gives the Department of Health Services (DHS) oversight over the operation of pain management clinics across the state. The department's oversight would not be regulatory, but would be a way of providing safeguards so "pill mills" don't pop up in our state.
- **2015 WI ACT 262 (2015-16 AB 367)**: Requires methadone clinics to gather data such as staffing ratios, the number of patients receiving behavioral health services with the medication, and average mileage an individual is traveling to come to a clinic. This information will then be reported to DHS on an annual basis to give public health and treatment professionals a chance to analyze outcome data.
- **2015 WI ACT 388 (2015-16 AB 657)**: Allocates \$2 million each fiscal year to go toward Treatment and Diversion (TAD) programs. These programs are alternatives for individuals charged with certain crimes to prosecution and incarceration.
- **2015 WI ACT 264 (2015-16 AB 658)**: Criminalizes the use, possession, manufacture, distribution, and advertisement of any substance or device that is intended to defraud, circumvent, interfere with, or provide a substitute for a bodily fluid in conjunction with a lawfully administered drug test.
- **2015 WI ACT 263 (2015-16 AB 659)**: State regulations regarding opioid treatment programs are much more stringent than federal regulations. In order to afford more people accessibility to the treatment they need, this bill streamlines Wisconsin's state regulations to align with federal regulations.
- **2015 WI ACT 269 (2015-16 AB 660)**: Allows a number of medical-affiliated boards under the Department of Safety and Professional Services (DSPS) to issue guidelines regarding best practices in prescribing controlled substances.
- **2015 WI ACT 267 (2015-16 AB 766)**: Creates reporting requirements for the Prescription Drug Monitoring Program (PDMP). The data collected will be reviewed and evaluated by the Controlled Substances Board (CSB) to determine the effectiveness of the PDMP and to compare actual outcomes with projected outcomes.

NON-LEGISLATIVE ACTION

DEPARTMENT OF HEALTH SERVICES – SOCIAL DETOX

- Social detoxification is detoxification in an organized, residential, nonmedical setting that is delivered by appropriately trained staff who provide safe, 24-hour monitoring, observation, and support for an individual to achieve initial recovery from the effects of a drug.
 - During the 2015-17 state budget process, \$5.38 million was allocated toward residential substance abuse services under the Wisconsin Medicaid program.
 - The Department of Health Services (DHS) has committed to using these funds for a number of treatment models, including social detoxification.
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PATIENT CENTERED OUTCOMES RESEARCH INSTITUTE STUDY – OPIOID PAIN MANAGEMENT

- The goal of the proposed Patient Centered Outcomes Research Institute (PCORI) study is to determine what the effectiveness of long-term opioid therapy is for patients with chronic, non-cancer pain.
 - Rep. Nygren sent a letter in favor of this research trial, as its findings will be beneficial in determining best practices for prescribing in the future. If this trial is chosen, Rep. Nygren will work as a consultant to facilitate dialogue between the legislature and the research group undertaking the study.
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CENTERS FOR DISEASE CONTROL – PRESCRIBING GUIDELINES

- The Centers for Disease Control (CDC) is currently working on efforts to draft guidelines for prescribing opioids for chronic pain.
 - Rep. Nygren sent a letter to the secretary of Health and Human Services in Washington DC in support of the proposed CDC guidelines.
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WISCONSIN STATE COALITION FOR PRESCRIPTION DRUG ABUSE REDUCTION

- This coalition is an effort made up of state regulatory boards, medical associations, the Attorney General's office, and the State Legislature.
 - The mission of the coalition is to optimize Wisconsin's health care assistance to best position providers, medical groups, and hospital systems in battling the prescription drug epidemic.
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SUPPORT FOR THE FEDERAL TREAT ACT

- "TREAT" stands for "The Recovery Enhancement for Addiction Treatment" Act.
 - This act would expand access to treatment, including medication-assisted treatment, by lifting stringent federal regulations.
 - Rep. Nygren, Rep. Vos, Sen. Fitzgerald, and Sen. Darling sent a joint letter to both of our state's U.S. Senators and Wisconsin's entire Congressional Delegation in support of the TREAT Act.
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LISTENING SESSION WITH ADVOCATES AND GOVERNOR WALKER

- On January 15, 2016, Governor Walker and Rep. Nygren held a listening session at Prevea in Green Bay with addiction and treatment advocates from around the state.
- Advocates included medical professionals, educators, local government officials, law enforcement, nonprofit organizations, and individuals whose lives have been touched by addiction in some way.