



John Nygren

WISCONSIN STATE REPRESENTATIVE ★ 89TH ASSEMBLY DISTRICT

**HOPE Agenda Testimony
State Rep. John Nygren
October 13, 2015**

Thank you Chair Vukmir and members of the Committee on Health and Human Services for holding a public hearing on Senate Bills 268, 271, and 272.

Last year, my colleagues in the legislature and I passed a package of seven bills aimed at combating our state's heroin epidemic. We called this package the Heroin, Opiate Prevention and Education – or HOPE -- Agenda. With unanimous bipartisan support and Governor Walker's signature, we successfully laid a foundation to fight heroin and opiate addiction in Wisconsin.

This session, our goal is to address what many people believe to be the root of our state's heroin problem: prescription drug abuse and addiction. Studies show that, in many cases, heroin addiction begins with an addiction to prescription painkillers. Whether these medications are obtained legally or not, we need to do our best to curtail the illegal use of these dangerous substances. It is for this reason that I am offering additional HOPE Agenda bills that are aimed at fighting prescription drug abuse in Wisconsin.

These proposals focus on our state's prescription drug monitoring program (PDMP), methadone clinics, and pain clinics. The goal of these bills is to stop the abuse of prescription medications before it begins; these proposals will help doctors and pharmacists stay on top of their prescribing and dispensing practices, identify patients who attempt to "doctor shop," and ultimately reduce the number of Wisconsinites who become addicted to prescription opiates.

It's important to note that these proposals won't prevent the legitimate use of prescription medications. Instead, these proposals help prescribers and dispensers collect data in order to better identify instances of scheduled drug abuse. I'm proud that we're taking steps in the right direction to fight Wisconsin's heroin and opiate epidemic, and I look forward to continuing to work with my colleagues, the medical community, law enforcement, and advocacy groups on this effort.

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



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PREPARED TESTIMONY OF ATTORNEY GENERAL BRAD D. SCHIMEL
Support for Senate Bill 268, Senate Bill 271, and Senate Bill 272
Senate Committee on Health and Human Services
Tuesday, October 13, 2015

Good morning Madame Chairwoman and members of the Senate Committee on Health and Human Services. Thank you for this opportunity to testify on these three important bills: SB 268, SB 271, and SB 272.

I am Wisconsin Attorney General Brad Schimel. Prior to becoming Attorney General, I served 25 years in the Waukesha County DA's Office. I am here today, not only in my official capacity as the leader of the Wisconsin Department of Justice, but as a concerned father, uncle, and community member.

Over the last decade, Wisconsin has seen a dramatic increase in the illegal use of opiates, both heroin and prescription painkillers. The National Household Survey on Drug Use and Health found that 4.3% of Wisconsin adults abuse opiates in some manner. That represents more than 163,000 people right here in our state!

Those members of the legislature who were serving last session know how much of an impact opiates have had on Wisconsinites in all corners of the state and I thank you again for unanimously passing the H.O.P.E. legislation. In recent years, the Wisconsin Department of Justice and the Wisconsin State Legislature have together made great progress in expanding availability and training for Narcan use, organizing drug take back days, enacting Good Samaritan laws, and encouraging and funding expansion of treatment courts.

These have been very important first steps in addressing our state's devastating opiate epidemic. However, rates of addiction and number of deaths are still on the rise in Wisconsin. Looking back to 2000, we saw opiate overdose deaths more than quadruple, and in the past decade, they increased by more than 250%. Just last month, the Wisconsin Department of Health Services released additional data that show that a drug overdose is now the leading cause of accidental death in Wisconsin. More than from motor vehicle crashes, breast cancer, colon cancer,

influenza, or HIV.

If we saw deaths from any of those causes rise so dramatically, we would do something about it. Perhaps even things that might sound a bit crazy.

Beyond the deaths and destruction directly caused by abuse of opiates, it is also driving dramatic increases in virtually every other type of crime as addicts desperately try to find ways to support their habit: theft, burglary, robbery, identity theft, prostitution and opiates are even often linked to human trafficking.

In fact, Wisconsin is now number two in the nation for pharmacy robberies nationwide. Not per capita. In raw numbers. We have more than California, New York, Florida or Texas. The only other state ahead of us is Indiana, another wholesome Midwestern state.

This addiction is affecting every community in Wisconsin; rural, suburban and urban. There has, rightly, been a great deal of concern in Wisconsin about heroin in our state, but prescription painkillers play a role in the deaths of more people than heroin and cocaine combined.

Even more shocking, nearly 4 of 5 heroin addicts started by first becoming addicted to prescription painkillers. Without prescription opiate abuse, we might not be talking about heroin at all.

This presents us with a great opportunity. Heroin is in our state because there is a tremendous demand for it. The numbers demonstrate, though, that if we can reduce the abuse of prescription opiates, we can greatly reduce the demand for heroin. We cannot continue to allow these potentially dangerous drugs to be diverted for abuse. I'm glad to see the Wisconsin State Legislature, under Representative Nygren's leadership, address the challenges of prescription drug diversion and abuse with these four new laws. These pieces of legislation will help put Wisconsin on the right track.

Senate Bill 268

Under current Wisconsin law, pharmacists have up to seven days to report prescriptions being filled, giving addicts the ability to "doctor shop" before the prior prescription shows up on the Prescription Drug Monitoring Program, or PDMP, site. Law enforcement and the medical community have seen countless addicts game the system by obtaining prescription opiates from several different doctors within a couple days, without any of the doctors able to know that the patient is receiving prescriptions from other prescribers.

Senate Bill 268, and its companion, AB 364, will bring our state's Prescription Drug Monitoring Program or PDMP in line with many neighboring states, by requiring

pharmacists to report prescriptions within 24 hours. This will help prevent improper access to potentially deadly drugs.

Senate Bill 272

In Wisconsin, certain types of “pain clinics,” institutions that prescribe highly addictive prescription painkillers, often without demonstrable patient need, have little supervision. Senate Bill 272, and its companion, AB 366, will put safeguards in place to have additional oversight by the Department of Health Services and will ensure proper guidelines are in place and strictly adhered to.

Senate Bill 271

Similarly, Methadone Clinics operating in our state may provide effective treatment to some patients, but little information is collected and shared with authorities, making a full assessment of the clinics’ effectiveness in helping addicts stay sober essentially impossible. Senate Bill 271, and its companion, AB 367, will allow the Department of Health Services to collect data from methadone clinics and requires an annual report to ensure it is being used in an effective way.

Conclusion

The Wisconsin Department of Justice and law enforcement statewide will continue our enforcement efforts. In fact, we have ramped them up, but we cannot arrest our way out of this public health crisis. The Department of Health Services and treatment community will also not be able to address the need to treat tens of thousands of people addicted to opiates. The resources are simply not adequate enough to address the need. These efforts need to be combined with pervasive and powerful prevention efforts. To that end, the Wisconsin Department of Justice and Department of Health Services have kicked off a large-scale prevention campaign to address prescription painkiller abuse. The Wisconsin Hospital Association, the Wisconsin Dental Association, the Wisconsin Medical Society, the Wisconsin Pharmacy Society, and other medical providers have partnered with us to develop the important message presented by this campaign and have also taken steps to educate their members on the dangers of opiate abuse. I am thrilled that the Wisconsin State Legislature is continues to support these efforts to prevent additional Wisconsinites from being harmed by abuse of these drugs which are demonstrated to be very dangerous when used improperly.

Thank you for allowing me the time today to address this body. I am happy to take questions.



Wisconsin Medical Society

Your Doctor. Your Health.

TO: Senate Committee on Health and Human Services
Senator Leah Vukmir, Chair

FROM: Jerry Halverson, MD, DFAPA
President

DATE: October 13, 2015

RE: Testimony on HOPE Agenda – Senate Bill 268

On behalf of more than 12,500 members statewide, the Wisconsin Medical Society appreciates this opportunity to share our thoughts on Senate Bill 268, which is part of this session's Heroin, Opiate Prevention and Education (HOPE) Agenda.

We applaud Rep. John Nygren and Sen. Sheila Harsdorf for their continued advocacy in the fight against addiction to heroin and certain prescription drugs. We are more likely to succeed in this fight when policymakers, law enforcement, physicians and other health care professionals collaborate on finding solutions to the current opioids addiction problem. Those solutions are not simple – we must find a strategy that accomplishes the best benefit in preventing addiction while minimizing the burden placed on physicians and others dedicated to maintaining the high quality health care we enjoy in this state.

The Society proudly supported various HOPE Agenda bills during the 2013-14 legislative biennium. We deeply appreciate the continued collaboration with Rep. Nygren, Attorney General Brad Schimel and others on this biennium's efforts. Because there will likely be amendments to some of the bills in front of today's committee, we are testifying for information only on the bill with the greatest potential impact on physicians: Senate Bill 268.

Senate Bill 268 – PDMP Review Requirements

Of the many provision in SB 268, the most dramatic potential change to a physician's daily routine is the requirement to review a patient's record under the Prescription Drug Monitoring Program (PDMP) before issuing a prescription for potentially-addictive drugs (Section 14). The Society is aware of studies showing that such a mandate could increase participation in the state's PDMP, which could then lead to a decrease in both the number of prescriptions written for commonly-abused drugs and a reduction in the number of "doctor shopper" patients seeking to obtain powerful drugs via multiple prescribers.

These potential positives hinge on something of vital importance: that the PDMP is functional and user-friendly. While Wisconsin has been comparatively late in adopting a PDMP, its current performance surpasses that of many states who initiated such a program earlier. That said, the Society often hears concerns about the PDMP in its current form such as time lags in accessing data, a difficult user interface that does not synchronize smoothly with electronic medical data systems and other technological and efficiency concerns that may distract from patient-physician interaction.

The State of Wisconsin's Controlled Substances Board (CSB) is currently preparing to make improvements to the state's PDMP, with the "new and improved" version scheduled to take effect in January 2017. We believe physicians and other PDMP users should be allowed time to become more comfortable with an updated PDMP before the review mandate begins. This learning period will allow for more efficient integration of the PDMP into a prescriber's patient encounter while allowing for prescriber feedback if any additional changes to the system are needed.

Other amendments to SB 268 could maximize the bill's effectiveness without creating additional burdens that are less likely to combat the identified problems of drug addiction and abuse. For example, exempting a prescriber from the mandate if writing a prescription for a small period of time (such as an amount lasting no more than seven days) would make sense, as drug-seeking behavior tends to be for prescriptions of longer duration.

Other states have review mandates, which vary significantly. Wisconsin can benefit from the experiences in those states to help determine what kind of system works best for our state. Wisconsin consistently enjoys a health care system providing care that is among the highest quality systems in the nation; the Society believes an amended Senate Bill 268 combined with an effective PDMP can enhance that nationally-ranked quality.

Thank you again for this opportunity to share the Society's thoughts on Senate Bill 268. If you have questions about the HOPE Agenda or other health care issues, please feel free to contact the Society at any time.



To: Members, Senate Committee on Health and Human Services
From: Sara Sahli, Government Relations Director, ACS CAN
Date: October 13, 2015
Re: Senate Bill 268

Over 32,000 Wisconsinites are diagnosed with cancer every year. Many of them experience pain that continues years beyond treatment. Pain remains one of the most feared and burdensome symptoms for cancer patients and survivors. Unfortunately, while nearly all cancer-related pain can be relieved, its prevalence and its under-treatment have remained consistently high. Research shows that pain is still a problem for nearly 60 percent of patients with advanced disease or those undergoing active treatment, along with 30 percent of those who have completed treatment.¹

The American Cancer Society Cancer Action Network (ACS CAN) agrees that the illegal use and abuse of prescription painkillers is a serious public health issues that needs to be addressed. However, it is also important to consider the unintentional consequences of efforts to abate abuse that can harm patients and cause great suffering.

As a result, **we are concerned that the provision in Senate Bill 268 that requires doctors to check the prescription monitoring database for every prescription and refill** could have unintended consequences. Multiple database checks can be burdensome and time consuming for doctors, especially oncologists who see dozens of patients each day and may have other clinical or academic responsibilities. Such regulations may influence physicians to limit or avoid prescribing opioid analgesic medicines due to the administrative burden or for fear of being investigated. These restrictions could deny Wisconsinites with serious illnesses like cancer timely and appropriate access to the pain medications that they need to participate in daily activities during treatment, and often times many years after treatment.

ACS CAN staff have discussed alternative language related to the database checks with Representative Nygren's office. Other states have approved requirements that require physicians to check the database for new prescriptions or new patients and then every 6 months. **We urge the committee to amend Senate bill 268 to place limits on the required database checks.**

We know that the intent of this legislation is good, but we also know that a potential unintended consequence is that the proposed changes impede access to necessary medications, and diminish the quality of life of patients undergoing treatment and afterward. We support balanced policies that address misuse and abuse but do not interfere with cancer patients' care.

¹ Institute of Medicine. Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education and Research. 2011.



State Senator Sheila Harsdorf

Date: October 13, 2015

To: Senate Committee on Health and Human Services

From: Senator Sheila Harsdorf

RE: Senate Bill 268 relating to reporting requirements under the prescription drug monitoring program.

Dear Chair Vukmir and Committee Members:

Thank you for holding a public hearing on Senate Bill 364 (SB 268) which seeks to require the use of the Prescription Drug Monitoring Program (PDMP) for initial prescriptions of certain prescription drugs and shortening the reporting requirement for updating the PDMP from seven days to 24 hours.

This bill is one of a series of bills that seek to continue to address the growing heroin epidemic in our state. We know that individuals often fall prey to substance abuse due to the availability and accessibility of legal drugs and substances, including prescription medications. Additionally, pharmacists have indicated that they are seeing some individuals attempting to fill multiple prescriptions for addictive prescription medication through tactics such as "doctor shopping."

Currently, those who dispense medications are required to report prescriptions for certain monitored drugs to the PDMP within seven days of dispensing the medication. The PDMP is a tool used by physicians and pharmacists to prevent the overprescribing of medications and to keep individuals from "doctor shopping" for multiple prescriptions. SB 268 would require physicians to review the PDMP prior to making an initial prescription to a patient for a monitored prescription drug. The bill also requires the PDMP to be updated within 24 hours, which will help ensure that doctors have the most up-to-date information.

This legislation seeks to take Wisconsin another step forward in the fight against drug addiction. I am pleased that this legislation has received broad bipartisan support and urge your passage of SB 268.



DATE: Tuesday, October 13, 2015
TO: Senator Leah Vukmir, Chair
Members, Senate Committee on Health and Human Services
FROM: Pharmacy Society of Wisconsin, Anna Legreid Dopp, PharmD, Vice President of Public Affairs

SUBJECT: Senate Bill 268: relating to reporting, disclosure, and practitioner review requirements under the prescription drug monitoring program

Thank you for the opportunity to testify on Senate Bill 268 relating to reporting, disclosure, and practitioner review requirements under the prescription drug monitoring program.

The Centers for Disease Control and Prevention has characterized prescription drug abuse as an epidemic. Approximately 6.1 million Americans abuse or misuse prescription medications.^{i,ii} In Wisconsin, drug-poisoning deaths related to prescription drugs have surpassed motor vehicle accidents as the leading cause of death.ⁱⁱⁱ In addition to humanistic costs and consequences, prescription drug abuse imposed a cost of \$53.4 billion to the U.S. economy.^{iv} Because of their commitment to address this epidemic in Wisconsin, we commend Representative Nygren and Senator Harsdorf for their leadership in advancing additional Heroin, Opiate Prevention and Education (HOPE) legislation.

The Wisconsin Prescription Drug Monitoring Program (PDMP) became fully operational on June 1, 2013, allowing prescribers and dispensers to enter and access data as well as generate and run reports on over 10 million prescriptions for controlled substances dispensed to nearly 2 million patients each year. The Pharmacy Society of Wisconsin and our members were early advocates for the implementation of the Wisconsin PDMP as a means to identify and mitigate prescription drug abuse and fraud. All dispensers are required to submit controlled substance prescription data to the PDMP; however, most of the data in the PDMP is supplied by pharmacies. In addition, over 60% of pharmacists are utilizing the data provided in the PDMP, an adoption rate that is 2nd in the nation for PDMP uptake. As early adopters of the PDMP, pharmacists utilize the data to identify patients at high risk for prescription drug abuse and communicate that information to prescribers. For example, our members use the PDMP to review profiles of patients who are unknown to them or when a patient resides outside of a certain radius from their practice, access shared data from over 25 states participating in the InterConnect program, and reconcile controlled substance medication history when a patient is admitted to the intensive care unit and unable to communicate.

Currently, dispensers of monitored controlled substances submit data to the PDMP every seven days. SB268 decreases that reporting period to no later than 11:59 pm of the next business day. PSW believes this change represents a sound policy decision that will provide valuable information to PDMP utilizers in a timely manner. This is also a change that pharmacies are able to accommodate with their dispensing system vendors. This is a key point to consider with any policy change, especially one that involves technology. Indeed, technology is an important tool in patient care delivery, however, there are aspects of incorporating technology into systems and workflows that prove to be challenging and expensive. While Wisconsin continues to optimize the PDMP and anticipates an enhanced version in 2017, we look forward to working collaboratively with policymakers to ensure that goals are balanced with practice and technology capabilities.

ⁱ Substance Abuse and Mental Health Services Administration. *Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings*. NSDUH Series H-48, HHS Publication No. (SMA) 14-4863. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

ⁱⁱ Centers for Disease Control and Prevention. *Vital Signs: Overdoses of Prescription Opioid Pain Relievers—United States, 1999-2008*. *MMWR*, 60: 1-6, 2011.

ⁱⁱⁱ Trust for America's Health. *Prescription Drug Abuse: Strategies to Stop the Epidemic*. Available at: <http://healthamericans.org/reports/drugabuse2013/>.

^{iv} Hansen RN, Oster G, Edelsberg J, Woody GW, Sullivan SD. Economic costs of nonmedical use of prescription opioids. *Clinical Journal of Pain*, 27(3): 194-202, 2011.



Date: October 13, 2015

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

From: Kyle O'Brien, Senior Vice President Government Relations
Charles Shabino, MD, WHA Chief Medical Officer

Subject: Comment on Senate Bill 268: DSPS needs to address the PDMP's interoperability deficiencies

Wisconsin hospitals and health systems appreciate the attention that Rep. Nygren and the Legislature has given to Wisconsin's opioid and prescription painkiller abuse epidemic. Wisconsin's hospitals and their emergency departments all too often see the terrible effects of prescription painkiller abuse in our communities, and have been working within their organizations and communities to combat the problem.

To achieve our mutual goals of bringing this problem under control in Wisconsin, partnership is needed between government and the private health care sector. One front-line tool to stop doctor-shopping for prescription painkillers is the Wisconsin Prescription Drug Monitoring Program (PDMP), which became operational in 2013. The PDMP is a database operated by the Department of Safety and Professional Services that collects data on controlled substances dispensed by pharmacies and makes that information available via a portal to physicians so that physicians can better identify potential abusers.

Wisconsin physicians desire the information in the PDMP, but the PDMP's web-based interface is unnecessarily time-intensive and outdated

Physicians greatly appreciate the information contained in the PDMP and have significant interest in utilizing the PDMP. When a physician has concerns that a patient they are seeing in their office or in the emergency department is doctor-shopping for prescription painkillers, the information contained in the PDMP can help the physician make a more informed decision. However, physicians have also said that the PDMP's outdated and time-intensive interface to access the information significantly discourages its use.

Hospitals and physicians in Wisconsin have and are continuing to invest millions of dollars in electronic health records (EHRs) that consolidate and organize relevant patient information, including from external sources utilizing new interoperability standards, to enable more efficient and higher quality patient care. Unlike the Wisconsin Department of Health's immunization reporting system that electronically integrates with physician EHRs allowing for seamless reporting of immunization information to and from the physician, Wisconsin's current PDMP relies on an IT infrastructure that does not integrate with the national EHR standards, preventing the information in the PDMP from being directly pushed by the PDMP into physician EHRs.

To maximize PDMP impact and automation, DHHS's report to Congress recommends that state PDMPs move away from web-based interfaces to an interface that directly integrates with a physician's EHR.

In September 2013, the Department of Health and Human Services, released a report to Congress titled "Prescription Drug Monitoring Program Interoperability Standards" that identified several barriers to optimal usage of PDMPs that reflect frustrations identified by Wisconsin health care providers with Wisconsin's current PDMP web-based IT infrastructure.

"The final technical challenge deals with the current manner in which providers and pharmacists access PDMP data – usually by leaving their normal workflow and accessing a standalone Web-

based portal. This inefficient process discourages some providers from accessing this data. For PDMP data to maximally impact provider and pharmacist clinical decision making, they need to have relevant PDMP information when interacting with patients. Prescribers and dispensers have limited time to retrieve and view this information, and they want to obtain it at the right point in the clinical workflow to help inform complex, controlled-substance prescribing decisions. The use of standalone Web portals that are not integrated into clinical work via EHRs or pharmacy systems is a barrier to maximal use of PDMPs.”

The report to Congress also made several recommendations “to increase utilization among providers and strengthen PDMPs through the use of health information technology.” Recommendations in that report included:

- “PDMPs should apply the latest advances in health IT to incorporate PDMP data directly into the workflow of prescribers....Integrating with health IT makes PDMP data timelier and more easily accessible which encourages routine checking of the PDMP.”
- “State PDMPs should implement single sign-on (SSO) capabilities that enable prescribers and dispensers to automatically access the PDMP by signing in to their health IT systems (e.g., EHRs)....”
- “State PDMPs should automate the process of generating alerts to notify prescribers and dispensers of possible doctor shoppers. Automation helps to minimize costs and staff resources, which increasing the rate of notification. Health IT is key to automating this process and enabling PDMP data to be more readily available at the point of care.”

DSPS needs to ensure that Wisconsin’s PDMP system meets the interoperability and alert recommendations made by DHHS.

The Department of Safety and Professional Services (DSPS) will be procuring a vendor for PDMP services beginning in 2017. In order to bring Wisconsin’s PDMP up to date and capable of leveraging the EHR investments made by physicians and health systems, DSPS needs to ensure that the next vendor provides a PDMP system that meets the interoperability and alert recommendations made by DHHS. As evidenced by the Department of Health’s immunization registry, such interoperability is achievable and would represent a necessary improvement over the current PDMP system.

If you have any questions, please contact Kyle O’Brien (kobrien@wha.org) at 608-274-1820.