

JON ERPENBACH

S T A T E S E N A T O R

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Testimony before the United States Senate Committee on Homeland Security and Governmental Affairs

BORDER SECURITY AND AMERICA'S HEROIN EPIDEMIC: THE IMPACT OF THE TRAFFICKING AND ABUSE OF HEROIN AND PRESCRIPTION OPIOIDS IN WISCONSIN

Chairman Johnson, Senator Baldwin, Fellow Speakers and Guests:

Thank you for allowing me the opportunity to speak with you today regarding an epidemic that is devastating our Wisconsin communities and the nation at large.

The problem is well-documented. According to the Wisconsin Department of Health Services Division of Mental Health and Substance Abuse Services, the proportion of drug deaths where heroin is mentioned has drastically increased from 5% in 2006 to 33% in 2014. And according to the Centers for Disease Control, there has been a 200% increase in opioid drug overdoses nationally since the year 2000.

The solution must be comprehensive. If we are to be successful, the State of Wisconsin and the federal government need to be partners in the fight. We have made great strides with the introduction and passage of the HOPE package. Representative Nygren and the people he worked with to develop HOPE, are to be commended for all of their hard work. We can't stop there, there is more to be done.

I am proud to represent Sauk County, Wisconsin. Sauk County has a growing population of about 60,000 residents. It is heavily impacted by the tourism industry, followed closely by trade and manufacturing. Its unemployment rate is about 5%. In 2010, law enforcement and the medical community started noticing a growing problem. There were 20 heroin and opiate deaths in a 2 year period. Ambulance companies and first responders reported over 80 uses of Narcan, an opiate antidote used during suspected incidents of overdose, in that same period.

Law enforcement, the medical and legal community and local businesses joined together to address what they saw as a community crisis. They had the foresight to recognize that this problem couldn't be solved by law enforcement alone. They knew they needed a more comprehensive approach. They developed the CARE program.

CARE, or Community Activated Recovery Enhancement is an integrated system putting each individual at the center of their treatment, which empowers the individual to make better life choices. CARE recognizes that addiction can be treated and overcome using an integrated multi-

disciplinary approach that requires medical treatment, mental health services, social services, and healthy support systems. It is a program that recognizes addiction is a disease that not only negatively affects the individual struggling with the condition, but also significantly impacts family, friends, and the community.

CARE is a collaboration that is made up of many public and private entities including: St. Vincent DePaul – Sauk Prairie/Robury, Sauk Prairie Police, Sauk Prairie Healthcare, Prairie Clinic, Ho-Chunk House of Wellness, Sauk County Department of Health and Human Services, Sauk Prairie EMS, Sauk Prairie School District, Sauk County UW-Extension, Sauk County District Attorney's Office, Sauk County Public Defender's Office, Sauk County Probation and Parole, and private business owners.

The program began in Sauk Prairie, it worked-and people noticed. The program served 87 people. Soon, the state of Wisconsin and the CARE project received a grant totaling \$3 million over three years from the Substance Abuse and Mental Health Services Administration. The grant funding allowed them to expand the program county-wide and it is now serving an additional 20 participants and more interested individuals call each day.

An important piece of the CARE program is Vivitrol, a drug that is injected monthly and blocks the receptors in the brain responsible for an opiate high. It helps to stem the body's biological need to use opiates. In short, it makes it nearly impossible for a user to get high. Thanks to St. Vincent DePaul, Vivitrol was made available to inmates in the Sauk County Jail. Those who agree to the CARE program and the use of Vivitrol, must commit to a year of monthly injections and counseling.

In 2013, Dr. John McAuliffe, a family practice doctor at the Prairie Clinic, was the first and only doctor who participated in the Vivitrol protocol for inmates in the Sauk County Jail. Through his leadership there are now 7 doctors who have joined the cause.

Vivitrol is expensive. The average cost of the monthly shot is \$1200. St. Vincent DePaul was the first to step up in Sauk Prairie to cover the cost of the drug for inmates who agreed to the program but could not afford it. The grant money will help offset the cost for others. It is here where we begin to see where the state and federal government can step in, where we can do better, where we can go further in the fight against opiates.

While enrolling inmates in the CARE program, Sauk County realized that Medicaid-eligible inmates leaving jail were experiencing a gap in coverage, jeopardizing their ability to continue to receive the expensive Vivitrol injections. **Wisconsin is a state that chooses to terminate, rather than suspend Medicaid coverage for those that are incarcerated. That needs to change.**

According to the National Conference of State Legislatures, at least 18 states currently suspend rather than terminate Medicaid coverage for people who are incarcerated. The suspension approach yields administrative savings related to the reapplication and eligibility determination process, which can take as long as 45 to 90 days. This period of time is absolutely critical to the people in the CARE program receiving Vivitrol injections. Suspension instead of termination

would allow for the continuity of care, and a better chance at a successful community re-entry. There are several organizations, including Community Advocates Public Policy Institute, that are leading the advocacy efforts for this Medicaid policy change in Wisconsin.

The Wisconsin Department of Health Services has, to its credit, developed a health coverage enrollment assistance program for inmates upon their release, and that is very important. However, the eligibility determination process can be complicated, and can take a long time. A simple policy change could give these offenders a better chance to stay sober, and a better chance at a successful life post-incarceration.

In choosing to terminate Medicaid instead of suspend it, Wisconsin also loses out on federal grant money that is available. We need more funding to combat our opiate problem, and should not turn our backs on any pot of money that is available to us.

I would be remiss if I did not also take this opportunity to advocate for Wisconsin to take the federal Medicaid Expansion dollars that are available to it. Our Legislative Fiscal Bureau estimates that Wisconsin is losing out on \$320 million over the biennium to help more individuals, many of whom are offenders seeking successful re-entry into our communities, pay for health insurance. 13.4% of people in Wisconsin that qualify for Medicaid under the expansion have substance use disorders.

People who are earning minimum wage make too much money to qualify for Medicaid in Wisconsin. These people are then forced into a Federal Marketplace that was never intended for people of their income level. It is just plain wrong to see our tax dollars going to give people in other states the health insurance that people in Wisconsin deserve and paid for.

There are 30 people in Sauk County who have successfully completed the CARE program and have re-integrated into the community. When those folks went and got jobs and changed over to employer-sponsored health insurance, a notable success by many standards, they encountered yet another problem. Private health insurance has required that a person first have a “FAIL” on the pill form of the “opiate-high blocker” before they will cover the injectable Vivitrol. This too, is absolutely ridiculous. To require that someone “FAIL” in their recovery before covering a drug that has kept them sober is just plain wrong. **Another place that we can make a difference is by discouraging this fail-first practice of the insurance industry.**

A key part of the success of the Sauk County CARE program was the fact that law enforcement professionals like Sauk Prairie Police Chief Jerry Strunz recognized that the heroin epidemic was a community issue. We must engage our criminal justice partners in the fight. Chief Strunz is an advocate for law enforcement education programs that help officers on the street recognize addiction as a disease and help them look at the issue through a different lens. **Wisconsin should adopt statewide training standards for law enforcement officers on how to deal with people they encounter that are struggling with addiction.**

Chief Strunz also gives his officers a card they are able to hand out to anyone on the street that they feel might benefit from the services of the federal grant program. It lists a phone number that people can call and talk to a live person 24 hours a day about getting help.

And, in 2016, Sauk County started a Drug Court. Since January they have had 7 participants. The Drug Court team is reviewing applications on a weekly basis. Their goal in the first year is to provide services to 30 people. Drug courts, and others like them, work to provide services to the individuals involved and get them the help they need while still holding them accountable for any criminal actions they might have engaged in. There are currently over 70 drug courts in Wisconsin. **Expanding treatment courts is a very cost-effective way to address the burden drug addiction is putting on our criminal justice system.**

I am proud to represent Sauk County and I firmly believe that the CARE program could serve as a model of success for Medication Assisted Treatment around the state and the nation.

Wisconsin also faces a critical shortage of treatment professionals. Nationally, nearly one in four substance abuse clinicians chooses to leave the job each year, with burn-out and low pay cited most frequently as the reason they choose a new career. **While the Affordable Care Act went a long way toward increasing access to mental health and substance abuse treatment services, we need to find a way to encourage more people to enter the field so those people get the help they need, not put on a waiting list for services.**

Pew Charitable Trusts reports that “Of the estimated 18 million adults potentially eligible for Medicaid in all 50 states, at least 2.5 million have substance use disorders. Of the 19 million uninsured adults with slightly higher incomes who are eligible for subsidized exchange insurance, an estimated 2.8 million struggle with substance abuse, according to the most recent national survey by the U.S. Substance Abuse and Mental Health Services Administration.”

Research conducted by Jeff Zornitsky of the Advocates for Human Potential using 2010 data from the Department of Labor Statistics and Substance Abuse and Mental Health Services Administration indicates that in Wisconsin there are 30 treatment professionals per 1,000 non-elderly adults with a drug or alcohol addiction. That is just below the national average. Nevada is the worst with 11 and Vermont is the best with 70.

We have to find a way to eliminate waiting lists for treatment, encourage mental health and substance abuse professionals to practice in underserved areas, encourage more people to do this important work, and address the reasons that so many people are leaving the field. These shortages have created treatment bottlenecks, especially in rural areas.

At the federal level, support and passage of legislation like the Opioid and Heroin Epidemic Emergency Supplemental Appropriations Act (S. 2423 and H.R. 4447), co-sponsored by Senator Baldwin, will make great strides in assisting the efforts that Wisconsin is currently undertaking to battle its heroin and prescription drug abuse problems. It would help fund the community policing efforts like the ones that Chief Strunz supports, provide support for the Medication Assisted Treatment programs like the CARE program, and help pay for the improvements we’ve made to our Prescription Drug Monitoring Program through the HOPE legislation.

Mr. Chairman, in order to confront this horrible epidemic head on, in order to begin to win this fight, we must break down barriers. We must change the way we look at addiction and treat it as a disease instead of a choice that people make. We must eliminate the hurdles placed in the way of those who seek treatment. We must more appropriately value our treatment professionals and the important work they do every day. We need to adequately fund the people on the front lines of the crisis. We need to take a community approach to the problem, to work together toward a shared goal- stemming the tide of the opiate epidemic.

Thank you again for the opportunity to be here today.

A handwritten signature in black ink, reading "Jon Espenbach". The signature is written in a cursive style with a large initial "J".