



Wisconsin Medical Society

TO: Joint Committee on Finance
Representative John Nygren, Chair
Senator Alberta Darling, Chair

FROM: Mark Grapentine, JD – Senior Vice President, Government Relations

DATE: February 7, 2018

RE: **Support** for Assembly Bill 907/Senate Bill 767

On behalf of nearly 12,500 members statewide, thank you for this opportunity to share our support for Assembly Bill 907/Senate Bill 767, which include some of the latest recommendations on fighting the state's opioid and other drug abuse epidemic. Accompanying this support is an amendment request.

One of the fundamental factors behind Wisconsin's opioid abuse-fighting efforts separating us from other states is the collaboration among policymakers, law enforcement and the medical community. While each of these entities has shared their own expertise in working together on solutions, other states have taken much more adversarial approaches. Some state legislatures and governors have been much more one-directional, using legislation or executive orders to dictate how physicians are to practice medicine.

The first round of HOPE Agenda legislation in the 2013-14 biennium established a different philosophy in Wisconsin: while physicians and others in health care are rightly expected to contribute to finding solutions, the legislature would refrain from "telling doctors how to practice medicine." As a result, physicians across the state have proactively engaged in this fight. The Society supported the State of Wisconsin Medical Examining Board's (MEB) 2016 decision to establish an opioid prescribing subject-matter continuing medical education (CME) requirement for prescribing physicians. That requirement will last at least through the end of 2019. Physicians are more likely to embrace new requirements when it is the MEB establishing them; other "government" mandates are less likely to be welcomed as they are often created and enacted with minimal physician input or despite physician opposition. These kinds of mandates can contribute to the looming problem of physician burnout.

Section 21 of AB 907/SB 767 strays from this philosophy, with the legislature for the first time establishing a specific area of CME for physicians who prescribe controlled substances. Rather than leave these decisions to the members of the MEB who are best able to respond rapidly when specific challenges arise, the legislature is now wielding its power to establish specific requirements in state statutes. State law may not adapt quickly enough when conditions change in medical care, leaving stale requirements in full effect. The Society believes this first-of-its-kind mandate is unnecessary for the MEB - especially considering that the MEB has led health care professions in proactive continuing education requirements.

The Society requests the bill be amended to remove this legislative dictate on physicians, who have shown themselves more than willing to engage in fighting the opioid crisis. The MEB's actions over the past several years deserve commendation, not new legislative mandates. Thank you for considering this amendment request, and thank you for your continued efforts during this drug abuse epidemic.