

2018-04-13 WI Governor's Task Force Write Up

The WI Governor's Task Force on Opioid Abuse was established in 2016 to assess Wisconsin's systems and policies related to the opioid epidemic, and make regulatory and legislative recommendations for improving both our prevention of and response to the problem. Lieutenant Governor Rebecca Kleefisch and Representative John Nygren serve as the task force co-chairs. Over the past year, WISCA has established a very positive relationship with Representative Nygren's office.

The task force has released two reports to the governor since its inception in 2016: Jan 2017 and Jan 2018. The 2018 report was written in partnership with the Pew Charitable Trusts, with whom WISCA has also established a very positive relationship with. Earlier last week, the task force hosted a forum on opioid policy, wherein there was a focus on four areas: prevention, tx, harm reduction, law enforcement/child welfare.

Task force meetings are generally organized around particular topics, and topic experts are invited to present and inform the task force. Representative Nygren stated that the task force has been successful in recommending policies that provide medical treatment options for addiction and recovery, and have reduced prescriptions of opioids by 50% from 2017-2018, but that now they would like to focus on alternatives to prescriptions in the first place. Friday's task force meeting focused on non-pharmacological treatments for pain available in Wisconsin, and the challenges facing each treatment in delivery of services. The Wisconsin Physical Therapy Association (WPTA), Wisconsin Association of Nurse Anesthetists (WIANA), Wisconsin Chiropractic Association (WCA), Chiropractic Society of Wisconsin (CSA) and WISCA were invited to present.

The WPTA, CSA and CSA presented evidence on how PT and chiropractics used to treat pain reduce the need for medication prescriptions in the first place, and reduce medication use when administered in tandem with their modalities. They also discussed the insurance barriers to care, such as high deductibles, copays and visit allowances. The WCA used many of the same large scale, reputable studies on non pharmacological treatments for pain that WISCA did, as well as reference the same recommendations from national agencies, regulatory organizations, physician groups and the National Association of Attorneys General letter to the America's Health Insurance Plans.

WIANA presented on the current opioid free anesthesia movement (Society for Opioid Free Anesthesia - SOFA), and their organizational support of this research, development and industry movement.

The WPTA did list dry needling as a PT "manual medicine" modality. Upon presentation of this information, the task force did stop WPTA VP Dennis Kaster to ask him to discuss the difference between acupuncture and dry needling. He stated that the two modalities are "very different," and that there are no documented issues with it. After WISCA's presentation, the committee posed the same question to Kelly. She answered that dry needling is a specialty of the practice of acupuncture, and that anyone practicing dry needling who is not certified as an acupuncturist is practicing without certification. She also highlighted that if the legislature wanted to provide its citizens with the overwhelmingly positive outcomes stated in the strong evidence base for acupuncture, such results could only be provided by certified acupuncturists.

The purpose of this presentation for WISCA was to taut the **irrefutable** evidence base for acupuncture as a safe, effective, viable and immediately available non pharmacological

treatment for pain in Wisconsin. We needed to compel the task force to invite us into further health policy conversations at the state level, and set the stage for personal meetings with task force members or additional heads of state agencies. Kelly's presentation covered the following: national agencies, organizations and physicians' groups who endorse the inclusion of acupuncture, biomedical explanation of how acupuncture works, education standards for acupuncture, brief highlight of acupuncture evidence, highlights from the VT pilot study on acupuncture for back pain in the Medicaid population, a discussion of how the US military includes acupuncture, a discussion of how acupuncture can support the treatment of addiction and recovery (including Kelly's personal experience treating incarcerated adults and veterans), and a discussion of barriers to access to acupuncture (such as the fact that Wisconsin medicaid does not cover acupuncture).

Kelly's presentation and discussion were received very positively, and after the presentation of high quality data from multiple non pharmacological professions, there was a sense of hope in the room about having more tools to fight the epidemic. Throughout the meeting, task force members continuously implied that the next task force meeting topic will be health insurance coverage related to the opioid crisis, of which barriers to non pharmacological treatment options will be discussed. In collaboration with our lobbyist, the WISCA legislative committee has already begun reaching out to individuals and groups who are important to make contact with before the next task force meeting.

Please let WISCA know if you have any questions about this meeting, what it means for acupuncturists practicing in Wisconsin, or if you'd like to get involved: wiscahome@gmail.com.