



# City of Milwaukee

200 E. Wells Street  
Milwaukee, Wisconsin 53202

## Meeting Minutes

### CITY-COUNTY HEROIN, OPIOID, AND COCAINE TASK FORCE

**ALD. MICHAEL J. MURHY, CHAIR**

*Michael Lappen, Vice-Chair*

*Karen Loebel, James Mathy, Ald. Khalif Rainey, Mayor CoryAnn St. Marie-Carls, Brian Peterson, Christine Westrich, E. Brooke Lerner, Marisol Cervera, and Michael Macias*

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Friday, February 9, 2018

9:00 AM

Room 301-B, Third Floor, City Hall

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**1. Call to order.**

*Meeting called to order at 9:10 a.m.*

**2. Roll call.**

*Present 8 - Murphy, Lappen, Loebel, St. Marie-Carls, Westrich, Lerner, Cervera, Macias  
Excused 3 - Mathy, Rainey, Peterson*

*There is one vacancy from the Health Department.*

**3. Review and approval of the meeting minutes from January 19, 2018.**

*Vice-chair Lappen moved approval, seconded by member Macias, of the meeting minutes from January 19, 2018. There was no objection.*

**4. Review and approval of the Take Back My Meds Milwaukee program.**

*Individual appearing:*

*Jonathan D. Richards, Take Back My Meds MKE (TBMMM)*

*Chair Murphy said that the committee should take a position on TBMMM, which aligns with a task force core goal for prevention, specifically relating to preventing unused medicines to fall into the hands of those who are not prescribed and from polluting the waterways.*

*Mr. Richards commented on TBMMM. The coalition is comprised of 14 community organizations and has been a part of the task force disposal work group. A major issue is the collection of unused medicine. Unused medicine is a direct pathway to heroin and opioid abuse and deaths. There has begun a series of expanding permanent drop box locations in the Milwaukee area. There is a new initiative with all 30 Milwaukee Fire Department (MFD) fire stations to place take back medication*

envelopes there. A goal is to have every pharmacy in Milwaukee have a drop box. It is asked for the committee to support the coalition's public education communication plan, which was presented to the committee previously, and any public funding to go towards the plan. There is preliminary funding from Milwaukee Metropolitan Sewerage District (MMSD), but much more is needed to make an impact. About \$150,000 is needed per year to adequately carry out the communication plan. The coalition is reaching out to foundations and others in good faith. The communication plan focuses on empowering people to take action to dispose of their unused medicine easily and prevent medicine from polluting the City's water.

Vice-chair Lappen moved approval, seconded by member Westrich, in support of the Take Back My Meds MKE program. There was no objection.

## 5. Discussion with UnitedHealthCare on health insurance coverage.

Individuals appearing:

Robert Miranda, Avocaid Health Foundation Inc. advocate  
Dr. Selahattin Kurter, MD, Avocaid Health Foundation Inc.

Chair Murphy commented. Avocaid representatives had previously come before the task force to voice concern over restrictive changes in policy from UnitedHealthcare (UHC) that has materially impacted individuals with substance abuse addiction. A letter was sent to UHC for a response. UHC had communicated of being unable to send a representative to appear before the task force today. A letter was received yesterday at 5 p.m., and members should be in possession of a copy of the UHC letter.

Vice-chair Lappen moved to enter into the record the letter submitted by UHC. Seconded by member Westrich. There was no objection.

Mr. Miranda commented. Those with substance abuse addiction should be given the most opportunity for treatment. The UHC letter is disheartening with inconsistencies. Avocaid will respond in writing to the UHC letter, especially to respond to their treatment of the Intensive Outpatient Program (IOP). Avocaid seeks the task force and any vehicle as leverage to put pressure on giant private sector insurance companies.

Dr. Kurter commented. Avocaid is an advocacy agency collecting data. He is board certified in addiction medicine and psychiatry, has been treating opioid addiction for 10 years, treating patients in medicine for 15 years, is an assistant professor with the Medical College of Wisconsin, and has a clinic (Westgrove Clinic) on 100th Street and Capitol Drive that is also a training facility for upcoming physicians and nurse practitioners for opioid addiction. Heroin addiction and fentanyl use has trended and transitioned from a pill using phenomenon to a heroin phenomenon.

Dr. Kurter gave an overview of concerns.

Health insurance companies are not recognizing the severity of the type of patients being seen in clinics within the County. IOP is a step down from hospitalization, is more successful in treatment than detox facilities according to most studies, is more cost effective in long term treatment of patients with opioid addiction, and offers more continuing care. His clinic started to notice last summer UHC abruptly discontinuing IOP for Medicaid without giving reason. This resulted in patients being at risk,

*including one of his patients overdosing. Avocaid had attempted to meet with UHC without success and were declined. After months of complaints UHC did reinstitute IOP coverage for Medicaid. He is concerned about some inaccuracies contained in the UHC response letter. UHC's response that their discontinuance of IOP coverage due to confusion in billing codes is inaccurate. UHC had sent out letters informing of the discontinuation of IOP service.*

*There continues to be discriminatory concerns on UHC systematically and arbitrarily limiting treatment for addiction for Medicaid. UHC requires extensive prior authorizations for evidence based substance abuse treatment, such as naloxone and Vivitrol. UHC requires providers prove efficacy and appropriateness for treatment of patients who already meet criteria according to mainstream organizations such as the American Medical Association (AMA) and American Society of Addiction Medicine (ASAM). UHC abruptly ends coverage of treatment based on peer reviews. UHC limits substance abuse IOP treatments in increments of 5 days where providers must call for preapproval every time, which results in patients ending treatment. UHC recently instituted a restrictive drug testing policy for 18 urine drug tests per calendar year, which is disabling providers and is an arbitrary number. Drug testing is the only objective measure to determine compliance for providers. A former executive of ASAM Wisconsin has said to him that any limitation on drug testing without medical necessity is inappropriate. The restriction equates to saying that there would be a restriction to test for other diseases or illnesses, such as diabetes. UHC is the one of the only companies that separates their contracts and places restrictions on certain ones based on the type of provider, which causes coverage disparity and limits a provider's ability to perform medical services. His clinic has a UHC behavioral contract despite also providing medical services, and the contract does not cover Vivitrol injections despite that being a medical service. UHC is the only company making these decisions. Blue Cross and Blue Shield have one contract, with some behavioral parts, but do restrict a provider from providing medical services.*

*Vice-chair Lappen commented. There will be a move throughout the year to manage care for Medicaid for the Supplemental Security Income (SSI) population due to concerns. The State had changed its prior authorization requirements and eliminated them for patient mental health services.*

*Members questioned the type of health insurance program that is being restricted, whether the elimination of prior authorizations from the State applies to substance abuse treatment, and lack of litigation or outcry towards UHC.*

*Dr. Kurter replied. The programs are Medicaid and commercial HMOs. UHC's 18 urine drug test limitation applies to commercial. The State prior authorization elimination does not apply, and there are still severe limitations for the IOP. UHC is less restrictive to hospitals, which have more clout and ability to litigate. The concerns pertain to outpatient clinics, which have lesser ability and clout. Outpatient clinics offer longer term solutions, rehabilitation, and is cheaper. UHC is so large, is unavoidable, and may take up to a 30 percent portion of Medicaid.*

*Member Cervera commented. UHC are not allowing community providers to join their network. Her organization, United Community Center (UCC), had a difficult starting to join their network and was only successful in engaging in the application process after an article was made. UCC does have a complete continuum of care for residential and outpatient services. Sometimes UCC residential patients have discontinued receiving services due to their HMO, and some are not able to change their HMO due to being*

*locked into a certain one.*

*Chair Murphy asked that Avocaid submit another set of written comments of its concerns to the task force after thoroughly reviewing the UHC letter. The task force can certainly follow-up with UHC and try to make a UHC representative appear in front of the task force to address the concerns. The task force will be extended to the remainder of the year to address outstanding issues, such as this one.*

## **6. Current City-County efforts, programs, initiatives, grants or activities.**

*Chair Murphy commented. There are a number of ongoing activities for the public to be aware of. Fire stations are now playing a larger role and can continue to increase its role. MFD now has envelopes that can be used by residents to take to their homes to collect and dispose of medicine. Fire departments are first responders. MFD administered naran about 3400 times last year. The fire station at 26th and Scott Street responded to about 240 incidents involving naran administration. In other places like New Hampshire, fire departments are de facto locations for people to get help. There will be an additional member to add to the task force from law enforcement, and it is anticipated to be from the Department of Justice.*

*Vice-chair Lappen commented. Behavioral Health Division (BHD) is applying to secure up to \$450,000 supplemental federal funding from the State's State Targeted Response (STR) program based on need. The funds are for individuals waiting for residential treatment specific to opioids. Acquired funds that were allocated to BHD have been spent, and BHD is eligible to apply for new monies. There is an opportunity for BHD and the Medical College of Wisconsin to collaborate for another award in the amount of \$250,000. There was prior application attempted for a similar Substance Abuse and Mental Health Services Administration (SAMHSA) grant award to create pathways to services. Issues have been resolved for BHD receiving a grant for an opioid death investigator position, via a PHD student, with the University of Wisconsin - Milwaukee (UWM). The first investigation is anticipated to happen in the next month. There will be collaboration and interviews with health departments, first responders, and providers. There will be sample sizes done and gaps identified. Findings will be comprehensive. The State is interested in expanding opioid death investigation throughout the state and use BHD's model. Preliminary data is anticipated by summer, and the investigator may come to address the task force.*

*Member Lerner added that the collaboration is for expanding treatment opportunities within the community by formalizing a link to patients who come into the emergency department with BHD services.*

*Member St. Marie-Carls commented. \$10,000 was allocated by the Milwaukee County Intergovernmental Cooperation Council (ICC) to hold a kickoff prevention and awareness event to the public in the spring to coincide with the Milwaukee Common Council's \$50,000 public awareness efforts. Milwaukee Health Department is involved with the kickoff event. There is training for a wakeup call room for individuals and families to tour and see addiction signs. A goal is to acquire a wakeup call room trailer from Hartland. West Allis West Milwaukee schools have a wakeup call room, and Oak Creek and others are planning to make one.*

## **7. Review of work plan and final recommendations.**

*Individual appearing:*

*Tiffinie Cobb, Milwaukee Health Department*

*Ald. Murphy commented. Ms. Cobb, who was newly acquired, has worked to provide a revamped initial report for members to review, and feedback from members should be forwarded to his office to incorporate changes. The previous work plan draft was difficult to work with due to having incorporated every input. There was difficulty with transition in staff. Work groups were not always meeting. Tea Norfolk from the Legislative Reference Bureau has also been helpful in contributing to the new draft.*

*Ms. Cobb gave an update. She is the new Substance Abuse and Injury Prevention Manager for the Milwaukee Health Department. The new initial work plan has been restructured. Task force goals have been categorized into key focus areas of prevention and education, overdose prevention, treatment, criminal justice involvement, and community collaboration. The table of contents reveal what the final report will look like. Feedback is sought on the strategies listed, the elaboration of the strategies, findings, and implementation of recommendations.*

*Vice-chair Lappen commented. The new work plan draft is much improved and has distilled all work group input down to relevant, logical, and workable form. The previous draft was started through different individuals, contained all information given from work groups, and was not in realistic, precise form. He can assist in providing information and contacts, as necessary, on initiatives consistent with recommendations.*

**8. Extension of the task force and reporting deadline.**

*Ald. Murphy commented. The Milwaukee Common Council recently adopted to extend the task force and reporting deadline (January 26, 2019) to be no later than 24 months from the effective date (January 26, 2017) of the resolution creating the task force.*

**9. Set next meeting date and time.**

*Ald. Murphy commented. The next meeting will be Friday, April 27, 2018 at 9 a.m. to allow sufficient time for the work plan to be finalized for review and possible approval. Future meetings should occur quarterly or every few months going forward.*

**10. Agenda items for the next meeting.**

*Members should forward any agenda items to staff and chair Murphy.*

**11. Adjournment.**

*Meeting adjourned at 9:50 a.m.*

*Chris Lee, Staff Assistant  
Council Records Section  
City Clerk's Office*

**This meeting can be viewed in its entirety through the City's Legislative Research Center at <http://milwaukee.legistar.com/calendar>.**

**Matters to be considered for this meeting and materials related to activities of the task force can be found within the file:**

**161554**            Communication relating to the activities of the City-County Heroin, Opioid and Cocaine Task Force.

Sponsors:     THE CHAIR