

## Testimony on SB362 – November 10, 2009

Good morning, Mr. Chair and Committee Members. My name is Rich Brown. I'm a family physician with the UW School of Medicine and Public Health. I'm also the clinical director of the Wisconsin Initiative to Promote Healthy Lifestyles (WIPHL). WIPHL's main objective is that tobacco, alcohol, drug, depression, and other behavioral screening services are routinely and systematically delivered in healthcare settings around the state. I'd like to discuss one of many positive aspects of this bill – the requirement that health plans finance alcohol and depression screening.

Alcohol problems and depression are common. Of the nearly 75,000 patients that WIPHL has screened, over 30% have had a positive screen for risky or problem drinking. About one in twelve Wisconsin adults have a full-fledged major depression at any moment, and many more have depressive symptoms that could become full-fledged depression.

Alcohol problems and depression cause great suffering in our state. Along with illicit drug use, excessive drinking is the fourth leading cause of death and hospitalization in this state, the leading cause of years of life lost, and the leading cause of disability among men. Depression can lead to suicide and worse self-care of other chronic illnesses. Alcohol and depressive disorders significantly reduce workplace productivity. Both problems are especially painful for families.

The bad news is that most patients with these problems are usually not recognized until their conditions are very advanced, when there's already been lots of suffering among those with the problem, their family members, and sometimes others in the community. And the delayed recognition often makes treatment more difficult and more expensive.

The good news is that both problems can be identified very easily by routinely asking patients a standard set of questions in healthcare settings. If people with risky and problem drinking are caught early, just 15 minutes of structured discussion often elicit substantial reductions in drinking. The National Business Group on Health has found that routine screening and intervention elicit 20% fewer binges, 20% fewer emergency room visits, a 33% decline in alcohol-related injuries, a 37% reduction in hospitalizations, 47% less involvement with the criminal justice system, and 50% fewer car crashes. Within 12 months, these services return \$4 for every dollar invested.

If people with depression are caught early, when they have minor depression, a certain kind of behavioral intervention can help avoid major depression. When screening identifies major depression, treatment is very effective. Benefits include substantial reductions in other healthcare utilization and improvements in workplace productivity. Within 24 months, these services return \$3 for every dollar invested.

The National Commission on Prevention Priorities has found that alcohol screening and intervention services are the fourth most effective and cost-effective prevention service available – more effective than screening for high blood pressure, high cholesterol, and all forms of cancer. The Commission ranked depression screening 18<sup>th</sup> – ahead of administering osteoporosis screens and tetanus boosters. If the Commission had taken into account the documented improvements in workplace productivity, depression screening would have been rated at least as highly as mammograms and pap smears.

If SB 362 becomes law, you will remove a large impediment to the delivery of evidence-based, cost-saving alcohol and depression screening services. Hundreds of thousands of Wisconsinites will benefit directly, and all of us will enjoy reductions in healthcare costs, safer communities, and a more competitive business environment. I hope you'll vote in favor of this bill.