



Legislative Fiscal Bureau

One East Main, Suite 301 • Madison, WI 53703 • (608) 266-3847 • Fax: (608) 267-6873
Email: fiscal.bureau@legis.wisconsin.gov • Website: <http://legis.wisconsin.gov/lfb>

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TO: Members
Joint Committee on Finance

FROM: Bob Lang, Director

SUBJECT: Assembly Bill 858/Senate Bill 788: Opioid and Methamphetamine Data System

Assembly Bill 858 (AB 858) and Senate Bill 788 (SB 788) are identical bills that would provide one-time funding of \$1.5 million GPR in 2020-21 for the Department of Administration (DOA) to contract with a vendor to operate an opioid and methamphetamine data system.

AB 858 was introduced on February 3, 2020, and referred to the Assembly Committee on Substance Abuse and Prevention. Subsequently, a public hearing was held on February 6, 2020. Assembly Amendment 1 to AB 858 was introduced on February 7, 2020. SB 788 was introduced on February 6, 2020, and referred to the Senate Committee on Health and Human Services.

BACKGROUND AND CURRENT LAW

The American Society of Addiction Medicine defines addiction as "a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences."

In Wisconsin, multiple state agencies and other collaborators are involved in the state response to identify, treat, and prevent substance use disorders, including the collection of data regarding such efforts. Currently, different agencies collect and report data based on either specific statutory criteria or under more broad authority.

For example, the Department of Safety and Professional Services (DSPS) operates the state enhanced Prescription Drug Monitoring Program (ePDMP), which monitors the dispensing of monitored prescription drugs, as outlined in state statute. On a quarterly basis, the Controlled Substances Board provides DSPS a report regarding certain metrics collected through the ePDMP, including an assessment of the trends and changes in the use of monitored prescription drugs in Wisconsin, as well as information on the number of individuals to whom both opioids and

benzodiazepines were dispensed within the same 90-day period and the number of individuals obtaining prescriptions from more than five providers or who have monitored prescription drugs dispensed by five or more pharmacies within the same 90-day period. DSPS shares some of this data with the public in a variety of charts and tables on the agency's website.

The Department of Health Services (DHS) has the broad statutory power to keep records, and engage in research and the gathering of relevant statistics to implement statutory provisions relating to the prevention and control of alcoholism and drug dependence. Additionally, DHS has very specific reporting requirements for data submitted annually from methadone treatment programs to the Department and more general requirements for data reported by DHS to the Legislature regarding opioid and methamphetamine treatment programs. DHS shares the statutorily required reports for methadone treatment programs, as well as the Department's reports to the Legislature regarding opioid and methamphetamine treatment programs, on the agency's website.

Additionally, DHS publicly shares a number of other metrics on its website, including hospitalizations due to opioid and methamphetamine use, death rates due to opioid and methamphetamine use, and youth and adult opioid usage rates.

SUMMARY OF BILL

Assembly Bill 858 would require DOA to issue a request for proposals (RFP) to establish and maintain an opioid and methamphetamine data system to collect, format, analyze, and disseminate information on opioid and methamphetamine use. Under the bill, DOA would contract with a vendor, selected through the RFP process, to operate the system and disseminate analytics from the system.

The Department would be required to submit the proposed RFP to the Joint Committee on Finance for review under the 14-day passive review process prior to its release. By January 31, 2022, and annually thereafter, DOA would be required to report to the Committee summarizing information from the system and analyzing trends across years. To establish and maintain the system, the bill would provide one-time funding of \$1,500,000 GPR to DOA's annual general program operations appropriation in 2020-21. As an annual appropriation, any funds not expended or encumbered would lapse to the general fund on June 30, 2021.

The data system would be required to include the following:

- (a) hospital discharge data from visits and stays related to opioid use or overdose;
- (b) hospital discharge data from visits and stays related to methamphetamine use or overdose;
- (c) records of hospitals diverting patients to other facilities to address opioid use or overdose;
- (d) records of hospitals diverting patients to other facilities to address methamphetamine use or overdose;
- (e) ambulance service run data related to opioid use or overdose;
- (f) the number of opioid-related overdoses in the state, the number of individuals who overdose on opioids, and the opioids on which the individuals overdose;
- (g) the number of methamphetamine-related overdoses in the state, the number of individuals who overdose on methamphetamines, and the forms of methamphetamines on which the individuals

overdose;

- (h) death records related to opioid use or overdose;
- (i) death records related to methamphetamine use or overdose;
- (j) the number of opioid treatment centers in the state, by the owner or operator of each opioid treatment center;
- (k) the number of methamphetamine treatment centers in the state, by the owner or operator of each methamphetamine treatment center;
- (l) the number of providers in this state that are allowed to prescribe a drug that is a combination of buprenorphine and naloxone, the patient capacity for those prescribers, the number of patients taking such a combination drug, and the number of patients who have discontinued such a combination drug due to successful completion of a treatment program;
- (m) the number of methadone clinics in the state, the number of patients taking methadone, the number of patients who more than once have been on courses of methadone, the number of patients who have discontinued methadone use due to successful completion of a treatment program, and the number of patients who are receiving methadone treatment for various durations;
- (n) the amount of naloxone doses dispensed, the total number of naloxone doses administered, and the number of unique patients who have received doses of naloxone;
- (o) the number of adults in the state who use opioids, the extent to which those adults use opioids, and the type of opioids used;
- (p) the number of adults in the state who use methamphetamines, the extent to which those adults use methamphetamines, and the forms of methamphetamines used;
- (q) the number of minors in the state who use opioids, the extent to which those minors use opioids, and the type of opioids used;
- (r) the number of minors in the state who use methamphetamines, the extent to which those minors use methamphetamines, and the forms of methamphetamines used;
- (s) the number of minors who enter the child protective services system due to opioid use by a parent or guardian, length of time those minors are in out-of-home care, and the type of reporter who notified child protective services of the needs of the minor;
- (t) the number of persons who are incarcerated and who are receiving naltrexone for extended-release in injectable suspension, the number of persons who are on extended supervision or probation or on parole and who are receiving extended-release naltrexone, the total number of doses of extended-release naltrexone administered to persons who are incarcerated, on extended supervision or probation, or on parole in this state, and the length of time that persons who are incarcerated, on extended supervision or probation, or on parole are receiving extended-release naltrexone;
- (u) the number of arrests and convictions related to methadone and the number related to a drug that is a combination of buprenorphine and naloxone; and
- (v) the number of arrests and convictions related to methamphetamines.

The data system would also be required to identify the number of individuals who have health care coverage and specify the type of coverage for the individuals affected under items a, b, c, d, e, f, g, h, i, l, m, o, p, q, r, and t above.

Under the bill, DOA would be required to collaborate with, and collect data from, DHS, DSPS, the Department of Children and Families (DCF), the Department of Corrections (DOC), the Department of Justice (DOJ), and any other applicable agencies. Upon submission of the RFP to the Committee, state agencies could submit suggestions of information to collect, analyze, and

disseminate to assist agencies in analyzing the behavioral health status of the state's population, reducing relapse, improving patient outcomes after use or overdose, assisting minors who are in out-of-home care, and monitoring health costs related to substance use. Further, the data system would be required to allow participating state agencies access to the data as appropriate for the agency to fulfill its functions and as allowed by state and federal confidentiality laws.

DHS and DSPS currently collect some, but not all data necessary to fulfill the reporting requirements of AB 858. Local law enforcement agencies are not currently required to report to DOJ on the number of arrests related to methamphetamines, methadone, or a drug combination of buprenorphine and naloxone to the state. The Director of State Courts Office indicates that the agency would be able to track convictions related to methamphetamines, but cannot track convictions related to specific combination drugs of buprenorphine and naloxone. In addition, DOC indicates that it would be able to track data on the use of naltrexone by persons who are incarcerated or on extended supervision, probation, or parole.

While the bill would authorize DOA to collect data, the bill would not authorize other state agencies to collect data. Several agencies currently report similar information, as discussed above. However, additional or modified legislation could be necessary to authorize the collection of additional data by state agencies. The bill would also require DOA to collect data from local agencies and hospitals; however, the bill does not direct or authorize these entities to collect new data, and it is unknown to what extent the requested data is currently collected.

ASSEMBLY AMENDMENT 1

Assembly Amendment 1 to AB 858 would create a continuing GPR appropriation under DOA for the opioid and methamphetamine data system. The amendment would provide one-time funding of \$1.5 million GPR in 2019-20 to the newly created appropriation rather than to DOA's general program operations appropriation in 2020-21.

FISCAL EFFECT

The bill would appropriate \$1.5 million GPR on a one-time basis to support the costs of the data system. The bill would not provide ongoing funds to maintain the system, although DOA could request additional funding for this purpose as part of its 2021-23 biennial budget submission. In addition, hospitals, local agencies, and state agencies may incur expenses to modify reporting processes and collect the required information. The bill would not provide funding for these entities, and the cost to implement the required data collection and sharing processes is unknown. To date, no agencies have submitted a fiscal estimate on the bill.

Prepared by: Angela Miller and Alexandra Bentzen