Wisconsin Legislation to Combat the Opioid Crisis, 2013–20

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Overview

For several years, the epidemic of opioid abuse has been prominent in news headlines and legislative agendas across the country. Many health, law enforcement, and political institutions have labeled the significant impact of opioid abuse on human lives and state resources a crisis. The Wisconsin Legislature has responded in a bipartisan manner over the past four sessions by passing large packages of legislation aimed at opioid abuse treatment, prevention, and awareness. This report discusses the opioid epidemic at the national and state levels and the Wisconsin Legislature's response in the 2013, 2015, 2017, and 2019 legislative sessions.

Background on the opioid crisis

Between 1999 and 2018, over 450,000 people died in the United States from drug overdoses involving prescription and illicit opioids, in what has come to be known as the opioid epidemic.[1] Here in Wisconsin, between 2000 and 2018, opioid overdose deaths increased from just over 100 per year to nearly 1,000.[2] Opioids include illegal substances like heroin as well as prescription drugs such as fentanyl, oxycodone, hydrocodone, codeine, and morphine. Popular painkillers like OxyContin and Vicodin combine an opioid with another analgesic such as aspirin, acetaminophen, or ibuprofen. Vicodin, a combination of acetaminophen and hydrocodone, became widely known to Wisconsin residents in the late 1990s when Brett Favre, the high-profile quarterback for the Green Bay Packers football team, admitted to having substance abuse issues. During the mid-1990s, opioid analgesics, specifically OxyContin, were marketed to doctors as being less likely to be abused;[3] as a result, prescriptions for such drugs soared during this period. The federal government began to take notice of this rise, as well as the potential for abuse, in the early 2000s.[4] By the time the epidemic was widely reported by the media, the abuse of opioid painkillers had taken a widespread toll across communities large and small, affecting drug overdose rates, crime rates, and medical costs.

Reports from the Centers for Disease Control and Prevention on the increase of both opioid prescriptions and opioid drug abuse prompted several states to act. In Wisconsin, the State Council on Alcohol and Other Drug Abuse (SCAODA) organized a workgroup on prescription drug abuse in 2010 and another workgroup on related heroin abuse in

1. Centers for Disease Control and Prevention, *Opioid Overdose: Data Analysis and Resources* (Atlanta, GA: CDC, National Center for Health Statistics, 2020), https://www.cdc.gov/.

2. Wisconsin Department of Health Services, *Opioid Overdose Deaths, Wisconsin 2000–2018* (Madison, WI: Wisconsin Department of Health Services, April 16, 2020), https://www.dhs.wisconsin.gov.

3. Caitlin Esch, "How One Sentence Helped Set Off the Opioid Crisis," *Marketplace*, December 13, 2017, https://www.marketplace.org.

4. U.S. Government Accountability Office, *Prescription Drugs: OxyContin Abuse and Diversion and Efforts to Address the Problem*, GAO-04-110 (December 2003), https://www.gao.gov.

2013. Reports issued in January 2012[5] and July 2014[6] identified issues concerning opioid abuse and called for strategies and community efforts to combat the epidemic. While many of the suggested strategies involved implementation on a local scale, others required statewide action and indicated the need for state legislation. Representative John Nygren, from Marinette, took the lead in the legislature; northern Wisconsin was hit particularly hard by the opioid abuse epidemic, and the representative's own family was affected by the crisis.[7] The Wisconsin Assembly used these personal experiences and the information gathered in the SCAODA reports to create a package of proposals to present to the full legislature aimed at stemming the tide of opioid-related drug abuse.

2013–14 legislation

The first wave of legislation representing the Wisconsin Legislature's strategy to combat opioid abuse was introduced in a group of bills presented as the HOPE (Heroin and Opioid Prevention and Education) Agenda. Representative Nygren was the lead author of the seven bills in the package: four were introduced in October 2013, three were introduced in January 2014, and all carried bipartisan support. These bills proposed laws that mirrored the strategies and recommendations proposed in the SCAODA reports on prescription drug abuse and heroin abuse. The first four bills focused on responding to incidents of opioid overdose, addressing issues related to obtaining and disposing of opioid prescriptions, and expanding or creating treatment programs on the local level.

Arguably the most high-profile bill of the first HOPE Agenda package was 2013 Assembly Bill 446 (2013 Wisconsin Act 200), which focused on the administration of naloxone, commercially known as Narcan, by safety officers and good samaritans. Naloxone is an opioid antagonist used in emergency situations to counter the effects of an opioid overdose. The bill, as amended in committee, provided the opportunity for training first responders, emergency medical technicians, and police and fire officers in the administration of the drug as a way to lower the mortality rate of heroin and prescription opioid overdoses; in addition, it required EMTs to carry a supply of naloxone and keep records of how it is administered. The bill also allowed physicians to prescribe naloxone to trained individuals who were attempting to assist a person at risk of an overdose. Finally, it created immunity from civil and criminal liability for prescribers and administrators of naloxone, with certain exceptions.

Like Assembly Bill 446, 2013 Assembly Bill 447 (2013 Wisconsin Act 194) took on

5. Wisconsin State Council on Alcohol and Other Drug Abuse, Prevention Committee, Controlled Substances Workgroup, *Reducing Wisconsin's Prescription Drug Abuse: A Call to Action* (January 2012), https://scaoda.wisconsin.gov.

6. Wisconsin State Council on Alcohol and Other Drug Abuse, Prevention Committee, Heroin Ad-hoc Committee, *Wisconsin's Heroin Epidemic: Strategies and Solutions* (July 2014), https://scaoda.wisconsin.gov.

7. Jessie Opoien, "Led by State Rep. John Nygren, Wisconsin Families Caught in Heroin's Grasp Fight Back," *The Cap Times*, December 2, 2015, https://madison.com/ct/.

an immediate problem of the opioid epidemic: addressing the fear of criminal prosecution that is sometimes a hindrance to those who would otherwise summon help for another person in the event of an overdose.[8] In its amended form, the bill provided a person immunity from criminal prosecution for possession of a controlled substance and possession of drug paraphernalia if that person acted as an "aider" to someone suffering from a drug overdose. This meant that a companion of someone experiencing an overdose would be immune from possession charges if he or she took the overdosing person to the emergency room or called emergency services in order to aid the person. Known popularly as the "911 Good Samaritan law," the proposal was developed from the recommendations of SCAODA and the Department of Justice (DOJ).[9]

The remaining two October 2013 HOPE Agenda bills, 2013 Assembly Bills 445 (2013 Wisconsin Act 199) and 448 (2013 Wisconsin Act 198), focused on preventing prescription opioid abuse. In AB 445, lawmakers grappled with prescription fraud by requiring a person to show identification when picking up a prescription for a schedule II or schedule III drug.[10] In addition, the bill required that the pharmacist record the name of the person and send that information to the Prescription Drug Monitoring Program (PDMP),[11] which maintains information on all monitored prescription drugs dispensed to patients in the state.[12] Misuse of prescriptions was also addressed in AB 448, which authorized and regulated drug disposal programs through DOJ and local governments. Drug disposal programs are aimed at getting unused prescription painkillers out of the hands of children or household members that would misuse them, since many people do not consider prescription drugs to be as dangerous as illegal narcotics and might use leftover doses of the drugs in a non-prescribed manner.

The final three bills of the first HOPE Agenda package focused on the ways that people who abuse opioids are sanctioned or receive treatment. Assembly Bills 668 and 701 expanded existing treatment programs by increasing funding and created pilot treatment programs in underserved areas. Assembly Bill 702 aimed to create a system of short-term but impactful sanctions for habitual drug offenders who violate probation or parole by possessing drugs.

In 2013 Assembly Bill 668 (2013 Wisconsin Act 197), the legislature used programs that the state already had in place to help solve the opioid crisis. Treatment Alternatives and Diversion (TAD) programs overseen by DOJ have been an effective tool against drug and

8. Wis. Leg. Council, Hearing Materials for 2013 AB 447, Testimony of State Rep. Sheila Harsdorf (January 9, 2014), 6.

9. Wis. Leg. Council, Hearing Materials for 2013 AB 447, Testimony of State Rep. John Nygren (January 9, 2014), 3.

10. "Schedule" refers to the list in Wis. Stat. Ch. 961, *Uniform Controlled Substances Act*. Several types of synthetic opiates and substances related to opium can be found in schedules II and III.

11. The PDMP was authorized in 2009 Wisconsin Act 362 and was established by federal funds; it began collecting information and issuing reports in 2013.

12. The requirement to supply the recorded name was implemented in April 2017. Wisconsin Department of Safety and Professional Services, Wisconsin ePDMP (Madison, WI: Wisconsin Department of Safety and Professional Services, March 20, 2017), https://content.govdelivery.com.

alcohol abuse. In TAD programs, district attorneys and judges may offer someone the opportunity to receive substance abuse treatment instead of jail or prison time. The TAD programs' potential was expanded under AB 668, which allotted an additional $1.5 million for DOJ to provide grants to counties for TAD programs. The bill also required reports from both counties and DOJ to continue to determine the effectiveness of the TAD programs.

The opioid epidemic affected all areas of the state, but hit rural areas of Wisconsin especially hard because many of those areas did not have treatment networks already established or as easily accessible as urban areas. 2013 Assembly Bill 701 (2013 Wisconsin Act 195) identified the rural areas most in need of help and created pilot programs to treat individuals from those communities who had opioid abuse issues. The proposal required the Department of Health Services (DHS) to establish two or three regional treatment programs in "rural and underserved, high-need areas." DHS used specific benchmarks to determine which areas of the state to define as "rural," "underserved," and "high-need."[13] Once it determined which areas fit those benchmarks, DHS then reviewed proposals to create treatment programs. The treatment programs had to include specific components, including (1) an assessment of individuals in need to determine the type of treatment that was required and, if necessary, the transitioning of those individuals to a licensed residential program; (2) a residential program that provided counseling, medication-assisted treatment, and abstinence-based treatment; and (3) the transition of individuals, once they completed treatment, to county-based or private care. The programs were not allowed to offer methadone treatment. Contracts with three treatment organizations, located in northeastern, north central, and northwestern Wisconsin, were executed in June 2015.[14]

While treatment and diversion options for people with substance abuse issues were the focus of AB 668 and AB 701, 2013 Assembly Bill 702 (2013 Wisconsin Act 196) created "swift and certain" punishments for those on extended supervision, parole, or probation, or subject to a deferred prosecution agreement, who possessed or attempted to possess a narcotic drug under schedule I or II. The bill, fashioned after a Hawaii initiative, required the Department of Corrections (DOC) to create a system of short-term sanctions for violations of release and to take into account several factors when using such sanctions, including the objective in imposing the sanction, correction of the offender's behavior, the safety of the community, flexibility, and the impact on the offender's family members and his or her employment. This "rapid response model" is based on research that finds that an offender who knows a violation has immediate consequences is less likely to reoffend.[15]

All seven bills of the 2013–14 HOPE Agenda passed unanimously or on a voice vote

13. Wisconsin Department of Health Services, *Opioid Treatment Programs: 2016 Report to the Legislature* (Madison, WI: Wisconsin Department of Health Services, April 2016), 3.

14. Wisconsin Department of Health Services, *Opioid Treatment Programs: 2016 Report to the Legislature*, 5.

15. Wis. Leg. Council, Hearing Materials for 2013 AB 702, Testimony of State Rep. Sheila Harsdorf (February 6, 2014), 10.

in both houses of the legislature, and all seven were signed by the governor on April 7, 2014. By creating or expanding on existing laws, programs, and grants, this legislation established a baseline from which the state could confront the opioid crisis on many levels, from prevention to treatment. But that work was only just the beginning, as an epidemic decades in the making would require the implementation of many different strategies and a combination of government and community resources.

2015–16 legislation

A second package of HOPE Agenda bills was introduced in the 2015 session, with Representative Nygren again the lead author. The package built on the legislation of the previous session, expanding access to naloxone, broadening the reporting requirements for the PDMP, allocating more money to TAD programs, and creating a number of other laws to allow the state to rein in opioid abuse in Wisconsin.

Access to the opioid antagonist naloxone was further expanded under 2015 Assembly Bill 427 (2015 Wisconsin Act 115). The bill authorized a physician to issue a standing order to one or more persons and allowed a pharmacist to dispense naloxone under that standing order. The bill was signed into law on December 8, 2015. The law essentially allows a pharmacy to sell naloxone to patients without a specific written prescription and further clarifies the intentions of the 2013 law.[16] In the fall of 2016, the chief medical officer at DHS signed a statewide standing order for Wisconsin pharmacies.[17] A superseding order was issued in August 2019 and remains effective until September 2021.

2015 legislation increased the use of Wisconsin's PDMP to monitor prescription opioid use in Wisconsin. Three bills were introduced to specify what information must be submitted to the PDMP, and by whom, and how the Controlled Substances Board (CSB) was to use the information that was collected. Under 2015 Assembly Bill 364 (2015 Wisconsin Act 266), the amount of time that physicians have to report that a prescription was filled was shortened from seven days to twenty-four hours. This measure was to help prevent "doctor-shopping" by patients attempting to fill their prescription at more than one pharmacy before anything was noticed in the PDMP system.[18] The bill also required practitioners to review the records of a patient in the PDMP before issuing an opioid prescription. That provision was set to sunset in April 2020 but was later extended to April 2025 by 2019 Wisconsin Act 121. Other parts of AB 364 specified how and when information gathered by the PDMP could be disclosed to law enforcement, medical professionals, and certain other individuals.

16. Wis. Leg. Council, Hearing Materials for 2015 AB 427, Testimony of Nicole Julal (October 22, 2015), 4–5.

17. Wisconsin Department of Health Services, *Opioids: Standing Order for Naloxone* (Madison, WI: Wisconsin Department of Health Services, September 2017), https://www.dhs.wisconsin.gov.

18. Wis. Leg. Council, Hearing Materials for 2015 AB 364, Testimony of Wisconsin Attorney General Brad Schimel (October 14, 2015), 5.

Similarly, 2015 Assembly Bill 365 (2015 Wisconsin Act 268) required law enforcement officers to report to the PDMP the inappropriate or illegal use of monitored prescription drugs, opioid-related drug overdoses, and reports of stolen prescription drugs. The report must include names and birthdates of the individuals involved. The PDMP must then disclose that information to the relevant practitioners, pharmacists, and others.

2015 Assembly Bill 766 (2015 Wisconsin Act 267) tasked the CSB with reporting the PDMP-collected data. The bill required a quarterly review of the PDMP with actual and projected outcomes, as well as quarterly and annual reports on the results of the quarterly reviews, to be submitted to the Department of Safety and Professional Services (DSPS) until October 2020. This expiration was later extended to October 2025 by 2019 Wisconsin Act 121. Contracting with an analytics firm, the CSB uses the PDMP data to "detect problematic behaviors" of doctors, pharmacists, and patients related to opioid prescriptions. In order to deal with the "problematic" behaviors detected by the PDMP data, 2015 Assembly Bill 660 (2015 Wisconsin Act 269) allowed several of the licensing boards under the umbrella of DSPS, including the Medical Examining Board, to create best practices for prescribing controlled substances. The goal was to reduce the "overprescribing" of opioids by medical professionals.[19] Accordingly, the Medical Examining Board published its opioid prescribing guideline in August 2017 and reissued the guideline in January 2019.[20] The guideline recommends that if physicians prescribe opioids for treating acute pain, they do so only in low doses, and in most cases for fewer than three days. It also discourages the use of oxycodone due to studies indicating its addictive qualities.

In an effort to prevent the proliferation of "pill mills" in the state,[21] 2015 Assembly Bill 366 (2015 Wisconsin Act 265) gave DHS oversight of pain management clinics. The bill generally defined a "pain clinic" as a privately owned facility that devotes the majority of its practice to pain management and prescribes opioids for that purpose, with certain exceptions. Further, the bill gave DHS the authority to set certification and operation requirements for pain clinics. DHS can also penalize pain clinics that no longer comply with the certification rules by revoking their certification and imposing a $1,000 forfeiture per day for continued violations. The bill also specified that pain clinics may accept only a traceable method of payment from patients.

The legislature also gathered more information from methadone clinics in the state. Methadone is a prescribed drug used to treat substance abuse patients by tapering them off of opioid narcotics. Because of the nature of their work, methadone clinics have the ability to provide a wealth of information related to opioid substance abusers' behavior and their treatment outcomes. 2015 Assembly Bill 367 (2015 Wisconsin Act 262) requires

19. Governor's Task Force on Opioid Abuse, *Combating Opioid Abuse: A Report to the Governor, 2016* (January 2017), 6.

20. Wisconsin Medical Examining Board, *Wisconsin Medical Examining Board Opioid Prescribing Guideline* (January 16, 2019), https://dsps.wi.gov.

21. Governor's Task Force on Opioid Abuse, *Combating Opioid Abuse: A Report to the Governor, 2016*, 5.

methadone clinics to annually send information to DHS[22] related to staffing ratios at each clinic; relapse rates; how far patients are traveling to get to the clinic; the number of patients receiving behavioral health services in addition to methadone treatment; and other relevant statistical information. The clinics must ensure that individual patients cannot be identified in these reports.

The 2015 HOPE Agenda package also expanded treatment options for those dealing with opioid substance abuse by providing further funding for TAD programs and aligning Wisconsin statutes on opioid treatment services with federal standards. 2015 Assembly Bill 657 (2015 Wisconsin Act 388) transferred $2 million from DHS to DOJ in the 2015–16 fiscal year to use as grant money for TAD programs. The bill also specified that a TAD program cannot prohibit a person from participating in the program if that person is using an FDA-approved medication for the treatment of substance abuse. 2015 Assembly Bill 659 (2015 Wisconsin Act 263) updated Wisconsin's oversight of opioid treatment programs, as state statutes and DHS administrative rules were previously more stringent than federal regulations. Under prior DHS rules, opioid treatment services were certified for two years, compared to three years under federal rules; DHS rules also required such services to directly employ all counselors, while federal rules allowed for substance abuse counseling services to be contracted out. The bill also removed DHS restrictions on where and how long a patient receives treatment.

Assembly Bill 658 (2015 Wisconsin Act 264) was also introduced in the 2015 legislative session and prohibited the use of a masking agent in order to pass a lawfully administered drug test. The penalty for using, possessing, or advertising a masking agent is a fine up to $500, 30 days' imprisonment, or both. People who deliver or manufacture a masking agent can receive up to a $1,000 fine, 90 days in jail, or both.

Though the HOPE Agenda bills were the primary tool used to address the opioid epidemic, the legislature also used its budgetary approval power. Sections of the 2015–17 budget act (2015 Wisconsin Act 55) provided funds to support substance abuse programs. For example, the budget allocated $5,386,300 in the 2016–17 fiscal year to extend Wisconsin Medicaid coverage to residential substance abuse services.[23] This extension of services was based on the idea that the living environment of someone in recovery contributes significantly to his or her chances of successfully changing habits.[24] In addition, DOC was charged with implementing a pilot program for offenders with an opiate addiction. The program would provide these offenders with a monthly Vivitrol injection alongside other rehabilitation programming and treatments. The

22. DHS certifies methadone treatment centers under Wis. Admin. Code DHS § 75.15.

23. Sections 1808 and 1809 of 2015 Wis. Act 55, http://docs.legis.wisconsin.gov.

24. John Dyck, "MA Coverage of Residential Based Substance Abuse Treatment Services," *2015–17 Biennial Budget Papers, Paper #352* (Madison, WI: Wisconsin Legislative Fiscal Bureau, May 21, 2015), http://docs.legis.wisconsin.gov.

2015–17 budget appropriated $1,670,400 ($876,700 per fiscal year) for this purpose.[25] As of August 2018, 58 offenders have completed the program and been released into eight northeastern Wisconsin counties.[26] The program was continued by the 2017–19 budget.

Tomah VA scandal

While bipartisan work in the legislature was addressing the opioid crisis, a scandal broke concerning the Tomah Veterans Administration Hospital in west-central Wisconsin. In January 2015, the Center for Investigative Reporting published a story on the surge of prescriptions for opioids under the then-chief of staff, as well as the death of a patient who was reported to have been on more than a dozen drugs.[27] The report described a culture of fear among employees that kept them from questioning the use of prescription narcotics and complaints of overmedicated patients who were drowsy or fell asleep during therapy sessions. Two families believed their sons had died because of the amount of drugs given to them by doctors at the Tomah VA. According to the report, prescriptions for opiates such as hydrocodone, oxycodone, methadone, and morphine rose from 50,000 in 2004 to 712,000 in 2012. This news story was a reflection of larger issues faced by the Veterans Administration in recent years, as well as the nationwide scourge of opioid painkiller addiction, and it also shone a light on how invasive and damaging the epidemic had become at the local level. It was affecting chronic pain patients and their families in communities around the state of Wisconsin.

The scandal evoked responses at the state and federal levels. Congressional hearings were called for and eventually held in late March 2015, with both of Wisconsin's U.S. senators allowed to participate in the questioning.[28] It was also reported by the *La Crosse Tribune* on March 14 that several congressional offices had been contacted by whistleblowers regarding the prescription opioid issues at Tomah well before 2015, but staffers either failed to notify the congressperson or senator or mishandled the information. The Office of Inspector General at the Veterans Administration was also faulted for how it handled its investigation into the whistleblower allegations. Many other hearings and investigations were opened as a result of the revelations about the Tomah VA, and the publicity surrounding the scandal gave new urgency to the efforts of state government to face the issue of opioid abuse.

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25. Section 9108 (1d) of 2015 Wis. Act 55, http://docs.legis.wisconsin.gov.

26. Wisconsin Department of Corrections, *Opioid Addiction Treatment Program Fact Sheet* (Madison, WI: Wisconsin Department of Corrections, revised August 2018), https://doc.wi.gov.

27. Aaron Glantz, "Opiates Handed Out Like Candy to 'Doped-up' Veterans at Wisconsin VA," *Reveal from the Center for Investigative Reporting*, January 8, 2015, https://www.revealnews.org.

28. Craig Gilbert, "VA Official Vows Accountability at Tomah Site," *Milwaukee Journal Sentinel*, March 27, 2015.

Governor's task force on opioid abuse

With the final piece of legislation of the 2015–16 HOPE Agenda signed into law in April 2016, several state efforts to combat the opioid epidemic were well on their way to making a difference in communities around the state. With more state funds and better data resources, DHS and DOJ could begin to measure treatment efforts. But, as the Tomah VA scandal demonstrated, the work on the opioid crisis was still ongoing. In early 2016, the National Governor's Association (NGA) began a coordinated effort to reduce the use of opioid painkillers by developing prescribing protocols. In July 2016, NGA announced that 46 governors, including Wisconsin Governor Scott Walker, had signed "A Compact to Fight Opioid Addiction," committing the signing states to developing prescription guidelines, raising awareness of the issue through various channels of communication, and reducing barriers to treatment services.[29]

In September 2016, Governor Walker issued an executive order creating the Governor's Task Force on Opioid Abuse. The governor appointed Representative Nygren and Lieutenant Governor Rebecca Kleefisch as co-chairs of the task force; they were to lead a group that included the attorney general; the secretaries of DOC, DHS, and DSPS; the Commissioner of Insurance; members of the legislature from each party (Senator Leah Vukmir, Senator Janet Bewley, and Representative Jill Billings); members of law enforcement and public health and state medical societies and organizations; and residents of Wisconsin personally affected by the opioid crisis.[30] The task force was charged with advising and assisting the governor and coordinating the fight against the opioid epidemic. To gather information, the task force held meetings in Green Bay, Westin, La Crosse, and Madison in 2016 and in Milwaukee, Minocqua, Wausau, and again Madison in 2017.

In addition to the task force, Executive Order #214 called on the state health officer to issue a public health advisory on opioid abuse. The advisory was issued "to inform the public of the alarming statistics" related to the opioid crisis.[31] In the executive order, DHS was directed to use its powers under the statutes[32] "to do what is reasonable and necessary for the prevention and suppression of opioid abuse." DHS was also ordered to provide staff support to the task force. A total of eight state agencies were required to develop "agency steering committees" to develop a strategic plan to address opioid abuse and coordinate with the task force.

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29. National Governor's Association, *A Compact to Fight Opioid Addiction* (July 13, 2016), https://www.nga.org.

30. Exec. Order No. 214, issued September 22, 2016.

31. Wisconsin Department of Health Services, Division of Public Health, *Public Health Advisory* (Madison, WI: Wisconsin Department of Health Services, September 26, 2016), https://www.dhs.wisconsin.gov.

32. Wis. Stat. § 250.04.

2017–18 legislation and special session

The Governor's Task Force on Opioid Abuse submitted a report to Governor Walker in January 2017 with a list of recommendations for tackling the opioid crisis. The recommendations offered ideas not only for legislation but also for programs, funding, and grants at the state and local levels, actions that could be initiated at the executive agency level, and community and medical industry best practices. The recommendations built on both the achievements of the HOPE Agenda and the information received by the task force in 2016. As a direct result of the task force report, Governor Walker issued Executive Order #230, calling for a special session of the legislature focused on opioid abuse. The 11 points enumerated in the executive order mirrored the report's recommendation and were introduced as separate pieces of legislation. The special session convened in January 2017 and concluded in June 2017. All 11 bills passed and were signed into law on July 17, 2017.

Special Session Assembly Bill 1 (2017 Wisconsin Act 29) provided civil immunity for school employees to administer naloxone to students experiencing an overdose. The bill was based on statutes that allow school personnel to administer epinephrine in the case of anaphylactic shock.[33] It also built on the HOPE Agenda's 2013 911 Good Samaritan law. The original bill was amended to include residence hall directors employed by the University of Wisconsin (UW) System, the Technical College System, and private colleges. Special Session Assembly Bill 3 (2017 Wisconsin Act 33) expanded the 2013 911 Good Samaritan law by extending immunity to the "aided" (the person experiencing an overdose) from revocation of parole, probation, or extended supervision if that person completed a treatment program or, if a program was not available or was financially prohibitive, agreed to spend 15 days in county jail.[34] The bill's supporters hoped to further encourage people to call for emergency help without fear of arrest.[35]

Most of the bills introduced in the special session focused on the treatment of opioid addiction, including expanding treatment options and programs for those suffering from opioid addiction, authorizing additional money for recovery programs and treatment centers, and providing more opportunities to people working in the addiction treatment field. Special Session Assembly Bill 2 (2017 Wisconsin Act 32) added further funding to TAD programs to make drug treatment courts more widely available as a resource for prosecutors, judges, and people addicted to opioids. The bill continued the $2 million in funding for fiscal years 2017–18 and 2018–19, plus $150,000 in each of these years to

33. Wis. Leg. Council, Hearing Materials for January 2017 Special Session AB 1, Testimony of Chris Kulow (March 2, 2017), 9.

34. The bill also required the aided to be offered a deferred prosecution agreement that included a treatment program.

35. Wis. Leg. Council, Hearing Materials for January 2017 Special Session AB 3, Testimony of State Rep. John Nygren (March 8, 2017), 1.

grant to additional counties. The bill also created a pilot program to divert nonviolent offenders. Similarly, Special Session Assembly Bill 8 (2017 Wisconsin Act 27) allotted an additional $2 million per fiscal year to DHS to create two or three new regional comprehensive treatment centers for opiate addiction, as well as methamphetamine addiction, in underserved, high-need areas, this time without requiring the areas to be identified as "rural."

Under Special Session Assembly Bill 6 (2017 Wisconsin Act 30), the Office of Educational Opportunity in the UW System may contract out the establishment of a charter school for high school students in recovery. The contract may be for up to four consecutive school years; after three years, the office must report to DHS on the school's effectiveness. The school will take up to 15 students who are in treatment for substance abuse, are able to maintain sobriety, and will submit to drug testing. Money for the school will come from a combination of (1) federal funding; (2) a sum sufficient appropriation from the state to provide per pupil payments; and (3) a onetime grant of $50,000 that will be awarded upon the procurement of matching funds. As of June 2020, the contract has not been awarded, and the request for proposals for the school remains open.[36] The legislature also gave more power to schools to identify and treat addiction among students with Special Session Assembly Bill 11 (2017 Wisconsin Act 31), which provided $200,000 in fiscal year 2017–18 and again in fiscal year 2018–19 to train educators, school nurses, and administrators in the Screening, Brief Intervention, and Referral to Treatment method. The method is an evidence-based tool used to address the mental and behavioral health needs of students.

Medical professionals treating addiction also received financial support in the special session legislation. Special Session Assembly Bill 7 (2017 Wisconsin Act 26) appropriated monies to fund DHS grants to hospitals that expand fellowship positions in addiction medicine or addiction psychiatry.[37] Special Session Assembly Bill 9 (2017 Wisconsin Act 28) provided $500,000 each in fiscal years 2017–18 and 2018–19 for DHS to create an addiction medicine consultation program. The "doctor-to-doctor" program was intended to serve medical professionals who need resources for best practices in dealing with a patient with a substance abuse issue. It is modeled on the existing Child Psychiatry Consultation Program.[38] In April 2018, DHS announced that it had awarded the grant to University of Wisconsin Addictions Consultation Service.[39]

In addition, Wisconsin law enforcement was granted funds to help curb illegal access

36. "Recovery School Request for Proposal," University of Wisconsin System, Office of Educational Opportunity, accessed June 10, 2020, https://www.wisconsin.edu.

37. The law was later modified through the budget bill, 2017 Wisconsin Act 59, sections 378k, 2265t, and 9220 (1m).

38. Wis. Leg. Council, Hearing Materials for January 2017 Special Session AB 9, Testimony of State Rep. John Nygren (March 8, 2017), 2.

39. Wisconsin Department of Health Services, *#HopeActLiveWI: Grant Award to Support Addiction Treatment* (Madison, WI: Wisconsin Department of Health Services, April 26, 2018), https://www.dhs.wisconsin.gov.

to opioids. Under Special Session Assembly Bill 10 (2017 Wisconsin Act 35), DOJ was authorized to add four criminal investigation agents to focus on opiate-related matters and to gather intelligence on heroin trafficking.[40]

The special session also empowered family and friends to get help for someone who is suffering from opioid addiction. Special Session Assembly Bill 5 (2017 Wisconsin Act 34) expanded existing laws that allow for the involuntary commitment of people suffering from alcohol abuse. Now, if three separate people petition the court stating that the person is a danger to himself or herself or others because of drug addiction, the person can be held in emergency detention for up to 72 hours, offering the person a chance to break the cycle of drug use and be convinced to enter treatment.[41]

Finally, under Special Session Assembly Bill 4 (2017 Wisconsin Act 25), codeine cough syrup and certain other substances will require a prescription to obtain. Codeine is an opiate on the schedule V list of controlled substances.[42]

In January 2018, Representative Nygren introduced two more bills as part of the HOPE Agenda. Both bills passed unanimously. Under 2017 Assembly Bill 906 (2017 Wisconsin Act 261), $2.75 million in grant programs were created. The grants were related to non-narcotic drug treatment in county jails and family and juvenile treatment courts and to fund law enforcement responses to drug trafficking. The law also appropriated $500,000 in federal grant money in the 2018–19 fiscal year for programs to provide evidence-based substance abuse prevention to at-risk children and their families. Additionally, the law authorized two new attorney positions in DOJ to assist district attorneys in prosecuting drug-related offenses. Finally, the law created a provision that allows the courts to order a person convicted under the Uniform Controlled Substances Act to attend a victim impact panel that demonstrates the adverse effects of substance abuse.

The second law, 2017 Assembly Bill 907 (2017 Wisconsin Act 262), focused on healthcare providers and education on substance abuse. The law specified who is allowed to treat alcohol and substance abuse as a specialty. It also created the Behavioral Health Review Committee appointed by DSPS to semiannually review the requirements to obtain a license in substance abuse counseling, social work, marriage and family therapy, or certain other professions in the behavioral health field. It also provided the Department of Children and Families (DCF) with $50,000 to develop an online resource for social workers who deal with substance abuse. Further, the law provided $250,000 in the 2018–19 fiscal year to increase the number of students in graduate psychiatric nursing education at the UW–Madison, creating more opportunities for people to become men-

40. Wis. Leg. Council, Hearing Materials for January 2017 Special Session AB 10, Testimony of Wisconsin Attorney General Brad Schimel (March 2, 2017), 6–7.

41. Wis. Leg. Council, Hearing Materials for January 2017 Special Session AB 5, Testimony of State Rep. John Nygren (March 8, 2017), 1–2.

42. Wis. Stat. § 961.22 (2).

tal health professionals. The law also required school boards to incorporate prescription drug abuse awareness into health instruction programs. Both bills were signed into law in April 2018, bringing the total number of opioid-related laws enacted under the HOPE Agenda to 30.[43]

Although not officially part of the HOPE Agenda, the 2017–18 legislature also enacted 2017 Assembly Bill 335 (2017 Wisconsin Act 60), which added certain fentanyl analogs to the list of schedule I controlled substances in an effort to reduce the illicit use of fentanyl.[44] In recent years, it has become increasingly common for opioids like heroin to be laced with fentanyl, an extremely potent synthetic opioid pain medication that poses a serious risk of fatal overdose.

2019–20 legislation

The 2019 budget bill, Assembly Bill 56 (2019 Wisconsin Act 9), the first biennial budget under Governor Tony Evers, continued funding for many of the opioid-related programs, grants, and positions that had been established in prior sessions. For example, $1 million was provided annually to continue and expand new and existing TAD programs and $261,000 in annual funding was allocated to continue the Nonviolent Treatment Diversion Pilot Program created under 2017 Wisconsin Act 32.[45] In addition to continuing funding for many existing programs, the budget made a few notable policy changes related to opioids. First, the bill removed language prohibiting DHS from providing regional treatment center grants to programs that offer methadone treatment.[46] Previously, medication-assisted treatment for participating treatment centers was limited to long-acting opioid antagonists (such as naltrexone) and partial agonists (such as buprenorphine). Second, federal funding was allocated for DSPS to create "opioid naïve alerts" for first-time opioid prescriptions in the PDMP (relaunched in January 2017 as the "enhanced" or ePDMP) in order to encourage prescribers to explore other potential patient treatments.[47] Federal funding was also allocated to DSPS to create a data exchange between the ePDMP and the Wisconsin Ambulance Run Data System (WARDS) so that naloxone administered by ambulance providers would be entered into the ePDMP database.[48] Finally, the budget created a faculty researcher position at the State Lab of Hygiene to focus on trends in opioids, novel psychoactive substances, and other drugs.[49]

In March 2020, Governor Evers signed four bipartisan HOPE Agenda bills, bringing

43. Office of Representative John Nygren, "HOPE Agenda Bills Signed by Governor Walker," press release, April 9, 2018.

44. Wis. Leg. Council, Hearing Materials for 2017 AB 335, Testimony of State Rep. John Nygren (June 1, 2017), 3.

45. Sections 234, 235, 9127 (2), and 9427 (2), 2019 Wisconsin Act 9, http://docs.legis.wisconsin.gov.

46. Sections 750 and 751, 2019 Wisconsin Act 9, http://docs.legis.wisconsin.gov.

47. Wisconsin Legislative Fiscal Bureau, "Comparative Summary of Provisions: 2019 Act 9," August, 2019, 526.

48. Wisconsin Legislative Fiscal Bureau, "Comparative Summary," 525.

49. Wisconsin Legislative Fiscal Bureau, "Comparative Summary," 629.

the HOPE Agenda total to 34 laws enacted.[50] 2019 Assembly Bill 646 (2019 Wisconsin Act 120) required DHS to establish and maintain a registry of approved recovery residences, as defined under the bill. In order to be approved for registration, a recovery residence must agree to a number of conditions regarding operation of the facility. Additionally, AB 646 exempted state employees from certain disciplinary action for using controlled substances as part of medication-assisted treatment. Although the law does not apply to the private sector, by establishing Wisconsin state government as a recovery-friendly workplace, Representative Nygren indicated that he hopes the legislation will show the state as "leading by example in this mindset."[51] Also related to treatment, 2019 Assembly Bill 650 (2019 Wisconsin Act 122) required DHS to certify and reimburse peer recovery coaches for mental illness or substance use disorder treatment as part of Medicaid. The bill also required DHS to establish a program to facilitate overdose treatment providers to follow certain education and treatment guidelines as provided in the bill.

2019 Assembly Bill 645 (2019 Wisconsin Act 119) permitted county jails to obtain a supply of an opioid antagonist. Additionally, the bill allowed county jailers to administer opioid antagonists to individuals undergoing opioid-related drug overdoses and provided these personnel with certain immunity from civil and criminal liability in administering these medications. The bill further required DHS, after consulting with DOC, to study possible implementation of medication-assisted treatment in prisons and county jails.

Finally, 2019 Assembly Bill 647 (2019 Wisconsin Act 121) extended until April 2025 the requirement that providers review patients' ePDMP records before issuing certain monitored prescription drugs. The bill also extended until 2025 the requirement that the CSB conduct quarterly evaluations of ePDMP outcomes compared with projected outcomes.

Although not part of the HOPE Agenda, 2019 Senate Bill 26 (2019 Wisconsin Act 12) reformed the state's step therapy protocols to provide certain exceptions, partly in an effort to allow greater flexibility for physicians treating patients for addiction. As defined in the bill, a step therapy protocol establishes the specific sequence in which prescription drugs for a specific medical condition are determined to be medically appropriate for a particular patient. Testifying in favor of the bill, Representative Nygren explained that affording this sort of flexibility to a physician is necessary "in a life and death situation like substance abuse."[52]

Three additional bills were introduced as part of the 2019–20 HOPE Agenda but did

50. Office of Representative John Nygren, "Four HOPE Agenda Bills Signed Into Law," press release, March 3, 2020.

51. Briana Reilly, "Rep. John Nygren Builds on more than Five Years of Work on Opioid Crisis with New HOPE Bills," *The Cap Times*, December 6, 2019.

52. Wis. Leg. Council, Hearing Materials for 2019 SB 26, Testimony of State Rep. John Nygren (April 17, 2019), 1.

not pass before the conclusion of the regular session: (1) 2019 Assembly Bill 651 (2019 Senate Bill 590) would have repealed the August 1, 2020, sunset on the Good Samaritan law provisions providing immunity from revocation of probation, parole, or extended supervision for persons who call emergency services because another person is suffering from an overdose; (2) 2019 Assembly Bill 648 (2019 Senate Bill 600) would have appropriated $500,000 in each fiscal year of the biennium for physical health service provider reimbursement under Medicaid and would also have covered acupuncture as a reimbursable Medicaid benefit; and (3) 2019 Assembly Bill 649 (2019 Senate Bill 580) would have required the Medical Examining Board to issue guidelines on best practices for treatment of neonatal abstinence syndrome.

Notably, many of the 2019–20 HOPE Agenda bills and other legislation related to drug abuse and addiction went through the newly created Assembly Committee on Substance Abuse and Prevention. Representative Nygren, a member of the committee, stated that by creating such a standing committee, the assembly is sending the message that "this epidemic continues to be a priority."[53]

Outside of lawmaking, in January 2020, Representative Nygren held a press conference to announce a partnership between several insurers, the "recovery community," healthcare providers, and members of the legislature to expand medication-assisted treatment by eliminating prior authorization requirements in most cases of medication-assisted treatment.[54] Under the agreement, nine major health insurers in the state will cover the following: at least one buprenorphine-naloxone product, methadone, injectable and oral forms of naltrexone, and at least one form of naloxone without preapproval.[55]

Results of legislation so far

With the combined legislation of four sessions, and over a decade of knowledge about the opioid epidemic and its effects on society, methods to turn the tide are beginning to show results. By establishing programs through legislation, providing agencies with funds and directives to implement treatment protocols, clarifying laws to encourage people to get treatment, and creating laws to deal with the ever-widening scope of the opioid crisis, the three branches of government have collaborated to provide a supportive framework for people who struggle with opioid abuse, as well as other forms of drug abuse and addiction.

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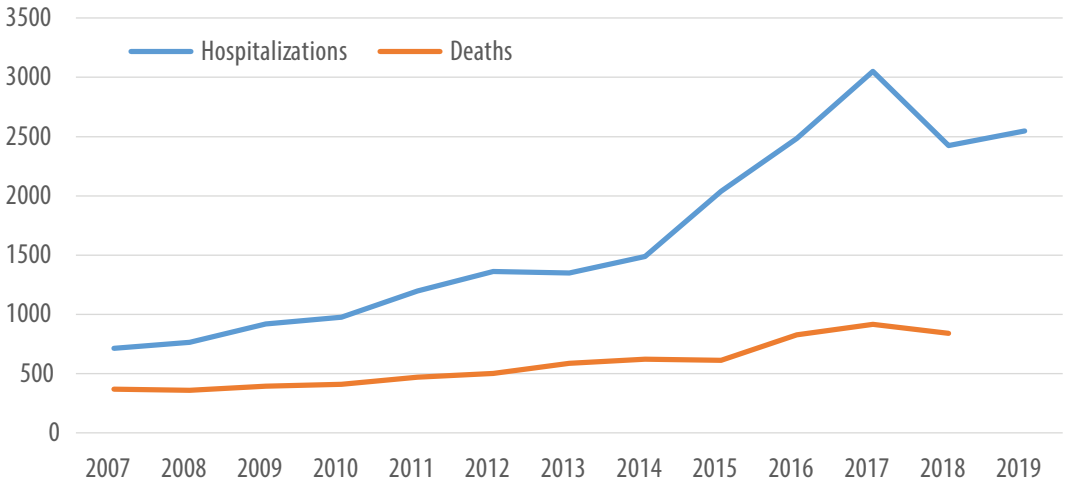
53. Office of Representative John Nygren, "Rep. Nygren Appointed to Committee on Substance Abuse and Prevention," press release, January 3, 2019.

54. Office of Representative John Nygren, "Nygren Announces Partnership to Expand Access to Addiction Treatment," press release, January 21, 2020.

55. Briana Reilly, "Under New Deal, Some Insurers Seek to Expedite Access to Drug Treatment in Wisconsin," *The Cap Times*, January 21, 2020.

Opioid overdose deaths and emergency room hospitalizations[56]



In 2018, opioid overdose deaths were down 10 percent from the year before, the first drop recorded since 2015, as shown in the graph above.[57] Although promising, this was a 10 percent drop from a record high of 916 deaths in 2017, and partial and preliminary 2019 data suggest that this downward trend may not have continued for a second year.[58] Likewise, while opioid-related emergency room hospitalizations declined by 20 percent from 2017 to 2018, hospitalizations ticked back up 5 percent in 2019.[59] More time is needed to adequately asses the results of the Wisconsin Legislature's opioid-related legislation and initiatives but, in the meantime, data from various programs provide hopeful signs of progress.

The ePDMP continues to improve and serve as a helpful tool for legislators, doctors, and law enforcement by offering clinical decision support, prescribing practice assessment, communication among disciplines, and public health surveillance. The ePDMP is now connected to 24 other states' PDMPs, including all states bordering Wisconsin, allowing for greater information sharing.[60] The ePDMP maintains an interactive statistics dashboard that displays data on the number of healthcare provider–patient queries, the number of controlled substance prescriptions dispensed, and the number of law enforce-

56. Overdose death data from Wisconsin Department of Health Services, *Opioid Overdose Deaths, Wisconsin 2000–2018* (Madison, WI: Wisconsin Department of Health Services, April 16, 2020), https://www.dhs.wisconsin.gov. Hospitalization data comes from Wisconsin Department of Health Services, *Opioids: Summary Data Dashboard* (Madison, WI: Wisconsin Department of Health Services, data last updated 5/31/2020), https://www.dhs.wisconsin.gov.

57. Wisconsin Department of Health Services, *Opioid Overdose Deaths*.

58. Wisconsin Department of Health Services, *Opioids: Summary Data Dashboard*. As of November 30, 2019, 829 opioid-related deaths had been reported for 2019, a number that will likely go up as additional toxicology reports are completed.

59. Wisconsin Department of Health Services, *Opioids: Summary Data Dashboard*.

60. Wisconsin Controlled Substances Board, *2020 Quarter 1 WI ePDMP Report* (Madison, WI: Wisconsin Department of Safety and Professional Services, 2020), 12, https://pdmp.wi.gov/.

ment alerts reported.[61] Over the last two years, the number of monthly patient queries has steadily increased, even as dispensing volume has slightly decreased.[62] Between January 1 and March 31, 2020, healthcare providers made over 1.9 million patient queries, the highest of any quarter.[63] In this same period (Q1 2020), the ePDMP reported 39 percent fewer opioid prescriptions dispensed than in the same quarter of 2015, or roughly 500,000 fewer prescriptions.[64] Meanwhile, the overall number of ePDMP "concerning patient history" alerts generated—which call attention to things like signs of "doctor shopping" or overlapping prescriptions that increase overdose risk—has steadily decreased since 2017.[65] The ePDMP has also shown an 87 percent increase from Q1 2016 to Q1 2020 in the dispensing of buprenorphine, one of the medications most commonly used as part of medication-assisted treatment for opioid addiction.[66]

The Opioid and Methamphetamine Treatment Program, first created by 2013 Wisconsin Act 195 and later expanded by 2017 Wisconsin Act 27, currently funds five northern Wisconsin regional treatment centers in underserved areas.[67] The most recent DHS annual report to the legislature on this program, issued in May 2020 for the 2019 calendar year, indicates that 939 individuals were served in 2019, with only two discharges due to overdose death.[68] Further, the programs treated a total of 102 pregnant women. The four programs reporting quality of life improvement measures indicated 56 percent, 68 percent, 75 percent, and 82 percent reported improvement among program participants.[69]

Grants for TAD programs provided by DOJ continue to allow the court system to operate pretrial diversion and adult drug courts for nonviolent offenders. In 2020, TAD programs were funded in 53 counties and three tribal governments.[70] DOJ, with the endorsement of the Criminal Justice Coordinating Council,[71] has created a web-based reporting system for TAD outcomes called the Comprehensive Outcomes, Research and

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61. Wisconsin Department of Safety and Professional Services, *Wisconsin ePDMP Statistics Dashboard* (Madison, WI: Wisconsin Department of Safety and Professional Services, June 18, 2020), https://pdmp.wi.gov/.

62. Wisconsin Controlled Substances Board, *2020 Quarter 1 WI ePDMP Report,* 12.

63. Wisconsin Controlled Substances Board, *2020 Quarter 1 WI ePDMP Report*, 12.

64. Wisconsin Controlled Substances Board, *2020 Quarter 1 WI ePDMP Report*, 12.

65. Wisconsin Controlled Substances Board, *2020 Quarter 1 WI ePDMP Report*, 11.

66. Wisconsin Controlled Substances Board, *2020 Quarter 1 WI ePDMP Report*, 15.

67. Wis. Stat. § 51.422.

68. Wisconsin Department of Health Services, *Opioid Treatment Programs: 2020 Report to the Legislature* (Madison, WI: Wisconsin Department of Health Services, May 2020), 5.

69. Programs use different methods to measure quality of life improvement such as the World Health Organization Quality of Life Brief (WHOQOL-BREF) or the Treatment Effectiveness Assessment (TEA).

70. Criminal Justice Coordinating Council, Treatment Alternatives and Diversion Program (TAD) (Madison, WI: Wisconsin Department of Justice, December 4, 2019), https://cjcc.doj.wi.gov/.

71. The Criminal Justice Coordinating Council is a special committee created by the governor and attached to the Department of Justice "for the purpose of assisting the Governor in directing, collaborating, and coordinating the services of state and local governmental agencies and nongovernmental entities in the criminal justice system to increase efficiencies, effectiveness, and public safety." Executive Order #180, November 18, 2015.

Evaluation (CORE) Reporting System, which provides performance measures among the different drug courts in Wisconsin.

Through the addiction medicine consultation program created by 2017 Wisconsin Act 28 and continued by the 2019–21 budget, UW–Madison, in conjunction with UW Health, has established a "doctor-to-doctor" hotline that has been up and running since July 2018.[72] Believed to be a national first, the UW Addiction Consultation Provider Hotline offers on-call help every weekday to providers seeking real-time, in-depth support and expertise from specialists in addiction medicine and addiction psychiatry. In the first year of operation, the hotline received 72 calls from providers throughout the state.[73] Follow-up surveys indicated that the vast majority of callers felt the call improved their professional abilities, confidence, and awareness of local resources.

Although the opioid-related program data are promising, additional data may be necessary to fully measure the impact of opioid legislation on curbing the epidemic. One bill, 2019 Assembly Bill 858 (2019 Senate Bill 788), which was not part of the HOPE Agenda, would have appropriated $1.5 million to the Department of Administration to contract with a vendor to create and maintain a comprehensive opioid and methamphetamine data system using data from DHS, DOC, DOJ, DSPS, DCF, and any other applicable state or local agencies. Testifying in support of AB 858 as the lead co-sponsor, Senator Devin LeMahieu stated that the bill would "help policymakers better understand the effectiveness of current initiatives so that taxpayer funds can be spent on those strategies and interventions that will have the greatest impact on reducing the negative outcomes of opioid and illicit drug abuse in Wisconsin."[74] The bill ultimately passed in the assembly but did not receive a floor vote in the senate before the conclusion of the regular session. However, given the broad bipartisan support for the measure, it is possible that it may resurface and pass in the 2021–22 legislative session.

While this report has focused on legislation related to the opioid epidemic, it should be noted that executive branch agencies, including DHS, DOC, DOJ, DSPS, and DCF, have taken significant action separate from the state legislative process. For example, in October 2018, DHS launched the Wisconsin Addiction Recovery Helpline to connect people to treatment where they live. The helpline, contacted by 5,594 people in its first year of operation, is primarily funded by a grant from the Substance Abuse and Mental Health Services Administration, one of many federal grants that DHS has received in

72. Department of Family Medicine and Community Health, UW School of Medicine and Public Health, "UW-Madison Establishes State's First and Only Addiction Hotline for Providers," *Department of Family Medicine and Community Health Fall 2018 Newsletter*, July 2018; Department of Family Medicine and Community Health, UW School of Medicine and Public Health, *UW Addiction Consultation Provider Hotline*, accessed June 15, 2020, https://www.fammed.wisc.edu.

73. UW–Madison Department of Family Medicine, "Addiction Consult Line: Evaluation Goals and Objectives, May 2018–June 2019," July 25, 2019.

74. Wis. Leg. Council, Hearing Materials for 2019 AB 858, Testimony of State Sen. Devin LeMahieu (February 6, 2020), 1.

recent years to fight the opioid epidemic.[75] Additionally, Attorney General Josh Kaul has joined several lawsuits against opioid manufacturers in recent years, netting vital funds that can be used to cover the cost of opioid addiction treatment initiatives.[76]

Through innovative diversion programs, legislation, and administrative directives, the legislative, executive, and judicial branches are continually working together to respond to the opioid crisis and to build upon effective strategies. This collaborative effort has led the federal government to look to Wisconsin as a model on this issue.[77] The legislature's role will continue to be vital, as funding programs through the budget and grant monies will be a significant factor in determining who gets treatment and how that treatment is administered. The bipartisan efforts within the Wisconsin Legislature have contributed to a wave of innovative actions to reduce the power of opioid abuse in America and have confronted an expansive, complex issue that continues to deeply affect people around the state. ■

75. Wisconsin Department of Health Services, "Wisconsin Addiction Recovery Helpline Marks One year of Service," press release, October, 25, 2019. For a listing of DHS federal grants related to opioids, see: Wisconsin Department of Health Services, *Opioids: Federal Grants*, accessed June 15, 2020, https://www.dhs.wisconsin.gov.

76. Wisconsin Department of Justice, "AG Kaul Announces $1.6 Billion Global Agreement with Opioid Manufacturer" press release, February 26, 2020.

77. WISN 12 News, "Federal Government Looks to Wisconsin for Help in Battling Opioid Epidemic," updated March 21, 2018.