JON PLUMER

STATE REPRESENTATIVE • 42nd ASSEMBLY DISTRICT

Testimony – **2021 Assembly 41** – Relating to opioid and methamphetamine data system

Assembly Committee on Substance Abuse and Prevention
May 5, 2021

2020 was a tragic year in Wisconsin in many ways. In addition to the widely reported and tragic deaths we have seen from the ongoing COVID-19 pandemic, our state also reached another grim milestone in regard to opioid related deaths. In 2020, Wisconsin saw a record 3682 opioid overdose deaths, an increase of 38% from 2019.[1] Although it may not be at the forefront of the news, the specter of drug overdoses hangs over every community in the state. Opioid use doesn't discriminate when it comes to income, geographic region, or political leanings. Both Milwaukee and Waukesha Counties saw record overdose deaths last year, and La Crosse County nearly doubled in total cases from 2019.[2] [3]

One of the best ways to understand this epidemic in our communities is to look at the data. Unfortunately right now, this data is housed in various locations and with various agencies, making it very hard for us to see the complete picture. This fact makes it harder for law enforcement and health agencies to combat the addiction crisis and makes it more difficult for us as law makers to pass meaningful and effective legislation.

Assembly Bill 41 directs the Department of Administration to work with an outside company to develop a centralized database for opioid and methamphetamine related statistics and to work with other agencies, such as DOJ and DHS, to collect this information. DOA will also be responsible for compiling annual reports and distributing the collected date when requested.

Other states have implemented similar systems and it has been a valuable tool in their fight against substance abuse. Law Enforcement agencies have been able to use the compiled information to better target their enforcement strategies. Additionally, this database will be valuable to us as lawmakers in ensuring that laws we pass are effective.

If you have any questions about this legislation, please let me know and I look forward to your support of this legislation.

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[1] "Madison-area suicides, opioid overdoses, up early in 2020, dip later in year," Wisconsin State Journal, 1/10/2021
[2] "'The perfect storm': Drug overdose deaths hit record-breaking numbers in the Milwaukee area during the coronavirus pandemic", Milwaukee Journal Sentinel, 12/29/2020
[3] "La Crosse County drug overdose deaths nearly double, medical examiner says", WKBT, 2/1/2020

PATRICK TESTIN
STATE SENATOR

DATE: May 5, 2021

RE: Assembly Bill 41

TO: Assembly Committee on Substance Abuse and Prevention

FROM: Senator Patrick Testin

Committee members,

Thank you for your time and attention to Assembly Bill 41/Senate Bill 49.

As you will remember we heard testimony on this bill last session from Senator LeMahieu and Representative Plumer, which this committee unanimously exec'd a year ago.

Like the rest of the nation, Wisconsin has experienced a significant increase in overdoses and drug-related deaths over the past decade. These issues have taken a toll on our families and strained our government systems that must deal with the fallout.

We've been committed to addressing the opioid crisis, and we've passed dozens of bills to support communities, families and individuals, as well as allocating millions of dollars to programs to help curb the problems.

After years of increases, in 2018 we saw a decrease in opioid-related deaths.

So we know our efforts are working. The problem is we don't know which programs are helping.

This legislation establishes an opioid and methamphetamine data system that will measure the effectiveness of our programs. Under the bill DOA will be charged with working with a vendor to select, collect and analyze data regarding overdoses, prescribing behaviors, drug trafficking, drug arrests and law enforcement spending data from state and local agencies.

And then starting in 2022, DOA will submit reports to JFC, analyzing data trends.

Hopefully this will work to help us better understand the effectiveness of initiatives we've invested tax dollars in over time, and allow us to build on our successes and let go of things that are not working.

We also have some experts in this area here today who will testify about how these kinds of data systems can work and does work in other states.

I thank you for your consideration, and I am happy to answer questions.

Good Morning.

My name is David Clark. I am a Sergeant for the Columbia County Sheriff's Office. I have been a law enforcement officer for 15 years. I have over 5 years of experience working drug investigations, most recently as the Drug Unit Supervisor for Columbia County. Columbia County has been hit hard by the opioid epidemic over the last 7-10 years and has seen a very steep increase in methamphetamine use over the last two years.

Columbia County has approximately 57000 residents. In the last 5 years, there have been approximately 67 drug overdose deaths in Columbia County. In that same time frame, law enforcement in Columbia County has responded to hundreds of non-fatal overdoses. The vast majority are related to opioids and opioid addiction.

We learned long ago that we could not handle this epidemic alone. We needed to work in collaboration with our schools for education and prevention and our mental health providers to help people fighting drug addiction to get the help they need. We have taken great strides over the years to combat this addiction and hold those supplying the drugs accountable, aggressively investigating overdoses deaths and charging the suppliers, creating overdose fatality review teams to identify missed opportunities for intervention and creation of county run medication assisted treatment programs to help those fighting addiction to get medication and mental health services. But, we can always do more.

It is difficult for us to understand the full scope of illicit drug use in our area as many overdoses aren't reported to law enforcement. Friends may provide naloxone to someone experiencing an overdose or transport them to the hospital for treatment. Law enforcement doesn't learn of these events.

Bringing all of this data together, in one place, administered by one entity, will help everyone involved in combating drug addiction to make better, more informed decisions. It will allow resources to be directed more appropriately and for better collaboration between the many agencies working to prevent overdoses and help those fighting drug addiction.

We support this bill and believe it will have a positive impact on the effort to prevent drug overdoses.

Thank you.

Office of the Medical Director

May 5, 2021

Chairman James
Assembly Committee on Substance Abuse and Prevention

Chairman James and Members of the Committee:

Thank you for allowing me to submit my testimony in favor of Assembly Bill 41. My name is Dr. Steve Kearney and I serve as the Medical Director for SAS. SAS is the global leader in operationalizing data and advanced analytics. We developed the first big data advanced analytics system more than forty years ago and our cofounders developed the first Statistical Analysis coding language. We serve more than 3500 Health Care customer sites around the world. SAS is used by the majority of the Fortune 500 Health and Life Science company's and by more than 80 ministries of health. Here in the US SAS is used by every state department of health, by CMS, the FDA, CDC, by DEA, SAMHSA, and the Office of Inspector General.

As Medical Director for SAS, I help lead the company's efforts to transform this world of data that we live in into a world of intelligence. We use the most advanced artificial intelligence and machine learning solutions in a cloud native environment that includes that original SAS language but leverages world class visual analytics. We are not a black box environment. If you can code in SAS, you can understand the way we apply any of our solutions. We also include and encourage all of the open-source coding languages in our solutions that have now evolved in to drag and drop no code or low code environments. From your perspective today, we want people and agencies acting on real time data with understandable and explainable analytics to help save lives and provide services. I have worked for more than 30 years on this journey in both the private and public sector. I was a Director in the Medical Outcomes group at Pfizer for 17 years and prior to that practiced at Duke with a joint faculty appointment at UNC. Throughout that time, I have treated patients, trained students, developed novel ways to collect and look at data using handheld devices, developed software, analyzed large data systems, trained providers how to measure patient outcomes and helped change systems of care along the way. I have been fortunate in my career to have been asked to help develop policy for states and federal agencies. I served on the North Carolina Governor's Task Force for Heart Disease and Stroke Prevention, NC's Medicaid's Behavioral Health Subcommittee and I currently serve on the Board of Directors for the Governors Institute in NC. Relative to this discussion today, I was the Lead for Pfizer on the Project Lazarus Initiative where we worked with Pfizer's Worldwide Pain team, Community Care of North Carolina and the Governors Institute to develop an educational program to train over 2000 providers on appropriate pain management. These trainings brought together health care providers, law enforcement, social workers, public health, and other stake holders in many instances for the first time to try and tackle the opioid epidemic for all 100 counties in NC. What was lacking from most of these conversations around opioids was the data. I left those meetings knowing that If we gave people good data, they would act on it.

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I told you earlier SAS was used by all federal and state health agencies that are responsible for dealing with the opioid epidemic.   However, this usage until recently has mainly focused on reporting. For example, the CDC many times sites data that is delayed based on these reporting standards. One 2020 report started with statistics referencing 2018 data-It is difficult to make decisions with this type of delay.

We are also the common data language and data code used to do risk stratification for patient populations by CMS for Medicare and Medicaid.   They use our software to calculate morphine milliequivalents for all the prescription opioids on the market.   This is the common standard to determine if a patient is receiving too high of a daily dose of opioids and for too long. The Office of Inspector General built a toolkit using this code and shared it on its website. We have promoted this as a SAS team as part of our DATA FOR GOOD Efforts. You need to understand your citizens relative to the national and local standards to really make a difference.

I joined SAS 5 years ago to make data actionable and to tackle some of our most difficult Health Care challenges. To do that we can't just use data and analytics for reporting. It must be part of our everyday decision-making process. I would like to share some examples of how we have been asked to change that dynamic for some states and are advising on real time solutions.

California

We started with a very traditional approach trying to help the Attorney General's office make sense of more than 53 million opioid prescriptions collected in their Prescription Drug Monitoring Program every year. One caveat with PDMP's is that they don't have a common patient identifier or ID. So, we had to first identify the right patient with the right name to make sure we were providing accurate reports. For example, you could have John Smith, JW Smith, Wayne Smith, JW Smith jr and they all be the same person. We assisted them with this process and then developed a series of rules-based reports that are now ingested by all the different agencies or licensing boards through their current state logins and routine interfaces. The reports look like they come from the State of California. Most agencies are not aware that SAS does the analytics in the back end to provide those reports and surfaces them through another vendor.

Virginia

The Medicaid agency and Department of Health had a problem like most states. How do they provide services to a citizen that needs substance use disorder treatment? Could they even get treatment in their community? This project entailed mapping the available treatment centers for the entire state and determining where an individual had to travel for treatment and then also automating the approval process. The old process usually took 30 days and we were able to decrease that time to a few hours. We also identified numerous areas throughout the state that had significantly less treatment capacity than need. The current analytics environment helps to determine where to place resources and measure outcomes.

New York
The New York Bureau of Narcotics Enforcement needed a way to score the leads that they pursued. They had a limited number of investigators and they wanted to make the best use of their time. SAS is used worldwide by banks to analyze fraud in real time. For example, as you are waiting for your VISA card to be approved and to hear that annoying noise, SAS is running multiple analytic models to make sure you are who you say you are and that you are where you normally shop. Now it is up to the banks to determine their thresholds for alerts, but we provide them with the risk models for millions of transactions every day. We are doing the same thing for BNE. We are scoring the fraudulent activity or the high-risk activity by providers and pharmacies so that they can do their job more effectively.

Massachusetts
Massachusetts had a legislative mandate to try and understand the path of a citizen and their interactions with the agencies of the commonwealth before they died of an overdose. They initially identified 10 data sets from 5 agencies. The problem was that they could not legally meet the requirements using their current systems. They asked the SAS team to help them mask the data down to the zip code and individual level so that the analytics could be run but meet the stringent legal and regulatory requirements of each agency. We helped them achieve the goals of developing the report and the insights gained from that made a real difference and allowed them to implement policy that provided services to citizens when they needed it most. https://chapter55.digital.mass.gov/

North Carolina
North Carolina asked SAS to help evaluate the data from a vendor that is used by the majority of states to operationalize their PDMP's. When we looked at their current process for what we call entity resolution or to identify the right patient to assess risk. We found that they had over 1 million records matched incorrectly. Meaning that many of the patients were not associated with the true risk for a bad outcome. We are also helping with non-traditional reporting and looking for anomalies in the data to better inform ways to get services to the citizens.

New Jersey
The Attorney General in New Jersey needed a way to access data on important metrics like Drug Overdoses, Naloxone Administrations, Arrests, Shootings, and Illicit Drug seizures. We partnered with them to create the Interactive Drug Awareness Dashboard. This is a role based analytic environment that allows for customized dashboards depending on what your role is in the agency. The Attorney General's office can see an overview of the data that is updated each morning. The State Police and the Prescription Drug Monitoring program can see all the way down to the patient or citizen level depending on their credentials. This is a secure environment that can assess risk and provide services to the citizens based on a wholistic view. It allows for a public health approach partnered with law enforcement to provide rapid response teams and to also allow for identification of new illicit drugs as soon as they hit the streets.
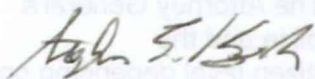
The common theme for all of these solutions is that analytically relevant data allows for better decisions and better outcomes for patients. The proposed legislation in Assembly Bill 41 appears as a shining star of how data can be used to fight the illicit drug crisis and it is needed now more than ever.

Unfortunately, we have seen that based on the most recent raw data from a CDC Health Advisory in December 17, that there were >80,000 deaths in the US for the rolling period ending May 2020. We were making progress, but this dramatic turnaround has been fueled by COVID isolation, job loss, and inability initially to access care. Increases are dramatic from March to May of 2020, and I am afraid we will continue to see many more overdoses in 2021. There were increases in synthetic opioid overdoses as well as other drugs as the drug dealers went virtual during the pandemic. We have also seen geographical changes during the pandemic regarding overdoses and substances used. In all of these instances they need more timely data, and we need ways to make it actionable.

You have done a phenomenal job of working together here in Wisconsin. The upgrade of your PDMP, the work being done with your departments of health, law enforcement, social services and community coalitions are all commendable. The leadership by Director Krupski has been tremendous, and he has really helped set the standard. I see this legislation as a major step forward here in Wisconsin and an opportunity for you all again to show leadership throughout the US. Bringing this data together in an open and scalable analytic environment will benefit all involved and will allow agencies and leaders to take action. I thank you all again for what you do in this fight and we stand ready to assist you.

Sincerely,

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Medical Director

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May 5, 2021

Support of Assembly Bill 41

Chairman James and Members of the Assembly Substance Abuse and Prevention Committee,

My name is Steve Sachs, I am the manager of the US Public Sector Unit at SAS. My responsibility includes managing our partnership with the State of Wisconsin and our team dedicated to Wisconsin, where SAS is an active partner at six agencies (DOA, DCF, DHS, DOR, DOR, DNR).

With over 14,000 employees, SAS is the global leader in analytics in terms of both market share and validated by independent analysts.

Wisconsin is home to a PDMP system that has been recognized nationally and members of this committee should be commended for the role you have played in this system.

Yet, PDMP opioid prescription data alone doesn't paint a full picture – especially as we look at the emerging meth problem, the illicit drug crisis that has been fueled by the pandemic, and preparing for the substance that will present our next challenge. A multifaceted approach to combating our crisis includes aggregating and analyzing data scattered across numerous government agencies. As someone with a sibling who has been severely impacted by this crisis over the past decade and a half and witnessed the number of times different components of government have come into contact with him, developing, integrating and analyzing data that can be used to target intervention initiatives would most certainly have made a major difference in his life. As a representative of the global leader in analytics, I am really honored to offer support of this very strong public policy before you today.

Today, SAS is providing analysts across the nation the ability to take advantage of more sophisticated methods that include rule-based code and more advanced data integration, anomaly detection and advanced analytics. To be more effective in combating the epidemic, states need the ability to continuously monitor behavior to more quickly intervene and proactively investigate.

In reviewing the legislation before you, the system you are seeking will be powerful and once **currently available** and **existing data** is integrated, should be able to perform actions such as:

- • - Uncovering early signs of addiction or warning signs by looking at data.

- • - Anticipating and deterring drug trafficking by more quickly identifying suspicious patterns.

- • - Coordinating treatment by providing insights directly to physicians and prescribers so they can make well-informed decisions at the point of patient care.

- • - Providing timely reports to policymakers such as yourself

Of course, data privacy is critical and any system that is implemented must be the gold standard in security. Best practices for this include role-based permissions so the right people see the appropriate information, the most secure hosting environments, and of course wholly protecting the security of Wisconsinites.

Thank you for the opportunity to provide this submission.

Wisconsin Troopers' Association

Executive Director – Matt Johnson

Glen Jones – President

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TO: Chairman James and Members
        Assembly Committee on Substance Abuse and Prevention

FR: Dan Restrepo
        Wisconsin Troopers' Association

DA: May 5, 2021

RE: Support of Assembly Bill 41, relating to opioid and methamphetamine data systems

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Hello, Chairman James and members of the Assembly Committee on Substance Abuse and Prevention. Thank you for holding a public hearing and for the opportunity to submit testimony in favor of Assembly Bill 41. My name is Dan Restrepo and I am a member of the Wisconsin Troopers Association (WTA). I have been an officer with the State Patrol for more than 6 years and work primarily in Green Lake County.

The Wisconsin Troopers' Association (WTA) is comprised of more than 500 troopers, inspectors and police communication operators (PCOs) that have a shared commitment and vision to make Wisconsin safer for its citizens and tourists.

We all know the opioid and illicit drug epidemic is severely impacting Wisconsin citizens from all walks of life. Troopers and other law enforcement across Wisconsin are no longer encountering impaired drivers, also known as "drugged drivers," exclusively during the normal late-night hours. We are experiencing impaired drivers and drug overdoses on a daily basis at all times in all areas of Wisconsin.

Personally, my experiences with opioid or meth cases include:
-   Impaired driver barreling through a construction zone, zig-zagging across traffic prior to my ability to make a stop
-   Helped perform CPR and administer Narcan to an individual who didn't survive
-   Responded to emergency overdose where family member had administered Narcan, but I had to continue CPR and individual survived
-   Individual using meth slid off the highway into a ditch; tow truck driver contacted law enforcement suspecting impairment and I confirmed it was meth along with other illicit drugs; both driver and passenger were severely impaired

My colleagues and I are encountering the use of opioids, meth and other illicit drugs in every corner of the state. I work in a very rural area and most of my interactions have been traffic-related incidents. However, one of my colleagues indicated that he is oftentimes a first responder to overdose incidents in gas station bathrooms, parking lots and other businesses that are located near highways. Users are obtaining their drugs and immediately using them, resulting in some local gas stations putting up signs saying their bathroom is out of order in order to prevent overdoses in them.

Sadly, my colleague Aaron Peterson, who patrols in Jefferson County, has JUST RECENTLY encountered 4-5 overdose cases and one incident in which he saved a life from a potential overdose.

The men and women of the State Patrol record every time we respond to a scene and utilize Narcan on an individual. Allowing other affected agencies to access this information will create better collaboration and therefore more success in combating this epidemic.

This legislation will create a central repository for data on critical aspects of the opioid and meth epidemic. Using data, we will be able to make decisions about where to place resources to combat this problem from a law enforcement perspective.

We support this bill and its plan to use a central data base that collects, formats, analyzes, and disseminates opioid and meth data. We would again like to thank the authors Representative Plumer and Senator Testin for their efforts to move this important legislation forward. I hope the committee will support this legislation.