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# JON PLUMER

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STATE REPRESENTATIVE • 42<sup>nd</sup> ASSEMBLY DISTRICT

Testimony – **SB 788** – Relating to opioid and methamphetamine data system

**Senate Committee on Health and Human Services**

Wednesday, February 12, 2020

Throughout the past year, I have spent a lot of time and energy focused on learning as much as I possibly can about the opioid crisis and addiction. The biggest thing I have learned is that this issue is far more complex than I had ever imagined and that I have a lot more to learn.

Part of this learning process has been looking at data. This data comes from various sources and is housed in various places. When we make laws to curb substance abuse, it is helpful to know the statistics to find out if laws we put in place are effective or not. It is also helpful to know where people are abusing which substances and the trends associated with substance abuse.

SB 788 directs DOA to collect data from multiple state agencies and work with a company to create a central location for this data to be housed. Once the data is collected and compiled into a central database, DOA will be in charge of distributing this data when requested.

Other states have used a similar model to compile their substance abuse data and it has been a huge help to law enforcement to understand trends in crime related to substance abuse and where to place their law enforcement officers. As a lawmaker interested in curbing this epidemic, having a central location to find information about how our laws are being used and if they are effective or not would be a big help. This can all be accomplished while still ensuring that peoples' privacy is protected.

If you have questions regarding how the actual database works, we have industry experts here today to explain that in detail.



# DEVIN LEMAHIEU

## STATE SENATOR

Chairman Testin and Committee members,

Thank you for taking the time to hear Senate Bill 788.

Wisconsin has experienced a significant rise in opioid and methamphetamine related deaths over the last decade. The State as a whole has experienced significant social and financial costs due to the opioid epidemic.

The Wisconsin Legislature has passed 30 different bills that have been signed into law addressing the opioid crisis. In fiscal year 2018, state and federal dollars exceeded \$95 million towards programs aimed at curbing the opioid and illicit drug epidemic. These programs have provided much needed support to many communities throughout the State.

Last year, Wisconsin saw a 10% decrease in opioid related deaths. This is positive news, however it is unclear which specific programs or initiatives initiated this decline.

Senate Bill 788 establishes an opioid and methamphetamine data system to measure the effectiveness of existing programs. Under the bill, the Department of Administration (DOA) is required to collaborate with and collect data from state and local agencies regarding opioid and methamphetamine use in Wisconsin.

DOA will serve as the primary administrator of the portal. They will be responsible for determining, collecting and analyzing performance measurement data assessing overdoses, prescribing behaviors, drug trafficking, drug-related arrests and law enforcement resource allocation. Starting in 2022, DOA is required to submit a report to the Joint Finance Committee analyzing these data trends from year to year.

The bill appropriates one-time funding of \$1.5 million to DOA to create the data system, and requires the agency to submit this proposal to the Joint Finance Committee for review prior to implementation. I have introduced Senate Amendment 1, which would create a new appropriation authorizing these funds in the current fiscal year so DOA can begin creating the data system promptly.

Senate Bill 788 will 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.

Thank you for your consideration. I am happy to answer questions.

Steve Kearney, PharmD  
Medical Director  
SAS

Steve Kearney is the Medical Director at SAS where he helps lead the organization's focus on the future of digital health across Health Care, Life Sciences, Government, and the Research and Development divisions. SAS' world-renowned team helps solve the most complex healthcare challenges utilizing advanced analytical solutions, machine learning and artificial intelligence. An innovator in health outcomes and digital medicine, Dr. Kearney co-developed and implemented one of the first electronic disease registries at Duke Health where he practiced in both inpatient cardiology and outpatient internal medicine during his joint faculty appointment at Duke and UNC. Dr. Kearney then joined the Medical Outcomes group at Pfizer where he continued his practical actionable approach to data and the patient journey. He focused on health outcome insights from electronic medical record migrations, early personal digital assistants, novel health software programs and the first large patient claims databases. He led Pfizer's ACO and PCMH initiatives while also working with national thought leaders on health policy for state and federal agencies. This included serving on North Carolina's Heart Disease and Stroke Prevention Task Force as well as the Medicaid Behavioral Health Subcommittee. Prior to joining SAS in 2016, Dr. Kearney worked with Project Lazarus and Community Care of North Carolina to address the challenges regarding the Opioid epidemic. Dr. Kearney has received numerous national awards for health care quality and for excellence in teaching. He currently serves on the Board of Directors for The Governors Institute and is a past board member for the North Carolina Association of Pharmacists (NCAP), Past Chair of the NCAP Professional Relations Committee, co-founder of the NCAP Residency Leadership Conference where he was recognized for 20 years of service in 2019, and a founding Board Member and past President of the Campbell University College of Pharmacy and Health Sciences Alumni Association. He has completed post-doctoral studies at both UNC Kenan-Flagler Business School and Harvard School of Public Health.

He is the author of the "Prescription Drug Abuse" Chapter in "A Practical Guide to Analytics for Governments: Using Big Data for Good", has been asked to testify on numerous occasions for the House and Senate on the Opioid Crisis, advised HHS and SAMHSA on the opportunity to use big data, machine learning and AI to address the challenges regarding substance abuse treatment and introduced one of the updates on Addiction in America for the Washington Post [https://www.washingtonpost.com/video/postlive/sponsor-remarks-sas-us-government-medical-director-steve-kearney-on-addiction-in-america/2018/12/07/67ab446b-e95a-4569-bf26-7e8489f7a82d\\_video.html?noredirect=on&utm\\_term=.e73b881328bf](https://www.washingtonpost.com/video/postlive/sponsor-remarks-sas-us-government-medical-director-steve-kearney-on-addiction-in-america/2018/12/07/67ab446b-e95a-4569-bf26-7e8489f7a82d_video.html?noredirect=on&utm_term=.e73b881328bf)

steve.kearney@sas.com  
919-457-7075  
SAS World Headquarters  
SAS Campus Drive  
Cary, NC 27513

**Good morning, thank you for the opportunity to be before your 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.

I am also someone, who like most these days, has been impacted by the illicit drug crisis. As I watched a sibling go through a severe crisis with heroin, meth, and other illicit drug addiction for a decade, I witnessed first hand the devastation we read about and see on the news.

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 and preparing for whatever substance might present the next challenge. A multifaceted approach to combating our crisis includes aggregating and analyzing data scattered across numerous government agencies.

Today, SAS is providing analysts across the nation the ability to take advantage of more sophisticated methods that include rule-based code such as the toolkit Dr. Kearney mentioned– and more advanced data integration, anomaly detection and advanced analytics.

Continued...

To be more effective in combating the epidemic, states need the ability to continuously monitor behavior to more quickly intervene and proactively investigate. This is why as the global leader in analytics, I am really honored to be here in support of this very strong public policy.

SAS is not the only business entity who provides data analytics. Should this policy be enacted, there are likely other entities who will be interested in competing for the opportunity to partner with Wisconsin on this critical project. In full transparency, SAS would likely be one of these entities. 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.

I am happy to answer to any questions you may have.



## Wisconsin Troopers' Association

Executive Director – Ryan Zukowski

Glen Jones – President

4230 East Towne Blvd. #322

Madison, WI 53704

[www.wisconsinTrooper.org](http://www.wisconsinTrooper.org)

TO: Chairman Testin and Members  
Senate Committee on Health and Human Services

FR: Dan Restrepo  
Wisconsin Troopers' Association

DA: February 12, 2020

RE: Support of Senate Bill 788, relating to opioid and methamphetamine data systems

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Good morning Chairman Testin and members of the Senate Committee on Health and Human Services. Thank you for holding a public hearing and for the opportunity to testify in favor of Senate Bill 788. 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 5 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 recent 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
- And just last week an 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.

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 SB 788 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, Senator LeMahieu and Rep. Plumer, and the co-sponsors for their efforts to move this important initiative forward. I hope the committee will support this legislation and I would be happy to answer any questions you may have at this time.



201 East Washington Avenue, Room G200  
P.O. Box 8916  
Madison, WI 53708-8916  
Telephone: 608-422-7000  
Fax: 608-261-6972

Governor Tony Evers  
Secretary Emilie Amundson  
Secretary's Office

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**TO:** Chair Testin and Members of the Senate Committee on Health and Human Services

**FROM:** Nadya Perez-Reyes, Legislative Advisor  
Wendy Henderson, Administrator, Division of Safety and Permanence

**DATE:** February 12, 2020

**SUBJECT:** 2019 Senate Bill 788

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Thank you for the opportunity to provide testimony on Senate Bill (SB) 788. The Department of Children and Families (DCF) is providing written testimony for information purposes. DCF is committed to the goal that all Wisconsin children and youth are safe and loved members of thriving families and communities.

SB 788 requires the Department of Administration to establish an opioid and methamphetamine (meth) data system to collect and maintain data from a number of state agencies, including opioid and meth-related child welfare data from DCF. The Department appreciates and understands the legislature's interest in collecting additional data regarding the impact of the opioid and meth epidemics. Child welfare workers across the state have seen the impact of the opioid crisis on the families that they serve, driving dramatic caseload increases. This caseload increase resulted in the significant investment by the legislature to increase the Child and Family Aids (CFA) allocation to provide increased resources to county health and human service departments.

The Department's eWISACWIS data collection system currently collects information on general caregiver drug use. The change proposed in SB 788 would require collecting this information at a disaggregated level by type of drug (i.e., opioid, meth, or other drugs). This modification would involve significant time and cost to complete the needed system changes and training for child welfare workers throughout the state to ensure accurate implementation of any new data collection requirements. It is also important to note that any additional data collection requirement imposes additional workload on child welfare workers.



**Background:**

Wisconsin is a state-supervised, county-administered child welfare system in all counties other than Milwaukee, where the Department administers the child welfare system through the Division of Milwaukee Child Protective Services (DMCPS). County and DMCPS child welfare workers enter data on a wide range of items related to each of their cases into the statewide child welfare information system, called eWiSACWIS, which is maintained by DCF. As required by federal law, the Wisconsin child welfare eWiSACWIS system is structured to conform to federal data reporting standards. Consistent with federal data standards, the current eWiSACWIS system includes data on removals of children from their home for safety reasons due to caregiver drug use.

**Current data collection efforts:**

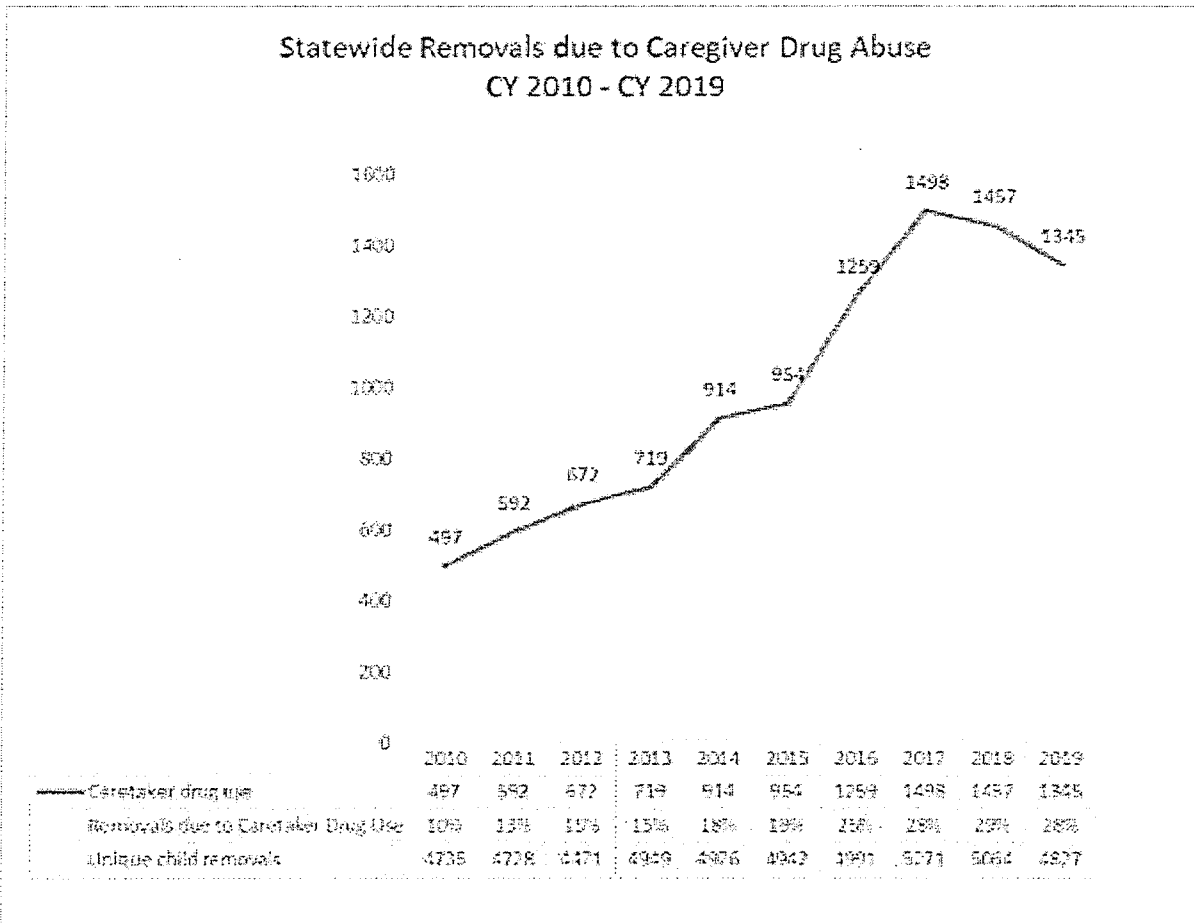
Currently, the Department collects child welfare caregiver drug use data in eWiSACWIS. As shown in Figure 1 below, both the number and the percentage of children removed from their homes due to caregiver drug use has increased dramatically over the past nine years: from 497 children accounting for 10% of all removals in CY2010 to 1,345 children in CY2019, accounting for 28% of all removals. Reports from individual counties indicate this to be significantly higher, potentially up to 80%.

Similar to many states, the use of opioids and meth has surged in Wisconsin in the past ten years, resulting in detrimental effects on individuals, family members, and communities. DCF understands and recognizes the importance and value of collecting accurate and comprehensive data to inform sound, data-driven policymaking to combat the rise and the effects of this drug use. Recognizing the importance of collecting accurate data under the current data structure, the Department took steps in early 2018 to improve the consistency and quality of the caregiver drug use data reported by local child welfare workers in eWiSACWIS. Specifically, in February 2018, the Department clarified data reporting requirements and provided training to child welfare workers related to eWiSACWIS caregiver drug use data elements pertaining to child maltreatment and child removal.

The Department would welcome additional investment in training and technical assistance to support county child welfare workers in the collection of current data fields related to caregiver drug use. However, specific system changes to collect drug use at a disaggregated level by type of drug would involve significant time and cost to complete the needed system changes and training for child welfare workers throughout the state to ensure accurate implementation of any new data collection requirements. In addition, any additional data collection requirements impose additional workload on child welfare workers, who are already facing heavy workload demands due to the increase in the number and complexity of child welfare cases in the state in recent years.

Thank you for your interest in and commitment to combatting the surge of drug use in Wisconsin and its adverse effects on children, families, and communities. Please contact DCF with any questions at [nadya.perez-reyes@wisconsin.gov](mailto:nadya.perez-reyes@wisconsin.gov).

Figure 1.



Counts of child removals to Out-of-Home Care due to Caretaker drug abuse. Note, it is possible that this data under-represents the number of child removal cases due to Caretaker drug use, as this information may not have been entered into the eWISACWIS system for all applicable cases, particularly in earlier years.