



State of Wisconsin  
2021 - 2022 LEGISLATURE

LRB-1282/1  
TJD:wlj

## 2021 ASSEMBLY BILL 41

February 10, 2021 - Introduced by Representatives PLUMER, EDMING, DITTRICH, STEFFEN, PETRYK, KRUG, SKOWRONSKI, ROZAR, MURSAU, CABRAL-GUEVARA, WICHGERS, SANFELIPPO, PETERSEN, MAGNAFICI, MOSES, BILLINGS, SUBECK, SPIROS, RAMTHUN, JAMES, OHNSTAD, ZIMMERMAN and ARMSTRONG, cosponsored by Senators TESTIN, BERNIER, FEYEN, KOOYENGA, WANGGAARD and NASS. Referred to Committee on Substance Abuse and Prevention.

1     **AN ACT to create** 20.505 (1) (bg) and subchapter III of chapter 153 [precedes  
2             153.85] of the statutes; **relating to:** opioid and methamphetamine data system  
3             and making an appropriation.

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### *Analysis by the Legislative Reference Bureau*

This bill requires the Department of Administration to issue a request for proposals, subject to approval by the Joint Committee on Finance under its passive review process, to establish and maintain an opioid and methamphetamine data system to collect, format, analyze, and disseminate information on opioid and methamphetamine use as specified in the bill. DOA must collaborate with and collect data from the Department of Health Services, the Department of Corrections, the Department of Justice, the Department of Safety and Professional Services, and the Department of Children and Families and any other applicable agencies for the opioid and methamphetamine data system. Under the bill, DOA administers the contract with a vendor to operate the opioid and methamphetamine data system, has access to the data contained in the opioid and methamphetamine data system, and works with the vendor to disseminate information and advanced analytics from the opioid and methamphetamine data system in as close to real time as possible. The opioid and methamphetamine data system must allow the state agencies that submit data to the opioid and methamphetamine data system access to the data in the opioid and methamphetamine data system as appropriate for the agency to fulfill its functions and as allowed by state and federal confidentiality laws. The bill requires DOA to submit a report to JCF summarizing the information from the opioid

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and methamphetamine data system and analyzing trends in that information across years of data collection.

For further information see the state fiscal estimate, which will be printed as an appendix to this bill.

*The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:*

1           **SECTION 1.** 20.005 (3) (schedule) of the statutes: at the appropriate place, insert  
2 the following amounts for the purposes indicated:

			<b>2021-22</b>	<b>2022-23</b>
3 <b>20.505 Administration, department of</b>				
4   (1) SUPERVISION AND MANAGEMENT				
5    (bg) Opioid and methamphetamine				
6      data system	GPR	C	1,500,000	-0-

7           **SECTION 2.** 20.505 (1) (bg) of the statutes is created to read:  
8           20.505 (1) (bg) *Opioid and methamphetamine data system.* As a continuing  
9 appropriation, the amounts in the schedule for implementing the data system under  
10 subch. III of ch. 153.

11           **SECTION 3.** Subchapter III of chapter 153 [precedes 153.85] of the statutes is  
12 created to read:

13                           **CHAPTER 153**  
14                           SUBCHAPTER III  
15                           OPIOID AND  
16                           METHAMPHETAMINE DATA

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1           **153.85 Definition; opioid and methamphetamine data.** In this  
2 subchapter, “vendor” means a person awarded the contract following a request for  
3 proposals described under s. 153.87.

4           **153.87 Opioid and methamphetamine data system.** (1) Subject to sub.  
5 (3), the department of administration shall issue a request for proposals to establish  
6 and maintain an opioid and methamphetamine data system to collect, format,  
7 analyze, and disseminate information on opioid and methamphetamine use, which  
8 shall include all of the following:

9           (a) Hospital discharge data from visits and stays related to opioid use or  
10 overdose.

11           (b) Hospital discharge data from visits and stays related to methamphetamine  
12 use or overdose.

13           (c) Ambulance service run data related to opioid use or overdose.

14           (d) The number of opioid-related overdoses in the state, the number of  
15 individuals who overdose on opioids, and the opioids on which the individuals  
16 overdose.

17           (e) The number of methamphetamine-related overdoses in the state, the  
18 number of individuals who overdose on methamphetamines, and the forms of  
19 methamphetamines on which the individuals overdose.

20           (f) Death records related to opioid use or overdose.

21           (g) Death records related to methamphetamine use or overdose.

22           (h) The number of opioid treatment centers in the state, by the owner or  
23 operator of each opioid treatment center.

24           (i) The number of methamphetamine treatment centers in the state, by the  
25 owner or operator of each methamphetamine treatment center.

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1 (j) The number of providers in this state that are allowed to prescribe a drug  
2 that is a combination of buprenorphine and naloxone, the patient capacity for those  
3 prescribers, the number of patients taking such a combination drug, and the number  
4 of patients who have discontinued such a combination drug due to successful  
5 completion of a treatment program.

6 (k) The number of methadone clinics in the state, the number of patients taking  
7 methadone, the number of patients who more than once have been on courses of  
8 methadone, the number of patients who have discontinued methadone use due to  
9 successful completion of a treatment program, and the number of patients who are  
10 receiving methadone treatment for each of the following durations:

- 11 1. Longer than 12 months.
- 12 2. Longer than 3 years.
- 13 3. Longer than 4 years.
- 14 4. Longer than 5 years.
- 15 5. Longer than 8 years.
- 16 6. Longer than 10 years.

17 (L) The amount of naloxone doses dispensed, the total number of naloxone  
18 doses administered, and the number of unique patients who have received doses of  
19 naloxone.

20 (m) The number of adults in the state who use opioids, the extent to which those  
21 adults use opioids, and the type of opioids used.

22 (n) The number of adults in the state who use methamphetamines, the extent  
23 to which those adults use methamphetamines, and the forms of methamphetamines  
24 used.

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1 (o) The number of minors in the state who use opioids, the extent to which those  
2 minors use opioids, and the type of opioids used.

3 (p) The number of minors in the state who use methamphetamines, the extent  
4 to which those minors use methamphetamines, and the forms of methamphetamines  
5 used.

6 (q) The number of minors who enter the child protective services system due  
7 to opioid use by a parent or guardian, length of time those minors are in out-of-home  
8 care, and the type of reporter who notified child protective services of the needs of  
9 the minor.

10 (r) The number of persons who are incarcerated and who are receiving  
11 naltrexone for extended-release in injectable suspension, the number of persons  
12 who are on extended supervision or probation or on parole and who are receiving  
13 extended-release naltrexone, the total number of doses of extended-release  
14 naltrexone administered to persons who are incarcerated, on extended supervision  
15 or probation, or on parole in this state, and the length of time that persons who are  
16 incarcerated, on extended supervision or probation, or on parole are receiving  
17 extended-release naltrexone.

18 (s) The number of arrests and convictions related to methadone and the  
19 number related to a drug that is a combination of buprenorphine and naloxone.

20 (t) The number of arrests and convictions related to methamphetamines.

21 **(2)** The opioid and methamphetamine data system under sub. (1) shall identify,  
22 to the extent possible, for sub. (1) (a), (b), (c), (d), (e), (f), (g), (j), (k), (m), (n), (o), (p),  
23 and (r) the number of individuals who have each of the following forms of health care  
24 coverage:

25 (a) Public health care coverage under the Medical Assistance program.

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1 (b) Public health care coverage under Medicare, a veteran or military health  
2 plan, or another public form of coverage other than Medical Assistance, including  
3 any self-insured governmental health plan.

4 (c) Private insurance or a private health plan.

5 (d) Self-coverage or uninsured.

6 **(3)** (a) The department of administration shall submit the proposed request for  
7 proposals described under sub. (1) to the joint committee on finance before issuing  
8 the request for proposal. If the cochairpersons of the joint committee on finance do  
9 not notify the department of administration within 14 working days after the date  
10 of the submittal of the proposed request for proposals under this paragraph that the  
11 committee has scheduled a meeting for the purpose of reviewing the proposed  
12 request for proposals, the department may issue the request for proposals. If, within  
13 14 working days after the date of the submittal of the proposed request for proposals  
14 under this paragraph, the cochairpersons of the committee notify the department of  
15 administration that the committee has scheduled a meeting for the purpose of  
16 reviewing the proposed request for proposals, the department may issue the  
17 proposed request for proposals only upon approval by the committee.

18 (b) At the time the department of administration submits the proposal under  
19 par. (a), the departments of health services, children and families, corrections,  
20 justice, and safety and professional services may submit to the joint committee on  
21 finance suggestions of opioid-related or methamphetamine-related information to  
22 collect, analyze, and disseminate in addition to information specified under sub. (1)  
23 to assist the agencies in analyzing the behavioral health status of the state's  
24 population, reducing relapse of opioid and methamphetamine misuse, improving  
25 patient outcomes after opioid or methamphetamine use or overdose, assisting

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1 minors who are in out-of-home care, and monitoring health costs related to  
2 substance use.

3 (4) The department of administration shall collaborate with and collect data  
4 from the departments of health services, corrections, justice, safety and professional  
5 services, and children and families and any other applicable agencies for the opioid  
6 and methamphetamine data system under sub. (1).

7 (5) (a) The department of administration shall administer the contract with the  
8 vendor to operate the opioid and methamphetamine data system and shall have  
9 access to the data contained in the opioid and methamphetamine data system. The  
10 department of administration shall work with the vendor to disseminate information  
11 and advanced analytics from the opioid and methamphetamine data system in as  
12 close to real time as possible.

13 (b) The opioid and methamphetamine data system shall allow the state  
14 agencies that submit data to the opioid and methamphetamine data system access  
15 to the data in the opioid and methamphetamine data system as appropriate for the  
16 agency to fulfill its functions and as allowed by state and federal confidentiality laws.

17 **153.89 Reports; opioid and methamphetamine data system.** By January  
18 31, 2022, and annually thereafter, the department of administration shall submit a  
19 report to the joint committee on finance summarizing the information from the  
20 opioid and methamphetamine data system under s. 153.87 (1) and analyzing trends  
21 in that information across years of data collection.

22

(END)