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

February 1, 2022

TO: Members
Joint Committee on Finance

FROM: Bob Lang, Director

SUBJECT: Assembly Bill 41/Senate Bill 49: Opioid and Methamphetamine Data System

Senate Bill 49 and Assembly Bill 41 are identical bills that would provide $1.5 million GPR in one-time funding in 2021-22 for the Department of Administration (DOA) to contract with a vendor to establish and maintain an opioid and methamphetamine data system.

SB 49 was introduced on January 28, 2021, and referred to the Senate Committee on Health. The Committee held a public hearing on February 9, 2021, and recommended the bill for passage on February 11, 2021, by a vote of 4 to 1.

AB 41 was introduced on February 10, 2021, and referred to the Assembly Committee on Substance Abuse and Prevention. The Committee held a public hearing on May 5, 2021, and recommended the bill for passage on November 15, 2021, by a vote of 9 to 0.

BACKGROUND

In Wisconsin, several state agencies collect, maintain, and publish information on opioid and methamphetamine use in the state. This information may be used by state and local agencies to administer substance abuse prevention and treatment programs and to comply with state and federal reporting requirements. Brief descriptions of the type of information the Department of Health Services and the Department of Safety and Professional Services collect and publish are provided below.

Department of Health Services. DHS collects, maintains, and publishes a broad range of health information, including alcohol and other drug use statistics, by publishing and maintaining "data dashboards." The Department's opioid dashboard includes information on:

- Deaths;
- Inpatient and emergency room hospitalizations, by opioid type;

- Opioid usage;
- Treatment services authorized by counties, including day treatment, inpatient, medication assisted treatment, outpatient counseling, and residential treatment;
- Medicaid funded services, including behavioral health services, medication services, or both, and the number of Medicaid recipients diagnosed with opioid use disorder; and
- Estimates of the number of individuals who used a prescribed pain medication in the past year, and the reason for the opioid prescription (including pain resulting from orthopedic and non-orthopedic surgery, back pain, pain resulting from short-term injuries, dental pain, and pain from long-term injuries).

Much of this information can be filtered to show the information by county, age, sex, and ethnicity. DHS collects the information from several sources, including death data from vital records, Wisconsin hospital discharge data, two national surveys (the Behavioral Risk Factor Survey and the National Survey on Drug Use and Health), the DHS program participation system (PPS) used by counties to submit human services information to DHS, Medicaid data, and private health insurance data DHS obtains from the Wisconsin Health Information Organization.

The Department's opioid data dashboard can be accessed at Opioids: Summary Data Dashboard | Wisconsin Department of Health Services.

In addition to the DHS dashboards, the DHS website features the Wisconsin Interactive Statistics on Health (WISH) query system that enables individuals to conduct queries of data on opioid-related inpatient hospital stays and emergency department visits. This information can be accessed at WISH Query: Opioid-Related Hospital Encounters | Wisconsin Department of Health Services.

The DHS website includes links to several statutorily required reports that provide information on substance abuse treatment and services in Wisconsin. Under s. 51.42(7)(d) of the statutes, DHS is required to submit, by January 1 of each odd-numbered year, a biennial report to the Legislature that describes mental health services and programs provided by counties and multi-county regions in the previous two calendar years. (The DHS reports include information on substance use services, in addition to mental health services.) Under s. 51.422(3) of the statutes, DHS is required to submit an annual report to the Joint Committee on Finance and the appropriate standing committees of the Legislature on the outcomes of regional, comprehensive opioid treatment and methamphetamine treatment programs that provide services in underserved, high-need areas of the state. Under s. 51.45(4)(p) of the statutes, DHS is required to submit an annual report covering DHS activities relating to treatment of alcoholism and drug dependence.

In addition to the statutorily mandated reports, DHS posts other reports documenting aspects of opioid and methamphetamine use in Wisconsin. A 2021 publication provides information on opioid overdose incidents in Wisconsin from January, 2019, to March, 2021, based on ambulance runs and emergency department visits. DHS also publishes monthly reports on ambulance responses to suspected opioid cases, based on data from the Wisconsin Ambulance Run Data System (WARDS). Finally, DHS produces an annual report on opioid treatment programs in Wisconsin that provides program-specific information, including number of patients, drugs used by patients,

medication treatments, discharges, and source of payment.

The DHS reports, together with other resources, can be accessed at Dose of Reality: Opioids Data | Wisconsin Department of Health Services.

Department of Safety and Professional Services. DSPS operates the state enhanced Prescription Drug Monitoring Program (ePDMP), which collects and disseminates information on the dispensing of monitored prescription drugs, including prescription opioids. On a quarterly basis, the Controlled Substances Board provides DSPS a report regarding certain metrics collected through the ePDMP, including an assessment of the trends and changes in the use of monitored prescription drugs in Wisconsin, as well as information on the number of individuals to whom both opioids and benzodiazepines were dispensed within the same 90-day period and the number of individuals obtaining prescriptions from more than five providers or who have monitored prescription drugs dispensed by five or more pharmacies within the same 90-day period. DSPS shares some of this data with the public in a variety of charts and tables on the agency's website, which can be accessed at Statistics - Wisconsin Prescription Drug Monitoring Program.

Other Sources. Other state-level information on substance abuse prevalence and treatment services is available from other sources, such as information DHS provides to the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, including the state's plan for the use of federal funds the state receives under the federal Substance Abuse Prevention and Treatment Block Grant. Finally, data and information on the quality, safety and cost-efficiency of health services, including substance abuse services, is available through custom analytics inquiries of Wisconsin's all-payer claims database, administered by the Wisconsin Health Information Organization.

SUMMARY OF BILL

The bill would create a continuing appropriation in the Department of Administration to implement an opioid and methamphetamine data system and provide $1.5 million GPR in 2021-22 for this purpose. (A continuing appropriation enables the agency to expend moneys from the appropriation until the authorized amount is fully expended, so that any unexpended funds at the end of the fiscal year would be carried forward to the next year, rather than lapse.)

DOA would be required to issue a request for proposals (RFP) to establish and maintain an opioid and methamphetamine data system to collect, format, analyze, and disseminate information on opioid and methamphetamine use. Under the bill, DOA would contract with a vendor, selected through the RFP process, to operate the system and disseminate analytics from the system. The Department would be required to submit the proposed RFP to the Joint Committee on Finance for review under the 14-day passive review process prior to its release.

By January 31, 2022, and annually thereafter, DOA would be required to report to the Committee summarizing information from the system and analyzing trends across years of data collection.

The data system would be required to include all of the following:

a. hospital discharge data from visits and stays related to opioid use or overdose;

b. hospital discharge data from visits and stays related to methamphetamine use or overdose;

c. ambulance service run data related to opioid use or overdose;

d. the number of opioid-related overdoses in the state, the number of individuals who overdose on opioids, and the opioids on which the individuals overdose;

e. the number of methamphetamine-related overdoses in the state, the number of individuals who overdose on methamphetamines, and the forms of methamphetamines on which the individuals overdose;

f. death records related to opioid use or overdose;

g. death records related to methamphetamine use or overdose;

h. the number of opioid treatment centers in the state, by the owner or operator of each opioid treatment center;

i. the number of methamphetamine treatment centers in the state, by the owner or operator of each methamphetamine treatment center;

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

k. the number of methadone clinics in the state, the number of patients taking methadone, the number of patients who more than once have been on courses of methadone, the number of patients who have discontinued methadone use due to successful completion of a treatment program, and the number of patients who are receiving methadone treatment for longer than 12 months, longer than three years, longer than four years, longer than five years, longer than eight years, and longer than ten years;

l. the amount of the opioid overdose reversal drug naloxone dispensed, the total number of naloxone doses administered, and the number of unique patients who have received doses of naloxone;

m. the number of adults in the state who use opioids, the extent to which those adults use opioids, and the type of opioids used;

n. the number of adults in the state who use methamphetamines, the extent to which those adults use methamphetamines, and the forms of methamphetamines used;

o. the number of minors in the state who use opioids, the extent to which those minors use

opioids, and the type of opioids used;

p. the number of minors in the state who use methamphetamines, the extent to which those minors use methamphetamines, and the forms of methamphetamines used;

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

r. the number of persons who are incarcerated and who are receiving naltrexone for extended-release in injectable suspension (a drug to reduce cravings for, and block the effects of opioids), the number of persons who are on extended supervision or probation or on parole and who are receiving extended-release naltrexone, the total number of doses of extended-release naltrexone administered to persons who are incarcerated, on extended supervision or probation, or on parole in this state, and the length of time that persons who are incarcerated, on extended supervision or probation, or on parole are receiving extended-release naltrexone;

s. the number of arrests and convictions related to methadone and the number related to a drug that is a combination of buprenorphine and naloxone; and

t. the number of arrests and convictions related to methamphetamines.

The data system would also be required to identify, to the extent possible, the number of individuals who have health care coverage and specify the type of coverage for the individuals affected under items a, b, c, d, e, f, g, j, k, m, n, o, p, and r, as listed above. These coverage types would include Medicaid, Medicare, a veterans or military health plan, or other public form of coverage (including any self-insured governmental health plan), a private insurance or private health plan, or self-coverage or uninsured.

Under the bill, DOA would be required to collaborate with, and collect data from, DHS, DSPS, the Department of Children and Families (DCF), the Department of Corrections (DOC), the Department of Justice (DOJ), and any other applicable agencies. Upon submission of the RFP to the Committee, state agencies could submit suggestions of information to collect, analyze, and disseminate to assist agencies in analyzing the behavioral health status of the state's population, reducing relapse, improving patient outcomes after use or overdose, assisting minors who are in out-of-home care, and monitoring health costs related to substance use. Further, the data system would be required to allow participating state agencies access to the data as appropriate for the agency to fulfill its functions and as allowed by state and federal confidentiality laws.

FISCAL EFFECT

The bill would increase GPR spending authority by $1.5 million in 2021-22, but enable DOA to make payments from the new appropriation in future fiscal years until this amount is fully expended.

The bill would not provide ongoing funds to maintain the system, although DOA could request additional funding for this purpose as part of its 2023-25 biennial budget submission. In addition,

state and local agencies may incur additional expenses to modify reporting processes and collect information that they would be required to submit under the bill. The bill would provide no funding for these agencies. The cost to implement the required data collection and sharing processes is unknown.

Several agencies submitted fiscal notes to the bill, which are briefly summarized in the table in the attachment.

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

While the bill would authorize DOA to collect data, the bill would not explicitly provide new authorization to state agencies to collect data. Several agencies currently report similar information, as discussed previously.

TECHNICAL CORRECTION AMENDMENT

As introduced, the bill would require DOA to submit its first annual report to the Joint Committee on Finance by January 31, 2022. In addition, the bill contains a misspelling of the word "health." An amendment could be introduced to specify a later date, such as January 31, 2024, as the submission deadline for the first report and to correct the misspelling.

Prepared by: Charles Morgan
Attachment

ATTACHMENT

Summary of Fiscal Notes Submitted by State Agencies

		Estimated One-Time Costs		Estimated Annualized (Ongoing) Costs	
Agency	**Notes**	**Amount**	**Purpose**	**Amount**	**Purpose**
Corrections	Currently tracks some, but not all of required data. Would not be able to track non-DOC funded treatment for DOC clients, as required in the bill.	$272,000	Contracted programming services.		500 hours of staff time, which can be absorbed by current staff.
Children and Families	Agency does not currently track drug-specific information on parents or guardians whose children are placed in out-of-home care. Assumes DCF would supply the data to the contractor. Agency does not currently collect information on the number of minors who use opioids, the extent to which they use opioids, and the type of opioids they use. Agency does not currently collect information on the number of minors who use methamphetamines, the extent to which they use methamphetamines, and the type of methamphetamines they use. Available information is limited to children in the child welfare system.	$50,000 to $150,000	Modifications to training of child welfare workers. Unknown costs relating to modifications to eWISACWIS (the state's child welfare information system).		New data collection activities could be absorbed by current staff.
Health Services	DHS assumes that the bill would not require the agency to collect any new or additional data.		Based on DHS's assumption that it would not collect any information that is not already available, DHS would not incur additional costs.		Based on DHS's assumption that it would not collect any information that is not already available, DHS would not incur additional costs. Staff costs could be absorbed.
Safety and Professional Services	It is not clear from the agency's fiscal note whether the one-time costs could be absorbed with base resources.	$200,100	One-time software development to support the integration between the enhanced prescription drug monitoring program (ePDMP).		None
Administration		$3,000	One-time supplies purchases	$142,100	1.0 GPR position to meet one-time and ongoing workload, including system maintenance and updates, managing data collection.