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## CONTROLLED SUBSTANCES BOARD

**Contact: Dan Williams (608) 266-2112**  
**Room 121A, 1400 East Washington Avenue, Madison**  
**March 9, 2018**

*The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of the actions and deliberations of the Board.*

### AGENDA

**9:30 A.M.**

#### **OPEN SESSION - CALL TO ORDER – ROLL CALL**

- A. **Adoption of Agenda (1-3)**
- B. **Approval of Minutes of February 21, 2017 (4)**
- C. **Administrative Matters**
  - 1) Staff Updates
  - 2) Board Members
    - a. Yvonne Bellay – Dept. of Agriculture, Trade, and Consumer Protection Designee
    - b. Alan Bloom – Pharmacologist
    - c. Doug Englebert – Dept. of Health Services Designee
    - d. Philip Trapskin – Pharmacy Examining Board Designee
    - e. Subhadeep Barman – Psychiatrist
    - f. Peter Kallio – Board of Nursing Designee
    - g. Jason Smith – Attorney General Designee
    - h. Leonardo Huck – Dentistry Examining Board Designee
    - i. Timothy Westlake – Medical Examining Board Designee
- D. **Special Use Authorizations – Discussion and Consideration (5-23)**
  - 1) ~~Request for Special Use Authorization -- Jacob Danielson (5-16)~~
  - 2) Special Use Authorizations for Animal Shelters – Consideration of Education Regarding Application Process and Importance of Documentation **(17-23)**
  - 3) Expansion of the Special Use Authorization Liaison Delegation to Denials and Stipulations Under CSB 3.045
- E. **Legislation and Rule Matters – Discussion and Consideration (24-37)**
  - 1) CSB 2.58 Relating to Excluding naldemine from Scheduling **(25-27)**
  - 2) CSB 2.59 Relating to Scheduling ortho-fluorofentanyl **(28-30)**
  - 3) CSB 2.60 Relating to Scheduling FUB-AMB **(31-33)**
  - 4) CSB 2.61 Scope Relating to Scheduling MT-45 **(34-35)**
  - 5) CSB 2.62 Scope Relating to Scheduling Para-chloroisobutyryl fentanyl **(36-37)**

- 6) Schedule Law Enforcement Hearing to Receive Information on Drug Trends for Future Controlled Substances Scheduling (Executive Order 228)
- 7) Update on Legislation and Pending and Possible Rulemaking Projects

F. **Prescription Drug Monitoring Program (PDMP) Update – Discussion and Consideration (38-64)**

- 1) WI ePDMP Development Update
  - a. Recent Releases
  - b. Upcoming Releases
- 2) WI ePDMP Operations Update
  - a. Staff Update
- 3) PDMP EHR Integration Status Update
  - a. Marshfield Clinic Update
- 4) PDMP Quarterly Report Update **(39-64)**
  - a. Press Release
- 5) Discussion of Disclosures of PDMP Data to Relevant Boards Under CSB 4.15(5)
  - a. Report Requested at January 12, 2018 Meeting

G. **Annual Report on Distribution and Abuse of Controlled Substances, Including Recommendations for Improving Control and Prevention of the Diversion of Controlled Substances – Discussion and Consideration (65)**

H. Travel Requests, Speaking Engagements, and Public Relations Requests

I. Informational Item(s)

J. Discussion and Consideration of Items Received After Preparation of the Agenda:

- 1) Introductions, Announcements, and Recognition
- 2) Informational Item(s)
- 3) Disciplinary Matters
- 4) Education Matters
- 5) Credentialing Matters
- 6) Practice Questions
- 7) Legislation and Rule Matters
- 8) Liaison Report(s)
- 9) Speaking Engagement(s), Travel, or Public Relations Request(s)
- 10) Consulting with Legal Counsel

K. Public Comments

**CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85 (1)(b), 440.205 and 961.385(2)(c) Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.).**

L. Special Use Authorizations

M. Consulting with Legal Counsel

**RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION**

N. Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate

**ADJOURNMENT**

The next scheduled meeting is May 11, 2018

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MEETINGS AND HEARINGS ARE OPEN TO THE PUBLIC, AND MAY BE CANCELLED WITHOUT NOTICE.

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held at 1400 East Washington Avenue, Madison, Wisconsin, unless otherwise noted. In order to confirm a meeting or to request a complete copy of the board’s agenda, please call the listed contact person. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of disciplinary hearings may be changed by the examiner for the convenience of the parties. Interpreters for the hearing impaired provided upon request by contacting the Affirmative Action Officer, 608-266-2112.

**CONTROLLED SUBSTANCES BOARD  
TELECONFERENCE/VIRTUAL MEETING MINUTES  
FEBRUARY 21, 2018**

**PRESENT:** *(all via GoToMeeting unless indicated)* Alan Bloom, Yvonne Bellay, Doug Englebert, Peter Kallio, Jason Smith *(arrived at 10:34 a.m.)*, Philip Trapskin, Timothy Westlake *(in person)*

**EXCUSED:** Subhadeep Barman, Leonardo Huck

**STAFF:** Dan Williams, Executive Director; Laura Smith, Bureau Assistant; Sharon Henes, Administrative Rules Coordinator; and other DSPS Staff

**CALL TO ORDER**

Doug Englebert called the meeting to order at 10:31 a.m. A quorum was confirmed.

**ADOPTION OF AGENDA**

**MOTION:** Timothy Westlake moved, seconded by Alan Bloom, to adopt the agenda as published. Motion carried unanimously.

**APPROVAL OF MINUTES**

**MOTION:** Peter Kallio moved, seconded by Timothy Westlake, to approve the minutes of January 12, 2018 as published. Motion carried unanimously.

**LEGISLATION AND RULE MATTERS**

**Scheduling para-chloroisobutyryl fentanyl**

**MOTION:** Timothy Westlake moved, seconded by Yvonne Bellay, to authorize the Chair to affirm the scheduling of para-chloroisobutyryl fentanyl to Schedule I, once the 30 days since the federal order has elapsed. Motion carried unanimously.

**PRESCRIPTION DRUG MONITORING PROGRAM (PDMP) UPDATE**

**MOTION:** Yvonne Bellay moved, seconded by Jason Smith, to authorize the Chair to approve all PDMP Quarterly Reports. Motion carried unanimously.

**ADJOURNMENT**

**MOTION:** Alan Bloom moved, seconded by Peter Kallio, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 10:43 a.m.

**State of Wisconsin  
Department of Safety & Professional Services**

**AGENDA REQUEST FORM**

<b>1) Name and Title of Person Submitting the Request:</b>  Yvonne Bellay, Secretary		<b>2) Date When Request Submitted:</b> 1/18/2018  Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting													
<b>3) Name of Board, Committee, Council, Sections:</b> Controlled Substances Board															
<b>4) Meeting Date:</b> 3/9/2018	<b>5) Attachments:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>6) How should the item be titled on the agenda page?</b> Special Use Authorization for Animal Shelters – Consideration of Education Regarding Application Process and Importance of Documentation – Discussion and Consideration													
<b>7) Place Item in:</b> <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	<b>8) Is an appearance before the Board being scheduled?</b>  <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No	<b>9) Name of Case Advisor(s), if required:</b>													
<b>10) Describe the issue and action that should be addressed:</b>  See article, attached, regarding state requirements for veterinarians.															
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>11) Signature of person making this request</b></td> <td style="width: 20%; text-align: center;"><b>Authorization</b></td> <td style="width: 20%; text-align: center;"><b>Date</b></td> </tr> <tr> <td style="border-top: 1px solid black; height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td style="border-top: 1px solid black; height: 20px;"><b>Supervisor (if required)</b></td> <td></td> <td style="text-align: center;"><b>Date</b></td> </tr> <tr> <td style="border-top: 1px solid black; height: 20px;"><b>Executive Director signature (indicates approval to add post agenda deadline item to agenda)</b></td> <td></td> <td style="text-align: center;"><b>Date</b></td> </tr> </table>				<b>11) Signature of person making this request</b>	<b>Authorization</b>	<b>Date</b>				<b>Supervisor (if required)</b>		<b>Date</b>	<b>Executive Director signature (indicates approval to add post agenda deadline item to agenda)</b>		<b>Date</b>
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<b>Directions for including supporting documents:</b> 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.															

The Washington Post

Health Science

# When addicts steal their pet's painkillers, what's a vet to do?

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By **Marsha Mercer** September 16, 2017

Some states are taking the war on opioids into veterinarians' offices, aiming to prevent people who are addicted to opioids from using their pets to procure drugs for their own use.

Colorado and Maine recently enacted laws that allow or require veterinarians to check the prescription histories of pet owners as well as their pets. And Alaska, Connecticut and Virginia have imposed new limits on the amount of opioids a vet can prescribe.

Veterinarians typically do not dispense such widely abused drugs as Vicodin, OxyContin and Percocet, but they do dispense tramadol, a painkiller; ketamine, an anesthetic; and hydrocodone, an opiate used to treat coughing in dogs. All of these are controlled substances that people abuse.

But even as some states push for veterinarians to assess people's records, many practitioners maintain they're unqualified to do so. And while a handful of states require vets to check the prescription histories of pet owners, about two-thirds of states explicitly prohibit it.

"I'm a veterinarian, not a physician. I shouldn't have access to a human's medical history," said Kevin Lazarcheff, president of the California Veterinary Medical Association. The state's vets have access to a database where they can check on pet owners, but they are not required to do so.

Veterinarians may be uncomfortable seeing information about controlled substances prescribed for their clients, said Lazarcheff, who practices in Oakhurst, Calif.

And if the veterinarian suspects a client is abusing drugs, what then? "That's an interesting point," said Lazarcheff, because there's no set protocol. The one time he suspected a pet owner of abusing drugs, his office called the local police.

"Where it went after that, I don't know," he said.

### **Unclear requirements**

State prescription drug monitoring programs, or PDMPs, allow physicians and other practitioners to check a patient's medication history. But at least 32 states do not require veterinarians to report any dispensing information on the PDMP, according to the National Alliance for Model State Drug Laws.

In the pre-Internet era, most states required veterinarians to mail in paper reports of narcotic prescriptions. When states switched to electronic systems in the early 2000s, veterinarians said their offices lacked the technology to comply, and many states removed the reporting requirement for vets, said Patrick Knue, director of the Prescription Drug Monitoring Program Training and Technical Assistance Center at Brandeis University.

The experiences of Maine and New Hampshire this year illustrate difficulties states face when trying to stop the flow of drugs to abusers while also respecting the role of veterinarians in health care.

Both states enacted laws requiring veterinarians to check the PDMP database before prescribing, but the New Hampshire legislature repealed its law after veterinarians argued that their professional responsibilities did not extend to the human owner.

"Our patients are pets. They're not abusing the medication. The owners are," Jane Barlow Roy, past president of the New Hampshire Veterinary Medical Association, said.

Maine, which had 376 drug overdose deaths in 2016, a nearly 40 percent increase from 2015, has one of the most stringent laws in the country. It requires veterinarians to check the medical records of anyone seeking an opioid or benzodiazepine (prescribed for anxiety and insomnia) for an animal and to notify authorities if the pet owner has a questionable record.

Veterinarians also must get three hours of continuing education in prescribing opioids every two years.

But although veterinarians in Maine must check the database, they cannot enter prescriptions into the monitoring program. Only pharmacists are allowed to do that. So, a pet owner could take a dog to multiple vets and get drugs surreptitiously at several offices, Chris Pezzullo, Maine's state health officer, acknowledged.

Coughing on cue

Some critics say tougher reporting requirements for veterinarians aren't needed because the amount of drugs they prescribe is small. But Pezzullo said higher dosages are required because the metabolism

of animals is faster than that of humans, which makes a pet's drugs appealing to desperate addicts.

Last year in Virginia, a dog owner took his boxer to six veterinarians to get anti-anxiety pills and painkillers for his own use before he was caught, according to Fairfax County police, who said the owner was eventually charged with prescription fraud.

In Kentucky in 2014, a woman was accused of cutting her golden retriever twice with a razor so she could get drugs. And in the early 2000s, a man in Ohio allegedly taught his dog to cough on cue so the owner could get hydrocodone.

Such cases are believed to be rare, but authorities are working to cut off the supply of abused drugs. The Fairfax County Police Department recently published a brochure showing veterinarians how to spot a "vet shopper."

The clues include: new patients bringing in seriously injured animals, requesting certain medications by name, seeking early refills of prescriptions and claiming that medications had been lost or stolen.

The Virginia Board of Veterinary Medicine issued emergency regulations in June limiting the duration of prescriptions that may be

ordered for controlled substances. A vet may provide a seven-day supply and a seven-day refill only after reevaluating the animal.

For chronic conditions, the vet may prescribe an opioid for six months but must see and reevaluate the animal before prescribing more.

The goal is to decrease the intentional diversion of drugs and decrease narcotics left over in people's homes, according to David Brown, director of the Virginia Department of Health Professions.

*Stateline is an initiative of the Pew Charitable Trusts.*

 15 **Comments**

**State of Wisconsin  
Department of Safety & Professional Services**

**AGENDA REQUEST FORM**

<b>1) Name and Title of Person Submitting the Request:</b>  Sharon Henes Administrative Rules Coordinator		<b>2) Date When Request Submitted:</b>  2/26/18 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting											
<b>3) Name of Board, Committee, Council, Sections:</b>  Controlled Substances Board													
<b>4) Meeting Date:</b>  3/9/18	<b>5) Attachments:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>6) How should the item be titled on the agenda page?</b> Legislation and Rule Matters – Discussion and Consideration 1. CSB 2.58 Relating to Excluding naldemedine from scheduling 2. CSB 2.59 Relating to Scheduling ortho-fluorofentanyl 3. CSB 2.60 Relating to Scheduling FUB-AMB 4. CSB 2.61 Scope Relating to Scheduling MT-45 5. CSB 2.62 Scope Relating to Scheduling Para-chloroisobutyryl fentanyl 6. Schedule Law Enforcement Hearing to Receive Information on Drug Trends for Future Controlled Substances Scheduling (Executive Order 228) 7. Update on Legislation and Pending and Possible Rulemaking Projects											
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<b>10) Describe the issue and action that should be addressed:</b>          													
<b>11) Authorization</b>   <div style="text-align: center; font-size: 1.2em; font-family: cursive;"> <i>Sharon Henes</i> </div> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">Signature of person making this request</td> <td style="width: 30%; border: none; text-align: right;">Date</td> </tr> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> <tr> <td style="border: none;">Supervisor (if required)</td> <td style="border: none; text-align: right;">Date</td> </tr> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> <tr> <td style="border: none;">Executive Director signature (indicates approval to add post agenda deadline item to agenda)</td> <td style="border: none; text-align: right;">Date</td> </tr> </table>				Signature of person making this request	Date			Supervisor (if required)	Date			Executive Director signature (indicates approval to add post agenda deadline item to agenda)	Date
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STATE OF WISCONSIN  
CONTROLLED SUBSTANCES BOARD

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IN THE MATTER OF RULE-MAKING : PROPOSED ORDER OF THE  
PROCEEDINGS BEFORE THE : CONTROLLED SUBSTANCES BOARD  
CONTROLLED SUBSTANCES BOARD : ADOPTING RULES  
: (CLEARINGHOUSE RULE )  
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PROPOSED ORDER

An order of the Controlled Substances Board to create CSB 2.58 relating to excluding from scheduling naldemedine.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

**Statutes interpreted:** s. 961.16, Stats.

**Statutory authority:** ss. 961.11 (1) and (4), Stats.

**Explanation of agency authority:**

The controlled substances board shall administer this subchapter and may add substances to or delete or reschedule all substances listed in the schedules in ss. 961.14, 961.16, 961.18, 961.20 and 961.22 pursuant to the rule-making procedures of ch. 227. [s. 961.11 (1), Stats.]

If a substance is designated, rescheduled or deleted as a controlled substance under federal law and notice thereof is given to the controlled substances board, the board by affirmative action shall similarly treat the substance under this chapter after the expiration of 30 days from the date of publication in the federal register of a final order designating the substance as a controlled substance or rescheduling or deleting the substance or from the date of issuance of an order of temporary scheduling under 21 USC 811 (h), unless within that 30-day period, the board or an interested party objects to the treatment of the substance. If no objection is made, the board shall promulgate, without making the determinations or findings required by subs. (1), (1m), (1r) and (2) or s. 961.13, 961.15, 961.17, 961.19 or 961.21, a final rule, for which notice of proposed rulemaking is omitted, designating, rescheduling, temporarily scheduling or deleting the substance. If an objection is made the board shall publish notice of receipt of the objection and the reasons for objection and afford all interested parties an opportunity to be heard. At the conclusion of the hearing, the board shall make a determination with respect to the treatment of the substance as provided in subs. (1), (1m), (1r) and (2) and shall publish its decision, which shall be final unless altered by statute. Upon publication of an objection to the treatment by the board, action by the board under this chapter is stayed until the board promulgates a rule under sub. (2). [s. 961.11 (4), Stats.]

**Related statute or rule:** s. 961.16, Stats.

**Summary of, and comparison with, existing or proposed federal regulation:**

On September 29, 2017, the Department of Justice, Drug Enforcement Administration published its final rule in the Federal Register removing naldemedine from the federal Controlled Substances Act.

**Plain language analysis:**

The Controlled Substances Board did not receive an objection to excluding naldemedine as a controlled substance under ch. 961, Stats. based upon the federal scheduling. The Controlled Substances Board took affirmative action on November 10, 2017 to similarly treat naldemedine under chapter 961 effective November 20, 2017 to allow for publication in the Administrative Register. The Affirmative Action Order will expire upon promulgation of a final rule.

This rule amends s. 961.16 (2) (a) (intro.), Stats. which excludes naldemedine from the controlled substance schedules.

**Comparison with rules in adjacent states:**

**Illinois:** Illinois has not excluded naldemedine from scheduling.

**Iowa:** Iowa has not excluded naldemedine from scheduling.

**Michigan:** Michigan has not excluded naldemedine from scheduling.

**Minnesota:** Minnesota has not excluded naldemedine from scheduling.

**Summary of factual data and analytical methodologies:**

The methodology was to exclude naldemedine from scheduling to conform with the federal Controlled Substances Act.

**Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:**

This rule schedules a drug and does not have an effect on small business.

**Fiscal Estimate and Economic Impact Analysis:**

The Fiscal Estimate and Economic Impact Analysis is attached.

**Effect on small business:**

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Kirsten.Reader@wisconsin.gov, or by calling (608) 267-2435.

**Agency contact person:**

Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, Wisconsin 53708; telephone 608-261-2377; email at DSPSAdminRules@wisconsin.gov.

**Place where comments are to be submitted and deadline for submission:**

Comments may be submitted to Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, WI 53708-8366, or by email to DSPSAdminRules@wisconsin.gov. Comments must be received by April 6, 2018 to be included in the record of rule-making proceedings.

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TEXT OF RULE

SECTION 1. CSB 2.58 is created to read:

**CSB 2.58 Exclusion of naldemedine.** Section 961.16 (2) (a) (intro), Stats., is amended to read:  
*961.16 (2) (a) (intro) Opium and substances derived from opium, and any salt, compound, derivative or preparation of opium or substances derived from opium. Apomorphine, dextrorphan, nalbuphine, butorphanol, naldemedine, nalmefene, naloxegol, naloxone and naltrexone and their respective salts and the isoquinoline alkaloids of opium and their respective salts are excluded from this paragraph. The following substances, and any of their salts, isomers and salts of isomers that are theoretically possible within the specific chemical designation, are included in this paragraph:*

SECTION 2. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

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(END OF TEXT OF RULE)

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STATE OF WISCONSIN  
CONTROLLED SUBSTANCES BOARD

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IN THE MATTER OF RULE-MAKING : PROPOSED ORDER OF THE  
PROCEEDINGS BEFORE THE : CONTROLLED SUBSTANCES BOARD  
CONTROLLED SUBSTANCES BOARD : ADOPTING RULES  
: (CLEARINGHOUSE RULE )

---

PROPOSED ORDER

An order of the Controlled Substances Board to create CSB 2.59 relating to scheduling of ortho-fluorofentanyl.

Analysis prepared by the Department of Safety and Professional Services.

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ANALYSIS

**Statutes interpreted:** s. 961.14, Stats.

**Statutory authority:** ss. 961.11 (1) and (4), Stats.

**Explanation of agency authority:**

The controlled substances board shall administer this subchapter and may add substances to or delete or reschedule all substances listed in the schedules in ss. 961.14, 961.16, 961.18, 961.20 and 961.22 pursuant to the rule-making procedures of ch. 227. [s. 961.11 (1), Stats.]

If a substance is designated, rescheduled or deleted as a controlled substance under federal law and notice thereof is given to the controlled substances board, the board by affirmative action shall similarly treat the substance under this chapter after the expiration of 30 days from the date of publication in the federal register of a final order designating the substance as a controlled substance or rescheduling or deleting the substance or from the date of issuance of an order of temporary scheduling under 21 USC 811 (h), unless within that 30-day period, the board or an interested party objects to the treatment of the substance. If no objection is made, the board shall promulgate, without making the determinations or findings required by subs. (1), (1m), (1r) and (2) or s. 961.13, 961.15, 961.17, 961.19 or 961.21, a final rule, for which notice of proposed rulemaking is omitted, designating, rescheduling, temporarily scheduling or deleting the substance. If an objection is made the board shall publish notice of receipt of the objection and the reasons for objection and afford all interested parties an opportunity to be heard. At the conclusion of the hearing, the board shall make a determination with respect to the treatment of the substance as provided in subs. (1), (1m), (1r) and (2) and shall publish its decision, which shall be final unless altered by statute. Upon publication of an objection to the treatment by the board, action by the board under this chapter is stayed until the board promulgates a rule under sub. (2). [s. 961.11 (4), Stats.]

**Related statute or rule:** s. 961.14, Stats.

**Summary of, and comparison with, existing or proposed federal regulation:**

On October 26, 2017, the Department of Justice, Drug Enforcement Administration published its final rule in the Federal Register placing ortho-fluorofentanyl into Schedule I of the federal Controlled Substances Act.

**Plain language analysis:**

The Controlled Substances Board did not receive an objection to treating ortho-fluorofentanyl as a schedule I controlled substance under ch. 961, Stats. based upon the federal scheduling. The Controlled Substances Board took affirmative action on November 30, 2017 to similarly treat ortho-fluorofentanyl under chapter 961 effective December 4, 2017 to allow for publication in the Administrative Register. The Affirmative Action Order will expire upon promulgation of a final rule.

This rule creates s. 961.14 (2) (nd) 16m., Stats. which adds ortho-fluorofentanyl to schedule I.

**Comparison with rules in adjacent states:**

**Illinois:** Illinois has not scheduled ortho-fluorofentanyl.

**Iowa:** Iowa has not scheduled ortho-fluorofentanyl.

**Michigan:** Michigan has not scheduled ortho-fluorofentanyl.

**Minnesota:** Minnesota has not scheduled ortho-fluorofentanyl.

**Summary of factual data and analytical methodologies:**

The methodology was to schedule ortho-fluorofentanyl to conform with the federal Controlled Substances Act.

**Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:**

This rule schedules a drug and does not have an effect on small business.

**Fiscal Estimate and Economic Impact Analysis:**

The Fiscal Estimate and Economic Impact Analysis is attached.

**Effect on small business:**

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Kirsten.Reader@wisconsin.gov, or by calling (608) 267-2435.

**Agency contact person:**

Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, Wisconsin 53708; telephone 608-261-2377; email at DSPSAdminRules@wisconsin.gov.

**Place where comments are to be submitted and deadline for submission:**

Comments may be submitted to Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, WI 53708-8366, or by email to DSPSAdminRules@wisconsin.gov. Comments must be received by April 6, 2018 to be included in the record of rule-making proceedings.

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TEXT OF RULE

SECTION 1. CSB 2.59 is created to read:

**CSB 2.59 Addition of ortho-fluorofentanyl to schedule I.** Section 961.14 (2) (nd)16m., Stats., is created to read:

*961.14 (2) (nd) 16m. Ortho-fluorofentanyl (N-(2-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)propionamide)*

SECTION 2. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

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(END OF TEXT OF RULE)

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STATE OF WISCONSIN  
CONTROLLED SUBSTANCES BOARD

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IN THE MATTER OF RULE-MAKING : PROPOSED ORDER OF THE  
PROCEEDINGS BEFORE THE : CONTROLLED SUBSTANCES BOARD  
CONTROLLED SUBSTANCES BOARD : ADOPTING RULES  
: (CLEARINGHOUSE RULE )

---

PROPOSED ORDER

An order of the Controlled Substances Board to create CSB 2.60 relating to scheduling of FUB-AMB.

Analysis prepared by the Department of Safety and Professional Services.

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ANALYSIS

**Statutes interpreted:** s. 961.14, Stats.

**Statutory authority:** ss. 961.11 (1) and (4), Stats.

**Explanation of agency authority:**

The controlled substances board shall administer this subchapter and may add substances to or delete or reschedule all substances listed in the schedules in ss. 961.14, 961.16, 961.18, 961.20 and 961.22 pursuant to the rule-making procedures of ch. 227. [s. 961.11 (1), Stats.]

If a substance is designated, rescheduled or deleted as a controlled substance under federal law and notice thereof is given to the controlled substances board, the board by affirmative action shall similarly treat the substance under this chapter after the expiration of 30 days from the date of publication in the federal register of a final order designating the substance as a controlled substance or rescheduling or deleting the substance or from the date of issuance of an order of temporary scheduling under 21 USC 811 (h), unless within that 30-day period, the board or an interested party objects to the treatment of the substance. If no objection is made, the board shall promulgate, without making the determinations or findings required by subs. (1), (1m), (1r) and (2) or s. 961.13, 961.15, 961.17, 961.19 or 961.21, a final rule, for which notice of proposed rulemaking is omitted, designating, rescheduling, temporarily scheduling or deleting the substance. If an objection is made the board shall publish notice of receipt of the objection and the reasons for objection and afford all interested parties an opportunity to be heard. At the conclusion of the hearing, the board shall make a determination with respect to the treatment of the substance as provided in subs. (1), (1m), (1r) and (2) and shall publish its decision, which shall be final unless altered by statute. Upon publication of an objection to the treatment by the board, action by the board under this chapter is stayed until the board promulgates a rule under sub. (2). [s. 961.11 (4), Stats.]

**Related statute or rule:** s. 961.14, Stats.

**Summary of, and comparison with, existing or proposed federal regulation:**

On November 3, 2017, the Department of Justice, Drug Enforcement Administration published its final rule in the Federal Register placing FUB-AMB into Schedule I of the federal Controlled Substances Act.

**Plain language analysis:**

The Controlled Substances Board did not receive an objection to treating FUB-AMB as a schedule I controlled substance under ch. 961, Stats. based upon the federal scheduling. The Controlled Substances Board took affirmative action on December 6, 2018 to similarly treat FUB-AMB under chapter 961 effective December 11, 2017 to allow for publication in the Administrative Register. The Affirmative Action Order will expire upon promulgation of a final rule.

This rule creates s. 961.14 (4) (tb) 43., Stats. which adds FUB-AMB to schedule I.

**Comparison with rules in adjacent states:**

**Illinois:** Illinois has not scheduled FUB-AMB.

**Iowa:** Iowa has not scheduled FUB-AMB.

**Michigan:** Michigan has not scheduled FUB-AMB.

**Minnesota:** Minnesota has scheduled FUB-AMB as a schedule I controlled substance.

**Summary of factual data and analytical methodologies:**

The methodology was to schedule FUB-AMB to conform with the federal Controlled Substances Act.

**Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:**

This rule schedules a drug and does not have an effect on small business.

**Fiscal Estimate and Economic Impact Analysis:**

The Fiscal Estimate and Economic Impact Analysis is attached.

**Effect on small business:**

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at [Kirsten.Reader@wisconsin.gov](mailto:Kirsten.Reader@wisconsin.gov), or by calling (608) 267-2435.

**Agency contact person:**

Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, Wisconsin 53708; telephone 608-261-2377; email at [DSPSAdminRules@wisconsin.gov](mailto:DSPSAdminRules@wisconsin.gov).

**Place where comments are to be submitted and deadline for submission:**

Comments may be submitted to Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, WI 53708-8366, or by email to [DSPSAdminRules@wisconsin.gov](mailto:DSPSAdminRules@wisconsin.gov). Comments must be received by April 6, 2018 to be included in the record of rule-making proceedings.

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TEXT OF RULE

SECTION 1. CSB 2.60 is created to read:

**CSB 2.60 Addition of FUB-AMB to schedule I.** Section 961.14 (4) (tb) 43., Stats., is created to read:

*961.14 (4) (tb) 43. methyl 2-(1-(4-fluorobenzyl)-1H-indazole-3-carboxamido)-3-methylbutanoate, commonly known as FUB-AMB, MMB-FUBINACA or AMB-FUBINACA.*

SECTION 2. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

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(END OF TEXT OF RULE)

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# STATEMENT OF SCOPE

## Controlled Substances Board

Rule No.: CSB 2.61

Relating to: Scheduling of MT-45

Rule Type: Permanent

**1. Finding/nature of emergency (Emergency Rule only):** N/A

**2. Detailed description of the objective of the proposed rule:**

The objective of the rule is to schedule MT-45 as a Schedule I controlled substance. The Controlled Substances Board determines the scheduling of MT-45 as a Schedule I controlled substance is in the best interest of the citizens of Wisconsin.

**3. Description of the existing policies relevant to the rule, new policies proposed to be included in the rule, and an analysis of policy alternatives:**

On December 13, 2017, the United States Department of Justice, Drug Enforcement Administration published its final rule in the Federal Register placing MT-45 into Schedule I of the federal Controlled Substances Act. The scheduling action was effective January 12, 2018. The Controlled Substances Board did not receive an objection to similarly treat MT-45 as Schedule I a controlled substance under ch. 961, Stats within 30 days of the date of publication in the Federal Register of the final order designating MT-45 as a controlled substance.

Pursuant to s. 961.11 (4), Stats., the Controlled Substances Board took affirmative action to similarly treat MT-45 under ch. 961, Stats. by creating the following:

**CSB 2.61 Addition of MT-45 to schedule I.** Section 961.14 (2) (rk) Stats., is created to read:

**961.14 (2) (rk) MT-45 (1-cyclohexyl-4-(1,2-diphenylethyl)piperazine)**

The Affirmative Action order, dated January 16, 2018, took effect on January 22, 2018 to allow for publication in the Administrative Register and expires upon promulgation of a final rule.

**4. Detailed explanation of statutory authority for the rule (including the statutory citation and language):**

**961.11 (1)** The controlled substances board shall administer this subchapter and may add substances to or delete or reschedule all substances listed in the schedules in ss. 961.14, 961.16, 961.18, 961.20 and 961.22 pursuant to the rule-making procedures of ch. 227.

**961.11(4)** If a substance is designated, rescheduled or deleted as a controlled substance under federal law and notice thereof is given to the controlled substances board, the board by affirmative action shall similarly treat the substance under this chapter after the expiration of 30 days from the date of publication in the federal register of a final order designating the substance as a controlled substance or rescheduling or deleting the substance or from the date of issuance of an order of temporary scheduling under 21 USC 811 (h), unless within that 30-day period, the board or an interested party objects to the treatment of the substance. If no objection is made, the board shall promulgate, without making the determinations or findings required by subs. (1), (1m), (1r) and (2) or s. 961.13, 961.15, 961.17, 961.19 or 961.21, a final

rule, for which notice of proposed rulemaking is omitted, designating, rescheduling, temporarily scheduling or deleting the substance. If an objection is made the board shall publish notice of receipt of the objection and the reasons for objection and afford all interested parties an opportunity to be heard. At the conclusion of the hearing, the board shall make a determination with respect to the treatment of the substance as provided in subs. (1), (1m), (1r) and (2) and shall publish its decision, which shall be final unless altered by statute. Upon publication of an objection to the treatment by the board, action by the board under this chapter is stayed until the board promulgates a rule under sub. (2).

**5. Estimate of amount of time that state employees will spend developing the rule and of other resources necessary to develop the rule:**

25 hours

**6. List with description of all entities that may be affected by the proposed rule:**

Law enforcement, district attorney offices, Dept of Justice, state courts and the Controlled Substances Board

**7. Summary and preliminary comparison with any existing or proposed federal regulation that is intended to address the activities to be regulated by the proposed rule:**

On December 13, 2017, the United States Department of Justice, Drug Enforcement Administration published its final rule in the Federal Register placing MT-45 into Schedule I of the federal Controlled Substances Act. The scheduling action was effective on January 12, 2018.

**8. Anticipated economic impact of implementing the rule (note if the rule is likely to have a significant economic impact on small businesses):**

None to minimal. It is not likely to have a significant economic impact on small businesses.

**Contact Person:** Sharon Henes, Administrative Rules Coordinator, (608) 261-2377

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date Submitted

# STATEMENT OF SCOPE

## Controlled Substances Board

Rule No.: CSB 2.62

Relating to: Scheduling of Para-chloroisobutyryl fentanyl

Rule Type: Permanent

1. Finding/nature of emergency (Emergency Rule only): N/A

2. Detailed description of the objective of the proposed rule:

The objective of the rule is to schedule para-chloroisobutyryl fentanyl as a Schedule I controlled substance. The Controlled Substances Board determines the scheduling of para-chloroisobutyryl fentanyl as a Schedule I controlled substance is in the best interest of the citizens of Wisconsin.

3. Description of the existing policies relevant to the rule, new policies proposed to be included in the rule, and an analysis of policy alternatives:

On February 1, 2018, the United States Department of Justice, Drug Enforcement Administration published its final rule in the Federal Register placing para-chloroisobutyryl fentanyl into Schedule I of the federal Controlled Substances Act. The scheduling action was effective February 1, 2018. The Controlled Substances Board did not receive an objection to similarly treat para-chloroisobutyryl fentanyl as Schedule I a controlled substance under ch. 961, Stats within 30 days of the date of publication in the Federal Register of the final order designating para-chloroisobutyryl fentanyl as a controlled substance.

Pursuant to s. 961.11 (4), Stats., the Controlled Substances Board took affirmative action to similarly treat para-chloroisobutyryl fentanyl under ch. 961, Stats. by creating the following:

**CSB 2.62 Addition of para-chloroisobutyryl to schedule I.** Section 961.14 (2) (nd) 16s., Stats., is created to read:

*961.14 (2) (nd) 16s. Para-chloroisobutyryl fentanyl (N-(4-chlorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide);*

The Affirmative Action order, dated March 5, 2018, took effect on March 12, 2018 to allow for publication in the Administrative Register and expires upon promulgation of a final rule.

4. Detailed explanation of statutory authority for the rule (including the statutory citation and language):

**961.11 (1)** The controlled substances board shall administer this subchapter and may add substances to or delete or reschedule all substances listed in the schedules in ss. 961.14, 961.16, 961.18, 961.20 and 961.22 pursuant to the rule-making procedures of ch. 227.

**961.11(4)** If a substance is designated, rescheduled or deleted as a controlled substance under federal law and notice thereof is given to the controlled substances board, the board by affirmative action shall similarly treat the substance under this chapter after the expiration of 30 days from the date of publication in the federal register of a final order designating the substance as a controlled substance or rescheduling or deleting the substance or from the date of issuance of an order of temporary scheduling under 21 USC 811 (h), unless within that 30-day period, the board or an interested party objects to the treatment of the substance. If no objection is made, the board shall promulgate, without making the determinations or findings required by subs. (1), (1m), (1r) and (2) or s. 961.13, 961.15, 961.17, 961.19 or 961.21, a final

rule, for which notice of proposed rulemaking is omitted, designating, rescheduling, temporarily scheduling or deleting the substance. If an objection is made the board shall publish notice of receipt of the objection and the reasons for objection and afford all interested parties an opportunity to be heard. At the conclusion of the hearing, the board shall make a determination with respect to the treatment of the substance as provided in subs. (1), (1m), (1r) and (2) and shall publish its decision, which shall be final unless altered by statute. Upon publication of an objection to the treatment by the board, action by the board under this chapter is stayed until the board promulgates a rule under sub. (2).

**5. Estimate of amount of time that state employees will spend developing the rule and of other resources necessary to develop the rule:**

25 hours

**6. List with description of all entities that may be affected by the proposed rule:**

Law enforcement, district attorney offices, Dept of Justice, state courts and the Controlled Substances Board

**7. Summary and preliminary comparison with any existing or proposed federal regulation that is intended to address the activities to be regulated by the proposed rule:**

On February 1, 2018, the United States Department of Justice, Drug Enforcement Administration published its final rule in the Federal Register placing para-chloroisobutyryl fentanyl into Schedule I of the federal Controlled Substances Act. The scheduling action was effective on February 1, 2018.

**8. Anticipated economic impact of implementing the rule (note if the rule is likely to have a significant economic impact on small businesses):**

None to minimal. It is not likely to have a significant economic impact on small businesses.

**Contact Person:** Sharon Henes, Administrative Rules Coordinator, (608) 261-2377

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date Submitted

## AGENDA REQUEST FORM

<b>1) Name and Title of Person Submitting the Request:</b>  Andrea Magermans		<b>2) Date When Request Submitted:</b>  3/1/2018 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
<b>3) Name of Board, Committee, Council, Sections:</b> Controlled Substances Board			
<b>4) Meeting Date:</b> 3/7/2018	<b>5) Attachments:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>6) How should the item be titled on the agenda page?</b>  Prescription Drug Monitoring Program (PDMP) Update – Discussion and Consideration	
<b>7) Place Item in:</b> <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	<b>8) Is an appearance before the Board being scheduled?</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>9) Name of Case Advisor(s), if required:</b>	
<b>10) Describe the issue and action that should be addressed:</b>  1) WI ePDMP Development Update a. Recent Releases b. Upcoming Releases 2) WI ePDMP Operations Update a. Staff Update 3) PDMP EHR Integration Status Update a. Marshfield Clinic Update 4) PDMP Quarterly Report Update a. Press Release 5) Discussion of disclosures of PDMP data to relevant boards under CSB 4.15(5) a. Report Requested at January 12, 2018 Meeting			
<b>11) Signature of person making this request</b>  Andrea Magermans 3/1/18		<b>Authorization</b>  _____ _____ _____	
<b>Supervisor (if required)</b>		<b>Date</b>	
<b>Executive Director signature (indicates approval to add post agenda deadline item to agenda)</b>		<b>Date</b>	
<b>Directions for including supporting documents:</b> 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			



## Controlled Substances Board



**WISCONSIN** | **ePDMP**

### Report 3

January 1 – December 31, 2017

# Contact Information

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## Wisconsin Controlled Substances Board

**Chairperson: Doug Englebert**

### Members:

Englebert, Doug, Chairperson  
Bloom, Alan, Vice Chairperson  
Bellay, Yvonne M., Secretary  
Barman, Subhadeep  
Huck, Leonardo  
Kallio, Peter J.  
Smith, Jason  
Trapskin, Philip  
Westlake, Timothy W.

DHS Designated Member  
Pharmacologist  
DATCP Designated Member  
Psychiatrist  
Dentistry Board Representative  
Board of Nursing Representative  
Attorney General Designee  
Pharmacy Board Representative  
Medical Board Representative

## Wisconsin Department of Safety and Professional Services

1400 E Washington Ave  
Madison, WI 53703  
608-266-2112

[DSPS@wisconsin.gov](mailto:DSPS@wisconsin.gov)

Website: <https://dsps.wi.gov>

## Wisconsin Prescription Drug Monitoring Program

[PDMP@wisconsin.gov](mailto:PDMP@wisconsin.gov)

Website: <https://pdmp.wi.gov/>

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# Introduction

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The Wisconsin Prescription Drug Monitoring Program (PDMP) was deployed in June 2013. It is administered by the Wisconsin Department of Safety and Professional Services (DPS) pursuant to the regulations and policies established by the Wisconsin Controlled Substances Board (CSB). Since being deployed, the PDMP primarily has been a tool to help healthcare professionals make more informed decisions about prescribing and dispensing controlled substance prescription drugs to patients. It also discloses data as authorized by law to governmental and law enforcement agencies.

On January 17, 2017, DPS launched the enhanced PDMP (WI ePDMP) system. The enhanced design has allowed the WI ePDMP to become a multi-faceted tool in Wisconsin's efforts to address prescription drug abuse, misuse, and diversion through clinical decision support, prescribing practice assessment, communication among disciplines, and public health surveillance. In the second half of 2017, the WI ePDMP was invited by the National Alliance of Model State Drug Laws (NAMSDL) to present at the PDMP Briefing to the Congressional Caucus on Prescription Drug Abuse as an example of the "PDMP of the Future" containing all the components of a strong PDMP. DPS was further recognized for the WI ePDMP by the Center for Digital Government and was awarded a Government Experience Award in the Government-to-Business Experience category. In November, DPS was invited to testify before the U.S. Senate Committee on Health, Labor, Education, and Pensions about the WI ePDMP as part of Wisconsin's efforts to address the opioid crisis.

In October 2017, DPS launched the WI ePDMP Public Statistics Dashboard, which provides interactive data visualizations about the controlled substance prescriptions dispensed in Wisconsin, the law enforcement reports submitted to the WI ePDMP, and the use of the WI ePDMP by healthcare professionals and others. Many of the data visualizations from the Public Statistics Dashboard have been incorporated into this report, and additional information about PDMP-related statistics, including county-level detail about many of the charts, can be found on the Public Statistics Dashboard. The Dashboard was the product of a 2014 Harold Rogers grant from the U.S. Department of Justice Bureau of Justice Assistance, and DPS was awarded a 2017 Harold Rogers grant to continue to enhance the WI ePDMP based on user feedback.

At the end of December 2017, the PDMP stored a total of over 50 million prescription records submitted by over 2,000 pharmacies and dispensing practitioners. Between January 17, 2017, and December 31, 2017, over 42,000 registered prescribers, pharmacists, and their delegates performed over 6 million queries for patient prescription reports. The number of queries performed by healthcare users per day has risen significantly, with an average of over 19,000 queries performed each day between October 1 and December 31, 2017, up from an average of approximately 6,800 queries performed per day during the first quarter of 2017, prior to the requirement for prescribers to review PDMP records before writing controlled-substance prescription orders went into effect on April 1, 2017, pursuant to 2015 Wisconsin Act 266.

Pursuant to ss. 961.385 (5) – (6), Wis. Stats., the CSB is required to submit a report to DSPS about the PDMP. This report is intended to satisfy that requirement. Significant resources were dedicated in 2017 to the development of the WI ePDMP, which is still in active development, and the Public Statistics Dashboard, which presents PDMP data elements to the public in an easily-digestible format. The reporting capabilities of the WI ePDMP are still evolving and the reports continue to be refined.

# User Satisfaction

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DSPS did not conduct a user satisfaction survey during 2017. All available PDMP resources were dedicated to the ongoing development and enhancement of the Wisconsin Enhanced Prescription Drug Monitoring Program (WI ePDMP). DSPS intends to conduct a user survey at the end of Q1 2018, after users have become more familiar with the WI ePDMP and the enhancements released over the course of 2017. Results of the survey will likely be available in the Q2 2018 report. DSPS will gather additional information about user satisfaction and ideas for potential enhancements through user groups which will be forming in Q1 and Q2 of 2018. The user groups are part of a grant project for user-led enhancements with funding from the U.S. Department of Justice Bureau of Justice Assistance Harold Rogers PDMP grant program. Through informal feedback throughout 2017, users have reported being very satisfied with the enhanced functionality and ease of use of the WI ePDMP.

# Impact on Referrals for Investigation

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Between January 1 and December 31, 2017, the Controlled Substances Board (CSB) did not make any referrals for possible investigation and disciplinary action pursuant to s. 961.385 (2) (f), Wis. Stats. Efforts were focused on developing and enhancing the WI ePDMP, as well as educating prescribers and pharmacists about how to use the WI ePDMP to promote safe prescribing and dispensing practices. The CSB has requested a report of the number of patients whose prescribers and dispensers are writing or filling prescriptions greater than 90 MME, with or without benzodiazepines, and including information on prescriber use of the PDMP. The number of patients, prescribers, and dispensers in the preliminary report will help the CBS determine thresholds for possible referrals to professional boards, such as the Medical Examining Board, Pharmacy Examining Board, Board of Nursing, and Dentistry Examining Board. Developing thresholds will then assist with prioritizing the future reporting needs of the PDMP related to referrals for investigation for failure to submit dispensing data, non-compliance with practitioner requirements, or circumstances indicating suspicious or critically dangerous conduct or practices. On the data submission side, reports have already been made to the CSB about the number and types of errors in the dispensing data submitted. In anticipation of a formal dispenser compliance audit in 2018, dispenser outreach in 2017 focused on bringing dispensers into compliance and educating them about the most common errors and how to correct them to ensure that records are loaded.

# Monitored Prescription Drug Use Trend

The amount of monitored prescription drugs, and opioids in particular, dispensed in 2017 shows an overall downward trend since 2015. In 2017, the total number of monitored drug prescriptions dispensed was 9,136,817, approximately 14% less than the total number of monitored drug prescriptions dispensed in 2015, 10,628,329. Figure 1 below shows the decrease from 2015 to 2017.

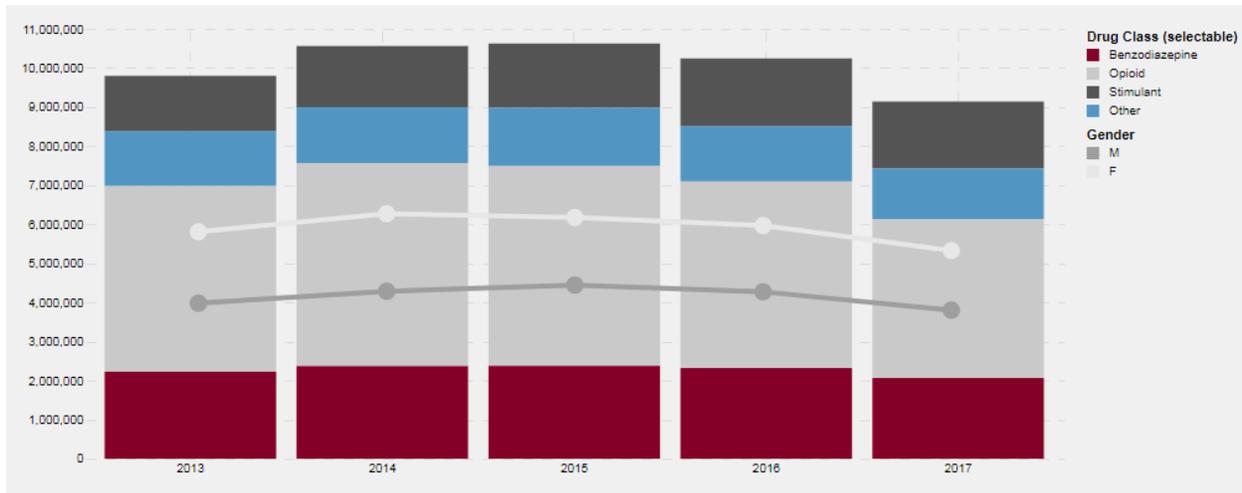


Figure 1. Monitored Prescription Drugs Dispensed in WI, 2013-2017, All Drug Classes

When looking at opioids specifically, there was a 20% decrease in the number of prescriptions dispensed, from 5,105,729 in 2015 to 4,066,083 in 2017. Figure 2 below shows the decrease in opioid prescriptions dispensed.

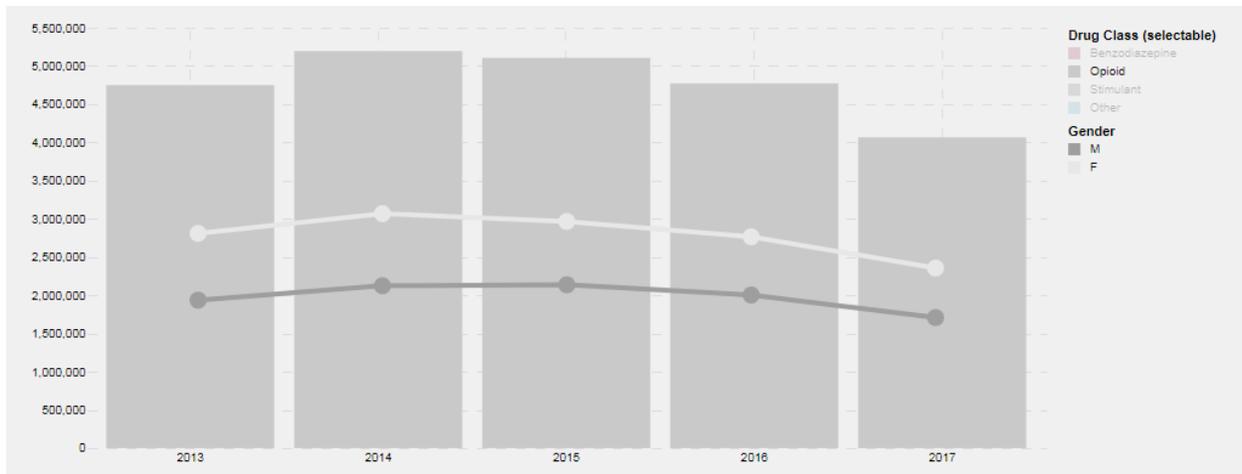


Figure 2. Monitored Prescription Drugs Dispensed in WI, 2013-2017, Opioids

Similarly, benzodiazepines show a decrease of approximately 13%, from 2,377,419 in 2015 to 2,069,958 in 2017. Figure 3 below shows the decrease in the number of benzodiazepine prescriptions dispensed.

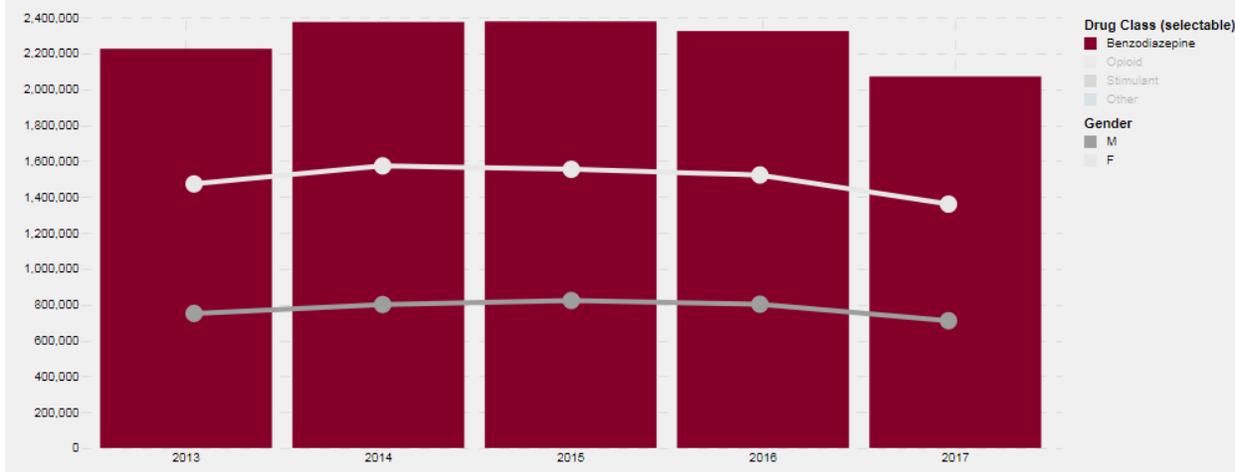


Figure 3. Monitored Prescription Drugs Dispensed in WI, 2013-2017, Benzodiazepines

Stimulants, however, show an increase of approximately 9% since 2014, even though there was a slight (approximately 1%) decrease from 2016 to 2017. In 2014, 1,570,130 stimulant prescriptions were dispensed; in 2016, 1,737,922 stimulant prescriptions were dispensed; and in 2017, 1,712,449 stimulant prescriptions were dispensed to patients in Wisconsin. Figure 4 below shows the increase in stimulant prescriptions dispensed from 2014 to 2017. Interestingly, the lines on the bars below show a reversal in the distribution of male and female patients receiving the prescriptions: for all controlled substance prescriptions, opioids, and benzodiazepines, female patients account for a greater portion of the dispensing records; however, for stimulants, male patients account for the largest portion of the prescriptions dispensed.

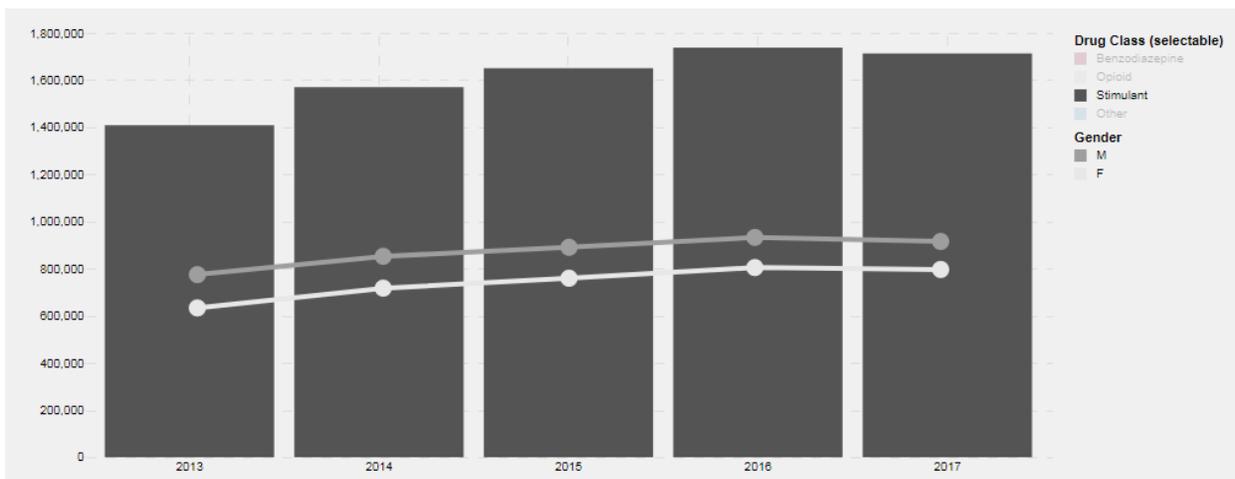


Figure 4. Monitored Prescription Drugs Dispensed in WI, 2013-2017, Stimulants

While there was a reduction in the overall volume of monitored prescription drugs dispensed, there has been little change in the 15 most dispensed monitored prescription drugs since 2015. Table 1 below shows the top 15 most dispensed monitored prescription drugs during 2017, ranked in order of the

volume of prescriptions dispensed. The top 15 monitored prescription drugs dispensed make up 88% of the dispensing records for any given quarter.

Drug Name	Prescriptions	Quantity
Hydrocodone-Acetaminophen	317,614	16,798,329
Amphetamine-Dextroamphetamine	198,695	9,514,720
Tramadol HCl	183,520	13,113,733
Oxycodone HCl	153,840	12,059,535
Alprazolam	152,050	8,682,036
Lorazepam	152,004	7,269,084
Clonazepam	127,513	7,481,833
Zolpidem Tartrate	125,198	4,166,920
Oxycodone w/ Acetaminophen	108,667	7,342,023
Methylphenidate HCl	98,054	4,617,602
Lisdexamfetamine Dimesylate	89,024	2,786,897
Pregabalin	61,474	4,540,811
Diazepam	54,256	2,268,581
Morphine Sulfate	51,384	3,016,613
Acetaminophen w/ Codeine	40,654	1,725,846

*Table 1. Top 15 Monitored Drugs Dispensed in WI, Q4 2017, By Number of Prescriptions*

The 5 most dispensed monitored drugs are listed in Table 2 below in the order of the total quantity of pills dispensed, rather than number of prescription orders filled.

Drug Name	Prescriptions	Quantity
Hydrocodone-Acetaminophen	317,614	16,798,329
Tramadol HCl	183,520	13,113,733
Oxycodone HCl	153,840	12,059,535
Amphetamine-Dextroamphetamine	198,695	9,514,720
Alprazolam	152,050	8,682,036

*Table 2. Top 5 Monitored Drugs Dispensed in WI, Q4 2017, by Quantity Dispensed*

The quantity of pills of each of the top 5 monitored drugs dispensed has decreased since 2015. The quantity of hydrocodone-acetaminophen pills dispensed decreased from 99,771,652 in 2015 to 74,326,164 in 2017, a difference of 25,445,488 pills or 26%. The quantity of Oxycodone Hcl pills saw a 21% decrease, from 67,827,911 pills in 2015 to 53,691,770 pills in 2017. The top benzodiazepine dispensed, Alprazolam, showed a 15% decrease in quantity of pills dispensed from 2015 to 2017, and the top stimulant dispensed, Amphetamine-Dextroamphetamine, showed an approximate 4% decrease in quantity of pills dispensed from 2015 to 2017. Figure 5 below shows the year-over-year decrease in the total quantity of pills dispensed of the top 5 monitored drugs. In all cases, the most significant decrease can be noted in 2017.

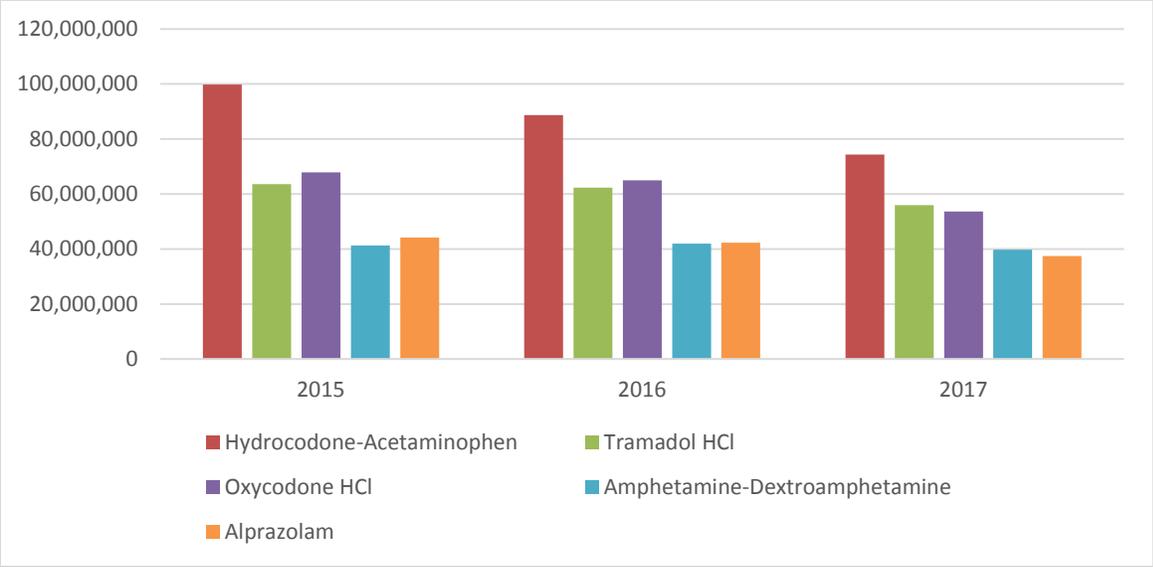


Figure 5. Top 5 Monitored Drugs Dispensed, 2015-2017, by Quantity

# Law Enforcement Reports

Between October 1 and December 31, 2017, Wisconsin law enforcement agencies reported 705 events to the WI ePDMP. The reports were submitted by law enforcement agencies as required by s. 961.37 (3) (a), Wis. Stat. The law requires the agencies to submit a report in each of the following situations:

1. When a law enforcement officer receives a report of a stolen controlled substance prescription.
2. When a law enforcement officer reasonably suspects that a violation of the Controlled Substances Act involving a prescribed drug is occurring or has occurred.
3. When a law enforcement officer believes someone is undergoing or has immediately prior experienced an opioid-related drug overdose.
4. When a law enforcement officer believes someone died as a result of using a narcotic drug.

The reports submitted by law enforcement are attributed to patient reports in the PDMP and presented to the prescribers of the individuals involved in the incidents as alerts on the patient reports. In this way, the reports submitted by law enforcement provide valuable information to healthcare professionals, who are able to make prescribing, dispensing, and treatment decisions based on a more complete picture of their patients' controlled substance history. Figure 6 below shows the breakdown of the reports submitted to the PDMP by month for 2016 and 2017. There is no requirement for law enforcement agencies to submit their reports within a certain timeframe after the date of the event, so the numbers for events at the end of 2017 may still increase with submissions in early 2018. Outreach for law enforcement agencies is ongoing as part of an effort to increase awareness of the requirement to submit to the PDMP and the value of the information included in the reports.

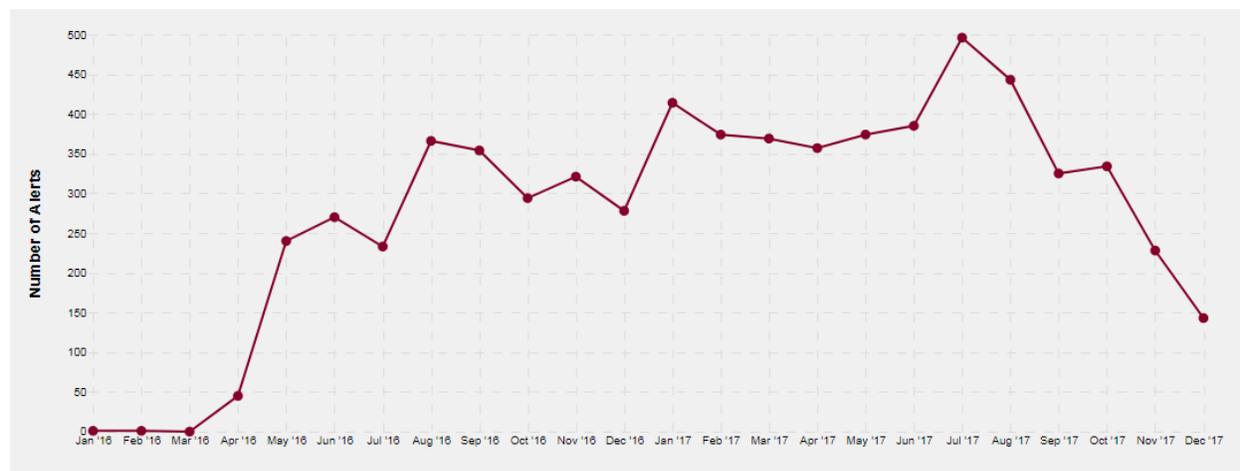


Figure 6. Law Enforcement Alerts Submitted to the WI ePDMP, 2016-2017

In 2017, 42% of the reports submitted by law enforcement agencies were reports of stolen controlled substance prescriptions, 29% were suspected violations of the Controlled Substances Act, 25% were suspected non-fatal opioid-related overdose events, and 4% were suspected narcotic-related deaths. This distribution can be seen in Figure 7 below.

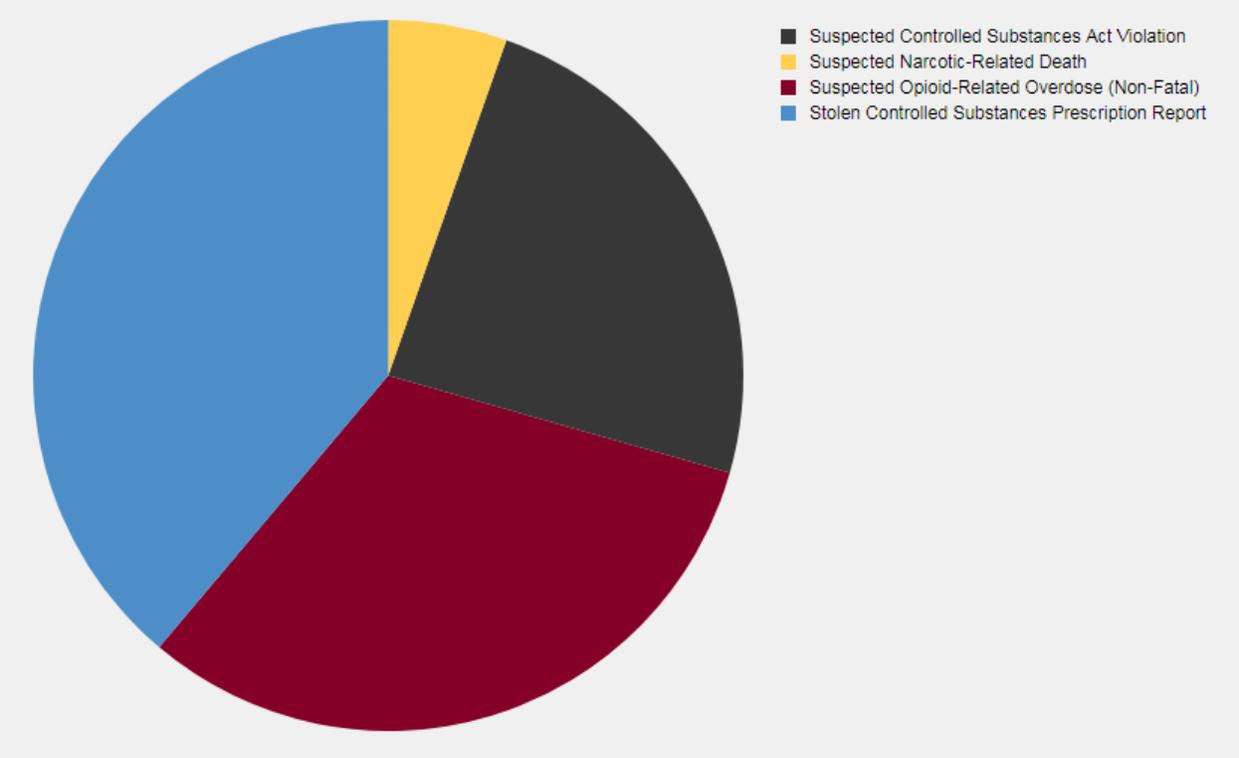


Figure 7. Breakdown of Law Enforcement Alerts Submitted to the WI ePDMP, by Alert Type, 2017

# Disclosure of PDMP Data

Between October 1 and December 31, 2017, healthcare users made 1,803,597 patient queries. The total number of patient queries by healthcare users remained high, after the initial increase during the month of April 2017, when the requirement for prescribers to review the WI ePDMP prior to issuing a controlled substance prescription went into effect, as seen in Figure 8 below, taken from the WI ePDMP Public Statistics Dashboard.

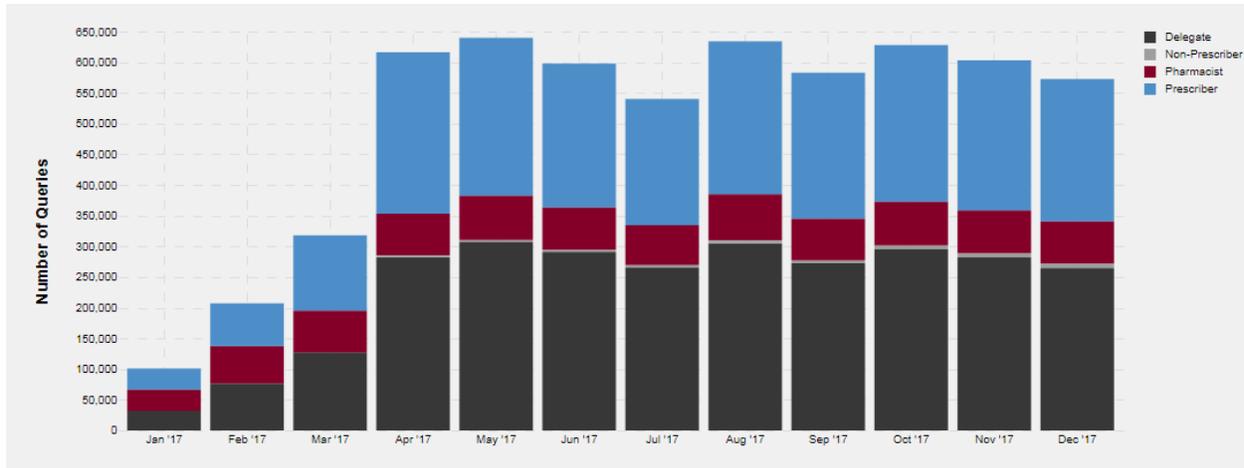


Figure 8. WI ePDMP Patient Queries by Healthcare Professionals, 2017

The daily average of queries by healthcare users reflects a similar increase during the month of April 2017, as seen in Figure 9 below. An average of over 19,000 queries were performed each day between October 1 and December 31, 2017, up from an average of approximately 6,800 queries performed per day during the first quarter of 2017.

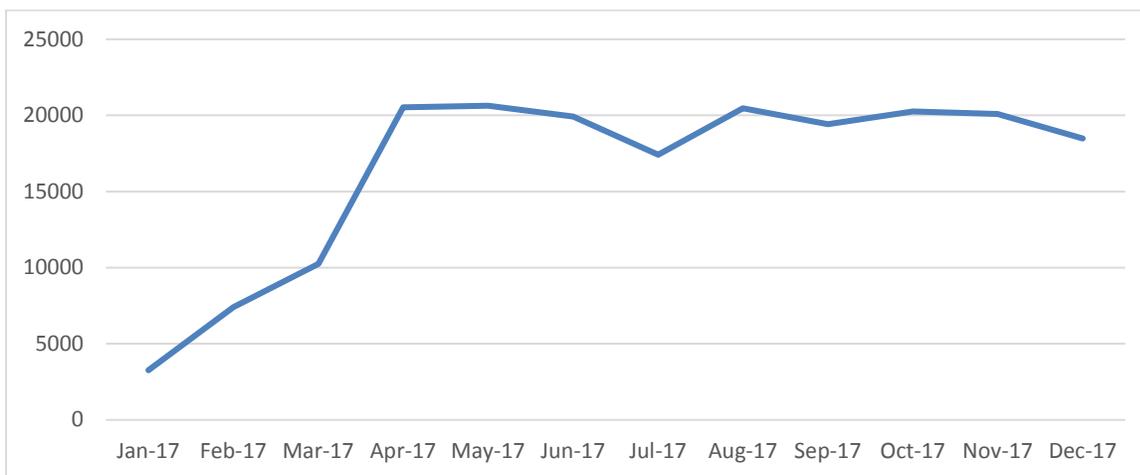


Figure 9. Average Number of Healthcare Patient Queries Per Day, 2017

The two pie charts below in Figures 10 and 11 show the breakdown of patient queries by prescribers, pharmacists, non-prescribers, and prescriber/pharmacist delegates for the first quarter of 2017 compared to the fourth quarter of 2017. The portion of queries performed by prescriber and prescriber/pharmacist delegates increased after the first quarter of 2017, and legislation allowing non-prescriber healthcare professionals, such as substance abuse counselors and individuals authorized to treat substance abuse, to register and use the PDMP went into effect on April 1, 2017.

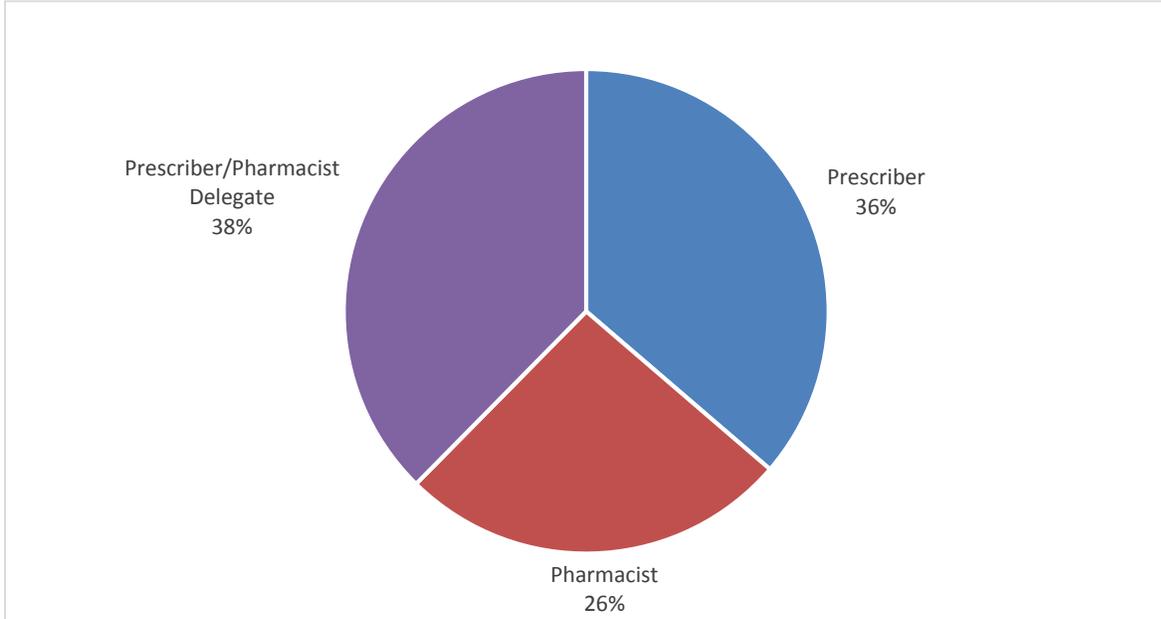


Figure 10. Patient Queries by Healthcare Users, by User Group, Q1 2017

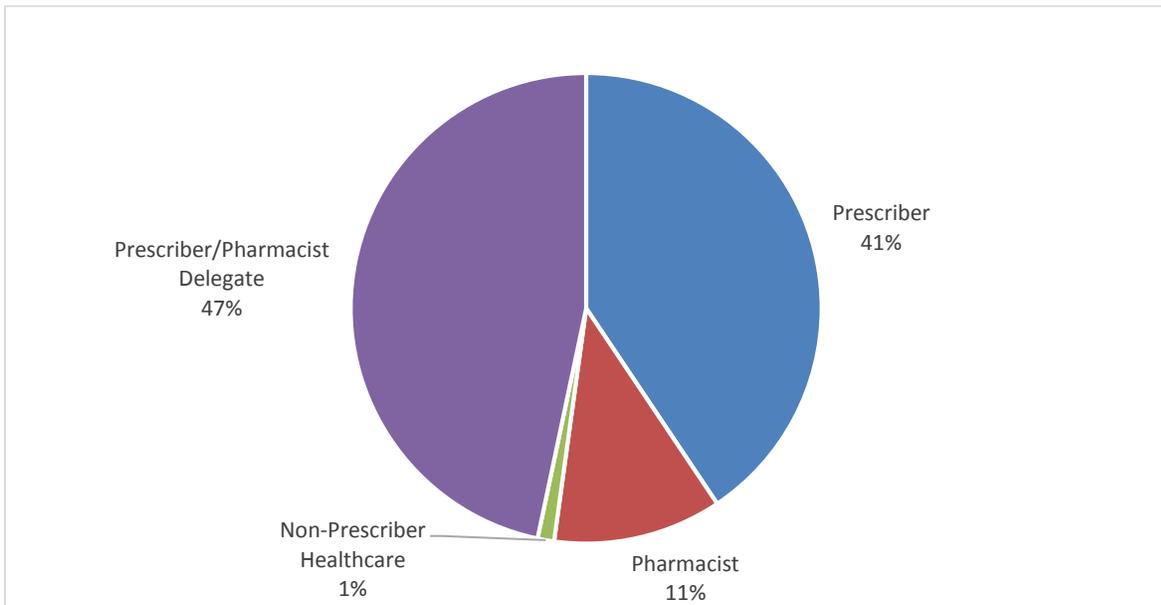


Figure 11. Patient Queries by Healthcare Users, by User Group, Q4 2017

In addition to the enhanced user interface of the WI ePDMP, a direct link to WI ePDMP patient reports from within electronic medical records (EMR) has increased the accessibility of WI ePDMP patient reports for providers within participating health systems. Users in health systems with the direct linkage are not required to navigate to a different website, log in, and enter the patient’s name and date of birth; the username and patient information are securely transferred to the PDMP behind the scenes. Users report that it can take as few as three seconds to obtain a WI ePDMP patient report in this way from the patient’s EMR. As of December 31, 2017, ten health systems had the integrated access to the PDMP from within their EMR platforms. The number of patient queries coming from the direct integration has increased steadily since April, 2017, as Figure 12 below shows. In December 2017, 33% of patient queries were through the direct integration.

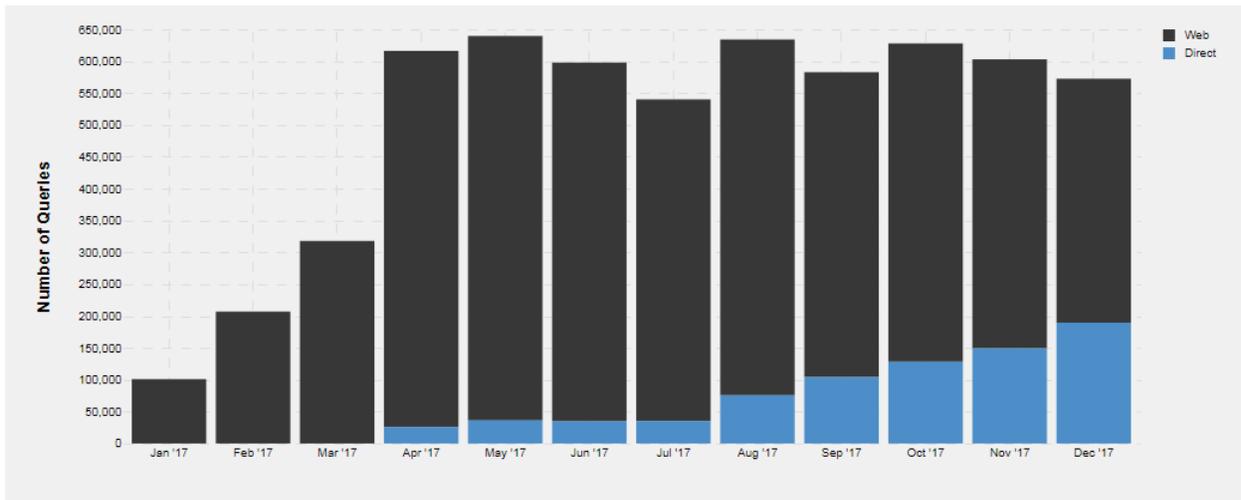


Figure 12. WI ePDMP Patient Queries, by Source, 2017

Authorized individuals from non-healthcare groups made 232 requests for PDMP data in Q4 of 2017. Figure 13 below shows that there has not been a significant increase in law enforcement requests for PDMP reports since the requirement of a court order for law enforcement access to PDMP records was removed in April 2017 pursuant to 2015 Wisconsin Act 266.

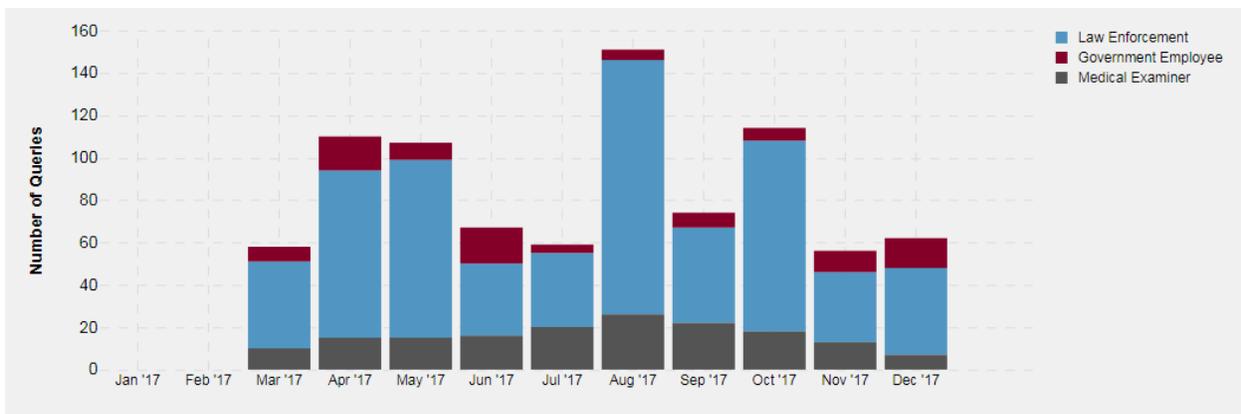


Figure 13. Non-Healthcare WI ePDMP Queries, 2017

Non-healthcare requests for PDMP reports prior to March 2017 were tracked using a different mechanism prior and therefore do not appear on the chart in Figure 13. Prior to the change in access for law enforcement in April 2017, there was an average of 58 authorized non-healthcare requests for PDMP reports per month.

# Data-Driven Alerts

The WI ePDMP application uses sophisticated data analytics to assess a patient’s controlled substance prescription history. Data-driven alerts are integral to the important task of analyzing a patient’s prescription history and bringing the most relevant information in the prescription history to the immediate attention of the user. Analytics are performed on the prescription history to identify and alert WI ePDMP users to potential indications of abuse, diversion, or overdose risk, such as high morphine milligram equivalent doses, overlapping benzodiazepine and opioid prescriptions, and multiple prescribers or dispensers.

## Doctor Shopping and Pharmacy Hopping

The WI ePDMP application uses data analytics to alert providers about patients who have obtained controlled substance prescription orders from at least 5 prescribers or received controlled substance prescription dispensings from at least 5 pharmacies or other dispensers within the previous 90 days. Note that multiple prescribers or dispensers may be associated with the same clinic, practice, or location because the PDMP does not delineate health systems. Between October 1 and December 31, 2017, the number of patients meeting the criteria for the Multiple Prescribers or Pharmacies Alert declined, with 16,674 alerts in October, 14,798 alerts in November, and 12,135 alerts in December. The average number of monthly Multiple Prescribers or Pharmacies Alerts for Q4 2017, 14,535, is down 29% compared to Q1 2017. The number of monthly alerts for all of 2017 is represented below in Figure 14, taken from the WI ePDMP Public Statistics Dashboard.

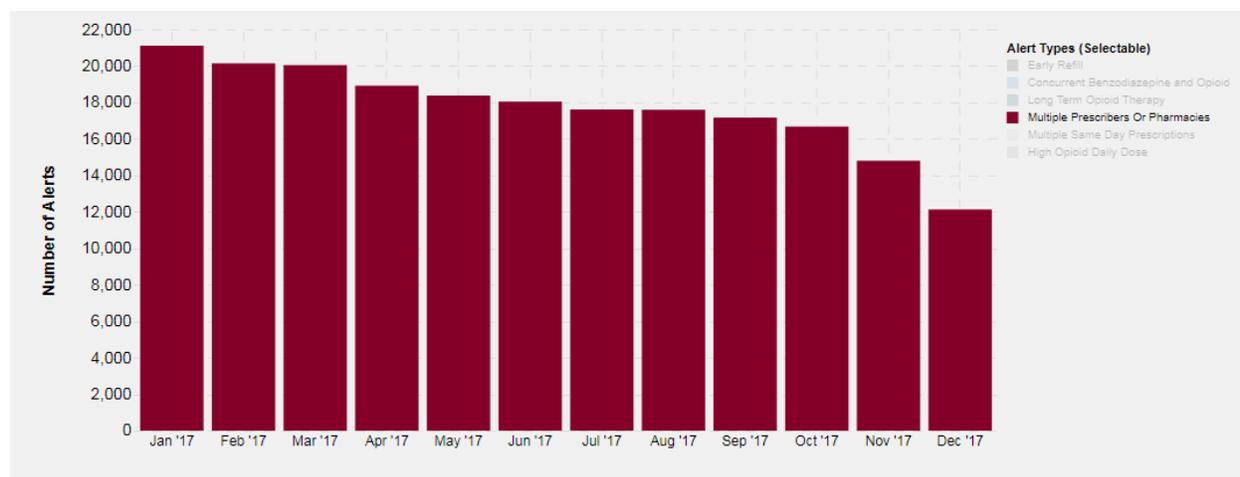


Figure 14. Multiple Prescriber or Dispenser Alerts, by Month, 2017

These alerts were not available in the WI PDMP prior to January 17, 2017. However, the criteria to meet the alerts were applied to data from previous years to give an indication of how many patients would have met the alert criteria for any given month. Figure 15 below shows the quarterly average number of patients in the WI ePDMP meeting the criteria for the Multiple Prescribers or Pharmacies Alert from January 2015 through December 2017. The Q4 2017 average of 14,535 monthly alerts is down 47% from the Q1 2015 average of 27,248 alerts per month.

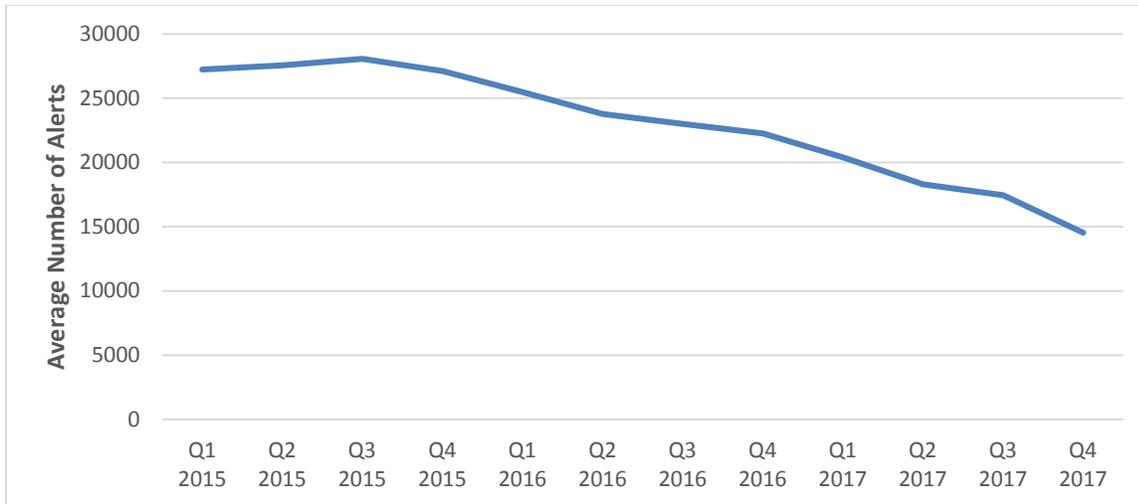


Figure 15. Average Number of Multiple Prescriber or Dispenser Alerts, by Quarter, 2015-2017

### Morphine Milligram Equivalent (MME)

The WI ePDMP application uses data analytics to alert providers about patients who have Morphine Milligram Equivalents (MME) above 90. Between October 1 and December 31, 2017, the number of patients meeting the criteria for the High Opioid Daily Dose Alert remained relatively steady over the three months, with 24,790 alerts in October, 24,071 alerts in November, and 24,410 alerts in December. The average number of monthly high MME alerts for Q4 2017, 24,424, is down 22% compared to Q1 2017. The number of monthly high MME alerts for all of 2017 is represented below in Figure 16.

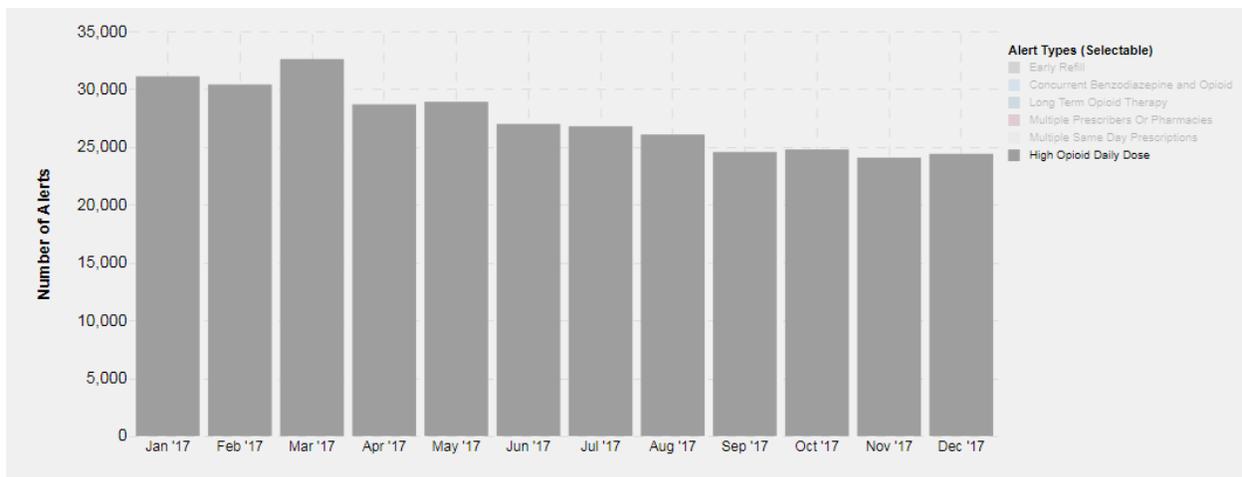


Figure 16. High Opioid Daily Dose Alerts, by Month, 2017

These alerts were not available in the WI PDMP prior to January 17, 2017. However, the criteria to meet the alerts were applied to data from previous years to give an indication of how many patients would have met the alert criteria for any given month. Figure 17 below shows the quarterly average number of patients in the WI ePDMP meeting the criteria for the High Opioid Daily Dose Alert from January 2015 through December 2017. The Q4 2017 average of 24,424 monthly alerts is down 37% from the Q1 2015 average of 38,833 alerts per month.

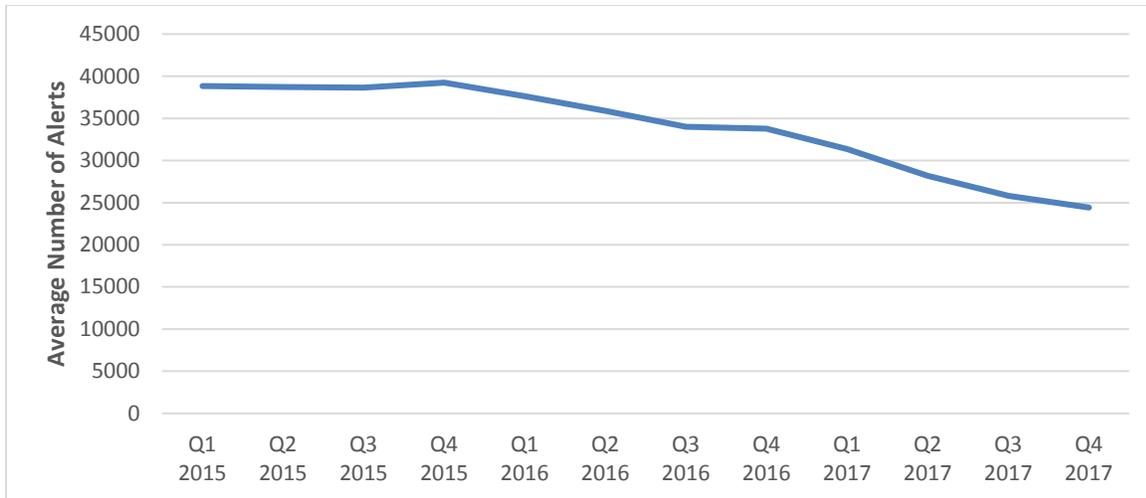


Figure 17. Average Number of High Opioid Daily Dose Alerts, by Quarter, 2015-2017

### Opioid-Benzodiazepine Overlap

The WI ePDMP application uses data analytics to alert providers about patients who have overlapping benzodiazepine and opioid prescriptions. Between October 1 and December 31, 2017, the number of patients meeting the criteria for the Concurrent Benzodiazepine and Opioid Prescription Alert remained relatively steady over the three months, with 26,366 alerts in October, 25,509 alerts in November, and 25,416 alerts in December. The average number of monthly alerts for Q4 2017, 25,764, is down 17% compared to Q1 2017. The number of monthly alerts for all of 2017 is represented below as a chart taken from the WI ePDMP Public Statistics Dashboard.



Figure 18. Concurrent Benzodiazepine and Opioid Prescription Alerts, by Month, 2017

These alerts were not available in the WI PDMP prior to January 17, 2017. However, the criteria to meet the alerts were applied to data from previous years to give an indication of how many patients would have met the alert criteria for any given month. The chart below shows the quarterly average number of patients in the WI ePDMP meeting the criteria for the Concurrent Benzodiazepine and Opioid

Prescriptions Alert from January 2015 through December 2017. The Q4 2017 average of 25,764 monthly alerts is down 30% from the Q1 2015 average of 37,026 alerts per month.

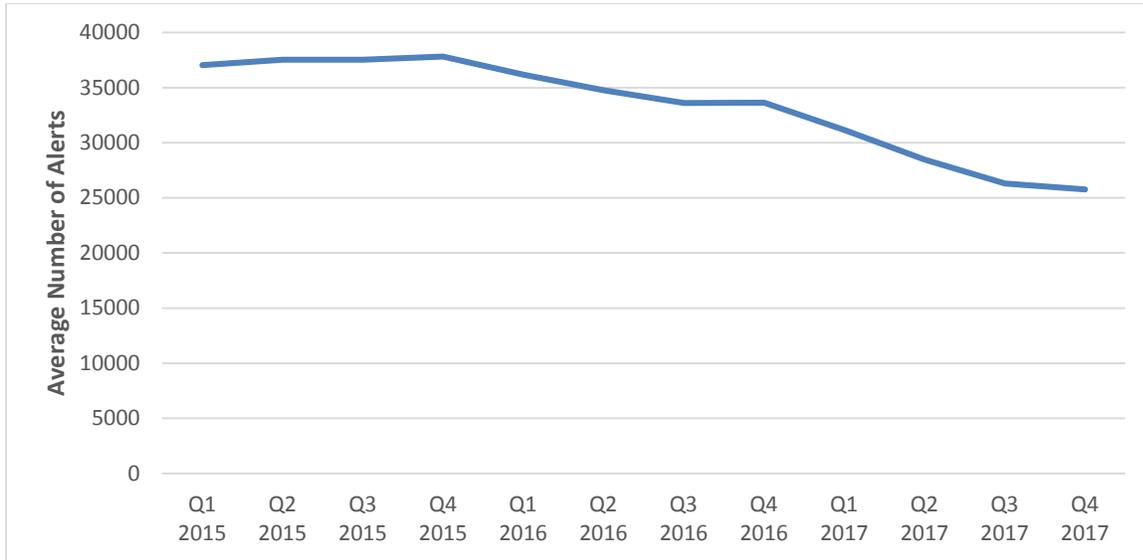


Figure 19. Average Number of Concurrent Benzodiazepine and Opioid Prescription Alerts, by Quarter, 2015-2017

# Summary

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2017 was an important year for the growth and enhancement of the Wisconsin Prescription Drug Monitoring Program as a clinical decision support tool, a prescribing practice assessment tool and a public health tool in Wisconsin's efforts to address the opioid crisis.

The number of monthly patient queries by healthcare professionals increased from approximately 100,000 queries in January 2017 to nearly 600,000 per month from April through December. The users that queried the PDMP benefitted from an enhanced user interface, including analytics driven alerts, to help support safe controlled-substance prescribing decisions. The effects are clear:

- 14% decrease in the total number of monitored drug prescriptions dispensed in 2017 compared to 2015
  - 20% decrease in the number of opioid prescriptions dispensed in 2017 compared to 2015
  - 13% decrease in the number of benzodiazepine prescriptions dispensed in 2017 compared to 2015
- 47% decrease in the average monthly doctor shopping alerts in Q4 of 2017 compared to Q1 of 2015
- 37% decrease in the average monthly high MME alerts in Q4 of 2017 compared to Q1 of 2015
- 30% decrease in the average monthly opioid-benzodiazepine alerts in Q4 2017 compared to Q1 of 2015

Additional data about these trends, including county-level detail for many of the charts, can be found on the WI ePDMP Public Statistics Dashboard (<https://pdmp.wi.gov/statistics>) under the corresponding tabs of Controlled Substance Dispensing, PDMP Utilization, and Law Enforcement Alerts.

The increased number of healthcare professionals reviewing records in the PDMP and the efforts made to present the most relevant information in the PDMP to those using it have had a positive effect on prescribing trends in Wisconsin. Future reports will show whether continued education for healthcare professionals and additional enhancements to the WI ePDMP to improve the usability of the system and its integration into healthcare workflows will continue to have an impact.



# SCOTT WALKER

OFFICE OF THE GOVERNOR

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## FOR IMMEDIATE RELEASE

March 2, 2018

Contact: Amy Hasenberg, (608) 266-2839

## Latest Report Highlights 20 Percent Decrease in Opioid Prescriptions Dispensed from 2015 to 2017

**MADISON** – The Department of Safety and Professional Services (DSPS) today released the latest report from the Controlled Substances Board (CSB) on the gains being made by the Wisconsin Prescription Drug Monitoring Program (PDMP). The report highlights that in 2017 there were 4,066,083 opioid prescriptions dispensed compared to 5,105,729 in 2015. That’s a 20 percent decrease in opioid prescriptions dispensed from 2015 to 2017, or 1,039,646 fewer prescriptions.

“Wisconsin is committed to combatting the opioid crisis and our latest report shows that our reforms are working,” Governor Walker stated. “A 20 percent decrease in opioid prescriptions shows how seriously our prescribers and law enforcement take the opioid epidemic, and I remain committed to ensuring they have the tools and resources necessary to continue their good work.”

In addition to the decrease in opioid prescriptions, the report also highlights:

- 26 percent decrease in the number of hydrocodone-acetaminophen pills dispensed in 2017 compared to 2015 dispensing data, or 25,445,488 fewer pills.
- 13 percent decrease in benzodiazepine prescriptions dispensed in 2017 compared to 2015 dispensing data, or 307,461 fewer prescriptions.
- 47 percent decrease in the average monthly doctor shopping alerts when comparing 2017 data to 2015 data. From October 1 - December 31, 2017 there was an average of 14,535 alerts per month compared to January 1 - March 31, 2015 with an average of 27,248 alerts per month.

“As I travel the state, I continue to hear how the PDMP is a tool that is changing the health care provided in Wisconsin for the better,” said DSPS Secretary Laura Gutiérrez. “Furthermore, this report highlights the gains that can be made when government and stakeholders partner together for a better Wisconsin.”

The report also includes information on the number of requests for data made by health care professionals

about their patients and the number and makeup of reports submitted by law enforcement.

The Wisconsin PDMP was deployed in June 2013 and is administered by DSPS. Since its inception, the PDMP has primarily been a tool to help health care professionals make more informed decisions about prescribing and dispensing controlled substance prescriptions to patients. It also discloses data as authorized by law to governmental and law enforcement agencies. It stores over 50 million prescription records submitted by over 2,000 pharmacies and dispensing practitioners, with an average of over 19,000 queries performed each day between October 1 and December 31, 2017.

[Click here for a copy of the CSB report.](#)

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Press Office: (608) 266-2839  
Email: [govpress@wisconsin.gov](mailto:govpress@wisconsin.gov)

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# Opioid prescriptions down 20 percent in Wisconsin

By [Wisconsin State Journal](#) on Mar 3, 2018 at 2:50 p.m.

Opioid prescriptions fell 20 percent in Wisconsin over the past three years, as doctors curbed painkiller orders amid soaring overdose deaths.

The decrease in opioids dispensed comes as doctors are scrutinizing their role in the nation's opioid abuse epidemic, sometimes telling patients to use over-the-counter painkillers instead. The state last year required doctors to start checking a database of drugs previously given to patients, to prevent "doctor shopping" for narcotics.

"Wisconsin is committed to combating the opioid crisis and our latest report shows that our reforms are working," Gov. Scott Walker said in a statement. "A 20 percent decrease in opioid prescriptions shows how seriously our prescribers and law enforcement take the opioid epidemic."

Ad



[VISIT SITE](#)

Pharmacies dispensed about 4.1 million opioid prescriptions in 2017, down from 5.1 million in 2015, according to a report Friday by the state's Controlled Substances Board.

The number of pills given out for two of the most widely prescribed opioids — hydrocodone-acetaminophen and oxycodone hydrochloride — dropped by about 24 percent combined, to 128 million pills in 2017 from 167.6 million in 2015.

Despite the drop in opioids dispensed, overdose deaths continue to climb. In Wisconsin, 827 people died from opioid overdoses in 2016, up from 614 in 2015, a 35 percent increase. The figure isn't yet available for 2017.

The opioid abuse epidemic has led medicine to undergo a cultural shift. Two decades ago, pain was recognized as a vital sign, leading doctors to prescribe more painkillers. Now, in response to overdose deaths and opioid abuse, they're holding back, sometimes recommending exercise, yoga or over-the-counter pain relief instead.

State and national guidelines encourage doctors to monitor patients on opioids with urine tests, make them sign treatment agreements and prescribe naloxone, the overdose-reversing drug, to patients on high doses of opioids.

Last April, the state started requiring doctors to check the Prescription Drug Monitoring Program when prescribing narcotics and other monitored drugs. The database has been available since 2013.

The new report by the Controlled Substances Board said prescriptions of benzodiazepines — sedatives that can also be abused, often along with opioids — dropped 13 percent from 2015 to 2017.

However, prescriptions of stimulants went up 9 percent from 2014 to 2017, despite a slight decrease last year.

**State of Wisconsin  
Department of Safety & Professional Services**

**AGENDA REQUEST FORM**

<b>1) Name and Title of Person Submitting the Request:</b>  Sharon Henes Administrative Rules Coordinator		<b>2) Date When Request Submitted:</b>  2/26/18 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
<b>3) Name of Board, Committee, Council, Sections:</b>  Controlled Substances Board			
<b>4) Meeting Date:</b>  3/9/18	<b>5) Attachments:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>6) How should the item be titled on the agenda page?</b> Annual Report on Distribution and Abuse of Controlled Substances, Including Recommendations For Improving Control and Prevention of the Diversion of Controlled Substances	
<b>7) Place Item in:</b> <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both		<b>8) Is an appearance before the Board being scheduled?</b>  <input type="checkbox"/> Yes ( <a href="#">Fill out Board Appearance Request</a> ) <input type="checkbox"/> No	<b>9) Name of Case Advisor(s), if required:</b>
<b>10) Describe the issue and action that should be addressed:</b>          			
<b>11) Authorization</b>			
<p style="font-size: 1.2em; font-family: cursive;"><i>Sharon Henes</i></p>			
Signature of person making this request			Date
Supervisor (if required)			Date
Executive Director signature (indicates approval to add post agenda deadline item to agenda)			Date
<b>Directions for including supporting documents:</b> 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			