



CONTROLLED SUBSTANCES BOARD
Room N208, 4822 Madison Yards Way, 2nd Floor, Madison
Contact: Christian Albouras (608) 266-2112
September 13, 2019

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

10:30 A.M.

OR IMMEDIATELY FOLLOWING THE REFERRAL CRITERIA WORK GROUP MEETING
OPEN SESSION – CALL TO ORDER – ROLL CALL

- A. Adoption of Agenda (1-3)**
- B. Approval of Minutes**
 - 1. July 12, 2019 **(4-6)**
 - 2. August 5, 2019 – Teleconference **(7)**
- C. Administrative Matters - Discussion and Consideration**
 - 3. Department, Staff and Board Updates
 - 4. Board Members
- D. Prescription Drug Monitoring Program (PDMP) Update – Discussion and Consideration**
 - 1. WI ePDMP Operations **(8)**
 - a. Recent and Upcoming Releases **(9)**
 - b. Interstate Data Sharing
 - i. PMPi and RxCheck Active
 - ii. WI Currently Sharing Data with 22 State PDMPs
 - c. EHR Integration Status **(10)**
 - i. 17 Health Systems Currently Live
 - ii. 1 Health System Finalizing Contracting, to Begin Testing
 - iii. Several Other Health Systems Have Inquired/Expressed Interest
 - 2. Quarterly Report Q2 2019 **(11-25)**
 - 3. WI ePDMP Outreach Calendar **(26-39)**
 - a. Outreach Event Materials
 - 4. Dispenser Compliance Audit **(40-42)**
 - a. Dispenser Outreach Letters
 - 5. Referral Criteria Work Group Report
- E. Legislative and Administrative Rule Matters – Discussion and Consideration (43)**
 - 1. Update on Status of DEA Removal of 6 β -naltrexol from Control

2. Listing Noroxymorphone in Schedule II **(44)**
3. CSB 2.67 Scope Relating to Scheduling Brexanolone & Solriamfetol **(45-46)**
4. CSB 2.68 Scope Relating to Scheduling N-Ethylhexedrone, a-PHP, 4-MEAP, MPHP, PV8, and 4-Chloro-a-PVP **(47-48)**
5. CSB 3 Relating to Special Use Authorizations **(49-50)**
6. CSB 4 Relating to Operation of Prescription Drug Monitoring Program 8/27/19 **(51)**
7. Executive Order # 228 – Annual Law Enforcement Hearing Planning
8. Legislation and Pending or Possible Rulemaking Projects

F. Board Member Reports

1. Medical Examining Board – Timothy Westlake
2. Dentistry Examining Board – Leonardo Huck
3. Board of Nursing – Peter Kallio
4. Pharmacy Examining Board – John Weitekamp

G. Liaison Reports

1. State Council on Alcohol and Other Drug Abuse (SCAODA) Liaison – Subhadeep Barman
2. Special Use Authorizations Liaisons – Yvonne Bellay and Alan Bloom

H. Deliberation on Special Use Authorizations (SUA) Applications

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

1. Introductions, Announcements, and Recognition
2. Administrative Matters
3. Election of Officers
4. Appointment of Liaisons and Alternates
5. Delegation of Authorities
6. Informational Items
7. Division of Legal Services and Compliance (DLSC) Matters
8. Education and Examination Matters
9. Credentialing Matters
10. Practice Matters
11. Legislative and Administrative Rule Matters
12. Liaison Reports
13. Appearances from Requests Received or Renewed
14. Speaking Engagements, Travel, or Public Relations Requests, and Reports
15. Consulting with Legal Counsel

J. 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 individual histories or disciplinary data (s. 19.85(1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.).

K. Deliberation on SUA Applications

L. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

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

N. Open Session Items Noticed Above Not Completed in the Initial Open Session

ADJOURNMENT

NEXT MEETING: NOVEMBER 15, 2019

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 4822 Madison Yards Way, 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
MEETING MINUTES
JULY 12, 2019**

PRESENT: Subhadeep Barman (*left at 12:12 p.m.*), Alan Bloom (*arrived at 10:40 a.m.*), Yvonne Bellay, Doug Englebert, Leonardo Huck, Peter Kallio, Sandy Koresch, John Weitekamp, Timothy Westlake

STAFF: Christian Albouras, Executive Director; Sharon Henes, Administrative Rules Coordinator; Cecelia McDermott, Operations Program Assistant; and other DSPS Staff

CALL TO ORDER

Doug Englebert, Chairperson, called the meeting to order at 10:38 a.m. A quorum of eight (8) members was confirmed.

ADOPTION OF AGENDA

Amendments to the Agenda:

- Open Session: Move agenda item “F. Special Use Authorizations Application Procedures – Discussion and Consideration” Before agenda item “E. Legislative and Administrative Rule Matters – Discussion and Consideration”

MOTION: Timothy Westlake moved, seconded by Peter Kallio, to adopt the Agenda as amended. Motion carried unanimously.

APPROVAL OF MINUTES OF MAY 10, 2019

Amendments to the Minutes:

MOTION: Peter Kallio moved, seconded by Yvonne Bellay, to approve the Minutes of May 10, 2019 as published. Motion carried unanimously.

LEGISLATIVE AND ADMINISTRATIVE RULE MATTERS

Scheduling Brexanolone and Solriamfetol

MOTION: Peter Kallio moved, seconded by Yvonne Bellay, to schedule by affirmative action Brexanolone and Solriamfetol. The order shall take effect on July 22, 2019 to allow for publication in the Administrative Register. Motion carried unanimously.

Scope Statement Designating Gabapentin as a Monitored Controlled Substance

MOTION: Subhadeep Barman moved, seconded by John Weitekamp, to approve the Scope Statement revising CSB 4, relating to designating Gabapentin as a monitored drug, for submission to the Department of Administration and

Governor's Office and for publication. Additionally, the Board authorizes the Chairperson to approve the Scope Statement for implementation no less than 10 days after publication. Motion carried unanimously.

Executive Order #228 – Annual Law Enforcement Hearing Planning

MOTION: Leonardo Huck moved, seconded by Yvonne Bellay, to schedule a hearing with law enforcement agencies, pursuant to Executive Order #228, prior to the Controlled Substances Board Meeting on November 15, 2019. Motion carried unanimously.

SPECIAL USE AUTHORIZATIONS APPLICATION PROCEDURES

MOTION: Timothy Westlake moved, seconded by Sandy Koresch, to delegate Yvonne Bellay and Alan Bloom to meet with Executive Director, Board Counsel, and Department staff to discuss possible improvements and concerns regarding the Special Use Authorization approval process. Motion carried unanimously.

CONVENE TO CLOSED SESSION

MOTION: Alan Bloom moved, seconded by Yvonne Bellay, 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 individual histories or disciplinary data (s. 19.85(1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.). Doug Englebert, Chairperson, read aloud the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Subhadeep Barman-yes; Yvonne Bellay-yes; Alan Bloom-yes; Doug Englebert-yes; Leonardo Huck-yes; Peter Kallio-yes; Sandy Koresch-yes; John Weitekamp-yes; and Timothy Westlake-yes. Motion carried unanimously.

The Board convened to Closed Session at 11:55 a.m.

SPECIAL USE AUTHORIZATIONS

Jean Lord – SUA Renewal

MOTION: Peter Kallio moved, seconded by Timothy Westlake, to deny the renewal application of Jean Lord for a Special Use Authorization. Reason for denial: incomplete application. Motion carried.

(Sandy Koresch recused herself and left the room for deliberation and voting in the matter concerning Jean Lord, Special Use Authorization Renewal Applicant, SUA #696.)

RECONVENE TO OPEN SESSION

MOTION: Alan Bloom moved, seconded by Leonardo Huck, to reconvene into Open Session. Motion carried unanimously.

The Board reconvened into Open Session at 12:31 p.m.

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

MOTION: Yvonne Bellay moved, seconded by a board member, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

ADJOURNMENT

MOTION: Peter Kallio moved, seconded by Timothy Westlake, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 12:31 p.m.

DRAFT

**TELECONFERENCE/VIRTUAL
CONTROLLED SUBSTANCES BOARD
MEETING MINUTES
AUGUST 5, 2019**

PRESENT: Doug Englebert, Peter Kallio, Subhadeep Barman, Alan Bloom, John Weitekamp

EXCUSED: Yvonne Bellay, Leonardo Huck, Sandy Koresch, Timothy Westlake

STAFF: Christian Albouras, Executive Director; Sharon Henes, Administrative Rules Coordinator; Gayle Nimmerguth, Bureau Assistant; and other DSPS Staff

CALL TO ORDER

Doug Englebert, Chairperson, called the meeting to order at 2:15 p.m. A quorum of five (5) members was confirmed.

ADOPTION OF AGENDA

MOTION: Alan Bloom moved, seconded by John Weitekamp, to adopt the agenda as published. Motion carried unanimously.

LEGISLATIVE AND ADMINISTRATIVE RULE MATTERS

Scheduling N-Ethylhexedrone, a-PHP, 4-PHP, 4-MEAP, MPHP, PV8 and 4-Chloro-a-PVP

MOTION: Peter Kallio moved, seconded by John Weitekamp, to schedule by affirmative action N-Ethylhexedrone, a-PHP, 4-PHP, 4-MEAP, MPHP, PV8 and 4-Chloro-a-PVP as a Schedule I controlled substances, and to authorize the Chairperson to approve the affirmative action order. The order shall take effect on August 18, 2019 to allow for publication in the Administrative Register. Motion carried unanimously.

ADJOURNMENT

MOTION: John Weitekamp moved, seconded by Peter Kallio, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 2:19 p.m.

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Andrea Magermans		2) Date When Request Submitted: 8/30/2019 <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>	
3) Name of Board, Committee, Council, Sections: Controlled Substances Board			
4) Meeting Date: 9/13/2019	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Prescription Drug Monitoring Program (PDMP) Update – Discussion and Consideration	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: <ol style="list-style-type: none"> 1. WI ePDMP Operations <ol style="list-style-type: none"> a. Recent and Upcoming Releases b. Interstate data sharing <ol style="list-style-type: none"> i. PMPi and RxCheck active ii. WI currently sharing data with 22 state PDMPs c. EHR Integration Status <ol style="list-style-type: none"> i. 17 health systems currently live ii. 1 health system finalizing contracting, to begin testing iii. Several other health systems have inquired/expressed interest 2. Quarterly Report Q2 2019 3. WI ePDMP Outreach Calendar <ol style="list-style-type: none"> a. Outreach event materials 4. Dispenser Compliance Audit <ol style="list-style-type: none"> a. Dispenser outreach letters 5. Referral Workgroup 			
11) Signature of person making this request Andrea Magermans 8/30/19		Authorization	Date
Supervisor (if required)		Date	Executive Director signature (indicates approval to add post agenda deadline item to agenda)
Directions for including supporting documents: <ol style="list-style-type: none"> 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. 			

Wisconsin ePDMP

2019-2020 Development and Release Summary

updated 8.30.2019

Release Date	Description
Pending	
<p>R18 July 2020 (tentative)</p>	<p>New Design Enhancements</p> <ul style="list-style-type: none"> • Updated layout and design of Patient Report including alerts and dispensing details, based on user feedback • Opioid naïve alert • Additional data elements for Patients Panel • MME calculator • Better access to history of recent Patient Reports for Delegates • Additional data element on overdose alerts entered by law enforcement to capture administration of Naloxone <p>Additional EHR Enhancements</p> <ul style="list-style-type: none"> • Expanded navigation from within EHR • Multi-state default settings
<p>R17 March 2020 (tentative)</p>	<p>Pharmacy-Related Enhancements</p> <ul style="list-style-type: none"> • Improvements to workflow for error corrections/void • Display of Date Sold, if provided in the submission <p>Additional EHR Enhancements</p> <ul style="list-style-type: none"> • Expanded patient search from within EHR
<p>R16 Dec 2019 (tentative)</p>	<p>EHR Enhancements</p> <ul style="list-style-type: none"> • Additional state query from within the EHR, as contractually allowable (initially RxCheck states only) • Delegate Management ability from within HER
Completed	
<p>R15.1 Sept 2019</p>	<p>Performance improvements for Medical Coordinator role</p>
<p>R15 Aug 2019</p>	<p>User Management Enhancements</p> <ul style="list-style-type: none"> • Annual acceptance of Term and Conditions of the WI ePDMP • Renewal process for Medical Coordinator access to metrics • Periodic review of linked delegates
<p>R14 April 2019</p>	<p>RxCheck</p> <ul style="list-style-type: none"> • Technical tasks to establish connection to RxCheck interstate data sharing hub
<p>R12 and R13 March 2019</p>	<p>Data Quality Software Stability Work</p> <ul style="list-style-type: none"> • Technical tasks to simplify workflows and improve identification/resolution of workflow issues
<p>R11 February 2019</p>	<p>DHS Extract</p> <ul style="list-style-type: none"> • Addition of patient geocode latitude and longitude <p>Quality Assurance and Support Items</p>

Wisconsin ePDMP EHR Single-Sign-On Summary

updated 8.30.2019

Pending Health Systems
HealthPartners (contracting)
Connected Health Systems
Aspirus Health Care
Aurora Health Care
Children's Hospital of Wisconsin
Froedtert & the Medical College of Wisconsin
GHC of South Central Wisconsin
Gundersen Health System
HSHS / Prevea Health
Marshfield Clinic
Mayo Clinic
Mercyhealth
Monroe Clinic
ProHealth Care
SSM Health
Thedacare
UnityPoint
UW Health
WISHIN



Controlled Substances Board



WISCONSIN | ePDMP

Report 9

Quarter 2

April 1 – June 30, 2019

Contact Information

Wisconsin Controlled Substances Board

Chairperson: Doug Englebert

Members:

Englebert, Doug, Chairperson	Department of Health Services Designated Member
Bloom, Alan, Vice Chairperson	Pharmacologist
Bellay, Yvonne M., Secretary	Department of Agriculture, Trade and Consumer Protection Designated Member
Barman, Subhadeep	Psychiatrist
Huck, Leonardo	Dentistry Examining Board Representative
Kallio, Peter J.	Board of Nursing Representative
Weitekamp, John	Pharmacy Examining Board Representative
Koresch, Sandy	Attorney General Designee
Westlake, Timothy W.	Medical Examining Board Representative

Wisconsin Department of Safety and Professional Services

4822 Madison Yards Way

Madison, WI 53705

608-266-2112

DSPS@wisconsin.gov

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

Wisconsin Prescription Drug Monitoring Program

PDMP@wisconsin.gov

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

Table of Contents

Introduction 4

User Satisfaction 5

Impact on Referrals for Investigation 6

Monitored Prescription Drug Dispensing Trend 7

Data-Driven Alerts..... 10

Disclosure of WI PDMP Data..... 12

Law Enforcement Reports..... 14

Summary 15

Introduction

This report is being provided pursuant to ss. 961.385 (5) – (6), Wis. Stats., which requires the Controlled Substances Board (CSB) to submit a quarterly report to the Wisconsin Department of Safety and Professional Services (DSPS) about the Wisconsin Prescription Drug Monitoring Program (WI PDMP). This report is intended to satisfy that requirement for the second quarter of 2019 and will primarily focus on analysis of PDMP data from Q2 2019 and the preceding 12 months. For annual analysis of the WI PDMP from 2015 through 2018, see the Q4 2018 report found at <https://dsps.wi.gov/Pages/BoardsCouncils/CSB/Reports.aspx>.

The WI PDMP was first deployed in June 2013. It is administered by DSPS pursuant to the regulations and policies established by the CSB. An enhanced system, the WI ePDMP, was launched in January 2017, allowing the WI PDMP 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. Effective April 1, 2017, prescribers are required to check the WI ePDMP prior to issuing a prescription order for a monitored prescription drug, defined as controlled substance prescription drugs in Schedules II-V.

The WI ePDMP Public Statistics Dashboard (<https://pdmp.wi.gov/statistics>) provides interactive data visualizations for much of the data contained in this report, including county-level data for many of the charts.

User Satisfaction

A WI ePDMP user satisfaction survey was conducted in April 2018, and detailed results of the survey were provided in the Q2 2018 report. In brief, the survey was sent to approximately 30,000 registered healthcare professionals and had a response rate of 20%. The survey indicated that most users are satisfied with the WI ePDMP, with 77% percent of respondents providing responses of either “Satisfied” or “Very Satisfied.”

User-led enhancements identified through the initial survey and refined via a subsequent user survey in January 2019 are being prioritized for the 2019 and 2020 development timeline. These enhancements include:

- Streamlining the Patient Report to expand the use of visualization, reduce the need to scroll through the page, and add detail available in the dispensing detail;
- Improving the error correction/record voiding process used by dispensers to correct or void a previously reported dispensing record.

User-group feedback will continue to be utilized throughout the development process to ensure enhancements meet the needs of the WI ePDMP users. Additional user satisfaction survey will be conducted after implementation of the enhancements.

Impact on Referrals for Investigation

Pursuant to s. 961.385 (2) (f) and (3) (c), Wis. Stats., the CSB may disclose PDMP data to a licensing or regulatory board and refer for discipline a pharmacist, pharmacy, or practitioner who fails to comply with the rules of the Prescription Drug Monitoring Program or if circumstances indicate suspicious or critically dangerous conduct or practices of a pharmacy, pharmacist, practitioner, or patient. In 2018, the CSB Referral Criteria Workgroup was formed to develop recommendations for how the CSB could define suspicious or critically dangerous conduct or practices.

Based on the initial recommendations, the Wisconsin Medical Examining Board (MEB), Dentistry Examining Board (DEB), and Board of Nursing (BON) received summaries of the PDMP dispensing data specific to their professions at their meetings in the fall of 2018. The data focused on opioid dispensing volume for the six-month time period of December 1, 2017 through May 31, 2018. Based on the data presented, the following actions occurred:

- The top seven physician (MD/DO) prescribers and the top seven physician assistant (PA) prescribers, based on opioid dispensing volume for the six-month period, were referred to the MEB.
- The top four dentistry prescribers, based on opioid dispensing volume for the six-month period, were referred to the DEB. An additional 12 dentistry prescribers were referred from the highest 1% of opioid prescribers for the profession for having written prescriptions for over three days without any indication of use of the WI ePDMP.
- The top four Advanced Practice Nurse Prescribers (APNP), based on opioid dispensing volume for the six-month time period, were referred to the BON. The BON requested additional targeted outreach to over 800 APNPs who had an estimated WI ePDMP usage of less than 50% in an effort to educate these prescribers about the requirement to use the PDMP, as well as the tools available in the PDMP that can help promote safe prescribing practices.

The investigation of the referred prescribers is ongoing, through the DSPS Division of Legal Services and Compliance.

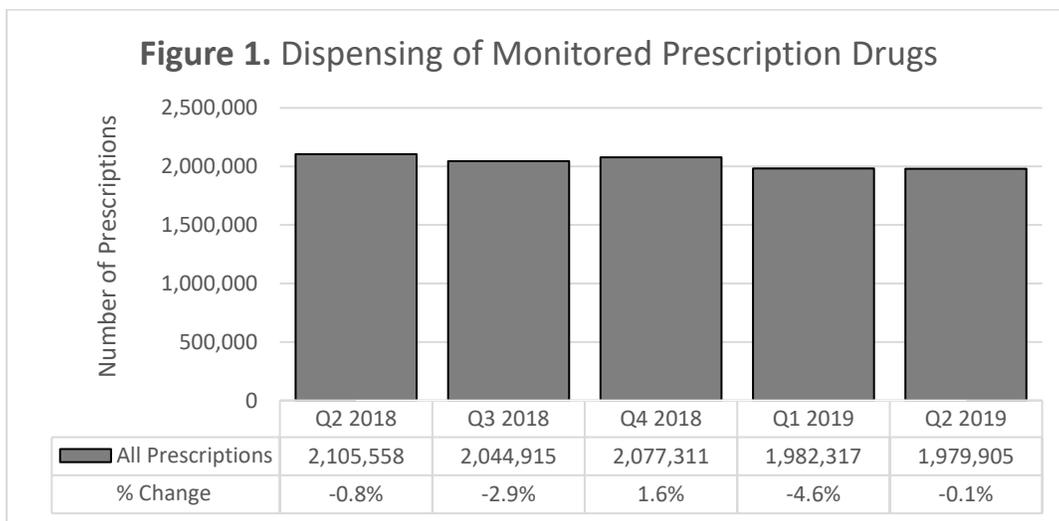
The CSB Referral Criteria Workgroup continues to meet in 2019 to refine the process for using PDMP data to proactively monitor licensees and their prescribing practices for suspicious or critically dangerous conduct or practices and to determine when such activity should result in a referral to the appropriate licensing board. Results of the current investigations will also be used by the CSB Referral Criteria Workgroup to guide the process of proactive monitoring and referrals.

Additionally, the CSB conducts monthly audits of dispenser requirements with the requirement to submit dispensing data to the WI PDMP. Targeted outreach efforts are made in an attempt to bring all licensed pharmacies into compliance. Pharmacies that remain out of compliance after multiple outreach attempts are referred to the Pharmacy Examining Board (PEB). In Q2 2019, 46 pharmacies were referred to the PEB for possible noncompliance.

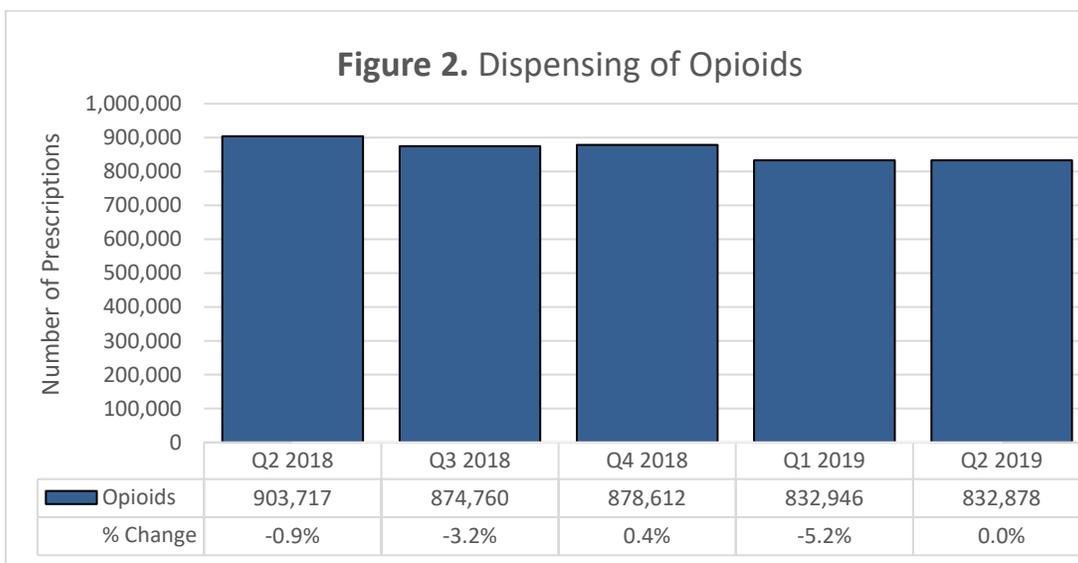
Monitored Prescription Drug Dispensing Trend

Overall, the trend of decreased dispensing of monitored prescription drugs, defined as controlled substances in schedules II through V, continues in Wisconsin. Beginning in Q1 2016, the dispensing of both opioids and benzodiazepines has decreased each quarter. The dispensing of stimulants has been variable by quarter, with no overall significant change in dispensing volume since the beginning of 2016.

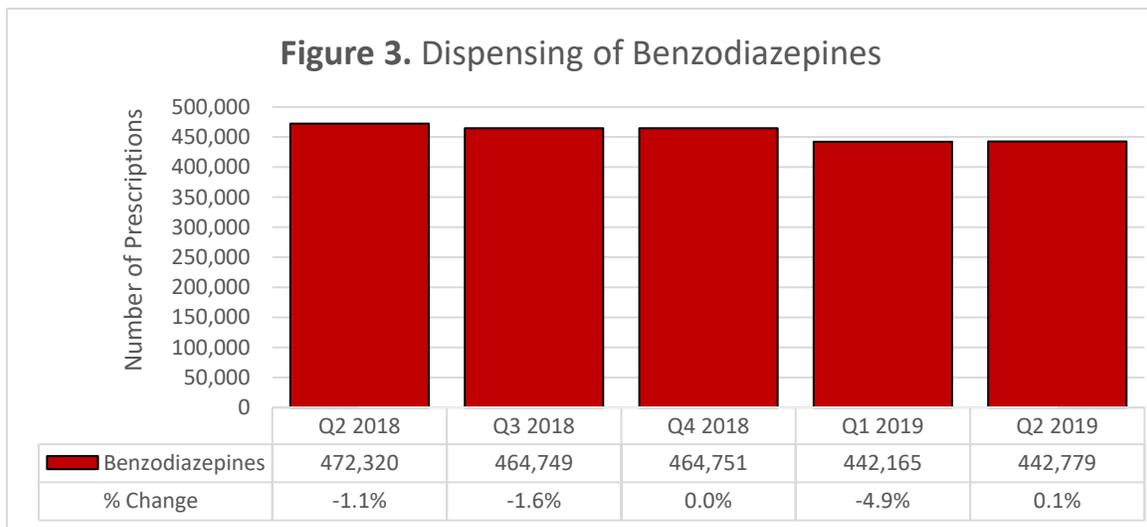
From Q1 2019 to Q2 2019 specifically, there was a minimal reduction in the total number of all monitored prescription drugs dispensed. Overall, there has been a 6% reduction from the dispensing levels of Q2 2018.



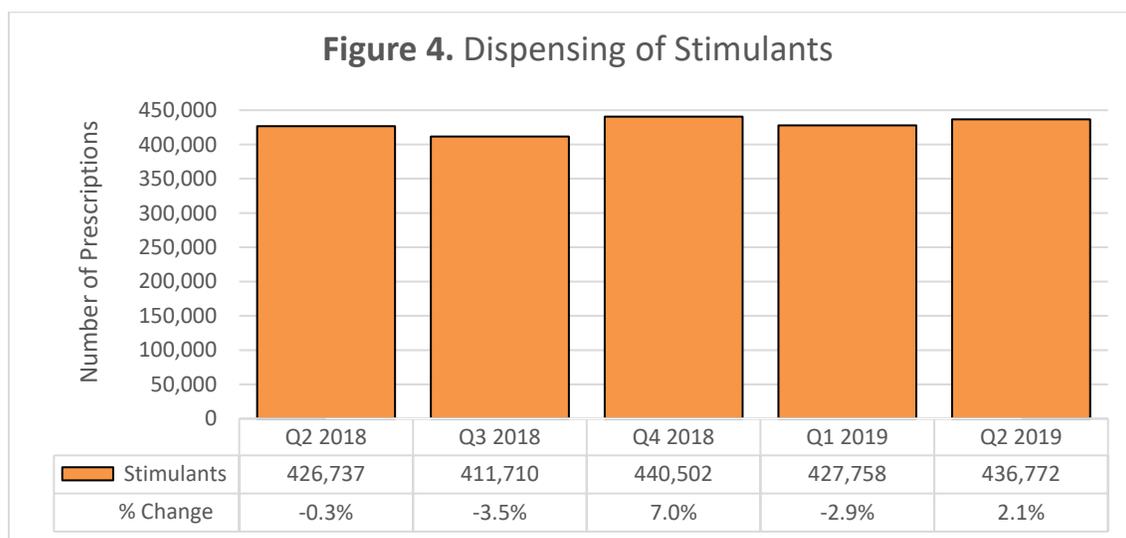
When considering specific classes of monitored drugs, data from the PDMP show that opioid dispensing from Q1 2019 to Q2 2019 remained effectively the same, with a decrease of only 68 prescription dispensings. This still equates to a nearly 8% reduction from the dispensing levels of Q2 2018.



Benzodiazepine dispensing from Q1 2019 to Q2 2019 increased slightly, by less than 1%. This still equates to an overall 6% reduction from the dispensing levels of Q2 2018.



Dispensing of stimulants continues to fluctuate quarterly between increased and decreased dispensing. Dispensing for Q2 2019 increased by 2% from Q1 2019. Overall, dispensing of stimulants is up 2% from the dispensing levels of Q2 2018.

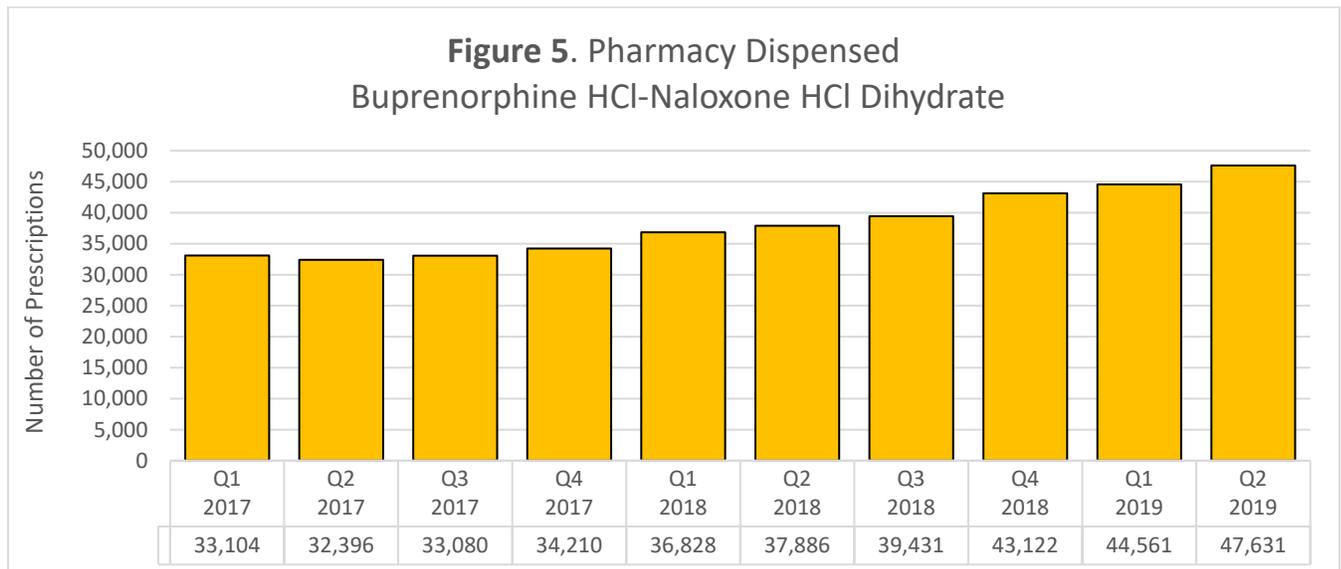


Top 15 Dispensed Monitored Prescription Drugs

Table 1 below shows the top 15 most dispensed monitored prescription drugs in Q2 2019 compared to Q1 2019, ranked in order of the number of prescriptions dispensed in Q2 2019. The top 15 drugs make up just over 88% of the dispensing of monitored prescription drugs for any given quarter.

	Drug Name	Drug Class	Q1 2019 Dispensing	Q2 2019 Dispensing	Percent Change
1	Hydrocodone-Acetaminophen	Opioid	273,433	273,722	0.1%
2	Amphetamine-Dextroamphetamine	Stimulant	196,595	201,975	2.7%
3	Tramadol HCl	Opioid	166,730	170,678	2.4%
4	Lorazepam	Benzodiazepine	138,998	138,908	-0.1%
5	Alprazolam	Benzodiazepine	134,266	134,492	0.2%
6	Oxycodone HCl	Opioid	130,541	129,054	-1.1%
7	Clonazepam	Benzodiazepine	115,643	116,198	0.5%
8	Zolpidem Tartrate	Other	109,582	109,037	-0.5%
9	Lisdexamfetamine Dimesylate	Stimulant	95,789	98,263	2.6%
10	Methylphenidate HCl	Stimulant	96,697	97,491	0.8%
11	Oxycodone w/ Acetaminophen	Opioid	86,402	83,697	-3.1%
12	Pregabalin	Other	57,650	59,815	3.8%
13	Buprenorphine HCl-Naloxone HCl Dihydrate	Opioid	44,561	47,631	6.9%
14	Diazepam	Benzodiazepine	46,636	46,712	0.2%
15	Morphine Sulfate	Opioid	41,542	40,842	-1.7%

One notable trend in the top 15 drugs is that the dispensing of Buprenorphine HCl-Naloxone HCl Dihydrate, one of the medications commonly used as part of Medication-Assisted Treatment (MAT) for opioid use disorder, continues to rise. Note that this does not include dispensings that occur at an opioid treatment program due to federal regulation 42 CFR Part 2, which prohibits federally funded opioid treatment programs from submitting dispensing data to state PDMPs. Buprenorphine HCl-Naloxone HCl Dihydrate moved into the 15th spot of the most dispensed monitored prescription drugs in Q3 2018 and is rose to the 13th most dispensed monitored prescription drug in Q2 2019, with an increase of nearly 7% from Q1 2019 to Q2 2019, which equates to an increase of almost 26% in the past 12 months.



Data-Driven Alerts

The WI ePDMP application performs sophisticated data analytics on a patient's prescription history to assess the patient's monitored prescription drug history and to 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. Data-driven alerts are presented on the patient report as way to call attention to specific detail from the dispensing data.

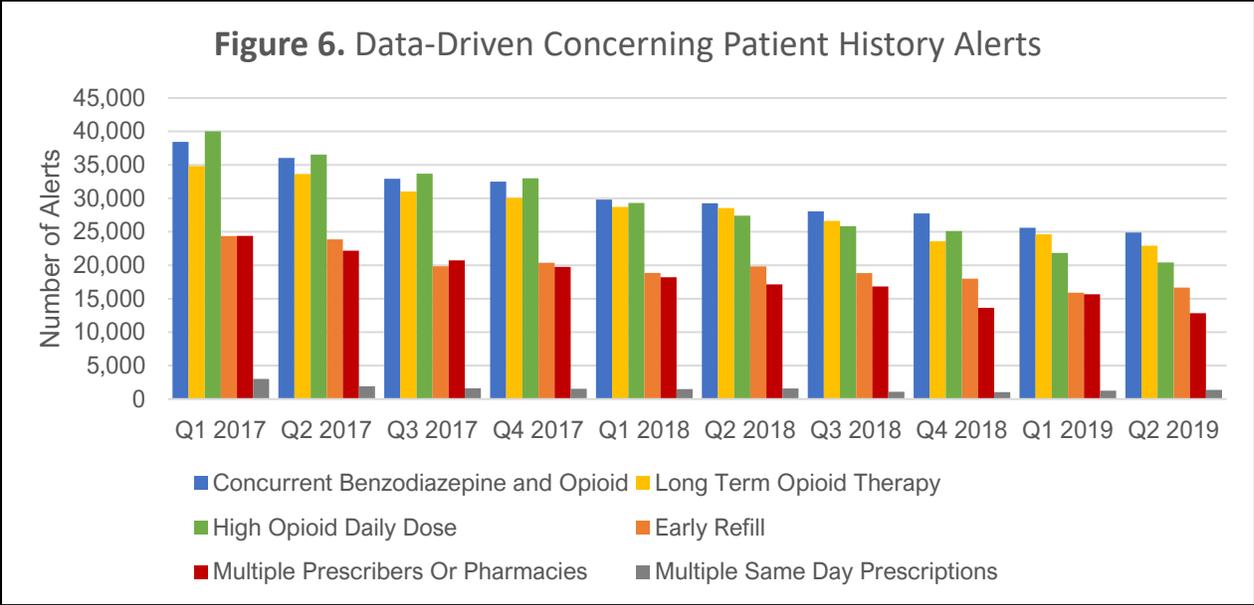
The 6 types of data-driven concerning patient history alerts are:

1. **Concurrent Benzodiazepine and Opioid Prescription Alert**, which indicates when a patient's active current prescriptions include both an opioid and a benzodiazepine, a combination that significantly increases the patient's risk of overdose.
2. **Long-Term Opioid Therapy with Multiple Prescribers Alert**, which indicates when a patient has been prescribed at least one opioid prescription from two or more prescribers for 90 or more days.
3. **High Current Daily Dose of Opioids Alert**, which indicates when a patient's active current prescriptions are estimated to provide a daily dose of opioids that exceeds 90 morphine milligram equivalent (MME), thereby increasing the patient's risk of overdose.
4. **Early Refill Alert**, which indicates when a patient has refilled a controlled substance prescription two or more days earlier than the expected refill date based on the estimated duration of the prescription calculated and reported by the pharmacy.
5. **Multiple Prescribers or Pharmacies Alert**, which indicates that the patient has obtained prescriptions from at least five prescribers or five pharmacies within the previous 90 days. The five prescribers or dispensers may be associated with the same clinic, practice or location, but the WI ePDMP still views them as separate prescribers/dispensers. This alert is not a direct indication of doctor shopping; it is simply a flag for further inspection of the dispensing history.
6. **Multiple Same Day Prescriptions Alert**, which indicates when a patient has received the same controlled substance drug from multiple prescribers or pharmacies on the same day.

Overall, there was a 5.6% reduction in the number of concerning patient history alerts generated by analytics of the dispensing data from Q1 2019 to Q2 2019. Specifically, the alerts for Multiple Prescribers or Pharmacies, an alert that may be an indication of "doctor shopping," decreased in occurrence by 18%. The occurrence of both High Opioid Daily Dose and Long-Term Opioid Therapy alerts decreased by nearly 7%, and Concurrent Benzodiazepine and Opioid alerts decreased by 3%. There was again a slight increase in frequency of occurrence for Multiple Same Day Prescriptions in Q2 2019; however, when compared to Q1 2017, the occurrence rate for that alert type has decreased by over 50%. This is also the least frequent of alert types, making up only approximately 1% of all data-driven alerts.

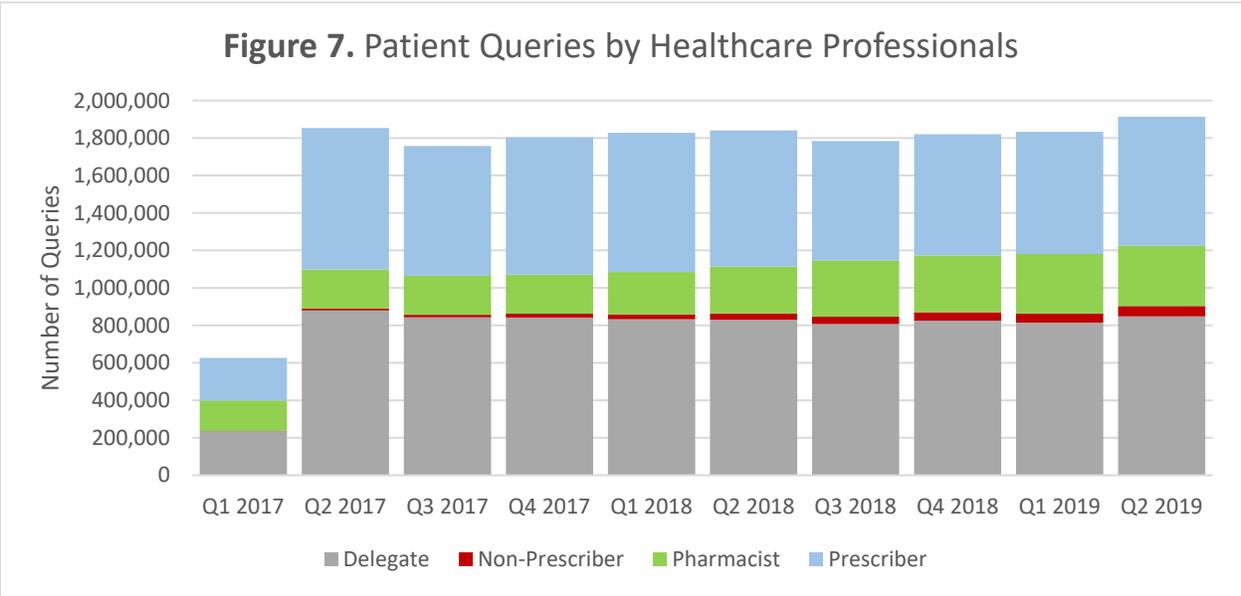
See Table 2 and Figure 6 below for detail on the overall volume of alerts by alert type since the WI ePDMP was launched in Q1 2017, as well as the percent change that occurred from Q1 2019 to Q2 2019.

	Alert Type	Q1 2019	Q2 2019	Percent Change
1	Concurrent Benzodiazepine and Opioid	25,608	24,882	-2.8%
2	Long-Term Opioid Therapy	24,619	22,918	-6.9%
3	High Opioid Daily Dose	21,853	20,414	-6.6%
4	Early Refill	15,901	16,654	4.7%
5	Multiple Prescribers or Pharmacies	15,668	12,825	-18.1%
6	Multiple Same Day Prescriptions	1,258	1,376	9.4%
	All Alert Types	104,907	99,069	-5.6%



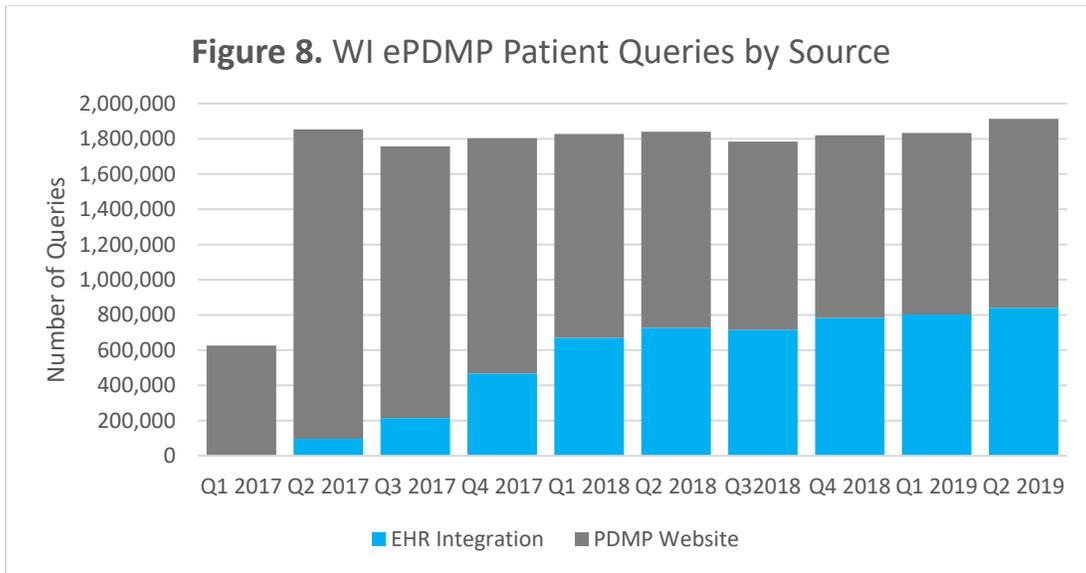
Disclosure of WI PDMP Data

Between April 1 and June 30, 2019, healthcare users made a total of 1,913,235 patient queries. Breaking down the queries by user type shows that 44% of the queries were performed by delegates of prescribers or pharmacists, 36% were performed by prescribers, 17% by pharmacists, and 3% by other non-prescribing healthcare professionals. The number of patient queries per month is continuing to increase, even with the overall decreases seen in the dispensing of monitored prescription drugs. Query volume increased by 4% in Q2 2019 compared to Q1 2019, even though dispensing volume was effectively unchanged. April and May 2019 had the highest query numbers on record, with 651,657 and 664,352 queries per month, respectively.

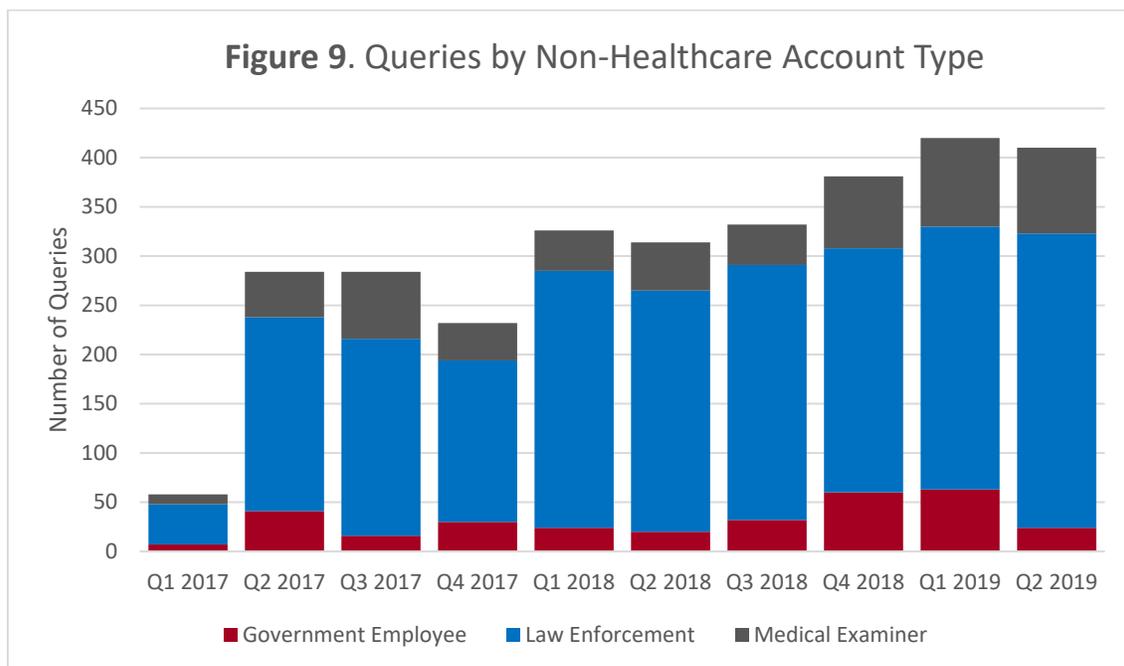


The WI ePDMP is currently connected to 21 other state PDMPs via the National Association of Boards of Pharmacy’s PMP InterConnect (PMPi) and the RxCheck interstate data sharing hub. This allows healthcare users to expand the WI ePDMP patient query to return results from PDMPs in other states, including border states such as Minnesota, Michigan, Illinois, Iowa and Indiana.

Healthcare professionals from 14 health systems in Wisconsin have one-click access to the PDMP from within their electronic health record (EHR) platform. Three additional health systems have begun testing the single-sign-on option from within their EHR and will be going live with the connection in Q3 2019. Figure 8 below shows that, in Q2 2019, 44% of patient queries were through the direct EHR integration, which is consistent with the Q1 2019 query volume by source.



Authorized individuals from non-healthcare groups made a total of 410 requests for PDMP data in Q2 2019, which is a 2% decrease over the previous quarter. The largest decrease was among authorized Government Employee users, and the largest increase was among authorized Law Enforcement users. Usage among authorized Medical Examiner/Coroner users remained steady but is higher than it had been in previous years.

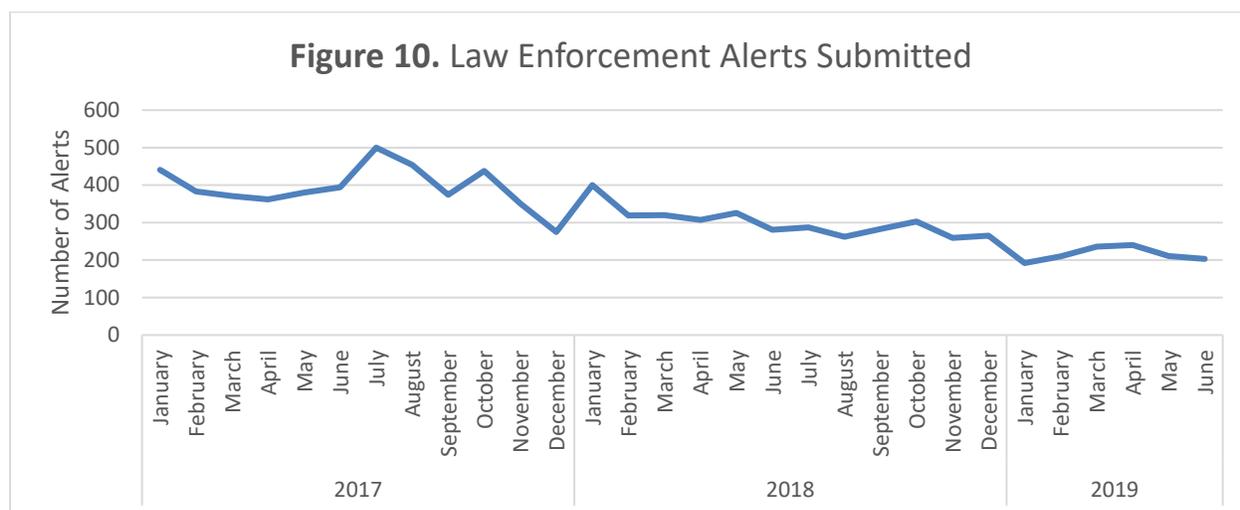


Law Enforcement Reports

In Q2 2019 there were 654 events reported to the WI ePDMP by Wisconsin 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.

Prescribers of patients associated with these events receive a proactive email notice from the WI ePDMP, in addition to the event being captured as an alert on the patient report in the WI ePDMP. Figure 10 shows the number of law enforcement reports submitted to the WI ePDMP by month since the WI ePDMP was launched. There is no statutory requirement for law enforcement agencies to submit their reports within a certain timeframe after the date of the event, and outreach efforts continue to emphasize the value that law enforcement reporting brings for healthcare clinical decision making.



The distribution of submission by report type remains fairly consistent from one quarter to the next. However, the proportion of non-fatal opioid-related overdose events at the end of Q2 has increased by 7% compared to the proportion reported at the end of Q1 2019. The 2019 year-to-date distribution by report type can be seen below:

- 41% of the reports submitted were reports of stolen controlled substance prescriptions
- 22% of the reports submitted were for suspected violations of the Controlled Substances Act
- 32% of the reports submitted were for suspected non-fatal opioid-related overdose events
- 5% of the reports submitted were for suspected narcotic-related deaths.

Summary

The second quarter of 2019 shows little change in the number of opioids and benzodiazepines dispensed in Wisconsin compared to the previous quarter. However, the number of patient queries conducted per month remains consistent, and is even increasing, even though the overall quantity of monitored prescription drugs being dispensed is decreasing.

Data show overall decreased dispensing for Q2 2019 compared to Q2 2018:

- There was a less than 1% decrease in the total number of all monitored prescription drugs dispensed in Q2 2019 from the previous quarter but still a total decrease of nearly 6% when compared to the same quarter from the previous year.
 - The number of opioid prescriptions dispensed decreased by 8%, or almost 71,000 fewer prescriptions, compared to the previous year.
 - The number of benzodiazepine prescriptions dispensed decreased by 6%, or nearly 30,000 fewer prescriptions, compared to the previous year.
 - The dispensing of stimulants prescriptions dispensed increased by 2% compared to the previous year

Overall dispensing rates of monitored prescription drugs remain significantly lower in Q2 2019 than they were at their peak in Q4 2015:

- In Q2 2019, there were 26% fewer monitored prescription drugs dispensed, or nearly 700,000 fewer prescriptions, than in Q4 2015.
 - The number of opioid prescriptions dispensed in Q2 2019 was 35%, or over 450,000 prescriptions, lower than the peak number in Q4 2015.
 - The number of benzodiazepine prescriptions dispensed in Q2 2019 was 26%, or nearly 160,000 prescriptions, lower than the peak level in Q4 2015.

Encouraging trends found in the WI PDMP continued in Q2 2019:

- The dispensing of Buprenorphine HCl-Naloxone HCl Dihydrate (Suboxone®), one of the medications commonly used as part of Medication-Assisted Treatment (MAT) for opioid use disorder, increased by 7% in Q2 2019 compared to Q1 2019, which equates to an increase of 26% in the past 12 months and over 62% since Q1 2016.
- The occurrence of data-driven concerning patient history alerts, including measures that indicate drug seeking behaviors and increased risk for overdose, declined by 5.6% from the previous quarter, 20% over the past 12 months, and 40% from the launch of the WI ePDMP in Q1 2017.

Additional detail about the WI ePDMP data, 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.

2019 - WI ePDMP Outreach Calendar

JANUARY		FEBRUARY		MARCH	
1		1		1	
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9		9		9	
10		10		10	
11		11		11	
12		12		12	
13		13		13	<ol style="list-style-type: none"> 1. PSW Legislative Day 2. WHA Physician Leaders Council
14	Platteville Roundtable	14		14	
15		15		15	
16		16		16	
17		17		17	
18		18		18	DHS OTP Business Meeting
19		19		19	<ol style="list-style-type: none"> 1. DHS Opioid Forum 2. DOJ DCI Narcotics Investigators School
20		20		20	DHS Opioid Forum
21		21		21	
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2019 - WI ePDMP Outreach Calendar

APRIL		MAY		JUNE	
1		1		1	
2		2	RxCheck Meeting-Washington, DC	2	
3		3	RxCheck Meeting-Washington, DC	3	
4	Law Enforcement Training-M Marshfield	4		4	
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19		19		19	
20		20		20	
21		21	Waukesha County Heroin Task Force presentation	21	
22	Rx Abuse Summit - Atlanta	22		22	
23	Rx Abuse Summit - Atlanta	23		23	
24	Rx Abuse Summit - Atlanta	24		24	
25	Rx Abuse Summit - Atlanta	25		25	
26		26		26	Harold Rogers National PDMP Meeting-Washington, DC
27		27		27	Harold Rogers National PDMP Meeting-Washington, DC
28		28		28	
29		29		29	
		30		30	
		31			

2019 - WI ePDMP Outreach Calendar

JULY		AUGUST		SEPTEMBER	
1		1		1	
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4		4		4	
5		5		5	
6		6		6	ONC Patient Matching Symposium (virtual)
7		7	Winnebago County Overdose Fatality Review Meeting	7	
8		8	Milwaukee County Behavioral Health Division Provider Meeting	8	
9		9		9	
10		10		10	
11		11		11	
12		12		12	WI DOJ Crime Information Bureau Conference (Green Bay)
13		13		13	
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26		26	Hope Consortium Conference (Rhinelander)	26	
27		27	Hope Consortium Conference (Rhinelander)	27	
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31		31			

2019 - WI ePDMP Outreach Calendar

OCTOBER		NOVEMBER		DECEMBER	
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15	WI DOJ Opioid/Meth Forum (Lake Geneva)	15		15	
16	WI DOJ Opioid/Meth Forum (Lake Geneva)	16		16	
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19		19		19	
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OVERDOSE FATALITY REVIEW WINNEBAGO COUNTY, WISCONSIN

ANNUAL REPORT 2018 - 2019

Overdose Deaths are Preventable

BACKGROUND

The increase in the number of overdose deaths in Winnebago County is striking, with only 3 deaths in 2001 and 24 deaths in 2018 (see graph below). Specifically, heroin and increasingly fentanyl have been the cause of many overdose deaths in Winnebago County. To help understand and address this growing problem, Winnebago County established a multidisciplinary, cross-sector Overdose Fatality Review Team in 2018.

PURPOSE OF THE OVERDOSE FATALITY REVIEW (OFR) TEAM

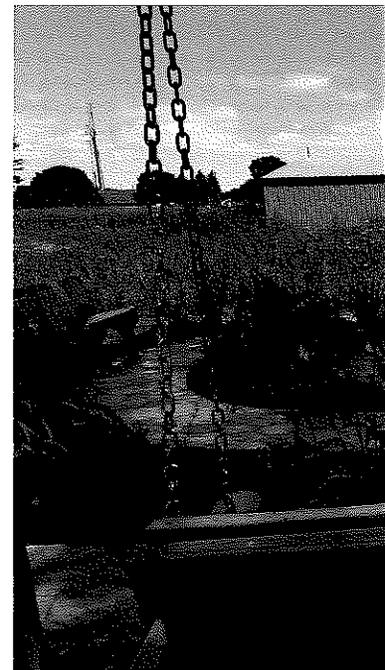
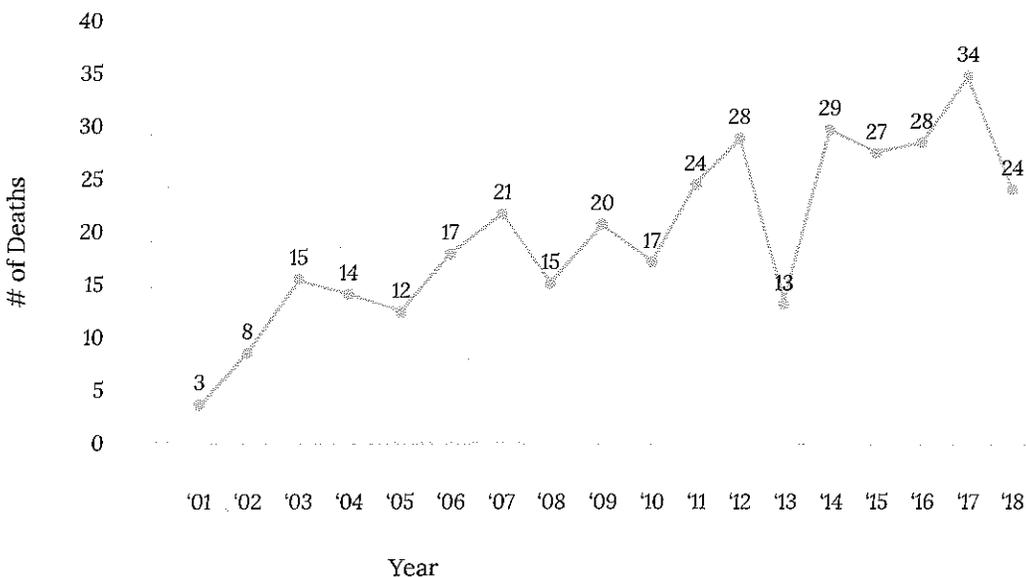
The purpose of this team is to prevent overdose deaths. The team accomplishes this purpose by examining individual, organizational and systems level factors related to overdose deaths that occur in Winnebago County. The reviews focus on systems level change to prevent future deaths and not on identifying fault in organizations or individuals connected to the death being reviewed.

DEVELOPING THE OVERDOSE FATALITY REVIEW TEAM

The Winnebago County Overdose Fatality Review Team was established in early 2018 after the Winnebago County Drug and Alcohol Coalition's Data Team wrote for and was awarded an Overdose Fatality Review grant from the Wisconsin Department of Justice and Wisconsin Department of Health Services on behalf of Winnebago County. As fiscal agent and project lead, the Winnebago County Health Department identified key partners and hired a consultant to facilitate this process. With training and support from the Medical College of Wisconsin technical assistance providers, together we developed our review process, established interagency agreements with each partner, and began reviews in May 2018.

Our partners represent local health departments, law enforcement, emergency medical services, the coroner's and district attorney's offices, human services, health care systems, mental health providers, treatment and recovery providers, schools, pharmacies, faith communities, department of corrections, local coalitions, and other impacted stakeholders.

THE NUMBER OF OVERDOSE DEATHS IS STEADILY INCREASING OVER TIME



THE REVIEW PROCESS

The multidisciplinary, cross-sector team reviews two overdose deaths at each monthly meeting. The process involves each partner sharing information about the decedent's life and death, discussion of risk factors and circumstances surrounding each decedent, examination of system issues related to addiction and substance use, and identification of opportunities to influence policy and practice to prevent future overdoses and overdose deaths. Confidentiality is maintained through inter-agency memorandum of understandings (MOUs), signed agreements at each meeting, and de-identification of the decedent during the review meeting. The process is designed to maintain the highest levels of respect for the decedent, those impacted by the death, the partner agencies in the room, and the broader community.

Through the process of reviewing overdose deaths, the OFR team develops system-level recommendations to prevent future overdose deaths. The Recommendations and Monitoring Action Team works with partners to develop an action plan for the implementation of recommendations and reports back to the OFR team on progress.



Serenity Gardens at Nova Counseling

PARTNER AGENCIES

Addiction Medical Solutions of Wisconsin (AMS)
Aging and Disability Resource Center (ADRC)
Appleton Police Department
Apricity
Ascension
Aurora Medical Center of Oshkosh
City of Menasha Health Department
City of Menasha Police Department
City of Oshkosh Fire Department/Emergency Medical Services
City of Oshkosh Police Department
Community Church
Fox Crossing Police Department
Gold Cross Ambulance Service
Hometown Pharmacy
Lake Winnebago Area Metropolitan Enforcement Group
Neenah Joint School District
Neenah Police Department
Northeast Wisconsin Mental Health Connection
Nova Counseling Services
Omro Police Department
Oshkosh Area School District
Partnership Community Health Center
Samaritan Counseling Center of the Fox Valley
Solutions Recovery, Inc
ThedaCare
ThedaCare Behavioral Health
United States Attorney's Office
University of Wisconsin Oshkosh Police Department
Village of Winneconne Police Department
Winnebago County Coroner's Office
Winnebago County Health Department
Winnebago County Human Services Department, Behavioral Health
Winnebago County Safe Streets Committee (Criminal Justice Coordinating Committee)
Winnebago County Human Services Department, Child Welfare
Winnebago County Office of District Attorney
Winnebago County Sheriff's Office
Winnebago County Sheriff's Office - Jail
Wisconsin Department of Justice - Division of Criminal Investigation
Wisconsin Department of Corrections

DATA ON ALL 2018 OVERDOSE DEATHS IN WINNEBAGO COUNTY

In 2018, there were 24 overdose deaths in Winnebago County.

SEX: 15 Males, 9 Females

AGE RANGE: 21-84

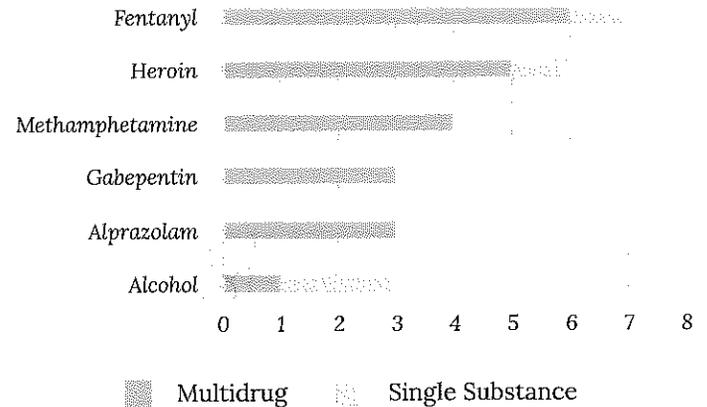
RACE: In 2018, all overdose deaths in Winnebago County occurred among Caucasian individuals. Substance use can and does affect individuals of all races and ethnicities.

GEOGRAPHIC LOCATION

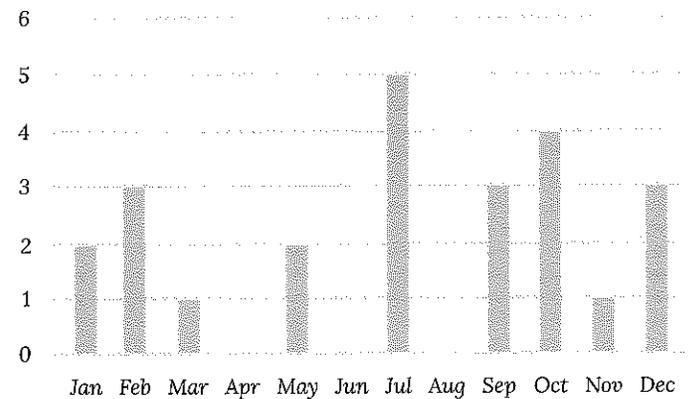
OF DEATH: 12-Oshkosh, 7-Neenah, 3-Menasha, 2-Rural/Small Communities



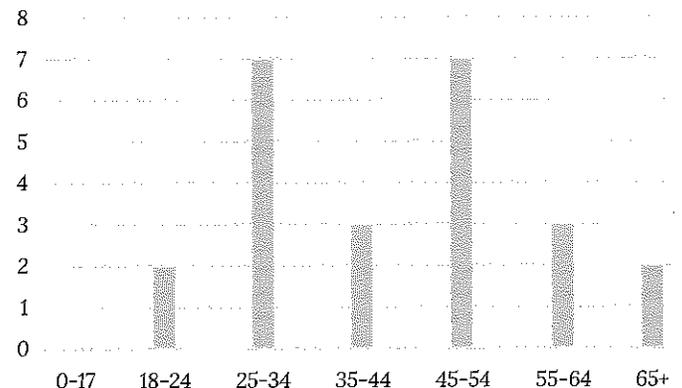
IN 2018, FENTANYL HAD A ROLE IN 7 OVERDOSE DEATHS



IN 2018, THE MAJORITY OF OVERDOSE DEATHS OCCURED IN THE SECOND HALF OF THE YEAR



IN 2018, THE MAJORITY OF OVERDOSE DEATHS OCCURED AMONG INDIVIDUALS AGED 25-54



EMERGING THEMES FROM REVIEWED DEATHS

NARCAN ADMINISTRATION:

Most of the decedents were found dead on scene, some were administered Narcan/naloxone by EMS/fire department and/or law enforcement.

There were no decedents that had Narcan/naloxone present at the time of death.

The majority of decedents were alone at the time of overdose and would not have been able to administer Narcan/naloxone.

LOCATION OF INCIDENT:

All overdose incidents that lead to death occurred at a place of residence (decedent's home, relative's home, or a friend's home).

In Winnebago County, overdose deaths occurred in homes, not in public places.

HISTORY WITH CRIMINAL JUSTICE SYSTEM:

Half of the decedents were on community supervision in the last year, many of them were on community supervision at the time of death.

The Criminal justice system is an important touchpoint because some were able to access services (such as substance use treatment) through probation and parole.



MENTAL HEALTH:

Nearly all of the decedents had mental health as a factor, very few were being treated for those illnesses.

HISTORY OF SUBSTANCE USE:

The majority of decedents had a known history of substance use; many of which had a history of opioid use.

All decedents either had a mental health concern or history of substance use; many had both.

EARLY EXPERIENCES

Many decedents had witnessed significant substance use by other members in their household when growing up.

Many decedents had documented substance use at an early age (Age: 10-15).

Early substance use (starting before 14 years old) is a risk factor for serious substance use disorders in the future.

Marijuana and alcohol were the two most common first used substances among the decedents.

RECOMMENDATIONS

In January 2019, the OFR team discussed recommendations based on themes that came out of the thirteen cases that had been reviewed up to that point. A Recommendations and Monitoring Action Team was developed shortly after that meeting. This action team created a list of 11 recommendations for the OFR team to work on based off the January discussion, which were then approved by the OFR team. The Winnebago County Drug and Alcohol Coalition (WCDAC) is an important partner in this process, providing infrastructure and capacity for implementing many key recommendations building community will and interest.

1. Create a referral-to-help card that partners can share with at-risk individuals and their loved ones.

Many reviewed cases could have offered referral to help through partner touchpoints. New community resources have been established that streamline referral to substance use treatment and recovery support. Each touchpoint serves as an opportunity for intervention.

2. Support the launch of the Law Enforcement Addiction Assistance Program (L.E.A.A.P.) in Oshkosh.

Cases show that law enforcement agencies trained on referral and integrative partnerships with treatment providers increase the speed of access to services and connecting people to treatment.

3. Leverage chaplain services in overdose related incidents.

Chaplains and faith based organizations serve as another touchpoint for those struggling with addiction and those that have overdosed. Partners want to explore ways these groups can leverage their services as another resource and as a point of referral for community members.

4. Explore the feasibility of police and EMS/fire departments mapping drug overdoses and interactions to provide intervention for help and improve access to services and referrals.

Knowing where overdoses occur, not only overdoses that result in death, will improve responses and services offered to individuals so that future overdoses can be prevented.

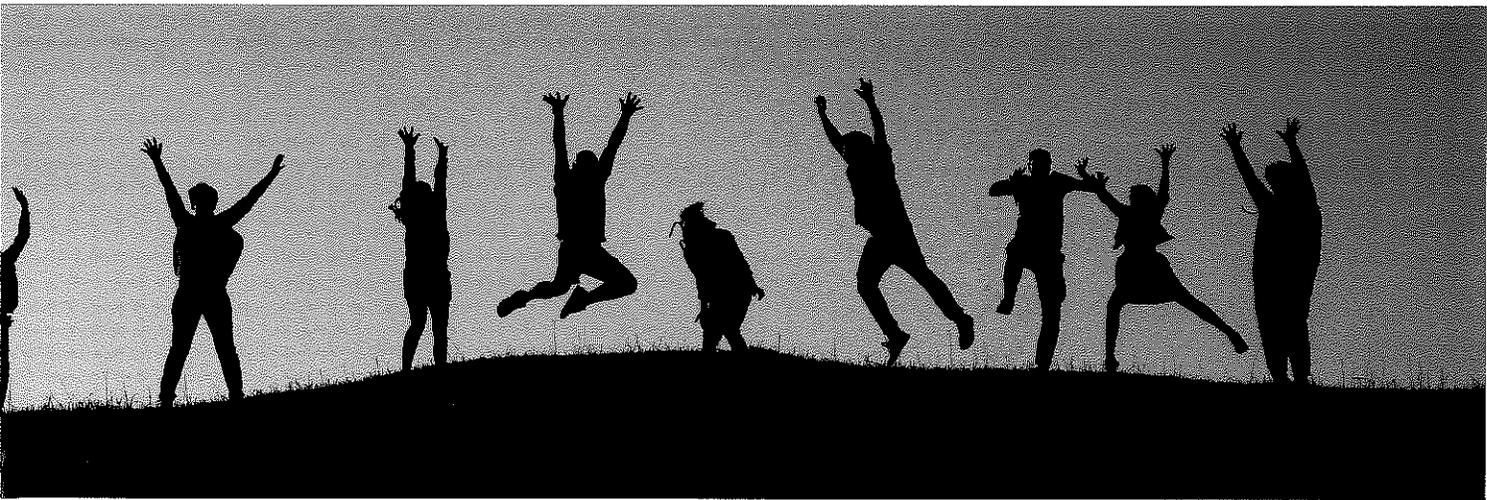
5. Ensure lifesaving Narcan/naloxone distribution and training in Winnebago County through the public health department and community partners.

None of the cases reviewed had Narcan/naloxone available at the time of overdose and there are no free Narcan/naloxone distribution sites in Winnebago County.

6. Promote the need for those that use substances to carry Narcan/naloxone, even for those that do not plan to use opiates, through Public Service Announcements and local trainings.

Several decedents used substances that were laced with Fentanyl and did not have Narcan/naloxone available because they did not intend to use opiates.





7. Expand overdose prevention and Narcan/naloxone training for individuals and organizations who interact with those that may use drugs (i.e., new first responders, staff in faith communities, library staff, bus drivers, teachers, etc.). Work with those that provide CPR training services to incorporate Narcan/naloxone training into their standard service.

While most overdose deaths in Winnebago County occurred in a private residence, overdoses themselves happen in a variety of locations. Equipping our community with lifesaving Narcan/naloxone and training will reduce overdose deaths. Additionally, there has been the increase of opioid use and Fentanyl being mixed into common drugs where the user has no intention of using opiates. Expanded and universal training on how to administer Narcan/naloxone is needed across our region.

8. Work with local pharmacists to establish best practices and processes when using the Wisconsin Prescription Drug Monitoring Program (PDMP) when prescriptions are distributed.

Some cases had prescription histories that fell outside of recommended ranges, such as long-term prescriptions, high doses, and/or large quantities prescribed. Pharmacists checking the PDMP will add a second layer of review and referral before distribution.

9. Support statewide policy that allows peer support for substance use to be a billable service covered by insurance and medical assistance.

Peer support is effective in improving access to needed services and in promoting long-term recovery. Currently peer support is only a billable service in Wisconsin under mental health; this recommendation would expand the policy to include support for those with substance use disorders.

10. Create a regional (cross-county) response team to work with those identified as high-risk for overdose; similar to a crisis intervention team.

Many overdose fatalities in our community experienced common events; they had a previous overdose and/or they recently lost a close friend/family member to an overdose. A crisis intervention team can work to offer services and referrals to those at high risk of overdose to prevent an overdose death from occurring.

11. Expand and adapt the Law Enforcement Addiction Assistance Program (L.E.A.A.P.) regionally based on successes and learnings from the Oshkosh and Appleton programs.

Law enforcement agencies in smaller and rural communities do not have the capacity to sustain a L.E.A.A.P. style program. Additionally, people living in our community and the services they need to access are regional. A regional approach will improve coordination and referral to services.



CALL TO ACTION AND CONTACT INFORMATION

There are many ways to get involved in preventing overdose deaths and reducing substance use.

IMPLEMENT THE RECOMMENDATIONS IN YOUR ORGANIZATION

The success of the Overdose Fatality Review Team depends upon the willingness of partner organizations and the broader community to respond to what we are learning and implement change. If you believe you can implement any of the recommendations in your organization, we would love to support you in doing that. *You can contact our facilitator at jskolaski@co.winnebago.wi.us or winnebagodac@gmail.com to express interest and learn more.*

GET INVOLVED WITH THE WINNEBAGO COUNTY DRUG AND ALCOHOL COALITION



The coalition provides infrastructure and capacity for implementing many key recommendations, building community will, and strengthening collaboration across our community. There are four action teams (Data, Communications, Prevention/Awareness, and Treatment/Recovery) that work towards preventing and reducing substance use in Winnebago County. *Visit www.winnebagodac.org or email winnebagodac@gmail.com to learn more and get involved.*

SUPPORT THE WORK OF OVERDOSE DEATH PREVENTION WITH YOUR RESOURCES

This work, the work of the review process and the implementation of recommendations that stem from the review process, requires resources. Those resources come in many forms (e.g., time, data, knowledge, and money). Please consider how you may be able to contribute your resources to the work of the Overdose Fatality Review Team and the broader community work around overdose death prevention and substance use reduction.

Registration Form

PLEASE TYPE OR PRINT LEGIBLY

Name: _____	Name: _____
Title: _____	Title: _____
Agency: _____	E-Mail Address: _____
E-Mail Address: _____	Name: _____
Address: _____	Title: _____
City: _____	E-Mail Address: _____
State: _____	
Zip: _____	Phone: _____

Register On-line at: NorthCentralHIDTA.org

Registration Fee: \$75.00

- ◇ Registration fee can be paid via PayPal or by check.
- ◇ Make checks payable to the **LECC Training Fund.**

Mail Registration Form To:
North Central HIDTA
801 West Michigan Street
Milwaukee, WI 53233
Attention: Jana Macemon

Grand Geneva Resort & Spa is a four diamond resort with 2 championship golf courses, diverse dining options and full service spa all located on 1300 acres of beautiful Wisconsin countryside.

2019 Wisconsin Summit on Opioid & Meth

*“Making Progress through
Collaboration”*

2nd annual Wisconsin Opioid and Meth Summit will feature trends in drug trafficking, interdiction, and treatment along with model law enforcement, recovery, prevention, and harm reduction partnerships that reduce addiction and enhance recovery.

Tuesday, October 15, 2019
to
Wednesday, October 16, 2019

Summit Fee: \$75.00

Summit Location:
GRAND GENEVA RESORT
7036 GRAND GENEVA WAY
LAKE GENEVA, WI 53147
Registration Fee: \$75.00*

**\$75 registration fee includes lunch each day, breaks, and conference materials.*

Tuesday, October 15, 2019

Morning | Plenary Sessions

- ◇ Overview of International Opioid and Meth Production and Wholesale Distribution
- ◇ Overview of Opioid and Meth Distribution in WI
- ◇ Overview of Opioid and Meth Abuse Disorders and Trends in Treatment

11:30 – 12:30 | Lunch (provided)

Afternoon | Breakout Sessions

- ◇ Overdose Investigations Part I
- ◇ Medication Assisted Treatment (MAT) for Opioid Use Disorder
- ◇ Recovery Housing Panel
- ◇ SBIRT and other Screening Tools
- ◇ Prevention Strategies for Parents: Tour of Your Teen's Bedroom
- ◇ Dark Web Investigations
- ◇ Overdose Investigations Part II
- ◇ Strategic Prevention Framework Model
- ◇ DEA Lab Updates
- ◇ MAT and other Treatment for Meth Use Disorder
- ◇ What Works in Treatment
- ◇ Opioid Fatality Reviews
- ◇ Diversion Investigations
- ◇ Fentanyl Production and Distribution
- ◇ VA's Opioid Prescription Reduction Program

Wednesday, October 16, 2019

Morning | Plenary Sessions

- ◇ Long-term Recovery Panel
- ◇ Prescription Drug Monitoring Program panel – maximizing data and platform utility
- ◇ Multi-Agency Data-driven Partnerships to Respond to Emerging Drug Threats

11:30 – 12:30 | Lunch (provided)

Afternoon | Breakout Sessions

- ◇ Responding to Synthetic Opioids
- ◇ Drug Endangered Children (Meth)
- ◇ Human Trafficking
- ◇ Harm Reduction
- ◇ Wisconsin Voices for Recovery - ED2Recovery
- ◇ Social Connectedness, Isolation, and Substance Abuse
- ◇ Drug Endangered Children (Opioids)
- ◇ Walworth County Meth Lab Investigations
- ◇ Drug Abuse Response Teams – Technical College Curriculum
- ◇ Project WisHope Developing a Plan for Recovery – Recovery coaches, peer mentoring, housing, etc.
- ◇ Data Driven Action Through Collaboration
- ◇ Mitigating Compassion Fatigue for Crisis Responders

Hotel Information:

GRAND GENEVA RESORT
7036 GRAND GENEVA WAY
LAKE GENEVA, WI 53147
Reservations: 262-248-8811
Room Cost: \$82.00 per night
Resort Fee: \$10.00 per night

Total Room Cost: \$92.00 per night
Room Block expires: 09/14/2019

Questions/Contact:

Steve Caballero

United States Attorney's Office
Eastern District of Wisconsin
414-297-1774
Steven.Caballero@usdoj.gov

OR

Ryan Shogren

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Wisconsin ePDMP Dispenser Compliance Audit Update

updated 8.30.2019

August 2019 audit of PDMP Dispenser Compliance, based on submissions in July 2019

Most Recent Audit	
Total licensed pharmacies	2,382
Total non-exempt pharmacies	1,671
In-state non-exempt pharmacies	1,115
In-state non-exempt with submissions	1,063
In-State Compliance Percentage	95.34%
In-state with no submissions in July (may include pharmacies licensed in Aug)	52
Out-of-state non-exempt pharmacies	556
Out-of-state non-exempt with submissions	436
Out-of-State Compliance Percentage	78.42%
Out-of-state with no submissions in July (may include pharmacies licensed in Aug)	120
Total Compliance Percentage (All Non-Exempt Pharmacies)	89.7%
Non-compliant pharmacies in July (may include pharmacies licensed in Aug)	172
Results from July/August Outreach	
Non-compliant pharmacies during last audit receiving letters in August	74
Pharmacies receiving letters in August that are now compliant	43

Next audit to result in letters and referrals: Mid-September

DATE

«AddressBlock»

Dear Managing Pharmacist:

The Wisconsin Prescription Drug Monitoring Program (WI PDMP) is a valuable tool to address prescription drug abuse by helping healthcare professionals evaluate their patients' use of controlled substance prescription drugs to make more informed prescribing, treatment, and dispensing decisions. Under Wis. Stat. § 961.385, practitioners are required to review patient records in the WI PDMP prior to issuing a prescription order for a controlled substance. As such, accurate reporting of controlled substance prescription dispensing is paramount.

Section CSB 4.06 of the Wisconsin Administrative Code requires dispensers to submit data to the WI PDMP by 11:59 p.m. of the next business day after dispensing a monitored prescription drug, unless the dispenser has filed a written request for an exemption, as specified in Section CSB 4.08. During a July 2019 audit of June 2019 dispenser compliance with the requirement to compile and submit dispensing data to the WI PDMP, the Wisconsin Department of Safety and Professional Services (DSPS) determined that your pharmacy has not requested an exemption to the daily submission requirement and may not be submitting dispensing data or zero reports as required.

Please verify the following information:

Pharmacy Name: «NAME»
State License Number: «License»
DEA Number: «DEA_NUMBER»
PDMP Exemption Status: «PDMP_STATUS»

If the above state license number or DEA number is incorrect, please contact WI PDMP staff via email at pdmp@wisconsin.gov with the correct information. If the exemption status is incorrect and your pharmacy does not dispense any monitored prescription drugs, you must submit an Application to Change a Dispenser's Data Submission Status, available on the Forms page of the WI ePDMP website: <https://pdmp.wi.gov/forms>. Pharmacies that have not filed for an exemption are expected to submit dispensing data or zero reports to account for all business days and to correct dispensing data within five business days of discovering any errors, omissions, or inaccuracies.

Thank you for your attention to this matter. This is the first attempt to verify the information above and confirm your pharmacy's compliance. The information on file at DSPS will be used for future PDMP dispenser compliance audit purposes. **To avoid a referral to the Pharmacy Examining Board and possible disciplinary action against your pharmacy for non-compliance with WI PDMP reporting requirements, please respond to this notice with any corrections no later than August 23, 2019.**



August 30, 2019

*** SECOND NOTICE ***

«AddressBlock»

Dear Managing Pharmacist:

A recent audit by the Wisconsin Department of Safety and Professional Services (DSPS) indicates that your pharmacy may not be collecting and submitting data to the Wisconsin Prescription Drug Monitoring Program (WI PDMP) as required by law. To remain compliant with the data submission requirements of the WI PDMP under Section CSB 4.06 of the Wisconsin Administrative Code, dispensers must either:

1. Submit data to the WI PDMP by 11:59 p.m. of the next business day after dispensing a monitored prescription drug, OR
2. Submit a zero report for every business day there was no dispensing of a monitored prescription drug.

If the dispenser does not dispense ANY monitored prescription drugs in Wisconsin, the dispenser MUST file a written request for an exemption, as specified in Section CSB 4.08.

Based on DSPS' dispenser compliance audit of June 2019 data, **it appears that «NAME» is not submitting dispensing data or zero reports to the WI PDMP** and has not requested an exemption to the daily submission requirement.

Pharmacy Name: «NAME»
State License Number: «License»
DEA Number: «DEA_NUMBER»
PDMP Exemption Status: «PDMP_STATUS»

If the state license number or DEA number listed above is incorrect, contact WI PDMP staff via email at pdmp@wisconsin.gov with the correct information. If your pharmacy does not dispense any monitored prescription drugs, you MUST inform the Controlled Substances Board by submitting an Application to Change a Dispenser's Data Submission Status, available on the Forms page of the WI ePDMP website: <https://pdmp.wi.gov/forms>. Pharmacies that have not filed for an exemption are required to submit dispensing data or zero reports to account for all business days and to correct dispensing data within five business days of discovering any errors, omissions, or inaccuracies.

This is the second attempt to verify the information above. No response was received to the previous attempt to confirm compliance with the WI PDMP reporting requirements. **To bring your pharmacy into compliance and avoid a referral to the Pharmacy Examining Board resulting in possible disciplinary action against your pharmacy for non-compliance with WI PDMP reporting requirements, you MUST begin reporting to the WI PDMP or respond to this notice with any corrections to the above information no later than August 23, 2019.**

Thank you for your attention to this matter. The WI PDMP is a valuable tool to address prescription drug abuse by helping healthcare professionals evaluate their patients' use of controlled substance prescription drugs to make more informed prescribing, treatment, and dispensing decisions. Under Wis. Stat. § 961.385, practitioners are required to review patient records in the WI PDMP prior to issuing a prescription order for a controlled substance. As such, accurate and timely reporting of controlled substance prescription dispensing is paramount.

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Sharon Henes Administrative Rules Coordinator		2) Date When Request Submitted: 27 August 2019 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Controlled Substances Board			
4) Meeting Date: 13 September 2019	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Legislative and Administrative Rule Matters <ol style="list-style-type: none"> 1. Update on Status of DEA Removal of 6β-naltrexol from Control 2. Listing Noroxymorphone in Schedule II 3. CSB 2.67 Scope Relating to Scheduling Brexanolone & Solriamfetol 4. CSB 2.68 Scope Relating to Scheduling N-Ethylhexedrone, a-PHP, 4-MEAP, MPHP, PV8, and 4-Chloro-a-PVP 5. CSB 3 Relating to Special Use Authorizations 6. CSB 4 Relating to Operation of Prescription Drug Monitoring Program 8/27/19 7. Executive Order # 228 – Annual Law Enforcement Hearing Planning 8. Legislation and Pending or Possible Rulemaking Projects 	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:			
11) Authorization// <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;"> <i>Sharon Henes</i> Signature of person making this request </div> <div style="width: 35%; text-align: right;"> 8/27/19 Date </div> </div> <hr/> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;"> Supervisor (if required) </div> <div style="width: 35%; text-align: right;"> Date </div> </div> <hr/> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;"> Executive Director signature (indicates approval to add post agenda deadline item to agenda) </div> <div style="width: 35%; text-align: right;"> Date </div> </div>			
Directions for including supporting documents: <ol style="list-style-type: none"> 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. 			

STATE OF WISCONSIN
CONTROLLED SUBSTANCES BOARD

IN THE MATTER OF RULE-MAKING	:	AFFIRMATIVE ACTION
PROCEEDINGS BEFORE THE	:	ORDER OF THE
CONTROLLED SUBSTANCES BOARD	:	CONTROLLED SUBSTANCES BOARD

FINDINGS

1. On August 16, 2019, the Department of Justice, Drug Enforcement Administration published its final rule in the Federal Register listing Noroxymorphone into schedule II of the federal Controlled Substances Act. The scheduling action is effective August 16, 2019.
2. The Controlled Substances Board did not receive an objection to similarly listing Noroxymorphone as a schedule II under ch. 961, Stats. within 30 days of the date of publication in the federal register of the final order listing Noroxymorphone as a schedule II controlled substance.
3. The Controlled Substances Board will promulgate a final rule, without making the determinations or findings required by ss. 961.11(1), (1m), (1r) and (2) or s. 961.15 and omitting the notice of proposed rule making, listing Noroxymorphone as a schedule II controlled substance.

ORDER

Pursuant to s. 961.11(4), Stats., the Controlled Substances Board by affirmative action similarly treats Noroxymorphone under chapter 961, Stats. by creating the following:

CSB 2.69 Addition of Noroxymorphone to schedule II. Section 961.16 (2) (a)10m., Stats., is created to read:

961.16 (2) (a) 10m. Noroxymorphone.

This order shall take effect on September 23, 2019 to allow for publication in the Administrative Register. The order expires upon promulgation of a final rule.

Dated _____

Doug Englebert, Chair
Controlled Substances Board

STATEMENT OF SCOPE

Controlled Substances Board

Rule No.: CSB 2.67

Relating to: Scheduling of Brexanolone and Solriamfetol

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 Brexanolone and Solriamfetol as Schedule IV controlled substance. The Controlled Substances Board determines the scheduling of Brexanolone and Solriamfetol as Schedule IV 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 June 17, 2019, the United States Department of Justice, Drug Enforcement Administration published its final rule in the Federal Register placing Brexanolone and Solriamfetol into Schedule IV of the federal Controlled Substances Act. The scheduling action was effective June 17, 2019. The Controlled Substances Board did not receive an objection to similarly treat Brexanolone and Solriamfetol as Schedule IV controlled substances under ch. 961, Stats within 30 days of the date of publication in the Federal Register of the final order designating Brexanolone and Solriamfetol as controlled substances.

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

CSB 2.67 Addition of Brexanolone and Solriamfetol to schedule IV. Section 961.20 (2) (p) and (2m) (g), Stats., are created to read:

*961.20 (2) (ap) Brexanolone.
(2m) (g) Solriamfetol.*

The Affirmative Action order, dated July 17, 2019, took effect on July 22, 2019 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
Rev. 3/6/2012

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:

Prescribers, patients, 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 June 17, 2019, the United States Department of Justice, Drug Enforcement Administration published its final rule in the Federal Register placing Brexanolone and Solriamfetol into Schedule IV of the federal Controlled Substances Act. The scheduling action was effective on June 17, 2019.

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 2.68

Relating to: Scheduling of N-Ethylhexedrone, a-PHP, 4-MEAP, MPHP, PV8 and 4-chloro-a-PVP

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 N-Ethylhexedrone, a-PHP, 4-MEAP, MPHP, PV8 and 4-chloro-a-PVP as Schedule I controlled substance. The Controlled Substances Board determines the scheduling of N-Ethylhexedrone, a-PHP, 4-MEAP, MPHP, PV8 and 4-chloro-a-PVP as Schedule I controlled substances 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 July 18, 2019, the United States Department of Justice, Drug Enforcement Administration published its final rule in the Federal Register placing N-Ethylhexedrone, a-PHP, 4-MEAP, MPHP, PV8 and 4-chloro-a-PVP into Schedule I of the federal Controlled Substances Act. The scheduling action was effective July 18, 2019. The Controlled Substances Board did not receive an objection to similarly treat N-Ethylhexedrone, a-PHP, 4-MEAP, MPHP, PV8 and 4-chloro-a-PVP as Schedule I controlled substances under ch. 961, Stats within 30 days of the date of publication in the Federal Register of the final order designating N-Ethylhexedrone, a-PHP, 4-MEAP, MPHP, PV8 and 4-chloro-a-PVP as controlled substances.

Pursuant to s. 961.11 (4), Stats., the Controlled Substances Board took affirmative action to similarly treat N-Ethylhexedrone, a-PHP, 4-MEAP, MPHP, PV8 and 4-chloro-a-PVP under ch. 961, Stats. by creating the following:

CSB 2.68 Addition of N-Ethylhexedrone, a-PHP, 4-MEAP, MPHP, PV8 and 4-chloro-a-PVP to schedule I. Section 961.14 (7) (L) 35. to 40., Stats., is created to read:

961.14(7)(L)35. N-Ethylhexedrone.

36. alpha-pyrrolidinohexanophenone, commonly known as a-PHP.

37. 4-methyl-alpha-ethylainopentiophenone, commonly known as 4-MEAP.

38. 4'-methyl-alpha-pyrrolidinohexiophenone, commonly known as MPHP.

39. alpha-pyrrolidinoheptaphenone, commonly known as PV8.

40. 4'-chloro-alpha-pyrrolidinovalerophenone, commonly known as 4-chloro-a-PVP.

The Affirmative Action order, dated August 12, 2019, took effect on August 19, 2019 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 July 18, 2019, the United States Department of Justice, Drug Enforcement Administration published its final rule in the Federal Register placing N-Ethylhexedrone, a-PHP, 4-MEAP, MPHP, PV8 and 4-chloro-a-PVP into Schedule I of the federal Controlled Substances Act. The scheduling action was effective on July 18, 2019.

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

Chapter CSB 3

SPECIAL USE AUTHORIZATION

CSB 3.01	Authority.
CSB 3.02	Definitions.
CSB 3.03	Permits generally.
CSB 3.04	SUA permit application.
CSB 3.045	Limited special use authorization.

CSB 3.05	Limitations on narcotic dog trainer drugs and drug quantities.
CSB 3.06	Amendment.
CSB 3.07	Record-keeping; records retention; disclosure.
CSB 3.08	Violations.

CSB 3.01 Authority. The provisions in this chapter are adopted under the authority in s. 961.335 (8), Stats.

History: CR 12-010; cr. Register October 2012 No. 682, eff. 11-1-12.

CSB 3.02 Definitions. In this chapter:

- (1) “Board” means the controlled substances board.
- (2) “Controlled substance” has the meaning given in s. 961.01 (4), Stats.
- (3) “Humane shelter” means a facility that is intended to provide for and promote the welfare, protection, shelter, and humane treatment of animals, and that is operated by a humane society, animal welfare society, animal rescue group or other non-profit group. “Humane shelter” includes a shelter that provides foster care to animals.
- (4) “Special use” means to manufacture, obtain, possess, use, administer, or dispense a controlled substance for purposes that include, but are not limited to, scientific research, instructional activities, chemical analysis, drug-detecting animal training, and euthanasia in humane shelters.
- (5) “Special use authorization” or “SUA” means permission from the board to manufacture, obtain, possess, use, administer, or dispense a controlled substance for a special use.
- (6) “SUA permit” means a special use authorization permit granted to an individual by the board.

History: CR 12-010; cr. Register October 2012 No. 682, eff. 11-1-12.

CSB 3.03 Permits generally. (1) No individual may manufacture, obtain, possess, use, administer, or dispense a controlled substance for a special use without a valid SUA permit for such purpose.

(2) An SUA permit may be issued to an individual only. Entities are not eligible to receive an SUA permit, except that an individual may be designated and authorized to receive the permit for a college or university department, research unit, or similar administrative organization unit. Students, laboratory technicians, research specialists, or chemical analysts under the designee’s supervision may possess and use the substances named in the designee’s permit for the authorized purposes without obtaining an individual permit.

(3) An SUA permit authorizes the holder to manufacture, obtain, possess, use, administer, or dispense the controlled substances specified in the permit and in the amounts specified in the permit. A permit holder shall use the authorized controlled substances only in the manner delineated in the SUA permit application, and as approved by the board. Any deviation from the permit’s specifications and subsequent amendments shall constitute a violation of the permit, and may result in revocation or suspension of the permit as set forth in s. CSB 3.08 (2).

(4) An SUA permit is valid for one year from the date of issuance. An SUA permit shall not be extended or renewed. A new application shall be completed and a new permit shall be granted to continue authorization beyond an existing permit’s expiration date.

History: CR 12-010; cr. Register October 2012 No. 682, eff. 11-1-12.

CSB 3.04 SUA permit application. (1) Every applicant for an SUA permit shall:

(a) Submit a completed application and any required checklists using forms provided by the board. A complete application shall include a detailed description of the anticipated uses for each identified controlled substance in Schedules I to V of ch. 961, Stats., including each identified controlled substance by name and schedule and the protocols for such uses.

Note: Application forms and checklists are available upon request to the board office at 1400 E. Washington Ave., P.O. Box 8935, Madison, Wisconsin 53708, or online at <http://dps.wi.gov>, under “Professions,” then “Controlled Substance Special Use Authorization.”

(b) Pay the applicable permit fee of \$25 as set forth in s. 961.335, Stats. No fee for an SUA permit may be charged to an employee of a state agency or institution if the permit is necessary to perform employment functions.

(c) Provide proof that the applicant has submitted an application for registration with the federal drug enforcement administration.

(d) Provide proof of the applicant’s compliance with the board’s requirements for maintaining the physical security of the controlled substances identified in the application.

(e) Provide the calculations that led to the amounts requested in the application.

(f) Any individual applying for an SUA permit shall provide any other information or documentation requested by the board.

(2) In addition to sub. (1), researchers shall also provide the following:

(a) A detailed one-page description of each research protocol that involves the use of controlled substances.

(b) For research involving animals, verification of Institutional Animal Care and Use Committee approval.

(c) For research involving human subjects, verification of Institutional Review Board approval.

(3) In addition to sub. (1), humane shelters shall also provide all of the following:

(a) Estimates as to the number of animals and dosage per animal.

(b) Documentation of completion of a board-approved euthanasia by injection course by each staff member performing euthanasia.

(4) In addition to sub. (1), narcotic dog trainers shall also provide the following:

(a) Unless other documentation is required by the board, a letter from the sheriff or chief of police, in the jurisdiction where the controlled substances are stored, that includes all of the following for dog training purposes:

1. Authorizing possession of controlled substances.
2. Accepting responsibility for the narcotic dog trainer.
3. Agreeing to supervise the narcotic dog trainer’s storage and use of controlled substances.

(b) Verification of membership in a board-approved national or Wisconsin police dog association for each narcotic dog trainer.

(c) For private narcotic dog trainers, an appearance before the board shall be required.

(5) In addition to sub. (1), municipal law enforcement animal control shall also provide all of the following:

(a) Unless other documentation is required by the board, a letter from the sheriff or chief of police, in the jurisdiction where the controlled substances are stored, that includes all of the following for euthanasia purposes:

1. Authorizing possession of controlled substances.
2. Accepting responsibility for the animal control officer.
3. Agreeing to supervise the animal control officer's storage and use of controlled substances.

(b) Documentation of completion of a board-approved euthanasia course by the officer performing euthanasia.

(6) In addition to sub. (1), analytical labs shall also provide all of the following:

(a) An inventory listing the total weight in grams if solid, or volume and concentration if liquid, of each controlled substance in the lab or intended for purchase for the lab.

(b) Whenever the lab purchases or otherwise adds to its inventory a new controlled substance or an additional amount of a controlled substance that was not previously authorized in a permit, an amended SUA application that includes the total weight in grams if solid, or volume and concentration if liquid, for each such new or additional substance.

(c) A detailed description of standard operating procedures relating to the use of controlled substances that includes the receipt, use, and disposition of controlled substances.

(7) The board may request an appearance before the board if additional information is required.

History: CR 12-010: cr. Register October 2012 No. 682, eff. 11-1-12; CR 15-083: am. (6) (a), (b) Register August 2016 No. 728, eff. 9-1-16.

CSB 3.045 Limited special use authorization. The board may grant a limited SUA or deny a SUA based upon consideration of public health and safety including any of the following reasons:

(1) An act constituting a violation under s. CSB 3.08 (1).

(2) Making any materially false statement or giving any materially false information in connection with an application for a SUA.

(3) Violating any federal or state statute or rule which substantially relates to the ability to manufacture, obtain, possess, use, administer, or dispense a controlled substance for a special use.

(4) An act which shows the person to be unable to safely use the SUA permit due to alcohol or other substance use.

History: CR 14-009: cr. Register July 2014 No. 703, eff. 8-1-14; correction in (title) made under s. 13.92 (4) (b) 2., Stats., Register July 2014 No. 703.

CSB 3.05 Limitations on narcotic dog trainer drugs and drug quantities. (1) Narcotic dog trainers shall be limited to having possession of the following drugs and quantities at any given time during the permit period:

(a) Up to 2 kilograms of marijuana. Marijuana may require periodic replacement during the permit period. Total use per year, taking into account replacement, shall be requested.

(b) Up to 30 grams of cocaine.

(c) Up to 30 grams of cocaine base, commonly known as crack cocaine.

(d) Up to 30 grams of heroin.

(e) Up to 30 grams of methamphetamine.

(2) A trainer may request, and the board may approve, with appropriate justification by the trainer, other controlled substances or different quantities of controlled substances.

History: CR 12-010: cr. Register October 2012 No. 682, eff. 11-1-12.

CSB 3.06 Amendment. (1) A permit shall be effective only for the individual, substances, and project specified on its face and for additional projects which derive directly from the stated project. An individual holding a valid SUA permit may apply for an amendment to the permit by filing a written request with the board indicating the justification for the amendment and by paying a \$5 fee. The board may approve a request to amend a permit for any of the following reasons:

(a) A change to the original permit holder.

(b) The addition of new individuals to the permit who are participating in the functions for which the authorization was approved.

(c) An increase in the amount of a previously authorized controlled substance.

(d) The addition of specific controlled substances or schedules not previously authorized.

(e) The addition of further activity in accordance with s. 961.335 (5), Stats.

(2) An application for an amendment shall be submitted to the department and approved by the board prior to a permit holder operating under the terms of the amendment.

(3) Individuals applying for an amendment shall provide any other information or documentation requested by the board including information and documentation related to previous special use authorization permits.

History: CR 12-010: cr. Register October 2012 No. 682, eff. 11-1-12.

CSB 3.07 Record-keeping; records retention; disclosure. (1) A permit holder shall maintain updated and accurate records of all of the following:

(a) The purchase of controlled substances pursuant to the permit, including receipts.

(b) The disbursement, use, and disposition of all controlled substances authorized by the permit.

(c) The total weight in grams if solid, or volume and concentration if liquid, of each controlled substance on hand.

(d) Documentation related to any discrepancies in a controlled substance inventory and usage, and all documentation related to investigation of such discrepancies.

(2) A permit holder shall retain the records described in sub. (1) for 4 years after the expiration of the special use authorization permit.

(3) A permit holder shall provide copies of the original records upon request of the board or the department of safety and professional services, except for those that are protected from disclosure by s. 961.335 (7), Stats.

History: CR 12-010: cr. Register October 2012 No. 682, eff. 11-1-12; CR 15-083: am. (1) (c) Register August 2016 No. 728, eff. 9-1-16.

CSB 3.08 Violations. (1) The following acts shall constitute a violation of an SUA permit:

(a) Any deviation from the permit's specifications related to controlled substances, schedules of drugs, or amounts authorized.

(b) Failure to comply with this chapter or s. 961.335, Stats.

(c) Failure to maintain physical security requirements for controlled substances as required by state and federal law.

(d) Failure to comply with board-approved euthanasia standards.

Note: The board considers the most current version of the euthanasia standards as stated in the American Veterinary Medical Association (AVMA) panel on euthanasia available at <http://www.avma.org>.

(e) Failure to notify the board of the revocation or limitation of a drug enforcement administration registration, within 3 business days of the revocation or limitation.

(2) Any violation of a special use authorization permit may, in the board's discretion, result in the suspension or revocation of the special use authorization permit.

History: CR 12-010: cr. Register October 2012 No. 682, eff. 11-1-12.

TEXT OF RULE

SECTION 1. CSB 4.04 (2) (gc) is created to read:

CSB 4.04 (2) (gc) The partial fill indicator.

SECTION 2. CSB 4.093 (2m) is created to read:

CSB 4.093 (2m) Department staff who are charged with investigating dispensers, dispenser delegates, pharmacists, pharmacist delegates, practitioners, and practitioner delegates may access the audit trails related to s. CSB 4.12 (3) (f) and (g).

SECTION 3. CSB 4.09 (1) (c) and (d) are created to read:

CSB 4.09 (1) (c) Scientific research purposes if all of the following requirements are met:

1. The patient is a direct patient of the healthcare professional.
2. The healthcare professional has obtained informed consent from the patient to access monitored prescription drug history reports for scientific research purposes.

(d) Purposes of conducting an overdose fatality review.

SECTION 4. CSB 4.11 (9) is amended to read:

CSB 4.11 (9) The board may disclose PDMP data without personally identifiable information that could be reasonably used to identify any patient, healthcare professional, practitioner delegate, pharmacist delegate, or dispenser for public health and scientific research purposes. The board may require evidence of institutional review board approval.

SECTION 5. 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.

(END OF TEXT OF RULE)
