

March 3, 2026

Chair James, Vice-Chair Wanggaard, and Honorable Members of the Senate Committee on Mental Health, Substance Abuse Prevention, Children and Families:

The American Civil Liberties Union of Wisconsin appreciates the opportunity to provide testimony in support of Senate Bill 889.

This bill is about one simple principle: when someone is overdosing, the priority must be saving their life, not punishing them or the person who calls for help.

By expanding the Good Samaritan law, 2017 Wisconsin Act 33 was a critical measure for encouraging individuals to call for immediate medical attention in the case of an overdose. In addition to providing aiders and aided persons with immunity or diversion opportunities for limited possession offenses, aiders and aided persons would not face revocation of probation, parole, or extended supervision so long as they completed a treatment program. These protections were sunset in 2020 but their reimplemention is essential for saving lives.

The number one reason people cite for not calling 911 in the event of an overdose is fear of arrest. Devastatingly, less than 50% of overdoses result in a call for help.¹ Overdose deaths are often preventable, but like a heart attack, the chance of survival greatly depends on how quickly one receives medical assistance.

According to a fifty-state survey compiled by the Network for Public Health Law, 48 states and the District of Columbia have enacted at least one overdose Good Samaritan law as of August 2023, including 27 states with laws providing protection from probation or parole violations.² A 2021 report from the Government Accountability Office that reviewed 17 studies on the effectiveness of Good Samaritan laws found “a pattern of lower rates of opioid-related overdose deaths among states that have enacted [these] laws, both compared to death rates prior to a law’s enactment and death rates in states without such laws.”³

The evidence is clear: when people know they will not face additional criminal penalties for seeking emergency help, they are more likely to call. And when they call, people live.

¹ Koester, S., Mueller, S. R., Raville, L., Langegger, S., & Binswanger, I. A., "Why are some people who have received overdose education and naloxone reticent to call Emergency Medical Services in the event of overdose?" *International Journal of Drug Policy*, 48 (October 2017), available at <https://www.ncbi.nlm.nih.gov/pubmed/28734745c>.

² “Harm Reduction Legal Project: 50-State Survey,” The Network for Public Health Law (August 2023), <https://www.networkforphl.org/wp-content/uploads/2024/10/50-State-Survey-Harm-Reduction-Laws-in-the-United-States.pdf>.

³ “Drug Misuse: Most States Have Good Samaritan Laws and Research Indicates They May Have Positive Effects,” U.S. Government Accountability Office (March 2021), <https://www.gao.gov/products/gao-21-248>.

More than 800,000 people died from drug overdoses in the United States between 1999 and 2019.⁴ In 2023 alone, there were 1,422 opioid-related deaths in Wisconsin; in 2024, there were 814 opioid-related deaths.⁵ Addiction does not discriminate by political party, geography, or ideology. Republican districts, Democratic districts, rural counties, suburban communities, and urban neighborhoods across Wisconsin are all grappling with overdose deaths. Families in every corner of this state have lost sons, daughters, parents, and friends.

This bill presents an opportunity for bipartisan leadership rooted in shared values: protecting life, supporting recovery, and strengthening families.

For nearly sixty years, the so-called war on drugs has attempted to address addiction primarily through criminalization. It has not eliminated drug use, it has not stopped overdose deaths, and it has proven both ineffective and extraordinarily costly. Creating avenues to treat substance use disorder as opposed to criminalizing it is the fiscally responsible approach. For example, Wisconsin's Treatment Alternative and Diversion (TAD) programs continue to be a cost-effective component of our criminal justice system: for every \$1 spent on TAD programs, the state is estimated to save between \$5.15-\$5.92 for treatment court programs and \$8.18-\$9.12 for diversion programs.⁶ Keeping someone alive long enough to access recovery services costs far less than the long-term economic and social costs of death, incarceration, and family destabilization.

This legislation does not eliminate accountability for serious crimes. It simply ensures that when someone is facing a life-or-death medical emergency, fear of revocation or prosecution does not stop a bystander from calling 911. By reestablishing these Good Samaritan protections, Wisconsin affirms that saving a life matters more than securing a simple possession charge. We respectfully urge you to support this bill and take a bipartisan step toward protecting the lives of Wisconsinites struggling with addiction.

⁴ *Id.*

⁵ "Opioids: Data Summary Dashboard," Wisconsin Dept. of Health Services, <https://www.dhs.wisconsin.gov/opioids/dashboards.htm>.

⁶ "Treatment Alternatives and Diversion (TAD) Program 2019-2023: Participant Summary, Post-Program Recidivism, and Cost-Benefit Analysis," Wisconsin Department of Justice, https://www.wisdoj.gov/Documents/2025%20TAD%20Report_04%2014%202025.pdf.