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Committee on Health, Human Services, Insurance, and Job Creation
Senator Jon Erpenbach, Chairperson

Statement of Greg Weber, R.Ph., Wisconsin Pharmacy Examining Board
2007 Senate Bill 409: Relating to Remote Dispensing by Pharmacists

Room 411, South, State Capitol, Wednesday, February 20, 2008, 10:00 A.M.

Chairperson Erpenbach and members of the Committee, my name is Greg Weber. I serve as chair of the Wisconsin Pharmacy Examining Board. Thank you for the opportunity to appear on behalf of the Board. The Board supports 2007 Senate Bill 409. Under current law, no pharmacist may dispense a prescribed drug or device from a location that is not licensed by the Wisconsin Pharmacy Examining Board as a pharmacy. Remote dispensing can act as an integral part of the patient prescription drug delivery system in underserved areas of Wisconsin. Using remote dispensing a pharmacy may partner with a rural health clinic or other health care provider to assist in performing certain dispensing functions under the supervision of a pharmacist. Remote dispensing addresses:

1. A shortage of pharmacists in Wisconsin.
2. Patient access in areas where a delay in care could impact health.
3. The creation of new business models to respond to changing health care delivery needs.
4. Fully utilizes the concept of "central fill" whereby a pharmacy may contract with another pharmacy to perform dispensing functions in concert with other health care providers.

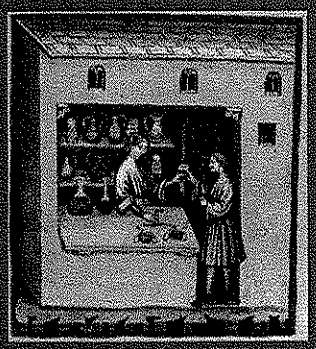
Remote dispensing entails a pharmacy maintaining a supply of non patient specific packaged drugs at a location other than a pharmacy, and a pharmacist acts in concert with another health care provider, and/or a mechanical dispensing machine, to do all dispensing tasks necessary to prepare a drug for transfer to the patient. These dispensing functions include patient medication profile review, insurance adjudication, packaging, labeling, counseling, and final transfer of the drug to the patient.

Senate Bill 409 would allow the Board for a period of two years to review and approve proposals on a case-by-case basis for pharmacists to dispense at locations not licensed as a pharmacy. Administrative rulemaking would be required by the Board for permanent implementation of regulatory guidelines for remote dispensing beyond the two-year implementation date of SB 409.

Thank you for the opportunity to appear today.

SB409Testimony2-20-08

Physician Dispensing Services at Marshfield Clinic



Marshfield Clinic Physician Dispensing

Provides Prescription Fulfillment Services to patients in underserved areas through the use of telemedicine technology, automated dispensing technology, scanning technology and integrated computer systems

Physician Dispensing Services at Marshfield Clinic

- Physician dispensing is facilitated by a collaborative practice policy developed at Marshfield Clinic to provide this service for our patients
  Physician dispensing occurs under the laws governing physician dispensing, with pharmacist's technical oversight
- Pharmacy staff perform all technical functions in the same manner as they would in a licensed pharmacy.
- Use of Televideo Technology allows Marshfield Clinic to provide enhanced patient safety and service levels

Physician Dispensing Marshfield Clinic – Mercer Center

- Dispensing pharmacy technician is located at the distant (patient) site in Mercer
- Pharmacist is located at the central site in Minocqua

Minocqua

Mercer

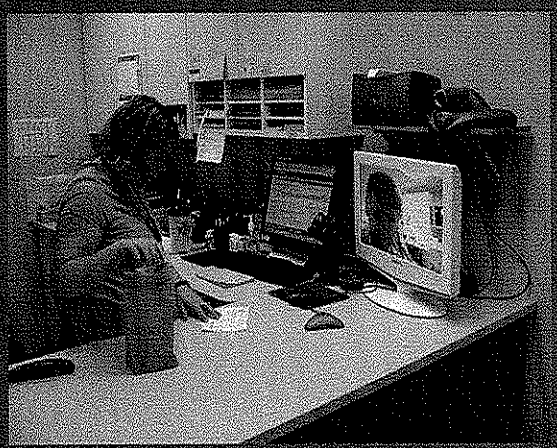
- Clinical Televideo system is connected at the beginning of the day from Marshfield Clinic Minocqua Center pharmacy.

- Technician at Mercer Center receives prescription from patient or through e-prescribing (MedsManager).

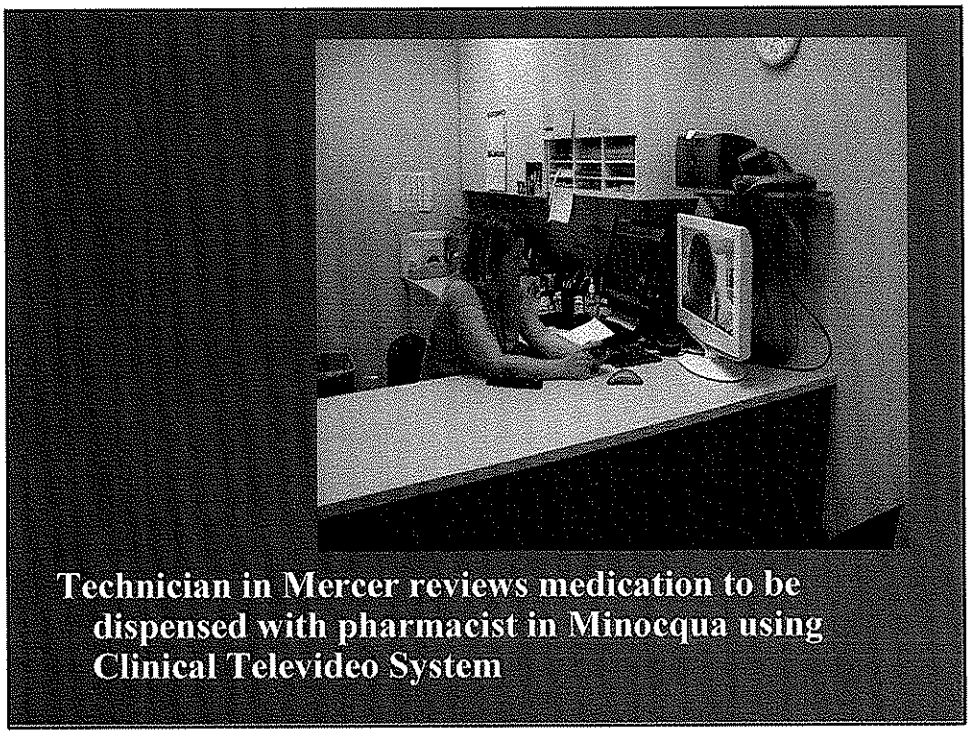
Technician fills the prescription from stock multi-dose containers.

Label is generated – product is packaged

Pharmacist in Minocqua is called to the clinical video system to verify that the prescription to be dispensed matches physician order

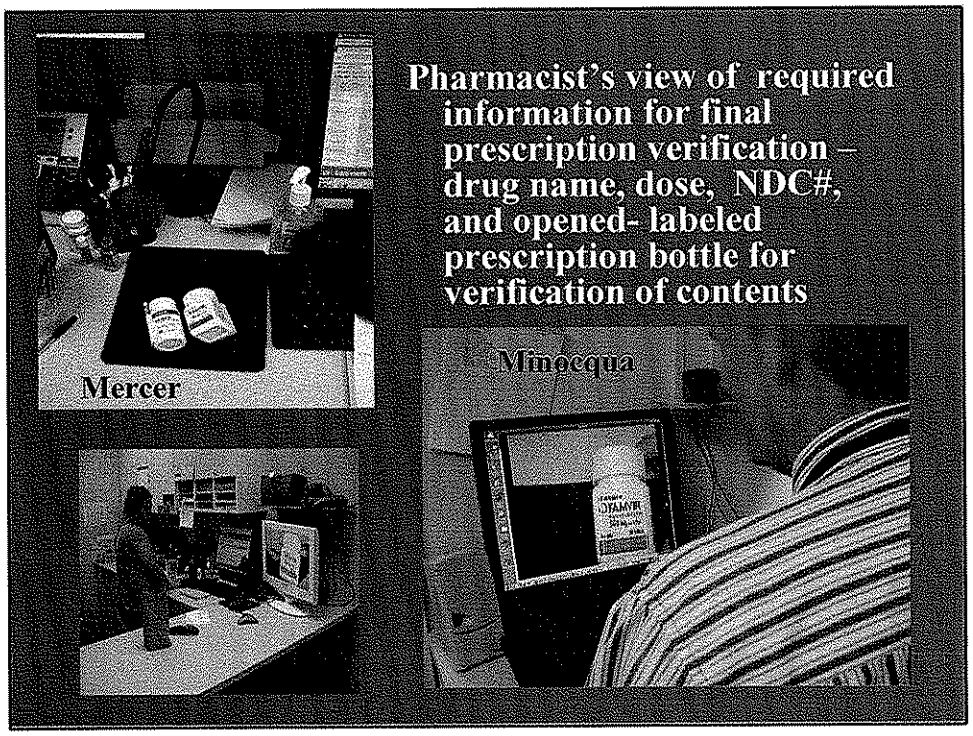


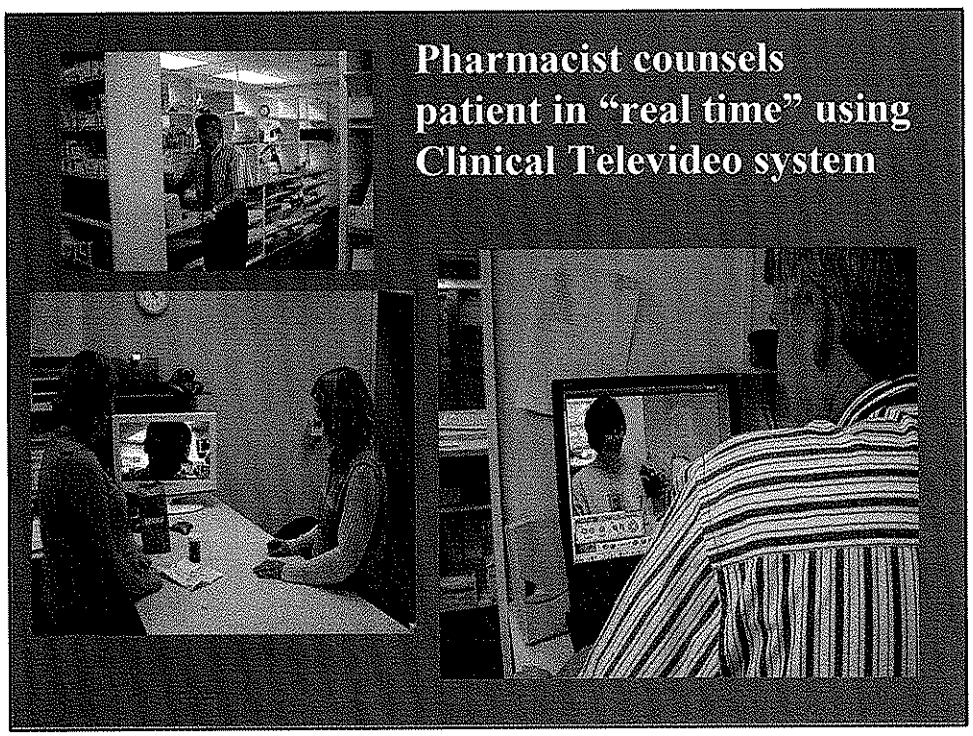
Pharmacist has access to processed prescription information and to the patient history through EMR



Technician in Mercer reviews medication to be dispensed with pharmacist in Minocqua using Clinical Televideo System

Technician switches camera to facilitate Pharmacist view of medication bottles and NDC number used in filling the prescription


Pharmacist's view of required information for final prescription verification – drug name, dose, NDC#, and opened- labeled prescription bottle for verification of contents
Mercer
Minocqua


Pharmacist counsels patient in "real time" using Clinical Televideo system

The technician at the "remote site" performs the remaining prescription fulfillment tasks in the same manner as if the site were a licensed pharmacy.

- Provides refill information (if appropriate)
- Collects patient co-payment(s)
- Collects patient signature documenting receipt of prescription
- Thanks the patient!

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Testimony before the Committee on Health, Human Services, Insurance and Job Creation
Wednesday, February 20, 2008
Gary Plank, PharmD
Corporate Director of Pharmacy Services, Marshfield Clinic

I am Gary Plank PharmD, Corporate Director of Pharmacy Services, Marshfield Clinic. I am here to speak in favor of SB 409, Remote Dispensing by a Pharmacist, on behalf of the Marshfield Clinic System.

Marshfield Clinic, an integrated outpatient health care system, has 42 (soon to be 47) centers spread over approximately 40,000 square miles in North Central Wisconsin, providing high-quality health care, medical research, and undergraduate and graduate medical education to Wisconsin citizens. Marshfield Clinic provides care for all individuals who access our system regardless of their ability to pay. Marshfield Clinic's health policy agenda for 2007/09 State Biennium and Legislative Sessions is focusing on access to health care, quality, and cost containment.

Marshfield Clinic recognizes that 80% of health care costs nationally are attributable to 20% of the population and directed to the care of chronic diseases (coronary artery disease, diabetes mellitus, and chronic obstructive pulmonary disease). Marshfield Clinic, through our participation in the Centers for Medicaid and Medicare Services Physician Group Practice Demonstration Project, is marshalling our integrated electronic medical record, chronic disease, care management teams, and clinical decision support strategies to improve the quality of care of all patients who access our system with chronic diseases and, in the process, reduce health care costs.

Marshfield Clinic is also a National leader in Telehealth. The Marshfield Clinic TeleHealth Network (MCTN) was initiated in December of 1997 with a 1997 Rural Telemedicine Grant from the Office of Rural Health Policy. In 2000, MCTN received an additional grant from the Office for the Advancement of TeleHealth, HRSA, to continue to expand its original program and move out into the community with access to needed services via TeleHealth.

Marshfield Clinic's experience in TeleHealth support of Pharmacy practice began in 2002. At that time Marshfield Clinic Oncology Services expanded to the community of Wisconsin Rapids. Because of the difficulties associated with recruiting and retaining Pharmacists with specialized training and experience in Oncology, the decision was made to provide Pharmacist support to the Wisconsin Rapids Oncology practice using TeleHealth technology. As Oncology services have expanded, so has Marshfield Clinic's use of TeleHealth to support the Pharmacy practice. We currently have 5 Pharmacists supervising chemotherapy production and supporting Oncology care at 8 Marshfield Clinic Oncology practice sites (3 by TeleHealth link).

Just over a year ago, as a result of the closing of their only local pharmacy, the Mercer Town Board approached Marshfield Clinic asking how we might assist the residents of their community in gaining access to their prescription medications from our Marshfield Clinic Mercer Center. Utilizing TeleHealth technology we were able to provide Pharmacist Supported Physician Dispensing at this center, temporarily filling this void for pharmacy services. As a result of the very positive results achieved in Mercer, Pharmacist Supported Physician Dispensing has been expanded to the Marshfield Clinic Radisson Center.

SB409 will allow Wisconsin pharmacists to provide much needed access to high quality patient focused pharmacy services for residents located in rural as well as urban parts of our state. This will assure that the drug therapies prescribed for these people, including those to treat chronic diseases, will be readily available despite potential barriers such as long distance to travel to a pharmacy, rising gas prices, and the uncertainty of weather.

Nation wide, the Pharmaceutical Industry estimates that anywhere from 20% to 30% of prescriptions that are written for patients are never filled, or filled but never taken. The implications of patients not filling their prescriptions may have a substantial impact on their health and lead to more costly health care for untreated or poorly treated acute and chronic conditions.

Much attention is given to the high cost of prescription medications and the potential for cost to provide a barrier to compliance with prescribed drug regimens. In rural and otherwise underserved communities (including many urban areas in the state), access to prescription pharmaceutical treatments vital to immediate patient health, preventative therapies and chronic disease management are hindered by geographically remote pharmacy locations (problems made worse in Wisconsin by rising gas prices and the uncertainty of the weather) and/or difficulties in recruiting pharmacists.

By allowing the remote supervision of prescription dispensing by pharmacists, SB409 will certainly aid in reduction of barriers to access to these much needed therapies and products. The long-term benefit of this increased level of access will not only improve patients' lives, but could prove to be a vital link in controlling health care costs.

Marshfield Clinic actively supports SB409 and looks forward to sharing our experience in collaboration with the Wisconsin Pharmacy Examining Board to develop remote dispensing policy that improves access to pharmaceuticals while assuring the safety of the residents of Wisconsin.

Marshfield Clinic actively supports SB 409 and I would be happy to answer any questions.

Sincerely,
Gary Plank, PharmD

PHARMACY
SOCIETY OF
WISCONSIN

"Leading Our Profession in a Changing Health Care Environment"

To: Members of the Wisconsin State Senate Committee on Health, Human Services, Insurance and Job Creation
From: Susan Sutter, Chair, Pharmacy Society of Wisconsin's Board of Directors
Re: Testimony in Support of Senate Bill 409, Remote Dispensing Legislation

Thank you Chairman Erpenbach and members of the Senate Committee on Health, Human Services, Insurance and Job Creation for hearing Senate Bill 409 (SB 409) which will allow remote dispensing systems to be operated by pharmacies. As the current Board Chair of the Pharmacy Society of Wisconsin and I offer this testimony on behalf of PSW to support Senate Bill 409.

My husband and I own and operate three independent pharmacy locations in the Dodge County area. We have heard from patients and health care professionals about the need for this legislation. As the former Chair of the Wisconsin Pharmacy Examining Board (PEB) I have been involved in the development of this legislation for a long time and it is rewarding for me to be here today.

Recently, the Assembly Public Health Committee amended Assembly Bill 731, the companion bill of SB 409. Assembly Substitute Amendment 1 to AB 731 specifies where a pharmacy may operate a remote dispensing system. The Pharmacy Society of Wisconsin supports that amendment.

Current Law Needs to Change

Current law already permits physician dispensing to occur and the Pharmacy Examining Board has seen this practice happening more frequently. Physicians and certain other licensed health care providers are permitted by state statutes to perform dispensing functions and they can use remote dispensing systems. Ironically, under current Wisconsin law, no pharmacist may dispense a prescribed drug or device from a location that is not licensed by the PEB as a pharmacy. This bill will level the playing field.

The primary reasons for pursuing a remote dispensing change are:

1) To enhance patient care in rural or underserved urban areas;

2) To enable pharmacists to oversee remote dispensing systems as are currently allowed to Wisconsin physicians; and,

3) To address the increasing pharmacist shortage by enabling the use of automation and dispensing efficiencies.

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PSW believes that remote dispensing should only occur under the direct supervision of a pharmacist and each patient who receives a medication from a remote location should receive a consultation from a licensed Wisconsin pharmacist as they would if they were dispensed the medication in a licensed Wisconsin pharmacy.

What is remote dispensing?
Remote dispensing, by definition, would allow a pharmacist to dispense prescription medications at a location not licensed as a pharmacy.

Through such a system, and under the direct management and supervision of a licensed Wisconsin pharmacist, medications could be dispensed through the use of an automated system or other collaborative practice arrangements with practitioners that perform the medication packaging and labeling functions associated with dispensing. All legal requirements associated with traditional dispensing, including the storage, packaging, and distribution of medications would remain.

The Pharmacy Society of Wisconsin Supports a Remote Dispensing system that will do the following:

- **Require licensed pharmacists.** Any form of remote dispensing must include the involvement of a licensed Wisconsin pharmacist. Patient consultation must be a priority in any policy consideration.
- **Specify systems' locations.** Require that remote dispensing systems shall only be located in health care facilities or at locations which incorporate the services of a Wisconsin-licensed health care professional who has prescribing authority.

In addition to these recommendations, PSW also suggests the PEB, through their rule- making authority give serious consideration to the handling of stored or unused prescription drugs at remote locations. Security issues must be addressed by PEB policy. Who will have access to machines used to dispense prescriptions at remote locations? Who will be charged with developing security criteria at a facility using a technician or physician dispensing system?

We look forward to working with members of the PEB and the legislature in the development of a remote dispensing policy that ensures access and safety.

Thank you again for this opportunity.

WISCONSIN HOSPITAL ASSOCIATION, INC.

To: Chairman Erpenbach and
Members of the Senate Health and Human Services Committee.
From: Judy Warmuth, Vice President for Workforce,
Wisconsin Hospital Association
Date: February 20, 2008
RE: Testimony in Support of SB 409

Senator Erpenbach and members of the Committee,

I am Judy Warmuth, Vice President for Workforce at the Wisconsin Hospital Association. I am here in on behalf of WHA and the Rural Wisconsin Health Cooperative to testify in support of AB 731.

For the last several years, pharmacist positions have topped the list of 'most difficult to hire' positions in Wisconsin hospitals. In 2006, the Wisconsin Hospital Association published "Building a Health Care Workforce for Wisconsin's Future" which highlighted the current and future pharmacist shortage. Not only is there a shortage, but the situation is especially critical in rural Wisconsin where it is exceptionally difficult to attract new pharmacy graduates to work.

A necessary solution to such a shortage is to increase the number of practitioners. But it is a costly solution that will take many years to implement. While it is important for Wisconsin to increase the supply of pharmacists, it is also important that this not be the only answer.

Other solutions include creating new types of workers, finding new ways to do the work, and creating employment opportunities specific to rural health needs. These solutions perhaps, can be implemented much quicker and with less cost. They will also improve service, and access to care.

SB 409 which allows remote dispensing by Pharmacists is a perfect winning example. We all want patients to be able to have prescriptions filled safely, and at a time and place that is convenient. We also want patients to have access to accurate information and education… no matter where in Wisconsin they live or seek health care. The strategy of recruiting more pharmacists and creating more pharmacies to address the needs of smaller facilities is increasingly difficult to achieve because of both a shortage a pharmacists and the cost involved.

When creating new solutions to health care workforce and access challenges, it is important that access to information and knowledge, and quality of delivery are not compromised. SB 409 is this type of solution.

I wish to thank the Pharmacy Examining Board for their interest in finding ways to assure quality of care while improving access for Wisconsin residents. I would ask the committee to vote enthusiastically in support of SB 409.

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ROGER BRESKE

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Senate Bill 409 – Remote Dispensing; Senate Health Committee; 2.20.08

THANK YOU CHAIRPERSON ERPENBACH FOR SCHEDULING A HEARING ON SB409 FOR A PUBLIC HEARING.

THANK YOU COMMITTEE MEMBERS FOR CONSIDERING SB409 TODAY.

I WAS APPROACHED BY DOCTORS, WITH THE SUPPORT OF THE PHARMACY EXAMINING BOARD TO INTRODUCE LEGISLATION ON REMOTE DISPENSING. REPRESENTATIVE MONTGOMERY HAS COMPANION LEGISLATION AS AB731, WHICH IS AVAILABLE FOR A VOTE BY THE ASSEMBLY. THE PHARMACY BOARD WOULD LIKE MORE FLEXIBILITY TO SET UP PROGRAMS WHERE THE PHARMACIST CAN ACTUALLY BRING THE PRESCRIPTION TO THE PATIENTS.

THIS WILL PROVIDE AN AMAZING BENEFIT TO RESIDENTS IN MY AREA WHO OFTEN DRIVE AND HOUR EACH WAY TO PICK UP THEIR DRUGS. AND THIS OFFERS A BETTER ALTERNATIVE TO MAIL-ORDER PRESCRIPTIONS BECAUSE NOW A PHARMACIST IS INVOLVED.

THE SUBSTITUTE AMENDMENT CLARIFIES THAT THE DISPENSING CAN ONLY OCCUR AT CERTAIN PLACES SUCH AS A HEALTH CARE FACILITY, A PHYSICIANS OFFICE, OR A CORRECTIONAL FACILITY. THIS IS THE SAME AMENDMENT ADOPTED TO AB731. WITH THE AMENDMENT BOTH BILLS ARE IDENTICAL.

I HOPE YOU WILL ADOPT THE SUBSTITUTE AMENDMENT AND GIVE EVERY POSSIBLE CONSIDERATION TO SB409.

THANK YOU AGAIN FOR INVITING ME TO BE HERE TODAY. I'M HAPPY TO ANSWER ANY QUESTIONS I CAN.

Recycled paper

WISCONSIN LEGISLATIVE COUNCIL

Terry C. Anderson, Director
Laura D. Rose, Deputy Director

TO: SENATOR ROGER BRESKE

FROM: Richard Sweet, Senior Staff Attorney

RE: LRBs0256/1, Proposed Substitute Amendment to 2007 Senate Bill 409 (Remote Dispensing by Pharmacists)

DATE: February 11, 2008

This memorandum describes LRBs0256/1, a proposed Senate Substitute Amendment to 2007 Senate Bill 409. The bill and substitute amendment relate to remote dispensing by pharmacists.

Senate Bill 409 provides an exception to the general requirement that pharmacists dispense prescription drugs only at licensed pharmacies. Under the exception created by the bill, a pharmacist may dispense at a location not licensed as a pharmacy pursuant to rules promulgated by the Pharmacy Examining Board.

In addition, the bill provides that notwithstanding the statute that requires agencies to promulgate as a rule each statement of general policy and each statutory interpretation, a pharmacist may dispense at a location not licensed as a pharmacy pursuant to policies and procedures established by the Pharmacy Examining Board. This provision applies for the period before the effective date of the rules required under the bill, but no later than the first day of the 25th month beginning after the effective date of the bill.

The ***proposed Senate Substitute Amendment***, LRBs0256/1, contains the same provisions as the bill, but limits the locations at which remote dispensing may occur to the following locations:

1. A health care facility, as defined in current s. 150.84 (2), Stats. This definition includes a variety of health care facilities, including hospitals, nursing homes, and community-based residential facilities. In addition, the substitute amendment includes specified institutions for persons committed under the statutes dealing with sexually violent persons.

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(OVER)

2. The office or clinic of a practitioner. The term "practitioner" is defined in current law as a person licensed in Wisconsin to prescribe and administer drugs or licensed in another state and recognized by Wisconsin as a person authorized to prescribe and administer drugs.

3. A county jail, rehabilitation facility, state prison, or county house of correction.

4. Specified types of juvenile correctional or detention facilities or residential care centers for children and youth.

Feel free to contact me if I can be of further assistance.

RNS:jb:ksm