

☞ 11hr_AC-He_ab0245_pt01



(FORM UPDATED: 08/11/2010)

WISCONSIN STATE LEGISLATURE ... PUBLIC HEARING - COMMITTEE RECORDS

2011-12

(session year)

Assembly

(Assembly, Senate or Joint)

Committee on Health...

COMMITTEE NOTICES ...

- Committee Reports ... **CR**
- Executive Sessions ... **ES**
- Public Hearings ... **PH**

INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- Appointments ... **Appt** (w/Record of Comm. Proceedings)
- Clearinghouse Rules ... **CRule** (w/Record of Comm. Proceedings)
- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)
 - (**ab** = Assembly Bill) (**ar** = Assembly Resolution) (**ajr** = Assembly Joint Resolution)
 - (**sb** = Senate Bill) (**sr** = Senate Resolution) (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**

* Contents organized for archiving by: Stefanie Rose (LRB) (October 2013)

Assembly

Record of Committee Proceedings

Committee on Health

Assembly Bill 245

Relating to: procurement of prescription drugs by a faculty member at an institution of higher education for the purpose of lawful research, teaching, or testing.

By Representatives J. Ott, Stone, Strachota, Spanbauer, Brooks, Pridemore, A. Ott and Kooyenga; cosponsored by Senators Darling, Kedzie and Grothman.

September 09, 2011 Referred to Committee on Health.

September 21, 2011 **PUBLIC HEARING HELD**

Present: (10) Representatives Stone, Severson, Kaufert, Van Roy, Petersen, Litjens, Richards, Pasch, Seidel, C. Taylor.
Absent: (0) None.
Excused: (1) Representative Strachota.

Appearances For

- Rep. Jim Ott, Mequon — 23rd Assembly District
- Curt Gielow, Mequon — Dean, Concordia School of Pharmacy
- Karen Kopacek, Madison — UW School of Pharmacy

Appearances Against

- None.

Appearances for Information Only

- None.

Registrations For

- Tom Engels, Madison — Pharmacy Society of Wisconsin
- John Murray, Madison — Executive Assistant, Dept of Safety and Professional Services
- Lisa Maroney, Madison — UW Health

Registrations Against

- None.

Registrations for Information Only

- None.

October 19, 2011

EXECUTIVE SESSION HELD

Present: (11) Representatives Stone, Severson, Kaufert, Van Roy, Strachota, Petersen, Litjens, Richards, Pasch, Seidel and C. Taylor.

Absent: (0) None.


Excused: (0) None.

Moved by Representative Stone, seconded by Representative Pasch that **Assembly Bill 245** be recommended for passage.

Ayes: (11) Representatives Stone, Severson, Kaufert, Van Roy, Strachota, Petersen, Litjens, Richards, Pasch, Seidel and C. Taylor.

Noes: (0) None.

PASSAGE RECOMMENDED, Ayes 11, Noes 0



Marsha Dake
Committee Clerk

Vote Record

Committee on Health

Date: 10-19-11

Bill Number: 245

Moved by: Stone

Seconded by: ~~Richards~~ Pasch

Motion: Passage

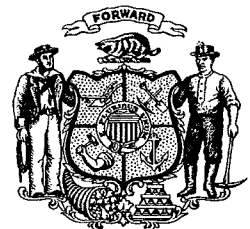
<u>Committee Member</u>	<u>Aye</u>	<u>No</u>	<u>Absent</u>	<u>Not Voting</u>
Representative Jeff Stone, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Erik Severson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Dean Kaufert	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Karl Van Roy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Patricia Strachota	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Kevin Petersen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Michelle Litjens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Jon Richards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Sandy Pasch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Donna Seidel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Chris Taylor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Totals:	<u>11</u>	<u>0</u>	<u> </u>	<u> </u>

Motion Carried

Motion Failed



WISCONSIN STATE LEGISLATURE





JIM OTT

STATE REPRESENTATIVE • 23rd ASSEMBLY DISTRICT

(608) 266-0486
District: (262) 240-0808
Toll-Free: (888) 534-0023
Rep.Ottj@legis.wi.gov

P.O. Box 8953
Madison, WI 53708-8953

Good morning Chairman Stone and committee members. Thank you for holding this hearing on Assembly Bill 245. I'm joined this morning by Curt Gielow, formerly the Representative of the 23rd Assembly District and now the mayor of Mequon. Mr. Gielow is also a pharmacist and the dean of the Concordia University School of Pharmacy.

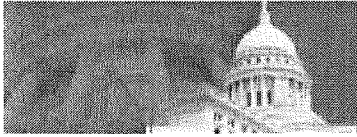
AB 245 corrects an unintended effect of a provision in the 2007-08 budget. Prior to 2007, Wisconsin's wholesale distribution law allowed educational institutions to purchase prescription drugs from wholesale distributors for research, teaching and testing. There was no intent to change this provision of the law in the budget, and initially it wasn't even noticed that the law had changed.

In 2010 Concordia University opened the second pharmacy school in Wisconsin, a historic event. Because of the unintended consequence of the provision in the 2007-08 budget, the school is prohibited from purchasing drugs and must depend on placebos. This is unacceptable. AB 245 authorizes a manufacturer or wholesale distributor of prescription drugs to deliver these drugs to a faculty member of a public or private institution of higher learning in Wisconsin for the purpose of lawful research, teaching or testing and not for resale.

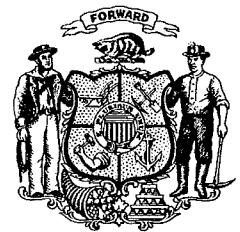
While Concordia University has a beautiful campus in the heart of my assembly district, I want to emphasize that this bill will benefit the entire state of Wisconsin as well as other institutions in our state. Seventy percent of the Pharmacy School students in the first two entering classes are from our state, so the school is filling a need for students statewide.

Second, it has become evident that the provision in the 2007-08 budget also affects other institutions in Wisconsin that need to purchase wholesale drugs for research and teaching. This bill will benefit those institutions as well.

Now Mr. Gielow will offer some additional testimony and also answer any questions for the committee.



WISCONSIN STATE LEGISLATURE



ASSEMBLY BILL 245

TESTIMONY

Curt Gielow, Executive Dean
Concordia University Wisconsin School of Pharmacy

Mr. Chairman and Members of the Assembly Health Committee,

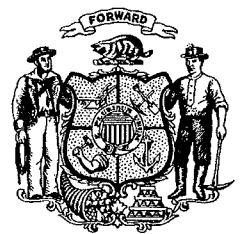
It's indeed a pleasure to be back among you and in the beautiful Capitol again. After I left the Legislature in 2007 I joined Concordia University Wisconsin in Mequon in the position of Executive Founding Dean, charged with the development of Wisconsin's second school of pharmacy. Wisconsin is the state in the nation with the most acute shortage of pharmacists....something most people don't know. Pharmacists are in acutely short supply in the smaller communities in northern Wisconsin. Our new program, now in its second year with students, complements the prestigious 125 year old program of the U.W. Madison. Of the 155 students now studying at the Concordia School of Pharmacy, more than 72% come from Wisconsin and more about 25% come from the smaller, rural areas of northern Wisconsin. A large percentage of pharmacists practicing in Wisconsin are over age 55 and the combination of looming retirements, an aging baby boomer population using more medications, and simply the significant increase in the average number of prescriptions per capita is driving the need for Wisconsin to have more pharmacists to serve the State. We believe we are truly helping address the healthcare access issues for citizens of our state. As an example, recent the statute change allowing properly trained pharmacists to administer flu and other vaccines to persons over age 6 allows greater access to immunizations for Wisconsin families in convenient and less expensive ways.

Training the next generation of Wisconsin pharmacists requires contemporary pharmacy education to prepare students for collaborative practice with colleagues in the other healthcare disciplines while serving as the medication therapy expert to that collaborative healthcare team. The complexity of drug utilization, contraindications, dosage forms, toxicology and pharmacodynamics makes training pharmacists with the use of REAL medications imperative. It's not possible to teach the consequences of chemical drug interactions using fake drugs or placebos.

An unintended consequence of statute language changes several years ago eliminated the right of schools of pharmacy, and perhaps medical schools and other health related educational institutions where legitimate research was being conducted, from procuring legend drugs (e.g. those requiring a prescription) from a wholesale drug company that sells these legend drugs to pharmacies and licensed institutions throughout our state. Schools of pharmacy are not licensed as pharmacies as we can't meet the PEB regulations to hold a Wisconsin pharmacy license. Nevertheless we employ pharmacists as faculty. Access to legend drugs for legitimate teaching purposes is precluded by current statute that denies our legal abilities to procure these drugs. As our new school is not associated with a medical school or academic teaching hospital we have no legal mechanism to procure legend drugs for teaching and research purposes.

Assembly Bill 245 simply allows procurement of legend drugs by institutions of higher education if the purpose is solely for teaching and/or research and not for resale.

We would appreciate your unanimous support of this statute fix by approving passage of AB-245 as soon as possible.



Allowing Pharmacies to Accept Schedule II Prescription Orders Electronically

Proposed Change to Current Law

X **961.38 Prescriptions(1r)** Except when dispensed directly by a practitioner, other than a pharmacy, to an ultimate user, no controlled substance included in schedule II may be dispensed without the written or electronic prescription of a practitioner.

Current Law

961.38 Prescriptions (1r) Except when dispensed directly by a practitioner, other than a pharmacy, to an ultimate user, no controlled substance included in schedule II may be dispensed without the written prescription of a practitioner.

Therapeutic Alternative Drug Selection by Pharmacists

Proposed Change to Current Law

X **450.01 Definitions. (16) (h)** Making therapeutic alternate drug selections, initiating or modifying a drug therapy through a protocol established with a practitioner, or if made in accordance with written guidelines or procedures previously established by a pharmacy and therapeutics committee of a hospital and approved by the hospital's medical staff and use of the therapeutic alternate drug selection has been approved for a patient during the period of the patient's stay within the hospital by any of the following:

1. The patient's physician.
2. The patient's advanced practice nurse prescriber, if the advanced practice nurse prescriber has entered into a written agreement to collaborate with a physician.

Current Law

450.01 Definitions. (16) (h) Making therapeutic alternate drug selections, if made in accordance with written guidelines or procedures previously established by a pharmacy and therapeutics committee of a hospital and approved by the hospital's medical staff and use of the therapeutic alternate drug selection has been approved for a patient during the period of the patient's stay within the hospital by any of the following:

1. The patient's physician.
2. The patient's advanced practice nurse prescriber, if the advanced practice nurse prescriber has entered into a written agreement to collaborate with a physician.

Access to Prescription Medications by Educational Institutions

Proposed Change to Current Law

450.072 Wholesale distributors; restrictions on transactions. (2)

(a) A manufacturer or wholesale distributor may not deliver prescription drugs to a any person other than unless the person is :

~~licensed under s. 450.071 or 450.06 or by the appropriate licensing authority of another state.~~

1. pharmacies licensed by the board or the licensing authority of another state.
2. practitioners.
3. persons or institutions who procure prescription drugs or devices for the purpose of lawful research, teaching or testing and not for resale.
4. hospitals and other institutions which procure prescription drugs or devices for administration to patients.
5. officers or employees of the federal government who are authorized to receive prescription drugs or devices in the performance of their official duties.
6. wholesale distributors
7. manufacturers.

(b) A manufacturer or wholesale distributor may not deliver prescription drugs to a person that is not known to the manufacturer or wholesale distributor unless the manufacturer or wholesale distributor has verified with the board or with the licensing authority of the state in which the person is located that the person is licensed to receive prescription drugs.

then re-letter consecutively the remaining paragraphs.....

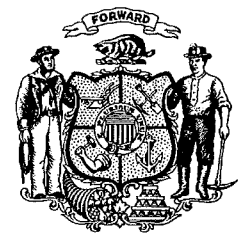
Current Law

450.072 Wholesale distributors; restrictions on transactions.

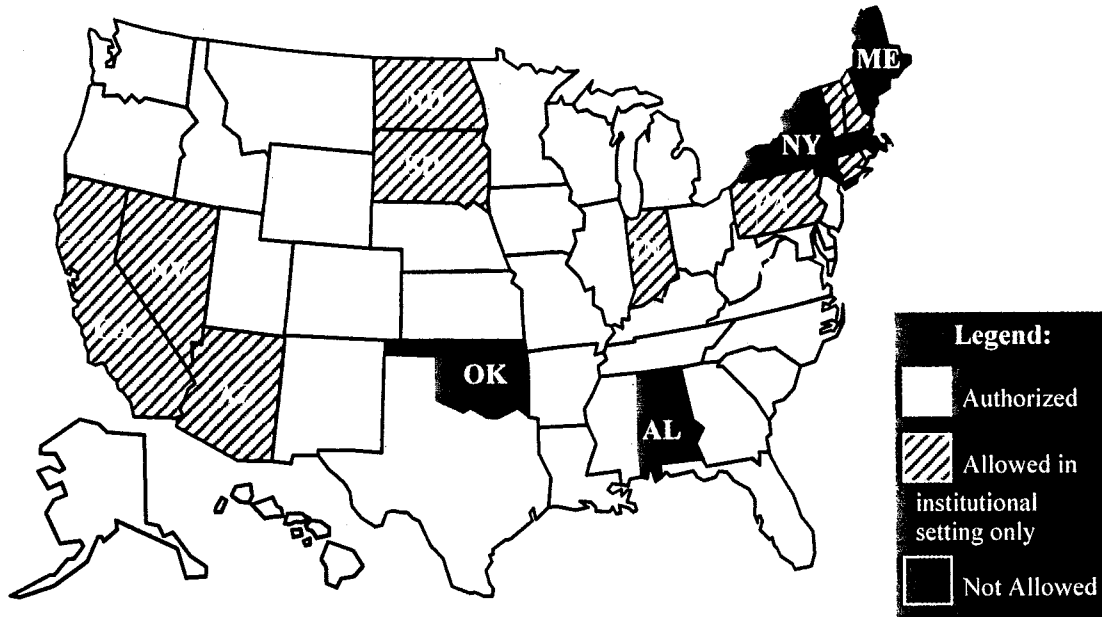
(2) (a) A manufacturer or wholesale distributor may not deliver prescription drugs to a person unless the person is licensed under s. 450.071 or 450.06 or by the appropriate licensing authority of another state. A manufacturer or wholesale distributor may not deliver prescription drugs to a person that is not known to the manufacturer or wholesale distributor unless the manufacturer or wholesale distributor has verified with the board or with the licensing authority of the state in which the person is located that the person is licensed to receive prescription drugs.



WISCONSIN STATE LEGISLATURE



Collaborative Drug Therapy Management



Background

Currently, 45 states and the territory of Guam have authorized **collaborative drug therapy management (CDTM)** between pharmacists and physicians. CDTM is a team approach to health care delivery that seeks to maximize the expertise of the pharmacist and the physician in order to achieve optimal patient care outcomes through appropriate medication use and enhanced patient care services.

CDTM authority is generally incorporated in State Pharmacy Practice Acts within the definition section describing pharmacists' scope of practice. Additionally, Boards of Pharmacy, in their role as regulators, have promulgated regulations creating CDTM.

Generally, CDTM is provided under mutually agreed upon practice protocols and guidelines. CDTM activities may include, but are not limited to, the following pharmacist activities:

- Initiating, modifying, and monitoring a patient's drug therapy;
- Ordering and performing laboratory and related tests;
- Assessing patient response to therapy;

- Counseling and educating patients about their medications;
- Administering medications.¹

Benefits of CDTM

CDTM may reduce delays in modifying drug regimens and unnecessary physician office visits, and increase patient compliance and adherence to drug therapy plans, all of which increases the likelihood that drug therapy problems will be averted. Some of the benefits of CDTM include:

- When pharmacists and physicians work closely together, patients consistently achieve better results from their drug therapies, in part because they are more likely to take their medications – and take them correctly.
- When physicians and pharmacists work together to monitor a patient's reaction to a particular drug therapy they are able to detect adverse reactions more quickly, which ultimately saves lives and unnecessary costs.
- By informing patients and prescribers of possible adverse effects and/or drug interactions, pharmacists help to keep their patients healthy and safe – as well as avoid unnecessary costs from complications or hospitalizations.

Private health plans and self-insured employers have long recognized CDTM as a way to potentially improve health outcomes and reduce health costs. States facing the ongoing struggle to reduce health care costs while improving clinical outcomes should consider expanding collaborative practice protocols.

APhA Position

1. APhA supports the establishment of collaborative practice agreements between pharmacists and other health care professionals designed to optimize patient care outcomes.
2. APhA shall promote the establishment and dissemination of guidelines and information to pharmacists and other health care professionals to facilitate the development of collaborative practice agreements.²

Resources

- National Conference of State Legislatures (NCSL):
<http://www.ncsl.org/lr/50statetracking.htm>
- APhA House of Delegates: www.pharmacist.com/HoD
APhA Government Affairs Resources
www.pharmacist.com/GA

¹ The Alliance for Pharmaceutical Care. Race for Your Health. Pharmacists Finding Solutions Through Collaborations. NCSL 1999.

² *JAPhA* NS37(4): 459. July/August 1997.