



DAVE MURPHY

State Representative • 56th Assembly District

**Assembly Committee on Health
July 28, 2021
Assembly Bill 295/Senate Bill 308
Testimony of State Representative Dave Murphy**

Mr. Chair and members of the committee, thank you for hearing Assembly Bill 295 today.

AB 295 is a bipartisan technical correction bill to bring administrative rules and statutes into line with current practice with regard to pharmacy remote dispensing sites.

Remote dispensing sites have existed under Wisconsin law for about a decade. They operate primarily in rural hospitals and clinics where it is not possible to have a pharmacist onsite, but patients require access to a dispensing pharmacy. At remote dispensing sites, technicians dispense under the remote supervision of a pharmacist. A pharmacist speaks to each patient before any drug is passed to a patient.

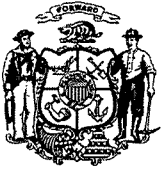
Current statute provides that pharmacists may dispense at certain locations and the Pharmacy Examining Board may promulgate rules about this dispensing. The rules that were promulgated created a mechanism for dispensing to occur at locations that essentially act as mini-pharmacies. Since statutes provide that only pharmacies can store drugs, and these sites aren't pharmacies, the rules go beyond the statutory allowance by creating remote dispensing sites, instead of permitting pharmacists to dispense outside of a pharmacy. The rules relating to remote dispensing sites are not specifically authorized by statute, which means there is not explicit authority for the rules to exist per the REINS act.

The federal Drug Enforcement Administration (DEA) has already stopped issuing DEA numbers to new remote dispensing sites because they are not considered licensed pharmacies under Wisconsin code. Our bill will license these sites specifically as "Remote Dispensing Sites," which gives the Pharmacy Examining Board clear and direct authority to write rules about these sites in the statutes and allows the DEA to issue DEA numbers to these sites.

The bill clarifies in statute that these sites may operate without a pharmacist present, but under the supervision of the pharmacist, which does not change current practice.

This bill is being advocated for by the Pharmacy Society of Wisconsin with the support of Aurora Health and Concordia University.

It is critical that we move quickly on this bipartisan piece of legislation to bring our laws into line with a pharmacological practice that is serving an important need in our rural Wisconsin communities. If we fail to act, it is very likely that many remote dispensing sites will be forced to close, which will limit access to medications for countless patients across Wisconsin. Thank you.



DAN FEYEN

STATE SENATOR

18th Senate District
(608) 266-5300
Sen.Feyen@legis.wi.gov

PO Box 7882, Madison, WI 53707-7882
<http://legis.wisconsin.gov/senate/18/feyen>

To: The Assembly Committee on Health
From: Sen. Dan Feyen
Re: Assembly Bill 295

Hello, Chairman Sanfelippo and committee members. Thank you for taking the time today to hear testimony on Assembly Bill 295.

This legislation is a reintroduction of 2019 AB 788. Last session, this bill passed the Assembly unanimously but unfortunately, didn't get a chance to be voted on in the Senate. However, in June of this year, this legislation passed the full Senate unanimously.

A remote dispensing site is a pharmacy that operates via remote supervision instead of having a pharmacist physically present. These types of sites are incredibly crucial in underserved and rural communities where a pharmacist may be unable to be physically present. Remote dispensing sites have the same level of supervision as traditional pharmacies. Specialty trained technicians under the supervision of a licensed pharmacist are in charge of dispensing medications at these remote sites.

Currently, WI Statute is not aligned with administrative practice regarding remote dispensing sites. Rules promulgated by the Pharmacy Examining Board allow for these types of pharmacies to operate. However, current state law contradicts these rules, stating that only locations licensed as pharmacies are allowed to store medications. Due to this contradiction, the federal Drug Enforcement Administration has stopped authorizing new remote dispensing sites for controlled substance use. This means these sites are unable to dispense, for example, controlled pain medications.

This bill would allow for these locations to be licensed as pharmacies and thus, allow them to continue to operate as they have been. This legislation explicitly gives the Pharmacy Examining Board authority to promulgate rules regarding remote dispensing sites. This bill also clarifies that free and charitable clinics, as well as narcotic/opiate addiction treatment centers, will not be affected by this legislation. This bill is supported by the Pharmacy Society of Wisconsin, Advocate Aurora Health, Concordia University, and Americans for Prosperity. No one has registered in opposition.

Thank you again for your time and consideration. With that, I am happy to answer any questions the committee has.

July 29, 2021

**Testimony to the Assembly Committee on Health
Support for Assembly Bill 295
Ibrahim Abu-Arqoub, RPh, BCACP, BCGP, MBA Vice President Retail Pharmacy**

Chair Sanfelippo and members of the committee – thank you for the opportunity to provide testimony in support of AB 295. Thank you also to the bipartisan bill authors for prioritizing this important legislation. My name is Ibrahim Abu-Arqoub and I am the VP of Aurora Pharmacy, Inc. (API). API consists of 71 sites including 19 Remote Dispensary (RD) Sites. We are the largest operator of RD sites in the state.

RD sites have existed per law in Wisconsin for the better part of a decade. They operate in areas where patients need access to a dispensing pharmacy within a clinic or rural hospital. However, due to the remoteness or low volume, it is not economically feasible to operate these sites with a dispensing pharmacist on site.

At these sites, our specially trained technicians dispense under the remote supervision of a pharmacist. Patients speak to a pharmacist before the drugs are dispensed if legally required or requested by the patient. These functions occur with the use of electronic equipment where both the pharmacist and the patient are visible to one another.

The need for this legislation arose because DSPPS legal counsel has advised that the rules promulgated relating to RD sites are not authorized by statute in light of the REINS act. Therefore, what we want to avoid is the potential closing of any of our 19 sites or any site that provides access to a patient. Our goal in supporting this legislation is to bridge the statutory authority gap.

The bill in question would allow our sites to be licensed as RD sites and give the PEB authority to write rules relating to them, clarifying that they may operate without a pharmacist presence on site but under the supervision of a pharmacist. This is not a change from current practice.

We respectfully ask that you support this bill so that these sites do not close which would significantly impact patients who would no longer have access to pharmacy services.

Thank you again, for the opportunity to provide this testimony. I'd be happy to answer any questions you may have – please feel free to reach out to me or to Andrew Hanus, our Director of State Government Affairs.

TO: Members, Assembly Committee on Health
FROM: Kate Schaafsma, PharmD
Director of Pharmacy
DATE: July 29, 2021
SUBJECT: Support for Assembly Bill 295

Chairman Sanfelippo and members of the committee, thank you for the opportunity to testify in support of AB 295. My name is Kate Schaafsma, and I am a pharmacist and the Director of Pharmacy for the Community Hospital Division at one of Wisconsin's largest health systems. Today, I am speaking on my own behalf. Additionally, I am a Director-at-Large on the Board of Directors of the Pharmacy Society of Wisconsin, a professional organization representing more than 4,000 pharmacy professionals.

Our health system serves the diverse communities located in the south eastern region of Wisconsin. We serve patients through both community and institutional remote dispensing sites located in communities with the intentions of providing the best care possible and access to pharmacy services in their local community.

Remote dispensing sites are facilities that operate under the remote supervision of a licensed pharmacist. In community-based remote dispensing sites, a pharmacy technician present to interact with patients, facilitate the patient to pharmacist interaction via technology, and to dispense medications. These sites provide patients access to prescription medications in areas that otherwise would not have prescription dispensing services – including areas that are rural, medically underserved, or pharmacy deserts. In institutional-based remote dispensing sites, the supervising pharmacist provides oversight to ensure safe and effective medication access to patients receiving emergency room and hospital care. Remote dispensing sites have existed in Wisconsin for more than a decade, and we currently operate 1 community site and 2 institutional remote dispensing sites. I have seen firsthand the positive impact of these sites in our community by creating a more convenient and accessible option for patients to receive their medications and healthcare.

This bill simply aligns Wisconsin statute with existing administrative code, which contains contradictory rules regarding the storage of drugs at these sites. Additionally, new remote dispensing sites have encountered issues with the Drug Enforcement Administration regarding whether these sites can dispense controlled substances. To alleviate both the contradictions regarding storage and controlled substances, the bill will license remote dispensing sites as pharmacies.

Additionally, this will allow health systems the flexibility to utilize a pharmacy as either a typical pharmacy or a remote dispensing site, depending on its needs. Currently, a site can be only a remote dispensing site or a pharmacy – under the bill, having a site be a pharmacy during the day and a remote dispensing site at night or on weekends will provide greater opportunities for patients to receive their medications in a safe and effective manner. This will allow

pharmacies to provided extended hours of care in both the community and institutional settings.

Eliminating barriers to accessing safe and effective medications is a key component of medication adherence, which is necessary for medications to provide the intended effect. Unfortunately, without this bill passing, remote dispensing sites will continue operating under legally conflicting requirements and will not be able to provide these essential access points.

I appreciate your consideration of this important legislation and am happy to answer any questions at this time.