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Scott Walker, Governor
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PHARMACY EXAMINING BOARD

Contact: Dan Williams (608) 266-2112
Room 121A 1400 East Washington Avenue, Madison, WI 53703
June 4, 2014

Notice: 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 action and deliberation of the Board.

AGENDA

9:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

A. Adoption of Agenda (1-5)

B. Approval of Minutes of March 26, 2014 (6-10)

C. Administrative Updates – Discussion and Consideration

1) Staff Updates
2) Board Member – Term Expiration Date
   a. Franklin LaDien – 7/1/2016
   b. Terry Maves – 7/1/2014
   c. Charlotte Rasmussen – 7/1/2014
   d. Thaddeus Schumacher – 7/1/2015
   e. Kristi Sullivan – 7/1/2016
   f. Philip Trapskin – 7/1/0217
   g. Cathy Winters – 7/1/2017

D. APPEARANCE – DSPS Staff – Phar 8.10 Disclosure of Suspicious Orders of Controlled Substances (11-12)

E. Legislation/Administrative Rule Matters – Discussion and Consideration

1) Implementation of Recent Legislation
   a. Act 198 Relating to Drug Disposal Programs **(13-17)**
   b. Act 199 Relating to Photo ID **(18-19)**
   c. Act 200 Relating to Naloxone **(20-23)**
   d. Act 267 Relating to Cannabidoil (CBD) **(24)**
   e. Act 294 Relating to Therapeutic Alternate Drugs in Nursing Homes **(25)**
   f. Act 351 Relating to Scheduling of Drugs **(26-33)**
2) Review of Scope Statement for Phar 2, 4 Relating to Application and Exams **(34-35)**
3) Adopt CR 13-075 Relating to Electronic Prescriptions **(36-42)**
4) Adopt CR 13-076 Relating to Return or Exchange of Health Items **(43-47)**
5) Update on JCRAR Review of CR 14-003 Relating to PDMP **(48-61)**
6) Update on JCRAR Review of CR 14-023 Relating to Council and Exam Names **(62-66)**
7) Update on Status of Revisions to Phar 7 Relating to Pharmacy Practice
8) Update on Status of Revisions to Phar 15 Relating to Compounding
9) Initiation of Rule-making to Revise Phar 18 Relating to Reporting to PDMP by Long Term Care Facilities
10) Status of Pending and Possible Rule Projects

F. APPEARANCE – Pharmacy Society of Wisconsin (PSW) – Wisconsin Pharmacy Practice Act (Chapter 450) (67)

G. Pharmacy Board Research Request – Discussion and Consideration (68-71)

H. Speaking Engagement(s), Travel, or Public Relations Request(s) – Discussion and Consideration (72-73)

1) National Association of Boards of Pharmacy (NABP) 2014 Program Review and Training Session
2) Verbal Reports from Board Members as to Recent Appearances

I. PDMP Update – Discussion and Consideration

1) PDMP Operations Discussion
    a. Statistics **(74-81)**
        1. Current Statistics
        2. 2013 Statistics Brochure
    b. PMP InterConnect Update **(82-83)**
        1. July 8-9, 2014 Steering Committee Meeting
    c. PDMP Database Enhancements
    d. Dispenser Compliance Audit & Pharmacy Renewal Process
2) Anticipated Law Changes Discussion
3) Training and Outreach Discussion
    a. Training and Outreach Events **(84-86)**
    b. PSW Annual Meeting Request
4) Grant and Projects Discussion
    a. SAMHSA EHR and PDMP Data Integration Grant Update
    b. 2011 Harold Rogers Implementation Grant Close-Out
    c. 2014 Harold Rogers Enhancement Grant Application **(87-96)**
    d. National Governors Association Policy Academy Application **(97-105)**
5) Miscellaneous Items

J. **Items Received After Preparation of the Agenda**

1) Introductions, Announcements and Recognition
2) Presentations of Petition(s) for Summary Suspension
3) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s)
4) Presentation of Proposed Final Decision and Order(s)
5) Informational Items
6) Division of Legal Services and Compliance (DLSC) Matters
7) Education and Examination Matters
8) Credentialing Matters
9) Class 1 Hearings
10) Practice Questions/Issues
11) Legislation/Administrative Rule Matters
12) Speaking Engagement(s), Travel, or Public Relations Request(s)
13) Prescription Drug Monitoring Program Information
14) Consulting with Legal Counsel
15) **Liaison Report(s)**
    a. CE Liaison: Terry Maves
    b. Credentialing Liaison: Thaddeus Schumacher, Franklin LaDien,
    c. Digest Advisory: Philip Trapskin
    d. Legislative Liaison: Philip Trapskin, Thaddeus Schumacher, Terry Maves
    e. DLSC Liaison: Thaddeus J. Schumacher
    f. PAP Liaison: Franklin LaDien
    g. Monitor Liaison: Franklin LaDien
    h. PHARM Rep to CSB: Franklin LaDien
    i. Variance Report Liaison: Philip Trapskin

j. PHARM Rep to SCAODA: Charlotte Rasmussen
k. Screening Panel: Cathy Winters, Franklin LaDien, Charlotte Rasmussen,
l. PDMP Workgroup: Terry Maves, Philip Trapskin

K. 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 closing disciplinary investigations with administrative warnings (ss. 19.85 (1)(b), and 440.205, 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.).

L. Deliberation of Proposed Stipulations, Final Decisions, and Orders

1) 12PHM070 (S.M.B.) **(106-112)**
2) 13PHM035 (K.J.Z.) **(113-117)**
3) 14PHM003 (A.R.P.) **(118-123)**

M. Deliberation of Proposed Administrative Warnings

1) 13PHM031 (J.K.H.) **(124-125)**
2) 14PHM007 (F.B.T.) **(126-127)**

N. Case Status Report (128-129)

O. Case Closure Deliberation

1) 13PHM024 (B.D.J.) **(130-132)**
2) 13PHM061 (A.P.) **(133-137)**
3) 14PHM047 (W.M.) **(138-140)**

P. Monitoring Deliberation

1) Order LS0610191 (S.D.I.) **(141-165)**
2) Order LS0907232 (M.S.I.) **(166-185)**
3) Order LS0909235 (E.K.O.) **(186-207)**

Q. Deliberation of Items Received After Preparation of Agenda

1) Deliberation on Class 1 Hearings
2) Credential Issues and/or Reviews
3) Professional Assistance Procedure (PAP)
4) Monitoring Matters
5) Proposed Stipulations Final Decisions and Orders
6) Administrative Warnings
7) Review of Administrative Warning
8) DLSC Matters
9) Orders Fixing Costs/Matters Related to Costs
10) Proposed Final Decisions and Orders

11) Petitions for Summary Suspension
12) Petitions for Re-Hearing
13) Education and Examination Matters
14) Application Review
15) Consult with Legal Counsel

RECONEVE INTO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION
Voting on Items Considered or Deliberated upon in Closed Session, if Voting is Appropriate

R. Board Meeting Process (Time Allocation, Agenda Items) – Discussion and Consideration

S. APPEARANCE – DSPS Staff – DLSC Paperless Screening Panel Initiative (208-214)

ADJOURNMENT

The next scheduled meeting is July 23, 2014.

PHARMACY EXAMINING BOARD
MEETING MINUTES
March 26, 2014

PRESENT: Thaddeus Schumacher, Charlotte Rasmussen, Franklin LaDien, Terry Maves, Kristi Sullivan, Cathy Winters, Philip Trapskin

ABSENT:

STAFF: Dan Williams-Executive Director; Matthew Guidry-Bureau Assistant, and other Department Staff

CALL TO ORDER

Thaddeus Schumacher called the meeting to order at 9:03 a.m. A quorum of seven (7) members was confirmed.

ADOPTION OF AGENDA

MOTION: Kristi Sullivan moved, seconded by Cathy Winters, to adopt the agenda as published. Motion carried unanimously.

CLEARINGHOUSE RULE 14-023

MOTION: Cathy Winters moved, seconded by Franklin LaDien, to accept all Clearinghouse comments for CR 14-023 relating to council and exam names. Motion carried unanimously.

MOTION: Franklin LaDien moved, seconded by Kristi Sullivan, to authorize the Chair to approve the Legislative Report and Draft for Clearinghouse Rule 14-023 revising Phar 1.02, 7.10, 16.03 for submission to the Governor's Office and Legislature. Motion carried unanimously.

APPROVAL OF MINUTES OF FEBRUARY 12, 2014

MOTION: Terry Maves moved, seconded by Cathy Winters, to approve the minutes of February 12, 2014 as published. Motion carried unanimously.

Terry Maves left the meeting at 9:35 a.m.

PRESCRIPTION DRUG MONITORING PROGRAM UPDATE

MOTION: Cathy Winters moved, seconded by Kristi Sullivan, to authorize the designated PDMP Liaisons to make individual decisions on behalf of the Board when waiting for a Board meeting would unreasonably delay the development, testing, deployment, or operation of the PDMP. Motion carried unanimously.

MOTION: Philip Trapskin moved, seconded by Charlotte Rasmussen, to authorize the designated PDMP staff to refer non-compliant reporting of PDMP dispensing data from pharmacies and, or, pharmacy delegates if appropriate, to the Division of Legal Services and Compliance starting as of July 1, 2014. Motion carried unanimously.

LEGISLATION/ADMINISTRATIVE RULE MATTERS

MOTION: Cathy Winters moved, seconded by Charlotte Rasmussen, to request DSPS staff draft a Scope Statement Phar 4 relating to exams. Motion carried unanimously.

VARIANCE REQUESTS

MOTION: Kristi Sullivan moved, seconded by Cathy Winters, the board accepts the withdrawal of St. Joseph's Community Hospital's request application dated February 11, 2014. Should an updated request be received, the board delegates final decision authority to Philip Trapskin as to the Variance Requests. Motion carried unanimously.

Philip Trapskin recuses himself in the deliberation, discussion, and voting in the matter of the University of Wisconsin Hospital and Clinics request.

Terry Maves has returned to the meeting at 11:25 a.m.

MOTION: Terry Maves moved, seconded by Kristi Sullivan, the board accepts the Withdrawal of the Tech-Check-Tech Variance Request submitted by UW Hospitals and Clinics' application dated March 10, 2014. Should an updated request be received, the Board delegates final decision authority to Cathy Winters as to the Variance request. Motion carried unanimously.

SPEAKING ENGAGEMENT

MOTION: Cathy Winters moved, seconded by Charlotte Rasmussen, to delegate Franklin LaDien to represent the Board at the NABP Annual Meeting on May 17-20, 2014 in Phoenix, Arizona. Motion carried unanimously.

CLOSED SESSION

MOTION: Charlotte Rasmussen moved, seconded by Cathy Winters, to 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 closing disciplinary investigations with administrative warnings (ss. 19.85 (1)(b), and 440.205, 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.). Thaddeus Schumacher read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Franklin LaDien-yes; Cathy Winters-yes; Kristi Sullivan-yes; Thaddeus Schumacher-yes; Terry Maves-yes; Charlotte Rasmussen-yes. Philip Trapskin- yes. Motion carried unanimously.

The Board convened into Closed Session at 12:28 p.m.

RECONVENE TO OPEN SESSION

MOTION: Franklin LaDien moved, seconded by Kristi Sullivan, to reconvene into open session. Motion carried unanimously.

The Board reconvened into Open Session at 3:41 p.m.

VOTING ON ITEMS CONSIDERED OR DELIBERATED ON IN CLOSED SESSION

MOTION: Terry Maves moved, seconded by Cathy Winters, to affirm all motions made in closed session. Motion carried unanimously.

STIPULATIONS, FINAL DECISIONS, AND ORDERS

MOTION: Terry Maves moved, seconded by Philip Trapskin, to adopt the Findings of Fact, Conclusions of Law, Stipulation and Order in the matter of disciplinary proceedings against 13PHM018 (M.H.). Motion carried unanimously.

MOTION: Cathy Winters moved, seconded by Charlotte Rasmussen, to reject the Findings of Fact, Conclusions of Law, Stipulation and Order in the matter of disciplinary proceedings against 13PHM031 (J.K.H.). Motion carried unanimously.

ADMINISTRATIVE WARNINGS

MOTION: Philip Trapskin moved, seconded by Kristi Sullivan, to issue the administrative warning in the matter of case number 13PHM066 (K.D.M.). Motion carried unanimously.

CASE CLOSING

3PHM032 (J.L.C.)

MOTION: Franklin LaDien moved, seconded by Charlotte Rasmussen, to close DLSC case number 13PHM032 (J.L.C.), for no violation. Motion carried.

13PHM037 (S.P.)

MOTION: Cathy Winters moved, seconded by Kristi Sullivan, to close DLSC case number 13PHM037 (S.P.), for insufficient evidence. Motion carried unanimously.

13PHM052 (F.H., J.A.)

MOTION: Charlotte Rasmussen moved, seconded by Terry Maves, to close DLSC case number 13PHM052 (F.H., J.A.), for no violation. Motion carried unanimously.

13PHM064 (J.J.)

MOTION: Philip Trapskin moved, seconded by Charlotte Rasmussen, to close DLSC case number 13PHM064 (J.J.), for compliance gained. Motion carried unanimously.

MONITORING MATTERS

CRAIG MOON – LIFT OF SUSPENSION

The Board took no action relative to Craig Moon.

DIRK LARSON – PIC HOURS AND REDUCTION IN SCREENINGS

MOTION: Charlotte Rasmussen moved, seconded by Franklin LaDien, to grant Dirk Larson's request to reduce the number of drug and alcohol screens to thirty-six (36) and one (1) hair per year and allow Mr. Larson to act as Pharmacist In Charge (PIC) for up to 16 hours in any seven (7) day period. Motion carried unanimously.

SUSAN DAVIS – FULL LICENSURE

MOTION: Terry Maves moved, seconded by Kristi Sullivan, to grant the request of Susan Davis for full licensure. Motion carried unanimously.

APPLICATION REVIEWS

MOTION: Cathy Winters moved, seconded by Charlotte Rasmussen, to deny the Pharmacy Licensure application of Total Home Health, for non-compliance with Wis. Stats § 450.065. Motion carried unanimously.

MOTION: Charlotte Rasmussen moved, seconded by Cathy Winters, to delegate the Credentialing Liaison to work with DSPS staff to implement the Board recommendations concerning the application of J.S, RPh. Motion carried unanimously.

MOTION: Franklin LaDien moved, seconded by Philip Trapskin, to delegate the Credentialing Liaison to work with DSPS staff to implement the Board recommendations concerning the application of R.B. RPh. Motion carried unanimously.

ADJOURNMENT

MOTION: Charlotte Rasmussen moved, seconded by Franklin LaDien, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 3:43 p.m.

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:	2) Date When Request Submitted:
Cortney Keo, Administrative Manager	May 16, 2014 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting

3) Name of Board, Committee, Council, Sections:

Pharmacy Examining Board

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
June 4, 2014	☒ Yes ☐ No	Phar 8.10 Disclosure of suspicious orders of controlled substances

7) Place Item in:	8) Is an appearance before the Board being scheduled?	9) Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session ☐ Both	☒ Yes (Fill out Board Appearance Request) ☐ No	N/A

10) Describe the issue and action that should be addressed:

Discussion regarding multiple suspicous order reports received pursuant to Phar 8.10. Consider whether to put guidance on website about what constitutes a "suspicious order."

11) Authorization

Cortney Keo — 5/16/14

Signature of person making this request — Date

Supervisor (if required) — Date

Executive Director signature (indicates approval to add post agenda deadline item to agenda) — Date

Directions for including supporting documents:
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.

Revised 8/13

Phar 8.10 Disclosure of suspicious orders of controlled substances. Manufacturers and distributors of controlled substances shall disclose suspicious orders of controlled substances. Suspicious orders include, without limitation because of enumeration, orders of unusual size, orders deviating substantially from a normal pattern and orders of unusual frequency. The licensee shall notify the regional office of the DEA and the board of all suspicious orders.
History: Cr. Register, August, 1991, No. 428, eff. 9-1-91.

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:	2) Date When Request Submitted:
Sharon Henes Administrative Rules Coordinator	21 May 2014 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting

3) Name of Board, Committee, Council, Sections:

Pharmacy Examining Board

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
4 June 2014	☒ Yes ☐ No	Legislation/Administrative Rule Matters – Discussion and Consideration 1. Implementation of Recent Legislation a. Act 198 Relating to Drug Disposal Programs b. Act 199 Relating to Photo ID c. Act 200 Relating to Naloxone d. Act 267 Relating to Cannabidoil (CBD) e. Act 294 Relating to Therapeutic Alternate Drugs in Nursing Homes f. Act 351 Relating to Scheduling of Drugs 2. Review Scope Statement for Phar 2, 4 Relating to Application and Exams 3. Adopt CR 13-075 Relating to Electronic Prescriptions 4. Adopt CR 13-076 Relating to Return or exchange of Health Items 5. Update on JCRAR Review of CR 14-003 Relating to PDMP 6. Update on JCRAR Review of CR 14-023 Relating to Council and Exam Names 7. Update on Status of Revisions to Phar 7 Relating to Pharmacy Practice 8. Update on Status of Revisions to Phar 15 Relating to Compounding 9. Initiation of Rule-making to Revise Phar 18 Relating to Reporting to PDMP by Long Term Care Facilities 10. Status of Pending and Possible Rule Projects

7) Place Item in:	8) Is an appearance before the Board being scheduled?	9) Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session ☐ Both	☐ Yes (Fill out Board Appearance Request) ☐ No	

10) Describe the issue and action that should be addressed:

11) Authorization

Sharon Henes — *21 May 2014*

Signature of person making this request — Date

Supervisor (if required) — Date

Executive Director signature (indicates approval to add post agenda deadline item to agenda) — Date

Directions for including supporting documents:
1. This form should be attached to any documents submitted to the agenda.
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3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.

Revised 8/13

State of Wisconsin

Date of enactment: **April 7, 2014**
2013 Assembly Bill 448 Date of publication*: **April 8, 2014**

2013 WISCONSIN ACT 198

AN ACT ***to renumber and amend*** 961.335 (1); ***to amend*** subchapter III (title) of chapter 961 [precedes 961.31]; and ***to create*** 66.0437, 165.65, 450.01 (23) (n), 450.01 (23) (o), 450.115, 961.32 (2) (e), 961.335 (1) (c) 1. and 2. and 961.337 of the statutes; **relating to:** programs for the disposal of drugs, including controlled substances, and certain medical or drug−related items, and the regulation of prescription drugs.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 66.0437 of the statutes is created to read:

66.0437 Drug disposal programs. (1) In this section, "political subdivision" has the meaning given in s. 165.65 (1) (e).

(2) A political subdivision may operate or authorize a person to operate a drug disposal program as provided under s. 165.65 (3).

SECTION 2. 165.65 of the statutes is created to read:

165.65 Drug disposal program. (1) DEFINITIONS. In this section:

(a) "Authorized under federal law" means permitted under 21 USC 801 to 971 or 21 CFR 1300 to 1321.

(am) "Controlled substance" has the meaning given in s. 961.01 (4).

(b) "Controlled substance analog" has the meaning given in s. 961.01 (4m).

(c) "Drug disposal program" means a program to receive household pharmaceutical items and to recycle, destroy, or otherwise dispose of those items. "Drug disposal program" does not include a sharps collection station operated in compliance with rules promulgated by the department of natural resources.

(d) 1. Except as provided under subd. 2., "household pharmaceutical item" means any of the following if lawfully possessed by an individual for the individual's own use, for the use of a member of the individual's household, or for the use of an animal owned by the individual or a member of the individual's household:

a. A drug, as defined in s. 450.01 (10); a prescription drug, as defined in s. 450.01 (20); or a controlled substance or controlled substance analog, if the drug, prescription drug, or controlled substance or controlled substance analog is located in or comes from a place where the individual, a member of the individual's household, an in−home hospice service, or an adult family home serving fewer than 5 adult members manages the use of the drug, prescription drug, or controlled substance or controlled substance analog.

b. A device, as defined in s. 450.01 (6), or an object used for administering a drug, if the device or object is located in or comes from a place where the individual, a member of the individual's household, an in−home hospice service, or an adult family home serving fewer than 5 adult members manages the use of the device or object.

2. "Household pharmaceutical item" does not include any of the following:

* Section 991.11, WISCONSIN STATUTES: Effective date of acts. "Every act and every portion of an act enacted by the legislature over the governor's partial veto which does not expressly prescribe the time when it takes effect shall take effect on the day after its date of publication."

a. Any item that may be contaminated with antineoplastic chemotherapy drugs, including objects used to administer drugs, gloves, and other items that have come into contact with chemotherapy drugs.

b. Any item containing elemental mercury.

(e) "Political subdivision" means a city, village, town, or county.

(2) DEPARTMENT OF JUSTICE AUTHORIZATION TO OPERATE A DRUG DISPOSAL PROGRAM. (a) Except as provided under sub. (3), no person may receive household pharmaceutical items pursuant to a drug disposal program unless the department of justice grants written authorization for that program under par. (b) or the program is authorized under federal law.

(b) The department of justice may, without a hearing, grant written authorization to a person to operate a drug disposal program if all of the following conditions are satisfied:

1. The person adopts written policies and procedures that comply with sub. (5). The department of justice shall review and either approve or disapprove in writing those policies and procedures. The department of justice shall approve the policies and procedures if the department of justice determines that the policies and procedures do not violate the requirements of this section or any other applicable federal or state law, and shall disapprove them otherwise. If the department of justice disapproves the policies and procedures, the department of justice shall state the reasons for that disapproval in writing to the person. At any time, the person may resubmit revised policies and procedures to the department of justice for its review and approval under this subdivision.

2. If the drug disposal program will receive household pharmaceutical items in any manner other than the transfer of a household pharmaceutical item in person to the program by a person that lawfully possesses the household pharmaceutical item, the person demonstrates to the satisfaction of the department of justice that those transfers will comply with any federal or state law applicable to the transportation and delivery of household pharmaceutical items.

(c) A person may not revise policies and procedures approved by the department of justice under par. (b) 1. unless the department of justice approves the revisions under par. (b) 1.

(d) Any determination or action by the department of justice under par. (b) or (c) is not subject to judicial review.

(3) AUTHORIZATION BY A POLITICAL SUBDIVISION TO OPERATE A DRUG DISPOSAL PROGRAM. A political subdivision may operate or the governing body of a political subdivision may grant written authorization for a person to operate a drug disposal program only if all of the following apply:

(a) The political subdivision or the authorized person operates the drug disposal program only within the boundaries of the political subdivision, except as provided under sub. (4).

(b) The applicable requirements under sub. (5) are satisfied.

(c) The drug disposal program receives household pharmaceutical items only by means of delivery in person by a person that lawfully possesses the household pharmaceutical item, unless the drug disposal program is authorized under federal law to receive household pharmaceutical items by other means.

(4) MULTIJURISDICTIONAL DRUG DISPOSAL PROGRAM. A drug disposal program may operate within more than one political subdivision if the department of justice authorizes that program under sub. (2), all political subdivisions within which the drug disposal program operates authorize that program under sub. (3), or the program is authorized under federal law.

(5) OPERATION OF A DRUG DISPOSAL PROGRAM. (a) A person that operates a drug disposal program, except a drug disposal program that is authorized under federal law, shall establish and promptly update as appropriate written policies and procedures that do all of the following:

1. Describe in detail the manner in which the program operates, including an identification of the kinds of household pharmaceutical items that may be received under the program, whether the program may receive controlled substances and controlled substance analogs, whether household pharmaceutical items will be transferred by mail under the program, and the locations at which household pharmaceutical items may be transferred in person under the program.

2. List the name, address, telephone number, and 24–hour contact information for one or more persons in this state who are responsible for the operation of the program.

3. Ensure compliance with chs. 450 and 961; with any applicable provision under chs. 287, 289, and 291 and s. 299.51 relating to medical waste, solid waste, or hazardous waste; and with any other applicable federal or state law.

(b) 1. The policies and procedures for a drug disposal program authorized under sub. (2) and any changes to those policies and procedures are subject to review and approval under sub. (2) (b) 1.

2. Legal counsel for the political subdivision, or, at the discretion of the political subdivision, the department of justice if the political subdivision's legal counsel is not an employee of the political subdivision, shall review and either approve or disapprove the policies and procedures for a drug disposal program implemented or authorized under sub. (3) and any changes to those policies and procedures. Legal counsel, or the department of justice if appropriate, shall approve the policies and procedures or changes if it determines that the policies and procedures or changes do not violate the requirements of this section

or any other applicable federal or state law, and shall disapprove them otherwise. Any approval under this subdivision shall be in writing. The political subdivision shall provide a copy of the approval and a copy of the policies and procedures or changes to the policies and procedures to the department of justice.

(c) The operation of a drug disposal program, including a drug disposal program that is authorized under federal law, shall immediately cease if a law enforcement officer, as defined in s. 165.85 (2) (c), a federal law enforcement officer, as defined in s. 175.40 (7) (a) 1., the department of justice, or another federal or state agency notifies a designated contact person for the program that the program is in violation of any federal or state law enforceable by the officer, department of justice, or other agency. That notification is not subject to judicial review. The program may resume operation only upon the program's receipt of written notice from the officer, department of justice, or other agency that the program is no longer in violation of the federal or state law.

(d) Each person that operates a drug disposal program in this state shall, within 30 days after the drug disposal program begins operation, notify and provide all of the following information to the department of natural resources:

1. The location and hours of operation of the drug disposal program.

2. The name, address, telephone number, and 24–hour contact information for one or more persons in this state who are responsible for the operation of the program.

3. A description of the household pharmaceutical items the drug disposal program may receive.

(6) TRANSFER AND RECEIPT OF HOUSEHOLD PHARMACEUTICAL ITEMS. (a) Notwithstanding ss. 450.03 (1) and 450.11 (7) (g) and (h) and (9) (b), a person that lawfully possesses a household pharmaceutical item may transfer, and it is not a crime for such a person to transfer, the household pharmaceutical item to a drug disposal program if the program is authorized under sub. (2) or (3) or is authorized under federal law.

(b) Notwithstanding s. 450.11 (7) (g) and (h) and (9) (b), a person may receive, and it is not a crime for a person to possess, a household pharmaceutical item pursuant to a drug disposal program if the receipt or possession is within the scope of the program and the program is authorized under sub. (2) or (3) or is authorized under federal law or, if the receipt or possession is not within the scope of the program, the receipt or possession is inadvertent and the program promptly notifies an appropriate law enforcement officer of the receipt or possession and complies with any instructions the law enforcement officer provides.

SECTION 3. 450.01 (23) (n) of the statutes is created to read:

450.01 **(23)** (n) The operation or implementation of a drug disposal program that is authorized under s. 165.65 (2) or (3) or is authorized under federal law, as defined in s. 165.65 (1) (a), or the possession or delivery of a household pharmaceutical item, as defined in s. 165.65 (1) (d), within the scope of a drug disposal program that is authorized under s. 165.65 (2) or (3) or is authorized under federal law.

SECTION 4. 450.01 (23) (o) of the statutes is created to read:

450.01 **(23)** (o) The possession or delivery of a prescription drug within the scope of a written authorization under s. 450.115 (3).

SECTION 5. 450.115 of the statutes is created to read:

450.115 Drug disposal programs and authorizations. (1) In this section:

(a) "Guardian" means the person named by the court under ch. 880, 2003 stats., or ch. 48 or 54 that has the duty and authority of guardianship.

(b) "Personal representative" means an executor, administrator, or special administrator of a decedent's estate, a person legally authorized to perform substantially the same functions, or a successor to any of those persons.

(c) "Trustee" means a person that holds in trust title to or power over property. "Trustee" includes an original, added, or successor trustee.

(d) "Ward" means a person for whom a guardian has been appointed.

(2) Nothing in this chapter, or rules promulgated under this chapter, prohibits any of the following:

(a) The direct operation or implementation of a drug disposal program that is authorized under s. 165.65 (2) or (3) or is authorized under federal law, as defined in s. 165.65 (1) (a).

(b) The transfer of a prescription drug by a person that lawfully possesses the prescription drug to a drug disposal program that is authorized under s. 165.65 (2) or (3) or is authorized under federal law, as defined in s. 165.65 (1) (a), and that accepts the prescription drug.

(c) Subject to sub. (4), the possession of a prescription drug under a written authorization described in sub. (3).

(3) (a) A guardian may grant written authorization to an adult who is related to the guardian's ward by blood, marriage, or adoption within the 3rd degree of kinship as computed under s. 990.001 (16), or to a domestic partner of the ward under ch. 770, for the disposal of a prescription drug that belongs to the ward.

(b) A personal representative or a trustee may grant written authorization to an adult beneficiary, as defined in s. 701.20 (2) (b), of the estate or trust for the disposal of a prescription drug that belongs to the estate or trust.

(c) A person who is a competent adult may grant written authorization to that person's domestic partner under

ch. 770 or to another adult who is related to that person by blood, marriage, or adoption within the 3rd degree of kinship as computed under s. 990.001 (16), for the disposal of a prescription drug that lawfully belongs to that person.

(4) A written authorization under sub. (3) is valid only to the extent permitted under federal law and only if all of the following conditions are satisfied:

(a) The authorization describes with reasonable specificity each prescription drug that is to be disposed of.

(b) The authorization is in the physical possession of the person authorized to dispose of the prescription drug and each prescription drug described in the authorization is, within 24 hours after the authorization is signed by the person granting the authorization, transferred to a drug disposal program under s. 165.65 or otherwise lawfully disposed of.

(c) The authorization and each prescription drug to be disposed of were obtained without consideration.

SECTION 6. Subchapter III (title) of chapter 961 [precedes 961.31] of the statutes is amended to read:

CHAPTER 961

SUBCHAPTER III

REGULATION OF MANUFACTURE, DISTRIBUTION ~~AND~~, DISPENSING, AND POSSESSION OF CONTROLLED SUBSTANCES

SECTION 7. 961.32 (2) (e) of the statutes is created to read:

961.32 **(2)** (e) A person actively engaged in the direct operation or implementation of a drug disposal program that is authorized under s. 165.65 (2) or (3) or is authorized under federal law, as defined in s. 165.65 (1) (a).

SECTION 8. 961.335 (1) of the statutes is renumbered 961.335 (1) (a) and amended to read:

961.335 **(1)** (a) Upon application the controlled substances board may issue a permit authorizing a person to manufacture, obtain, possess, use, administer, or dispense a controlled substance for purposes of scientific research, instructional activities, chemical analysis, or other special uses, without restriction because of enumeration. ~~No~~

(b) Except as provided in par. (c), no person ~~shall~~ may engage in any ~~such~~ activity described under par. (a) without a permit issued under this section~~, except that an~~.

(c) 3. An individual ~~may be~~ who is designated and authorized to receive ~~the~~ a permit under this section for a college or university department, research unit, or similar administrative organizational unit, and students, laboratory technicians, research specialists, or chemical analysts under his or her supervision, may ~~be permitted possession and use of controlled substances for these purposes,~~ without ~~obtaining~~ an ~~individual~~ additional permit issued under this section, possess and use a controlled substance, for the purposes authorized in the permit received for the department or unit.

SECTION 9. 961.335 (1) (c) 1. and 2. of the statutes are created to read:

961.335 **(1)** (c) 1. A person who is actively engaged in the direct operation or implementation of a drug disposal program that is authorized under s. 165.65 (2) or (3) or is authorized under federal law, as defined in s. 165.65 (1) (a), may, without a permit issued under this section, obtain or possess a controlled substance for the purposes of operating and implementing the drug disposal program.

2. A person who is permitted under federal law to dispose of a controlled substance may, without a permit issued under this section, possess the controlled substance for the purpose of disposing of the controlled substance.

SECTION 10. 961.337 of the statutes is created to read:

961.337 Drug disposal programs. Nothing in this chapter, or rules promulgated under this chapter, prohibits any of the following:

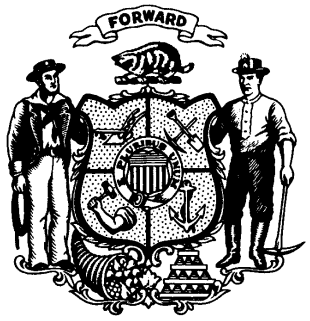
(1) The direct operation or implementation of a drug disposal program that is authorized under s. 165.65 (2) or (3) or is authorized under federal law, as defined in s. 165.65 (1) (a).

(2) The transfer by the ultimate user, or by another person that lawfully possesses the controlled substance or controlled substance analog, of a controlled substance or controlled substance analog to a drug disposal program that has been authorized under s. 165.65 (2) or (3) or is authorized under federal law, as defined in s. 165.65 (1) (a), and that accepts the controlled substance or controlled substance analog.

SECTION 11. Effective date.

(1) This act takes effect on July 1, 2015.

State of Wisconsin



Date of enactment: **April 7, 2014**
2013 Assembly Bill 445 Date of publication*: **April 8, 2014**

2013 WISCONSIN ACT 199

AN ACT ***to amend*** 450.19 (2) (b); and ***to create*** 450.11 (1b), 450.11 (9) (bm) and 450.19 (2m) of the statutes; **relating to:** identification presentation, name recording, monitoring for certain prescription drugs, and authorizing the exercise of rule−making authority.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 450.11 (1b) of the statutes is created to read:

450.11 **(1b)** IDENTIFICATION CARD REQUIRED FOR CERTAIN CONTROLLED SUBSTANCES. (a) In this subsection:

1. "Health care facility" means a facility, as defined in s. 647.01 (4); any hospital, nursing home, community−based residential facility, county home, county infirmary, county hospital, county mental health complex, or other place licensed or approved by the department of health services under s. 49.70, 49.71, 49.72, 50.03, 50.032, 50.033, 50.034, 50.35, 51.08, or 51.09; a facility under s. 45.50, 51.05, 51.06, 233.40, 233.41, 233.42, or 252.10; and any other facility identified by the board by rule.

2. "Identification card" means any of the following:

a. An operator's license issued under ch. 343 or under a comparable law of another state.

b. An identification card issued under s. 343.50 or under a comparable law of another state.

c. An identification card issued by a U.S. uniformed service.

d. A U.S. or foreign passport.

(b) Except as provided under par. (e), a controlled substance included in schedule II or III of ch. 961 may not be dispensed, and may not be delivered to a representative of the ultimate user, without an identification card belonging to the person to whom the drug is being dispensed or delivered.

(bm) A pharmacist or other person dispensing or delivering a drug shall legibly record the name on each identification card presented under par. (b) to the pharmacist or other person, and the name of each person to whom a drug is dispensed or delivered subject to par. (e) 2., and shall maintain that record for a time established by the board by rule or, for a record that is subject to s. 450.19, until the name is delivered to the board under s. 450.19, whichever is sooner.

(c) If the person to whom a drug subject to par. (b) is being delivered is not the ultimate user of the drug, the person delivering the drug may ask the ultimate user of the drug to designate a person who is authorized to pick up the drug on behalf of the ultimate user and may inform the person to whom the drug is being delivered that his or her identification is being recorded.

(d) A pharmacist is immune from any civil or criminal liability and from discipline under s. 450.10 for any act taken by the pharmacist in reliance on an identification card that the pharmacist reasonably believed was authentic and displayed the name of the person to whom the drug was being delivered if the sale was made in good faith.

* Section 991.11, WISCONSIN STATUTES: Effective date of acts. "Every act and every portion of an act enacted by the legislature over the governor's partial veto which does not expressly prescribe the time when it takes effect shall take effect on the day after its date of publication."

(e) No identification card is required under par. (b) if any of the following applies:

1. The drug is administered or dispensed directly to the ultimate user by a practitioner.

2. The pharmacist or other person dispensing or delivering the drug has personal knowledge of the person to whom the drug is dispensed or delivered and that the person is the ultimate user or the ultimate user's authorized representative.

3. The drug is delivered to a health care facility to be administered in the health care facility.

(f) The board may, by rule, establish an exemption from the requirements under this subsection for the delivery of a drug by mail if the board determines that the exemption is necessary.

Section 2. 450.11 (9) (bm) of the statutes is created to read:

450.11 **(9)** (bm) A violation of sub. (1b) is not punishable under par. (a) or (b).

Section 3. 450.19 (2) (b) of the statutes is amended to read:

450.19 **(2)** (b) Identify specific data elements to be contained in a record documenting the dispensing of a prescription drug, including the method of payment and, subject to sub. (2m), the name recorded under s. 450.11 (1b) (bm). In identifying specific data elements, the board shall consider data elements identified by similar programs in other states and shall ensure, to the extent possible, that records generated by the program are easily shared with other states.

Section 4. 450.19 (2m) of the statutes is created to read:

450.19 **(2m)** (a) The rules promulgated under sub. (2) may not require that a record delivered to the board before 2 years after the effective date of this paragraph .... [LRB inserts date], contain the name recorded under s. 450.11 (1b) (bm).

(b) After consultation with representatives of licensed pharmacists and pharmacies, and subject to the approval of the secretary, the board may delay the requirement that a record delivered to the board contain the name recorded under s. 450.11 (1b) (bm) for an additional period beyond the date specified in par. (a).

State of Wisconsin

Date of enactment: **April 7, 2014**
2013 Assembly Bill 446 Date of publication*: **April 8, 2014**

2013 WISCONSIN ACT 200

AN ACT ***to renumber and amend*** 448.015 (4) (bm); ***to amend*** 256.15 (8) (e), 441.07 (1g) (d), 450.10 (1) (a) (intro.), 450.11 (1), 450.11 (3), 450.11 (4) (a) 5. a., 450.11 (7) (h) and 895.48 (1); and ***to create*** 256.01 (13), 256.40, 441.07 (1g) (d) 2., 441.18, 448.015 (4) (bm) 2., 448.037, 450.01 (1) (d), 450.01 (13v), 450.11 (1i) and 450.11 (4) (a) 5. c. of the statutes; **relating to:** prescription, possession, dispensing, delivery, and administration of opioid antagonists; training and agreements for administering opioid antagonists; requiring emergency medical technicians to carry opioid antagonists; and immunity for certain individuals who prescribe, dispense, deliver, or administer opioid antagonists.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 256.01 (13) of the statutes is created to read:

256.01 **(13)** "Opioid antagonist" has the meaning given in s. 450.01 (13v).

SECTION 2. 256.15 (8) (e) of the statutes is amended to read:

256.15 **(8)** (e) A certified first responder is authorized to use an automated external defibrillator, as prescribed for first responders in rules promulgated by the department. The rules shall set forth authorization for the use of an automated external defibrillator or, for a defibrillator that may be operated in more than one mode, use as an automated external defibrillator only. A certified first responder is authorized to administer naloxone or another opioid antagonist if the first responder has received training necessary to safely administer naloxone or the other opioid antagonist, as determined by the department. A certified first responder is also authorized to employ other techniques, including the administration of nonvisualized advanced airways, and the administration of medications that are specified by the department by rule. In promulgating the rules under this paragraph, the department shall consult with the state medical director for emergency medical services and the emergency medical services board. The rule shall include those techniques that are specified in the most current guidelines issued by the National Highway Traffic Safety Administration under 23 CFR 1205.3 (a) (5).

SECTION 3. 256.40 of the statutes is created to read:

256.40 Opioid antagonists. (1) In this section:

(a) "Fire fighter" means any person employed by the state or any political subdivision as a member or officer of a fire department or a member of a volunteer fire department, including the state fire marshal and deputies.

(b) "Law enforcement agency" means an agency of a federally recognized Indian tribe or band or a state or political subdivision of a state, whose purpose is the detection and prevention of crime and enforcement of laws or ordinances.

(c) "Law enforcement officer" means any person employed by a law enforcement agency who is authorized to make arrests for violations of the laws or ordinances that the person is employed to enforce.

* Section 991.11, WISCONSIN STATUTES: Effective date of acts. "Every act and every portion of an act enacted by the legislature over the governor's partial veto which does not expressly prescribe the time when it takes effect shall take effect on the day after its date of publication."

(d) "Opioid–related drug overdose" means a condition including extreme physical illness, decreased level of consciousness, respiratory depression, coma, or the ceasing of respiratory or circulatory function resulting from the consumption or use of an opioid, or another substance with which an opioid was combined.

(2) (a) Subject to par. (b), the department shall permit all emergency medical technicians to administer naloxone or another opioid antagonist to individuals who are undergoing or who are believed to be undergoing an opioid–related drug overdose.

(b) The department shall require emergency medical technicians to undergo any training necessary to safely and properly administer naloxone or another opioid antagonist as specified under par. (a).

(c) Every ambulance service provider shall do all of the following:

1. Ensure that every emergency medical technician under the ambulance service provider's supervision who has obtained the training necessary to safely and properly administer naloxone or another opioid antagonist has a supply of naloxone or the other opioid antagonist available for administration when he or she is performing his or her duties as an emergency medical technician, to the extent that naloxone or the other opioid antagonist is available to the ambulance service provider.

2. Require each certified first responder and emergency medical technician under the supervision of the ambulance service provider to, in the manner prescribed by the department, keep a record of each instance in which the certified first responder or emergency medical technician administers naloxone or another opioid antagonist to an individual who is undergoing or who is believed to be undergoing an opioid–related drug overdose.

3. Submit records under subd. 2. to the department in the manner prescribed by the department.

(3) (a) A law enforcement agency or fire department may enter into a written agreement to affiliate with an ambulance service provider or a physician for all of the following purposes:

1. Obtaining a supply of naloxone or another opioid antagonist.

2. Allowing law enforcement officers and fire fighters to obtain the training necessary to safely and properly administer naloxone or another opioid antagonist to individuals who are undergoing or who are believed to be undergoing an opioid–related drug overdose.

(b) A law enforcement officer or fire fighter who, reasonably believing another person to be undergoing an opioid–related drug overdose, administers naloxone or another opioid antagonist to that person shall be immune from civil or criminal liability for any outcomes resulting from the administration of the opioid antagonist to that person, if the law enforcement officer or fire fighter is acting pursuant to an agreement and any training obtained under par. (a).

SECTION 4. 441.07 (1g) (d) of the statutes, as affected by 2013 Wisconsin Act 114, is amended to read:

441.07 **(1g)** (d) Misconduct or unprofessional conduct. In this paragraph, "misconduct" and "unprofessional conduct" do not include ~~providing~~ any of the following:

1. Providing expedited partner therapy as described in s. 448.035.

SECTION 5. 441.07 (1g) (d) 2. of the statutes is created to read:

441.07 **(1g)** (d) 2. Prescribing or delivering an opioid antagonist in accordance with s. 441.18 (2).

SECTION 6. 441.18 of the statutes is created to read:

441.18 Prescriptions for and delivery of opioid antagonists. (1) In this section:

(a) "Administer" has the meaning given in s. 450.01 (1).

(b) "Deliver" has the meaning given in s. 450.01 (5).

(c) "Dispense" has the meaning given in s. 450.01 (7).

(d) "Opioid antagonist" has the meaning given in s. 450.01 (13v).

(e) "Opioid–related drug overdose" has the meaning given in s. 256.40 (1) (d).

(2) (a) An advanced practice nurse certified to issue prescription orders under s. 441.16 may, directly or by the use of a standing order, prescribe an opioid antagonist to a person in a position to assist an individual at risk of undergoing an opioid–related drug overdose and may deliver the opioid antagonist to that person. A prescription order under this paragraph need not specify the name and address of the individual to whom the opioid antagonist will be administered, but shall instead specify the name of the person to whom the opioid antagonist will be delivered.

(b) An advanced practice nurse who prescribes or delivers an opioid antagonist under par. (a) shall ensure that the person to whom the opioid antagonist will be delivered has the knowledge and training necessary to safely administer the opioid antagonist to an individual undergoing an opioid–related overdose and that the person demonstrates the capacity to ensure that any individual to whom the person further delivers the opioid antagonist has or receives that knowledge and training.

(3) An advanced practice nurse who, acting in good faith, prescribes or delivers an opioid antagonist in accordance with sub. (2), or who, acting in good faith, otherwise lawfully prescribes or dispenses an opioid antagonist, shall be immune from criminal or civil liability and may not be subject to professional discipline under s. 441.07 for any outcomes resulting from prescribing, delivering, or dispensing the opioid antagonist.

SECTION 7. 448.015 (4) (bm) of the statutes is renumbered 448.015 (4) (bm) (intro.) and amended to read:

448.015 **(4)** (bm) (intro.) "Unprofessional conduct" does not include ~~providing~~ any of the following:

1. Providing expedited partner therapy as described in s. 448.035.

SECTION 8. 448.015 (4) (bm) 2. of the statutes is created to read:

448.015 **(4)** (bm) 2. Prescribing or delivering an opioid antagonist in accordance with s. 448.037 (2).

SECTION 9. 448.037 of the statutes is created to read:

448.037 Prescriptions for and delivery of opioid antagonists. (1) In this section:

(a) "Administer" has the meaning given in s. 450.01 (1).

(b) "Deliver" has the meaning given in s. 450.01 (5).

(c) "Dispense" has the meaning given in s. 450.01 (7).

(d) "Opioid antagonist" has the meaning given in s. 450.01 (13v).

(e) "Opioid−related drug overdose" has the meaning given in s. 256.40 (1) (d).

(2) (a) A physician or physician assistant may, directly or by the use of a standing order, prescribe an opioid antagonist to a person in a position to assist an individual at risk of undergoing an opioid−related drug overdose and may deliver the opioid antagonist to that person. A prescription order under this paragraph need not specify the name and address of the individual to whom the opioid antagonist will be administered, but shall instead specify the name of the person to whom the opioid antagonist will be delivered.

(b) A physician or physician assistant who prescribes or delivers an opioid antagonist under par. (a) shall ensure that the person to whom the opioid antagonist will be delivered has the knowledge and training necessary to safely administer the opioid antagonist to an individual undergoing an opioid−related overdose and that the person demonstrates the capacity to ensure that any individual to whom the person further delivers the opioid antagonist has or receives that knowledge and training.

(3) A physician or physician assistant who, acting in good faith, prescribes or delivers an opioid antagonist in accordance with sub. (2), or who, acting in good faith, otherwise lawfully prescribes or dispenses an opioid antagonist, shall be immune from criminal or civil liability and may not be subject to professional discipline under s. 448.02 for any outcomes resulting from prescribing, delivering, or dispensing the opioid antagonist.

SECTION 10. 450.01 (1) (d) of the statutes is created to read:

450.01 **(1)** (d) In the case of an opioid antagonist, any person.

SECTION 11. 450.01 (13v) of the statutes is created to read:

450.01 **(13v)** "Opioid antagonist" means a drug, such as naloxone, that satisfies all of the following:

(a) The drug binds to the opioid receptors and competes with or displaces opioid agonists at the opioid receptor site but does not activate the receptors, effectively blocking the receptor and preventing or reversing the effect of an opioid agonist.

(b) The drug is not a controlled substance.

SECTION 12. 450.10 (1) (a) (intro.) of the statutes is amended to read:

450.10 **(1)** (a) (intro.) In this subsection, "unprofessional conduct" includes any of the following, but does not include the dispensing of an antimicrobial drug for expedited partner therapy as described in s. 450.11 (1g) or the delivery of an opioid antagonist as described in s. 450.11 (1i):

SECTION 13. 450.11 (1) of the statutes is amended to read:

450.11 **(1)** DISPENSING. ~~No~~ Except as provided in sub. (1i) (b) 2., no person may dispense any prescribed drug or device except upon the prescription order of a practitioner. All prescription orders shall specify the date of issue, the name and address of the practitioner, the name and quantity of the drug product or device prescribed, directions for the use of the drug product or device, the symptom or purpose for which the drug is being prescribed if required under sub. (4) (a) 8., and, if the order is written by the practitioner, the signature of the practitioner. Except as provided in ~~s.~~ ss. 441.18 (2), 448.035 (2), and 448.037 (2), all prescription orders shall also specify the name and address of the patient. Any oral prescription order shall be immediately reduced to writing by the pharmacist and filed according to sub. (2).

SECTION 14. 450.11 (1i) of the statutes is created to read:

450.11 **(1i)** OPIOID ANTAGONISTS. (a) *Prescription and liability.* 1. A pharmacist may, upon the prescription order of an advanced practice nurse prescriber under s. 441.18 (2), or of a physician or physician assistant under s. 448.037 (2), that complies with the requirements of sub. (1), deliver an opioid antagonist to the person specified in the prescription order. The pharmacist shall provide a consultation in accordance with rules promulgated by the board for the delivery of a prescription to the person to whom the opioid antagonist is delivered.

2. A pharmacist who, acting in good faith, delivers an opioid antagonist in accordance with subd. 1., or who, acting in good faith, otherwise lawfully dispenses an opioid antagonist, shall be immune from criminal or civil liability and may not be subject to professional discipline under s. 450.10 for any outcomes resulting from delivering or dispensing the opioid antagonist.

(b) *Possession, dispensing, and delivery.* 1. Any person may possess an opioid antagonist.

2. a. Subject to subd. 2. b. to d., any person may deliver or dispense an opioid antagonist.

b. An advanced practice nurse prescriber may only deliver or dispense an opioid antagonist in accordance with s. 441.18 (2) or in accordance with his or her other legal authority to dispense prescription drugs.

c. A physician or physician assistant may only deliver or dispense an opioid antagonist in accordance with s. 448.037 (2) or in accordance with his or her other legal authority to dispense prescription drugs.

d. A pharmacist may only deliver or dispense an opioid antagonist in accordance with par. (a) 1. or in accordance with his or her other legal authority to dispense prescription drugs.

(c) *Immunity.* 1. In this paragraph, "opioid–related drug overdose" has the meaning given in s. 256.40 (1) (d).

2. Subject to par. (a) 2. and ss. 441.18 (3) and 448.037 (3), any person who, acting in good faith, delivers or dispenses an opioid antagonist to another person shall be immune from civil or criminal liability for any outcomes resulting from delivering or dispensing the opioid antagonist.

3. Subject to ss. 256.40 (3) (b) and 895.48 (1g), any person who, reasonably believing another person to be undergoing an opioid–related drug overdose, administers an opioid antagonist to that person shall be immune from civil or criminal liability for any outcomes resulting from the administration of the opioid antagonist to that person.

Section 15. 450.11 (3) of the statutes is amended to read:

450.11 **(3)** Preparation of prescription drugs. ~~No~~ Except as provided in sub. (1i) (b), no person other than a pharmacist or practitioner or their agents and employees as directed, supervised, and inspected by the pharmacist or practitioner may prepare, compound, dispense, or prepare for delivery for a patient any prescription drug.

Section 16. 450.11 (4) (a) 5. a. of the statutes is amended to read:

450.11 **(4)** (a) 5. a. Except as provided in subd. 5. b. and c., the full name of the patient.

Section 17. 450.11 (4) (a) 5. c. of the statutes is created to read:

450.11 **(4)** (a) 5. c. For an opioid antagonist when delivered under sub. (1i) (a), the name of the person to whom the opioid antagonist will be delivered as specified in s. 441.18 (2) (a) or 448.037 (2) (a).

Section 18. 450.11 (7) (h) of the statutes is amended to read:

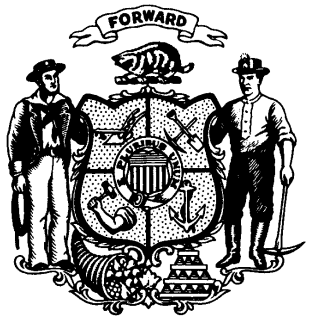
450.11 **(7)** (h) ~~No~~ Except as provided in sub. (1i) (b), no person may possess a prescription drug unless the prescription drug is obtained in compliance with this section.

Section 19. 895.48 (1) of the statutes is amended to read:

895.48 **(1)** ~~Any~~ Except as provided in sub. (1g), any person who renders emergency care at the scene of any emergency or accident in good faith shall be immune from civil liability for his or her acts or omissions in rendering such emergency care. ~~This~~

(1g) The immunity described in sub. (1) and s. 450.11 (1i) (c) 3. does not extend when employees trained in health care or health care professionals render emergency care for compensation and within the scope of their usual and customary employment or practice at a hospital or other institution equipped with hospital facilities, at the scene of any emergency or accident, enroute to a hospital or other institution equipped with hospital facilities, or at a physician's office.

State of Wisconsin



2013 Assembly Bill 726

Date of enactment: **April 16, 2014**
Date of publication*: **April 17, 2014**

2013 WISCONSIN ACT 267

AN ACT ***to renumber*** 961.34; ***to amend*** 961.14 (4) (t); and ***to create*** 961.34 (2) and 961.38 (1n) of the statutes; **relating to:** providing that cannabidiol is not a tetrahydrocannabinol and dispensing cannabidiol as a treatment for a seizure disorder.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 961.14 (4) (t) of the statutes is amended to read:

961.14 **(4)** (t) Tetrahydrocannabinols, commonly known as "THC", in any form including tetrahydrocannabinols contained in marijuana, obtained from marijuana, or chemically synthesized, except that tetrahydrocannabinols do not include cannabidiol in a form without a psychoactive effect that is dispensed or documented as provided in s. 961.38 (1n);

SECTION 1h. 961.34 of the statutes is renumbered 961.34 (1).

SECTION 1j. 961.34 (2) of the statutes is created to read:

961.34 **(2)** (a) Upon the request of any physician, the controlled substances board shall aid the physician in applying for and processing an investigational drug permit under 21 USC 355 (i) for cannabidiol as treatment for a seizure disorder. If the federal food and drug administration issues an investigational drug permit, the controlled substances board shall approve which pharmacies and physicians may dispense cannabidiol to patients.

(b) If cannabidiol is removed from the list of controlled substances, or if cannabidiol is determined not to be a controlled substance, under schedule I of 21 USC 812 (c), the controlled substances board shall approve which pharmacies and physicians may dispense cannabidiol to patients as treatment for a seizure disorder.

SECTION 2. 961.38 (1n) of the statutes is created to read:

961.38 **(1n)** A pharmacy or physician approved under s. 961.34 (2) (a) or (b) may dispense cannabidiol in a form without a psychoactive effect as a treatment for a seizure disorder or any physician may provide an individual with a hard copy of a letter or other official documentation stating that the individual possesses cannabidiol to treat a seizure disorder if the cannabidiol is in a form without a psychoactive effect.

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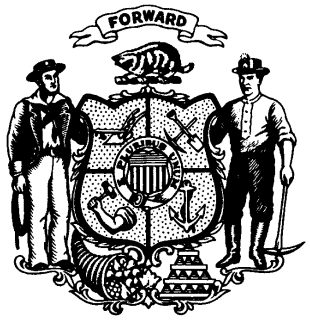
* Section 991.11, WISCONSIN STATUTES: Effective date of acts. "Every act and every portion of an act enacted by the legislature over the governor's partial veto which does not expressly prescribe the time when it takes effect shall take effect on the day after its date of publication."

State of Wisconsin



Date of enactment: **April 16, 2014**
2013 Senate Bill 251 Date of publication*: **April 17, 2014**

2013 WISCONSIN ACT 294

AN ACT ***to create*** 49.498 (2) (a) 3., 50.045, 450.01 (16) (hm) and 450.033 of the statutes; **relating to:** therapeutic alternate drug selections in nursing homes, performance of patient services by a pharmacist, and the practice of pharmacy.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 49.498 (2) (a) 3. of the statutes is created to read:

49.498 **(2)** (a) 3. A quality assessment and assurance committee described under subd. 2. may establish written guidelines or procedures for making therapeutic alternate drug selections for the purposes of s. 450.01 (16) (hm) if the committee members include a pharmacist, as defined in s. 450.01 (15).

SECTION 2. 50.045 of the statutes is created to read:

50.045 Therapeutic alternate drug selections in nursing homes. (1) A nursing home that does not maintain a quality assessment and assurance committee under s. 49.498 (2) (a) 2. may maintain a committee that consists of the director of nursing services, a physician, as defined in s. 448.01 (5), a pharmacist, as defined in s. 450.01 (15), and at least 2 other members of the nursing home staff.

(2) A committee with the members specified under sub. (1) may establish written guidelines or procedures for making therapeutic alternate drug selections for the purposes of s. 450.01 (16) (hm).

SECTION 3. 450.01 (16) (hm) of the statutes is created to read:

450.01 **(16)** (hm) Making therapeutic alternate drug selections in accordance with written guidelines or procedures previously established by a quality assessment and assurance committee of a nursing facility under s. 49.498 (2) (a) 3. or by a committee established for a nursing home under s. 50.045 (2), if the use of the therapeutic alternate drug selection has been approved for a patient during the period of the patient's stay within the nursing facility or nursing home by any of the following:

1. The patient's personal attending physician.

3. The patient's physician assistant, if the physician assistant is under the supervision of the patient's personal attending physician.

SECTION 4. 450.033 of the statutes is created to read:

450.033 Services delegated by physician. A pharmacist may perform any patient care service delegated to the pharmacist by a physician, as defined in s. 448.01 (5).

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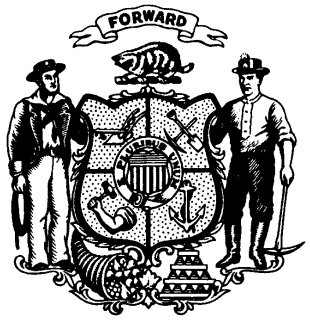
* Section 991.11, WISCONSIN STATUTES: Effective date of acts. "Every act and every portion of an act enacted by the legislature over the governor's partial veto which does not expressly prescribe the time when it takes effect shall take effect on the day after its date of publication."

State of Wisconsin



Date of enactment: **April 23, 2014**
2013 Senate Bill 325 Date of publication*: **April 24, 2014**

2013 WISCONSIN ACT 351

AN ACT ***to repeal*** 941.318, 961.14 (4) (te), (th), (tL), (tp), (tr), (tu) and (ty) and 961.14 (7) (m) and (n); ***to amend*** 59.54 (25g), 66.0107 (1) (bn), 961.14 (4) (intro.), 961.14 (7) (intro.), 961.41 (1) (e) (intro.), 961.41 (1) (hm) (intro.), 961.41 (1m) (e) (intro.), 961.41 (1m) (hm) (intro.), 961.41 (1r), 961.41 (3g) (d) and 961.41 (3g) (em); ***to repeal and recreate*** 961.14 (4) (tb) and 961.14 (7) (L); and ***to create*** 961.14 (4) (sm), 961.14 (4) (uv), 961.14 (4) (wa), 961.14 (4) (wb), 961.14 (4) (wk), 961.14 (4) (wL), 961.14 (4) (wm), 961.14 (4) (wn), 961.14 (4) (wo), 961.14 (4) (wp), 961.14 (4) (wq), 961.14 (4) (wr), 961.14 (4) (ws), 961.14 (4) (wv), 961.14 (4) (ww), 961.14 (4) (wx), 961.14 (4) (wy), 961.14 (4) (wz), 961.14 (4) (xa), 961.14 (4) (xb), 961.14 (7) (mk), 961.14 (7) (mL), 961.14 (7) (mm), 961.14 (7) (mn), 961.16 (3) (tb), 961.16 (3) (zt), 961.16 (8) (b), 961.18 (7) (am), 961.18 (7) (az), 961.18 (7) (em), 961.20 (2) (ax), 961.20 (2) (q), 961.20 (4) (d), 961.22 (4), 961.22 (5), 961.41 (1) (em) and 961.41 (1m) (em) of the statutes; **relating to:** controlled substances, and providing a penalty.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 59.54 (25g) of the statutes is amended to read:

59.54 **(25g)** POSSESSION OF A SYNTHETIC CANNABINOID. The board may enact and enforce an ordinance to prohibit the possession of any controlled substance specified in s. 961.14 (4) (tb) ~~to (ty)~~, and provide a forfeiture for a violation of the ordinance, except that any person who is charged with possession of a controlled substance specified in s. 961.14 (4) (tb) ~~to (ty)~~ following a conviction for possession of a controlled substance in this state shall not be prosecuted under this subsection. Any ordinance enacted under this subsection applies in every municipality within the county.

SECTION 2. 66.0107 (1) (bn) of the statutes is amended to read:

66.0107 **(1)** (bn) Enact and enforce an ordinance to prohibit the possession of a controlled substance specified in s. 961.14 (4) (tb) ~~to (ty)~~ and provide a forfeiture for a violation of the ordinance, except that any person who is charged with possession of a controlled substance specified in s. 961.14 (4) (tb) ~~to (ty)~~ following a conviction for possession of a controlled substance in this state shall not be prosecuted under this paragraph.

SECTION 3. 941.318 of the statutes is repealed.

SECTION 4. 961.14 (4) (intro.) of the statutes is amended to read:

961.14 **(4)** HALLUCINOGENIC SUBSTANCES. (intro.) Any material, compound, mixture or preparation which contains any quantity of any of the following hallucinogenic substances, including any of their salts, isomers, ~~precursors, analogs,~~ esters, ethers, and salts of isomers, esters, or ethers that are theoretically possible within the specific chemical designation, in any form contained in a plant, obtained from a plant, or chemically synthesized:

SECTION 5. 961.14 (4) (sm) of the statutes is created to read:

961.14 **(4)** (sm) Salvinorin A;

* Section 991.11, WISCONSIN STATUTES: Effective date of acts. "Every act and every portion of an act enacted by the legislature over the governor's partial veto which does not expressly prescribe the time when it takes effect shall take effect on the day after its date of publication."

Section 6. 961.14 (4) (tb) of the statutes is repealed and recreated to read:

961.14 **(4)** (tb) Synthetic cannabinoids, including:

1. Any compound structurally derived from 3−(1−naphthoyl)indole or 1H−indol−3−yl−(1−naphthyl)methane by substitution at the nitrogen atom of the indole ring by alkyl, haloalkyl, cyanoalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1−(N−methyl−2−piperidinyl)methyl, 2−(4−morpholinyl)ethyl, 1−(N−methyl−2−pyrrolidinyl)methyl, 1−(N−methyl−3−morpholinyl)methyl,or (tetrahydropyran−4−yl)methyl group, whether or not further substituted in the indole ring to any extent, whether or not substituted in the naphthyl ring to any extent. Substances specified under this subdivision include:

a. 1−pentyl−2−methyl−3−(1−naphthoyl)indole, commonly known as JWH−007;

b. 1−propyl−2−methyl−3−(1−naphthoyl)indole, commonly known as JWH−015;

c. 1−pentyl−3−(1−naphthoyl)indole, commonly known as JWH−018 or AM−678;

d. 1−hexyl−3−(1−naphthoyl)indole, commonly known as JWH−019;

e. 1−butyl−3−(1−naphthoyl)indole, commonly known as JWH−073;

f. 1−pentyl−3−(4−methoxy−1−naphthoyl)indole, commonly known as JWH−081;

g. 1−pentyl−2−methyl−3−(4−methoxy−1−naphthoyl)indole, commonly known as JWH−098;

h. 1−pentyl−3−(4−methyl−1−naphthoyl)indole, commonly known as JWH−122;

i. 1−pentyl−3−(7−methoxy−1−naphthoyl)indole, commonly known as JWH−164;

j. 1−[2−(4−(morpholinyl)ethyl)]−3−(1−naphthoyl)indole, commonly known as JWH−200;

k. 1−pentyl−3−(4−ethyl−1−naphthoyl)indole, commonly known as JWH−210;

L. 1−pentyl−3−(4−chloro−1−naphthoyl)indole, commonly known as JWH−398;

m. 1−pentyl−3−(4−fluoro−1−naphthoyl)indole, commonly known as JWH−412;

n. 1−[1−(N−methyl−2−piperidinyl)methyl]−3−(1−naphthoyl)indole,commonly known as AM−1220;

o. 1−(5−fluoropentyl)−3−(1−naphthoyl)indole, commonly known as AM−2201;

p. 1−(5−fluoropentyl)−3−(4−methyl−1−naphthoyl)indole, commonly known as MAM−2201;

q. 1−(5−chloropentyl)−3−(1−naphthoyl)indole, commonly known as AM−2201 (5−chloropentyl);

r. 1−(5−bromopentyl)−3−(1−naphthoyl)indole, commonly known as AM−2201 (5−bromopentyl);

s. 1−(4−cyanobutyl)−3−(1−naphthoyl)indole, commonly known as AM−2232;

t. (R)−(+)−[2,3−dihydro−5−methyl−3−(4−morpholinylmethyl)pyrrolo[1,2,3−de]−1,4−benzoxazin−6−yl]−1−naphthalenyl−methanone, commonly known as WIN 55,212−2;

2. Any compound structurally derived from 3−(1−naphthoyl)pyrrole by substitution at the nitrogen atom of the pyrrole ring by alkyl, haloalkyl, cyanoalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1−(N−methyl−2−piperidinyl)methyl, 2−(4−morpholinyl)ethyl, 1−(N−methyl−2−pyrrolidinyl)methyl, 1−(N−methyl−3−morpholinyl)methyl,or (tetrahydropyran−4−yl)methyl group, whether or not further substituted in the pyrrole ring to any extent, whether or not substituted in the naphthyl ring to any extent. Substances specified under this subdivision include:

a. 1−pentyl−5−(2−fluorophenyl)−3−(1−naphthoyl)pyrrole, commonly known as JWH−307;

b. 1−pentyl−5−(2−methylphenyl)−3−(1−naphthoyl)pyrrole, commonly known as JWH−370;

c. 1−pentyl−3−(1−naphthoyl)pyrrole, commonly known as JWH−030;

d. 1−hexyl−5−phenyl−3−(1−naphthoyl)pyrrole, commonly known as JWH−147;

3. Any compound structurally derived from 3−naphthylmethylindene by substitution at the 1−position of the indene ring by alkyl, haloalkyl, cyanoalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1−(N−methyl−2−piperidinyl)methyl, 2−(4−morpholinyl)ethyl, 1−(N−methyl−2−pyrrolidinyl)methyl, 1−(N−methyl−3−morpholinyl)methyl,or (tetrahydropyran−4−yl)methyl group, whether or not further substituted in the indene ring to any extent, whether or not substituted in the naphthyl ring to any extent. Substances specified under this subdivision include 1−pentyl−3−(1−naphthylmethyl)indene, commonly known as JWH−176;

4. Any compound structurally derived from 3−phenylacetylindole by substitution at the nitrogen atom of the indole ring with alkyl, haloalkyl, cyanoalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1−(N−methyl−2−piperidinyl)methyl, 2−(4−morpholinyl)ethyl, 1−(N−methyl−2−pyrrolidinyl)methyl, 1−(N−methyl−3−morpholinyl)methyl,or (tetrahydropyran−4−yl)methyl group, whether or not further substituted in the indole ring to any extent, whether or not substituted in the phenyl ring to any extent. Substances specified under this subdivision include:

a. 1−pentyl−3−(4−methoxyphenylacetyl)indole, commonly known as JWH−201;

b. 1−pentyl−3−(3−methoxyphenylacetyl)indole, commonly known as JWH−302;

c. 1−pentyl−3−(2−methoxyphenylacetyl)indole, commonly known as JWH−250;

d. 1−pentyl−3−(2−chlorophenylacetyl)indole, commonly known as JWH−203;

e. 1−pentyl−3−(3−chlorophenylacetyl)indole, or 3−chloro isomer of JWH−203;

f. 1−pentyl−3−(4−chlorophenylacetyl)indole, or 4−chloro isomer of JWH−203;

g. 1−pentyl−3−(2−methylphenylacetyl)indole, commonly known as JWH−251;

h. 1−(2−cyclohexylethyl)−3−(2−methoxyphenylacetyl)indole, commonly known as RCS−8;

i. 1−[1−(N−methyl−2−piperidinyl)methyl]−3−(2−methoxyphenylacetyl)indole, commonly known as cannabipiperidiethanone;

5. Any compound structurally derived from 2−(3−hydroxycyclohexyl)phenol by substitution at the 5−position of the phenolic ring by alkyl, haloalkyl, cyanoalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1−(N−methyl−2−piperidinyl)methyl, 2−(4−morpholinyl)ethyl, 1−(N−methyl−2−pyrrolidinyl)methyl, 1−(N−methyl−3−morpholinyl)methyl,or (tetrahydropyran−4−yl)methyl group, whether or not substituted in the cyclohexyl ring to any extent. Substances specified under this subdivision include:

a. 2−[(1R,3S)−3−hydroxycyclohexyl]−5−(2−methyloctan−2−yl)phenol, commonly known as CP 47,497;

b. 2−[(1R,3S)−3−hydroxycyclohexyl]−5−(2−methylnonan−2−yl)phenol, commonly known as CP 47,497 C8 homologue, or cannabicyclohexanol;

6. Any compound structurally derived from 3−(benzoyl)indole by substitution at the nitrogen atom of the indole ring by alkyl, haloalkyl, cyanoalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1−(N−methyl−2−piperidinyl)methyl, 2−(4−morpholinyl)ethyl, 1−(N−methyl−2−pyrrolidinyl)methyl, 1−(N−methyl−3−morpholinyl)methyl,or (tetrahydropyran−4−yl)methyl group, whether or not further substituted in the indole ring to any extent and whether or not substituted in the phenyl ring to any extent. Substances specified under this subdivision include:

a. 1−pentyl−3−(2−iodobenzoyl)indole, commonly known as AM−679;

b. 1−(5−fluoropentyl)−3−(2−iodobenzoyl)indole, commonly known as AM−694;

c. 1−pentyl−3−(4−methoxybenzoyl)indole, commonly known as RCS−4;

d. 1−butyl−3−(4−methoxybenzoyl)indole, commonly known as RCS−4−C4 homologue;

e. 1−pentyl−3−(2−methoxybenzoyl)indole, commonly known as RCS−4 2−methoxy isomer;

f. 1−butyl−3−(2−methoxybenzoyl)indole, a C4 homologue, 2−methoxy isomer of RCS−4;

g. 1−[2−(4−(morpholinyl)ethyl]−2−methyl−3−(4−methoxybenzoyl)indole, commonly known as pravadoline, or WIN 48,098;

h. 1−[2−(4−(morpholinyl)ethyl]−2−methyl−3−(4−methoxybenzoyl)−6−iodo−indole, commonly known as 6−iodopravadoline, or AM−630;

i. 1−[1−(N−methyl−2−piperidinyl)methyl]−3−(2−iodo−5−nitrobenzoyl)indole, commonly known as AM−1241;

j. 1−[1−(N−methyl−2−piperidinyl)methyl]−3−(2−iodobenzoyl)indole, commonly known as AM−2233;

7. Any compound structurally derived from 3−adamantoylindole by substitution at the nitrogen atom of the indole ring with alkyl, haloalkyl, cyanoalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1−(N−methyl−2−piperidinyl)methyl, 2−(4−morpholinyl)ethyl, 1−(N−methyl−2−pyrrolidinyl)methyl, 1−(N−methyl−3−morpholinyl)methyl,or (tetrahydropyran−4−yl)methyl group, whether or not further substituted in the indole ring to any extent, whether or not substituted in the adamantyl ring to any extent. Substances specified under this subdivision include:

a. 1−[1−(N−methyl−2−piperidinyl)methyl]−3−(1−adamantoyl)indole, commonly known as AM−1248;

b. 1−pentyl−3−(1−adamantoyl)indole, commonly known as AB−001;

8. Any compound structurally derived from 3−(cyclopropoyl)indole by substitution at the nitrogen atom of the indole ring with alkyl, haloalkyl, cyanoalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1−(N−methyl−2−piperidinyl)methyl, 2−(4−morpholinyl)ethyl, 1−(N−methyl−2−pyrrolidinyl)methyl, 1−(N−methyl−3−morpholinyl)methyl,or (tetrahydropyran−4−yl)methyl group, whether or not further substituted in the indole ring to any extent, whether or not substituted in the cyclopropyl ring to any extent. Substances specified under this subdivision include:

a. 1−pentyl−3−(2,2,3,3−tetramethylcyclopropoyl)indole, commonly known as UR−144;

b. 1−(5−chloropentyl)−3−(2,2,3,3−tetramethylcyclopropoyl)indole, commonly known as 5Cl−UR−144;

c. 1−(5−fluoropentyl)−3−(2,2,3,3−tetramethylcyclopropoyl)indole, commonly known as XLR−11;

d. 1−[2−(4−morpholinyl)ethyl]−3−(2,2,3,3−tetramethylcyclopropoyl)indole, commonly known as A−796,260;

e. 1−[(tetrahydropyran−4−yl)methyl]−3−(2,2,3,3−tetramethylcyclopro poyl)indole, commonly known as A−834,735;

9. Any compound structurally derived from N−adamantyl−1H−indole−3−carboxamide by substitution at the nitrogen atom of the indole ring with alkyl, haloalkyl, cyanoalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1−(N−methyl−2−piperidinyl)methyl, 2−(4−morpholinyl)ethyl, 1−(N−methyl−2−pyrrolidinyl)methyl, 1−(N−methyl−3−morpholinyl)methyl,or (tetrahydropyran−4−yl)methyl group, whether or not further substituted in the indole ring to any extent, whether or not sub-

stituted in the adamantyl ring to any extent. Substances specified under this subdivision include:

a. N–(1–adamantyl)–1–pentyl–1H–indole–3–carboxamide, commonly known as 2NE1;

b. N–(1–adamantyl)–1–(5–fluoropentyl)–1H–indole–3–carboxamide, commonly known as STS–135;

10. Any compound structurally derived from N–adamantyl–1H–indazole–3–carboxamide by substitution at either nitrogen atom of the indazole ring with alkyl, haloalkyl, cyanoalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1–(N–methyl–2–piperidinyl)methyl, 2–(4–morpholinyl)ethyl, 1–(N–methyl–2–pyrrolidinyl)methyl, 1–(N–methyl–3–morpholinyl)methyl, or (tetrahydropyran–4–yl)methyl group, whether or not further substituted in the indazole ring to any extent, whether or not substituted in the adamantyl ring to any extent. Substances specified under this subdivision include:

a. 1–pentyl–N–(1–adamantyl)–1H–indazole–3–carboxamide, commonly known as AKB48;

b. 1–(5–fluoropentyl)–N–(1–adamantyl)–1H–indazole–3–carboxamide, commonly known as 5F–AKB48.

11. Any compound structurally derived from N–naphthyl–1H–indazole–3–carboxamide by substitution at either nitrogen atom of the indazole ring with alkyl, haloalkyl, cyanoalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1–(N–methyl–2–piperidinyl)methyl, 2–(4–morpholinyl)ethyl, 1–(N–methyl–2–pyrrolidinyl)methyl, 1–(N–methyl–3–morpholinyl)methyl, or (tetrahydropyran–4–yl)methyl group, whether or not further substituted in the indazole ring to any extent, whether or not substituted in the naphthyl ring to any extent.

12. [1,1'–biphenyl]–3–yl–carbamic acid, cyclohexyl ester, commonly known as URB–602;

13. [(6S,6aR,9R,10aR)–9–hydroxy–6–methyl–3–[(2R)–5–phenylpentan–2–yl]oxy–5,6,6a,7,8,9,10,10a–octahydrophenanthridin–1–yl] acetate, commonly known as CP 50,556–1;

14. (6aR,10aR)–9–(hydroxymethyl)–6,6–dimethyl–3–(2–methyloctan–2–yl)–6a,7,10,10a–tetrahydrobenzo[c]chromen–1–ol, commonly known as HU–210;

15. (6aS,10aS)–9–(hydroxymethyl)–6,6–dimethyl–3–(2–methyloctan–2–yl)–6a,7,10,10a–tetrahydrobenzo[c]chromen–1–ol, commonly known as HU–211;

16. 3–hydroxy–2–[(1R,6R)–3–methyl–6–(1–methylethenyl)–2–cyclohexen–1–yl]–5–pentyl–2,5–cyclohexadiene–1,4–dione, commonly known as HU–331;

17. ((6aR,10aR)–6,6–dimethyl–3–(2–methyloctan–2–yl)–6a,7,10,10a–tetrahydrobenzo[c]chromen–9–yl)methanol, commonly known as JWH–051;

18. (6aR,10aR)–3–(1,1–Dimethylbutyl)–6a,7,10,10a–tetrahydro –6,6,9–trimethyl–6H–dibenzo[b,d]pyran, commonly known as JWH–133;

19. (6aR,10aR)–1–methoxy–6,6,9–trimethyl–3–[(2R)–1,1,2–trimethylbutyl]–6a,7,10,10a–tetrahydrobenzo[c]chromene, commonly known as JWH–359;

20. Napthalen–1–yl–(4–pentyloxynapthalen–1–yl)methanone, commonly known as CB–13;

21. N–cyclopropyl–11–(3–hydroxy–5–pentylphenoxy)–undecamide, commonly known as CB–25;

22. N–cyclopropyl–11–(2–hexyl–5–hydroxyphenoxy)–undecamide, commonly known as CB–52;

23. N–(benzo[1,3]dioxol–5–ylmethyl)–7–methoxy–2–oxo–8–pentyloxy–1,2–dihydroquinoline–3–carboxamide, commonly known as JTE–907;

24. N–[3–(2–methoxyethyl)–4,5–dimethyl–1,3–thiazol–2–ylidene]–2,2,3,3–tetramethylcyclopropane–1–carboxamide, commonly known as A–836,339;

25. Anthracen–9–yl{2–methyl–1–[2–(morpholin–4–yl)ethyl]–1H–indol–3–yl}methanone, commonly known as WIN 56,098;

26. 6–methyl–2–[(4–methylphenyl)amino]–4H–3,1–benzoxazin–4–one, commonly known as URB–754;

27. [3–(3–carbamoylphenyl)phenyl] N–cyclohexylcarbamate, commonly known as URB–597;

28. (–)–(R)–3–(2–Hydroxymethylindanyl–4–oxy)phenyl–4,4,4–trifluorobutyl–1–sulfonate, commonly known as BAY 38–7271.

29. Any compound structurally derived from 1H–indole–3–carboxylic acid quinolinyl ester by substitution at the nitrogen atom of the indole ring by alkyl, haloalkyl, cyanoalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1–(N–methyl–2–piperidinyl)methyl, 2–(4–morpholinyl)ethyl, 1–(N–methyl–2–pyrrolidinyl)methyl, 1–(N–methyl–3–morpholinyl)methyl, or (tetrahydropyran–4–yl)methyl group, whether or not further substituted in the indole ring to any extent, whether or not substituted in the quinoline ring to any extent. Substances specified under this subdivision include:

a. 1–pentyl–1H–indole–3–carboxylic acid 8–quinolinyl ester, commonly known as PB–22;

b. 1–(5–fluoropentyl)–1H–indole–3–carboxylic acid 8–quinolinyl ester, commonly known as 5F–PB–22;

c. 1–(cyclohexylmethyl)–1H–indole–3–carboxylic acid 8–quinolinyl ester, commonly known as BB–22.

30. Any compound structurally derived from N–naphthyl–1H–indole–3–carboxamide by substitution at the nitrogen atom of the indole ring with alkyl, haloalkyl, cyanoalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1–(N–methyl–2–piperidinyl)methyl, 2–(4–morpholinyl)ethyl, 1–(N–methyl–2–pyrrolidinyl)methyl, 1–(N–methyl–3–morpholinyl)methyl, or (tetrahydropyran–4–yl)methyl group, whether or not further substituted in the indole ring to any extent, whether or not sub-

stituted in the naphthyl ring to any extent. Substances specified under this subdivision include:

a. 1−pentyl−N−(1−naphthyl)−1H−indole−3−carboxamide, commonly known as NNEI or MN−24;

b. 1−(5−fluoropentyl)−N−(1−naphthyl)−1H−indole−3−carboxamide, commonly known as 5F−NNEI or 5F−MN−24.

31. Any compound structurally derived from 3−(pyridinoyl)indole by substitution at the nitrogen atom of the indole ring by alkyl, haloalkyl, cyanoalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1−(N−methyl−2−piperidinyl)methyl, 2−(4−morpholinyl)ethyl, 1−(N−methyl−2−pyrrolidinyl)methyl, 1−(N−methyl−3−morpholinyl)methyl,or (tetrahydropyran−4−yl)methyl group, whether or not further substituted in the indole ring to any extent, whether or not substituted in the pyridine ring to any extent. Substances specified under this subdivision include:

a. 1−pentyl−3−(3−pyridinoyl)indole;

b. 1−(5−fluoropentyl)−3−(3−pyridinoyl)indole.

Section 7. 961.14 (4) (te), (th), (tL), (tp), (tr), (tu) and (ty) of the statutes are repealed.

Section 8. 961.14 (4) (uv) of the statutes is created to read:

961.14 **(4)** (uv) 2−(3−methoxyphenyl)−2−(ethylamino)cyclohexanone, commonly known as methoxetamine.

Section 9. 961.14 (4) (wa) of the statutes is created to read:

961.14 **(4)** (wa) 4−iodo−2,5−dimethoxyamphetamine, commonly known as DOI.

Section 10. 961.14 (4) (wb) of the statutes is created to read:

961.14 **(4)** (wb) 4−chloro−2,5−dimethoxyamphetamine, commonly known as DOC.

Section 11. 961.14 (4) (wk) of the statutes is created to read:

961.14 **(4)** (wk) 2,5−dimethoxy−4−ethylphenethylamine, commonly known as 2C−E.

Section 12. 961.14 (4) (wL) of the statutes is created to read:

961.14 **(4)** (wL) 2,5−dimethoxy−4−methylphenethylamine, commonly known as 2C−D.

Section 13. 961.14 (4) (wm) of the statutes is created to read:

961.14 **(4)** (wm) 2,5−dimethoxy−4−chlorophenethylamine, commonly known as 2C−C.

Section 14. 961.14 (4) (wn) of the statutes is created to read:

961.14 **(4)** (wn) 2,5−dimethoxy−4−ethylthiophenethylamine, commonly known as 2C−T−2.

Section 15. 961.14 (4) (wo) of the statutes is created to read:

961.14 **(4)** (wo) 2,5−dimethoxy−4−isopropylthiophenethylamine, commonly known as 2C−T−4.

Section 16. 961.14 (4) (wp) of the statutes is created to read:

961.14 **(4)** (wp) 2,5−dimethoxyphenethylamine, commonly known as 2C−H.

Section 17. 961.14 (4) (wq) of the statutes is created to read:

961.14 **(4)** (wq) 2,5−dimethoxy−4−nitrophenethylamine, commonly known as 2C−N.

Section 18. 961.14 (4) (wr) of the statutes is created to read:

961.14 **(4)** (wr) 2,5−dimethoxy−4−(n)−propylphenethylamine, commonly known as 2C−P.

Section 19. 961.14 (4) (ws) of the statutes is created to read:

961.14 **(4)** (ws) Any compound structurally derived from N−benzyl−2−(2,5−dimethoxyphenyl)ethanamine by substitution at the nitrogen atom, or on either ring, with alkyl, alkoxy, alkylenedioxy, haloalkyl, hydroxyl, halide or nitro substituents, or by any combination of these modifications. Substances specified under this paragraph include:

1. 2−(4−iodo−2,5−dimethoxyphenyl)−N−[(2−methoxyphenyl)methyl]ethanamine, commonly known as 25I−NBOMe.

2. 2−(4−chloro−2,5−dimethoxyphenyl)−N−[(2−methoxyphenyl)methyl]ethanamine, commonly known as 25C−NBOMe.

3. 2−(4−bromo−2,5−dimethoxyphenyl)−N−[(2−methoxyphenyl)methyl]ethanamine, commonly known as 25B−NBOMe.

4. 2−(4−ethyl−2,5−dimethoxyphenyl)−N−(2−methoxybenzyl)ethanamine, commonly known as 25E−NBOMe.

Section 20. 961.14 (4) (wv) of the statutes is created to read:

961.14 **(4)** (wv) N,N−diallyl−5−methoxytryptamine, commonly known as 5−MeO−DALT.

Section 21. 961.14 (4) (ww) of the statutes is created to read:

961.14 **(4)** (ww) 5−(2−aminopropyl)benzofuran, commonly known as 5−APB.

Section 22. 961.14 (4) (wx) of the statutes is created to read:

961.14 **(4)** (wx) 6−(2−aminopropyl)benzofuran, commonly known as 6−APB.

Section 23. 961.14 (4) (wy) of the statutes is created to read:

961.14 **(4)** (wy) 5−(2−aminopropyl)−2,3−dihydrobenzofuran, commonly known as 5−APDB.

Section 24. 961.14 (4) (wz) of the statutes is created to read:

961.14 **(4)** (wz) 6−(2−aminopropyl)−2,3−dihydrobenzofuran, commonly known as 6−APDB.

Section 25. 961.14 (4) (xa) of the statutes is created to read:

961.14 **(4)** (xa) 5−iodo−2−aminoindane, commonly known as 5−IAI.

Section 26. 961.14 (4) (xb) of the statutes is created to read:

961.14 **(4)** (xb) 4−methoxymethamphetamine, commonly known as PMMA.

Section 27. 961.14 (7) (intro.) of the statutes is amended to read:

961.14 **(7)** Stimulants. (intro.) Any material, compound, mixture or preparation which contains any quantity of any of the following substances having a stimulant effect on the central nervous system, including any of their ~~precursors, analogs,~~ salts, isomers and salts of isomers that are theoretically possible within the specific chemical designation:

Section 28. 961.14 (7) (L) of the statutes is repealed and recreated to read:

961.14 **(7)** (L) *Substituted cathinones.* Any compound, except bupropion or compounds scheduled elsewhere in this chapter, that is structurally derived from 2−amino−propan−1−one by substitution at the 1−position with either phenyl, napthyl, or thiophene ring systems, whether or not the compound is further modified in any of the following ways: by substitution in the ring system to any extent with alkyl, alkoxy, alkylenedioxy, haloalkyl, hydroxyl, or halide substituents, whether or not further substituted in the ring system by one or more other univalent substituents; by substitution at the 3−position with an acyclic alkyl substituent; by substitution at the 2−amino nitrogen atom with alkyl, dialkyl, benzyl, or methoxybenzyl groups; by inclusion of the 2−amino nitrogen atom in a cyclic structure; or by any combination of these modifications. Substances specified under this subdivision include:

1. Methcathinone.

2. Methylenedioxypyrovalerone, commonly known as MDPV.

3. 4−methylmethcathinone, commonly known as mephedrone or 4−MMC.

4. 4−methylethcathinone, commonly known as 4−MEC.

5. 4−methoxy−alpha−pyrrolidinopropiophenone, commonly known as MOPPP.

6. 3,4−methylenedioxy−alpha−pyrrolidinopropiophenone, commonly known as MDPPP.

7. Alpha−pyrrolidinovalerophenone, commonly known as alpha−PVP.

8. 2−fluoromethcathinone, commonly known as 2−FMC.

9. 3−fluoromethcathinone, commonly known as 3−FMC.

10. 4−fluoromethcathinone, commonly known as 4−FMC or flephedrone.

11. 3,4−methylenedioxymethcathinone, commonly known as methylone or bk−MDMA.

12. Naphthylpyrovalerone, commonly known as naphyrone.

13. 4−methyl−alpha−pyrrolidinobutiophenone, commonly known as MPBP.

14. 4−methoxymethcathinone, commonly known as methedrone or bk−PMMA.

15. Ethcathinone.

16. 3,4−methylenedioxyethcathinone, commonly known as ethylone or bk−MDEA.

17. beta−Keto−N−methylbenzodioxolylbutanamine, commonly known as butylone or bk−MBDB.

18. N,N−dimethylcathinone, commonly known as metamfepramone.

19. Alpha−pyrrolidinopropiophenone, commonly known as alpha−PPP.

20. 3−methoxymethcathinone, commonly known as 3−MMC.

21. 4−ethylmethcathinone, commonly known as 4−EMC.

22. 3,4−dimethylmethcathinone, commonly known as 3,4−DMMC.

23. beta−Keto−N−methylbenzodioxolylpentanamine, commonly known as pentylone or bk−MBDP.

24. beta−Keto−ethylbenzodioxolylbutanamine, commonly known as eutylone or bk−EBDB.

25. 4−bromomethcathinone, commonly known as 4−BMC.

26. Alpha−methylamino−butyrophenone, commonly known as buphedrone or MABP.

27. 3,4−methylenedioxy−alpha−pyrrolidinobutiophenone, commonly known as MDPBP.

28. 4−methyl−alpha−pyrrolidinohexiophenone, commonly known as MPHP.

29. N,N−dimethyl−3,4−methylenedioxycathinone.

30. N,N−diethyl−3,4−methylenedioxycathinone.

31. Alpha−methylamino−valerophenone, commonly known as pentedrone.

Section 29. 961.14 (7) (m) and (n) of the statutes are repealed.

Section 30. 961.14 (7) (mk) of the statutes is created to read:

961.14 **(7)** (mk) Mitragynine.

Section 31. 961.14 (7) (mL) of the statutes is created to read:

961.14 **(7)** (mL) 7−hydroxymitragynine.

Section 32. 961.14 (7) (mm) of the statutes is created to read:

961.14 **(7)** (mm) 5,6−methylenedioxy−2−aminoindane, commonly known as MDAI.

Section 33. 961.14 (7) (mn) of the statutes is created to read:

961.14 **(7)** (mn) Benzothiophenylcyclohexylpiperidine, commonly known as BTCP.

SECTION 34. 961.16 (3) (tb) of the statutes is created to read:

961.16 **(3)** (tb) Oripavine.

SECTION 35. 961.16 (3) (zt) of the statutes is created to read:

961.16 **(3)** (zt) Tapentadol.

SECTION 36. 961.16 (8) (b) of the statutes is created to read:

961.16 **(8)** (b) An immediate precursor to fentanyl, including 4−anilino−N−phenethyl−4−piperidine, commonly known as ANPP.

SECTION 37. 961.18 (7) (am) of the statutes is created to read:

961.18 **(7)** (am) 19−Nor−4,9(10)−androstadienedione;

SECTION 38. 961.18 (7) (az) of the statutes is created to read:

961.18 **(7)** (az) Boldione;

SECTION 39. 961.18 (7) (em) of the statutes is created to read:

961.18 **(7)** (em) Desoxymethyltestosterone;

SECTION 40. 961.20 (2) (ax) of the statutes is created to read:

961.20 **(2)** (ax) Carisoprodol;

SECTION 41. 961.20 (2) (q) of the statutes is created to read:

961.20 **(2)** (q) Zopiclone.

SECTION 42. 961.20 (4) (d) of the statutes is created to read:

961.20 **(4)** (d) Lorcaserin, including any of its isomers and salts of isomers.

SECTION 43. 961.22 (4) of the statutes is created to read:

961.22 **(4)** EZOGABINE. Ezogabine or any of its salts, isomers, or salts of isomers.

SECTION 44. 961.22 (5) of the statutes is created to read:

961.22 **(5)** PREGABALIN. Pregabalin or any of its salts, isomers, or salts of isomers.

SECTION 45. 961.41 (1) (e) (intro.) of the statutes is amended to read:

961.41 **(1)** (e) *Phencyclidine, amphetamine, methamphetamine, methcathinone,* cathinone, ~~*methylenedioxypyrovalerone, and 4−methylmethcathinone*~~, *N−benzylpiperazine, and a substance specified in s. 961.14 (7) (L).* (intro.) If the person violates this subsection with respect to phencyclidine, amphetamine, methamphetamine, methcathinone, cathinone, ~~methylenedioxypyrovalerone, or 4−methylmethcathinone,~~ N−benzylpiperazine, a substance specified in s. 961.14 (7) (L), or a controlled substance analog of phencyclidine, amphetamine, methamphetamine, methcathinone, cathinone, ~~methylenedioxypyrovalerone, or 4−methylmethcathinone,~~ N−benzylpiperazine, or a substance specified in s. 961.14 (7) (L), and the amount manufactured, distributed, or delivered is:

SECTION 46. 961.41 (1) (em) of the statutes is created to read:

961.41 **(1)** (em) *Synthetic cannabinoids.* If a person violates this subsection with respect to a controlled substance specified in s. 961.14 (4) (tb), or a controlled substance analog of a controlled substance specified in s. 961.14 (4) (tb), and the amount manufactured, distributed, or delivered is:

1. Two hundred grams or less, the person is guilty of a Class I felony.

2. More than 200 grams but not more than 1,000 grams, the person is guilty of a Class H felony.

3. More than 1,000 grams but not more than 2,500 grams, the person is guilty of a Class G felony.

4. More than 2,500 grams but not more than 10,000 grams, the person is guilty of a Class F felony.

5. More than 10,000 grams, the person is guilty of a Class E felony.

SECTION 47. 961.41 (1) (hm) (intro.) of the statutes is amended to read:

961.41 **(1)** (hm) *Certain other schedule I controlled substances and ketamine.* (intro.) If the person violates this subsection with respect to gamma−hydroxybutyric acid, gamma−butyrolactone, 1,4−butanediol, 3,4−methylenedioxymethamphetamine, 4−bromo−2,5−dimethoxy−beta−phenylethylamine, 4−methylthioamphetamine, ketamine, a substance specified in s. 961.14 (4) (a) to (h), (m) to (q), (sm), or (u) to (xb), or a controlled substance analog of gamma−hydroxybutyric acid, gamma−butyrolactone, 1,4−butanediol, 3,4−methylenedioxymethamphetamine, 4−bromo−2,5−dimethoxy−beta−phenylethylamine, or 4−methylthioamphetamine, ketamine, or a substance specified in s. 961.14 (4) (a) to (h), (m) to (q), (sm), or (u) to (xb), and the amount manufactured, distributed, or delivered is:

SECTION 48. 961.41 (1m) (e) (intro.) of the statutes is amended to read:

961.41 **(1m)** (e) *Phencyclidine, amphetamine, methamphetamine, methcathinone,* cathinone, ~~*methylenedioxypyrovalerone, and 4−methylmethcathinone*~~, *N−benzylpiperazine, and a substance specified in s. 961.14 (7) (L).* (intro.) If a person violates this subsection with respect to phencyclidine, amphetamine, methamphetamine, methcathinone, cathinone, ~~methylenedioxypyrovalerone, or 4−methylmethcathinone,~~ N−benzylpiperazine, a substance specified in s. 961.14 (7) (L), or a controlled substance analog of phencyclidine, amphetamine, methamphetamine, methcathinone, cathinone, ~~methylenedioxypyrovalerone, or 4−methylmethcathinone,~~ N−benzylpiperazine, or a substance specified in s. 961.14 (7) (L), and the amount possessed, with intent to manufacture, distribute, or deliver, is:

SECTION 49. 961.41 (1m) (em) of the statutes is created to read:

961.41 **(1m)** (em) *Synthetic cannabinoids.* If a person violates this subsection with respect to a controlled

substance specified in s. 961.14 (4) (tb), or a controlled substance analog of a controlled substance specified in s. 961.14 (4) (tb), and the amount possessed, with intent to manufacture, distribute, or deliver, is:

1. Two hundred grams or less, the person is guilty of a Class I felony.

2. More than 200 grams but not more than 1,000 grams, the person is guilty of a Class H felony.

3. More than 1,000 grams but not more than 2,500 grams, the person is guilty of a Class G felony.

4. More than 2,500 grams but not more than 10,000 grams, the person is guilty of a Class F felony.

5. More than 10,000 grams, the person is guilty of a Class E felony.

Section 50. 961.41 (1m) (hm) (intro.) of the statutes is amended to read:

961.41 **(1m)** (hm) *Certain other schedule I controlled substances and ketamine.* (intro.) If the person violates this subsection with respect to gamma−hydroxybutyric acid, gamma−butyrolactone, 1,4−butanediol, 3,4−methylenedioxymethamphetamine, 4−bromo−2,5−dimethoxy−beta−phenylethylamine, 4−methylthioamphetamine, ketamine, a substance specified in s. 961.14 (4) (a) to (h), (m) to (q), (sm), or (u) to (xb), or a controlled substance analog of gamma−hydroxybutyric acid, gamma−butyrolactone, 1,4−butanediol, 3,4−methylenedioxymethamphetamine, 4−bromo−2,5−dimethoxy−beta−phenylethylamine, or 4−methylthioamphetamine, ketamine, or a substance specified in s. 961.14 (4) (a) to (h), (m) to (q), (sm), or (u) to (xb) is subject to the following penalties if the amount possessed, with intent to manufacture, distribute, or deliver is:

Section 51. 961.41 (1r) of the statutes is amended to read:

961.41 **(1r)** Determining weight of substance. In determining amounts under s. 961.49 (2) (b), 1999 stats., and subs. (1) and (1m), an amount includes the weight of cocaine, cocaine base, heroin, phencyclidine, lysergic acid diethylamide, psilocin, psilocybin, amphetamine, methamphetamine, ~~methcathinone or~~ tetrahydrocannabinols, synthetic cannabinoids or substituted cathinones, or any controlled substance analog of any of these substances together with any compound, mixture, diluent, plant material or other substance mixed or combined with the controlled substance or controlled substance analog. In addition, in determining amounts under subs. (1) (h) and (1m) (h), the amount of tetrahydrocannabinols means anything included under s. 961.14 (4) (t) and includes the weight of any marijuana.

Section 52. 961.41 (3g) (d) of the statutes is amended to read:

961.41 **(3g)** (d) *Certain hallucinogenic and stimulant drugs.* If a person possesses or attempts to possess lysergic acid diethylamide, phencyclidine, amphetamine, 3,4−methylenedioxymethamphetamine, methcathinone, cathinone, ~~methylenedioxypyrovalerone, 4−methylmethcathinone,~~ N−benzylpiperazine, a substance specified in s. 961.14 (4) (a) to (h), (m) to (q), (sm), (u) to (xb), or (7) (L), psilocin, or psilocybin, or a controlled substance analog of lysergic acid diethylamide, phencyclidine, amphetamine, 3,4−methylenedioxymethamphetamine, methcathinone, cathinone, ~~methylenedioxypyrovalerone, 4−methylmethcathinone,~~ N−benzylpiperazine, a substance specified in s. 961.14 (4) (a) to (h), (m) to (q), (sm), (u) to (xb), or (7) (L), psilocin, or psilocybin, the person may be fined not more than $5,000 or imprisoned for not more than one year in the county jail or both upon a first conviction and is guilty of a Class I felony for a 2nd or subsequent offense. For purposes of this paragraph, an offense is considered a 2nd or subsequent offense if, prior to the offender's conviction of the offense, the offender has at any time been convicted of any felony or misdemeanor under this chapter or under any statute of the United States or of any state relating to controlled substances, controlled substance analogs, narcotic drugs, marijuana, or depressant, stimulant, or hallucinogenic drugs.

Section 53. 961.41 (3g) (em) of the statutes is amended to read:

961.41 **(3g)** (em) *Synthetic cannabinoids.* If a person possesses or attempts to possess a controlled substance specified in s. 961.14 (4) (tb) ~~to (ty)~~, or a controlled substance analog of a controlled substance specified in s. 961.14 (4) (tb) ~~to (ty)~~, the person may be fined not more than $1,000 or imprisoned for not more than 6 months or both upon a first conviction and is guilty of a Class I felony for a 2nd or subsequent offense. For purposes of this paragraph, an offense is considered a 2nd or subsequent offense if, prior to the offender's conviction of the offense, the offender has at any time been convicted of any felony or misdemeanor under this chapter or under any statute of the United States or of any state relating to controlled substances, controlled substance analogs, narcotic drugs, marijuana, or depressant, stimulant, or hallucinogenic drugs.

STATEMENT OF SCOPE

PHARMACY EXAMINING BOARD

Rule No.: Phar 2 and 4

Relating to: Application and examination for pharmacists

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 bring the rule in compliance with 2013 Wisconsin Act 114 and to update the examination requirements.

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:

2013 Wisconsin Act 114 prohibits the board from requiring a person to complete any postsecondary education before the person is eligible to take an examination for a credential. The proposed rule will revise the application rules to allow for the examination to be taken prior to completion of the education. In addition, the proposed rule will update and clarify the examination requirements including the removal of outdated and obsolete provisions.

The alternative is to not be in compliance with the new legislation. The rule will also continue to have confusion regarding the obsolete provisions.

4. Detailed explanation of statutory authority for the rule (including the statutory citation and language):

s. 15.08(5)(b), Stats. Each examining board: shall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular trade or profession.

s. 45002(3)(d) and (e), Stats. The board may promulgate rules necessary for the administration and enforcement of this chapter and ch. 961 and establishing minimum standards for practice of pharmacy.

5. Estimate of amount of time that state employees will spend developing the rule and of other resources necessary to develop the rule:

60 hours

6. List with description of all entities that may be affected by the proposed rule:

Pharmacist applicants

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:

None

8. Anticipated economic impact of implementing the rule (note if the rule is likely to have a significant economic impact on small businesses):

No anticipated economic impact of implementing the rule and the rule 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

STATE OF WISCONSIN
PHARMACY EXAMINING BOARD

IN THE MATTER OF RULEMAKING PROCEEDINGS BEFORE THE PHARMACY EXAMINING BOARD	:	ORDER OF THE PHARMACY EXAMINING BOARD ADOPTING RULES CLEARINGHOUSE RULE 13-075

ORDER

An order of the Pharmacy Examining Board to repeal 7.08 (1) (note); and amend 8.05 (4), 8.07 (2), 8.09(1),(2),(3), and (4) relating to electronic prescriptions.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: §§ 450.11 (2) and 961.38, Stats.

Statutory authority: §§ 15.08 (5)(b), 450.02(3)(a), 961.31, Stats

Explanation of agency authority:

15.08 (5) (b), Stats., allows each examining board to "promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular trade or profession."

450.02 (3) (a), Stats., authorizes the Board to promulgate rules "[r]elating to the…distribution and dispensing of prescription drugs."

961.31, Stats., authorizes the Board to promulgate rules relating to the manufacture, distribution and dispensing of controlled substances within the state.

Related statute or rule: § 961.38, Stats.

Plain language analysis:

2011 Wisconsin Act 159 amended § 961.38, Stats. to allow electronic prescriptions for schedule II controlled substances. This rule updates the Pharmacy Examining Board rules accordingly.

Section 1 repeals the note following Phar 7.08(1) which stated that prescription orders for schedule II controlled substances may not be transmitted electronically except in emergency.

Section 2 amends Phar 8.05(4) to indicate that a prescription containing a controlled substance can only be dispensed pursuant to a written hard copy or electronic order signed by the prescribing practitioner.

Section 3 amends Phar 8.07(2) to indicate the notation of the partial quantity provided is written on the hard copy of the prescription or the electronic order. The word "emergency" is moved to solely modify oral prescription.

Sections 4, 5 and 6 amends Phar 8.09(1), (2), (3) and (4) to remove electronic from the emergency prescriptions and to reflect the provisions relate solely to oral authorizations in an emergency situation. Section 6 also removes the reference to the "practitioner's phone number as listed in the telephone directory" to reflect current technologies may be used rather than the outdated method of looking phone numbers up in a telephone directory.

Summary of, and comparison with, existing or proposed federal regulation:

21 CFR §1311 allows electronic prescriptions for controlled substances.

Comparison with rules in adjacent states:

Illinois: Per Ill. Admin. Code Title 68, § 1330.760, electronically transmitted prescriptions for controlled substances may be dispensed only as provided by federal law.

Iowa: Per Iowa Admin. Code 657 - 8.19, electronic prescriptions may be accepted for controlled substances.

Michigan: Per Mich. Admin. Code § 333.7333, electronic prescriptions of controlled substances are allowed, if not prohibited by federal law.

Minnesota: Per Minnesota Rules 6800.3000 Subp. 3, electronic prescriptions are allowed if they conform to the rules of the federal Drug Enforcement Administration.

Summary of factual data and analytical methodologies:

The methodology used was to update the rule to reflect the changes to the statutes as a result of 2011 Wisconsin Act 159.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

This rule was posted for economic comments for 14 days and none were received. This rule updates the code to reflect the statutory change to allow for electronic prescriptions and will not have an economic impact.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis is attached.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Tom.Engels@wisconsin.gov, or by calling (608) 266-8608.

Agency contact person:

Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, Wisconsin 53708; telephone (608) 261-2377; email at Sharon.Henes@wisconsin.gov.

TEXT OF RULE

SECTION 1. Phar 7.08 (1) (note) is repealed.

SECTION 2. Phar 8.05 (4) is amended to read:

Phar 8.05 (4) A prescription containing a controlled substance listed in schedule II may be dispensed only pursuant to a written hard copy or electronic order signed by the prescribing individual practitioner, except in emergency situations. A prescription for a controlled substance listed in schedule II may not be dispensed more than 60 days after the date of issue on the prescription order.

SECTION 3. Phar 8.07 (2) is amended to read:

Phar 8.07 (2) The partial dispensing of a prescription containing a controlled substance listed in schedule II is permissible, if the pharmacist is unable to supply the full quantity called for in a written or emergency electronic or oral prescription order, and the pharmacist makes a notation of the quantity supplied on the face of the written hard copy prescription order or written record of the ~~emergency~~ electronic or emergency oral prescription order. The remaining portion of the prescription may be dispensed within 72 hours of the first partial dispensing. If the remaining portion is not dispensed within the 72 hour period, the pharmacist shall so notify the prescribing individual practitioner. No further quantity may be supplied beyond the 72 hours without a new prescription order.

SECTION 4. Phar 8.09 (1)(intro.) is amended to read:

Phar 8.09 (1) For the purpose of authorizing an ~~electronic or~~ oral prescription order for a schedule II controlled substance, the term "emergency" means those situations in which the prescribing practitioner determines that:

SECTION 5. Phar 8.09 (2)(intro.) is amended to read:

Phar 8.09 (2) In an emergency a pharmacist may dispense a controlled substance listed in schedule II upon receiving ~~electronic or~~ oral authorization of a practitioner if:

SECTION 6. Phar 8.09 (3) and (4) are amended to read:

Phar 8.09 (3) If the practitioner is not known to the pharmacist, the pharmacist shall make a reasonable effort to determine that the ~~electronic or~~ oral authorization came from an authorized practitioner, which may include a call back to the prescribing practitioner using ~~the practitioner's phone number as listed in the telephone directory and other~~ good faith efforts to insure the practitioner's identity.

Phar 8.09 (4) Within 7 days after authorizing an emergency ~~electronic or~~ oral prescription order, the practitioner shall cause a written or electronic order for the emergency quantity prescribed to be delivered to the dispensing pharmacist. In addition to conforming to the requirements of s. Phar 8.05, the order shall contain on its face "authorization for emergency dispensing" and the date of the ~~electronic or~~ oral order. The written or electronic order may be delivered to the pharmacist in person or by mail or electronically, but if delivered by mail it shall be postmarked within the 7 day period. Upon receipt, the dispensing pharmacist shall attach this prescription order to the ~~electronic or~~ oral emergency order reduced to writing under sub. (2) (b). The pharmacist shall notify the board or department of safety and professional services if the practitioner fails to deliver the written or electronic order. Failure of the pharmacist to provide notification shall void the authority conferred by this section to dispense without a written or electronic order of a practitioner.

SECTION 7. EFFECTIVE DATE. The rule 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)

Dated _____ Agency _____

Member of the Board
Pharmacy Examining Board

STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION
DOA-2049 (R03/2012)

DIVISION OF EXECUTIVE BUDGET AND FINANCE
101 EAST WILSON STREET, 10TH FLOOR
P.O. BOX 7864
MADISON, WI 53707-7864
FAX: (608) 267-0372

ADMINISTRATIVE RULES
Fiscal Estimate & Economic Impact Analysis

1. Type of Estimate and Analysis
☒ Original ☐ Updated ☐ Corrected

2. Administrative Rule Chapter, Title and Number
Phar 7, 8

3. Subject
Allowing electronic prescriptions for controlled substances schedule II

4. Fund Sources Affected
☐ GPR ☐ FED ☒ PRO ☐ PRS ☐ SEG ☐ SEG-S

5. Chapter 20, Stats. Appropriations Affected

6. Fiscal Effect of Implementing the Rule
☒ No Fiscal Effect ☐ Increase Existing Revenues ☐ Increase Costs
☐ Indeterminate ☐ Decrease Existing Revenues ☐ Could Absorb Within Agency's Budget
☐ Decrease Cost

7. The Rule Will Impact the Following (Check All That Apply)
☐ State's Economy ☐ Specific Businesses/Sectors
☐ Local Government Units ☐ Public Utility Rate Payers
☐ Small Businesses **(if checked, complete Attachment A)**

8. Would Implementation and Compliance Costs Be Greater Than $20 million?
☐ Yes ☒ No

9. Policy Problem Addressed by the Rule
2011 Wisconsin Act 159 amended § 961.38, Stats. to allow electronic prescriptions for schedule II controlled substances. This rule updates the Pharmacy Examining Board rules accordingly.

10. Summary of the businesses, business sectors, associations representing business, local governmental units, and individuals that may be affected by the proposed rule that were contacted for comments.
This rule was posted for 14 days for economic comments and none were received.

11. Identify the local governmental units that participated in the development of this EIA.
None. This rule does not affect local governments.

12. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred)
This rule will not have an economic or fiscal impact on specific businesses, business sectors, public utility rate payers, local governmental units or the state's economy as a whole. This rule updates the code to reflect the statutory change to allow for electronic prescriptions.

13. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule
The benefit of implementing the rule would allow a pharmacy/pharmacist to use modern technology in a manner that efficiently meets patient needs by allowing electronic prescriptions for schedule II controlled substances and allowing oral prescriptions to be reduced to an electronic record while maintaining public safety. This rule updates the code to reflect the revision in statute created by 2011 Act 159 to allow for electronic prescriptions to schedule II controlled substances.

14. Long Range Implications of Implementing the Rule
The long range implication is to increase public safety by cutting down on dispensing errors or patients misplacing their written prescription orders by allowing electronic prescriptions, rather than only written prescription orders.

15. Compare With Approaches Being Used by Federal Government
The federal government allows for electronic prescriptions for schedule II controlled substances.

16. Compare With Approaches Being Used by Neighboring States (Illinois, Iowa, Michigan and Minnesota)
Our four neighboring states allow for electronic prescriptions for scheduled II controlled substances, if not prohibited by federal law.

17. Contact Name	18. Contact Phone Number
Sharon Henes, Administrative Rules Coordinator	(608) 261-2377

STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION
DOA-2049 (R03/2012)

DIVISION OF EXECUTIVE BUDGET AND FINANCE
101 EAST WILSON STREET, 10TH FLOOR
P.O. BOX 7864
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ADMINISTRATIVE RULES
Fiscal Estimate & Economic Impact Analysis

This document can be made available in alternate formats to individuals with disabilities upon request.

STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION
DOA-2049 (R03/2012)

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ADMINISTRATIVE RULES
Fiscal Estimate & Economic Impact Analysis

ATTACHMENT A

1. Summary of Rule's Economic and Fiscal Impact on Small Businesses (Separately for each Small Business Sector, Include Implementation and Compliance Costs Expected to be Incurred)

2. Summary of the data sources used to measure the Rule's impact on Small Businesses

3. Did the agency consider the following methods to reduce the impact of the Rule on Small Businesses?

☐ Less Stringent Compliance or Reporting Requirements
☐ Less Stringent Schedules or Deadlines for Compliance or Reporting
☐ Consolidation or Simplification of Reporting Requirements
☐ Establishment of performance standards in lieu of Design or Operational Standards
☐ Exemption of Small Businesses from some or all requirements
☐ Other, describe:

4. Describe the methods incorporated into the Rule that will reduce its impact on Small Businesses

5. Describe the Rule's Enforcement Provisions

6. Did the Agency prepare a Cost Benefit Analysis (if Yes, attach to form)

☐ Yes ☐ No

STATE OF WISCONSIN
PHARMACY EXAMINING BOARD

IN THE MATTER OF RULEMAKING	:	ORDER OF THE
PROCEEDINGS BEFORE THE	:	PHARMACY EXAMINING BOARD
PHARMACY EXAMINING BOARD	:	ADOPTING RULES
	:	CLEARINGHOUSE RULE 13-076

ORDER

An order of the Pharmacy Examining Board to repeal 7.04(1)(e)2.(note) and amend Phar 7.04 (1)(e) 2. relating to return or exchange of health items.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: ss. 450.01 (7), 450.02 (3)

Statutory authority: ss. 15.08 (5) (b) and 450.02 (3), Wis. Stats.

Explanation of agency authority:

15.08 (5) (b), Stats., allows each examining board to "promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular trade or profession."

450.02(3), Stats., allows the Pharmacy Examining Board to promulgate rules relating to the manufacture of drugs and the distribution and dispensing of prescription drugs; establish security standards for pharmacies and the manufacture, distribution and dispensing of hypodermic syringes, needles and other objects used, intended for use or designed for use in injecting a drug.

Related statute or rule: ss. 938.02

Plain language analysis:

Section 1 updates the language in the rule to reflect the statutory changes in the language and citations resulting from 2005 Wisconsin Act 344. "Secured correctional facility" was changed to "juvenile correctional facility" and "secure detention facility" was changed to "juvenile detention facility." As a result of these changes the statutory citations were amended to reflect their new position in the alphabet in § 938.02, Wis. Stats. In addition, 2005 Wisconsin Act 344 repealed § 938.02(15p).

Section 2 repeals the note which followed Phar 7.04(1)(e)2. advising the public of the changes. The note is no longer necessary due to the updating of this rule.

Summary of, and comparison with, existing or proposed federal regulation:

Comparison with rules in adjacent states:

Illinois: In Illinois's section relating to the return of drugs, it does not address correction facilities separately.

Iowa: In Iowa's section relating to the return or exchange of health items, it does not address correction facilities separately.

Michigan: In Michigan's section relating to return or exchange of heath items, there is a definition for "state correctional facility" which means a facility or institution that houses a prisoner population under the jurisdiction of the department of corrections.

Minnesota: In Minnesota's section relating to return of drugs and devices, such a return is only allowed by hospitals, nursing homes and assisted living facilities.

Summary of factual data and analytical methodologies:

On June 26, 2012, the Governor's Office recommended that the Pharmacy Examining Board review and update this rule to reflect current statutes.

Currently there is a note indicating the changes. This rule moves the updates from the note into the rule itself to reflect the statutory language change.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

This rule was posted for economic comments for 14 days and none were received. This rule corrects statutory references only and has no economic impact.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis is attached.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Tom.Engels@wisconsin.gov, or by calling (608) 266-8608.

Agency contact person:

Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, Wisconsin 53708; telephone (608) 261-2377; email at Sharon.Henes@wisconsin.gov.

TEXT OF RULE

SECTION 1. Phar 7.04(1)(e)2. is amended to read:

Phar 7.04(1)(e)2. A juvenile patient who resides in a ~~secured~~ juvenile correctional facility, as defined in s. ~~938.02 (15m)~~ 938.02 (10p), Stats.; a secured ~~child caring institution~~ residential care center for children and youth, as defined in s. 938.02(15g), Stats.; ~~a secured group home, as defined in s. 938.02 (15p), Stats.;~~ a ~~secured~~ juvenile detention facility, as defined in s. ~~938.02 (16)~~ 938.02 (10r), Stats.; or a juvenile portion of a county jail whose dispensed health items are maintained under the custody and control of the health services staff as defined in s. DOC 316.02(6) and provided to a juvenile patient under the provisions of s. DOC 316.03.

SECTION 2. Phar 7.04(1)(e)2.(note) is repealed.

SECTION 3. 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)

Dated _____ Agency _____

Member of the Board
Pharmacy Examining Board

STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION
DOA-2049 (R03/2012)

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ADMINISTRATIVE RULES
Fiscal Estimate & Economic Impact Analysis

1. Type of Estimate and Analysis
☒ Original ☐ Updated ☐ Corrected

2. Administrative Rule Chapter, Title and Number
Phar 7.04(1)(e)2.

3. Subject
Statutory reference changes within return or exchange of health items

4. Fund Sources Affected
☐ GPR ☐ FED ☒ PRO ☐ PRS ☐ SEG ☐ SEG-S

5. Chapter 20, Stats. Appropriations Affected

6. Fiscal Effect of Implementing the Rule
☒ No Fiscal Effect ☐ Increase Existing Revenues ☐ Increase Costs
☐ Indeterminate ☐ Decrease Existing Revenues ☐ Could Absorb Within Agency's Budget
☐ Decrease Cost

7. The Rule Will Impact the Following (Check All That Apply)
☐ State's Economy ☐ Specific Businesses/Sectors
☐ Local Government Units ☐ Public Utility Rate Payers
☐ Small Businesses **(if checked, complete Attachment A)**

8. Would Implementation and Compliance Costs Be Greater Than $20 million?
☐ Yes ☒ No

9. Policy Problem Addressed by the Rule
Currently there is a note for this section indicating various statutory references have been changed. This rule updates the section with current statutory references and eliminates the note.

10. Summary of the businesses, business sectors, associations representing business, local governmental units, and individuals that may be affected by the proposed rule that were contacted for comments.
This rule was posted for 14 days for economic comments and none were received.

11. Identify the local governmental units that participated in the development of this EIA.
None. This rule does not affect local governments.

12. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred)
This rule will not have an economic or fiscal impact on specific businesses, business sectors, public utility rate payers, local governmental units or the state's economy as a whole. This rule only corrects statutory references in the current rule.

13. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule
The benefit is to clean-up the rule to match current statutory references.

14. Long Range Implications of Implementing the Rule
The long range implication is the rule will have clarity without having to refer to the note to understand the references.

15. Compare With Approaches Being Used by Federal Government
None.

16. Compare With Approaches Being Used by Neighboring States (Illinois, Iowa, Michigan and Minnesota)
This rule purely updates the rule to reflect the current Wisconsin statute references. A comparison of the underlying rule which is not changing, Illinois and Iowa do not address correction facilities separately; Michigan's section relating to return or exchange of health items has a definition for "state correctional facility"; and Minnesota only allows the return of drugs and devices by hospitals, nursing homes and assisted living facilities.

17. Contact Name	18. Contact Phone Number
Sharon Henes, Administrative Rules Coordinator	(608) 261-2377

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DOA-2049 (R03/2012)

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ADMINISTRATIVE RULES
Fiscal Estimate & Economic Impact Analysis

ATTACHMENT A

1. Summary of Rule's Economic and Fiscal Impact on Small Businesses (Separately for each Small Business Sector, Include Implementation and Compliance Costs Expected to be Incurred)

2. Summary of the data sources used to measure the Rule's impact on Small Businesses

3. Did the agency consider the following methods to reduce the impact of the Rule on Small Businesses?

☐ Less Stringent Compliance or Reporting Requirements
☐ Less Stringent Schedules or Deadlines for Compliance or Reporting
☐ Consolidation or Simplification of Reporting Requirements
☐ Establishment of performance standards in lieu of Design or Operational Standards
☐ Exemption of Small Businesses from some or all requirements
☐ Other, describe:

4. Describe the methods incorporated into the Rule that will reduce its impact on Small Businesses

5. Describe the Rule's Enforcement Provisions

6. Did the Agency prepare a Cost Benefit Analysis (if Yes, attach to form)

☐ Yes ☐ No

STATE OF WISCONSIN
PHARMACY EXAMINING BOARD

IN THE MATTER OF RULEMAKING	:	ORDER OF THE
PROCEEDINGS BEFORE THE	:	PHARMACY EXAMINING BOARD
PHARMACY EXAMINING BOARD	:	ADOPTING RULES
	:	CLEARINGHOUSE RULE 14-003

ORDER

An order of the Pharmacy Examining Board to repeal Phar 18.04(3)(intro), 18.04(3)(k), 18.11(3), 18.11(4), 18.11(9)(a), 18.11(9)(b), and 18.11(9)(c); to renumber Phar 18.04(3)(a), 18.04(3)(b), 18.04(3)(c), 18.04(3)(d), 18.04(3)(e), 18.04(3)(f), 18.04(3)(g), 18.04(3)(h), 18.04(3)(i), 18.04(3)(j), 18.04(3)(o); to renumber and amend Phar 18.04(2), 18.04(3)(L), 18.04(3)(m), 18.04(3)(n); to amend Phar 18.02(8)(a), 18.02(9), 18.02(15)(intro), 18.02(17), 18.04(title), 18.04(4), 18.05(1), 18.05(1)(note), 18.05(2)(note), 18.05(3)(b)(note), 18.05(4), 18.06(2), 18.06(3)(b)(note), 18.06(6)(b)(note), 18.06(8), 18.07, 18.08(1)(a), 18.08(1)(b)(note), 18.09, 18.10(1)(intro), 18.10(2)(intro), 18.10(2)(b), 18.10(3), 18.10(6), 18.10(7), 18.11(6)(intro), 18.11(9)(intro), 18.11(10)(c)(note), 18.12(4), and 18.14(1)(intro); and to create Phar 18.02(11g), 18.02(11r), 18.02(15g), 18.02(15r), 18.04(2)(ge), 18.04(2)(gm), 18.04(2)(gs) and 18.08(3) relating to the prescription drug monitoring program.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: § 450.19, Wis. Stats.

Statutory authority: §§ 15.08 (5)(b), 450.19(2) and 961.31, Wis. Stats.

Explanation of agency authority:

The board has authority to promulgate rules for the guidance of the profession and to interpret the provisions of the statutes it enforces. The board also has authority to promulgate rules relating to the manufacture, distribution and dispensing of controlled substances within Wisconsin.

Specifically, the legislature directs the board to establish rules to govern the prescription drug monitoring program.

Related statute or rule: § 450.19, Wis. Stats. and ch. Phar 18, Wis. Admin. Code

Plain language analysis:

This proposed rule modifies the ch. Phar 18 to improve the efficiency of the Prescription Drug Monitoring Program (PDMP) by ensuring consistency between the language of the rule and how PDMP functions.

Sections 1, 2, 3, 4, 5, 6 clarify and simplify definitions. A dispenser is a pharmacy. Dispenser delegate is a managing pharmacist or an agent or employee of a practitioner who has the delegated responsibility for data compilation and submission to PDMP. Managing pharmacist, pharmacist and practitioner definitions are identical to definitions in the statutes. Pharmacist delegate is an agent of a pharmacist who has been delegated access to PDMP information.

Section 7 clarifies the title of s. Phar 18.04 to "compilation of dispensing data".

Section 8 changes the "he or she" to dispenser. It also becomes an introduction paragraph to the items currently listed under s. Phar 18.04(3)(intro).

Section 9 repeals the introduction section.

Sections 10, 12, 14, 15 renumbers the dispensing data so that it is under the new introductory statement created in Section 8.

Sections 11, 13, 14 amend the dispensing data. The classification codes for payment type and refill information are added. The quantity prescribed is no longer required data. There is clarification of how to record an animal patient's name, address and birthdate.

Sections 16, 20 and 24 add dispenser delegate as subject to discipline for failing to compile required dispensing data.

Section 17 clarifies the rule that unless exempt, a dispenser shall electronically submit data.

Sections 18, 19, 22, 23, 27 and 39 update the P.O. Box number for the Department in all the notes in ch. Phar 18 which reference the Department's address.

Section 21 clarifies that the dispenser shall submit a zero report for each 7 day period during which the dispenser did not dispense a monitored prescription drug.

Section 25 clarifies if incorrect dispensing data had been submitted, the dispenser shall submit the correct information within 7 days.

Section 26 removes the "he or she" reference and inserts "dispenser".

Section 28 clarifies a dispenser is not required to compile or submit information on non-narcotics identified in schedule V of the Wisconsin Controlled Substances Act that are dispensed in an amount intended to last 7 days or less.

Sections 29, 30, 31, 33 and 34 remove "dispenser" and "dispenser delegate" throughout ss. Phar 18.09, 18.10(1)(intro), 18.10(b), 18.10(3), 18.10(6) and (7) and replaces with the terms "pharmacist" and "pharmacist delegate".

Section 32 requires a specific statute or rule to be given when requesting a review.

Section 35 repeals the requirement for the board to disclose PDMP information to staff of a relevant agency in another state who are authorized to access confidential patient health care records under ss. 146.82 and 450.19, Stats. It also repeals the requirement to disclose the minimum amount of PDMP information necessary to health care facility staff committees or accreditation or health care services review organizations.

Section 36 adds that the board will disclose the minimum amount of PDMP information necessary to staff who are investigating pharmacists and pharmacist delegates.

Section 37 clarifies that the board may disclose de-identified PDMP information which does not identify any patient upon request.

Section 38 repeals the requirements for a researcher to obtain PDMP information.

Section 40 adds pharmacist and pharmacist delegate to the list of people which the board maintains a log regarding their access to PDMP information.

Section 41 clarifies relevant agencies in other jurisdictions with prescription drug monitoring programs by adding the word "state."

Summary of, and comparison with, existing or proposed federal regulation:

None. Prescription drug monitoring programs are operated by the state jurisdictions.

Comparison with rules in adjacent states:

Illinois: The statutes and administrative rules governing the Illinois Prescription Monitoring Program require dispensers to submit to a database similar information regarding the prescribing and dispensing of controlled substances. Dispensers are required to submit the method of payment the patient used for a prescription. *See* 720 Illinois Compiled Statutes 570/316-21 and Illinois Administrative Code Title 77, Chapter X, Subchapter e, Part 2080. Dispensers are not required to submit refill information.

Iowa: The statutes and administrative rules governing the Iowa Prescription Monitoring Program require dispensers to submit to a database similar information regarding the prescribing and dispensing of controlled substances. Dispensers are required to submit refill information and the method of payment the patient used for a prescription. *See* Iowa Code § 124.551-58 and Iowa Administrative Code Title 657, Chapter 37.

Michigan: The statutes, administrative rules, and requirements for the Michigan Automated Prescription System require dispensers to submit to a database similar information regarding the prescribing and dispensing of controlled substances. Dispensers are required to submit refill information and the method of payment the patient used for a prescription. *See* Michigan Public Health Code § 333.7333and Michigan Administrative Code R. 338.471, and "List of Required Fields," Michigan Automated Prescription System (MAPS). *See also* http://www.michigan.gov/documents/lara/lara_MAPS_ASAP2009_ListofRequiredFields_365562_7.pdf, accessed on Dec. 17, 2013.

Minnesota: The statutes governing the Minnesota Prescription Monitoring Program require dispensers to submit to a database similar information regarding the prescribing and dispensing of controlled substances on a daily basis. Dispensers are not required to submit refill information or the method of payment the patient used for a prescription. *See* Minnesota Statute 152.126.

Summary of factual data and analytical methodologies:

The Board received feedback while developing and deploying the prescription drug monitoring program and gained considerable expertise in ways to improve it once it became fully operational.

The Board is aware that currently there are some provisions which create inefficiencies and ambiguities that the PDMP has to overcome to be as effective of a tool to combat prescription drug misuse and abuse as it can be. This proposed rule corrects and updates those provisions.

All the modifications are based on feedback from stakeholders and the prescription drug monitoring program users as well as other information obtained while developing and deploying the prescription drug monitoring program.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

This rule was posted for economic impact comments for 14 days and none were received.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis is attached.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Tom.Engels@wisconsin.gov, or by calling (608) 266-8608.

Agency contact person:

Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, Wisconsin 53708; telephone (608) 261-2377; email at Sharon.Henes@wisconsin.gov.

TEXT OF RULE

SECTION 1. Phar 18.02(8)(a) is amended to read:

Phar 18.02(8)(a) A pharmacy ~~from where a pharmacist dispenses a monitored prescription drug~~.

SECTION 2. Phar 18.02(9) is amended to read:

Phar 18.02 (9) "Dispenser delegate" means ~~an agent or employee of a dispenser to whom the task of inputting or accessing PDMP information has been delegated~~ any of the following:

(a) A managing pharmacist of a pharmacy.

(b) An agent or employee of a practitioner who has been delegated the task of satisfying the data compilation and submission requirements of ss. Phar 18.04 and Phar 18.05.

SECTION 3. Phar 18.02(11g) and (11r) are created to read:

Phar 18.02 (11g) "Hospital" has the meaning given in s. 50.33(2), Stats.
Phar 18.02 (11r) "Managing pharmacist" has the meaning given in s. Phar 1.02(6).

SECTION 4. Phar 18.02(15)(intro) is amended to read:

Phar 18.02(15) "PDMP information" means ~~all~~ any of the following:

SECTION 5. Phar 18.02(15g) and (15r) is created to read:

Phar 18.02 (15g) "Pharmacist" has the meaning given in s. 450.01(15), Stats.

Phar 18.02 (15r) "Pharmacist delegate" means an agent of a pharmacist to whom the pharmacist has delegated the task of accessing PDMP information.

SECTION 6. Phar 18.02(17) is amended to read:

Phar 18.02(17) "Practitioner" has the meaning given in s. ~~450.01(17)~~ 450.19(1)(ar), Stats.

SECTION 7. Phar 18.04 (title) is amended to read:

Phar 18.04 ~~Dispensing~~ Compilation of dispensing data.

SECTION 8. Phar 18.04(2) renumbered to 18.04(2)(intro) and is amended to read:

Phar 18.04 (2)(intro) Subject to s. Phar 18.08, a dispenser shall compile dispensing data that contains the following information ~~about~~ each time ~~he or she~~ the dispenser dispenses a monitored prescription drug: ~~to a patient.~~

SECTION 9. Phar 18.04(3)(intro) is repealed.

SECTION 10. Phar 18.04(3)(a) to (g) is renumbered to Phar 18.04(2)(a) to (g)

SECTION 11. Phar 18.04(2)(ge), (gm) and (gs) are created to read:

Phar 18.04(2) (ge) The classification code for payment type.
Phar 18.04(2)(gm) The number of refills authorized by the prescriber.
Phar 18.04(2) (gs) The refill number of the prescription.

SECTION 12. Phar 18.04(3)(h) to (j) is renumbered to Phar 18.04(2)(h) to (j)

SECTION 13. Phar 18.04(3)(k) is repealed.

SECTION 14. Phar 18.04(3)(L) to (n) are renumbered to Phar 18.04(2)(L) to (n) and amended to read:

Phar 18.04(2)(L) The patient's full name or if the patient is an animal, the animal's name and the owner's last name.

Phar 18.04(2)(m) The patient's address, or if the patient is an animal, ~~the owner of the~~ patient's owner's address, including street address, city, state and ZIP code.

Phar 18.04(2)(n) The patient's date of birth, or if the patient is an animal, ~~the owner of the~~ patient's owner's date of birth.

SECTION 15. Phar 18.04(3)(o) is renumbered to Phar 18.04(2)(o).

SECTION 16. Phar 18.04(4) is amended to read:

Phar 18.04(4) A dispenser and dispenser delegate, if applicable, who ~~fails~~ fail to compile dispensing data as required by subs. (2) and (3) may be subject to disciplinary action by the licensing board that issued the license under which the dispenser is authorized to dispense monitored prescription drugs.

SECTION 17. Phar 18.05(1) and (note) is amended to read:

Phar 18.05(1) ~~A~~ Unless exempt under s. Phar 18.08, a dispenser shall ~~create an account with the board through which the dispenser shall submit dispensing data to the board~~ electronically submit dispensing data through an account with the board.
Note: The application to create an account may be completed online at www.dsps.wi.gov or obtained at no charge from the Department of Safety and Professional Services, 1400 East Washington Avenue, P.O. Box ~~8935~~ 8366, Madison, WI 53708.

SECTION 18. Phar 18.05(2)(note) is amended to read:

Phar 18.05(2) Note: The guide for dispensers which specifies the data standards in the version and release of the ASAP implementation guide for prescription monitoring programs identified by the board and other electronic formats identified by the board may be obtained online at www.dsps.wi.gov or obtained at no charge from the Department of Safety and Professional Services, 1400 East Washington Avenue, P.O. Box ~~8935~~ 8366, Madison, WI 53708.

SECTION 19. Phar 18.05(3)(b)(note) is amended to read:

Phar 18.05(3)(b) Note: The application for a waiver may be obtained online at www.dsps.wi.gov or obtained at no charge from the Department of Safety and Professional Services, 1400 East Washington Avenue, P.O. Box ~~8935~~ 8366, Madison, WI 53708.

SECTION 20. Phar 18.05(4) is amended to read:

Phar 18.05(4) A dispenser and dispenser delegate, if applicable, who ~~fails~~ fail to create an account with the board and submit dispensing data as required by subs. (1) and (2) or be granted a waiver sunder sub. (3) may be subject to disciplinary action by the licensing board that issued the license under which the dispenser is authorized to dispense monitored prescription drugs.

SECTION 21. Phar 18.06(2) as amended by Clearinghouse Rule 13-065 is further amended to read:

Phar 18.06 (2) If a dispenser does not dispense a monitored prescription drug for 7 days, the dispenser shall submit a zero report to the board for each 7-day period during which the dispenser did not dispense a monitored prescription drug.

SECTION 22. Phar 18.06(3)(b)(note) is amended to read:

Phar 18.06(3)(b)Note: The application for an emergency waiver may be obtained online at www.dsps.wi.gov or obtained at no charge from the Department of Safety and Professional Services, 1400 East Washington Avenue, P.O. Box ~~8935~~ 8366, Madison, WI 53708.

SECTION 23. Phar 18.06(6)(b)(note) is amended to read:

Phar 18.06(6)(b)Note: The application for an emergency waiver may be obtained online at www.dsps.wi.gov or obtained at no charge from the Department of Safety and Professional Services, 1400 East Washington Avenue, P.O. Box ~~8935~~ 8366, Madison, WI 53708.

SECTION 24. Phar 18.06(8) is amended to read:

Phar 18.06 (8) A dispenser and dispenser delegate, if applicable, who ~~fails~~ fail to submit dispensing data or a zero report as required by subs. (1) and (2), or be granted an emergency waiver under sub. (3), or a dispenser and a dispenser delegate, if applicable, who ~~submits~~ submit false information to the board may be subject to disciplinary action by the licensing board that issued the license under which the dispenser is authorized to dispense monitored prescription drugs.

SECTION 25. Phar 18.07 is amended to read:

Phar 18.07 Correction of dispensing data. If a dispenser discovers omissions or inaccuracies in previously submitted dispensing data or other PDMP information, the dispenser shall ~~notify the board in writing within 7 days~~ and submit ~~documentation that identifies the erroneous information and includes the~~ correct information within 7 days. Note: The written notice to the board may be submitted through an account with the board, sent by electronic mail or sent by U.S. mail to the Department of Safety and Professional Services 1400 East Washington Avenue, P.O. Box ~~8935~~ 8366, Madison, WI 53708.

SECTION 26. Phar 18.08(1)(a) is amended read:

Phar 18.08(1)(a) The dispenser provides evidence sufficient to the board that ~~he or she~~ the dispenser does not dispense monitored prescription drugs.

SECTION 27. Phar 18.08(1)(b)(note) is amended to read:

Phar 18.08(1)(b)Note: The application for an exemption may be obtained online at www.dsps.wi.gov or at no charge from the Department of Safety and Professional Services 1400 East Washington Avenue, P.O. Box ~~8935~~ 8366, Madison, WI 53708. A dispenser who is already exempt can renew his or her exemption as part of the licensure renewal process.

SECTION 28. Phar 18.08(3) is created to read:

Phar 18.08(3) A dispenser is not required to complile or submit dispensing data when the monitored prescription drug is a substance listed in the schedule in s. 961.22, Stats. and is not a narcotic drug, as defined in s. 961.01(15), Stats., and is dispensed pursuant to a prescription order for a number of doses that is intended to last the patient 7 days or less.

SECTION 29. Phar 18.09 is amended to read:

Phar 18.09 (1) ~~Dispensers, dispenser delegates,~~ Pharmacists, pharmacist delegates, practitioners, and practitioner delegates may access PDMP information in the same or similar manner, and for the same or similar purposes, as those persons are authorized to access similar confidential patient health care records under ss. 146.82 and 450.19, Stats., this chapter and other state or federal laws and regulations relating to the privacy of patient health care records.

(2) To obtain access to PDMP information, ~~dispensers, dispenser delegates,~~ pharmacists, pharmacist delegates, practitioners, and practitioner delegates shall ~~create an account with the board on a form provided by the board~~ do one of the following:

(a) Create an account with the board on a form provided by the board.

(b) Create an account with a prescription monitoring program operated by a relevant agency in another jurisdiction with whom the board exchanges PDMP information pursuant to s. Phar 18.14.

(c) Create an account with a pharmacy or other entity at which pharmacists dispense or administer monitored prescription drugs in the course of professional practice with which the board has determined to have at least equivalent capability to maintain the confidentiality of PDMP information or that is connected to and lawfully obtains data from the state-designated entity under ch. 153, Stats.

(d) Create an account with a hospital or other entity at which practitioners prescribe, dispense, or administer monitored prescription drugs in the course of professional practice with which the board has determined to have at least equivalent capability to maintain the confidentiality of PDMP information or that is connected to and lawfully obtains data from the state-designated entity under ch. 153, Stats.

Note: The application to create an account may be completed online at www.dsps.wi.gov or obtained at no charge from the Department of Safety and Professional Services, 1400 East Washington Avenue, P.O. Box ~~8935~~ 8366, Madison, WI 53708.

(3) The board may deny, suspend, revoke or otherwise restrict or limit a ~~dispenser's, dispenser delegate's,~~ pharmacist's, pharmacist delegate's, practitioner's, or practitioner delegate's direct access to PDMP information for any of the following reasons:

(a) The ~~dispenser, dispenser delegate,~~ pharmacist, pharmacist delegate, practitioner, or practitioner delegate uses PDMP information in violation of s. 146.82 or 450.19, Stats., this chapter, or other state or federal laws or regulations relating to the privacy of patient health care records.

(b) The ~~dispenser, dispenser delegate,~~ pharmacist, pharmacist delegate, practitioner, or practitioner delegate is no longer licensed in this state or another state and recognized by this state as a person authorized to prescribe or dispense monitored prescription drugs.

(c) The board, or other licensing board, or regulatory agency takes adverse action against the ~~dispenser, dispenser delegate,~~ pharmacist, pharmacist delegate, practitioner, or practitioner delegate.

(d) A licensing board or equivalent regulatory agency in another jurisdiction takes adverse action against the ~~dispenser, dispenser delegate,~~ pharmacist, pharmacist delegate, practitioner, or practitioner delegate.
(e) The federal department of justice, drug enforcement administration takes adverse action against the ~~dispenser, dispenser delegate,~~ pharmacist, pharmacist delegate, practitioner, or practitioner delegate.
(f) The ~~dispenser, dispenser delegate,~~ pharmacist, pharmacist delegate, practitioner, or practitioner delegate is convicted of a crime substantially related to the prescribing or dispensing of a monitored prescription drug.
(g) The ~~dispenser~~ pharmacist delegate or practitioner delegate is no longer delegated the task of ~~inputting or~~ accessing PDMP information.

SECTION 30. Phar 18.10(1)(intro) is amended to read:

Phar 18.10(1) A ~~dispenser, dispenser delegate,~~ pharmacist, pharmacist delegate, practitioner, or practitioner delegate may request that the board review any of the following:

SECTION 31. Phar 18.10(2)(intro) is amended to read:

Phar 18.10 (2) To request a review, the ~~dispenser, dispenser delegate,~~ pharmacist, pharmacist delegate, practitioner, or practitioner delegate shall file a written request with the board within 20 days after the mailing of the notice of the action in sub. (1). The request shall be in writing and include all of the following:

SECTION 32. Phar 18.10(2)(b) is amended to read:

Phar 18.10(2) (b) The ~~reason for requesting a review~~ citation to the specific statute or rule on which the request is based.

SECTION 33. Phar 18.10(3) is amended to read:

Phar 18.10 (3) The board shall conduct the review at its next regularly scheduled meeting and notify the ~~dispenser, dispenser delegate~~, pharmacist, pharmacist delegate, practitioner, or practitioner delegate of the time and place of the review.

SECTION 34. Phar 18.10(6) and (7) are amended to read:

Phar 18.10 (6) The board shall provide the ~~dispenser, dispenser delegate,~~ pharmacist, pharmacist delegate, practitioner, or practitioner delegate with an opportunity to submit written documentation, make a personal appearance before the board and present a statement. The board may establish a time limit for making a presentation. Unless otherwise determined by the board, the time for making a personal appearance shall be 20 minutes.
(7) If the ~~dispenser, dispenser delegate,~~ pharmacist, pharmacist delegate, practitioner, or practitioner delegate fails to appear for a review, or withdraws the request for a review,

the board may note the failure to appear in the minutes and affirm its original decision without further action.

SECTION 35. Phar 18.11(3) and (4) are repealed.

SECTION 36. Phar 18.11(6)(intro) is amended to read:

Phar 18.11 (6) The board shall disclose the minimum amount of PDMP information necessary to designated staff of the department who is charged with investigating dispensers, dispenser delegates, pharmacists, pharmacist delegates, practitioners, and practitioner delegates in the same or similar manner, and for the same or similar purposes, as those persons are authorized to access similar confidential patient health care records under ss. 146.82 and 450.19, Stats., this chapter, and other state or federal laws and regulations relating to the privacy of patient health care records if the designated staff does all of the following:

SECTION 37. Phar 18.11(9)(intro) is amended to read:

Phar 18.11 (9) The board ~~shall~~ may disclose ~~the minimum amount of~~ de-identified PDMP information ~~necessary to a researcher in the same or similar manner, and for the same or similar purposes, as those persons are authorized to access similar confidential patient health care records under ss. 146.82 and 450.19, Stats., this chapter, and other state or federal laws and regulations relating to the privacy of patient health care records if the person does all of the following:~~ which does not and cannot be reasonably used to identify any patient upon written request.

SECTION 38. Phar 18.11(9)(a), (b) and (c) are repealed.

SECTION 39. Phar 18.11(10)(c)(note) is amended to read:

Phar 18.11(10)(c)Note: The application to create an account and form to request PDMP information may be completed online at www.dsps.wi.gov or obtained at no charge from the Department of Safety and Professional Services 1400 East Washington Avenue, P.O. Box ~~8935~~ 8366, Madison, WI 53708.

SECTION 40. Phar 18.12(4) is amended to read:

Phar 18.12 (4) The board shall maintain a log of information submitted ~~and accessed~~ by each dispenser, ~~dispenser delegate~~, ~~practitioner, and practitioner delegate~~.
(4g) The board shall maintain a log of information accessed by each pharmacist, pharmacist delegate, practitioner, and practitioner delegate.
(4r) The board shall maintain a log of information disclosed, including the name of the person towhom the information was disclosed.

SECTION 41. Phar 18.14(1)(intro) is amended to read:

Phar 18.14 (1) The board may exchange PDMP information with a prescription monitoring program operated by a relevant agency in another state or jurisdiction if the prescription monitoring program satisfies all of the following conditions:

SECTION 42. 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)

Dated _____ Agency _____

Member of the Board
Pharmacy Examining Board

STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION
DOA-2049 (R03/2012)

DIVISION OF EXECUTIVE BUDGET AND FINANCE
101 EAST WILSON STREET, 10TH FLOOR
P.O. BOX 7864
MADISON, WI 53707-7864
FAX: (608) 267-0372

ADMINISTRATIVE RULES
Fiscal Estimate & Economic Impact Analysis

1. Type of Estimate and Analysis
☒ Original ☐ Updated ☐ Corrected

2. Administrative Rule Chapter, Title and Number
Phar 18

3. Subject
Prescription Drug Monitoring Program updates

4. Fund Sources Affected
☐ GPR ☐ FED ☒ PRO ☐ PRS ☐ SEG ☐ SEG-S

5. Chapter 20, Stats. Appropriations Affected
20.165(1)(g) and 20.165(1)(hg)

6. Fiscal Effect of Implementing the Rule
☐ No Fiscal Effect ☐ Increase Existing Revenues ☒ Increase Costs
☐ Indeterminate ☐ Decrease Existing Revenues ☒ Could Absorb Within Agency's Budget
☐ Decrease Cost

7. The Rule Will Impact the Following (Check All That Apply)
☐ State's Economy ☐ Specific Businesses/Sectors
☐ Local Government Units ☐ Public Utility Rate Payers
☐ Small Businesses **(if checked, complete Attachment A)**

8. Would Implementation and Compliance Costs Be Greater Than $20 million?
☐ Yes ☒ No

9. Policy Problem Addressed by the Rule
The Board is aware that currently there are provisions which create inefficiencies and ambiguities that the prescription drug monitoring program has to overcome to be as effective of a tool to combat prescription drug misuse and abuse as it can be. This proposed rule corrects and updates those provisions.

10. Summary of the businesses, business sectors, associations representing business, local governmental units, and individuals that may be affected by the proposed rule that were contacted for comments.
Economic impact comments were solicited by posting on Department and Administrative Rules websites for 14 days and no comments were received. Stakeholders had provided feedback during the implementation of changes which should be made to the current rules.

11. Identify the local governmental units that participated in the development of this EIA.
None

12. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred)
This rule will not have an economic or fiscal impact on specific businesses, business sectors, public utility rate payers, local governmental units or the state's economy as a whole.

13. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule
The Board received feedback while developing and deploying the prescription drug monitoring program (PDMP) and gained considerable expertise in ways to improve it once it became fully operational. The benefit to implementing the rule is to make those changes.
The alternative is to not make the modifications, which would not enable the Board to improve the PDMP based on information obtained while developing and deploying the PDMP and the feedback of stakeholders and PDMP users.

14. Long Range Implications of Implementing the Rule
The long range benefit is to have an effective prescription drug monitoring program.

15. Compare With Approaches Being Used by Federal Government
None

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DEPARTMENT OF ADMINISTRATION
DOA-2049 (R03/2012)

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ADMINISTRATIVE RULES
Fiscal Estimate & Economic Impact Analysis

16. Compare With Approaches Being Used by Neighboring States (Illinois, Iowa, Michigan and Minnesota)

Our neighboring states require dispensers to submit to a database similar information regarding the prescribing and dispensing of controlled substances.

17. Contact Name	18. Contact Phone Number
Sharon Henes	(608) 261-2377

This document can be made available in alternate formats to individuals with disabilities upon request.

STATE OF WISCONSIN
PHARMACY EXAMINING BOARD

IN THE MATTER OF RULEMAKING PROCEEDINGS BEFORE THE PHARMACY EXAMINING BOARD	:	ORDER OF THE PHARMACY EXAMINING BOARD ADOPTING RULES CLEARINGHOUSE RULE 14-023

ORDER

An order of the Pharmacy Examining Board to amend Phar 1.02(7), Phar 7.10(1), and Phar 16.03 relating to council and exam names.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: §§ 450.035 and 450.085, Wis. Stats.

Statutory authority: §§ 15.08 (5)(b) and 450.02(2), Wis. Stats.

Explanation of agency authority:

The board has authority to promulgate rules for the guidance of the profession and to interpret the provisions of the statutes it enforces. The board shall adopt rules defining the active practice of pharmacy.

Related statute or rule: None

Plain language analysis:

Section 1 capitalizes the proper name of the examination.

Sections 2 and 3 correct the name of the organization which approves the course of study to Accreditation Council for Pharmacy Education as amended in the statutes by 2013 Act 124. In addition, Section 3 removes the qualification of "pharmacist" for attendance and deletes in the note the reference to a list of board approved programs which is no longer compiled.

Summary of, and comparison with, existing or proposed federal regulation: None

Comparison with rules in adjacent states:

Illinois: Illinois administrative code references the Accreditation Council for Pharmacy Education and the North American Pharmacy Licensing Examination.

Iowa: Iowa administrative code references the Accreditation Council for Pharmacy Education and the North American Pharmacy Licensing Examination.

Michigan: Michigan administrative code references the Accreditation Council for Pharmacy Education and the North American Pharmacy Licensing Examination.

Minnesota: Minnesota administrative code references the Accreditation Council for Pharmacy Education and the North American Pharmacy Licensing Examination.

Summary of factual data and analytical methodologies:

The rule reflects the statutory change due to 2013 Act 124.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

The rule was posted for economic impact comments for 14 days and none were received.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis is attached.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Tom.Engels@wisconsin.gov, or by calling (608) 266-8608.

Agency contact person:

Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, Wisconsin 53708; telephone (608) 261-2377; email at Sharon.Henes@wisconsin.gov.

TEXT OF RULE

SECTION 1. Phar 1.02 (7) is amended to read:

Phar 1.02 (7) "NAPLEX" means the ~~north~~ North American ~~pharmacy licensing examination~~ Pharmacy Licensing Examination.

SECTION 2. Phar 7.10(1) is amended to read:

Phar 7.10(1) The pharmacist has successfully completed 12 hours in a course of study and training, approved by the ~~American council on pharmaceutical education~~ Accreditation Council for Pharmacy Education or the board, in injection techniques, emergency procedures and record keeping.

SECTION 3. Phar 16.03 is amended to read:

Phar 16.03 **Acceptable continuing educational programs**. The board recognizes only those educational programs offered by a provider approved by the ~~American council on pharmaceutical education~~ Accreditation Council for Pharmacy Education at the time of ~~the pharmacist's~~ attendance, or other board approved programs.

Note: ~~A list of board approved programs is available from the Department of Safety and Professional Services, Bureau of Health Professions, 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.~~ As of August 9, 1999, the board has not approved any programs other than programs offered by a provider approved by the ~~American Council on Pharmaceutical Education~~ Accreditation Council for Pharmacy Education.

SECTION 4. 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)

Dated _____ Agency _____

Member of the Board
Pharmacy Examining Board

STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION
DOA-2049 (R03/2012)

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ADMINISTRATIVE RULES
Fiscal Estimate & Economic Impact Analysis

1. Type of Estimate and Analysis
☒ Original ☐ Updated ☐ Corrected

2. Administrative Rule Chapter, Title and Number
Phar 1, 7, 16

3. Subject
Council and exam name

4. Fund Sources Affected
☐ GPR ☐ FED ☐ PRO ☐ PRS ☐ SEG ☐ SEG-S

5. Chapter 20, Stats. Appropriations Affected

6. Fiscal Effect of Implementing the Rule
☒ No Fiscal Effect ☐ Increase Existing Revenues ☐ Increase Costs
☐ Indeterminate ☐ Decrease Existing Revenues ☐ Could Absorb Within Agency's Budget
☐ Decrease Cost

7. The Rule Will Impact the Following (Check All That Apply)
☐ State's Economy ☐ Specific Businesses/Sectors
☐ Local Government Units ☐ Public Utility Rate Payers
☐ Small Businesses **(if checked, complete Attachment A)**

8. Would Implementation and Compliance Costs Be Greater Than $20 million?
☐ Yes ☒ No

9. Policy Problem Addressed by the Rule
This rule corrects the names of the North American Pharmacy Licensing Examination and Accreditation Council for Pharmacy Education.

10. Summary of the businesses, business sectors, associations representing business, local governmental units, and individuals that may be affected by the proposed rule that were contacted for comments.
None

11. Identify the local governmental units that participated in the development of this EIA.
None

12. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred)
None

13. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule
The benefit is to refer to both the exam and education council by their correct proper names.

14. Long Range Implications of Implementing the Rule
The benefit is to refer to both the exam and education council by their correct proper names.

15. Compare With Approaches Being Used by Federal Government
None

16. Compare With Approaches Being Used by Neighboring States (Illinois, Iowa, Michigan and Minnesota)
Our neighboring states reference the North American Pharmacy Licensing Examination and Accreditation Council for Pharmacy Education.

17. Contact Name	18. Contact Phone Number
Sharon Henes	(608) 261-2377

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STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION
DOA-2049 (R03/2012)

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ADMINISTRATIVE RULES
Fiscal Estimate & Economic Impact Analysis

ATTACHMENT A

1. Summary of Rule's Economic and Fiscal Impact on Small Businesses (Separately for each Small Business Sector, Include Implementation and Compliance Costs Expected to be Incurred)

2. Summary of the data sources used to measure the Rule's impact on Small Businesses

3. Did the agency consider the following methods to reduce the impact of the Rule on Small Businesses?

☐ Less Stringent Compliance or Reporting Requirements
☐ Less Stringent Schedules or Deadlines for Compliance or Reporting
☐ Consolidation or Simplification of Reporting Requirements
☐ Establishment of performance standards in lieu of Design or Operational Standards
☐ Exemption of Small Businesses from some or all requirements
☐ Other, describe:

4. Describe the methods incorporated into the Rule that will reduce its impact on Small Businesses

5. Describe the Rule's Enforcement Provisions

6. Did the Agency prepare a Cost Benefit Analysis (if Yes, attach to form)

☐ Yes ☐ No

Pharmacy Society of Wisconsin

May 5, 2014

Thaddeus Schumacher, Chair
Wisconsin Pharmacy Examining Board
P.O. Box 8935
Madison, Wisconsin 53708-8935

Dear Dr. Schumacher:

RE: Pharmacy Examining Board Meeting: Agenda Request

The Pharmacy Society of Wisconsin has engaged our membership in reviewing and revising the Wisconsin Pharmacy Practice Act (Chapter 450). Our goal is to revise the current statutes to reflect current pharmacy practice in the State of Wisconsin.

In an effort to collaborate and keep you informed, we would appreciate the opportunity to present progress on our work this far at the Pharmacy Examining Board (PEB) meeting on Wednesday, June 4 or Wednesday, July 23. We also feel it is appropriate to provide an update given the present efforts of the PEB to revise Phar 7 and Phar 15.

We request agenda time for your PEB meeting on Wednesday, June 4, 2014 or Wednesday, July 23, 2014. Thank you in advance for your consideration. We anticipate needing approximately 15 to 20 minutes to review progress to date and outline anticipated next steps.

Sincerely,

Anna Legreid Dopp

Anna Legreid Dopp, PharmD
Vice President of Public Affairs
Pharmacy Society of Wisconsin

701 Heartland Trail
Madison, WI 53717
t: 608.827.9200 f: 608.827.9292
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State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:	2) Date When Request Submitted:
Dan Williams	Items will be considered late if submitted after 4:30 p.m. and less than: ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others

3) Name of Board, Committee, Council, Sections:

Wisconsin Pharmacy Examining Board

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
June 04, 2014	☐ Yes ☐ No	Pharmacy Board request – Discussion and Consideration

7) Place Item in:	8) Is an appearance before the Board being scheduled? If yes, who is appearing?	9) Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session ☐ Both	☐ Yes by ☒ No	N/A

10) Describe the issue and action that should be addressed:

MOTION: **Philip Trapskin moved, seconded by Kristi Sullivan, to request DSPS staff to research the resources in other states to determine how Wisconsin benchmarks related to pharmacy inspection frequency, training, credentials, and budgets. Motion carried unanimously.**

Division of Policy Development

Introduction

On February 12, 2014, the Wisconsin Pharmacy Examining Board (PEB) passed a motion requesting the Department to "*research the resources in other states to determine how Wisconsin benchmarks related pharmacy inspection frequency, training, credentials, and budgets.*"

Background

Currently, in Wisconsin there are 1297 pharmacies, 87 manufacturers, and 618 distributors. It is unknown how many pharmacies do sterile compounding as these facilities are not identified or tracked from a regular pharmacy facility. The Department currently has seven compliance investigators who inspect pharmacies along with other entities such as dental offices and veterinary facilities.

Chapter 450 of the Wisconsin Statutes provides the legal framework for the PEB and for pharmacy licensure and inspections. Administrative Code, Phar. 1 and Phar. 2 and Phar. 4 through Phar. 18 provide the Rule basis for pharmacy operations and inspections. (Phar 3 dealt with licensure by reciprocity and was repealed in January 1999).

The Wisconsin Statutes require that, "The board shall issue a license to operate a pharmacy at the specific location in this state if "the location of the pharmacy is inspected and found to meet all the requirements of this chapter."

In addition, Phar. 6.01 of the Administrative Code states that, "Appointments for the required pharmacy inspection may be made by contacting the board office."

Also, Phar. 6.02(2) states, "Any change in pharmacy ownership shall be reported to the board office and the pharmacy license of the former owner returned. A pharmacy license shall be granted to the new pharmacy owner before the pharmacy may operate." Therefore, an inspection is required upon change of ownership of a pharmacy.

Phar. 12.04 requires that any drug manufacturing operation must be inspected. Phar. 13.05(2) requires that drug distributor facilities must be inspected. Phar 15.03(4) Requires that sterile compounding facilities policy and procedure manual also be available for inspection.

Analysis

Up until the early 1990's Wisconsin performed pharmacy inspections on an annual basis. At that time the PEB felt that annual inspections were unnecessary and halted the practice. In its place the PEB developed the pharmacy self-inspection form. Once implemented, the Department then maintained random inspections to determine if pharmacies adhered to the self-inspection form.

It was determined at that time that Wisconsin pharmacy inspections were consistent with their self-reporting documentation. As a result, the PEB then made a decision to cease the practice of random pharmacy inspections. (Date is not archived in DSPS records) Current practice involves pharmacy inspections being done upon:

- the opening of a new pharmacy
- the remodeling of a pharmacy
- upon the transfer of pharmacy ownership
- upon a complaint being received.

From January 2010 through December 2013, the Department inspected 321 pharmacies in Wisconsin, or roughly 25% of all pharmacies in Wisconsin. Of the 321 pharmacies inspected, 304 were in regulatory compliance (94.7%) , five pharmacies were out of compliance, and 12 pharmacies were still awaiting final determination as of this research. New pharmacy license inspections accounted for 82% of all state inspections. There were 36 change in ownership pharmacy inspections (11%) and 19 change of location pharmacy inspections (6%).

Other States

Illinois – Illinois does not conduct annual pharmacy inspections. Pharmacy inspections are performed on a random basis. Pharmacies also self-inspect and self-report. The purpose of the self reporting is for pharmacies to track their facility's condition in advance of any formal state inspection.

Michigan – Michigan only performs random pharmacy inspections. There is currently a legislative draft (not introduced) that may implement annual inspections as a result of the pharmacy compounding issue. Michigan has four pharmacists and two pharmacy technicians who act as pharmacy inspectors.

Iowa – Iowa performs random pharmacy inspections. Each pharmacy is inspected once about every 18 to 24 months. The state has eight people who are called compliance officers and who are licensed pharmacists who perform statewide inspections.

Minnesota – Minnesota does not perform annual pharmacy inspections. Minnesota has about 1,000 community pharmacies and about 200 hospital pharmacies. While hospital pharmacies may get inspected more regularly, generally, pharmacies are inspected every 18 to 24 months. Minnesota has no plans to change their inspection process.

Indiana – Indiana does perform bi-annual pharmacy inspections in addition to their other routine inspections, such as upon opening, closing, or remodeling of a facility. The state performs re-inspections as required. Pharmacies are charged an annual compliance fee.

New Mexico – New Mexico does not perform annual inspections. New Mexico inspects each of their pharmacies about every 18 to 24 months. Pharmacy inspectors are pharmacists and also peace officers and are armed.

Nevada – Nevada does inspect their pharmacies on an annual basis. They have 3 ½ state pharmacy inspectors. There is no evidence of published inspection information on the website.

California – California struggles under their workload as they have just under 7,000 pharmacies statewide and have only 37 inspectors in this large geographical state. Under this load they actually inspect all pharmacies about once every four years, although their goal is to inspect all pharmacies once every three years. By law, California does inspect every sterile compounding facility each year. While they do inspect all new independent pharmacies within 120 days, they do not inspect new chain pharmacies until they come up for a routine, cyclical inspection.

New York – New York has over 5,000 in-state pharmacies and about 700 pharmacies that ship into the state. They have 60 pharmacy inspectors who also inspect other professional facilities. New York only performs random, unannounced inspections and estimates that they inspect each pharmacy once every three years.

Florida – Under Florida Administrative code 64.B16-28.101 a new pharmacy is inspected twice in the first year of operation and then once every year thereafter. If a pharmacy passes each of their first three annual inspections and has no disciplinary action during that time they are then inspected on a biannual basis. Florida has 18 pharmacy inspectors.

nabp
National Association of Boards of Pharmacy
1600 Feehanville Drive • Mount Prospect, IL 60056-6014
Tel: 847/391-4406 • Fax: 847/391-4502
Web Site: www.nabp.net

TO: EXECUTIVE OFFICERS – STATE BOARDS OF PHARMACY

FROM: Carmen A. Catizone, Executive Director/Secretary

DATE: April 10, 2014

RE: 2014 NABP Program Review and Training Session

The National Association of Boards of Pharmacy® (NABP®) is pleased to announce that we will be hosting our Annual Program Review and Training session for board staff members who are new or seeking a refresher course on NABP programs and services.

The Program Review and Training session will be held at NABP Headquarters in Mount Prospect, IL, on July 22-23, 2014, beginning with a group dinner on Tuesday, July 22, 2014, at 6 PM and following with the training session on Wednesday, July 23, 2014, from 8:30 AM to 4 PM.

The interactive sessions between NABP staff and board representatives will provide an overview of the following NABP programs and services:

- Electronic Licensure Transfer Program® (e-LTP™) and license verification
- NABP Clearinghouse/National Practitioner Data Bank reporting
- Verified Pharmacy Program™ (VPP™) and inspection clearinghouse
- North American Pharmacist Licensure Examination® (NAPLEX®) and Multistate Pharmacy Jurisprudence Examination® (MPJE®)
- Pharmacist Assessment for Remediation Evaluation™ (PARE™)
- State board websites: NAPLEX/MPJE eligibility; score reporting and Foreign Pharmacy Graduate Examination Committee™ (FPGEC®) Certification; online reporting to candidates and access to the board portal
- FPGEC Certification Program including the application, examination, and certification process
- Pharmacy Curriculum Outcomes Assessment® (PCOA®) program
- Verified Internet Pharmacy Practice Sites℠ (VIPPS®); Veterinary-Verified Internet Pharmacy Practice Sites℠ (Vet-VIPPS®); Canada VIPPS; Verified-Accredited Wholesale Distributors® (VAWD®); durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) accreditation; and the e-Advertiser Approval℠ Program
- Community Pharmacy Practice Accreditation (CPPA)
- Internet Drug Outlet Identification program and the gTLD
- AWAR$_X$E® Consumer Protection Program
- CPE Monitor Program® and the CPE reporting tool for the boards
- NABP PMP InterConnect®
- NAR$_x$CHECK®

- Government Affairs and Member Relations
- Professional Affairs
- Inspection projects
- Communications

We can accommodate a total of 20 participants, so please contact us at your earliest convenience to ensure we can hold a place for your staff member. Currently, NABP plans to pay for reasonable transportation costs, one night's hotel accommodation, and three meals for one participant per board. If a member from your board is attending the training session, please have the participant complete and submit the attached hotel reservation form so that we may confirm his or her attendance and reserve a room at the Hilton Northbrook Hotel in Northbrook, IL.

Hotel Information/Reservations
Following receipt of the hotel reservation form, NABP will reserve rooms for participants at:

The Hilton Northbrook
2855 N Milwaukee Ave
Northbrook, IL 60062
Phone: 847/480-7500

NABP's master account at the hotel includes only room and room tax. Therefore, if you wish to charge meals or other expenses during your stay, please be sure to bring a personal credit card that can be imprinted for the hotel's use. Should you decide to stay in the Chicago area for additional nights, NABP will reserve a room for you if you supply a credit card guarantee. However, all charges for additional nights are the responsibility of the individual and will not be paid by NABP.

Travel Arrangements
NABP has engaged the services of **Options Travel, located in Des Plaines, IL,** to handle the airline reservations for all Association meetings. **Association policy requires that all NABP-related travel arrangements be made through this designated agent. Tickets booked elsewhere will not be reimbursed.** We ask that you plan to arrive in Chicago by 4 PM the evening of Tuesday, July 22, 2014, and plan your departure for any time after 5 PM Wednesday, July 23, 2014. When you are ready to make your airline reservations to attend the training session, please contact:

Options Travel
800/544-8785
Meeting Code 0401
(Please mention the meeting code when making your flight arrangements.)

All Options Travel agents are aware that you will be contacting them for airline reservations to Chicago's O'Hare International Airport and can help you book your tickets. Your airfare will be charged directly to the NABP master account and you may, of course, keep all frequent flyer mileage earned during your trip. Please note that airfare exceeding $600 must be pre-approved by NABP.

We look forward to seeing a member from your state board and anticipate a productive meeting in July! Please feel free to call Lawana Lyons, licensure manager, at 800/774-6227 or directly at 847/391-4415 if you have any questions or need additional information.

Thank you for your time. We look forward to hearing from you.

Attachment
cc: NABP Executive Committee

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:	2) Date When Request Submitted:
Chad Zadrazil, PDMP Program Director	May 27, 2014
	Items will be considered late if submitted after 4:30 p.m. and less than: ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others

3) Name of Board, Committee, Council, Sections:
Pharmacy Examining Board

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
June 4, 2014	☒ Yes ☐ No	PDMP Update – Discussion and Consideration:

7) Place Item in:	8) Is an appearance before the Board being scheduled? If yes, who is appearing?	9) Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session ☐ Both	☒ Yes by PDMP Staff (name) ☐ No	N/A

10) Describe the issue and action that should be addressed:

1) PDMP Operations Discussion:
   - Statistics
     - Current Statistics
     - 2013 Statistics Brochure
   - PMP InterConnect Update
     - July 8-9, 2014 Steering Committee Meeting
   - PDMP Database Enhancements
   - Dispenser Compliance Audit & Pharmacy Renewal Process
2) Anticipated Law Changes Discussion
3) Training and Outreach Discussion
   - Training and Outreach Events
   - PSW Annual Meeting Request
4) Grant and Projects Discussion:
   - SAMHSA EHR and PDMP Data Integration Grant Update
   - 2011 Harold Rogers Implementation Grant Close-Out
   - 2014 Harold Rogers Enhancement Grant Application
   - National Governors Association Policy Academy Application
5) Miscellaneous Items

11) Authorization

Signature of person making this request **Date**

Supervisor (if required) **Date**

Bureau Director signature (indicates approval to add post agenda deadline item to agenda) **Date**

Directions for including supporting documents:
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 Board Services Bureau Director.
3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.

Wisconsin Department of Safety and Professional Services
Prescription Drug Monitoring Program
1400 East Washington Avenue
PO Box 8366
Madison, WI 53708-8366

Phone: 608-266-0011
Web: http://dsps.wi.gov/PDMP
Email: PDMP@wisconsin.gov

Scott Walker, Governor
Dave Ross, Secretary

WI PRESCRIPTION DRUG MONITORING PROGRAM

JANUARY 1 – MARCH 31, 2014
STATISTICS SHEET #5

PDMP Operations			
	January - March 2014	2014 YTD	Since January 2013
No. of Dispensers	1,723	1,723	2,336
No. of Prescriptions	2,603,483	2,603,483	13,109,175
Quantity Dispensed	160,100,430	160,100,430	806,362,342
Estimated Days Supply	56,614,047	56,614,047	284,531,823

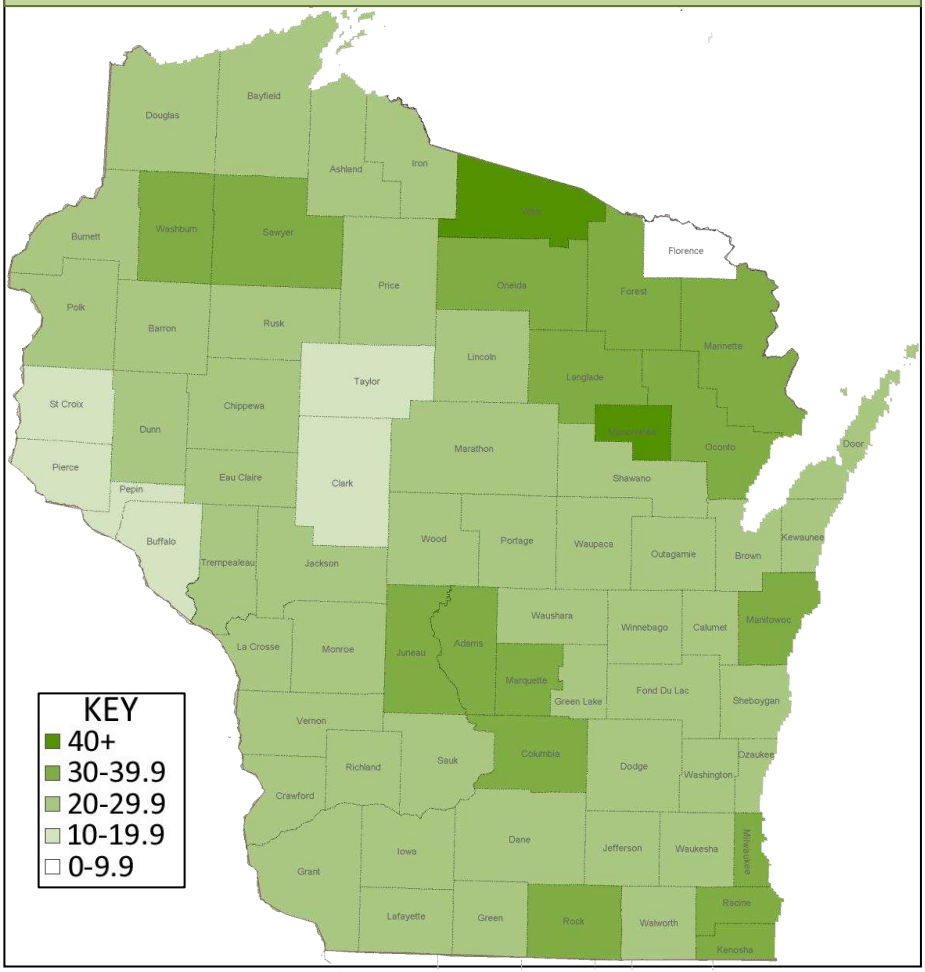
Top 15 Monitored Prescription Drug Prescriptions

January - March 2014

Drug	Number of Prescriptions	Percent of All Prescriptions
HYDROCODONE/ACETAMINOPHEN	507,456	19.49%
DEXTROAMPHETAMINE/AMPHETAMINE	192,785	7.40%
ALPRAZOLAM	177,350	6.81%
LORAZEPAM	170,347	6.54%
OXYCODONE HCL	168,342	6.47%
TRAMADOL HCL	165,720	6.37%
ZOLPIDEM TARTRATE	155,830	5.99%
OXYCODONE HCL/ACETAMINOPHEN	155,218	5.96%
CLONAZEPAM	140,455	5.39%
METHYLPHENIDATE HCL	101,874	3.91%
DIAZEPAM	70,391	2.70%
MORPHINE SULFATE	69,977	2.69%
LISDEXAMFETAMINE DIMESYLATE	55,070	2.12%
ACETAMINOPHEN WITH CODEINE	54,734	2.10%
PREGABALIN	46,635	1.79%

Monitored Prescription Drug Doses Dispensed / County Population

(January – March 2014, By County)



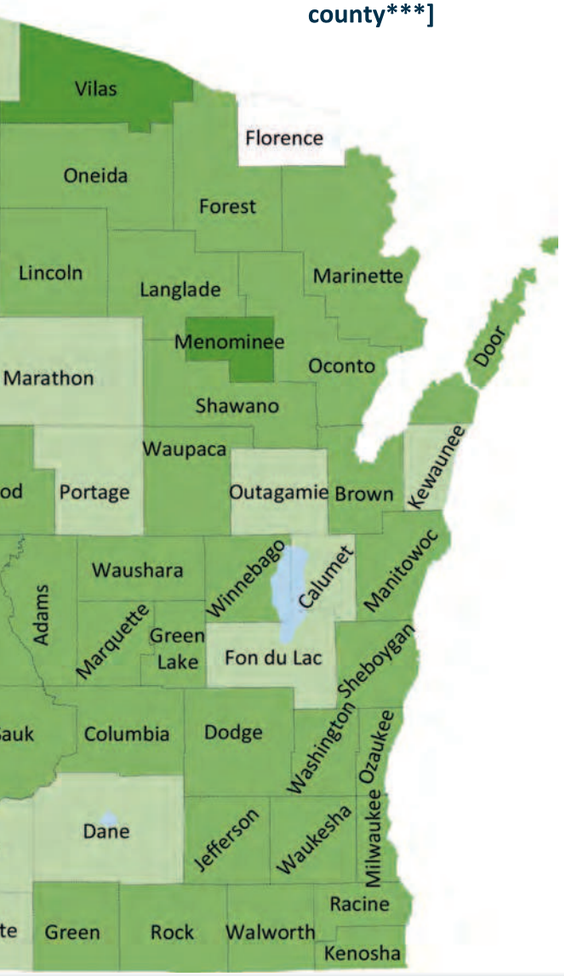
County	Doses Dispensed / County Population	County	Doses Dispensed / County Population	County	Doses Dispensed / County Population	County	Doses Dispensed / County Population	County	Doses Dispensed / County Population	County	Doses Dispensed / County Population
Adams	34.9	Dane	24.1	Iowa	24.9	Marathon	24.7	Polk	24.2	Taylor	17.5
Ashland	28.7	Dodge	27.6	Iron	21.2	Marinette	30.0	Portage	24.7	Trempealeau	25.0
Barron	24.2	Door	26.5	Jackson	25.7	Marquette	33.8	Price	28.7	Vernon	25.7
Bayfield	24.5	Douglas	27.4	Jefferson	26.5	Menominee	44.4	Racine	36.4	Vilas	40.4
Brown	25.3	Dunn	21.5	Juneau	34.6	Milwaukee	31.3	Richland	23.3	Walworth	26.7
Buffalo	16.9	Eau Claire	24.6	Kenosha	31.4	Monroe	26.0	Rock	30.9	Washburn	33.3
Burnett	29.2	Florence	6.7	Kewaunee	21.1	Oconto	30.4	Rusk	24.7	Washington	26.9
Calumet	21.5	Fond Du Lac	24.9	La Crosse	26.2	Oneida	31.2	Sauk	28.8	Waukesha	26.5
Chippewa	25.0	Forest	35.3	Lafayette	21.5	Outagamie	23.5	Sawyer	33.8	Waupaca	27.8
Clark	17.8	Grant	20.8	Langlade	36.5	Ozaukee	26.5	Shawano	26.8	Waushara	27.8
Columbia	30.0	Green	26.6	Lincoln	29.0	Pepin	18.0	Sheboygan	27.7	Winnebago	27.3
Crawford	25.4	Green Lake	29.4	Manitowoc	33.2	Pierce	13.0	St. Croix	18.1	Wood	27.0

Created on April 25, 2014
Map Key corrected on May 21, 2014

*The county population statistics are based on 2012 data from the Wisconsin Department of Health Services, available here.

ored Prescription Drugs Capita by County

[Doses dispensed per county (based on patient's address) / Estimated population of county*]**



WISCONSIN PRESCRIPTION DRUG MONITORING PROGRAM
PO Box 8366
Madison, WI 53708
E-MAIL: PDMP@wisconsin.gov
WEBSITE: http://dsps.wi.gov/PDMP

DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES
1400 E. WASHINGTON AVE.
MADISON, WI 53703
PHONE: 608-266-2112
FAX: 608-267-0644
WEBSITE: http://dsps.wi.gov

The Prescription Drug Monitoring Program has empowered health care professionals in Wisconsin by giving them access to information needed to reduce the abuse and diversion of prescription drugs while still providing prescription medication in a responsible way to patients that need it.

- Governor Scott Walker

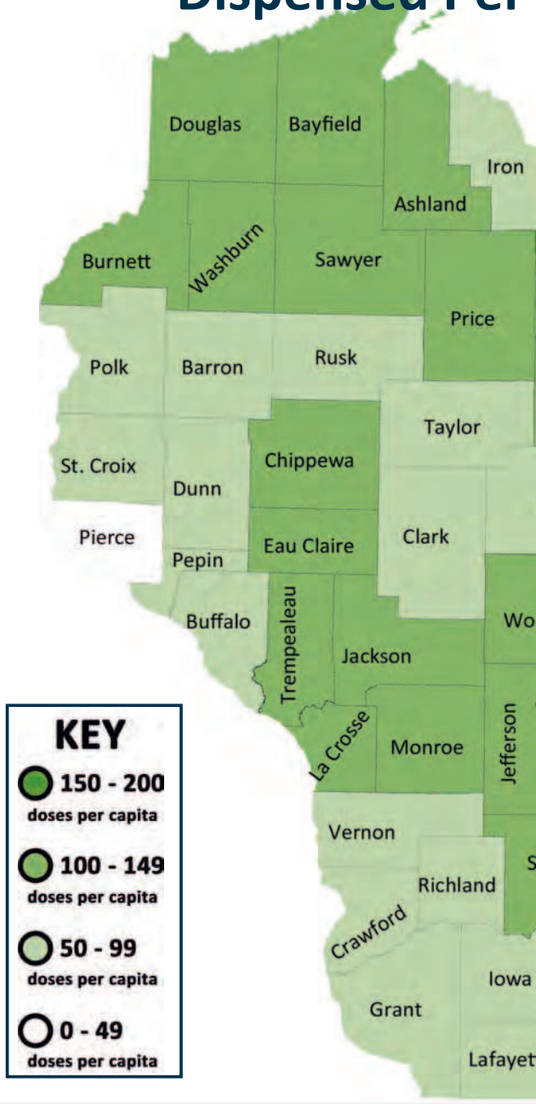
Notes:

* The percentages are based on the professions of the 1,000 prescribers who prescribed the most monitored prescription drugs.
** The 2013 U.S. Census estimated population of Wisconsin is 5,742,713. (http://quickfacts.census.gov/qfd/states/55000.html)
*** The 2011 County population data used is from the Wisconsin Department of Health Services. (http://www.dhs.wisconsin.gov/population)

WI PRESCRIPTION DRUG MONITORING PROGRAM

2013 YEAR IN REVIEW

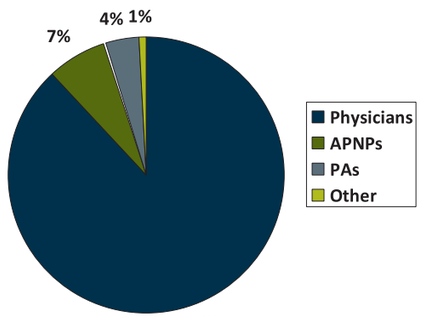
2013 Doses of Monit Dispensed Per



PRESCRIBING PRACTICES

IN 2013, THE PDMP DATABASE CAPTURED PRESCRIPTION ORDERS FROM **24,399** INDIVIDUAL HEALTHCARE PROFESSIONALS LICENSED IN WISCONSIN

PRESCRIBING BY PROFESSION*



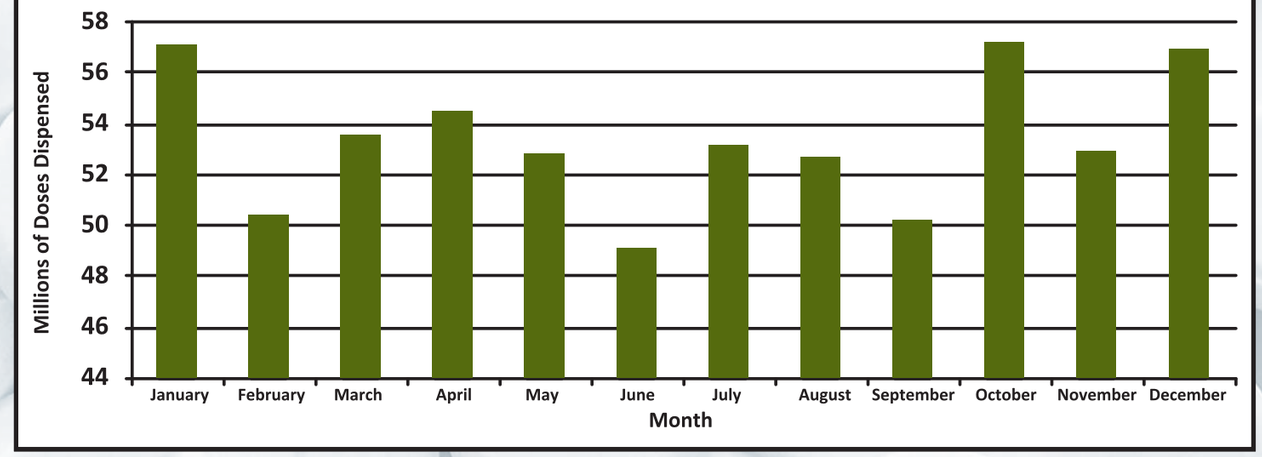
TOP 15 MONITORED PRESCRIPTION DRUGS DISPENSED

DRUG NAME	# OF RX	% OF TOTAL RX
HYDROCODONE/ACETAMINOPHEN	2,067,544	20.1%
DEXTROAMPHETAMINE/AMPHETAMINE	741,058	7.2%
ALPRAZOLAM	704,233	6.8%
ZOLPIDEM TARTRATE	660,051	6.4%
LORAZEPAM	655,252	6.4%
OXYCODONE HCL	644,004	6.3%
OXYCODONE HCL/ACETAMINOPHEN	643,676	6.3%
CLONAZEPAM	552,048	5.4%
TRAMADOL HCL	454,876	4.4%
METHYLPHENIDATE HCL	394,294	3.8%
DIAZEPAM	283,698	2.8%
MORPHINE SULFATE	267,363	2.6%
ACETAMINOPHEN WITH CODEINE	239,158	2.3%
LISDEXAMFETAMINE DIMESYLATE	214,087	2.1%
PREGABALIN	177,503	1.7%

DISPENSING IN WISCONSIN

IN 2013, **2,191** INDIVIDUAL PHARMACIES AND DISPENSING PRACTITIONERS DISPENSED ENOUGH DOSES OF MONITORED PRESCRIPTION DRUGS TO MEDICATE THE ENTIRE POPULATION OF WISCONSIN** FOR ALMOST **40** DAYS

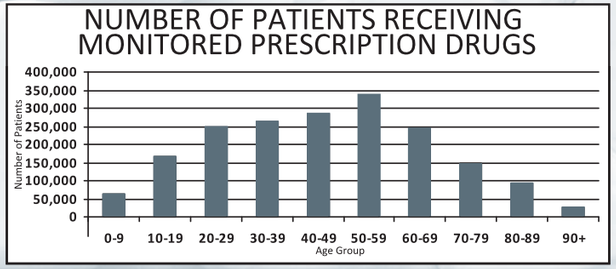
NUMBER OF DOSES DISPENSED PER MONTH



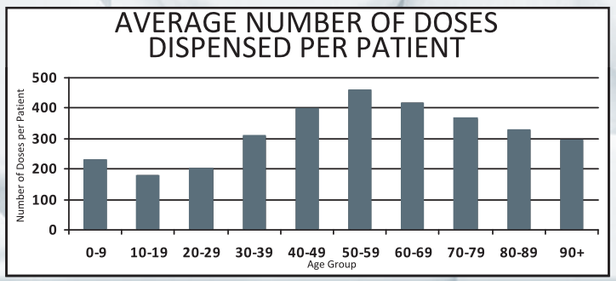
2013 PDMP DATABASE TOTALS	
No. of Patients	1,873,192
No. of Prescriptions	10,283,125
Quantity Dispensed	637,075,183
Estimated Days Supply	226,259,347

3% OF PRESCRIPTIONS FOR MONITORED PRESCRIPTION DRUGS WERE FILLED BY OUT-OF-STATE PHARMACIES

NUMBER OF PATIENTS RECEIVING MONITORED PRESCRIPTION DRUGS



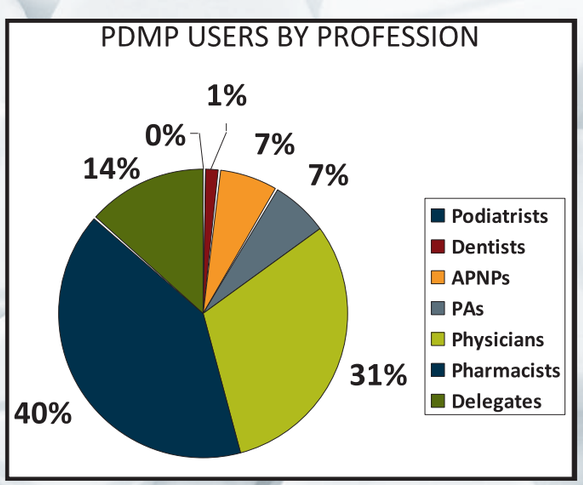
AVERAGE NUMBER OF DOSES DISPENSED PER PATIENT



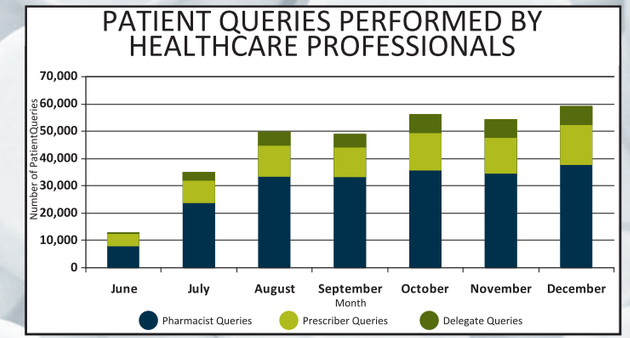
PDMP USAGE

IN JUNE - DECEMBER 2013, **6,184** HEALTHCARE PROFESSIONALS REGISTERED TO ACCESS THE PDMP DATABASE AND PERFORMED **315,417** QUERIES ABOUT THEIR PATIENTS

PDMP USERS BY PROFESSION

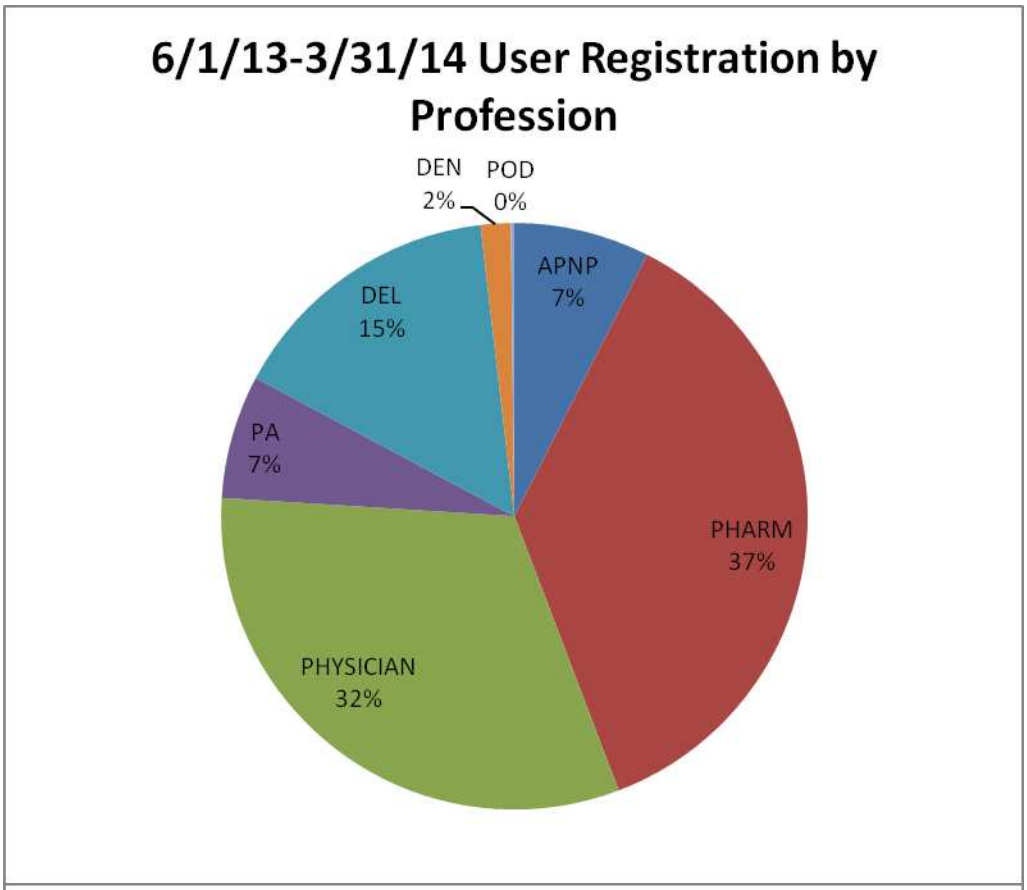


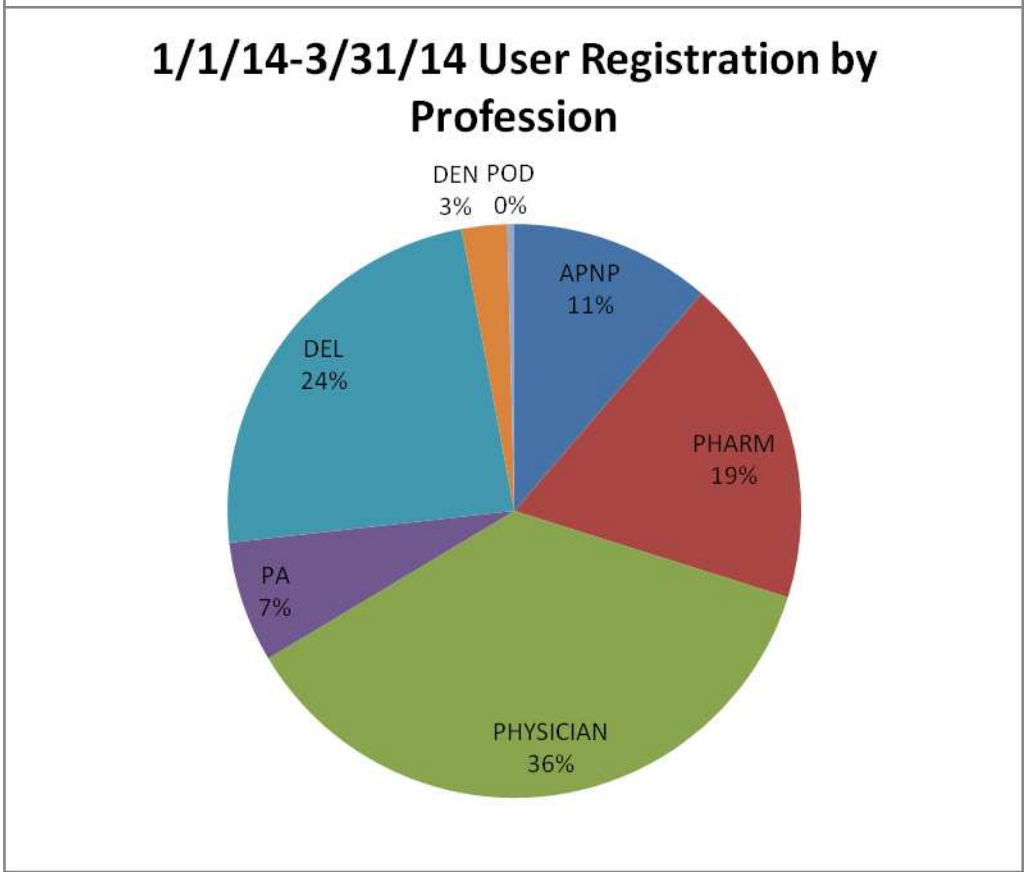
PATIENT QUERIES PERFORMED BY HEALTHCARE PROFESSIONALS



GOVERNMENT AND LAW ENFORCEMENT AGENCIES REQUESTED PDMP DATA **28** TIMES PER MONTH ON AVERAGE

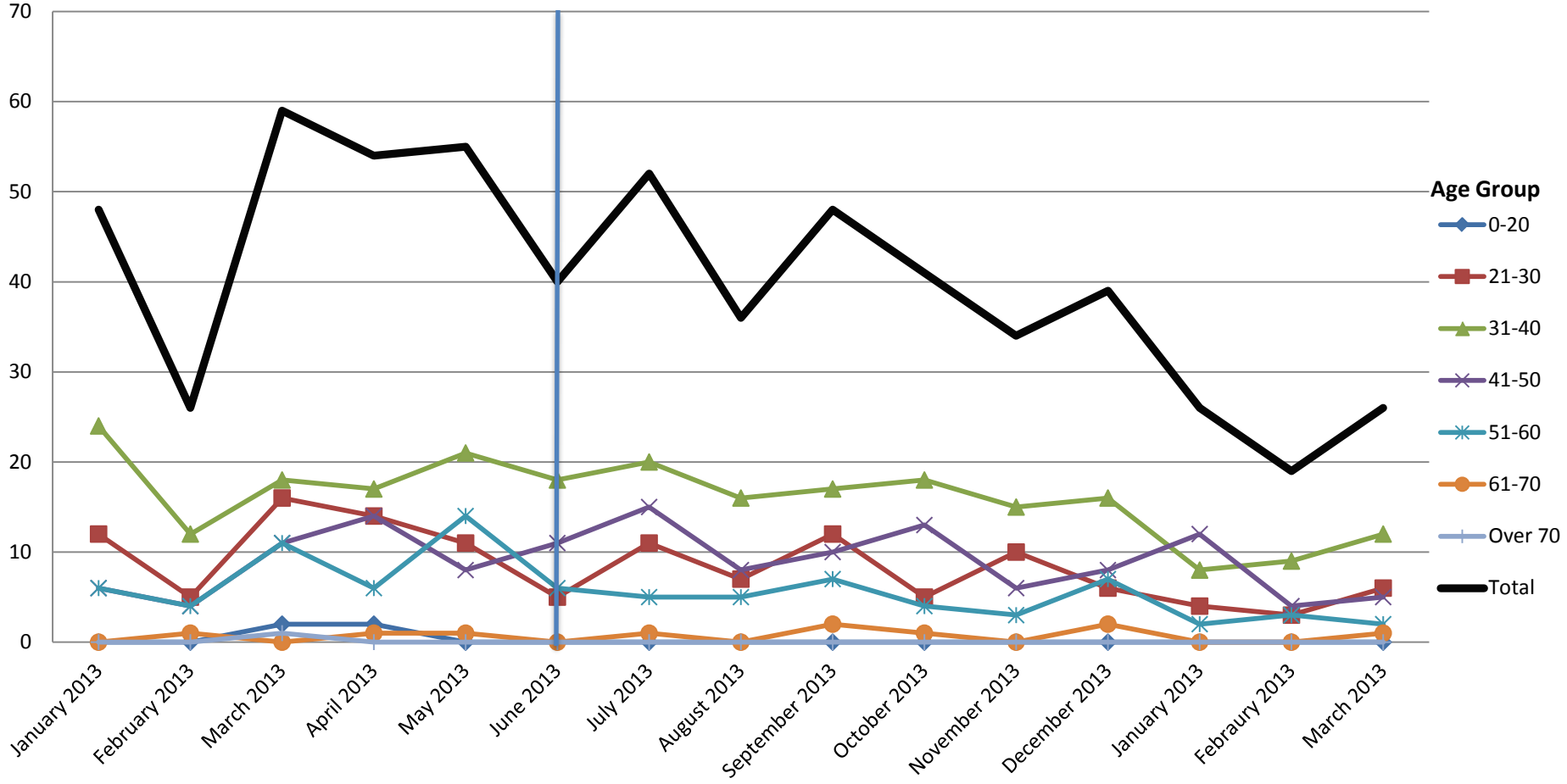
Overall and Q1 2104 PDMP User Registration Break-Down





Current Statistics

Number of patients obtaining prescription orders from 5 or more prescribers and being dispensed to by 5 or more dispensers per month



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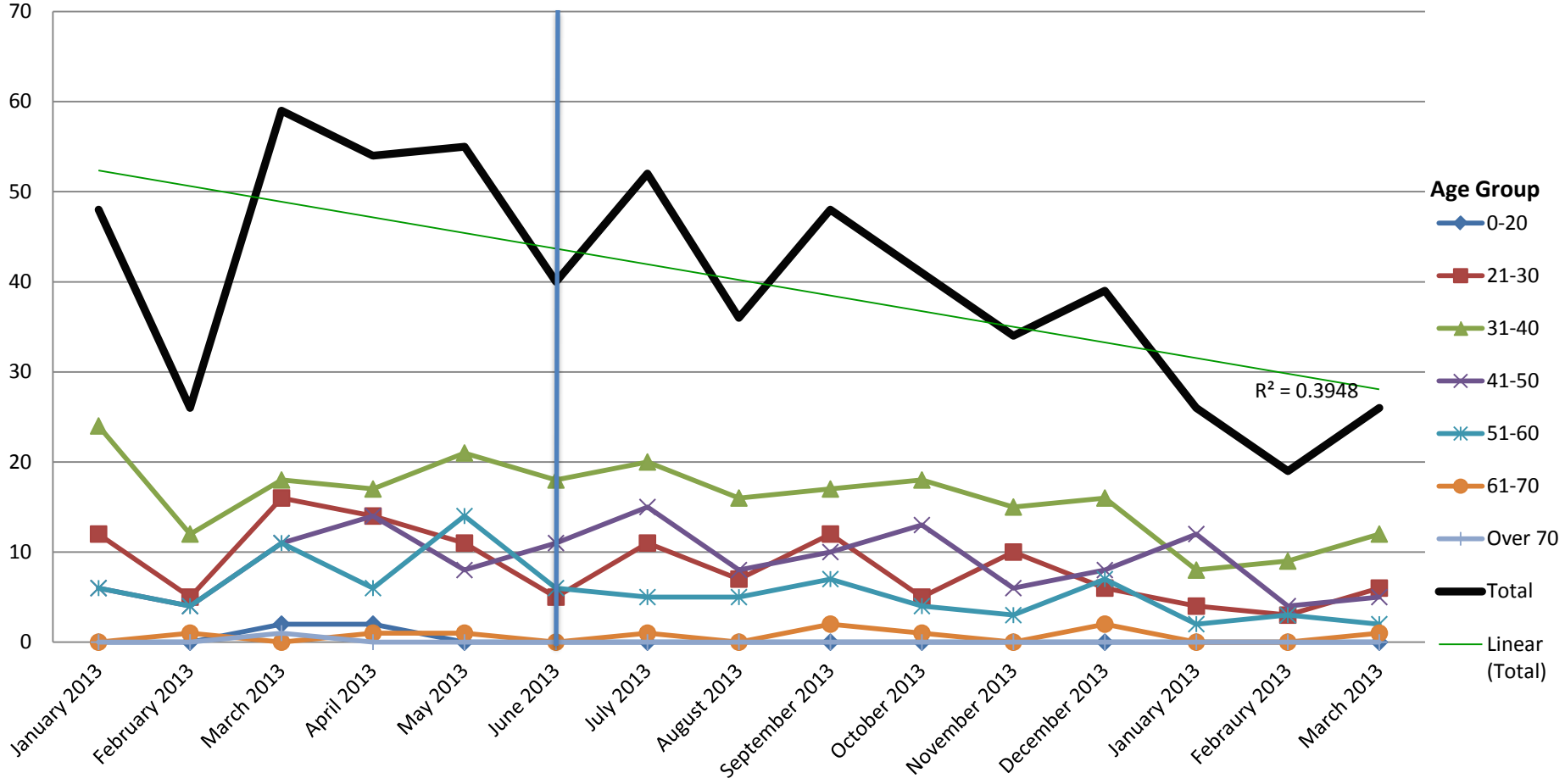

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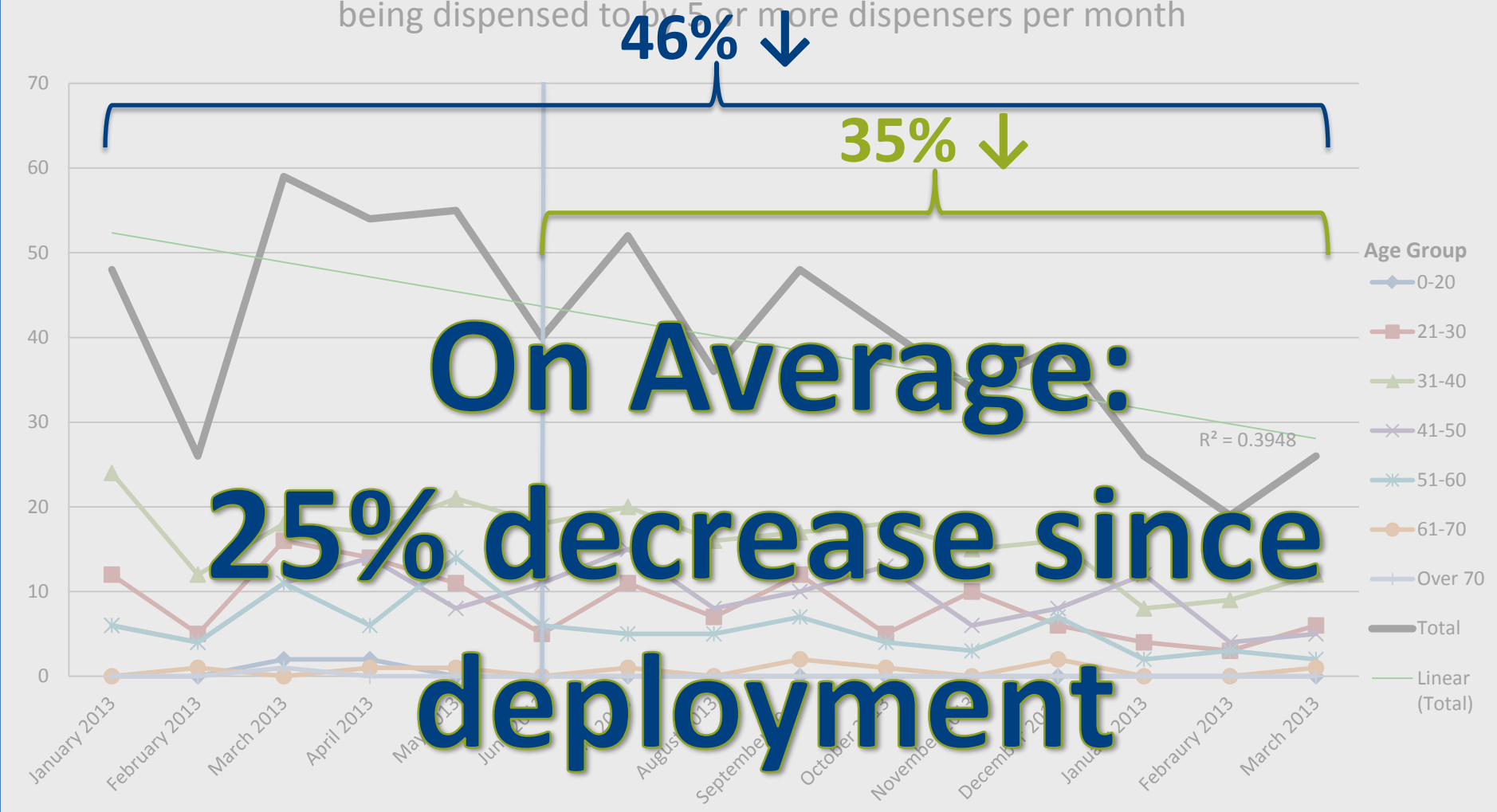


On Average:

25% decrease since deployment

FOR IMMEDIATE RELEASE

May 28, 2014

For more information contact:
Deborah Zak, Communications Manager
847/391-4405; custserv@nabp.net

Twenty-Five States' Prescription Data Now Linked Through NABP PMP InterConnect

System Enhances State Efforts to Combat Prescription Drug Abuse

Supporting state efforts to fight prescription drug abuse, participation in the National Association of Boards of Pharmacy® (NABP®) PMP InterConnect® program continues to grow with 25 prescription monitoring programs (PMPs) now live. With half of the states now sharing PMP data via this secure communication platform, authorized PMP users in those states are able to see a more complete history of patients' controlled substance prescriptions, helping health care providers identify possible misuse or abuse.

Nevada, Idaho, and New Jersey are the latest state PMPs to go live and begin sharing data through NABP InterConnect. Several other states have signed memorandums of understanding to participate and are working toward a connection to the system in 2014.

"It is extremely gratifying to be able to provide a safe and secure solution for interstate data exchange to the state PMPs," says NABP President Joseph L. Adams, RPh. "With 25 states of the 48 United States jurisdictions that have operational PMPs participating in NABP PMP InterConnect, thousands of health care providers now have a more complete view of their patients' prescription drug history to assist them in their prescribing and dispensing decisions."

New Jersey Acting Attorney General John J. Hoffman said, "With this partnership, New Jersey's PMP is not just a statewide resource, but a regional resource to fight the epidemic of opiate abuse. Our comprehensive strategy includes not just investigation and enforcement, but our efforts to fully engage the healthcare community in this fight."

— more —

Sharing controlled substance prescription history information from state to state enables providers to make more informed prescribing and dispensing decisions, as they are able to access more complete patient data. For example, in fourth quarter 2013, the Virginia PMP – one of the three original states to participate in NABP InterConnect – received interstate prescription data on over 1,400 patients.

Virginia's data also shows that PMP users in other states are benefiting from NABP InterConnect. Virginia reports that since the PMP began utilizing the system the number of requests to the state has increased, accounting for 11% of all requests in 2013.

Virginia looks forward to increased interoperability with additional bordering states in 2014 because sharing data with bordering states increases the effectiveness of the state PMP. One benefit of sharing prescription drug data among neighboring states is that it can help providers identify "doctor shopping," when patients visit multiple doctors to obtain controlled substance medications, sometimes traveling hundreds of miles and across state borders.

In addition, the Virginia PMP officials are looking forward to leveraging the use of NABP InterConnect to provide PMP data for authorized Virginia users via the Commonwealth's health information exchange. Such integration projects have been implemented successfully in Ohio and Indiana and bring PMP data directly into the provider's workflow.

"Expanded use of NABP InterConnect is a major part of our program's strategy to integrate PMP data with various health information technology platforms," indicates Ralph Orr, director, Virginia PMP. "We anticipate that this integration will increase use of the PMP by incorporating the data within existing provider workflow patterns."

NABP InterConnect, launched in 2011, was designed by NABP to facilitate interoperability and interstate data sharing between state PMPs by providing a secure communications exchange platform for participating states. The system does not house any data and ensures that each state's data access rules are enforced.

Additional information about NABP InterConnect, including the most up-to-date information about state participation and the NABP PMP InterConnect map (PDF), is available on the NABP website at *www.nabp.net/programs/pmp-interconnect/nabp-pmp-interconnect*.

NABP is the independent, international, and impartial Association that assists its state member boards and jurisdictions for the purpose of protecting the public health.

-30-

PDMP Event Calendar 2014

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
29 **Dec**	30	**31**	1 **Jan**	2	3	4
5	6	7	**8** **PDMP Event: Tribal State Collaboration for Positive Change- Lac du Flambeau, WI**	**9** **PDMP Event: Marshfield Clinic Grand Rounds Presentation- Marshfield, WI**	10	11
12	13	14	**15** **PDMP Event: WISHIN SAMHSA Grant Kick-Off Meeting- Fitchburg, WI**	16	17	18
19	20	21	22	**23** **PDMP Event: DHS Division of Mental Health and Substance Abuse Services Meeting- Madison, WI**	24	25
26	27	28	29	30	31	1 **Feb**
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	**19** **PDMP Event: SAMHSA Grantee Meeting- Rockville, MD**	20	21	22
23	24	25	26	27	28	1 **Mar**
2	3	4	5	6	**7** **PDMP Event: Marshfield Clinic SAMHSA Grant Kick-Off Meeting- Marshfield, WI**	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

30	31	1 **Apr**	2	3	4	**5 PDMP Event: WMS Annual-Meeting, Green Bay, WI**
6	7	8	**9 HID In-Person Training-Madison, WI**	**10 PDMP Data Integration Presentation to Healthfinch-Madison, WI**	**11 PDMP Event: PSW Educational Conference-Madison, WI**	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	1 **May**	**2 PDMP Event: WNA- APRN Forum-Wisconsin Dells, WI**	3
4	5	6	7	8	9	10
11	12	13	14	**15 PDMP Event: WI DOJ- DCI Spring In-Service-Pewaukee, WI**	16	17
18	19	20	**21 PDMP Event: Agnesian Clinic Training-Waupun, WI**	22	23	24
25	26	27	28	29	30	31
1 **Jun**	2	3	**4 PDMP Event: Waukesha County Medical Society Annual Dinner Meeting-Okauchee, WI**	5	**6 PDMP Event: SCAODA Meeting-Madison, WI**	7
8	9	10	**11 PDMP Event: LCO Tribal Clinic User Training-Hayward, WI**	12	13	14
15	16	**17 PDMP Event: Rock County AODA Steering Committee Meeting-TBD, WI**	18	19	20	21

22	23	**24 PDMP Event: Northwoods Coalition Annual Meeting- Eau Claire, WI**	**25 PDMP Event: Northwoods Coalition Annual Meeting- Eau Claire, WI**	26	27	28
29	30	1 **Jul**	2	3	4	5
6	7	**8 NABP PMPi Steering Committee Meeting- Mount Prospect, IL**	**9 NABP PMPi Steering Committee Meeting- Mount Prospect, IL** **PDMP Event: Grand Rounds Presentation at Mile Bluff Hospital- Mauston, WI**	10	11	12
13	14	**15 HID PMP Client User Meeting- Atlanta, GA**	**16 HID PMP Client User Meeting- Atlanta, GA** **PDMP Event: Mental Health/AODA Southern and Southeastern Regions Meeting- Madison, WI**	**17 HID PMP Client User Meeting- Atlanta, GA**	18	19
20	21	22	23	24	25	26

PDMP Researcher Portal
Outline

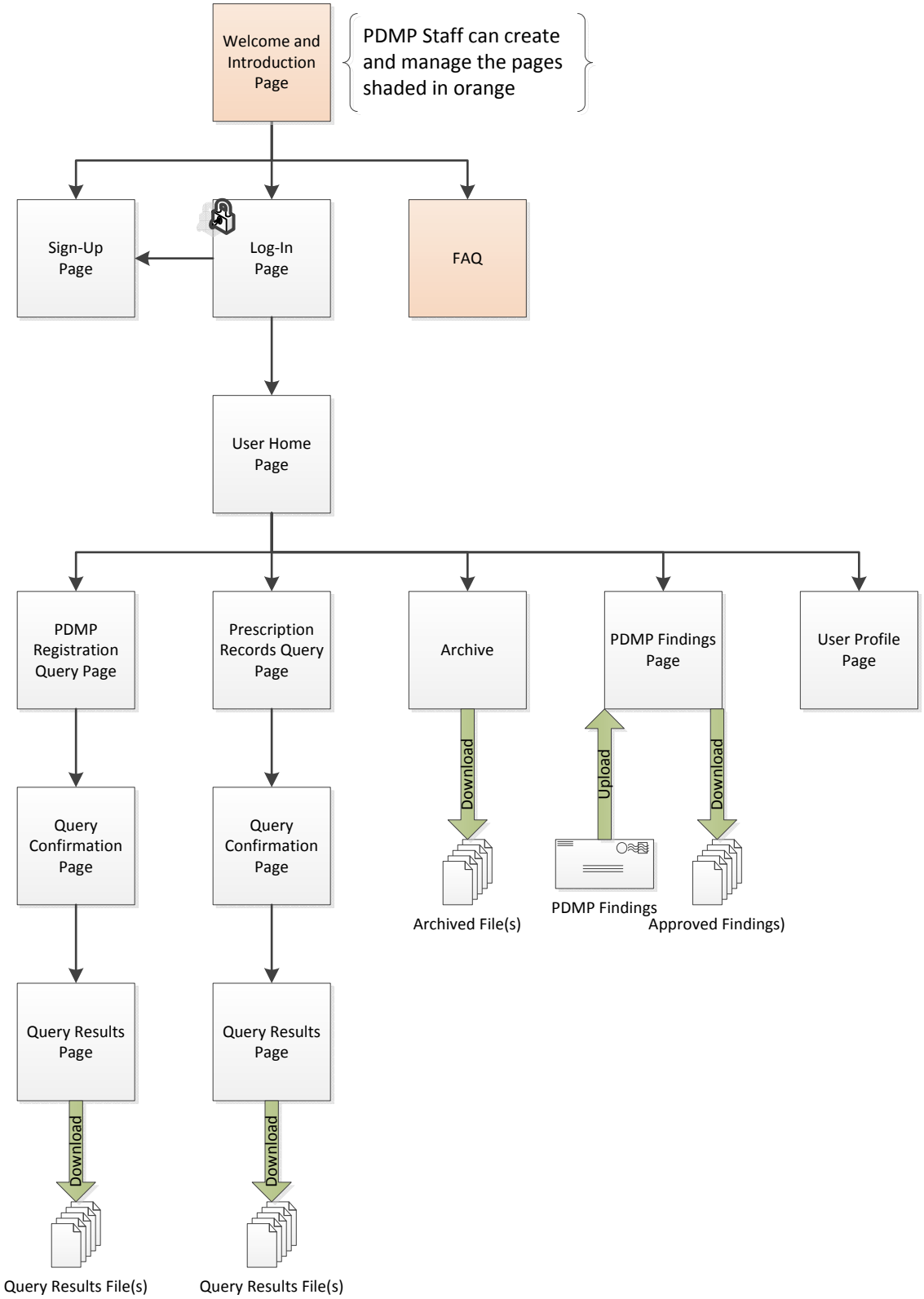
Draft: 3/28/14

Purpose: To give public health officials and other researchers access to de-identified data collected as part of the Prescription Drug Monitoring Program (PDMP).

Overview: The PDMP Researcher Portal will be a secure web-based database that authenticated users can query for specific de-identified information about the PDMP. The information will be loaded into the database periodically and will not contain any patient-specific or other personally identifiable information.

The registration process will be online, but will still require administrative review. The query and report process is intended to be as automated and electronic as possible.

Organization of PDMP Researcher Portal Pages
Draft 3/28/14



PDMP- Harold Rogers Grant Application
Researcher Portal IT/IS Specifications

Draft: 3/28/14

Two Roles:

- User
- Administrator

GUI and User Functionality Requirements:

- Graphical User Interface that focuses on ease of use for the Users

- Users shall be able to complete and submit registration applications online:
  - The online application shall include, at least, these fields:
    - First Name
    - Last Name
    - Organization
    - Street Address
    - City
    - County
    - ZIP Code
    - State
    - Phone
    - E-Mail
    - Justification for and purposes of data
  - All information provided in the registration application shall become part of the User profile once an Administrator approves the application.

- Each User shall be able to manage elements of his or her User Profile (red = not changeable by User):
  - User Name
  - Password
    - Periodic expiration, if necessary. If passwords will periodically expire, the system shall notify a User at least 10 days prior to the password expiration.
  - First Name
  - Last Name
  - Organization
  - Street Address
  - City
  - ZIP Code
  - State
  - Phone
  - E-Mail

- Each User shall be able to create queries of two types of data:
  - Query 1: PDMP Registration Data
  - Query 2: PDMP Prescription Records Data

- All queries shall only return results that meet the criteria of the search.
  - Query 1: PDMP Registration Data Search Fields:
    - Date Range
    - Selected Counties or Statewide Data
      - Default: Statewide
      - Upon selection of specific counties, the system shall require users to select a specific number of other counties in order to execute the query
      - If the search is conducted for county-level data, the results of the query shall not display the county field.
    - Status: Active or Inactive
      - Default: all
    - Profession: MD, DO, PA, APNP, POD, DEN, PHARM, DEL
      - Default: all
      - User shall be able to select one or more profession types for each search.
    - Age Decade: 10-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70-79, 80-89, over 90
      - Default: all
      - User shall be able to select one or more decades for each search.

  - Query 2: PDMP Prescription Records Data Search Criteria:
    - Date dispensed Range
    - Date prescribed Range
    - Dispenser's county or statewide
      - Default: Statewide
      - Upon selection of administrator-flagged counties, the system will automatically select surrounding counties.
      - If a User conducts a search for data that includes an administrator-flagged county, the results of the query shall not display the county data field.
    - Practitioner's county or statewide
      - Default: Statewide
      - Upon selection of administrator-flagged counties, the system will automatically select surrounding counties.
      - If a User conducts a search for data that includes an administrator-flagged county, the results of the query shall not display the county data field.
    - Patient's county or statewide
      - Default: Statewide
      - Upon selection of administrator-flagged counties, the system will automatically select surrounding counties.

    - If a User conducts a search for data that includes an administrator-flagged county, the results of the query shall not display the county data field.
- Class of the drug: Pain, Sedative, Tranquilizer, Stimulant
    - Default: All
    - User shall be able to select one or more classes for each search.
- Schedule of the drug: 0, II, III, IV, V
    - Default: All
    - User shall be able to select one or more schedules for each search.
- Patient's age decade: 0-9, 10-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70-79, 80-89, over 90
    - Default: All
    - User shall be able to select one or more decades for each search.
- Patient's sex: Male or Female
    - Default: Both
- Method of payment:
    - Default: All
    - User shall be able to select one or more methods of payment for each search.
    - Payment Options:
        - 01 Private Pay
        - 02 Medicaid
        - 03 Medicare
        - 04 Commercial Insurance
        - 05 Military Installations and VA
        - 06 Workers' Compensation
        - 07 Indian Nations
        - 99 Other

- Users shall be able to "save searches" that, when selected, will auto-populate the search criteria fields with the saved criteria.
    - User shall be able to edit the fields after they are populated with saved criteria

- Search Results
    - Users shall be able to view and sort data on the webpage and download CSV files of the data
    - Users shall be able to "archive" search results for future reference

- Users shall be able to upload their research and findings to the PDMP on the PDMP Findings Page.
    - The system shall accept, at least, PDF files.
    - Uploaded and administrator approved findings shall be accessible to all Users on the PDMP Findings page.

Administrative Requirements:

- Non-IT PDMP administrators must be able to load data or get data loaded into the database periodically. The anticipated frequency is monthly.
    - The two types of data have different fields and must be searchable by users:
        - Data for Query Type 1: PDMP Registration Data Fields:
            - Status
            - Registration Date
            - Profession
            - Account Type: Master/Delegate
            - Age by decade
            - County

        - Data for Query Type 2: PDMP Prescription Records Data Fields:
            - dispenser's county
            - date dispensed
            - NDC number of the drug
            - Name and dosage form of the drug
            - Class of the drug
            - Schedule of the drug
            - Quantity dispensed
            - New/refill status
            - Estimated number of days of drug therapy
            - practitioner's county
            - date prescribed
            - patient's county
            - patient's age decade
            - patient's gender
            - method of payment

- User Registration Administrative Requirements:
    - The system shall queue User pending applications for review by administrators.
    - Administrators shall be able to review User-inputs in an application.
    - Administrators shall be able to Approve and Deny User applications.

- User Management Administrative Requirements:
    - Deactivate users
    - Change all elements of a User Profile
    - Administrators shall be able to create a Report at any time that contains an audit trail of Users registrations and searches.
        - The report must be printable and easily manipulated online or in Excel or other spreadsheet/database program.
    - Administrators shall be able to view, copy, and print reports of the following data:
        - User registrations over time

        - User registrations by location
        - User requests over time
        - User requests by location
    - Administrators shall be able to view, copy, and print the results of all searches conducted by Users.

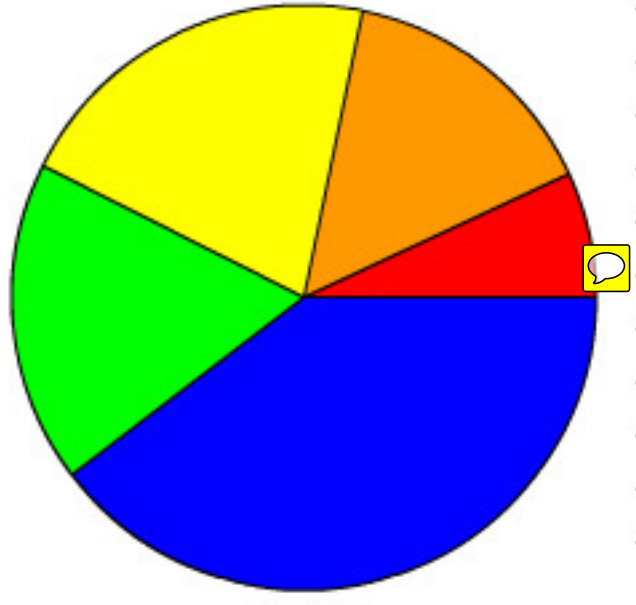
- PDMP Search Administration Requirements:
    - At any time, administrators shall be able to flag counties with low population numbers. Upon selection of a flagged county by a User in a query, the system will automatically select surrounding counties to also be included in the query.
    - The system shall not display the county field in any search in which the User selects a flagged county as part of the search criteria.

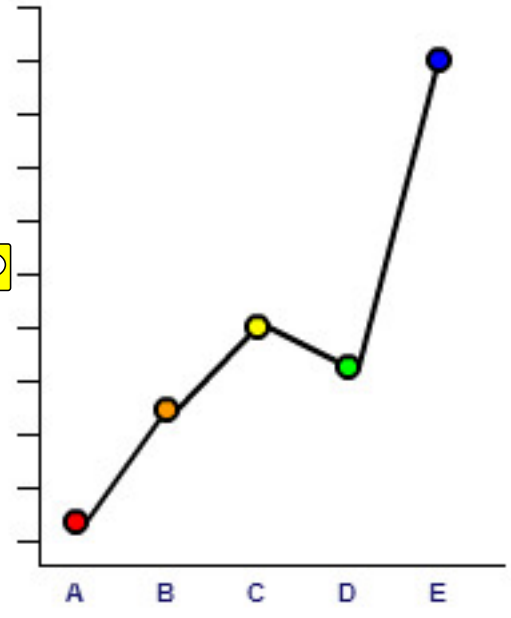
- PDMP Findings Administrator Requirements:
    - Administrators shall be able to view and download all documents uploaded by Users.
    - Administrators shall be able to approve and post findings to make them available to all Users.
    - Administrators shall be able to make previously approved and posted findings unavailable to all Users.

User Home Page Mock-Up

User Profile Log Out

Home | Search PDMP Registration Records | Search PDMP Prescription Records | Archive | Submit Findings





LOADING...

Search PDMP Registration Records Mock-Up

User Profile Log Out

Home | Search PDMP Registration Records | Search PDMP Prescription Records | Archive | Submit Findings

Saved Searches

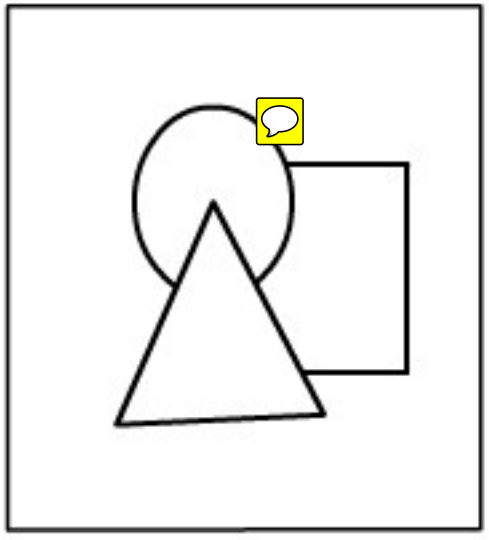
Scope County-by-County Search

Date Range 09/03/2013 1/1/2014

Search Criteria Fields

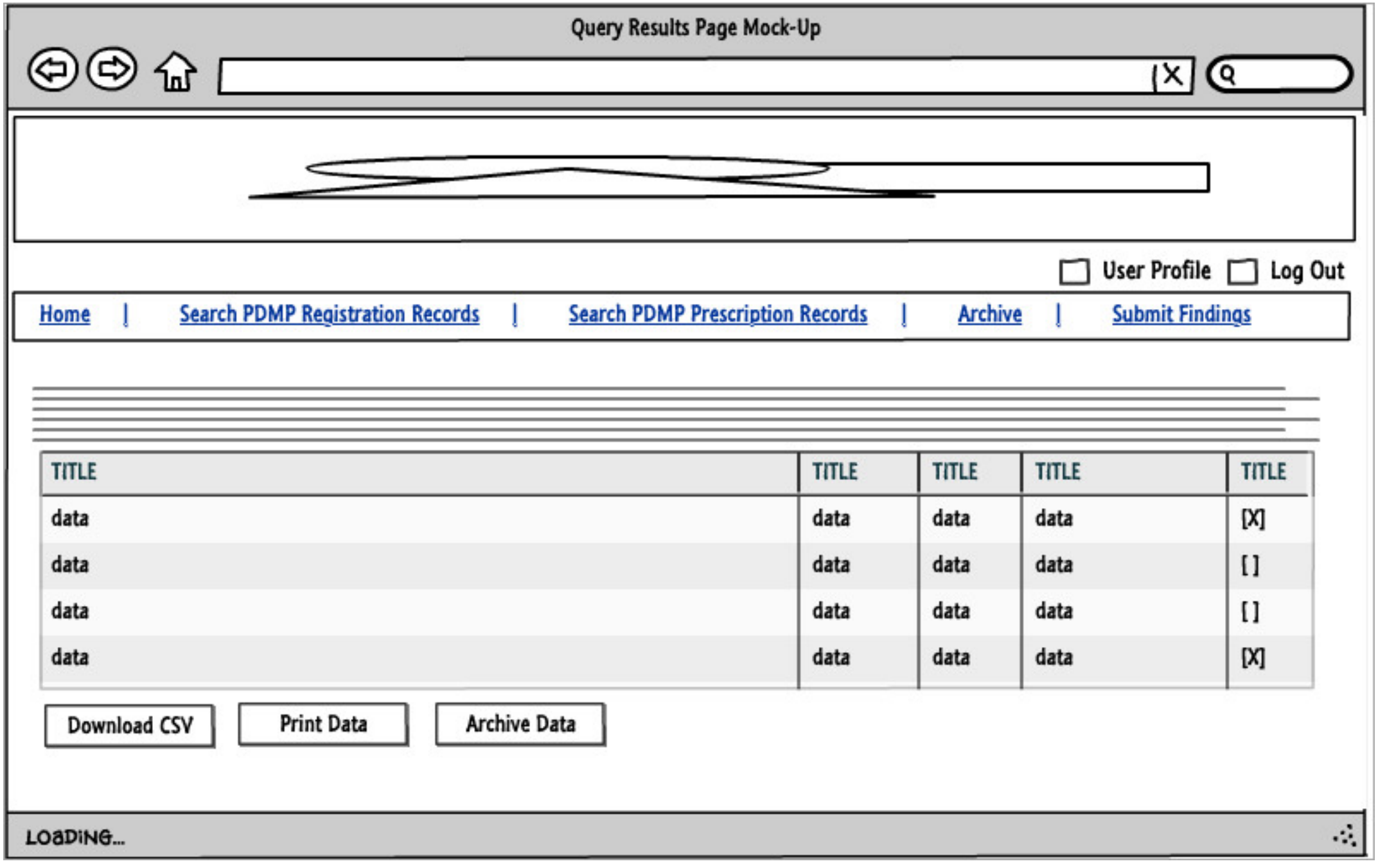
Save Search?

Execute Search



County 1	County 1	County 1
County 2	County 2	County 2
County 3	County 3	County 3
County 4	County 4	County 4
County 5	County 5	County 5
County 6	County 6	County 6

LOADING...


Query Results Page Mock-Up
User Profile
Log Out
Home | Search PDMP Registration Records | Search PDMP Prescription Records | Archive | Submit Findings
TITLE TITLE TITLE TITLE TITLE
data data data data [X]
data data data data [ ]
data data data data [ ]
data data data data [X]
Download CSV
Print Data
Archive Data
LOADING...

REQUEST FOR APPLICATIONS

Policy Academy on Reducing Prescription Drug Abuse

IMPORTANT INFORMATION

Purpose:	**To assist states in reducing prescription drug abuse.**
Proposals Due:	**May 19, 2014 at 5:00 p.m. (ET)**
Selection Announcement:	**Week of June 2, 2014**
Project Period:	**June 2014 – June 2015**
Bidder's Conference Call:	**April 25, 2014 at 2:00 P.M. (ET)** **Call-in Number:** 1-888-453-9183 **Passcode:** 8154119
First Policy Academy Meeting:	**August/September 2014**
Eligibility:	**States, commonwealths and Territories with full NGA membership benefits**
NGA Contacts:	**Jeff McLeod, Program Director, Homeland Security and Public Safety Division** **(202) 624-5311 or jmcleod@nga.org** **Kelly Murphy, Senior Policy Analyst, Health Division** **(202) 624-7895 or kmurphy@nga.org**

PURPOSE

Through this policy academy, the National Governors Association Center for Best Practices (NGA Center) will assist six states in developing strategic action plans for reducing prescription drug abuse. The policy academy is co-chaired by Nevada Governor Brian Sandoval and Vermont Governor Peter Shumlin and is in partnership with the Centers for Disease Control and Prevention (CDC) and the Association of State and Territorial Health Officials (ASTHO).

BACKGROUND

Prescription drug abuse is driving an epidemic of overdose deaths that increased for the 11th consecutive year in 2010.[1] Prescription drugs are associated with nearly 60 percent of all deaths from drug overdose and pain relievers such as oxycodone, hydrocodone, and methadone are involved in three of every four prescription drug overdose fatalities.[2]

The challenge for states is developing and implementing a comprehensive, coordinated statewide strategy that reduces access to prescription drugs for illicit use but ensures access for patients who legitimately need them. A 2011 study estimated that nonmedical use of prescription opioids imposed a cost of about $55 billion on the U.S. economy, including $42 billion in lost productivity, more than $8 billion in increased criminal justice costs, more than $2 billion for drug abuse treatment, and almost $1 billion in medical complications associated with illegal use of opioids. In addition, prescription drug overdoses have a significant effect on Medicaid costs. A 2009 study found that fraudulent or abusive purchases of controlled substances in Medicaid programs in California, Illinois, New York, North Carolina, and Texas cost $63 million in Medicaid payments. Moreover, between 2004 and 2007, 45 percent of those who fatally overdosed on prescription opioid painkillers in Washington State were enrolled in Medicaid.

According to the Office of National Drug Control Policy, nearly 70 percent of new abusers of prescription drugs obtained pills from a friend or relative, 17 percent received them via prescriptions from one or more doctors, and just 9 percent purchased them from a friend, dealer or the Internet.[3] Over the last decade, the increase in overdose deaths and treatment admissions has closely paralleled the increase in number of opioid pain relievers sold. In fact, opioid pain relievers are now the most widely prescribed class of medications in the United States.[4]

In 2012, NGA launched the *Prescription Drug Abuse Reduction Policy Academy*, a year-long initiative to address the epidemic led by Alabama Gov. Robert Bentley and Colorado Gov. John Hickenlooper. In addition to Alabama and Colorado, five more states were selected to participate, including Arkansas, Kentucky, New Mexico, Oregon, and Virginia. Over the course of the policy academy, NGA Center staff assisted state teams of high-level public health and safety officials to develop and implement strategic action plans. The work accomplished by these states – and others – will help to inform state efforts to reduce prescription drug abuse through this policy academy.

POLICY ACADEMY DESCRIPTION

[1] Press Release, "Opioids drive continued increase in drug overdose deaths," Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Feb. 20, 2013, http://www.cdc.gov/media/releases/2013/p0220_drug_overdose_deaths.html

[2] Jones, C.M., Mack, K.A., Paulozzi, L.J., *Pharmaceutical Overdose Deaths*, The Journal of the American Medical Association, February 20, 2013; 309(7): 657-9.

[3] Hardesty, Cameron, "Friends and Family are Primary Sources of Abused Prescription Drugs," Office of National Drug Control Policy, Apr. 25, 2012, http://www.whitehouse.gov/blog/2012/04/25/friends-and-family-are-primary-sources-abused-prescription-drugs

[4] News Release, "Opioids Now Most Prescribed Class of Medications, Penn Researcher Finds," Penn Medicine, April 5, 2011, http://www.uphs.upenn.edu/news/News_Releases/2011/04/opioid-prescriptions/. See also CDC Vital Signs, *Prescription Painkiller Overdoses in the US*, November 2011, http://www.cdc.gov/vitalsigns/painkilleroverdoses/

To address the growing problem of prescription drug abuse, the NGA Center is hosting a year-long policy academy to help states develop strategic action plans. Six states will be selected to participate.

An NGA Center policy academy is a highly interactive process designed to assist states in developing and implementing strategic action plans that build on research and best practices.

Examples of strategies that states will address through this academy include:

- Using data, metrics, and evaluation to drive policy and practice;
- Adopting evidence-based policies that target high-risk populations;
- Coordinating a multi-sector approach to addressing the problem;
- Improving the data and surveillance capabilities of PDMPs;
- Implementing innovative payer and regulator strategies;
- Increasing access to effective treatment;
- Coordinating state, federal, and local law enforcement efforts; and
- Increasing regional and interstate collaboration.

Each participating state will assemble a high-level multidisciplinary "core" team of six to eight state representatives. The team should be designated by the governor's office and include senior-level advisors, such as the governor's health policy and criminal justice policy advisors, cabinet secretaries, public health officials, state epidemiologists, Medicaid directors, state drug "czars," directors of state PDMPs, legislators, law enforcement agency representatives, physicians, allied health professional groups (for example, pharmacists, pain management professionals), and others.

Selected states will:

- Participate in two, two-day policy academy meetings with other policy academy states;
- Convene an in-state workshop facilitated by NGA Center staff;
- Develop and begin to implement a strategic action plan for reducing prescription drug abuse;
- Develop a plan for evaluating outcomes of state policy interventions;
- Participate in regular conference calls and other networking activities; and
- Receive customized ongoing technical assistance from NGA staff and national experts.

Policy Academy Meetings. NGA Center policy academy meetings are designed to educate states about current research and emerging best practices. The meetings provide a forum for states to learn from each other and to identify common challenges, lessons learned, and potential resources. The meetings will bring together teams from each of the six states participating in the academy and will include presentations and discussions on substantive issues by a national faculty of experts, practitioners, and researchers. Additionally, substantial time will be dedicated at the meetings for facilitated strategic planning exercises. Those exercises will provide the basis for states' strategic action plans.

The NGA Center will provide funding for six team members to attend two policy academy meetings. Up to two additional team members may also attend at the state's expense.

In-State Workshops. After the first policy academy meeting, the NGA Center will convene workshops in each participating state to help further refine states' recommendations and develop strategic action plans for implementing them. Those workshops will allow states to bring together a larger group of state and local leaders, practitioners, and other stakeholders to refine the initial recommendations and build consensus around a plan of action. The NGA Center will cover travel and lodging costs for NGA Center staff and invited speakers.

Technical Assistance. States participating in the academy are eligible to receive ongoing technical assistance from the NGA Center and a national faculty of experts throughout the project period. Assistance may include research support, facilitated calls with other states and experts, information dissemination through webinars or other virtual meetings, and additional in-state assistance as resources allow.

Examples of technical assistance states can expect include:

- Providing strategic advice for advancing and implementing policy recommendations;
- Helping the state leadership teams identify and engage critical stakeholders;
- Support in developing and coordinating in-state meetings (such as task force meetings, working groups, or meetings between the state leadership team and stakeholders);
- Reviewing versions of initiative proposals, policies, regulations, legislation, and/or executive orders;
- Facilitating communication between participating states and national experts;
- Working with the state to conduct an analysis of existing state policies that may inhibit or help advance the state's policy agenda; and
- Support in evaluating state policy initiatives.

Networking Opportunities. One of the benefits of participating in an NGA Center policy academy is that a state is part of a larger "class" of states addressing similar policy challenges. To support the sharing of best practices among states in the policy academy, the NGA Center will host regular conference calls and seek other opportunities to share lessons learned. That may include featuring state innovations in NGA Center issue briefs, convening lessons learned briefings at national conferences and in webcasts, and, as appropriate, including peers in other states' in-state policy workshops.

Expected Academy Outcomes. State team members are expected to fully participate in all planned meetings and activities. By the end of the policy academy state teams will have developed strategic action plans for reducing prescription drug abuse, and they will present those plans to their governor. Examples of potential outcomes from the academy include executive orders, proposed legislation, advisory councils or working groups, public education campaigns, public/private partnerships, or regulatory reforms that implement elements of the state action plan.

TIMELINE

The following is a tentative schedule for the academy.

April 25, 2014 at 2:00 P.M. (ET) **Call-in Number:** 1-888-453-9183 **Passcode:** 8154119	**Bidder's Call** The NGA Center will host a conference call for all interested states to learn more about the RFA process, proposal content, submission requirements, and to ask

	any questions.
May 19, 2014 at 5:00 p.m. (ET)	**Proposals Due**
Week of June 2, 2014	**State Selection Announcement** The NGA Center will issue a press release announcing winning states.
Week of June 9, 2014 **Call-in Number:** 1-888-453-9183 **Passcode:** 8154119	**All-state conference call** Following state selection, the NGA Center will host a conference call with participating states to orient them to the policy academy and outline next steps.
June 2014 – August 2014	States complete policy academy meeting prework (state profile, needs assessment, and gap analysis)
August/September 2014	**First Policy Academy Meeting** Objectives: • Highlight best practices and emerging research • Review state profiles, needs assessments, gap analyses • Identify potential evaluation strategies • Develop initial recommendations
October 2014 – April 2015	**In-State Workshops** Objectives: • Engage additional stakeholders in planning process • Refine initial recommendations • Develop strategic action plan for implementing recommendations
Spring 2015	**Second Policy Academy Meeting** Objectives: • Refine, review, and share strategic action plans • Identify and discuss lessons learned • Identify additional opportunities for regional and interstate collaboration
Ongoing	Monthly conference calls with NGA Center staff and policy academy states
June 2015	Final copy of state action plans and lessons learned/outcomes survey due to the NGA Center

REQUIREMENTS FOR PARTICIPANTS

Eligibility
All states, commonwealths and territories with full NGA membership benefits may apply to participate in the policy academy. Preference will be given to states who have not previously participated in the NGA Center's *Prescription Drug Abuse Reduction Policy Academy* or the Association of State and Territorial Health Officials' *State Prescription Drug Abuse Learning Collaborative*. Applicants who have participated in one of those initiatives are eligible to apply, but will need to justify the added value to their state of participating in this policy academy. (See section, "Required Proposal Content & Selection Criteria.")

Required Activities for Selected States
The policy academy will require substantial preparation from state attendees before the first policy academy meeting, active team participation throughout the policy academy process, and a strong commitment to implementing recommendations and strategic action plans. In addition, participating states are required to:

- **Participate in scheduled conference calls.** Following state selection, the NGA Center will host a conference call with participating states to orient them to the policy academy and outline next steps, including policy academy pre-work and meetings, available technical assistance from NGA Center staff and other experts, and site visits by NGA Center staff. Conference calls will be held for all state teams on a monthly basis throughout the project period.

- **Develop state profile, and conduct needs assessment and gap analysis.** The NGA Center will work with each participating state to develop a profile of their prescription drug abuse problem. Key indicators may include rates of prescribing, emergency department admissions, mortality data, treatment admissions, and other metrics. In addition, the NGA Center will help states complete a gap analysis and needs assessment. The state profile, gap analysis, and needs assessment will provide state teams a better understanding of their state's problem and target population, and they will serve as a baseline for evaluating outcomes of the policy academy.

- **Attend the first policy academy meeting.** The NGA Center will provide states with funding to send six team members to the first policy academy meeting. During the meeting, teams will learn about emerging research and best practices. In addition, they will work with NGA Center staff and policy academy faculty to develop recommendations and create a policy framework for addressing prescription drug abuse.

- **Convene in-state policy workshop.** Staff from the NGA Center will conduct a one- to two-day site visit in the states to help refine recommendations based on feedback from stakeholders and to develop a strategic action plan for implementing those recommendations. Depending on available resources, NGA Center staff may provide additional on-site technical support if needed.

- **Attend the second policy academy meeting.** The NGA Center will provide states with funding to send six team members to the second policy academy meeting. Before the meeting, state teams will be required to develop a working draft of final recommendations and their action plan for implementation. Teams will receive feedback on their action plans and work with policy academy faculty and national experts to refine them. State teams will also present their recommendations and action plan to other states participating in the policy academy.

- **Evaluation Survey and Lessons Learned Report**. At the conclusion of the policy academy, participating states will be required to complete a brief survey for the NGA Center on the work that they accomplished during the project. State responses will be used for evaluation purposes and, with the states' consent, could serve as the basis for an issue brief on outcomes from the policy academy.

REQUIRED PROPOSAL CONTENT AND SELECTION CRITERIA

All states and U.S. territories with full NGA membership benefits may apply to participate in the policy academy. Inquiries regarding membership standing should be directed to Bill Gainer at 202-624-5329 or bgainer@nga.org. Proposals will be reviewed based on the criteria below. **The total narrative—excluding the cover page, governor's letter, and letters of support—should not exceed six (6) single-spaced pages with standard one-inch margins and 11-point font.**

- **Cover Sheet (Required)**
  Please include the name of the state and team leader. Please also include contact information for the team leader and an administrative contact, including title, mailing address, telephone, fax, and email. The cover sheet does not count against the six-page limit.

- **Letter from the Governor (Required)**
  A letter of support from the governor is required. The letter should include the names of individuals the governor is appointing to serve on the state policy academy team. Additionally, the letter should indicate who the governor is designating as the team leader. The letter does not count against the six-page limit.

- **Description of the Problem (20 points)**
  In this section, please provide a brief overview of the state's challenges related to prescription drug abuse. Applicants should use relevant data to demonstrate the incidence and prevalence of the problem (e.g., overdose and mortality rates, emergency room admissions) and should identify specific high-risk target population(s).

- **Challenges to Implementing Solutions (20 points)**
  The policy academy aims to assist states by making improvements in the following priority areas:
  - Using data, metrics, and evaluation to drive policy and practice;
  - Target high-risk populations through evidence-based strategies;
  - Coordinating a multi-sector approach to addressing the problem;
  - Maximizing data and surveillance capabilities of PDMPs;
  - Implementing innovative payer and regulator strategies;
  - Increasing access to effective treatment;
  - Coordinating state, federal, and local law enforcement efforts; and
  - Increasing regional and interstate collaboration.

Describe existing or anticipated challenges to moving forward in those areas listed above.

- **Expected Outcomes for Participation in the Policy Academy (25 Points)**
  Describe how the state will benefit by participating in the policy academy, the range of assistance the state hopes to receive through the policy academy, and demonstrate that the state is poised to make significant progress in reducing prescription drug abuse if selected. Applicants should consider the following: By the end of the policy academy, what does the state expect to accomplish (e.g., legislative changes, executive orders, regulatory reforms)? How will the policy academy help the state accomplish those outcomes?

  Applicants should include a work plan with proposed dates and activities that support proposed project outcomes.

  Finally, applicants should describe how they plan to sustain the work they will begin during the policy academy beyond 2015. For example, applicants may plan to designate an agency to oversee long-term implementation efforts.

- **Coordination with Ongoing Initiatives (10 points).**
  Briefly describe how participation in the policy academy will complement current state efforts to reduce prescription drug abuse.

  Please note: If a state applicant has already participated in the NGA Center or ASTHO initiatives on prescription drug abuse, please describe the added value to the state of also participating in this policy academy.

- **Team Leadership and Membership (25 Points)**
  Each state must assemble a multi-disciplinary "core" team comprised of a minimum of six senior state leaders with a demonstrated ability to shape state policy and practice. State teams must include a representative designated by the governor as the team leader. Teams will be evaluated based on their breadth, depth, and ability to influence state policy and practice. In your application, briefly discuss the composition of the team and the role each member will play in addressing the challenges described above.

  Although each state's team will reflect that particular state's priorities and needs, examples of state team members include senior-level advisors such as the governor's health policy and criminal justice policy advisors, cabinet secretaries, public health officials, Medicaid directors, state epidemiologists, state drug "czars," directors of state PDMPs, legislators, law enforcement agency representatives, physicians, allied health professional groups (e.g., pharmacists, pain management professionals), and others.

  Please provide each team member's name, title, work address, phone, and e-mail address. This section does not count toward the six-page limit. Letters of commitment are welcomed but not required and will not count against the six-page limit.

Selection Process

An independent committee of former state officials, national experts, and foundation representatives will read and score state applications. The committee will make recommendations to the NGA Center about which states will be invited to participate in the policy academy. States that have applied will be notified about their selection status the week of June 2, 2014.

SUBMISSION INFORMATION

Submit a PDF version of the application to Kelly Murphy at kmurphy@nga.org. All applications must be received by 5:00 p.m. ET on May 19, 2014. Only one application per state will be considered.

This request for applications (RFA) is not binding on NGA or the NGA Center, nor does it constitute a contractual offer. Without limiting the foregoing, NGA and the NGA Center reserves the right, in its sole discretion, to reject any or all proposals; to modify, supplement, or cancel the RFA; to waive any deviation from the RFA; to negotiate regarding any proposal; and to negotiate final terms and conditions that may differ from those stated in the RFA. Under no circumstances shall NGA or the NGA Center be liable for any costs incurred by any person in connection with the preparation and submission of a response to this RFA.

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:	2) Date When Request Submitted:
Matthew C. Niehaus, DSPS WebMaster	**04/07/14** Items will be considered late if submitted after 4:30 p.m. on the deadline date: ▪ 8 business days before the meeting for paperless boards ▪ 14 business days before the meeting for all others

3) Name of Board, Committee, Council, Sections:

Pharmacy Examining Board

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
06/04/14	☒ Yes ☐ No	**DLSC Paperless Screening Panel Initiative - APPEARANCE**

7) Place Item in:	8) Is an appearance before the Board being scheduled?	9) Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session ☐ Both	☒ Yes (Fill out Board Appearance Request) ☐ No	

10) Describe the issue and action that should be addressed:

Jane Brischke: Program & Policy Analyst – Advanced
Cortney Keo: Records Management Supervisor
Kelley Foster: Medical Examining Board Intake Specialist
Matthew C. Niehaus: DSPS Webmaster

The above staff will be appearing before the Pharmacy Examining Board to present the DLSC Paperless Screening Panel Initiative. Beginning in July, Pharmacy Examining Board Screening Panel Members will be able to access case materials through the Board SharePoint site.

11) Authorization

04/07/14

Signature of person making this request **Date**

Supervisor (if required) **Date**

Executive Director signature (indicates approval to add post agenda deadline item to agenda) **Date**

Directions for including supporting documents:
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.

Revised 8/13

BOARD APPEARANCE REQUEST FORM

Appearance Information

Board Name: Pharmacy Examining Board

Board Meeting Date: 06/04/14

Person Submitting Agenda Request: Matthew C. Niehaus: DSPS WebMaster

Persons requesting an appearance:

Jane Brischke: Program & Policy Analyst – Advanced

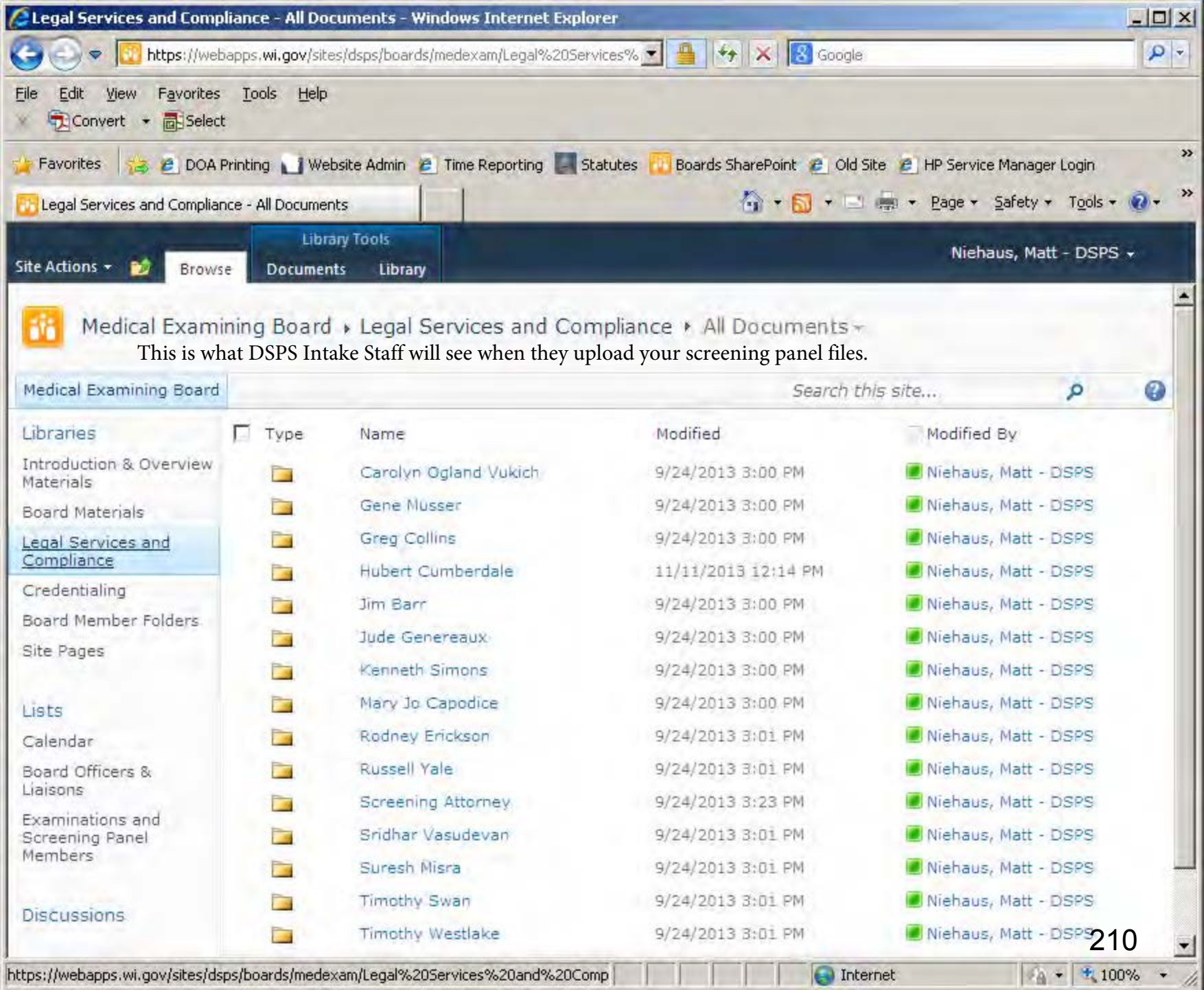
Cortney Keo: Records Management Supervisor

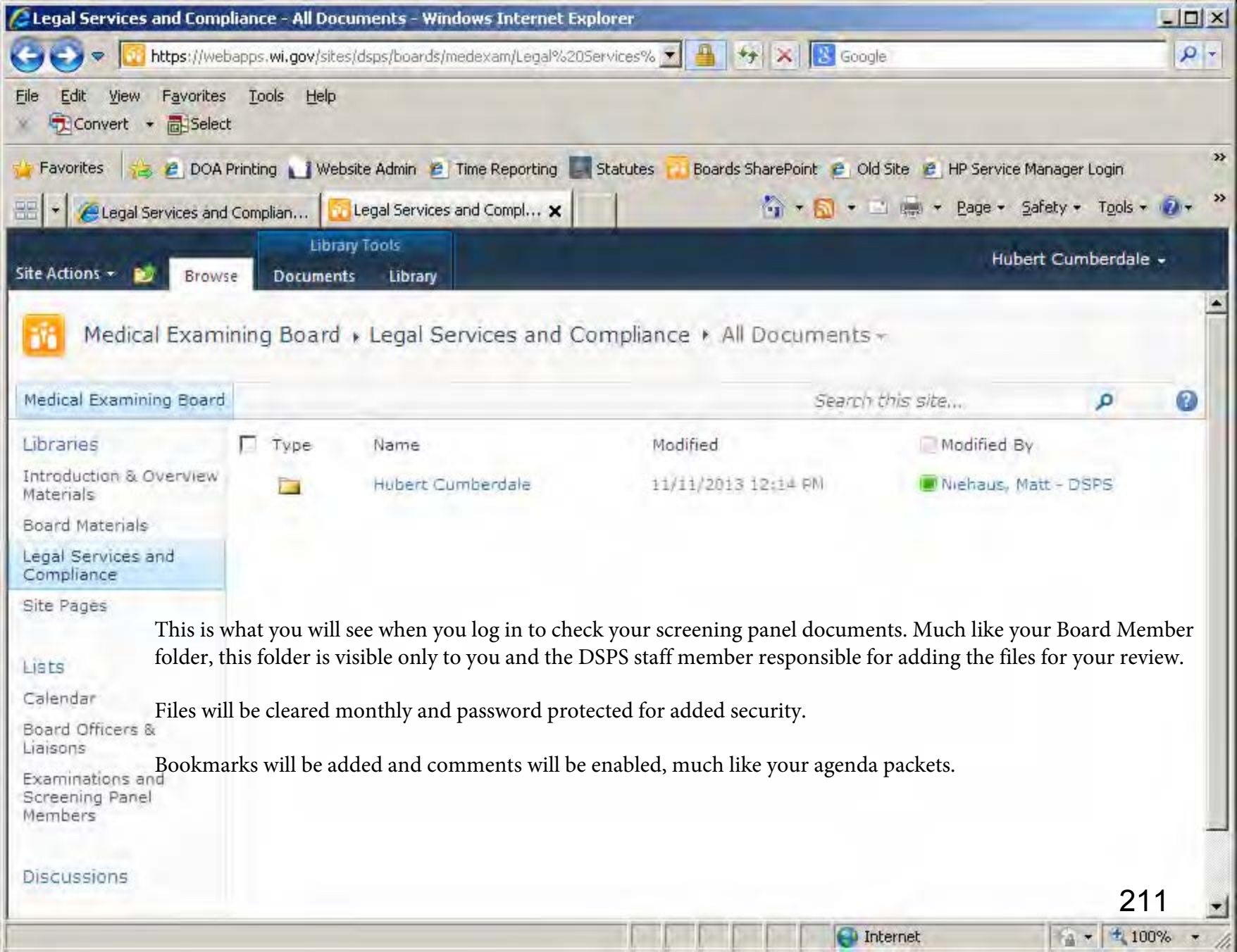
Kelley Foster: Medical Examining Board Intake Specialist

Matthew C. Niehaus: DSPS Webmaster

Reason for Appearance:

The above DSPS staff are appearing before the Pharmacy Examining Board to present the DLSC Paperless Screening Panel.


Legal Services and Compliance - All Documents - Windows Internet Explorer
https://webapps.wi.gov/sites/dsps/boards/medexam/Legal%20Services%
Google
File Edit View Favorites Tools Help
Convert Select
Favorites DOA Printing Website Admin Time Reporting Statutes Boards SharePoint Old Site HP Service Manager Login
Legal Services and Compliance - All Documents
Page Safety Tools
Site Actions Browse Library Tools Documents Library
Niehaus, Matt - DSPS
Medical Examining Board ▸ Legal Services and Compliance ▸ All Documents
This is what DSPS Intake Staff will see when they upload your screening panel files.
Medical Examining Board
Search this site...
Libraries
Introduction & Overview Materials
Board Materials
Legal Services and Compliance
Credentialing
Board Member Folders
Site Pages
Lists
Calendar
Board Officers & Liaisons
Examinations and Screening Panel Members
Discussions
Type Name Modified Modified By
Carolyn Ogland Vukich 9/24/2013 3:00 PM Niehaus, Matt - DSPS
Gene Musser 9/24/2013 3:00 PM Niehaus, Matt - DSPS
Greg Collins 9/24/2013 3:00 PM Niehaus, Matt - DSPS
Hubert Cumberdale 11/11/2013 12:14 PM Niehaus, Matt - DSPS
Jim Barr 9/24/2013 3:00 PM Niehaus, Matt - DSPS
Jude Genereaux 9/24/2013 3:00 PM Niehaus, Matt - DSPS
Kenneth Simons 9/24/2013 3:00 PM Niehaus, Matt - DSPS
Mary Jo Capodice 9/24/2013 3:00 PM Niehaus, Matt - DSPS
Rodney Erickson 9/24/2013 3:01 PM Niehaus, Matt - DSPS
Russell Yale 9/24/2013 3:01 PM Niehaus, Matt - DSPS
Screening Attorney 9/24/2013 3:23 PM Niehaus, Matt - DSPS
Sridhar Vasudevan 9/24/2013 3:01 PM Niehaus, Matt - DSPS
Suresh Misra 9/24/2013 3:01 PM Niehaus, Matt - DSPS
Timothy Swan 9/24/2013 3:01 PM Niehaus, Matt - DSPS
Timothy Westlake 9/24/2013 3:01 PM Niehaus, Matt - DSPS
https://webapps.wi.gov/sites/dsps/boards/medexam/Legal%20Services%20and%20Comp
Internet
100%



This is what you will see when you log in to check your screening panel documents. Much like your Board Member folder, this folder is visible only to you and the DSPS staff member responsible for adding the files for your review.

Files will be cleared monthly and password protected for added security.

Bookmarks will be added and comments will be enabled, much like your agenda packets.


One set of Medical Examining Board
Screening Panel Materials
(Four of these were mailed every month)
212

PAPERLESS SCREENING PANELS
TOTAL POTENTIAL SAVINGS

★ **$2,397.57 printing + $2,582.30 shipping + $10,200 Canon IR 7086 + $22,509.24 staff time = $37,689.11 ANNUALLY**[1]
★ **In addition to the monetary savings:**
- ✓ This process introduces enhanced security for screening panel documents. Under the new system, these documents are carefully controlled and protected by multiple layers of authentication.
- ✓ Environmental impact: save 90 trees annually, landfill space, kilowatts of energy
- ✓ Real time updates and delivery of documents.
- ✓ Document management – ability to recreate misplaced/lost documents, locate/search/distribute files quickly and efficiently

1. COPIER/PAPER/MAILING (postage, envelopes) SAVINGS

- ✓ DLSC currently obtains paper for $33.40 per box. Each box contains 5,000 sheets of paper. Each individual sheet of paper thus costs DSPS $0.00668.
  - 100 sheets of paper weighs approximately 1 pound, meaning it costs $0.668 to purchase one pound of paper.
  - Toner costs are covered by our lease on the printing equipment.
  - Print jobs after we surpass the 40,000 monthly page limit permitted in our lease cost us $0.50 extra per 100 pages
- ✓ Adding in one internal packet for screening panel attorneys every month, DLSC printed approximately 206,500 pages of paper for Screening Panels over 210 calendar days (May 9 – November 26), not factoring in any erroneous print jobs.
- ✓ From May 9 to November 26, DLSC spent $1,008.05 to ship Tyvek envelopes for large screening packets.
- ✓ $51.52 is spent on regular envelopes for mailings that are light enough to send through the postal service. Mailing these envelopes costs $414.96 in postage annually. $365.82 is spent purchasing white Tyvek envelopes that must be sent through a courier service, for a total of $832.30 annually on miscellaneous mailing materials.
- ✓ Based upon the above data, shipping costs for screening panels add up to $2,582.30 annually, with estimated annual printing costs of $2,397.57.

2. STAFF TIME/SAVINGS

- ✓ DLSC staff currently spends an average of 12 hours per Medical Examining Board screening panel packet copying and mailing. The average intake staff salary with fringe is $24.44 per hour which costs out to $293.28 of staff time per packet. This results in a $7,038.72 expenditure in staff time annually. As the paperless scanning process only necessitates one run through the scanner, this will cut down the amount of time spent at the copier to ¼ its current level, a $5,279.04 savings.
- ✓ Other Boards typically take considerably less time to prepare their screening panel packets. Assuming an average of 5 hours of staff processing time per packet, with 188 meetings that are not representative of the Medical Examining Board per year[2], there is an additional staff time savings of $17,230.20 for a grand total of $22,509.24 in staff expenses that can be reallocated.
- ✓ The time currently spent compiling the printed packets for mailing may be shifted to improving the quality of the materials through bookmarking, page numbering, and running text recognition. This will aid the screening panel in its efforts, potentially saving time screening panel attorneys spend in meetings with screening panel members.

3. OTHER FACTORS

- ✓ By drastically reducing the amount of time needed for DLSC staff to physically stand at the copier and as it is possible to print to a copier that is being used to scan documents, we could cease leasing one of our two DLSC copiers. We currently lease the more expensive copier Canon IR 7086 (Mickey) on a 6-month basis for $850/month ($10,200 annually.)

[1] This is achieved with virtually no cost, as the SharePoint Site has already been purchased for the Policy Development paperless initiative.

[2] 332 screening panel meetings are scheduled for 2014. Approximately 40% of all screening panel meetings from 2013 were cancelled due to lack of business, meaning there would be 200 total meetings. The estimate of 5 hours per packet (and 12 hours per Medical Examining Board packet) was taken from interviews with DLSC staff.

Initiatives for Improving Service

Division of Legal Services & Compliance – Paperless Screening Panels

- ✓ Drives Wisconsin to the cutting edge of state government technology solutions
- ✓ No potential for loss or damage in the mail
- ✓ Text recognition
  - Adobe can recognize typed (and usually handwritten) notes and allow for searching for specific words and phrases
- ✓ Enlarge text
  - Ability to enlarge the document for easier readability
- ✓ Accessibility of documents
  - No need to transport large files to screen materials
  - SharePoint is accessible anywhere you have a computer, tablet or smart phone and the internet
- ✓ Convenient notes and comments
  - Members have the ability to create a document in Microsoft Word directly from the SharePoint site to keep track of notes
  - This document is also accessible anywhere you can use SharePoint
  - Make comments directly in your electronic copy of each complaint on specific pages or places
  - Easy access to all comments, or specific comments, via a list in Adobe
- ✓ Pages will be numbered and bookmarked so members may easily reference points in the document
- ✓ Transition process
  - First sets of screening materials will be sent via **paper** and **electronic** formats, to ease the transition to paperless panels
- ✓ Financial impact
  - Paperless screening will save approximately $40,000 on paper, ink, printer maintenance and shipping costs annually ($240,000 by 2020)
  - There is also time savings in preparing, sorting, copying and mailing
  - Elimination of costs related to destroying screening panel documents
  - Reduction of file space requirements
- ✓ Technical support
  - Intake staff members are available to answer any questions you have regarding paperless screening
    - Kelley Foster – Intake for MED & MED Affiliates
      (608) 267-1818 kelley.foster@wi.gov
  - DLSC staff will follow-up in the months after implementation to obtain feedback and input on the paperless screening process