



DATE: Wednesday, January 29, 2014
TO: Senator Vukmir, Chair
Members, Senate Committee on Health and Human Services
FROM: Pharmacy Society of Wisconsin
Anna Legreid Dopp, PharmD, Vice President of Public Affairs

SUBJECT: Identification Requirement for Controlled Substances (Senate Bill 353)

Pharmacy Society of Wisconsin Position: SUPPORT AS AMENDED

Thank you for the opportunity to provide feedback on Senate Bill 353 (SB 353) which, if enacted, will require presentation and documentation of an identification (ID) card prior to the dispensing of a Schedule II or III controlled substance to a patient or his/her agent that is unknown to the pharmacist and pharmacy staff. We commend Representative Nygren and the co-sponsors of this bill for their commitment to identifying the prescription drug abuse epidemic in Wisconsin as a legislative priority. Pharmacists are committed to addressing this epidemic and are key to minimizing and mitigating prescription fraud and abuse.

We appreciate that legislators and law enforcement officials recognize pharmacists as part of the solution to this multifaceted problem. While we initially questioned the value of requiring an ID prior to dispensing a controlled substance, we respect the professional expertise of the law enforcement who are asking for this as a tool to identify prescription abuse and fraud. That is why, in the spirit of compromise and with a commitment to addressing the problem, we support SB 353.

Unfortunately, the prescription drug abuse epidemic continues to worsen. Too many people mistakenly perceive prescription drugs as safe when compared to street drugs. The vast majority of prescription drug addiction occurs unintentionally from overuse of a medication that was legitimately prescribed and dispensed to treat pain or another problem. For those that are intentionally abusing drugs, over 70% obtain, purchase, or steal drugs from a friend or family member. Too often controlled substances are prescribed and provided in large quantities when smaller amounts would be sufficient. Better professional and public education regarding use of smaller quantities and disposal of unused medications is warranted.

On the other hand, there is an increase in fraudulent activity in obtaining controlled substances. The number of pharmacy robberies is increasing, putting the lives of pharmacy staff in danger and putting more controlled substances out on the streets. In addition, people are seeking controlled substances from multiple prescribers and filling them in multiple pharmacies. To thwart this seeking behavior, pharmacists and PSW advocated for the development of prescription drug monitoring program (PDMP), operational since April 2013. As reported recently from the Department of Safety and Professional Services, the PDMP dataset includes 10 million records that identify the prescriber, dispenser, and data elements unique to the specific drug. The PDMP can be assessed to identify and evaluate outliers, possible doctor-shoppers, and abusers of the system.

In addition to requiring persons to present an ID prior to obtaining a Schedule II or III controlled substance, SB 353 proposes to add, by statute, two additional data points to the PDMP from pharmacy records: the method of payment (insurance, cash, or Medicaid) and the name of the person who picks-up or receives the medication. PSW believes the

method of payment has merit and may provide data that illustrates situations of abuse. However, the value of reporting the name of the person picking up the medication is unknown and it causes administrative and technical challenges for pharmacies to collect and report it. We asked Representative Nygren to remove this reporting requirement and replace it with a documentation process internal to the pharmacy. Representative Nygren honored this request and the amendment to the bill does that for a period of two years. After two years the amendment allows the Pharmacy Examining Board, with the approval of the Department Secretary, to determine if the ID reporting requirement is to be further delayed or required. Although PSW does not believe the ID reporting requirement should ever occur, we offer our support to the amended legislative proposal.

Lastly, pharmacists and members of PSW serve patients in multiple settings including but not limited to community pharmacies, hospitals, emergency departments, clinics, long-term care facilities, and home-based care. We appreciate Representative Nygren's willingness to exempt health care facilities from the requirements outlined in this bill; such a requirement would have been a burden to the provision of care in those settings. While some of our members have expressed concerns for patients receiving care in areas outside of brick and mortar facilities, such as hospice or home-based infusion care, we expect to address questions that are narrower in scope with the Pharmacy Examining Board and with the authors of the bill.

PSW pledges its continued support in fighting against the prescription drug abuse epidemic and of the utilization of the PDMP. We also thank Representative Nygren and members of this committee for taking the concerns of Wisconsin's pharmacists into consideration. We welcome an opportunity to collaborate with legislators, law enforcement officials, other healthcare professionals, and advocacy groups in order to identify comprehensive and effective policies to curb prescription drug abuse.

The Pharmacy Society of Wisconsin (PSW) is a nonprofit professional association representing nearly 3400 pharmacists, pharmacy technicians, and student pharmacists in the state of Wisconsin. We seek to improve the health outcomes and well-being of patients in Wisconsin, to serve as a unified voice for our members and the practice of pharmacy, and to advance the pharmacy profession.



WI PRESCRIPTION DRUG MONITORING PROGRAM

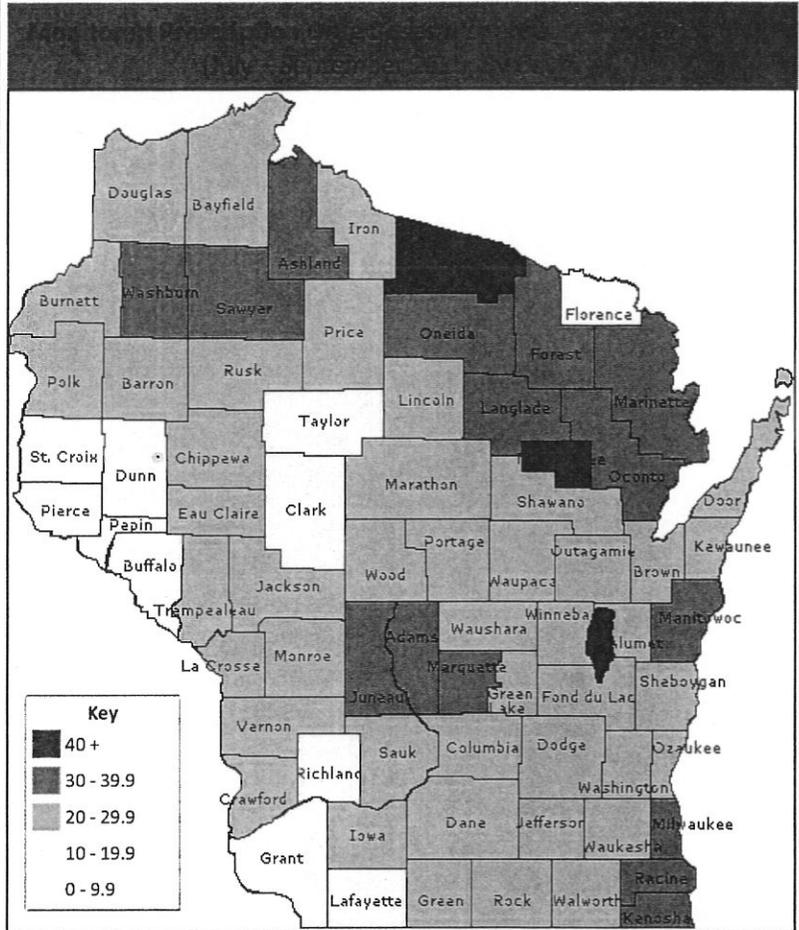
PO Box 8935 | Madison, WI 53703 | Phone: 608.266.2112 | Fax: 608.267.3816
 E-Mail: PDMP@wisconsin.gov | Website: <http://dsps.wi.gov/PDMP>

Governor Scott Walker
Secretary Dave Ross

JULY 1 – SEPTEMBER 30, 2013 STATISTICS SHEET #3

PDMP Operations		
	July - September 2013	2013 YTD
No. of Dispensers	1,692	1,977
No. of Prescriptions	2,504,061	7,602,879
Quantity Dispensed	153,214,289	470,378,065
Estimated Days Supply	55,912,295	167,144,694

Top 15 Monitored Prescription Drug Prescriptions		
July - September 2013		
Drug	Prescriptions Number of	Percent of All Prescriptions
HYDROCODONE BIT/ACETAMINOPHEN	524,485	21.12%
DEXTOAMPHEMINE/AMPHETAMINE	182,851	7.36%
ALPRAZOLAM	176,840	7.12%
ZOLPIDEM TARTRATE	165,148	6.65%
LORAZEPAM	161,127	6.49%
OXYCODONE HCL	159,956	6.44%
OXYCODONE HCL/ACETAMINOPHEN	159,787	6.43%
CLONAZEPAM	137,480	5.54%
TRAMADOL HCL	95,718	3.85%
METHYLPHENIDATE HCL	92,817	3.74%
DIAZEPAM	70,832	2.85%
MORPHINE SULFATE	66,217	2.67%
ACETAMINOPHEN WITH CODEINE	58,346	2.35%
LISDEXAMFETAMINE DIMESYLATE	51,411	2.07%
PREGABALIN	45,117	1.82%



Adams	34.0	Dane	23.5	Iowa	23.4	Marathon	23.1	Polk	23.3	Taylor	17.8
Ashland	30.2	Dodge	25.9	Iron	21.5	Marinette	30.9	Portage	23.1	Trempealeau	24.3
Barron	23.1	Door	26.3	Jackson	24.8	Marquette	32.9	Price	27.5	Vernon	23.9
Bayfield	26.8	Douglas	26.7	Jefferson	24.9	Menominee	45.4	Racine	34.4	Vilas	41.0
Brown	24.4	Dunn	18.0	Juneau	34.3	Milwaukee	30.2	Richland	17.3	Walworth	25.7
Buffalo	16.0	Eau Claire	23.8	Kenosha	30.2	Monroe	25.8	Rock	29.4	Washburn	33.6
Burnett	29.1	Florence	7.3	Kewaunee	20.1	Oconto	30.2	Rusk	23.4	Washington	25.3
Calumet	20.2	Fond Du Lac	22.5	La Crosse	23.9	Oneida	32.1	Sauk	27.5	Waukesha	25.4
Chippewa	24.3	Forest	34.1	Lafayette	19.9	Outagamie	21.4	Sawyer	36.1	Waupaca	23.4
Clark	16.9	Grant	19.3	Langlade	34.0	Ozaukee	24.6	Shawano	25.4	Waushara	25.9
Columbia	29.2	Green	25.2	Lincoln	28.1	Pepin	17.1	Sheboygan	25.4	Winnebago	25.6
Crawford	23.4	Green Lake	27.3	Manitowoc	30.6	Pierce	9.7	St. Croix	16.4	Wood	23.4

* The 2011 County population data used is from the Wisconsin Department of Health Services, <http://www.dhs.wisconsin.gov/population>.