



TO: Members, Pharmacy Examining Board

FROM: Danielle M. Womack, MPH, HIVPCP  
Vice President, Public Affairs  
Pharmacy Society of Wisconsin

DATE: October 26, 2023

SUBJECT: Testimony Regarding CR 23-054 (Remote Dispensing)

Thank you for the opportunity to provide testimony regarding CR 23-054, relating to remote dispensing. The Pharmacy Society of Wisconsin (PSW) is grateful to the Pharmacy Examining Board (PEB) for their work in implementing 2021 Wisconsin Act 101.

Upon review of the final rule, we have two suggested modifications for clarity:

Section 8: Phar 7.43(6)(a) and Phar 7.43(6)(b) provide requirements for “the managing pharmacist of the supervising pharmacy.” As the rule is written, however, there is no longer a “supervising pharmacy” for remote dispensing sites, as they are licensed on their own as pharmacies; instead, there is a managing pharmacist who is responsible for the operations. We recommend revising these two sections to remove “of the supervising pharmacy” to ensure consistency between the statute and the rest of the rule.

Thank you for the opportunity to provide testimony regarding CR 23-054.



October 26, 2023

To: Chair Weitekamp  
Pharmacy Examining Board

From: Wisconsin Primary Health Care Association (WPHCA)

Re: Implementation of Remote Dispensing Rules

Chair Weitekamp and PEB,

On behalf of the Wisconsin Primary Health Care Association and the 19 Federally Qualified Health Centers in the state, thank you for your service on the PEB. Federally Qualified Health Centers, also known as Community Health Centers, provide primary medical, dental, and behavioral health care to patients at over 200 locations in Wisconsin, serving nearly 300,000 children and adults in 2022. Facilitating access to affordable medications is also an essential role of Community Health Centers who provide this access through both entity-owned and contract pharmacy models. WPHCA and our members respectfully ask that the PEB prioritizes expeditious implementation of the Remote Dispensing Site rules.

Without urgent action, Community Health Centers are limited in their ability to extend access to affordable medications for their patients. Some are currently making contingency plans to establish a standard pharmacy if remote dispensing rules are not implemented soon. This is not ideal given the current staffing shortages across the health care workforce, and for pharmacy in particular. WPHCA's members are dedicated to providing high quality care regardless of a patient's insurance status, and remote dispensing will help improve this access, especially in rural areas of the state with limited brick-and-mortar community pharmacies.

We also request that through rule-making, the PEB address labeling. In particular, are pharmacies permitted to have the supervising address on the label and the Remote Dispensing Site location on a separate label affixed to the prescription? One Community Health Center notes that both their main pharmacy and Remote Dispensing Site are under one NPI, and has been using stickers with the address and phone number on them for this purpose.

Finally, I share the following comment on behalf of a Community Health Center member in central Wisconsin:

*Hello, my name is Xin Ruppel, and I am the Director of Pharmacy at Family Health Center Pharmacy. We are part of the Family Health Center of Marshfield, a federally qualified health center serving communities across ~10,000 sq. miles in northcentral region of the state. We*



*are starting our primary care services and integrating pharmacy services as we expand. Due to limitations in staff availability and other resources like physical space, we are seeking to use the remote dispensing site model to provide access to pharmacy in our predominantly rural service area. Our pharmacy services specifically serve underserved patient populations (e.g. <200% FPL) and provide assistance to patients with high out of pocket costs, bridging the gap to therapy caused by financial and geographic barriers. We look to the board to provide clarification on the path forward in registering remote dispensing sites as well as licensure to allow for ease in establishing DEA registration and other regulatory components. Again, remote dispensing model is critical in our ability to provide pharmacy care to patients in new service lines. Thank you for your work in removing barriers to access for our communities.*

Thank you for your consideration of our input on Remote Dispensing. Please contact Richelle Andrae, WPHCA Government Relations Specialist, with any questions, at [randrae@wphca.org](mailto:randrae@wphca.org).

Sincerely,

*Richelle Andrae*

Richelle Andrae  
Government Relations Specialist  
Wisconsin Primary Health Care Association  
[randrae@wphca.org](mailto:randrae@wphca.org) | (608) 571-6168

Date: October 25, 2023

To: Pharmacy Examining Board

From: Michael DeBisschop, Pharm.D.

Re: Feedback on Clearinghouse Rule 23-054

Thank you for allowing me to express my comments on the rulemaking process around remote dispensing locations. I appreciate the board's work in this area. Please note that the comments in this document are my own personal opinions and do not represent those of my employer.

I am grateful for the opportunity to provide comments and suggestions in the following areas:

1. I appreciate the definition of a "pharmacy graduate" in these new rules; I am assuming that the authority for a pharmacy graduate to engage in the practice of pharmacy devolves from 450.03(1)(i) as a special case of that statute. In any case, I appreciate they are now specifically defined and have privileges. I also appreciate their exclusion from the provisions in Phar 7.62 dealing with unlicensed persons. **Should they also be included in Phar 7.61 for direct supervision?**
2. **I would request clarification in the remote dispensing rules as to whether the pharmacist who is remotely available to a RDS must be working at a "supervising pharmacy" while doing so, or may be just supervising remotely from another non-pharmacy location.**
  - a. Statutes (450.09) do not state that a pharmacist must be working in a pharmacy, just remotely supervising, opening up the possibility of remote supervision by a licensed pharmacist from a non-pharmacy work location.
  - b. Some current and proposed rules in Phar 7.43 imply that a supervising pharmacist might not have to be working in a pharmacy at the time of supervision; (examples include proposed Phar 7.43(4)(b); existing Phar 7.43(4)(c); proposed Phar 7.43(5)(b).
  - c. Different current and proposed rules in Phar 7.43 imply that a "supervising pharmacy" plays a role, namely, the signage requirements in Phar 7.43(4)(a), and the managing pharmacist requirement in Phar 7.43(6)(a).
3. Regarding delegate requirements in Phar 7.43(7), I appreciate potentially allowing student pharmacists in years 3-4 and pharmacy graduates to be dispensers. **I would request clarification on whether the 1500 hours of "work" might include time in rotation/internship, or if this applies to paid work only?** Due to the rigors of pharmacy education especially in the APPE year, some might not have this amount of paid work in the past 3 years. Also, **could the term "pharmacist delegate" be either defined or replaced with something more descriptive/definitive?** Especially since the term delegate is replaced in the technician emergency rules? Perhaps, wording like "1500 hours of work engaged in the practice of pharmacy or a pharmacy technician in a community setting" or similar could make this clearer.

Thank you for taking these items into consideration in development of the permanent rules. I really appreciate the board's hard work in this area and efforts to foster modern pharmacy practice. Please do not hesitate to reach out with any questions.