

2003-04 SESSION  
COMMITTEE HEARING  
RECORDS

Committee Name:

Senate Committee on  
Health, Children,  
Families, Aging and  
Long Term Care  
(SC-HCFALTC)

Sample:

Record of Comm. Proceedings ... RCP

- 03hrAC-EdR\_RCP\_pt01a
- 03hrAC-EdR\_RCP\_pt01b
- 03hrAC-EdR\_RCP\_pt02

➤ Appointments ... Appt

➤ \*\*

➤ Clearinghouse Rules ... CRule

➤ \*\*

➤ Committee Hearings ... CH

➤ \*\*

➤ Committee Reports ... CR

➤ \*\*

➤ Executive Sessions ... ES

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➤ Hearing Records ... HR

➤ 03hr\_sjro046\_pt02

➤ Miscellaneous ... Misc

➤ \*\*

➤ Record of Comm. Proceedings ... RCP

➤ \*\*



## JUDITH B. ROBSON

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State Senator • Wisconsin Legislature  
Sen.Robson@legis.state.wi.us • Fax: 608-267-5171

FOR IMMEDIATE RELEASE  
October 29, 2003

CONTACT: Sen. Robson  
Capitol: 800-334-1468  
Home: 608-365-6587

### **Robson: Congress Should Take Note Of Tidal Wave of Support for Prescription Drug Imports**

State Sen. Judy Robson today lauded Gov. Jim Doyle and U.S. Sen. Russ Feingold for taking steps to make prescription medications more affordable for individuals and taxpayers.

Robson noted that the governors of Wisconsin, Minnesota, Illinois and Iowa have all been out front on efforts to use imported prescription drugs to lower the bill to taxpayers.

“The murmur of discontent over the steep cost of prescription drugs has turned into a prairie rebellion – a groundswell of demand from the Heartland that Congress take action,” said Robson (D-Beloit), a registered nurse.

“Legalizing the import of prescription medications is the surest way to bring down prescription drug prices domestically,” said Robson, who asked Gov. Doyle in September to study ways Wisconsin could purchase prescription medications from Canada (see attached letter).

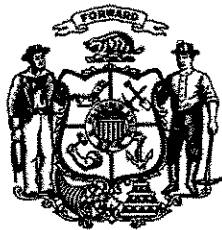
“I commend Gov. Jim Doyle for beginning talks with Canadian pharmacies in an effort to reduce the cost Wisconsin taxpayers bear for Medicaid programs, state employee health insurance, and inmate medications,” Robson said. “I also applaud U.S. Sen. Russ Feingold for co-sponsoring legislation in the U.S. Senate that would allow U.S. pharmacies, wholesalers and individuals to import prescription drugs manufactured at 25 Food and Drug Administration-approved facilities outside of the United States.”

“All Congressional representatives should take notice of this tidal wave of demand for lower prescription drug prices,” Robson said. “Drug manufacturers will not voluntarily bring down prescription drug prices in the United States, where they make half of their worldwide sales, worth \$200 billion. They have shown that they would rather cut supplies of medications to Canada and risk shortages there rather than cut into the enormous profits they make by selling drugs at inflated prices here.”

**Robson news**

**Page 2**

Robson was referring to actions by drug manufacturers to reduce or cut off shipments to Canadian drug retailers that sell to U.S. customers.



Wednesday, October 29, 2003

Contact: Jessica Erickson, Governor's Office, 608-261-2156

## **Governor Doyle to Meet With Officials from Canadian Pharmacies to Discuss Buying Lower Price Prescription Drugs from Canada**

*Some Prescriptions Might Be 17% to 49% Less Than What State Pays*

Governor Jim Doyle announced that he and key administration officials will meet with officials from Canadian pharmacies in Madison next week to explore the possibility of buying lower price prescription drugs from Canada.

"Wisconsin's seniors are forced to pay staggering prices for prescription drugs, but our neighbors in Canada can often walk into a drug store and purchase the same medications for a fraction of the price," Governor Doyle said. "Similarly, our taxpayers bear the burden of exceptionally high prescription costs for Medicaid, BadgerCare, SeniorCare, state employees and even prison inmates, when the same drugs are available just over the border for far less. We could save state taxpayers tens of millions of dollars if those covered under our health care plans had access to lower price medications."

The Department of Health and Family Services spends \$600 million on prescriptions for Medicaid, SeniorCare, BadgerCare and other programs. Governor Doyle noted that Wisconsin will spend about \$115 million this calendar year on prescriptions for state employees – a 15% increase over the previous year – and an estimated \$128 million next year. Additionally, the Department of Corrections spends about \$12 million per year on prescriptions for prison inmates.

An initial review of one website – CanadaDrugs.com – shows that several medications commonly prescribed to Wisconsin prison inmates can be purchased for 17 to 49 percent less than the state currently pays.

"Just going on their website like any consumer, you can find huge savings over what the state currently pays," said Governor Doyle. "Using the state's market power to bargain group discounts with Canadian pharmacies might generate even larger savings for taxpayers. This has tremendous potential for the state."

- MORE -

In addition to meeting with Governor Doyle, the Canadian drug company officials will meet with Department of Health and Family Services Helene Nelson, and Department of Corrections Secretary Matt Frank, to discuss possibilities for securing lower price prescriptions for state Medicaid programs, state employees, as well as prison inmates.

The Governor has also directed Secretary Nelson to explore with the Canadian officials innovative ways to increase access to lower price Canadian drugs for Wisconsin citizens, including seniors on fixed incomes, while assuring the highest level of safety.

Last month, Governor Doyle received national attention for calling on Congress to approve a reimportation bill that would help Wisconsin and states around the country by reducing the price of prescription drugs that are manufactured in the United States and have been approved by the Food and Drug Administration. The Governor urged Congressional leaders to include the bill – H.R. 2427 – in the Medicare Prescription Drug Act that is currently being considered by a House-Senate Conference Committee.

SJR 46

Posted Oct. 30, 2003

## State seeks drugs from Canada

### Doyle, Cowles see millions of dollars in savings

By Roger Pitt

*Heart of the Valley bureau chief*

KIMBERLY — Buying prescription drugs from Canada could save Wisconsin millions of dollars and be an incentive for manufacturers to lower drug prices, Gov. Jim Doyle said Wednesday.

"Wisconsin can save 17 to 40 percent of the cost if we can purchase prescription drugs from Canada. It is something worth looking at," Doyle said prior to delivering the keynote speech at the annual Heart of the Valley Chamber of Commerce Civic Dinner at Liberty Hall.

Earlier Wednesday, Doyle directed Health and Family Services Secretary Helene Nelson to meet with Canadian officials to discuss ways to increase access to the lower-priced drugs for Wisconsin residents, including seniors on fixed incomes. A Doyle spokesman said that meeting could happen soon.

"I don't care where we get the prescription drugs from if it can save the state money," said state Sen. Robert Cowles, R-Green Bay. "It is essential that the state does something to put us on the same plane as other states."

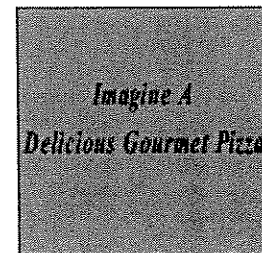
Doyle and Cowles used virtually the same words about "exerting downward pressure" on pharmaceutical companies to lower prices in the United States.

Importing prescription drugs is illegal, but there is good reason for the state to pursue the issue.

The state spends more than \$600 million annually on prescription drugs in medical assistance programs and is expected to spend \$115 million this year on drugs for state employees, a 15 percent increase over last year.

"There's an enormous incentive for the taxpayers of Wisconsin to find cheap ways to buy prescription drugs and also hopefully to help citizens themselves buy prescription drugs at a much lower cost," Doyle said.

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Other states exploring the option include Michigan, Iowa and Minnesota, with Illinois taking the lead.

Tom McGinnis, director of pharmacy affairs for the Federal Drug Administration, said the government has warned Illinois it would be breaking the law if it began importing the drugs and is opposed to any effort by a state to buy drugs from Canada.

A bill is pending before Congress that would legalize the practice.

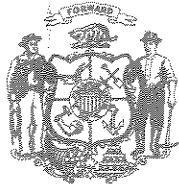
McGinnis said people have the misperception the drugs they buy from Canada were produced in the U.S. and are simply available there at cheaper costs.

He said there are different standards for the drugs produced and sold in Canada, and people buying their drugs there may be getting medicines created in Europe and elsewhere, which can vary greatly from the American versions of the drugs.

Jeremy Janes, a spokesman for AARP Wisconsin, said the organization supports Doyle's efforts.

But the only way to truly rein in drug costs is for the federal government to pass a meaningful prescription drug program within Medicaid, which provides health care to the poor, elderly and disabled, he said.

*Roger Pitt can be reached at 920-993-1000, ext. 282, or by e-mail at [rpitt@postcrescent.com](mailto:rpitt@postcrescent.com). The Associated Press contributed to this report.*



**Judith B. Robson**  
Wisconsin State Senator

October 30, 2003

Honorable Carol Roessler  
Chair, Senate Committee on Health,  
Children, Families, Aging and Long Term Care  
8 South, State Capitol

Dear Senator Roessler:


I respectfully request that the Senate Committee on Health, Children, Families, Aging and Long Term Care schedule Senate Joint Resolution 46 for hearing and executive action at its next meeting, which I understand could be as early as next week. SJR 46 was introduced October 15.

SJR 46 strongly urges "Congress and the Administration to enact the Pharmaceutical Market Access Act or similar legislation allowing individuals and pharmacies in the United States to import and re-import prescription medications purchased in other countries that have regulatory safeguards for the manufacture and distribution of drugs comparable to regulatory safeguards in the United States."

Timely action on this resolution is needed to have our voice heard in Congress as the House and Senate conferees work on a Medicare drug benefit plan. SJR 46 highlights one option before the conferees that would allow the import of FDA-approved drugs from FDA-approved manufacturing facilities in 26 industrialized nations. Importation rights would be granted to individuals, pharmacists, and wholesalers.

Your adding SJR 46 to the next committee agenda would be greatly appreciated.

Sincerely,

  
Judith B. Robson  
State Senator  
15<sup>th</sup> District

JBR:kas



Robson

Office Memorandum

DATE: December 24, 2003

TO: David Holmstrom and Minnesota Board of Pharmacy Members

FROM: Michele Mattila and Stuart Vandenberg  
 Pharmacy Board Surveyors

PHONE: (612) 617-2201 - Hearing/Speech Relay Metro: (651) 297-5353  
 FAX: (612) 617-2212 - Hearing/Speech Relay Non-Metro: 1-800-627-3529

SUBJECT: Visits to Canadian Pharmacies; Summary of Findings

By request of the Department of Human Services (DHS), through David Holmstrom, and with Board of Pharmacy approval, we accompanied Cody Wiberg, Pharmacy Program Manager of DHS, to Canada December 13<sup>th</sup> -19<sup>th</sup>, 2003. The purpose of his trip was to evaluate some Canadian pharmacies in an attempt to select one or more pharmacies to be affiliated with Governor Tim Pawlenty's new State of Minnesota prescription drug website. Prior to the trip, DHS had developed an eight-page "Request for Responses" (RFR) document in an attempt to evaluate interested pharmacies, which appeared to meet the stated requirements of the RFR, and to identify those pharmacies that would be visited. DHS initially selected nine pharmacies to visit and we visited eight of these.

- ADV-Care Pharmacy: Markham (Toronto), Ontario
- K-Tel Drug Mart: Winnipeg, Manitoba
- Medoutletcanada.com: Winnipeg, Manitoba
- Canada US Pharmacy (Northgate Clinic Pharmacy): Winnipeg, Manitoba
- CanadaMeds.com (Point Douglas Pharmacy): Winnipeg, Manitoba
- CrossBorderPharmacy.com (Total Care Pharmacy): Calgary, Alberta
- CanadaPharmacy.com (North Pharmacy): Surrey (Vancouver), B.C.
- OnlineCanadianPharmacy.com (Granville Pharmacy): Vancouver, B.C.

This report is a summary of our findings. A more detailed report, containing specific information relating to each pharmacy visited, was written by Cody Wiberg with input from us and submitted to Kevin Goodno, Commissioner of Human Services.

In busy pharmacies, with many employees, in the state of Minnesota surveyors typically spend from several hours to multiple days, usually using two or more surveyors, to review the various aspects of pharmacy practice. Prior to visiting these Canadian pharmacies, we were not aware of their locations or the conditions we would find. Since we were scheduled to visit four Canadian cities; Toronto, Winnipeg, Calgary and Vancouver, over a period of just seven days including travel time, we knew that the amount of time spent at each location would be a limiting factor in assessing the pharmacy practice at the identified pharmacies.

\* We found significant differences in pharmacy practice between those pharmacies that were owned primarily by pharmacists and those that were owned by non-pharmacist business partners. Those owned primarily by pharmacists appeared to have a much higher focus on patient care and safety. Several of the pharmacies were termed "Super 6" members, and were some of the first pharmacies in Canada to begin internet pharmacy practice by selling Canadian prescription drugs to U.S. customers. All but one pharmacy we visited were members of the Canadian International Pharmacy Association (CIPA). However, even among CIPA members we found that standards varied greatly from pharmacy to pharmacy, some CIPA members appearing to have few standards at all. None of the pharmacies that we visited could fill a prescription from

## Page 2

## Canadian Pharmacy Summary

a prescriber only licensed within the United States, therefore all of the pharmacies must have some mechanism in place to obtain a signature of a Canadian licensed physician.

The following are examples of what we would consider poor pharmacy practices that we observed during our visits to these pharmacies:

- In one pharmacy, the certifying pharmacist did not view the original American prescription but was only reviewing the electronically generated prescription entered by a technician. This electronically generated prescription signed by the Canadian physician was considered to be the legal prescription. If the technician had incorrectly entered the prescription into the pharmacy computer, this error would have to be caught by the Canadian physician.
- One pharmacy was not labeling most dispensed products and instead was just shipping the labels unattached, but in the same shipping container, as the stock medications containers, even when patients received multiple medications. We were told that they do not label the stock containers because they do not want to cover up the manufacturer's original labeling.
- In one pharmacy, unsupervised pharmacy technicians were working in several different buildings, and were working at a technician to pharmacist ratio that far exceeded the allowable technician ratio in Minnesota. These unsupervised pharmacy technicians were observed entering orders by toggling between multiple computer windows. We had a concern over this practice since errors can easily occur when attempting to memorize prescription information while flipping from window to window, instead of having the data being entered visible at all times during data entry.
- In one pharmacy, an unsupervised pharmacy technician appeared to be responsible for contacting the American prescriber by telephone if something on the original prescription needed to be clarified. This is a task that a pharmacy technician would not be allowed to perform under Minnesota pharmacy laws and rules, even if pharmacist supervision were present.
- Drugs requiring refrigeration, Xalatan, Miacaicin, insulin, and even Caverject were being shipped by some pharmacies. Those that were shipping these products told us they believed these products were stable for at least several weeks, even when not refrigerated. Only one pharmacy could show documentation for this claim, and it was only for the one product that they were shipping. Several pharmacies chose not to ship any products requiring refrigeration because of stability concerns.
- In one pharmacy, child resistant safety caps were not applied to any products shipped to U.S. customers. On the Internet site of another pharmacy the online patient questionnaire defaults to "I do not want child resistant safety caps", unless requested otherwise. Both of these practices do not appear to meet the requirements of the U.S. Consumer Product Safety Commission. Yet in another pharmacy, in order to provide child resistant caps, the pharmacy opened the manufacturer's container and placed the product in a standard prescription vial. They then rubber-banded the manufacturer's container to the prescription vial and shipped this to the patient.
- One pharmacy had no policy in place for drug recalls. When we inquired about this we were told that the patient could contact the pharmacy about a recall if they wished.

Page 5  
Canadian Pharmacy Summary

- Several Manitoba pharmacies were not shipping medications to Minnesota from their facilities in Manitoba. Apparently, the Registrar of the Manitoba Pharmaceutical Association, the Manitoba equivalent of the Minnesota Board of Pharmacy, received a letter from David Holmstrom, the Executive Director of the Minnesota Board of Pharmacy, stating that shipping prescription drugs into Minnesota from Canada would violate U.S. and Minnesota laws. Similar letters were solicited and received from other states as well. Manitoba has a provision in its pharmacy code of ethics that prohibits a pharmacist from sending a medication to another jurisdiction when the pharmacist knows that the laws of that jurisdiction will be violated. Consequently, the pharmacies wishing to comply with Manitoba code will not ship medications to residents of the states that sent letters to the Manitoba Registrar. Instead, we were told by one pharmacy that they forward these prescriptions on to another pharmacy in Alberta. The founder, and one of the owners, of that Manitoba pharmacy is also a co-owner of another Internet pharmacy in Alberta. However, we discovered that his Manitoba pharmacy does not utilize his Alberta pharmacy to fill these prescriptions, apparently because his Alberta pharmacy is too expensive. We have no idea where these prescriptions are filled in Alberta and had earlier been led to believe, by him, that all prescriptions were filled in his Manitoba pharmacy.
- Only one pharmacy had a thermometer in their refrigerator to verify that labeled storage requirements were being met for refrigerated products. This is required in Minnesota.
- One pharmacy was pre-packaging some medications, and no records of the pre-packaging were kept at the pharmacy, as would be required in Minnesota.
- Several Canadian pharmacies had no malpractice liability insurance, only the pharmacists.
- Most facilities we visited did not meet the minimum lighting standard that Minnesota pharmacies would be required to meet, which is 75-foot candles. In several pharmacies the lighting was extremely poor with only 20 to 30 foot candles of illumination in the work areas, far less than is required for safety.
- We have concerns that one pharmacy may compound prescriptions since we observed various PCCA (Prescription Compounding Centers of America) chemicals onsite.
- The co-founder and president of one of the pharmacies, a non-pharmacist who is also an executive board member of CIPA, made the statement, "we won't have any problem getting drugs, we have creative ways to get them.", when we were discussing the potential impact of U.S. drug companies limiting shipments to Canadian pharmacies.

The Minnesota Board of Pharmacy licenses none of the pharmacies we visited. Our visits were not inspections, since we had no legal authority to conduct inspections of any of these pharmacies and were there only at the invitation of the pharmacies. In many instances we were shown only limited information and had no authority to ask to see any additional records or to freely move about the premises. All but one pharmacy was aware of the date and time we would be visiting their pharmacy. Attorneys, accountants, and business partners, rather than pharmacists, commonly met us to give us our "tour". One pharmacy even had a sign welcoming us by name in their reception area, a first for either of the surveyors.

Page 4  
Canadian Pharmacy Summary

- One pharmacy, which was using some bar code scanning technology, did not require the pharmacist doing the final check to use the bar code scan, allowing only a visual inspection instead. While a visual inspection is essential, doing *only* such an inspection seems strange when a bar code scanning system is in place.
- In one pharmacy, utilizing bar code scanning, we observed a technician scan one bottle six times rather than scanning each of the six individual bottles. To effectively utilize bar code scanning, *each* container must be scanned at every stage of the process. If one of the other five bottles had been for a different medication, an error would have occurred.
- One pharmacy requires customers to sign a patient disclaimer that acts as a waiver of any and all liability. The patient agrees to release that pharmacy from "all claims, actions, causes of action, suits, penalties, liens, judgments, liabilities, obligations, losses and actual, claimed or consequential damages which may arise at any time by any reason of or relating to, arising directly or indirectly out of any matter whatsoever related to the dispensing of my prescription medication or other use of this website". According to pharmacy officials, the waiver is necessary because the pharmacy can't obtain liability insurance to cover it for prescriptions shipped to the United States.
- At two pharmacies, drug information sheets were not routinely generated and sent to the patient.
- One pharmacy practiced unsafe drug product storage; several totally different products with similar labels were stored in the same storage bin instead of being stored in separate bins.
- One pharmacy sent about half of its prescriptions to a pharmacy in San Francisco, which then sent the prescriptions to pharmacies in England, to be filled and shipped to U.S. patients.
- At each of the Manitoba pharmacies we visited, we were told that the associations regulating pharmacy and medicine in Manitoba have made it difficult for Manitoba physicians to review American prescriptions. (Apparently by threatening to take disciplinary action against physicians who write a prescription for a patient they have not personally examined). Therefore all of the Canadian physicians reviewing these prescriptions were located outside of Manitoba.
- Most pharmacies did ship some generics to U.S. customers even though only a brand name product was available in the U.S.
- All but one pharmacy allowed the prescription to be faxed to the pharmacy by the patient. This practice is not allowed in Minnesota. This brings up concerns as to validity of the prescription since one prescription could easily be faxed to multiple pharmacies.
- At two pharmacies we noticed that when a smaller quantity of medications was placed in a standard prescription vial, the original stock bottle was not given to the pharmacist checking the prescription. In Minnesota this would be required. Certification by pharmacist memory of what a dosage form looks like is not a safe practice.

Page 6

## Canadian Pharmacy Summary

We found it interesting that the only pharmacy that was not aware we would be visiting, we found **not** to be in compliance with provincial regulations. In that pharmacy we found only one pharmacist on duty with at least six, and possibly more, technicians working on processing prescriptions. This far exceeds the allowable technician to pharmacist ratio in that province of 1:1 plus 1 technician.

We believe that our findings represent an incomplete picture of the actual pharmacy practice at the pharmacies we visited. We do however feel that some practices conducted at some of the pharmacies that we visited were better than the standard of practice in some Minnesota pharmacies. For example, the one pharmacy that generated a DUR report and had a pharmacist reviewing this on a daily basis exceeded the standard of many pharmacies within the state of Minnesota. Several of the pharmacies appeared to place considerable emphasis on contacting patients to discuss the proper use of their medications, even requesting appointments with patients to speak with one of their pharmacists.

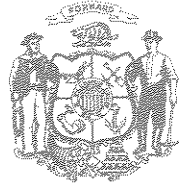
If laws were such that licensing Canadian pharmacies would be a possibility and if Minnesota Board of Pharmacy surveyors were able to make unannounced inspection visits, some of these Canadian pharmacies should be as good as or better than the U.S. mail order pharmacies that we currently license.

Total Care Pharmacy in Alberta, Canada far surpassed the other seven pharmacies that we visited in many aspects of overall pharmacy practice, and had several favorable practices that appeared to provide additional patient care services. Medoutletcanada.com, Granville Pharmacy, and Northgate Clinic Pharmacy may provide acceptable pharmacy services to Minnesota residents with some modifications to their current practices. However, in our opinion and based on our observations, ADV-Care Pharmacy, K-Tel Drug Mart, North Pharmacy and Point Douglas Pharmacy would not currently provide acceptable pharmacy services to Minnesota residents.

Page 3

## Canadian Pharmacy Summary

- An incomplete Drug Utilization Review (DUR) was completed by the checking pharmacist at several pharmacies. In one pharmacy the pharmacy technician was to call the pharmacist for all DUR's, however we never witnessed this once during our 2-3 hour visit to this pharmacy. At several other pharmacies the pharmacy technician is instructed to print this DUR information for the pharmacist to review, however, no record is kept or made available to the checking pharmacist. This makes it impossible for the checking pharmacist to know that all DUR messages are appropriately responded to. Only one pharmacy actually printed out a report of all DUR messages for a pharmacist to review prior to shipping the prescriptions.
- An incomplete patient profile is kept at many pharmacies. One pharmacy did not require drug allergy information to be obtained. At another the patient questionnaire simply stated, "Allergies, Yes or No", with no additional space to document which allergies if "yes". When we discussed this with the pharmacist, his response was that these were all medications that the patient had taken before; therefore they felt they did not need to know that. This is poor pharmacy practice at best and very dangerous at worst. Several other pharmacies do not differentiate between "No Known Allergies (NKA)" and "allergy status unknown".
- Several Over-the-counter medications, that are prescription products within the U.S., were being sold on the website of several of the pharmacies (e.g. Heparin, Nitrostat, Robaxin, Auralgan, Norgesic).
- A Quality Assurance check, as required in Minnesota pharmacies, (which means that two pharmacists must review all new prescriptions to verify accuracy of the computer generated prescription), only appeared to be occurring at one of the eight pharmacies visited.
- The DIN number (the Canadian equivalent of the FDA assigned NDC number) was not being written on the dispensing record, for positive product identification, in all but one pharmacy. Interestingly, most pharmacies did use a written confirmation of the number of packages shipped by the checking pharmacist.
- Most pharmacies dispensed certain drugs in standard prescription vials when the original manufacturer's stock package contained a large quantity of the drug. One pharmacy dispensed an entire 250-count bottle of Lanoxin tablets, which in that case was essentially an 8-month supply. This would greatly exceed the stated FDA 90-day personal importation limit.
- One pharmacy had products on its shelves, which had remnants of removed pharmacy prescription labels. When we inquired about this practice we were told that these were products that were returned from Customs. The pharmacy owner, a non-pharmacist, stated that as long as the patient had not received the product they could continue to use them.
- One pharmacy's RFR response, sent to DHS, stated that its automated prescription filling process enabled each pharmacist to check 100 new prescriptions or 300 refill prescriptions *per hour*. The owners and managers repeated this claim during our visit. If the stated staff of four pharmacists were on-duty, a rate of 100 - 300 prescriptions per pharmacist per hour would amount to 3200 - 9600 prescriptions per day. We have no doubt that safety would be compromised if that many prescriptions were filled daily and checked by only four pharmacists.



**Judith B. Robson**  
Wisconsin State Senator

January 23, 2004

Honorable Carol Roessler  
Chair, Senate Committee on Health,  
Children, Families, Aging and Long Term Care  
8 South, State Capitol

Dear Senator Roessler:

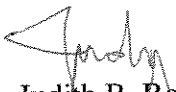
I am renewing my request of October 30, 2003 that the Senate Committee on Health, Children, Families, Aging and Long Term Care schedule Senate Joint Resolution 46 for hearing and executive action at its next meeting. **SJR 46** was introduced October 15.

SJR 46 strongly urges "Congress and the Administration to enact the Pharmaceutical Market Access Act or similar legislation allowing individuals and pharmacies in the United States to import and re-import prescription medications purchased in other countries that have regulatory safeguards for the manufacture and distribution of drugs comparable to regulatory safeguards in the United States."

Timely action on this resolution is needed to have our voice heard in Congress in support of legislation co-sponsored by U.S. Senator Russ Feingold that would allow the import of prescription drugs from 25 FDA-approved manufacturing facilities outside the United States. Importation rights would be granted to individuals, pharmacists, and wholesalers.

Your adding SJR 46 to the next committee agenda would be greatly appreciated.

Sincerely,

  
Judith B. Robson  
State Senator  
15<sup>th</sup> District

JBR:kas



SJR 46

## JUDITH B. ROBSON

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State Senator • Wisconsin Legislature  
Sen.Robson@legis.state.wi.us · Fax: 608-267-5171

FOR IMMEDIATE RELEASE  
February 4, 2004

CONTACT: Sen. Robson  
Capitol: 800-334-1468  
Home: 608-365-6587

### **Robson: Prescription Drug Measure Languishes While Narrow, Special-Interest Bill Advances**

State Sen. Judy Robson today compared two pieces of health-related legislation, one of which would reduce health care costs and another which would deny access to health care on moral or religious grounds.

“The main difference between Senate Joint Resolution 46, calling on Congress to legalize prescription drug imports, and Assembly Bill 67, giving health care practitioners the right to deny treatment based on their personal beliefs, is that SJR 46 is very much in demand by the people of Wisconsin, whereas no one but for a small fringe of anti-birth control forces is asking for AB 67,” said Robson, a registered nurse.

“Comparing these two bills illustrates the anti-health agenda of the Republican leadership,” Robson said. “The Republican leadership would rather advance legislation that restricts access to health care than to advance legislation the people are demanding. With regard to legalizing prescription drugs, they are doing the bidding of the multibillion dollar drug manufacturers who have a lot of money to spread around Congress and state legislatures.

Robson provided the following comparison:

#### **What Does It Do?**

##### **Assembly Bill 67**

Expands the right of health care practitioners to defy the wishes of patients and deny medical treatment due to the practitioner’s personal moral or religious beliefs.

##### **Senate Joint Resolution 46**

Urges Congress to enact legislation allowing individuals and pharmacies to import prescription medications purchased in countries that have regulatory safeguards similar to those in the United States.



## Who Wants It?

### **Assembly Bill 67**

No organization of health professionals supports this bill. The Wisconsin Medical Society, the Wisconsin Nurses Association, the American College of Nurse-Midwives, the Hospice Organization and Palliative Experts, and the Wisconsin Academy of Family Physicians oppose this bill. The Medical Society and Nurses Association say the bill would sanction patient abandonment. The bill is being pushed by organizations with an extreme pro-life agenda that is outside of the mainstream.

### **Senate Joint Resolution 46**

Doctors, nurses, other health care professionals, and consumers are demanding relief from the high cost of prescription medications. Legislators constantly hear from constituents who are angry about the high cost of prescription drug, and the high cost of health care in general. Legislators are scrambling to be responsive to their constituents, as witnessed by the proliferation of prescription drug legislation. Three bills relating to affordability of prescription medications were introduced today alone. They were introduced by Sen. Cathy Stepp, Rep. Frank Lasee, and Rep. Peggy Krusick.

## Who it would help?

### **Assembly Bill 67**

A very small number of health care practitioners who want to substitute their wishes for their patient's wishes. The vast majority of health care practitioners do not insert their personal beliefs into the treatment of their patients.

### **Senate Joint Resolution 46**

Every pharmacy that wants to be able to purchase prescription drugs at a lower price than U.S. prices set by drug manufacturers. Also, every person that wants to be able purchase safe, FDA-approved medications at a lower rate than available in the United States. Canadian drug prices are an average of 68 percent lower than U.S. drug prices. Legalizing imports would force U.S. drug manufacturers to lower prices charged here.

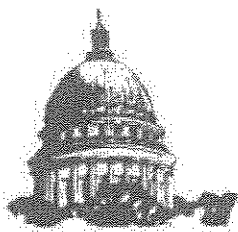
## Status

### **Assembly Bill 67**

Passed the Assembly in June and passed the Senate today, 20-13

### **Senate Joint Resolution 46**

Committee chair has declined to schedule for a public hearing. Senate Democrats attempted to pull the resolution from committee during floor debate today, but that effort was defeated on a party-line vote of 18-15.



WISCONSIN STATE SENATE

**DAVE HANSEN**

SENATOR – 30TH DISTRICT

State Capitol P.O. Box 7882 Madison, Wisconsin 53707-7882 Phone: (608) 266-5670

For Immediate Release  
February 5, 2004

Contact: Sen. Hansen  
608-266-5670

## **Hansen: Senate Republicans Put Interests Of Corporate Drug Companies Before Needs Of Wisconsin Citizens**

**(Madison)**— Sen. Dave Hansen (D-Green Bay) questioned Senate Republicans' commitment to affordable healthcare today, citing the vote last night to bring Senate Joint Resolution 46 (SJR-46) to the Senate floor for debate. The attempt failed along party lines.

SJR 46 urges Congress and the Bush Administration to enact legislation allowing individuals and pharmacies in the United States to re-import prescription drugs purchased in Canada.

“Yesterday evening, on the floor of the state Senate, Republicans put the interests of the big drug companies before the needs of Wisconsin citizens,” said Hansen who authored a letter to DHHS Secretary Tommy Thompson asking him to approve the reimportation of prescription drugs from Canada.

“The passage of SJR-46 would have sent a clear message to Congress and the FDA that the Wisconsin State Senate is serious about getting prescription drug costs under control. The unwillingness of the majority party to even entertain debate on the measure shows how out of touch they are with the thousands of Wisconsinites who struggle to pay their exorbitant prescription drug bills.”

Hansen went on to thank Sen. Ron Brown for rising on the Senate floor to offer his name as a co-author of SJR-46. “Obviously Sen. Brown gets it,” said Hansen “It is my hope, that with all the promises that have been made in this building to work together that Sen. Brown’s colleagues will soon see that if there is one issue that cries out for a bipartisan solution it is the issue of the high cost of prescription drugs”

“It is unfortunate that, at a time when the big drug companies are making greater profits than nearly any other industry in the country and average people are being forced to choose between paying exorbitant prices for needed medication or their rising heating bills, we are denied even having a debate on the matter.”

“Apparently capitalism is good when it suits wealthy interests like the corporate drug cartel, but try letting seniors, the disabled and terminally ill shop around for the best price on their medications and suddenly the free market is one that can’t be trusted.”

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AJK 66

The Capital Times February 10, 2004

# Pocan site defies feds on Canada drug imports

By Anita Weier

The Capital Times

Two Democratic Assembly members have rushed in where Gov. Jim Doyle fears to tread.

Mark Pocan of Madison, backed by Frank Boyle of Superior, has posted a direct link on [www.markpocan.net](http://www.markpocan.net) to the state of Minnesota's Web site that in turn links consumers to Canadian drug companies.

Doyle said during his State of the State speech that he was launching a new Web site — [www.drugsavings.wi.gov](http://www.drugsavings.wi.gov) — to provide more information for Wisconsin citizens about how to acquire cheaper drugs. He also said he was asking the U.S. Food and Drug Administration to let him expand the site so Wisconsin residents could buy prescription drugs directly from Canadian pharmacies that Wisconsin would verify are reputable.

But no approval has been given at this point. So the governor's site still says: "This is where we would direct you to safe Web sites in Canada but the government maintains that such importation is illegal." It also asks visitors to the Web site to sign an

e-petition and write to federal officials to request a policy change.

Doyle said Friday that he would probably redesign Wisconsin's Web site to include links to Canadian pharmacies if the federal government doesn't act against Minnesota for offering similar services on the Web site [www.minnesotaxconnect.com](http://www.minnesotaxconnect.com).

But Pocan and Boyle don't see any reason to wait. They doubt the Bush administration's motives.

"The federal government is way too close to pharmaceuti-

cal companies and not the public when it comes to affordable prescription drugs. If the Canadian government can save their citizens millions and millions of dollars and increase access to health care, why can't we?" Pocan said in a written statement.

"We stand with Wisconsin citizens and not big drug companies. Come to my Web site and start saving today."

Boyle said federal officials might change their policies faster if more people challenge their limitations.

"If the big pharmaceutical companies and their pals in Washington don't like it, then too bad for them," Boyle said.

E-mail: [aweier@madison.com](mailto:aweier@madison.com)

Wisconsin State Journal February 12, 2004

# State Investment Board OKs pay hikes for investment staff

Increases will range from \$1,898 to \$8,527.

By Ken Singletary  
Assistant business editor

The state Investment Board approved pay increases ranging from \$1,898 to \$8,527 for investment staff Wednesday.

In a 5-1 vote, the board approved 4 percent pay increases for investment staff, based on merit, and 2 percent across-the-board increases for support staff who are performing satisfactorily. Money managers, who account for about half of the board's 104 employees, earn between \$47,453 and \$213,180. Support staff, including administrative and legal employees, earn between \$31,500 and \$137,700 and will see raises between \$630 and \$2,754.

The board based its move on a recommendation from its compensation committee and a study by McLagan Partners, a consulting firm based in Stamford, Conn., that found that the pay of most investment staff members lags that of professional staff at Midwest banks, insurance companies, investment firms and comparable public pension funds.

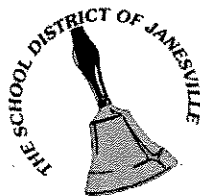
The board requested the McLagan study in 2000 because the board was losing investment staff members, said Vicki Hearing, the board's spokeswoman. The study has been updated each year since then.

The average pay of investment staff members was 89 percent of the updated median in the McLagan study before Wednesday's raises. For support staff, the average pay was 87 percent of the McLagan median. The

raises approved Wednesday will not bring the pay of the board's investment staff members to the median level identified in the McLagan study, Hearing said.

The raises are for the calendar year and are retroactive to Jan. 1. The board's investment staff members received 2 percent pay increases last year and support staff received 1.9 percent raises.

Board employees' pay comes from earnings from assets under management rather than from tax dollars. On Dec. 31, 2003, the board had \$69.1 billion under management, including \$63 billion in pension trust fund assets. The board invests money from the Wisconsin Retirement System, State Investment Fund and other, smaller state funds.



---

*Education is our investment in the future.*

MEMO

To: Ty Bollerud  
From: Angel Tullar, Manager of Employee Relations *at*  
Date: February 12, 2004  
Subject: Insurance Enrollment Request  
cc: Dr. Evert

I have compiled the following numbers as per your request on Tuesday, February 10, 2004.  
Please let me know if you have any questions.

**Number of Teachers Enrolled in our Health Insurance Plan**

Family	636
Single	<u>157</u>
Total	793

**Number of Retired Employees Enrolled in our Health Insurance Plan**

Number with Board Paid Benefits

Family	101
Single	<u>21</u>
Total	122

Number Paying Their Own Premium


Family	124
Single	<u>159</u>
Total	283

2-14-2008

Dear Guy,  
One day as I was  
going to visit with  
my husband friend  
I started and sat in  
the car while he  
visited his friends.  
I quietly sat and  
I received and elderly  
person picking up  
aluminum cans and  
placing them in a bag  
I really don't remember  
the need for food  
or drugs (medicine).  
But it is a rotten  
scheme to have watch  
an elderly citizen of any  
state to have <sup>to</sup> ~~be~~ ~~put~~  
off from streets to help  
pay for medicine and  
food. Also I believe  
we should have a  
law passed in our state  
to allow some sex

many marriages  
but all think you  
should some legal  
right but marriage "no"  
I also feel that our  
people allowed you  
and knives (weapons)  
on their person  
will cause more murders  
in our state and  
our state would pass  
a death penalty law  
some of these laws  
should be passed,  
and for as increases  
in gov electricity  
these should be stopped  
as people are covered  
& citizen about energy  
programs will the person  
of fixed income can afford  
higher prices. Thank you  
for allowing me to  
share my opinion

Grace Keenan

 Mrs. Phillip Weldon  
1032 Grant St.  
Beloit, WI 53511-5014

2/14/04

Dear Mr. Robson;

We support you on Senate  
joint Resolution #6. Let's work  
on bringing down health care  
costs all together.

Since we both work we  
cannot be in person on Thurs.,  
Feb. 19<sup>th</sup>, 04, at 10 AM.

Sincerely,

Fred & Pat Freeman  
M/mt. Fred & Pat Freeman  
4232 S. River Rd  
Janesville, WI 5354

P.S.

In this news the other night  
it was mentioned that the Vets  
hospital, netronide, was obtaining  
long term med. from Canada.  
What gives? Doubt talk again

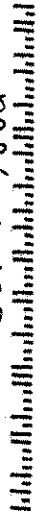




Mr. Franklin L. Freeman  
420 S River St  
Jasperville, WI 53400

Judith B. Roberson  
WI State Senator  
P.O. Box 7882  
Madison, WI

53707-7882



2/14/04

Judy -

Thank you for your information about Senate Joint Resolution 46.

I cannot support this resolution. Why should we urge Congress to allow the importation of drugs made by US Drug companies and sent overseas? The companies will just raise prices in Canada and elsewhere.

We need state and federal legislation, not resolutions to regulate drug prices. We need legislation that contradicts Bush's latest Medicare scam which prohibits the government or other agencies from negotiating lower prices.

What we really need is national health care. Our current system of health care stinks. Let's design a better one that gets rid of private profit and serves the people.

Patchwork pleading like Resolution 46 does nothing to confront the real problem. Please take the lead in advocating state health care so we can lead the nation toward national health care.

PS - Have you read John Le Carré's Constant Gardener?

James Holt  
2551 Chikasaw Dr.  
Annapolis, MD 21403

1           Whereas, this provision would also require imported medicine to be shipped in  
2 antitampering and anticounterfeiting packaging; now, therefore, be it

3           **Resolved by the senate, the assembly concurring, That** the Wisconsin  
4 legislature strongly urges Congress and the Administration to enact the  
5 Pharmaceutical Market Access Act or similar legislation allowing individuals and  
6 pharmacies in the United States to import and re-import prescription medications  
7 purchased in other countries that have regulatory safeguards for the manufacture  
8 and distribution of drugs comparable to regulatory safeguards in the United States;  
9 and, be it further

10           **Resolved, That** the Wisconsin legislature urges Congress and the  
11 Administration to develop long-term solutions to bring down the price of  
12 prescription medications so that we do not have to rely on imports; and, be it further

13           **Resolved, That** the senate chief clerk provide a copy of this joint resolution to  
14 the President of the United States, to the secretary of the U.S. department of health  
15 and human services, and to all members of the congressional delegation from  
16 Wisconsin.

17           (END)

Distributed by:



**Judy Robson**  
Wisconsin State Senator

State Capitol: P.O. Box 7882, Madison, WI 53707-7882  
Telephone: (608) 266-2253  
District Address: 2411 East Ridge Road, Beloit, WI 53511  
Toll-free 1-800-334-1468 • E-Mail: sen.robson@legis.state.wi.us

ARL E. WATSON  
1912 - 200?  
1155 Blackhawk Dr. Apt. 409  
Whitewater, WI, 53190

14 February 04

Judith B. Robson  
State Senator  
P.O. Box 7882  
Madison, WI 53707-7882

Dear Senator:

To make it short, I agree with the program and am for your signing it.

However, I am truly amazed with the necessity of taking such action...There is something radically wrong when a corporation can sell to foreign citizens, life saving drugs, for significantly lower prices, than to it's fellow citizens. I know the continual excuse is the cost of research... that I can accept, but why is the cost of research less for foreign citizens than our own? After all in many circumstances our government puts up grants for research, making the cost of our drugs already higher due to the taxes, by making locals pay extra taxes plus higher prices. Not an even playing field as I see it.

I do not like the idea that we have to go to Canada or Mexico to purchase life saving drugs, this is a terrible blot on our business ethics as a nation. I can think of nothing more degrading to a Nation such as ours.

I'm not certain, but perhaps the underlying culprit is greed....should this be the issue, there surely must be some way that the combined brains of the legislature and all other state legislatures, could come up with a more substantial way, than to do business out of the country.

Whatever the reason for the situation, your Whereas 2003 SENATE JOINT RESOLUTION 46 is a stop-gap resolution, go for it, but don't give up searching for a better and more comprehensive solution to the problem. The good old USA deserves better and I know there is a better solution---let's find it.

There is the story about the poor man who asked for fish to feed his family. He was refused the fish, but was taught HOW TO FISH! Guess it's time we learn HOW TO FISH then we can really get the job done.

I don't know if you get to read this much rambling...I did take the time...I would appreciate if you at least know that you received a correspondence. I would rather watch an old movie than to write to "blind eyes."

Sincerely,

ARL E. WATSON

JodyJettie@juno.com

>Subject: Sobering....

>

>

> Sobering indeed!

>

> At about the time our original 13 states adopted their new  
>constitution in 1787, Alexander Tyler, a Scottish history professor at  
the

>University of Edinborough, had this to say about "The Fall of the  
Athenian

>Republic" some 2,000 years prior:

>

> THE FALL OF THE ATHENIAN REPUBLIC... "A democracy is always  
>temporary in nature; it simply cannot exist as a permanent form of  
>government. A democracy will continue to exist up until the time that  
>voters discover that they can vote themselves generous gifts from the  
>public treasury. From that moment on, the majority always votes for  
the

>candidates who promise the most benefits from the public treasury,  
with  
the

>result that every democracy will finally collapse over loose fiscal  
policy,

>(which is) always followed by a dictatorship."

>

> "The average age of the world's greatest civilizations from the  
>beginning of history, has been about 200 years. During those 200  
years,

>these nations always progressed through the following sequence:

>

> From bondage to spiritual faith, from spiritual faith to great  
>courage, from courage to liberty; from liberty to abundance, from  
abundance  
>to complacency, from complacency to apathy, from apathy to dependence,  
from  
>dependence back into bondage."

>

\* \* \* \* \*

>

>

> Professor Joseph Olson of Hamline University School of Law, St.  
>Paul, Minnesota, points out some interesting facts concerning the most  
>recent American Presidential election:

>

> Population of counties won by: Gore 127 million; Bush 143  
million;

>

> Square miles of land won by: Gore 580,000; Bush 2,427,000;

>

> States won by: Gore 19; Bush 29;

>

> Murder rate/100,000 residents in counties won by: Gore 13.2;

>

Bush  
>2.1.

>

>

>

> Professor Olson adds, "In aggregate, the map of the territory

Bush

>won was mostly the land owned by the tax-paying citizens of this great  
>country. Gore's territory encompassed those citizens living in  
>government-owned tenements and living off government welfare."

>

> Olson believes the U.S. is now somewhere between the "apathy"  
> and  
> the  
> "complacency" phase of Professor Tyler's definition of democracy; with  
> some  
> 40 percent of the nation's population already having reached the  
> "governmental dependency" phase.

February 14, 2004

Senator Judith B. Robson  
State Capitol  
Post Office Box 7882  
Madison, WI 53707-7882

Dear Senator Robson:

Thank you for your letter regarding Senate Joint Resolution 46 regarding the import and re-importing of prescription drugs. Although I appreciate the invitation to the public hearing on Feb. 19, I will be unable to attend (due to my job) but I did feel the need to contact you on this very important issue affecting all Americans.

We have all heard the testimonies of the ageing population and the trials they are enduring to maintain a semblance of living a somewhat normal life, albeit, they use a plethora of drugs to maintain that normal life, but as one of many Americans paying a high price for their prescription drugs and health care (I paid \$8,000 in 2003, slowly using up my 401k to do so), I feel it is imperative Congress does need to act.

When I retired in 1999 I was required to pay \$245/month for my health premium. Now I am required to pay \$525/month and \$3,000 deductible. What has happened in 5 years? I am tempted to join the other 43,000,000 Americans with no insurance. I realize new, wonderful drugs are being developed all the time but the end costs are exorbitant for the average user.


Had it not been for Senior Care in Wisconsin my 85 year old mother would not be able to afford her medication that she needs to sustain her life. She really appreciates that program and I hope it will not be left behind in lieu of a new Federal program that may only fractionally cover her high drug costs.

In closing, I don't like the idea of import/re-importing of drugs **back** to America, the drug companies will find a way to recoup their losses at our expense, such as through higher taxes, but something is better than nothing.

Thank you for your time,

Ms. Donna R. Spires  
1827 Bayliss Ave.  
Beloit, WI 53511-3721

Regards,



Donna R. Spires

© MARK O

joy and laughter...precious memories

love-filled days...

Feb 15, 2004

moments filled with happiness...

precious memories

joy and laughter...

love-filled days...

Mrs Robison

Please vote No. I work for pennies.

I would rather go for a more Socialized  
System of providing rather than Capitalistic.

It's not cost, but quality that's lacking. Some

Things - Like death itself - can't be chosen; It's

moments filled with happiness...

joy and laughter...precious memories

moments

filled with happiness...



a given.

I'm tired of being made to want, yes;

but we need Less greed in our own

Country.

Nancy wateres

1061 Blackhawk Drive # 301

Feb. 15<sup>th</sup> 2004

SENATOR JUDY ROBSON

We received your letter regarding the meeting on Feb 19<sup>th</sup> we are unable to attend, however we strongly Support Senate Joint Resolution 46.

As seniors this is a huge concern for us. Two years ago my monthly medications went from around \$20.00 a month, by adding new medications it went to a little over \$120.00 a month . Also we feel Generic medications should be made available sooner.

Sincerely

Walter E. Wheeler  
Bernice M. Wheeler



February 15, 2004  
1444 Canyon Drive  
Janesville, WI 53546

State Senator Judy Robson  
P. O. Box 7882  
Madison, WI 53707-7882

Dear Ms. Robson:

The passage of Senate Joint Resolution 46 is very important to me as a senior citizen. Thank you for introducing this bill relating to the import and reimport of prescription drugs.

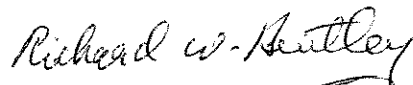
Just over four years ago my wife and I, retired, moved to Janesville from Illinois to be with our daughter, son-in-law, and the grandchildren. Since 1982 I have been under a doctor's care for asthma. I am using two inhalers for this purpose, Alupent and Flovent.

The current price of Alupent, which I use only when needed, which is not often any more, was \$23.00 when we first arrived here. Today, the latest price is \$44.49.

Flovent, taken twice per day, was priced at \$78.34 on March 27, 2002. Today it costs \$124.19. Yes, I have an Orange card which gives me a fair discount, but the increases in both inhalers in a short period of time is disgusting, to say the least. And where will they be priced next year?

True enough, my individual prescription needs are minor in comparison to so many people of all ages. Drug companies have free rein under the current administration and Congress, and the recently passed Medicare bill does nothing to resolve the high costs. Wisconsin, and all other states, should be permitted to purchase drugs from any source available.

Yours truly,



Richard W. Bentley

The Hookham Residence  
47 W. Madison Ave.  
Milton, WI 53563

2/16/04

Judith B. Robson  
State Senator  
15<sup>th</sup> Senate District  
State Capital  
Post Office Box 7882  
Madison, WI 53707-7882

Dear Ms. Robson:

We are in favor of affordable health care. We support the passing of your Senate Joint Resolution 46 to pass the Pharmaceutical Marketing Access Act or a similar legislation for all U.S. residents and making this a part of the Medicare prescription drug benefit law.

Sincerely,

The Hookham Residence

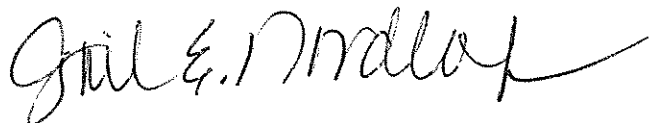
February 16, 2004

Senator Judith Robson  
State Capitol  
P.O. Box 7882  
Madison WI 537007-7882

Dear Senator Robson;

I support your resolution to enact a law aimed at making prescription drugs more affordable to the citizens of the United States. Health care costs are out of control. My husband and I have the experience of both being self-employed and having to pay for our own insurance. I was unable to get coverage, except through the Wisconsin risk-sharing pool, which fortunately has prescription drug coverage. My husband was not so fortunate. His insurance did not include prescription drug coverage, so the monthly costs for his medicines in the U.S. were prohibitive for us. The only way we were able to get through that time, was by ordering his prescription medicine from a Canadian pharmacy where the costs were much lower. We hope the day will come when prescription costs are reduced in our own country. In the meantime, thank you for publishing the Canadian pharmacy alternative on your website.

Sincerely,



Gail E Nordlof

8844 N DIX DRIVE MILTON WI 53563  
PHONE: 608-868-4036

2-16-04

Dear Senator Robson and Committee

I am writing to strongly support legislation allowing importation of prescription medications that have regulatory safeguards. Thirty to three hundred percent increases in costs to Americans is unacceptable at anytime. Today with the great losses in jobs and health insurance and in the huge costs of health insurance (I am self employed so pay for my own insurance) those who benefit from the inflated medical prices should be weak with shame. Their greed is no different than the unscrupulous behavior already exposed in other infamous companies.

The undersigned clients at Janis Well's Healthnet and the young, uninsured family that has just learned their four year old has cancer in both ears suffer physically and emotionally from these shocking prices.

Please vote on the side of common sense and support this resolution. The Administration needs to recognize this need.

Sincerely, Karen Stoker-McKain

Terrance D. Miller  
Nancy L. Miller  
3137 W. Bass Creek Rd.  
Beloit, Wi. 53511-9016

Feb. 16, 2004

Senator Judy Robson  
P.O.Box 7882  
Madison, Wi. 53707-7882

Senator Judy Robson,

We strongly agree that prescription drugs should be allowed to be shipped in from other countries. We cannot attend the meeting, but are strongly in favor of this becoming legal and wish to have our opinion known.

Thank You,

*Terry D. Miller*  
Terry and Nancy Miller  
*Nancy Miller*

February 16, 2004

Robson  
P.O. Box 7882  
Madison, WI 53707-7882

Re: Pharmaceutical Marketing Access Act

We must allow imports of prescription drugs.

Costs are too high and produce obscene profits for the drug companies, most of whose research budgets are provided by taxpayer's money through government. The very companies protesting importation of drugs manufactured by them can guarantee purity, etc.

There is also no reason why Medicare cannot bargain for better prices. The vast amount of money used to pay for ads in various forms of media could be used for research and/or lowering prices.



Georgia Dietz  
613 Cherry Street  
Janesville WI 53548-5105

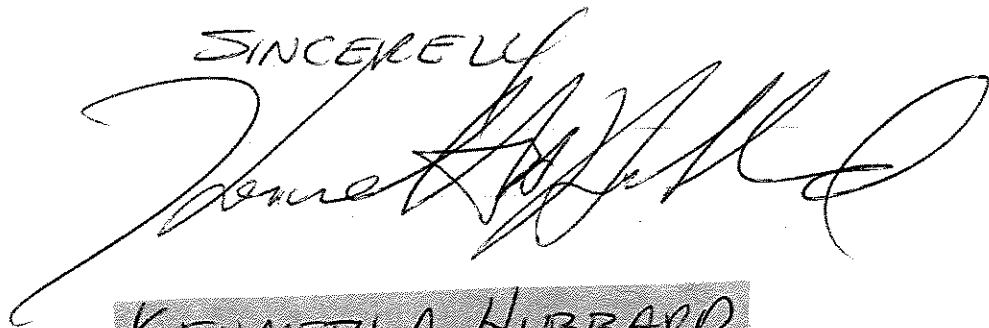


FEB 16, 2004

TO: SENATOR JUDITH ROBSON  
FROM: KENNETH A. HUBBARD

PLEASE ACCEPT MY WRITTEN  
APPROVAL OF RESOLUTION 46  
RELATING TO ENACTMENT OF THE  
PHARMACEUTICAL MARKET ACCESS  
ACT.

SINCERELY



KENNETH A. HUBBARD  
PO BOX 792  
BELOIT WISE  
53512-0792

214 N. Crescent Dr  
Milton W. 53563  
Feb 16, 2004

Judith Robson, Senator  
State Capitol  
P.O. Box 7882 Room 5 South  
Madison W. 53707-7882

Dear Senator Robson:

I am in receipt of your letter dated Feb 12, 2004 regarding the public hearing on Senate Joint Resolution 46 to be held Feb 19, 2004 at the W. State Capitol

I will be unable to attend but would like to voice my opinion thru this letter!! I will be 76 years of age Feb 25 This year, my longevity is partially due to medicine I take daily for High blood pressure, High Cholesterol, + glaucoma. This medicine is not covered by any Insurance + has steadily risen since my retirement in 1987. I wish my Pension had risen the 12% that Drug Spending has risen since 1990 to 2001.

Something has to be done to stop this  
~~S~~ Larceny of us elderly Folks  
I want to voice my support for  
2003 Senate Joint Resolution 46 +  
hope + pray it will get thru the  
U.S. Senate soon!!

Sincerely,  
Gerald E Berg

Feb. 16, 2004

Dear Judith Robson,

I was glad to get your letter concerning the cost of prescription drugs. I am a widow, I had an aneurysm on the brain in 1986. I take two prescriptions both around \$100.00 each and two others, relatively reasonable. These pills are a must, to keep my blood pressure right, and Warfarin to keeping blood correct. Some payment is for these, but I still have much to pay. There will be necessary for rest of life. I would welcome more help if getting medication from Canada were be available.

Sincerely

Norahy Beran

224 N. Clear Lake St.

Miller, WI 53563

To Judith B. Robson  
Wisconsin State Senator

February 16, 2004

Dear Senator Lady -

Thank you for your letter and for authoring  
Senate Joint Resolution 46 relating to pres-  
cription drugs. We are sorry not to be there  
on February 19.

Lawrence takes a total of 9 prescription  
drugs a day after B4-Pass surgery and related  
problems in 1991.

The good news is that they work and  
he is feeling OK. The bad news is the  
cost has doubled and more in the last  
few years. And - some generics are more  
expensive than the originals.

In addition to the rampant problem we feel  
curbing drug advertising on TV could help  
a great deal.

We appreciate all you are doing in all  
areas of health care in Wisconsin.

Sincerely, Lawrence J. Zauter 2562 Shopiers rd  
Beloit, WI 535

