

Vers. Drafted

Reviewed

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1/8/2014

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Submitted
1/8/2014

Jacketed
1/8/2014

Required

FE Sent For:

<END>

2013 DRAFTING REQUEST

Assembly Substitute Amendment (ASA-AB446)

Received: **11/22/2013** Received By: **mduchek**
Wanted: **As time permits** Same as LRB:
For: **John Nygren (608) 266-2343** By/Representing: **Jennifer Malcore**
May Contact: Drafter: **mduchek**
Subject: **Health - emergency med services** Addl. Drafters:
Occupational Reg. - misc Extra Copies:

Submit via email: **YES**
Requester's email: **Rep.Nygren@legis.wisconsin.gov**
Carbon copy (CC) to: **tamara.dodge@legis.wisconsin.gov**
michael.gallagher@legis.wisconsin.gov

Pre Topic:

No specific pre topic given

Topic:

Sub combining AB 446 with changes and LRB-3360/P2 to allow physicians and others to prescribe naloxone to unspecified 3rd parties via a standing order

Instructions:

See attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	mduchek 1/3/2014			_____			
/P1	mduchek 1/6/2014	evinz 1/6/2014	rschluet 1/6/2014	_____	srose 1/6/2014		

FE Sent For:

1/18

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*J. Smith
1/8*

2013 DRAFTING REQUEST

Assembly Substitute Amendment (ASA-AB446)

Received:	11/22/2013	Received By:	mduchek
Wanted:	As time permits	Same as LRB:	
For:	John Nygren (608) 266-2343	By/Representing:	Jennifer Malcore
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Pre Topic:

No specific pre topic given

Topic:

Sub combining AB 446 with changes and LRB-3360/P2 to allow physicians and others to prescribe naloxone to unspecified 3rd parties via a standing order ✓

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FE Sent For:		1/3/14 1/6/14		Jmd Ks 1/6/14			

<END>

November 4, 2013

Representative John Nygren
Wisconsin State Assembly
State Capitol, Room 309 East
P.O. Box 8953
Madison, WI 53708-8953

Dear Representative Nygren,

The National Association of Emergency Medical Services Physicians (NAEMSP) is an organization of physicians and other professionals partnering to provide leadership and foster excellence in out-of-hospital emergency medical services. The Wisconsin Chapter has interest in your proposed bill related to naloxone administration for the treatment of drug overdose (LRB-3274)

Drug overdose has become the leading cause of death for young people (age 25-44, CDC) in this country surpassing motor vehicle crashes and other trauma in the last few years. Death from the use of prescription pain medications has increased dramatically. It has truly become an epidemic and a public health priority.

As naloxone counteracts the effects of opioids, including prescription pain medicine and heroin, it has the potential of being a life-saving drug. As such, it is becoming very popular to expand the availability of naloxone and its administration in light of this epidemic. While it was once reserved for paramedics or intermediate providers, we are seeing a trend across the country to allow EMTs to administer naloxone. There are programs, even in this state, that are distributing naloxone to laypersons to use. There is also a trend to have police officers and other non-medically trained public safety personnel to be equipped to use naloxone.

While this seems like a logical approach to combating this epidemic with the intent of saving lives, there is little evidence that demonstrates a benefit to life by expanding the use of naloxone. For naloxone to be effective in saving a life, it needs to be administered when breathing has slowed significantly or just at that moment when breathing stops. If a responder or layperson with naloxone finds a victim who has already stopped breathing, and certainly if they have lost their pulse, the use of naloxone is very unlikely to save the life. On the other end of the spectrum, if a person who has taken an opioid is unresponsive, if their

breathing is intact and adequate, the naloxone is unnecessary and will have no impact on the survival of this victim.

Administering naloxone is the practice of medicine. Any legislation that directs the practice of medicine should have significant physician input and the practice of medicine, regardless of legislation, should have significant physician involvement and oversight.

There is already a process for determining the appropriate scope of practice for EMS providers. While current statute allows for certain healthcare activities, it does not mandate a specific treatment with a specific medication. Putting a specific treatment as being mandated in law will be problematic:

The proposed law requiring EMTs to carry or have available naloxone puts the responsibility and liability on the individual EMT. This is not consistent with current practice.

The requirement to carry and use naloxone may be impossible to comply with. Naloxone has recently been on the FDA's drug shortage list and is currently on backorder with some distributors. It is very likely in the future that naloxone simply will not be available regularly, especially when an increased demand is created through this bill.

Additionally, it is unacceptable to have naloxone unavailable in situations where it is known to be beneficial (in the hands of physicians and paramedics) because the demand cannot be met while first responders and police departments are purchasing and stocking this medication when its use in those situations has not been proven to be beneficial.

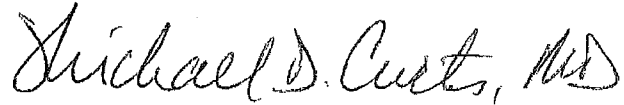
Putting this requirement into law will make it difficult to remove from the mandated scope should the perceived need go away or if it is found not to be effective.

Putting this requirement into law will make it difficult to remove from the mandated scope should a new medication or other treatment becomes available for the treatment of opioid overdose.

There are some adverse effects of naloxone that may make education of non-medical personnel difficult and create a situation for which they are not prepared. Naloxone can wake a drug user up who then can become angry and hostile, sometimes with super-human strength. Naloxone can induce withdrawal which can manifest in agitation, vomiting, and diarrhea. It can induce unrelenting great pain in those that are using opioids for true pain relief.

We are certainly in support of decreasing deaths related to opioid overdose. We understand that this is a difficult problem to control. The intent of your bill is commendable but we want to share with you the potential detrimental ramifications of the bill as currently written. We would be happy to discuss further and assist in any way we can to combat this epidemic.

Sincerely,

A handwritten signature in black ink that reads "Michael D. Curtis, MD". The signature is written in a cursive, flowing style.

Michael D. Curtis, MD, FACEP
Immediate Past-President
National Association of EMS Physicians-Wisconsin

12/3/13

suggested
changes from
Brian Litz at DHS

AB 446

A certified first responder is

7authorized to administer the drug naloxone (or other opiate antagonist) if the first responder has been authorized by their medical director, and received

1training necessary to safely administer the drug naloxone (or other opiate antagonist), as determined by the
2department.

(2) (a) Subject to par. (b), the department shall permit all emergency medical
2technicians to administer the drug naloxone (or other opiate antagonist) to
individuals who are undergoing or
3who are believed to be undergoing an opioid-related drug overdose.

(c) Every emergency medical technician who has obtained the training
8necessary to safely and properly administer the drug naloxone (or other opiate antagonist) and has been authorized by the ambulance service medical director,
shall, at all times

9when performing his or her duties as an emergency medical technician, carry or
have

10available for administration a supply of the drug naloxone (or other opiate antagonist) provided there is an adequate supply of the medication available to the
ambulance service.

2013
LRB S0207
Drafting File

E-mails

Newest



Oldest



Duchek, Michael

From: Malcore, Jennifer
Sent: Monday, December 23, 2013 9:51 AM
To: Duchek, Michael
Subject: RE: AB 446

OK, thank you.

You can talk with Peggy and figure out the amendment, there shouldn't be any other amendments to that bill but we will see what the public hearing brings.

Thanks,

Jennifer Malcore

Office of State Representative John Nygren
Co-Chair , Joint Committee on Finance
89th Assembly District
309 East, State Capitol
608.266.2344

From: Duchek, Michael
Sent: Monday, December 23, 2013 9:09 AM
To: Malcore, Jennifer
Subject: RE: AB 446

OK, I am hoping that we can get that out to you on Jan. 2 or 3.

I think we also need to do an amendment to AB 447 to remove Section 2 from the bill because we're dealing with immunity for naloxone/opioid antagonists in the sub to AB 446.

Do you know if there will be other amendments to AB 447? Or should I have Peggy or I just prepare an amendment to do that?

-Mike

From: Malcore, Jennifer
Sent: Monday, December 23, 2013 9:05 AM
To: Duchek, Michael
Subject: AB 446

Mike,

I heard last week that the public hearing for this bill will be on the 9th.

Hope you had a good weekend.

Jennifer Malcore

Office of State Representative John Nygren
Co-Chair , Joint Committee on Finance
89th Assembly District
309 East, State Capitol

608.266.2344

Duchek, Michael

From: Malcore, Jennifer
Sent: Tuesday, December 17, 2013 11:05 AM
To: Duchek, Michael
Subject: RE: Naloxone Language

Mike,

This is becoming a pain in my ass! There I said it, please add or another opioid antagonist and we will go from there. Everybody is going to have a differing opinion.

Thank you for your help.

Jennifer Malcore

Office of State Representative John Nygren
Co-Chair, Joint Committee on Finance
89th Assembly District
309 East, State Capitol
608.266.2344

From: Duchek, Michael
Sent: Monday, December 16, 2013 3:25 PM
To: Malcore, Jennifer
Subject: RE: Naloxone Language

Jenny,

It is somewhat helpful. However, it seems to set up a disagreement between what the EMS folks had to say vs. Doug's concerns. As I understand it, the EMS folks were concerned about a potential shortage and the fact that better drugs might come along. So the idea was to add "or another opioid antagonist" in the bill to resolve these concerns. Doug, on the other hand, seems to be saying not to do this, but to deal with a potential shortage another way because other drugs do not/might not work like naloxone. As I look at it, since DHS has the authority over EMS services, they should be able to weed out ones that aren't effective like naloxone and we should be able to deal with a potential shortage by having the language say they only have to carry it if it's available, but I'm not sure if that satisfies everybody and whether he has concerns about letting people possess drugs other than naloxone without a prescription.

Anyway, my thought at this point would be to try to get to you some time soon a substitute amendment and then people can reflect on that, and if people still have concerns, we could always do another version. I would plan on adding "or opioid antagonist" throughout the bill (including the material from LRB-3360). Or I could leave it out of the material from LRB-3360 for now. But I thought it would probably be better to get you something that people can look at either way.

Any further thoughts?

-Mike

From: Malcore, Jennifer
Sent: Monday, December 16, 2013 2:48 PM
To: Duchek, Michael
Subject: Fwd: Naloxone Language

Mike,

Hope all this helps. Let me know if you need more!!

Thanks

Jenny

Begin forwarded message:

From: "Weigand, Jeffrey - DSPS" <Jeffrey.Weigand@wisconsin.gov>
Date: December 16, 2013, 2:22:58 PM CST
To: "Malcore, Jennifer - LEGIS" <Jennifer.Malcore@legis.wisconsin.gov>
Subject: FW: Naloxone Language

If you can follow the e-mail chain you will see the comments from Doug Englebert. He is the chair of the Controlled Substance Board, works at DHS and is a Pharmacist.

To summarize, his thoughts are that the definition is potentially too broad and that other products could be developed in the future that meet the definition of "opioid antagonist" but do not work like Naloxone does.

From: Williams, Dan - DSPS
Sent: Monday, December 16, 2013 1:53 PM
To: Weigand, Jeffrey - DSPS
Subject: FW: Naloxone Language

From: Englebert, Douglas A - DHS
Sent: Monday, December 16, 2013 1:15 PM
To: Williams, Dan - DSPS
Subject: RE: Naloxone Language

Vivitrol, Suboxone, Relistor, Entereg.....

In addition there could be a host of products coming out in the future....

None of these products are meant to work like naloxone.

My recommendation is to keep it as naloxone and deal with shortage another way otherwise it is possible you will mandate other products for EMS to have which have no benefit in that environment.

Doug Englebert, R.Ph, MBA
Pharmacy Practice Consultant
Bureau of Education Services and Technology
Division of Quality Assurance
Department of Health Services
608-266-5388
608-267-7119 Fax
douglas.engelebert@dhs.wisconsin.gov

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From: Williams, Dan - DSPS
Sent: Monday, December 16, 2013 1:03 PM
To: Englebert, Douglas A - DHS
Subject: RE: Naloxone Language

Thanks Doug.....can you give a newbie like me an example as to "it would incorporate other products"? Not quite sure what you mean by that. One of the concerns was the shortage and we suggest adding the ability to allow another medication that may be available now or in the future hence the "or other opiate antagonist". Can you give me an example of what a person would carry instead of Naloxone that is an 'opiate antagonist'.

From: Englebert, Douglas A - DHS
Sent: Monday, December 16, 2013 10:31 AM
To: Williams, Dan - DSPS
Subject: RE: Naloxone Language

Dan,

I think it would be ok to say that the way the definition is used is problematic as it would incorporate other products.

Doug Englebert, R.Ph, MBA
Pharmacy Practice Consultant
Bureau of Education Services and Technology
Division of Quality Assurance
Department of Health Services
608-266-5388
608-267-7119 Fax
douglas.Englebert@dhs.wisconsin.gov

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From: Williams, Dan - DSPS
Sent: Monday, December 16, 2013 9:32 AM
To: Englebert, Douglas A - DHS
Subject: RE: Naloxone Language

I have not heard anything from Alex. Is that forthcoming?

Doug, I realize you might be wearing "2 hats" on this one. Are you able to respond as the Chair of the CSB, rather than as an employee of DHS? Not sure if that puts you in a difficult spot. Dan

From: Englebert, Douglas A - DHS
Sent: Thursday, December 12, 2013 1:54 PM
To: Williams, Dan - DSPS
Cc: Ignatowski, Alex - DHS; Koch, Martin G - DOJ
Subject: RE: Naloxone Language

Dan,

I touched base with DHS Legislative Advisor, Alex Ignatowski, and I have forwarded comments through him.

Doug Englebert, R.Ph, MBA
Pharmacy Practice Consultant
Bureau of Education Services and Technology
Division of Quality Assurance
Department of Health Services
608-266-5388
608-267-7119 Fax
douglas.Englebert@dhs.wisconsin.gov

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From: Williams, Dan - DSPS
Sent: Tuesday, December 10, 2013 12:48 PM
To: Englebert, Douglas A - DHS; Koch, Martin G - DOJ
Subject: FW: Naloxone Language

Doug and Marty please take a look and comment. Dan

From: Weigand, Jeffrey - DSPS
Sent: Tuesday, December 10, 2013 8:13 AM
To: Williams, Dan - DSPS
Subject: FW: Naloxone Language

From: Duchek, Michael [<mailto:Michael.Duchek@legis.wisconsin.gov>]
Sent: 06 Dec 2013 1:31 PM
To: Zadrzil, Chad J - DSPS
Cc: Weigand, Jeffrey - DSPS; Litza, Brian D - DHS; Ignatowski, Alex - DHS; Malcore, Jennifer - LEGIS; Ullsvik, Jennifer C - DHS
Subject: RE: Naloxone Language

Chad et. al,

In response to some concerns from EMS people about potential shortages/unavailability of naloxone and the fact that better drugs may come along, it was suggested that the language be expanded in the bill to account for other opioid antagonists. The thought was to add this language to the provisions in the DSPS chapters as well. In that case, I think we need to define opioid antagonist. According to what I found, a law in the District of Columbia defines it as "(2) "Opioid antagonist" means a drug, such as

Naloxone, that binds to the opioid receptors with higher affinity than agonists but does not activate the receptors, effectively blocking the receptor, preventing the human body from making use of opiates and endorphins." I think this definition avoids pulling in drugs like suboxone, if I'm not mistaken (which I believe would be a controlled substance).

Anyway, I wanted to run this stuff, including that definition by you. I also just wanted to double check that opioid antagonist as defined would not otherwise include any controlled substances, which are regulated as you know under chapter 961.

Thanks,

Mike Duchek
Legislative Attorney
Wisconsin Legislative Reference Bureau
(608) 266-0130

From: Malcore, Jennifer
Sent: Friday, December 06, 2013 11:50 AM
To: Duchek, Michael
Subject: RE: Naloxone Language

Mike,

Yes, I want it added to police/firefighters also. My thought is we add it to the entire bill. As far as the definition of opioid antagonist, you are right, I would check with DSPS. Do you want to have that discussion with them or should I contact them?

Jennifer Malcore
Office of State Representative John Nygren
Co-Chair , Joint Committee on Finance
89th Assembly District
309 East, State Capitol
608.266.2344

From: Duchek, Michael
Sent: Friday, December 06, 2013 11:27 AM
To: Malcore, Jennifer
Subject: RE: Naloxone Language

Jennifer,

Re-reading Brian's suggestions, he made changes regarding EMTs. However, we also have language in there relating to police and firefighters. **Should we add the "other opioid antagonist" language there as well?**

More significantly, **I'm wondering if we should add it to the material in LRB-3360 as well**, because LRB-3360 contains broader provisions that allow anyone to possess naloxone and adding "or any other opioid antagonist" would allow anyone to possess those/be immune from liability/prosecution as well. My question/concern in that context if we did want to do that would be making sure especially that we define the term "opioid antagonist" the right way. The document you sent me a while back from the NOPE group has one definition, but from looking at this (<https://www.networkforphl.org/asset/qz5pvn/network-naloxone-10-4.pdf>) I see there is a definition

from a District of Columbia law that looks like it might be better. I think one issue here is that there is a drug called suboxone, which contains naloxone but *also* contains Buprenorphine and for that reason suboxone is apparently a drug that people abuse as well (and I think the DC definition would basically exclude suboxone). I also think it might be good to double check that there aren't any opioid antagonists that are controlled substances otherwise.

So let me know. I'm thinking the DSPS folks might be a good place to go for these drug questions but I thought I'd ask you for your thoughts first.

Thanks,

-Mike

From: Malcore, Jennifer
Sent: Thursday, December 05, 2013 3:25 PM
To: Duchek, Michael
Subject: RE: Naloxone Language

Mike~

Brian's suggestions are reasonable, as you mentioned, this will ease concerns raised by the Medical Society and EMS. Make the changes, please. I assume changes need to be made to AB 447 also by adding or another opiate antagonist.

Other than that, did DSPS get back to you with their suggestions?

Thanks,

Jennifer Malcore
Office of State Representative John Nygren
Co-Chair, Joint Committee on Finance
89th Assembly District
309 East, State Capitol
608.266.2344

From: Duchek, Michael
Sent: Thursday, December 05, 2013 9:49 AM
To: Malcore, Jennifer
Subject: FW: Naloxone Language

Jennifer,

Here is what I received from Brian. Look it over. We had previously discussed the idea of allowing in the bill for other medications and hadn't included that thus far. It might mitigate some concerns people have to allow for other medications that might be effective, but I'm not sure if it's OK with you. Take a look also at their proposed language about carrying/maintaining a supply of naloxone or another medication. So let me know what you think and feel free to reply to everyone with your/Rep. Nygren's thoughts about it.

-Mike

From: Litza, Brian D - DHS [<mailto:Brian.Litza@dhs.wisconsin.gov>]
Sent: Thursday, December 05, 2013 9:12 AM
To: Duchek, Michael
Cc: Wendorff, Eric J - DHS; Ullsvik, Jennifer C - DHS; Ignatowski, Alex - DHS
Subject: RE: Naloxone Language

Mike,

Sorry about the delay but I wanted to run the attached through some others before I sent it over. Please see my responses below and the suggested changes to the bill language (attached) to mitigate the concerns addressed in the letter. One of the concerns was the shortage and we suggest adding the ability to allow another medication that may be available now or in the future hence the "or other opiate antagonist".

Please let me know if there are any questions.

Thanks,

Brian

Brian Litza
WI EMS Director
608.261.6870

From: Duchek, Michael [<mailto:Michael.Duchek@legis.wisconsin.gov>]
Sent: Tuesday, December 03, 2013 10:51 AM
To: Litza, Brian D - DHS
Subject: FW: Naloxone Language

Brian,

I received this letter from Jennifer in Rep. Nygren's office (attached). They seem to be objecting to aspects of the proposal generally, but they also seem to have two specific objections:

- 1.) An objection to requiring EMTs *as individuals* to carry naloxone. I'm not sure what they mean by this and Jennifer does not seem to have been able to discern that either, unless they mean that the requirement should be placed on the medical director, and not the individual EMTs. Any idea? Jennifer suggested I get your feedback on this, so let me know if you have any thoughts on what they mean (3rd full paragraph on page 2) that putting the responsibility on the individual EMT is not consistent with current practice.

I believe that his concern is that the EMS providers operate under the license of the medical director. The current language seems to make the EMT responsible when in actuality, it's the physician medical director. I made a suggested change in the language to reflect this responsibility.

- 2.) An objection that requiring EMTs to carry naloxone is problematic because naloxone is in short supply and requiring it will cause further shortages and cause the people who need to have it handy will not be able to get it. Jennifer's solution was to soften the language a bit so that they only have to carry it if or to the extent that it's available to them. However, if you have further thoughts on this, let me know.

This seems reasonable. Please see the attached document with suggested language changes that include this concept.

Let me know if you have any other thoughts on anything, thanks,

-Mike

From: Malcore, Jennifer
Sent: Tuesday, December 03, 2013 10:15 AM
To: Duchek, Michael
Subject: FW: Naloxone Language

Mike,

I did check with DHS about the language regarding what is consistent with current practice as far as EMTs to carry of have available naloxone putting the responsibility and liability on the individual EMT. I have no objection with you calling Brian at DHS to make sure that our language is fine. I attached the letter again from Michael Curtis, the one who brought up the issue.

Jennifer Malcore

Office of State Representative John Nygren
Co-Chair, Joint Committee on Finance
89th Assembly District
309 East, State Capitol
608.266.2344

From: Ignatowski, Alex - DHS [<mailto:Alex.Ignatowski@dhs.wisconsin.gov>]
Sent: Wednesday, November 27, 2013 2:12 PM
To: Malcore, Jennifer
Subject: FW: Naloxone Language

Hi Jenny – Here is what I was able to get from Brian.

Thanks!

Alex Ignatowski

Legislative Advisor
Department of Health Services
Office: 608-266-3262
Mobile: 608-301-6149
alex.ignatowski@wisconsin.gov

From: Litza, Brian D - DHS
Sent: Wednesday, November 27, 2013 10:02 AM
To: Ignatowski, Alex - DHS; Ullsvik, Jennifer C - DHS
Subject: RE: Naloxone Language

Alex,

There is no specific language because the scope is really a list:

<http://www.dhs.wisconsin.gov/publications/p0/p00451c.pdf> . Language in DHS 110.12 is as follows:

DHS 110.12 Authorized actions; scope of practice. An EMT or first responder may only perform the skills, use the equipment, and administer the medications that are specified by the department in the Wisconsin scope of practice for the level to which the individual is licensed, certified, or credentialed.

I hope this helps,

Brian

Brian Litza
WI EMS Director
608.261.6870

From: Ignatowski, Alex - DHS
Sent: Wednesday, November 27, 2013 9:49 AM
To: Litza, Brian D - DHS; Ullsvik, Jennifer C - DHS
Subject: Naloxone Language

Hi Brian and Jenny – Not an expert in this area, so help me out if this doesn't make sense. Do we have a copy of the language that is used in the scope of practice for Advanced and Intermediate EMT's to carry and use Naloxone?

Thanks!

Alex Ignatowski
Legislative Advisor
Department of Health Services
Office: 608-266-3262
Mobile: 608-301-6149
alex.ignatowski@wisconsin.gov

Duchek, Michael

From: Malcore, Jennifer
Sent: Monday, December 16, 2013 1:38 PM
To: Duchek, Michael
Subject: Fwd: Follow up

Mike, here you go.

Jenny

Begin forwarded message:

From: Anna Legreid Dopp <annad@PSWI.ORG>
Date: December 16, 2013, 9:46:11 AM CST
To: "'Malcore, Jennifer'" <Jennifer.Malcore@legis.wisconsin.gov>
Subject: RE: Follow up

Jennifer,

I hope you had a nice weekend. As a follow up to the naloxone point below where I indicated that language should clearly differentiate between an antagonist versus a mixed agonist/antagonist, what would Representative Nygren think of the following instead of what is currently written (Changes are bolded):

“(2) “Opioid antagonist” means a drug **that is not a controlled substance**, such as naloxone, that binds to the opioid receptors **and competes or displaces opioid agonists (e.g., morphine, oxycodone, heroin) at the opioid receptor site** but does not activate the receptors. **Opioid antagonists effectively block the receptor and prevent and/or reverse the effects of opioid agonists.**

This definition is a bit more specific than the example from DC and by being more specific, it accomplishes a couple of things. First, it ensures that a product other than naloxone meets the criteria intended in the bill and second, it ensures that the drug won't have potential for diversion.

Also, last week you provided me with a hard copy of the p-draft of the amendments that will be made to AB445. As you indicated, this is not ready for introduction but can I please share this with our Board and stakeholders?

Thank you,
Anna

From: Anna Legreid Dopp
Sent: Thursday, December 12, 2013 11:30 PM
To: Malcore, Jennifer
Subject: Follow up

Hi Jennifer,
Thank you for the opportunity to meet today. As a follow up to our conversation, please find an explanation for two of the following points: 1) Reporting challenges from point of service systems to PDMP; and 2) using the definition of opioid antagonist instead of naloxone in AB446.

- 1) As we discussed, many pharmacy dispensing systems (the system that allows for the processing of prescriptions and communication with PDMP) and the pharmacy point of sale systems are not integrated. For those that are integrated, they are not integrated in a way that is sophisticated enough to communicate to PDMP. In general, at the point of sale, there is scanning capability at a register that scans the price and in some instances can also scan things like IDs. Requiring pharmacies to report the name on any identification card to PDMP would require changing point of sale systems to a) identify prescriptions for schedule II and III controlled substances; b) prompt for a request for an ID; and c) integrate with the dispensing system in order to communicate with PDMP. We've been told by independent, health-system, and chain pharmacies that this would be a challenge technologically and financially. This is why we see the PDMP reporting requirement to be a burden on pharmacy systems and staff.

We request that Representative Nygren consider requiring the recording of the name on the ID in a report that the pharmacy would maintain, either electronically or manually, that could be reproduced by the pharmacy if requested by law enforcement instead of requiring reporting into PDMP. As I asked earlier, we would appreciate Representative Nygren's consideration of this and of requiring an ID for cash paying patients only.

- 2) The language you provided for an opioid antagonist, such as naloxone, is appropriate. The main concern is to make sure that agents with mixed opioid agonist/antagonist properties cannot be substituted for naloxone and the language that you provided does that.

Thank you for the opportunity to clarify these points. Also, thank you sincerely for continuing to have a dialogue with us on the HOPE legislative package. Please don't hesitate to contact me with questions.

Have a nice weekend,
Anna

Duchek, Michael

From: Malcore, Jennifer
Sent: Thursday, December 12, 2013 5:01 PM
To: Duchek, Michael
Subject: Fwd: Naloxone Language

Read below

Jenny

Begin forwarded message:

From: "Weigand, Jeffrey - DSPS" <Jeffrey.Weigand@wisconsin.gov>
Date: December 12, 2013, 4:34:11 PM CST
To: "Malcore, Jennifer - LEGIS" <Jennifer.Malcore@legis.wisconsin.gov>
Cc: "Weigand, Jeffrey - DSPS" <Jeffrey.Weigand@wisconsin.gov>
Subject: FW: Naloxone Language

Jenny –

We shared this with two members of the Controlled Substance Board (CSB) instead of the Pharmacy Board to get some input. Below is the input received from Martin Koch. Martin is a member of the CSB and also works at DOJ in the crime lab.

Once I hear back from Doug Englebert, who is the chair of the CSB, I will forward his comments on.

Jeff

From: Koch, Martin G. [mailto:kochmg@DOJ.STATE.WI.US]
Sent: Wednesday, December 11, 2013 8:19 AM
To: Williams, Dan - DSPS
Subject: RE: Naloxone Language

Dan,

Unfortunately, I have a great deal of trepidation when evaluating any definition regarding "receptor affinity". Such questions are not within the scope of my expertise, similar to the second prong of the controlled substance analog definition. I would defer questions of receptor affinity to a pharmacologist.

That said, the definition found in the DC law probably will not conflict with anything in chapter 961.

From: Williams, Dan - DSPS [mailto:Dan1.Williams@wisconsin.gov]
Sent: Tuesday, December 10, 2013 12:48 PM
To: Englebert, Douglas A - DHS; Koch, Martin G.
Subject: FW: Naloxone Language

Doug and Marty please take a look and comment. Dan

From: Weigand, Jeffrey - DSPS
Sent: Tuesday, December 10, 2013 8:13 AM
To: Williams, Dan - DSPS
Subject: FW: Naloxone Language

From: Duchek, Michael [<mailto:Michael.Duchek@legis.wisconsin.gov>]
Sent: 06 Dec 2013 1:31 PM
To: Zadrzil, Chad J - DSPS
Cc: Weigand, Jeffrey - DSPS; Litza, Brian D - DHS; Ignatowski, Alex - DHS; Malcore, Jennifer - LEGIS; Ullsvik, Jennifer C - DHS
Subject: RE: Naloxone Language

Chad et. al,

In response to some concerns from EMS people about potential shortages/unavailability of naloxone and the fact that better drugs may come along, it was suggested that the language be expanded in the bill to account for other opioid antagonists. The thought was to add this language to the provisions in the DSPS chapters as well. In that case, I think we need to define opioid antagonist. According to what I found, a law in the District of Columbia defines it as "(2) 'Opioid antagonist' means a drug, such as Naloxone, that binds to the opioid receptors with higher affinity than agonists but does not activate the receptors, effectively blocking the receptor, preventing the human body from making use of opiates and endorphins." I think this definition avoids pulling in drugs like suboxone, if I'm not mistaken (which I believe would be a controlled substance).

Anyway, I wanted to run this stuff, including that definition by you. I also just wanted to double check that opioid antagonist as defined would not otherwise include any controlled substances, which are regulated as you know under chapter 961.

Thanks,

Mike Duchek
Legislative Attorney
Wisconsin Legislative Reference Bureau
(608) 266-0130

From: Malcore, Jennifer
Sent: Friday, December 06, 2013 11:50 AM
To: Duchek, Michael
Subject: RE: Naloxone Language

Mike,

Yes, I want it added to police/firefighters also. My thought is we add it to the entire bill. As far as the definition of opioid antagonist, you are right, I would check with DSPS. Do you want to have that discussion with them or should I contact them?

Jennifer Malcore
Office of State Representative John Nygren
Co-Chair , Joint Committee on Finance
89th Assembly District
309 East, State Capitol
608.266.2344

From: Duchek, Michael
Sent: Friday, December 06, 2013 11:27 AM

To: Malcore, Jennifer
Subject: RE: Naloxone Language

Jennifer,

Re-reading Brian's suggestions, he made changes regarding EMTs. However, we also have language in there relating to police and firefighters. **Should we add the "other opioid antagonist" language there as well?**

More significantly, **I'm wondering if we should add it to the material in LRB-3360 as well**, because LRB-3360 contains broader provisions that allow anyone to possess naloxone and adding "or any other opioid antagonist" would allow anyone to possess those/be immune from liability/prosecution as well. My question/concern in that context is if we did want to do that would be making sure especially that we define the term "opioid antagonist" the right way. The document you sent me a while back from the NOPE group has one definition, but from looking at this (https://www.networkforphl.org/_asset/qz5pvn/network-naloxone-10-4.pdf) I see there is a definition from a District of Columbia law that looks like it might be better. I think one issue here is that there is a drug called suboxone, which contains naloxone but *also* contains Buprenorphine and for that reason suboxone is apparently a drug that people abuse as well (and I think the DC definition would basically exclude suboxone). I also think it might be good to double check that there aren't any opioid antagonists that are controlled substances otherwise.

So let me know. I'm thinking the DSPS folks might be a good place to go for these drug questions but I thought I'd ask you for your thoughts first.

Thanks,

-Mike

From: Malcore, Jennifer
Sent: Thursday, December 05, 2013 3:25 PM
To: Duchek, Michael
Subject: RE: Naloxone Language

Mike~

Brian's suggestions are reasonable, as you mentioned, this will ease concerns raised by the Medical Society and EMS. Make the changes, please. I assume changes need to be made to AB 447 also by adding or another opiate antagonist.

Other than that, did DSPS get back to you with their suggestions?

Thanks,

Jennifer Malcore
Office of State Representative John Nygren
Co-Chair, Joint Committee on Finance
89th Assembly District
309 East, State Capitol
608.266.2344

From: Duchek, Michael
Sent: Thursday, December 05, 2013 9:49 AM
To: Malcore, Jennifer
Subject: FW: Naloxone Language

Jennifer,

Here is what I received from Brian. Look it over. We had previously discussed the idea of allowing in the bill for other medications and hadn't included that thus far. It might mitigate some concerns people have to allow for other medications that might be effective, but I'm not sure if it's OK with you. Take a look also at their proposed language about carrying/maintaining a supply of naloxone or another medication. So let me know what you think and feel free to reply to everyone with your/Rep. Nygren's thoughts about it.

-Mike

From: Litza, Brian D - DHS [<mailto:Brian.Litza@dhs.wisconsin.gov>]
Sent: Thursday, December 05, 2013 9:12 AM
To: Duchek, Michael
Cc: Wendorff, Eric J - DHS; Ullsvik, Jennifer C - DHS; Ignatowski, Alex - DHS
Subject: RE: Naloxone Language

Mike,

Sorry about the delay but I wanted to run the attached through some others before I sent it over. Please see my responses below and the suggested changes to the bill language (attached) to mitigate the concerns addressed in the letter. One of the concerns was the shortage and we suggest adding the ability to allow another medication that may be available now or in the future hence the "or other opiate antagonist".

Please let me know if there are any questions.

Thanks,
Brian

Brian Litza
WI EMS Director
608.261.6870

From: Duchek, Michael [<mailto:Michael.Duchek@legis.wisconsin.gov>]
Sent: Tuesday, December 03, 2013 10:51 AM
To: Litza, Brian D - DHS
Subject: FW: Naloxone Language

Brian,

I received this letter from Jennifer in Rep. Nygren's office (attached). They seem to be objecting to aspects of the proposal generally, but they also seem to have two specific objections:

- 1.) An objection to requiring EMTs *as individuals* to carry naloxone. I'm not sure what they mean by this and Jennifer does not seem to have been able to discern that either, unless they mean that the requirement should be placed on the medical director, and not the individual EMTs. Any idea? Jennifer suggested I get your feedback on this, so let me know if you have any thoughts on

what they mean (3rd full paragraph on page 2) that putting the responsibility on the individual EMT is not consistent with current practice.

I believe that his concern is that the EMS providers operate under the license of the medical director. The current language seems to make the EMT responsible when in actuality, it's the physician medical director. I made a suggested change in the language to reflect this responsibility.

2.) An objection that requiring EMTs to carry naloxone is problematic because naloxone is in short supply and requiring it will cause further shortages and cause the people who need to have it handy will not be able to get it. Jennifer's solution was to soften the language a bit so that they only have to carry it if or to the extent that it's available to them. However, if you have further thoughts on this, let me know.

This seems reasonable. Please see the attached document with suggested language changes that include this concept.

Let me know if you have any other thoughts on anything, thanks,

-Mike

From: Malcore, Jennifer
Sent: Tuesday, December 03, 2013 10:15 AM
To: Duchek, Michael
Subject: FW: Naloxone Language

Mike,

I did check with DHS about the language regarding what is consistent with current practice as far as EMTs to carry of have available naloxone putting the responsibility and liability on the individual EMT. I have no objection with you calling Brian at DHS to make sure that our language is fine. I attached the letter again from Michael Curtis, the one who brought up the issue.

Jennifer Malcore

Office of State Representative John Nygren
Co-Chair , Joint Committee on Finance
89th Assembly District
309 East, State Capitol
608.266.2344

From: Ignatowski, Alex - DHS [<mailto:Alex.Ignatowski@dhs.wisconsin.gov>]
Sent: Wednesday, November 27, 2013 2:12 PM
To: Malcore, Jennifer
Subject: FW: Naloxone Language

Hi Jenny – Here is what I was able to get from Brian.

Thanks!

Alex Ignatowski

Legislative Advisor
Department of Health Services
Office: 608-266-3262
Mobile: 608-301-6149
alex.ignatowski@wisconsin.gov

From: Litza, Brian D - DHS
Sent: Wednesday, November 27, 2013 10:02 AM
To: Ignatowski, Alex - DHS; Ullsvik, Jennifer C - DHS
Subject: RE: Naloxone Language

Alex,
There is no specific language because the scope is really a list:
<http://www.dhs.wisconsin.gov/publications/p0/p00451c.pdf> . Language in DHS 110.12 is as follows:
DHS 110.12 Authorized actions; scope of practice. An EMT or first responder may only perform the skills, use the equipment, and administer the medications that are specified by the department in the Wisconsin scope of practice for the level to which the individual is licensed, certified, or credentialed.
I hope this helps,
Brian

Brian Litza
WI EMS Director
608.261.6870

From: Ignatowski, Alex - DHS
Sent: Wednesday, November 27, 2013 9:49 AM
To: Litza, Brian D - DHS; Ullsvik, Jennifer C - DHS
Subject: Naloxone Language

Hi Brian and Jenny – Not an expert in this area, so help me out if this doesn't make sense. Do we have a copy of the language that is used in the scope of practice for Advanced and Intermediate EMT's to carry and use Naloxone?

Thanks!

Alex Ignatowski
Legislative Advisor
Department of Health Services
Office: 608-266-3262
Mobile: 608-301-6149
alex.ignatowski@wisconsin.gov

Duchek, Michael

From: Malcore, Jennifer
Sent: Tuesday, December 10, 2013 9:59 AM
To: Weigand, Jeffrey - DSPS; Duchek, Michael
Subject: RE: Naloxone Language

Mike,

Do you want me to pass it on to Anna at the Pharmacy Society?

Jennifer Malcore

Office of State Representative John Nygren
Co-Chair, Joint Committee on Finance
89th Assembly District
309 East, State Capitol
608.266.2344

From: Weigand, Jeffrey - DSPS [mailto:Jeffrey.Weigand@wisconsin.gov]
Sent: Tuesday, December 10, 2013 8:14 AM
To: Duchek, Michael; Malcore, Jennifer
Subject: RE: Naloxone Language

Jenny –

We aren't exactly sure what the implications of this definition are. If you want, we would run it by one of the members of the Pharmacy Board.

Jeff

From: Duchek, Michael [mailto:Michael.Duchek@legis.wisconsin.gov]
Sent: Friday, December 06, 2013 1:31 PM
To: Zadrzil, Chad J - DSPS
Cc: Weigand, Jeffrey - DSPS; Litza, Brian D - DHS; Ignatowski, Alex - DHS; Malcore, Jennifer - LEGIS; Ullsvik, Jennifer C - DHS
Subject: RE: Naloxone Language

Chad et. al,

In response to some concerns from EMS people about potential shortages/unavailability of naloxone and the fact that better drugs may come along, it was suggested that the language be expanded in the bill to account for other opioid antagonists. The thought was to add this language to the provisions in the DSPS chapters as well. In that case, I think we need to define opioid antagonist. According to what I found, a law in the District of Columbia defines it as "(2) 'Opioid antagonist' means a drug, such as Naloxone, that binds to the opioid receptors with higher affinity than agonists but does not activate the receptors, effectively blocking the receptor, preventing the human body from making use of opiates and endorphins." I think this definition avoids pulling in drugs like suboxone, if I'm not mistaken (which I believe would be a controlled substance).

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Thanks,

Mike Duchek
Legislative Attorney
Wisconsin Legislative Reference Bureau
(608) 266-0130

From: Malcore, Jennifer
Sent: Friday, December 06, 2013 11:50 AM
To: Duchek, Michael
Subject: RE: Naloxone Language

Mike,

Yes, I want it added to police/firefighters also. My thought is we add it to the entire bill. As far as the definition of opioid antagonist, you are right, I would check with DSPS. Do you want to have that discussion with them or should I contact them?

Jennifer Malcore
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Co-Chair , Joint Committee on Finance
89th Assembly District
309 East, State Capitol
608.266.2344

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To: Malcore, Jennifer
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So let me know. I'm thinking the DSPS folks might be a good place to go for these drug questions but I thought I'd ask you for your thoughts first.

Thanks,

-Mike

From: Malcore, Jennifer
Sent: Thursday, December 05, 2013 3:25 PM
To: Duchek, Michael
Subject: RE: Naloxone Language

Mike~

Brian's suggestions are reasonable, as you mentioned, this will ease concerns raised by the Medical Society and EMS. Make the changes, please. I assume changes need to be made to AB 447 also by adding or another opiate antagonist.

Other than that, did DSPS get back to you with their suggestions?

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Office of State Representative John Nygren
Co-Chair , Joint Committee on Finance
89th Assembly District
309 East, State Capitol
608.266.2344

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Sent: Thursday, December 05, 2013 9:49 AM
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Jennifer,

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-Mike

From: Litza, Brian D - DHS [<mailto:Brian.Litza@dhs.wisconsin.gov>]
Sent: Thursday, December 05, 2013 9:12 AM
To: Duchek, Michael
Cc: Wendorff, Eric J - DHS; Ullsvik, Jennifer C - DHS; Ignatowski, Alex - DHS
Subject: RE: Naloxone Language

Mike,

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Please let me know if there are any questions.

Thanks,

Brian

Brian Litza
WI EMS Director
608.261.6870

From: Duchek, Michael [<mailto:Michael.Duchek@legis.wisconsin.gov>]
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To: Litza, Brian D - DHS
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I believe that his concern is that the EMS providers operate under the license of the medical director. The current language seems to make the EMT responsible when in actuality, it's the physician medical director. I made a suggested change in the language to reflect this responsibility.

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Let me know if you have any other thoughts on anything, thanks,

-Mike

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Sent: Tuesday, December 03, 2013 10:15 AM
To: Duchek, Michael
Subject: FW: Naloxone Language

Mike,

I did check with DHS about the language regarding what is consistent with current practice as far as EMTs to carry of have available naloxone putting the responsibility and liability on the individual EMT. I have no objection with you calling Brian at DHS to make sure that our language is fine. I attached the letter again from Michael Curtis, the one who brought up the issue.

Jennifer Malcore

Office of State Representative John Nygren
Co-Chair, Joint Committee on Finance

89th Assembly District
309 East, State Capitol
608.266.2344

From: Ignatowski, Alex - DHS [<mailto:Alex.Ignatowski@dhs.wisconsin.gov>]
Sent: Wednesday, November 27, 2013 2:12 PM
To: Malcore, Jennifer
Subject: FW: Naloxone Language

Hi Jenny – Here is what I was able to get from Brian.

Thanks!

Alex Ignatowski
Legislative Advisor
Department of Health Services
Office: 608-266-3262
Mobile: 608-301-6149
alex.ignatowski@wisconsin.gov

From: Litza, Brian D - DHS
Sent: Wednesday, November 27, 2013 10:02 AM
To: Ignatowski, Alex - DHS; Ullsvik, Jennifer C - DHS
Subject: RE: Naloxone Language

Alex,
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<http://www.dhs.wisconsin.gov/publications/p0/p00451c.pdf> . Language in DHS 110.12 is as follows:
DHS 110.12 Authorized actions; scope of practice. An EMT or first responder may only perform the skills, use the equipment, and administer the medications that are specified by the department in the Wisconsin scope of practice for the level to which the individual is licensed, certified, or credentialed.
I hope this helps,
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Brian Litza
WI EMS Director
608.261.6870

From: Ignatowski, Alex - DHS
Sent: Wednesday, November 27, 2013 9:49 AM
To: Litza, Brian D - DHS; Ullsvik, Jennifer C - DHS
Subject: Naloxone Language

Hi Brian and Jenny – Not an expert in this area, so help me out if this doesn't make sense. Do we have a copy of the language that is used in the scope of practice for Advanced and Intermediate EMT's to carry and use Naloxone?

Thanks!

Alex Ignatowski

Legislative Advisor

Department of Health Services

Office: 608-266-3262

Mobile: 608-301-6149

alex.ignatowski@wisconsin.gov

Duchek, Michael

From: Malcore, Jennifer
Sent: Monday, December 09, 2013 2:46 PM
To: Duchek, Michael
Subject: RE: Language

Thank you, I left a message for Jeff at DSPS also.

Jennifer Malcore

Office of State Representative John Nygren
Co-Chair, Joint Committee on Finance
89th Assembly District
309 East, State Capitol
608.266.2344

From: Duchek, Michael
Sent: Monday, December 09, 2013 2:16 PM
To: Malcore, Jennifer
Subject: FW: Language

Jennifer,

Here's my proposed language and Brian's response re: mandatory carrying of naloxone/opioid antagonists. If I hear any other response from his CCs I will let you know.

-Mike

From: Litza, Brian D - DHS [<mailto:Brian.Litza@dhs.wisconsin.gov>]
Sent: Monday, December 09, 2013 2:14 PM
To: Duchek, Michael
Cc: Ullsvik, Jennifer C - DHS; Wendorff, Eric J - DHS; Hornby, Frederick T - DHS; Charles Cady
Subject: RE: Language

Mike,
I think it is fine. I did copy in the folks I ran the original suggestions by as well in case they have comment.
Thanks,
Brian

Brian Litza
WI EMS Director
608.261.6870

From: Duchek, Michael [<mailto:Michael.Duchek@legis.wisconsin.gov>]

Sent: Monday, December 09, 2013 1:58 PM

To: Litza, Brian D - DHS

Subject: Language

Brian, what do you think of this language as an alternative to what you had proposed for paragraph (c)?

Every ambulance service provider medical director shall ensure that every emergency medical technician under his or her supervision who has obtained the training necessary to safely and properly administer the drug 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.

Mike Duchek

Legislative Attorney

Wisconsin Legislative Reference Bureau

(608) 266-0130

Duchek, Michael

From: Malcore, Jennifer
Sent: Thursday, December 05, 2013 1:50 PM
To: Litza, Brian D - DHS; Ignatowski, Alex - DHS
Cc: Duchek, Michael
Subject: RE: Question regarding Assembly Bill 446

Thanks for your input Brian. We appreciate it.

Jennifer Malcore

Office of State Representative John Nygren
Co-Chair, Joint Committee on Finance
89th Assembly District
309 East, State Capitol
608.266.2344

From: Litza, Brian D - DHS [mailto:Brian.Litza@dhs.wisconsin.gov]
Sent: Thursday, December 05, 2013 1:40 PM
To: Malcore, Jennifer; Ignatowski, Alex - DHS
Cc: Duchek, Michael
Subject: RE: Question regarding Assembly Bill 446

Jennifer,

Thank you for the phone call and letting me know that you received the information I sent up this morning. Since the EMT's and First Responders work under the direction of the medical director (MD), the MD is responsible to determine what medications or substitutes they want. Realistically, every patient that is treated by EMS is technically being treated by the service MD because the EMT's are working under his authorization. Therefore, I don't believe that the controlled substances board needs to be involved with the legislation. It adds another layer that is not needed.

Thanks,
Brian

Brian Litza
WI EMS Director
608.261.6870

From: Malcore, Jennifer [mailto:Jennifer.Malcore@legis.wisconsin.gov]
Sent: Thursday, December 05, 2013 1:20 PM
To: Litza, Brian D - DHS; Ignatowski, Alex - DHS
Cc: Duchek, Michael - LEGIS
Subject: Question regarding Assembly Bill 446

Brian and Alex,

I am having Leg. Council write up a paper on Assembly Bill 446, Mary the author suggested this language to relieve concerns about stating just naloxone and not opiate antagonist.

The bill could be drafted to mention nalaxone by name but also leave open the possibility of adding other drugs. For example, you could have the bill grant authority to the controlled substances board (CSB) to specify by administrative rule any drugs in addition to nalaxone that should be covered by the provisions of the law created by the bill. The bill

could also specify that the CSB should add new drugs in the event that there is a shortage of naloxone. Drafting the bill in this way would also cover the circumstance of new, more effective drugs being developed in the future.

What are your thoughts?

Jennifer Malcore

Office of State Representative John Nygren

Co-Chair , Joint Committee on Finance

89th Assembly District

309 East, State Capitol

608.266.2344

Duchek, Michael

From: Malcore, Jennifer
Sent: Thursday, December 05, 2013 10:07 AM
To: Duchek, Michael
Subject: RE: Bill

Mike,

Absolutely, I just read your other e-mail also. I had talked to Alex at DHS about the language regarding narcotic antagonist or opioid antagonist. I am going to do some research today and talk to some stakeholders. I think you are right that we might mitigate concerns with this language change. I will get back to you by the end of the day. You may want to share this with Mary also.

Thank you for all your work.

Jennifer Malcore

Office of State Representative John Nygren
Co-Chair, Joint Committee on Finance
89th Assembly District
309 East, State Capitol
608.266.2344

From: Duchek, Michael
Sent: Thursday, December 05, 2013 10:04 AM
To: Malcore, Jennifer
Subject: Bill

Jennifer,

Just to make sure, is it OK to talk to Mary Matthias at Leg. Council about the naloxone sub?

Thanks,

-Mike

Duchek, Michael

From: Zadrazil, Chad J - DSPS <Chad.Zadrazil@wisconsin.gov>
Sent: Wednesday, December 04, 2013 11:49 AM
To: Duchek, Michael
Subject: RE: Naloxone legislation

I agree. This way, there is no worry about unintentionally altering their current dispensing and prescribing abilities.

Chad J. Zadrazil

Prescription Drug Monitoring Program Director
Wisconsin Department of Safety and Professional Services
608-266-0011

From: Duchek, Michael [mailto:Michael.Duchek@legis.wisconsin.gov]
Sent: 04 Dec 2013 11:49 AM
To: Zadrazil, Chad J - DSPS
Subject: RE: Naloxone legislation

I liked this better because it avoids the need to cross-reference to specific provisions relating to dispensing/prescribing authority and limitations.

From: Zadrazil, Chad J - DSPS [mailto:Chad.Zadrazil@wisconsin.gov]
Sent: Wednesday, December 04, 2013 11:45 AM
To: Duchek, Michael
Subject: RE: Naloxone legislation

Nice job! That covers it very well, I think.

Chad J. Zadrazil

Prescription Drug Monitoring Program Director
Wisconsin Department of Safety and Professional Services
608-266-0011

From: Duchek, Michael [mailto:Michael.Duchek@legis.wisconsin.gov]
Sent: 04 Dec 2013 11:44 AM
To: Zadrazil, Chad J - DSPS
Cc: Weigand, Jeffrey - DSPS
Subject: RE: Naloxone legislation

Chad,

As far as immunity goes, what do you think of this language for APRNs? (this would replace what is on page 3, lines 3-7 and be used as a model for the physicians/physician assistants as well).

An advanced practice nurse who, acting in good faith, prescribes or delivers the drug naloxone in accordance with sub. (2), or who, acting in good faith, otherwise lawfully prescribes or dispenses the drug naloxone, may not be subject to any 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 that drug.

-Mike

From: Zadrazil, Chad J - DSPS [<mailto:Chad.Zadrazil@wisconsin.gov>]
Sent: Tuesday, December 03, 2013 1:30 PM
To: Duchek, Michael
Subject: RE: Naloxone legislation

Hi Mike,

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Best,
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From: Duchek, Michael [<mailto:Michael.Duchek@legis.wisconsin.gov>]
Sent: 03 Dec 2013 11:00 AM
To: Zadrazil, Chad J - DSPS
Subject: RE: Naloxone legislation

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Sent: Monday, December 02, 2013 12:48 PM
To: Duchek, Michael
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Subject: RE: Naloxone legislation

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608-266-0011

From: Duchek, Michael [<mailto:Michael.Duchek@legis.wisconsin.gov>]
Sent: 25 Nov 2013 9:40 AM
To: Zadrazil, Chad J - DSPS
Subject: Naloxone legislation

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Mike Duchek
Legislative Attorney
Wisconsin Legislative Reference Bureau
(608) 266-0130

<< File: 13-3360_P2.pdf >>

Duchek, Michael

From: Zadrazil, Chad J - DSPTS <Chad.Zadrazil@wisconsin.gov>
Sent: Wednesday, December 04, 2013 11:45 AM
To: Duchek, Michael
Subject: RE: Naloxone legislation

Nice job! That covers it very well, I think.

Chad J. Zadrazil

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Wisconsin Department of Safety and Professional Services
608-266-0011

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-Mike

From: Zadrazil, Chad J - DSPTS [mailto:Chad.Zadrazil@wisconsin.gov]
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To: Duchek, Michael
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From: Duchek, Michael [<mailto:Michael.Duchek@legis.wisconsin.gov>]
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Sent: 25 Nov 2013 9:40 AM
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Duchek, Michael

From: Malcore, Jennifer
Sent: Tuesday, December 03, 2013 10:15 AM
To: Duchek, Michael
Subject: FW: Naloxone Language
Attachments: Naloxone letter Curtis.pdf

Mike,

I did check with DHS about the language regarding what is consistent with current practice as far as EMTs to carry of have available naloxone putting the responsibility and liability on the individual EMT. I have no objection with you calling Brian at DHS to make sure that our language is fine. I attached the letter again from Michael Curtis, the one who brought up the issue.

Jennifer Malcore

Office of State Representative John Nygren
Co-Chair , Joint Committee on Finance
89th Assembly District
309 East, State Capitol
608.266.2344

From: Ignatowski, Alex - DHS [mailto:Alex.Ignatowski@dhs.wisconsin.gov]
Sent: Wednesday, November 27, 2013 2:12 PM
To: Malcore, Jennifer
Subject: FW: Naloxone Language

Hi Jenny – Here is what I was able to get from Brian.

Thanks!

Alex Ignatowski

Legislative Advisor
Department of Health Services
Office: 608-266-3262
Mobile: 608-301-6149
alex.ignatowski@wisconsin.gov

From: Litza, Brian D - DHS
Sent: Wednesday, November 27, 2013 10:02 AM
To: Ignatowski, Alex - DHS; Ullsvik, Jennifer C - DHS
Subject: RE: Naloxone Language

Alex,
There is no specific language because the scope is really a list:
<http://www.dhs.wisconsin.gov/publications/p0/p00451c.pdf> . Language in DHS 110.12 is as follows:
DHS 110.12 Authorized actions; scope of practice. An EMT or first responder may only perform the skills, use the equipment, and administer the medications that are specified by the department in the Wisconsin scope of practice for the level to which the individual is licensed, certified, or credentialed.
I hope this helps,

Brian

Brian Litza
WI EMS Director
608.261.6870

From: Ignatowski, Alex - DHS
Sent: Wednesday, November 27, 2013 9:49 AM
To: Litza, Brian D - DHS; Ullsvik, Jennifer C - DHS
Subject: Naloxone Language

Hi Brian and Jenny – Not an expert in this area, so help me out if this doesn't make sense. Do we have a copy of the language that is used in the scope of practice for Advanced and Intermediate EMT's to carry and use Naloxone?

Thanks!

Alex Ignatowski
Legislative Advisor
Department of Health Services
Office: 608-266-3262
Mobile: 608-301-6149
alex.ignatowski@wisconsin.gov

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Attachments: 13-3360_P2 (CZ Notes).pdf; Professions Breakdown 11-15-12.pdf

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