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TO: Senator Leah Vukmir, Chair, and Members of the Health and Human Services Committee
FROM: Gina Dennik-Champion, MSN, RN, MSHA
Wisconsin Nurses Association Executive Director
DATE: September 18, 2013
RE: Opposition to SB 251 - therapeutic alternate drug selections in nursing homes, performance of patient services by a pharmacist, and the practice of pharmacy.

On behalf of the Wisconsin Nurses Association, I would like to thank Chairperson Vukmir and the members of the Health and Human Services Committee for holding a public hearing on SB 251, which addresses therapeutic alternate drug selections in nursing homes, performance of patient services by a pharmacist, and the practice of pharmacy.

My name is Gina Dennik-Champion. I am a registered nurse and serve as the Executive Director of the Wisconsin Nurses Association (WNA). WNA is the professional association for Wisconsin's 80,000 registered nurses. Prior to my current employment, I was a nursing home administrator and director of nursing for a 200 bed long-term care facility for approximately 15 years. I personally understand the nature of this issue. I am here today to share with you WNA's opposition to SB 251. SB 251 creates the potential for discrepancies in care and is not harmonious with existing law.

Without question, our members support the concepts in SB 251 that allow for the use of therapeutic alternate drug selection in nursing homes. The concern we have however, is regarding the proposed language on page 3, Section 3, lines 10-12 that allows an advanced practice nurse prescriber, or APNP, the use of therapeutic alternate drug selection. The language interferes with the routine procedure of a physician admitting patients/residents into a nursing home. Currently, the patient's attending physician is informed of the policies and corresponding regulations that support quality care and is asked to support these policies via authorization. The same process and authority should be addressed by the patients attending physician when it comes to authorizing the use of therapeutic alternate drug selection. If SB 251 passes as written, it would allow for other physicians and non-physicians to override the attending physician's authorization of the substitution of medications. Having multiple practitioners sign off on the use of substitute medications could disrupt the continuum of care and create unintended discrepancies. For example, one practitioner may authorize certain substitution of a medication, while another practitioner may not. WNA believes that as long as the Federal law requires that only physicians can admit patients to a nursing home and that they are responsible for the overall medical plan of care, then he or she should be the only one authorizing the use of therapeutic alternate drug selection.

Another concern regarding SB 251 is that Section 3, lines 10-12, are inconsistent with Wisconsin State Statute 450.13(5)(b). This statute permits an APNP, in a hospital setting, to have a written agreement to

collaborate with a physician when approving the use of therapeutic alternate drug selection. (Refer to the reference section below.) Section 3 in SB 251 creates a different condition for the APNP. It requires a written collaboration agreement with all attending physicians of the patients. This creates a very different situation for the APNP, the patient's attending physician, and their clinic. Documentation of these multiple APNP/attending physician agreements would need to be on file in the nursing home, pharmacy, clinic, and in the personal file of the physician and APNP.

WNA would like to suggest two options to avoid these foreseeable problems. The first is to remove the language related to APNP on page 3, Lines 10 -12. The second is to make the language consistent with 450.13(5)(b).

WNA would like to thank Senator Gudex for sponsoring this legislation. It will make a difference for nursing homes and their patients. We appreciate the time and energy put forth by key stakeholders to address this issue. WNA will fully support SB 251 when the language we are concerned about is addressed to our satisfaction.

Thank you again Senator Vukmir for holding this public hearing on SB 251.

Reference related to the *use of therapeutic alternate drug selection*

SB 251 – Proposed requirement for nursing homes Page 3, Section 3, Lines 10 -12 states; *“The patient’s advanced practice nurse prescriber, if the advanced practice nurse prescriber has entered into a written agreement to collaborate with the patient’s personal attending physician”*

Current Statute: requirements for hospitals 450.13(5)(b) states; *“The patient's advanced practice nurse prescriber, if the advanced practice nurse prescriber has entered into a written agreement to collaborate with a physician.”*