

2009 SENATE HUMAN SERVICES

SB 2218

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2218

Senate Human Services Committee

Check here for Conference Committee

Hearing Date: 02/09/2009

Recorder Job Number: 8991

Committee Clerk Signature

Mary K Mouson

Minutes:

Senator Lee Opened the hearing on SB 2218. Introduced SB 2218. She is sponsoring this bill at the request of the Attorney General to clarify the statute.

Wayne Stenehjem ND Attorney General. Spoke in support. See attachment #1.

Senator Dever The prescription monitoring brought up a question, if we suddenly had a flood of new pharmacies in the state, would they be required to participate? Can you comment on your ability to prosecute beyond our borders?

Stenehjem All new pharmacies are subject to the law and monitoring. We can prosecute violators by working with our federal counterparts. Typically these are not just ND people; there are hundreds of thousands of patients all over. ND would have jurisdiction under this law under something known as long arm jurisdiction. We can extradite people if ND is involved. We can deal with it in state or federal court.

Senator Heckaman How do you plan on monitoring this?

Stenehjem Typically these are cases that are reported to us. Theoretically we could go online and do this ourselves but we get a little skittish.

Senator Lee Can you tell us the story about your experiment in buying meth ingredients when you were investigating the meth problem?

Stenehjem Told the humorous story about his assistant.

Senator Lee What about people who get their prescriptions filled in Canada?

Stenehjem I will let the pharmacists tell you about that.

Senator Lee Pointed out a spelling error in the bill.

Howard C. Anderson Executive Director of the State Board of Pharmacy. Spoke in support of 2218. See attachment #2.

Senator Lee Does this preclude buses of people going to Canada?

Anderson This wouldn't apply to them because they saw a doctor face to face. Though we cannot track how much time they spent with doctor, this bill does not apply to those situations

Senator Dever In light of previous discussion about remanufacturing of drugs and pedigree businesses, in this circumstance are we talking about illegitimate drugs?

Anderson Sometimes we are, but many times these are pharmacies with licenses. We have done a lot to shut down the illegitimate pharmacies. We actually were able to take down some wholesalers through the supply change. Enumerated various examples of how drugs are tracked.

Discussion about other drug issues

Kirby Mohl Pharm. D. student. Spoke in support of 2218. See attachment #3.

Duane Houdek Secretary for the Board of Medical Examiners. This bill is completely consistent with the position we have taken on ND physicians and others over whom we have jurisdiction. It fills the gap over those who we do not have jurisdiction. We have always required in person consultations.

Bruce Levi ND Medical Association. Spoke in support of 2218. We appreciate the help we received while drafting the bill.

Senator Lee Are we still going to be able to have physicians prescribing controlled substances in cases where they are needed without any major hoops?

Levi I think the issue we worked through is what is a valid prescription and what is the definition of an in person consultation; we now feel very comfortable. Page 3, section 5 spells out exceptions. We do not feel that this bill will add any additional barriers for that type of prescription.

Senator Lee Can you remind us what the penalty for a Class C felony is?

Stenehjem 5yrs in jail, a 50,000 dollar fine or both.

There was no opposition testimony given.

Senator Lee Closed the hearing on SB 2218

Senator Dever I move **Do Pass**

Senator Erbele Second

The Clerk called the role on the motion to **Do Pass. Yes: 5, No: 0, Absent: 1 (Senator Marcellais).**

Senator Heckaman will carry the bill.

Date: 2-9-09

Roll Call Vote #: _____

2009 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. SB 2218

Senate _____ **Human Services** _____ Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass Do Not Pass Amended Rerefer to Appropriations

Adopt Amendment Reconsider

Motion Made By Sen. Dever Seconded By Sen. Erbele

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee, Chairman	✓		Senator Joan Heckaman	✓	
Senator Robert Erbele, V.Chair	✓		Senator Richard Marcellais		
Senator Dick Dever	✓		Senator Jim Pomeroy	✓	

Total (Yes) 5 No 0

Absent 1

Floor Assignment Senator Heckaman

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE (410)
February 9, 2009 1:32 p.m.

Module No: SR-25-2146
Carrier: Heckaman
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

SB 2218: Human Services Committee (Sen. J. Lee, Chairman) recommends DO PASS
(5 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). SB 2218 was placed on the
Eleventh order on the calendar.

2009 HOUSE HUMAN SERVICES

SB 2218

2009 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. **SB 2218**

House Human Services Committee

Check here for Conference Committee

Hearing Date: **March 2, 2009**

Recorder Job Number: 9914

Committee Clerk Signature



Minutes:

Chairman Weisz opened the hearing of SB 2218.

Jerald Kenett, on behalf of AG Wayne Steneham, spoke on behalf of the bill. He distributed and read the testimony of AG Steneham. **(Attachment 1)**

Representative Porter: A lot of the inside of the 50 states internet online pharmacy has been pretty much reined in with the passage of the federal act. A lot of what is happening now is offshore situations. How is this going to help slow that down or curb that?

Kenett: I don't know if this bill will help us as far as the offshore stuff. We will still have to rely on federal government to investigate those off shore pharmacies. I think this will help us within the United States and take care of some of the stuff that the federal people in ND who have too few resources probably wouldn't look at for criminal investigation. The Attorney General would take a look at them for prosecution.

Chairman Weisz: In section 1, it appears to me that you are probably limiting the situation where you have your local physician you see regularly and sometimes you have a recurring condition you can call him up and say my sinus infection is back. He says you don't have to come in and will just give you a prescription. Now you have prohibited that under this section.

Kenett: As long as you have a one-time, in person examination by that doctor it will work.

Chairman Weisz: That's not the way I'm reading it. It says within 12 months in every case. It is not a one-time; it has to be on-going.

Arnold Thomas, president of the ND Health Care Association, testified in favor of the bill. He distributed a proposed amendment. **(Attachment 2)** If you pass this bill as written, you would not permit hospitals to use cabinets on hospital floors in which controlled substances are deposited and accessed during evening hours by nursing personnel. We submitted this amendment to the AG's office and we have reason to believe that the language as written is agreeable.

Representative Porter: Could the same situation happen in a clinic or a skilled nursing facility that we want to be that specific with the word "hospital" in the amendment?

Thomas: I'm not familiar in terms of the clinic setting and I did not explore the issue with the long-term care community. If you wish, I'd be happy to do that and report back to the Committee.

Howard Anderson, executive director, State Board of Pharmacy, testified in favor of the bill. **(Attachment 3)** I would like to speak to the question of the year time limit. I think the reason that is in the bill was in ND a prescription is good for a year. If you haven't seen the doctor in a year, it's probably not good care to continue filling your prescription. There may be a few exceptions to that. If we thought the year was too little we would hear from the doctors and pharmacists who would say we should lengthen that period of time. We are looking for those people who never saw the patient. If an out-of-state physician is in consultation with your doctor they do not have to be licensed in ND and can prescribe for you. The local doctor is the one who is responsible to us and to the medical board and for your care.

Chairman Weisz: How is this bill going to allow you to go after that doctor in Utah?

Anderson: We communicate with the local board and the action usually is against their license. In cases where we want to prosecute them under the controlled substance act, we

would ask the AG office to do that. They can do that. We have agreements with most other states where we can prosecute people across state lines and ask the court in the other state to enforce whatever the state has decided upon. If ND says it is not legal here then the local jurisdiction even in other countries can say they do not want to violate the laws of another jurisdiction

Chairman Weisz: We can't charge them with violating our state laws. You can with the cooperation of the Board, pull their license but you can't charge them with a crime in another state.

Anderson: Yes, you can charge them. I'm going to let the AG answer that.

Chairman Weisz: Give me an example of a drug dispensing machines that are currently in the state that you are going to prohibit.

Anderson: Right now in ND we have a telepharmacy rule. One of the provisions in that rule is that can use an automating dispensing device. That's the primary means that the Indian Health Services for their devices and Eastern Washington uses a lot of them. Nobody here has chosen an automating dispensing device because they use our model where they have an inventory and a technician. The dispensing model is that the physician originates the prescription, then it goes to a pharmacist who reviews the order and sends a message out to that automated dispensing device in the remote location and it prints out a bar code or he gives a specific number you punch in to the keypad and then the correct medication can be barcode scanned again as it comes out of that machine. In Alaska the IHS has 22 locations run out of a central site in Anchorage. There is a video screen where they can talk to the patient if they need to. In Alaska a support person in that remote clinic is the one who puts the label on the medication and hands it to the patient. We have a couple of machines operating in ND.

Representative Hofstad: Explain to me how an internet provider validates a prescription.

Anderson: Let me talk about both the legal and the illegal. If a physician saw a patient now and wanted an electronic prescription, they put in to their computer all the information about you and put in there the prescription. That prescription then could be sent to the pharmacy of your choice and it could be in ND or it could be out of ND. Once the pharmacy receives that prescription then they dispense it by mailing it to you or you could pick it up. That would be the legal method.

What happens with illegal sites and just last week we looked one that wanted to advertise in the ND newspapers. They were encouraging you to go on to their web site and then you fill out this questionnaire and there is no way to validate the information you put in. Then the guy on the other end pretends to validate the prescription I say that because if they get hundreds of them a day there is no way they are reading every one—it's an excuse to make it look legitimate. Then that prescription gets authorized by a doctor who is licensed someplace and sent to some pharmacy someplace. It might be in this country because we have pharmacies that agree to do it—they pretend these are legitimate. They mail the prescription to you. We took down an operation in Florida a year ago that was doing \$84 million. When you are talking that kind of money you can talk some people in to doing almost anything. The one we got with the ads the other day was located in Singapore.

This does have a provision on it so that the middle guy, and this is something we have never been able to get, is the middle guy who recruits the physician and recruits the pharmacy and then pretends he didn't do anything illegal because a licensed doctor wrote the prescription and a licensed pharmacy dispensed it. Now we can get to that middle guy with this bill.

Representative Holman: I'm looking for loopholes and the amendments you are putting in there about automated dispensing machine could they be marketing cancer treatment? How

is that controlled? A cancer patient pressing a button and dispensing automatically pain medication . . .

Anderson: This has nothing to do with that. That is administrating medication not dispensing it.

Representative Porter: Going back to the question about a phone conversation for an antibiotic for a sinus infection. The way I read Section 1, the definitions, this is really just talking about controlled substances and those specified drugs on page 2. So antibiotics aren't listed anywhere so that still could be done without actually seeing a physician.

Anderson: Yes, my preference would have been to include all drugs in the bill. When you start picking certain ones you can do others and that's still not good medical care in most cases. It doesn't apply the penalty to that.

Representative Porter: In regards to the automated machines in clinics that are associated with hospitals that can legally dispense limited amounts of medication in long-terms care facilities when pharmacies aren't open, those need to be specifically listed as part of that language. Right now we have specific to hospitals and there are other places that can legally have an automated machine.

Anderson: I am deficient in looking at that. We would like to work with your Committee to make sure that none of the things we think appropriate are being prohibited.

Michael Mullen, Assistant Attorney General, testified in favor of the bill. With respect to the one-year period for requiring an in-person evaluation that was to match up what is the normal authority for prescriptions. This bill only applies to controlled substances and this limited list of drugs. It does not apply to antibiotics or a lot of other classes of drugs that are commonly prescribed. In answer to your questions as to out-of-state or foreign drug operations, one of the values of this legislation is that it will make those improper activities criminal offenses in

ND. So there would be clear authority to get a search warrant to seize drugs that are improperly sent in to ND. We do have jurisdiction if someone caught from a location outside of the state causes injury to somebody inside ND as noted on page 5 of the bill.

There was no opposition to the bill. Chairman Weisz closed the hearing of SB 2218.

2009 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2218

House Human Services Committee

Check here for Conference Committee

Hearing Date: March 18, 2009

Recorder Job Number: 11199

Committee Clerk Signature

Wicky Crabtree

Minutes:

Chairman Weisz: 2218. I have a letter from Mr. Mullen who approved of the amendment.

Rep. Porter: It's a proposed change to page 2, remove lines 28 and 29?

Chairman Weisz: That is correct, because it is already controlled by the Board of Pharmacy and that will be even better (inaudible) dispensing with controlled substances. The date, time and the name of the person authorizing the dispensing is printed out automatically when that happens.

Rep. Porter: Move the amendment.

Rep. Damschen: Second.

Voice Vote: 12 yeas, 0 nay, 1 absent, Rep. Hofstad

Rep. Porter: Do Pass As Amended.

Rep. Uglem: Second.

Roll Call Vote: 12 yes, 0 no, 1 absent, Rep. Hofstad.

MOTION CARRIED DO PASS.

BILL CARRIER: Rep. Uglem.

VRC
3/18/09

PROPOSED AMENDMENTS TO SENATE BILL NO. 2218

Page 2, remove lines 28 and 29

Page 2, line 30, replace "4." with "3."

Page 3, line 3, replace "5." with "4."

Page 3, line 22, replace "6." with "5."

Renumber accordingly

Date: 3-18-09
Roll Call Vote #: 1

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2218

House HUMAN SERVICES Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass Do Not Pass Amended

Motion Made By Rep. Porter Seconded By Rep. Damschen

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN ROBIN WEISZ			REP. TOM CONKLIN		
VICE-CHAIR VONNIE PIETSCH			REP. KARI L CONRAD		
REP. CHUCK DAMSCHEN			REP. RICHARD HOLMAN		
REP. ROBERT FRANTSVOG			REP. ROBERT KILICHOWSKI		
REP. CURT HOFSTAD			REP. LOUISE POTTER		
REP. MICHAEL R. NATHE					
REP. TODD PORTER					
REP. GERRY UGLEM					
	<i>Waive</i>				

Total (Yes) 12 No 1

Absent 1 Hofstad

Bill Carrier _____

If the vote is on an amendment, briefly indicate intent:

*Move Amend
Remove
lines 28 & 29*

Date: 3-18-09
Roll Call Vote #: 2

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2218

House HUMAN SERVICES Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass Do Not Pass Amended

Motion Made By Rep. Porter Seconded By Rep. Uglem

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN ROBIN WEISZ	✓		REP. TOM CONKLIN	✓	
VICE-CHAIR VONNIE PIETSCH	✓		REP. KARI L CONRAD	✓	
REP. CHUCK DAMSCHEN	✓		REP. RICHARD HOLMAN	✓	
REP. ROBERT FRANTVOG	✓		REP. ROBERT KILICHOWSKI	✓	
REP. CURT HOFSTAD	A		REP. LOUISE POTTER	✓	
REP. MICHAEL R. NATHE	✓				
REP. TODD PORTER	✓				
REP. GERRY UGLEM	✓				

Total (Yes) 12 No 0

Absent 1

Bill Carrier Rep. Uglem

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2218: Human Services Committee (Rep. Weisz, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (12 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). SB 2218 was placed on the Sixth order on the calendar.

Page 2, remove lines 28 and 29

Page 2, line 30, replace "4." with "3."

Page 3, line 3, replace "5." with "4."

Page 3, line 22, replace "6." with "5."

Renumber accordingly

2009 TESTIMONY

SB 2218

SB 2218 "Justin's Law"
Testimony of Attorney General Wayne Stenehjem
February 9, 2009
Senate Human Services

Same given to House.

In recent years, a number of online pharmacies have been established. While many of these pharmacies are legitimate, a number of rogue online pharmacies are a source for the distribution of dangerous controlled substances and certain prescription drugs that are dispensed without a licensed medical practitioner's valid prescription, i.e., a prescription written following an "in-person medical evaluation" of the patient.

Ryan Haight, an honor student who was barely 18, died of an overdose of powerful prescription painkillers he purchased online from a rogue online pharmacy, a Norman, Oklahoma-based Internet drug store owned by pharmacist Clayton Fuchs, who also ran other similar Web sites. Mr. Fuchs sent the 18-year-old Ryan Haight the drugs even though he knew the teenager had never been examined by the doctor who wrote the prescription.

Fuchs was later indicted and convicted of six felony offenses including conspiracy to dispense a controlled substance, operating a continuing criminal enterprise and money laundering. In order to prevent the continued operations of rogue Internet online pharmacies, Congress passed the Ryan Haight Online Pharmacy Consumer Protection Act – to prohibit the delivery or dispensing of a controlled substance without a valid prescription, which requires a proper in-

person medical evaluation of a patient. A similar North Dakota law (as proposed in this legislation) will give the Attorney General, State's Attorneys, the Bureau of Criminal Investigation, and local law enforcement officials authority to investigate and prosecute these activities in conjunction with federal agencies or in cases where federal resources are insufficient to investigate or prosecute these crimes.

A similar tragedy involving a drug overdose caused by drugs purchased through the Internet, occurred in Minnesota. Justin Pearson of St. Cloud, Minnesota, died of an overdose of Vicodin, Percocet, and OxyContin that he received online after filling out a brief questionnaire. A new Minnesota law aims to make it more difficult to buy some prescription drugs online. The law requires face-to-face consultations with prescribers and bans pharmacies from filling prescriptions that are not based on a legitimate medical relationship. Pharmacists who violate the law could lose their licenses or be subject to criminal charges.

It should be noted that initially the Minnesota law only applied to a prescription or drug order for specified drugs if the prescription was "based solely on an online questionnaire," but the law was amended in 2008 to remove that phrase and cover transactions that include other communications, because some pharmacies and doctors were attempting to get around the law by requiring some other communications, e.g., a phone call, so the prescription was not based **solely** on an online questionnaire.

Some internet pharmacies employ doctors directly to issue prescriptions (drug orders) to "patients" who submit an online questionnaire, but do not receive an in-person medical evaluation. According to a December 2008 story on ABC's Good Morning America show, a Dr. Miles Jones worked for one such Web site. "The total number of patients in my database is now slightly more than 32,000," Jones said. He is one doctor with 32,000 patients, who has not conducted a single in-person medical evaluation.

It is not just "controlled substances" that are subject to abuse. Skeletal muscle relaxants are also subject to abuse. At high doses, skeletal muscle relaxants have been described as producing "a buzz" and "euphoria." Chronic misuse or overdose of muscle relaxants can lead to heart disease, seizures, and death. Two muscle relaxants were ranked among 234 abused drugs reported to the Drug Abuse Warning Network.

What does this bill do?

Section 1 of the bill makes it unlawful to deliver, distribute, or dispense a controlled substance or certain other specified drugs that have been subject to abuse, unless the patient has received a proper in-person evaluation by a practitioner, which will usually be a physician, nurse practitioner with prescriptive authority, or an authorized physician's assistant acting under the direction of a physician. This section of the bill is very similar to legislation enacted

in Minnesota in 2008 known as "Justin's Law." A violation of section 1 is a class C felony.

Section 2 is a technical amendment that excludes from an exemption to the requirements for filling and refilling certain prescriptions, the dispensing of drugs pursuant to "electronic means", which is consistent with the current exclusion of drugs dispensed pursuant to diagnosis by mail.

Section 3 creates a new section 19-03.1-22.4 making it unlawful to deliver, distribute, or dispense a controlled substance that is a prescription drug by means of the Internet without a "valid prescription." A valid prescription means a prescription that is issued for "a legitimate medical purpose in the usual course of professional practice... by a practitioner who has conducted at least one-in-person medical evaluation of the patient... or [by] a covering practitioner [another physician who conducts an in-person evaluation at the request of the prescribing practitioner]."

Section 3 is very similar to a law enacted by Congress in January 2008 known as the Ryan Haight Online Pharmacy Consumer Protection Act. It could be asked why a North Dakota law is needed if there is already a federal criminal offense for prescribing a controlled substance by means of the Internet without a proper in-person medical evaluation. There are several reasons. First, federal resources are limited and federal officials may choose to investigate or prosecute only major cases, i.e., cases involving a pattern of

violations or large amount of drugs. Second, by enacting a North Dakota law we establish clear authority of the Attorney General, state's attorneys, the Bureau of Criminal Investigation, and other law enforcement agencies to investigate suspected improper delivery or dispensing of controlled substances.

Section 4 of the bill amends section 19-03.1-23 to explicitly provide penalties for delivery, distribution, or dispensing of a controlled substance "by means of the Internet" in violation of the requirements set forth in section 3 of the bill (the new section 19-03.1-22.4), and provides an amendment to explicitly include distribution of a counterfeit substance by means of the Internet. In addition, a new subsection 6 of section 19-03.1-23 creates an offense for any person who willfully serves as an "agent or intermediary" that causes the Internet to be used to bring together a buyer and seller to engage in the delivery, distribution, or dispensing of a controlled substance without a valid prescription, or to "offer to fill or refill a prescription for a controlled substance based solely on a consumer's completion of an online medical questionnaire."



BOARD OF PHARMACY
State of North Dakota

John Hoeven, Governor

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SENATE BILL No 2218 - Relating to the requirements for Prescribing and dispensing Controlled Substances; dispensing controlled substances by means of the internet

**Senate Human Services Committee - Red River Room
9:00 AM - Monday - February 9th, 2009**

*Same testimony
& handouts
given to
House.*

Chairman Lee, Members of the Senate Human Services Committee. For the record I am Howard C Anderson, Jr, R.Ph, Executive Director of the North Dakota State Board of Pharmacy. Thank you for the opportunity to speak to you today.

The North Dakota State Board of Pharmacy is in favor of these changes in NDCC Chapters 19-02 and 19-03.1 to make it clear that internet prescribing and resulting internet pharmacy is not appropriate behavior.

Chapter 19-02 has had language in it for many years which has prohibited the mail order diagnosis of a patient and it is time that we added language to make it clear that internet prescribing and resulting internet pharmacy is not appropriate either.

There are adequate provisions in subsection 5 on page 3, line 3 which provide for all of the exceptions our Boards and practitioners have agreed upon are valid exceptions to this standard.

The Board of Pharmacy has worked on internet prescribing and dispensing cases for several years. I have included some of the solicitations that we see, asking our pharmacies to get into this business. The solicitations also go to physicians, and sometimes those who are retired or living in a different state than where their license has been obtained succumbs to the temptation to do internet prescribing as well. Virtually all of this prescribing tends to be for drugs that a patient would not or could not obtain through a legitimate visit to a prescriber. The prices are invariably much higher than patients would pay if they actually went to a legitimate physician and a legitimate pharmacy.

All you have to do is go to your computer and type in the word "drugs" or any particular drugs or even "I want drugs" and hundreds of sites will pop up offering to sell you almost anything your heart could desire.

Our law and the federal law say that legend drugs need a prescription from a practitioner in order to be dispensed. This means that you have actually been examined by the practitioner, diagnosed with an ailment the drug is intended to treat or prevent and then an appropriate prescription is issued and dispensed based on that particular patients needs. Unfortunately, diagnosis and dispensing over the internet lends itself to much fictitious activities. You can pretend you are any age; you can pretend you are either sex; you can lie about whether you are pregnant or not; you can present any symptoms you choose to report and expose yourself to a multitude of unknown potential harms, which a visit to your physician and your pharmacist is intended to protect you from.

This Bill, just as it is, is a step in the right direction. It gives our Boards the tools to say to pharmacists, as well as the prescribers, that this type of behavior just is not acceptable when North Dakota patients are at risk.

We hope you will support Senate Bill #2218.

Thank you.



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Senate Human Services Committee
SB 2218 – 2/09/09 9:00 A.M.
Chair – Senator Lee

Madam Chair Lee and members of the committee, my name is Kirby Mohl, a Pharm. D. student, currently on rotation at the ND Pharmacists' Association. I am here today to present comments in favor of senate bill 2218 relating to internet pharmacies.

We support this bill because it provides for better patient safety. As proven by the story of St. Cloud native Justin Pearson, the internet has made it easy to acquire potentially dangerous and addictive drugs. With the goal to decrease prescription drug abuse and misuse, this bill would allow not only for restricted access, but more importantly, the penalties to be faced by violators. We also support allowing the Attorney General to fully prosecute individuals.

The National Association of Boards of Pharmacies uses a program to accredit online pharmacies called Verified Internet Pharmacy Practice Sites. Through this process, only 16 Internet pharmacies are currently recommended by the NABP. Nearly 1,500 are not recommended based on issues with privacy, security of orders, quality assurance, or not operating within federal and state laws.

Foreign drugs are also an issue because they are not subject to the strict guidelines of the FDA and thus may be unsafe. They also have a greater potential to be counterfeit which is often difficult to recognize. These reasons lead us to believe there is a need for regulation to provide safer drugs to our patients.

I would like to thank you for your time and attention today. If there are any questions, I would be happy to attempt to answer them.

Respectfully,

A handwritten signature in black ink, appearing to read "Kirby", is written below the word "Respectfully".

Kirby Mohl, Pharm. D. Student
kirby.mohl@ndsu.edu – 701.721.3499

2

Arnold Thomas

AMENDMENT TO SENATE BILL 2218

On the page 2, line 29, remove "a" and insert "an automated" and after "machine" insert "except at a site in a hospital with a licensed pharmacy that is in compliance with applicable rules of the board of pharmacy governing the use of dispensing machines"

Renumber accordingly