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On a trip over the summer, I stayed at a hotel on the east coast. As many hotels do, this one had information laid out to greet a visitor highlighting various services. One of the cards caught my attention:

### IV DRIP REPAIR – REHYDRATE – RENEW

Pricing from \$350

- IMMUNITY
- ENERGY
- HANGOVER
- BEAUTY
- STRESS
- JET LAG
- WEIGHT LOSS
- BRAIN FOCUS
- NAD+

A quick web search shows multiple parties in my surrounding geographic location that appear to be willing to provide IV treatment of what appears to be the same type.

As some may know, I previously worked with the Pharmacy Quality Assurance Commission (PQAC). During that time, the aftereffects of the events with the New England Compounding Center were still fresh in everyone's minds. So, when something like the above crosses the transom, for me, my first question is about the who, what, how, and most importantly, the where of these medications.

1. Who is preparing the medication, i.e. compounding?
2. Who is administering the medication, i.e. running the IV?
3. Under whose prescriptive authority is the medication is being administered?

At the most recent annual meeting of the Federation of State Medical Boards, there was a presentation by two state boards and the United States Food and Drug Administration. While there were not specific cases discussed, some of the anecdotes related were concerning. Of course, they were just anecdotes and should not, in the absence of actual data, be the predominant factor in driving regulatory efforts around public health and safety.

In the wake of the FSMB meeting, the WMC chair, Dr. Domino, has formed an internal workgroup to delve deeper into issues surrounding these therapies. The workgroup's charter calls for it to look into what other states have done or considered and work with other healthcare licensing authorities like our colleagues with the Washington Board of Nursing and PQAC. There is an interagency group that has formed around aesthetic treatments and a subgroup there is also examining the issue of IV hydration treatment and mobile IV services.

Additionally, the WMC and our colleagues are not also mindful of other states that have also been looking into the proliferation of IV hydration services. At least four other states have adopted guidance and at least two others are at a similar point as the WMC. While it is too early in the WMC's review to say what may come of the workgroup's efforts, the WMC recognizes there are certainly advantages to treatment modalities that can be brought to patients.

