

## Testimony on SB 340

Good morning, and thank you for the opportunity to testify in opposition to SB 340 which would authorize remote "satellite" Pharmacies.

My Name is Howard Kramer, and I have been a pharmacist for over 50 years. I retired from Sears Holdings/Kmart Pharmacy in 2012 after over 37 years and ended my career there as Director Pharmacy Human Resources and Government Affairs where I was responsible for all HR functions for 3500 pharmacists, as well as all regulatory affairs for the pharmacy division. Subsequently, I worked for 6 years as a pharmacist in retail community pharmacy in an independently owned pharmacy. For the past 7 years I have also served as an inspector for the National Association of Boards of Pharmacy, performing inspections on independent and chain retail pharmacies, non-sterile and sterile compounding pharmacies, and drug wholesalers throughout the United States.

I have seen telepharmacy work in other states, including pharmacies I have inspected in Wisconsin, and I am confident that a well thought out and well written regulation allowing telepharmacy in Michigan can be beneficial for many citizens of our great state.

That said, it is my belief that SB 340 has numerous shortcomings that are not in the best interest of our citizens. Some of these shortcomings include the following:

- There is no pharmacist shortage and thus no widespread public health need for this bill. Patients have access to medications through mail-order pharmacies and through community pharmacy delivery services.
- The bill allows a pharmacist practicing at a parent pharmacy to supervise two remote pharmacies that each could dispense up to 225 prescriptions a day. Therefore, a single pharmacist may review and authorize 450 prescriptions PLUS the prescriptions filled in the facility in which he or she is working. **This high volume will likely result in increased medication dispensing errors and overlooked prescribing and medication use errors.**
- The bill would allow the remote pharmacies to be staffed with licensed pharmacy technicians with only 1000 hours of experience (the equivalent of 6 months full-time). This is not enough practical experience and there should be a requirement for the technicians to be nationally board certified, a much more comprehensive training program. While I believe that there are many well-qualified technicians in our state, however, additional credentials and experience should be required, including certification.

- Retention of audio and video recordings should be retained much longer than the 45 days as required by the bill. Many prescription errors are not discovered for 30 days or more after the prescription is filled and with today's technology there is no reason to not retain the data for a year or more.
- Remote pharmacies staffed by only pharmacy technicians could increase drug diversion either through internal processes or because they are targeted by drug dealers and others who realize that no pharmacist is present. The monthly reconciliation of controlled substances is inadequate and any telepharmacy regulation should require a perpetual inventory (common in the industry) with **daily** reconciliation of part or all of the inventory, with a monthly review by the PIC. This is not uncommon in the industry.
- The bill does not require pharmacist counseling before a prescription is dispensed from a remote pharmacy. Patient counseling is a key safety feature recommended by NABP and required by other states' telepharmacy laws. This requirement is not just for patient education purposes but as a final check to prevent dispensing and medication errors. States with Telepharmacy laws with which I am familiar require counseling on all prescriptions (not an offer to counsel).
- The bill provides generous latitude to the Board of Pharmacy to grant waivers to the bill's 10-mile minimum distance requirement between a remote pharmacy and a traditional pharmacy.

Last but certainly not least, any Telepharmacy law, as suggested by the National Association of Boards of Pharmacy and based on a study by the University of Minnesota, and agreed upon by Pharmacists Mutual Insurance Program, is the need for a continuous audio/video link. Studies have shown a very serious issue with pharmacy technicians in a Telepharmacy practice filling prescriptions without pharmacist verification.

I appreciate your time and this opportunity to ensure the health, safety, and welfare of prescription patients in the state of Michigan are not compromised by this regulation.

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