

**Written Testimony of the Oakland County Pharmacists Association  
Michigan House of Representatives, Health Policy Committee  
October 24, 2019**

The Oakland County Pharmacists Association (OCPA) is a professional pharmacy association with approximately 500 members including pharmacists, pharmacy technicians, and pharmacy students. Our members are involved in community, hospital, long-term care and specialty pharmacy practice, pharmacy education, research, and the pharmaceutical industry. The Association is the largest affiliate of the Michigan Pharmacists Association (MPA).

OCPA believes that telepharmacy practices can provide a useful service in providing access to medications and pharmacist counseling in geographical areas that do not have access to such services. Thus, our concern is not with telepharmacy practice, but with the language of Senate Bill 340 itself.

We have benchmarked Senate Bill 340 against the National Association of Boards of Pharmacy telepharmacy model language and against telepharmacy practice requirements in the 19 states that permit telepharmacy practices similar to those outlined in this bill. We have talked with pharmacists who are involved in telepharmacy practice and have spoken with Board of Pharmacy Directors who regulate telepharmacies within their states. We have spoken with pharmacists across the state and OCPA and the Upper Peninsula (U.P.) Division of MPA have collected nearly 450 signatures of pharmacy professionals and other Michigan residents who oppose this bill as written, including 65 individuals who live in the U.P.

Our review of telepharmacy practices has identified areas where SB 340 needs to be strengthened to ensure patient safety. Our views are shared by the Macomb and Wayne County Pharmacists Association and the U.P. Division of MPA.

The SB 340 changes requested to ensure patient safety and health include:

Remote pharmacy technicians should be licensed, have successfully passed and maintained national certification, and have at least 2000 hours of experience.

Certification indicates that the pharmacy technician possesses a specific degree of pharmacy-related knowledge and has chosen pharmacy as a career, not just as a job. A 2016 survey of 1,000 U.S. adults found that 85% of those interviewed want the pharmacy technicians in their pharmacy to be certified.

Pharmacist counseling should be required before the dispensing of any prescription as a means to ensure patients have the knowledge to take medications properly and safely, and to prevent dispensing and medication errors.

Pharmacist counseling is a recommended measure to detect prescription and medication use errors before the prescription leaves the pharmacy. If not detected, such errors can lead to emergency department visits, hospitalizations, and even death. Other states, such as Illinois and North Dakota, have required counseling for all dispensed prescriptions from telepharmacies even though counseling is only required for new prescriptions dispensed from their traditional community pharmacies.

**Pharmacists should be able to hear and see all activities within the remote pharmacy at all times through a continuous audio-visual connection.**

A continuous audio-visual link is recommended by the National Association of Boards of Pharmacy, other state Board of Pharmacy Directors, and pharmacists practicing in telepharmacy. A continuous link is essential for pharmacists and pharmacy technicians to work together as a team to provide appropriate patient care. This critical component of a telepharmacy system was included in the original Senate Bill 340. (Section 17742A (4) "TELEPHARMACY SYSTEM" MEANS AN INTEROPERABLE COMPUTER SYSTEM THAT SHARES CONTINUOUS, REAL-TIME DATA AND USES A CONTINUOUS, REAL-TIME AUDIO AND VIDEO LINK TO CONNECT A PHARMACIST AT A PARENT PHARMACY WITH A REMOTE PHARMACY OPERATED BY THE PARENT PHARMACY.)

**Both parent and remote pharmacies must be adequately staffed to avoid the risk of harm to public health and safety.**

The high volume of prescriptions allowed in remote pharmacies by SB 340 raises grave concerns about the potential for missed medication-related errors. High prescription volumes, staffing levels, and interruptions occurring during the prescription verification process have all been shown to contribute to dispensing errors. In addition, these volumes lead little time for patient care services such as patient counseling, assistance with lowering prescription drug costs, and the provision of nonprescription drug advice or general health information that are often sought by the public.

**This bill should include drug diversion prevention measures, such as perpetual inventories for Schedule II medications.**

These measures are part of good pharmacy practices and are essential for a pharmacy that does not have direct pharmacist oversight to prevent diversion by staff and theft by others.

**The extensive list of waivers to the 10-mile distance requirement between a remote pharmacy and existing pharmacies should be eliminated. If not deleted, waiver requests should be reviewed by the Board of Pharmacy, not the Department of Licensing and Regulation.**

The extensive geographical waiver list and high prescription volumes allowed within remote pharmacies may result in existing pharmacies being converted to telepharmacies. If this occurs, communities may lose the presence of local pharmacists who they rely on for healthcare advice, non-prescription counseling, and services such as immunizations. Also, telepharmacies in rural areas may negatively impact the financial stability of nearby independent pharmacies. This could result in the loss of a small-town business and well-paid health professionals; two ingredients that are key for the financial stability of rural towns. If a rural telepharmacy fails, as has happened in other states, an empty storefront may result.

Board of Pharmacy review of waivers is requested since the Board has the expertise to assess community needs related to prescription and pharmacy services access, and the impact of telepharmacy policies, procedures, and staffing arrangements on patient care.

**Again, we support telepharmacy practice that is safe and appropriate. We do not support Senate Bill 340 as written. Specific language recommendations are attached to this document.**

**Thank you for this opportunity to present our concerns to you.**

**Nancy JW Lewis, PharmD, MPH  
Oakland County Pharmacists Association**

## Amendments That Would Increase the Safety of Substitute 1 Senate Bill 340

Concern	Suggested Language	Place	Source*
Without adequate supervision, patients may receive incomplete or inaccurate information, and drug diversion potential may increase.	Insert: A parent pharmacy must maintain a video and audio communication system that provides for effective communication between the parent pharmacy and the remote pharmacy and patients or caregivers. The system must provide an adequate number of views of the entire site, facilitate adequate pharmacist supervision and allow the appropriate exchanges of visual, verbal, and written communications for patient counseling and other matters involved in the lawful transaction or delivery of drugs. Adequate supervision by a pharmacist is maintaining uninterrupted visual supervision and auditory communication with the site and full supervisory control of the automated system, if applicable, and must not be delegated to another person or entity.	p.5, line 20 as new item (5)	NABP
	Delete: "while assisting in the dispensing process"	p.10, lines 20-21	
Without specific language ensuring patient counseling by a pharmacist, medication errors, medication adherence, and patient outcomes may suffer.	Insert: Counseling must be done by a pharmacist via the audio and visual link. The pharmacist must counsel the patient or the patient's agent on all new prescriptions and refills.	p.5, as new item (6)	North Dakota law
	Change: A pharmacist will counsel you when your prescription is dispensed.	p.13, lines 4-5	
Without a perpetual inventory requirement, diversion of Schedule II controlled substances may increase.	Insert: ...overseeing a perpetual inventory for all Schedule II controlled substances,	p.12, line 22	NABP
Dispensing errors may increase due to exceedingly high prescription volumes.	Replace: Parent and remote pharmacies must be sufficiently staffed to avoid the risk of harm to public health and safety.	p.14, lines 4-5	Indiana law
Pharmacy technicians may not have the experience to handle the decision making required within a remote pharmacy.	Replace/insert: "...at least 2,000 hours of experience working as a pharmacy technician and has successfully passed a certification examination offered by the Pharmacy Technician Certification Board or another nationally recognized certification body approved by the Board, and holds a license..."	p.14 lines 7-8	Indiana law
Waivers may promote the conversion of traditional pharmacies to remote pharmacies resulting in the loss of pharmacists in rural and urban areas.	Delete all waiver wording from "In considering whether to grant a waiver under this subsection, the department shall consider..." to "...Whether the pharmacy that is located within 10 miles from the proposed remote pharmacy is closing."	p.9, line 23 through p.10, line 12	

\*While multiple state laws contain similar language, the specific source of wording is reported, as appropriate. NABP = National Association of Boards of Pharmacy

