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HOUSE JOINT RESOLUTION NO. 642

House Amendments in [] — February 4, 1995

Requesting the [~~Secretary of Health and Human Resources~~ Joint Commission on Health Care] to study long-term care pharmacy operations.

Patrons—Van Yahres, Abbitt, Albo, Behm, Cantor, Connally, Cooper, Cranwell, Croshaw, Crouch, Cunningham, Davies, Hall, Hamilton, McDonnell, Mims, Morgan, Nixon, Reid, Rhodes and Spruill; Senators: Holland, C.A., Lambert, Lucas, Potts, Quayle, Robb and Schewel

Referred to Committee on Rules

WHEREAS, the Commonwealth's long-term care pharmacies provide daily, safe, reliable, cost-effective pharmaceutical services to tens of thousands of inpatients and residents of long-term care facilities, including nursing home, retirement care, mental care, and adult care facilities; and

WHEREAS, long-term care pharmacies use state-of-the-art, unit-dose or blister-pack card technology to reduce the operating costs and increase the reliability of drug administration services at the facilities of long-term care providers; and

WHEREAS, quality control practices of long-term care pharmacies have, for many years, been under the continual, direct supervision of licensed pharmacists, thereby ensuring a record of safe, reliable dispensing services; and

WHEREAS, long-term care pharmacies provide on-site, drug therapy utilization reviews, consulting and training services to long-term care providers at minimal or no additional costs to the providers, patients or residents; and

WHEREAS, pharmacies serving long-term care facilities have implemented standards of practice for quality control procedures using properly trained ancillary personnel acting under the personal supervision of a pharmacist to ensure the accuracy of the prescriptions filled; and

WHEREAS, the Board of Pharmacy's regulation requiring a pharmacist's certification of a completed prescription prior to its delivery does not contribute any incremental measure of reliability to existing, long-standing quality control procedures of long-term care pharmacies; and

WHEREAS, the Board of Pharmacy's regulation requiring a pharmacist's certification of a completed prescription prior to its delivery adds significant cost to the dispensing process without contributing any concomitant increase in reliability; and

WHEREAS, both hospital pharmacies and long-term care pharmacies are permitted by Board of Pharmacy regulations to dispense drugs for administration to a hospital inpatient, based upon the facsimile transmission of a physician's chart order exempt from meeting all normal prescription elements set forth in §§ 54.1-3408 and 54.1-3410 of the Code of Virginia; and

WHEREAS, a long-term care pharmacy is prohibited by Board of Pharmacy regulations from dispensing a drug on the basis of the facsimile transmission of a physician's chart order entered at a long-term care facility unless such order is accompanied by a separate, written prescription signed by the physician; and

WHEREAS, the U.S. Drug Enforcement Administration has authorized the facsimile transmission of a prescription written for a Schedule II controlled drug to be administered to a resident of a long-term care facility, and further, has authorized the facsimile copy to serve as the original written prescription; and

WHEREAS, over the years, the practice of long-term care facilities has progressed to more closely resemble that of hospitals, and pharmacy practice statutes written years ago no longer reflect the significant technical advances in modern long-term care pharmacy practice; and

WHEREAS, there is no reasonable basis for requiring a separate, written prescription in addition to the physician's chart order in the case of a patient or resident of a long-term care facility where none is required for a hospital patient whose stay is transitory; and

WHEREAS, long-term care pharmacies are not accessible to walk-in customers from the general public and are considered and regulated as institutional pharmacies; and

WHEREAS, increasingly, long-term care pharmacies, in a manner similar to acute care pharmacies, provide comprehensive pharmacy services to the growing population of acute care patients residing in nursing facilities; and

WHEREAS, on the basis of these and other pharmaceutical practices and procedures, long-term care pharmacies operate more like hospital pharmacies than independent pharmacies; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the [~~Secretary of Health and Human Resources~~ Joint Commission on Health Care] be requested to study long-term care pharmacy

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60 operations in the Commonwealth to determine whether existing Board regulations unnecessarily prohibit
61 sound pharmaceutical practices that (i) promote compliance with the prescriber's instructions; (ii) include
62 controls and safeguards against diversion of drugs or devices; (iii) maintain quality, quantity, integrity,
63 safety and efficacy of drugs or devices dispensed; (iv) support maintenance of complete records; (v)
64 promote technical advances in the practice of pharmacy and the distribution of controlled drugs, devices
65 or substances; and (v) improve the quality of pharmaceutical services to the citizens of Virginia [at
66 lower cost in a cost effective manner] .

67 The [~~Secretary of Health and Human Resources~~ Joint Commission on Health Care] shall complete
68 their work in time to submit their findings and recommendations to the Governor and the 1996 Session
69 of the General Assembly as provided in the procedures of the Division of Legislative Automated
70 Systems for the processing of legislative documents.