
OLR Bill Analysis**sHB 5329*****AN ACT CONCERNING THE USE OF TELEPHARMACY BY HOSPITALS.*****SUMMARY:**

This bill makes permanent the telepharmacy pilot program and expands it to (1) all licensed hospital pharmacies and (2) dispense sterile products, not just IV admixture preparations as under the pilot program. It allows pharmacists at hospital pharmacies to use electronic technology at the hospital, its satellite, or remote locations to allow a clinical pharmacist to supervise pharmacy technicians in dispensing sterile products.

Under the bill, the pilot program ends on July 1, 2012.

EFFECTIVE DATE: July 1, 2012

TELEPHARMACY

The bill expands the application of electronic technology or telepharmacy to dispensing sterile products. The pilot program limits the use of this technology to preparing IV admixtures, which also involves sterile products.

Under the pilot program and the bill, "electronic technology" or "telepharmacy" means the process (1) by which each step involved in the dispensing of sterile products is verified by a bar code tracking system and documented by digital photographs that are electronically recorded and preserved and (2) which is monitored and verified through video and audio communication between a licensed supervising clinical pharmacist and a pharmacy technician.

STERILE PRODUCTS

Sterile products are any drug that is compounded, manipulated, or otherwise prepared under sterile conditions during the dispensing

process. It is not intended for self-administration by a patient and is intended to be used in a hospital, its satellite, remote, or affiliated office-based location. Under the pilot program, technicians could only dispense IV admixtures, which is an IV fluid to which one or more additional drug products have been added.

PROGRAM REQUIREMENTS

Under the bill, a pharmacist is authorized to supervise a pharmacy technician dispensing sterile products through electronic technology and monitor and verify the technician's activities through audio and video communication. The number of technicians the pharmacist can supervise must conform to the existing regulatory pharmacy-to-technician ratio. For inpatient and satellite pharmacies, that ratio is 3:1, which can be increased to 5:1 on the pharmacy director's petition and Pharmacy Commission approval.

The bill applies the current procedures for electronic technology malfunctions involving IV admixtures to those involving any sterile product. If the electronic technology malfunctions, no sterile product prepared by the pharmacy technician during the malfunction period can be distributed to patients unless a licensed pharmacist can (1) personally review and verify all of the processes used in preparing the sterile product or (2) after the technology is restored, use the electronic technology mechanisms that recorded the pharmacy technician's actions to confirm that all proper steps were followed in preparing the sterile product. All orders for medication must be verified by a pharmacist before being delegated to a pharmacy technician for sterile product preparation.

As with the pilot program, the bill requires a hospital to ensure that appropriately licensed health care personnel administer medications at the hospital's satellite or remote locations. The bill specifies that all processes involved in operating the program are under the purview of the hospital's pharmacy director.

EVALUATIONS

The bill extends the current requirement for periodic quality

assurance to telepharmacies used to dispense sterile products. It specifically requires hospitals to make periodic quality assurance evaluations, at least once per calendar quarter, which includes, upon discovery, prompt review of any error in medication administration. The hospital must make these evaluations available to the departments of Consumer Protection and Public Health for their review.

COMMITTEE ACTION

General Law Committee

Joint Favorable Substitute

Yea 17 Nay 0 (03/13/2012)