

OFFICE OF LEGISLATIVE RESEARCH
PUBLIC ACT SUMMARY



PA 12-28—sHB 5329
General Law Committee
Public Health Committee

AN ACT CONCERNING THE USE OF TELEPHARMACY BY HOSPITALS

SUMMARY: This act makes permanent the telepharmacy pilot program and expands it to (1) cover 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 supervise pharmacy technicians in dispensing sterile products. Under the act, the pilot program ends on July 1, 2012.

EFFECTIVE DATE: July 1, 2012

TELEPHARMACY

The act expands the application of electronic technology or telepharmacy to include dispensing sterile products. The pilot program limited the use of this technology to preparing IV admixtures.

Under the act, “electronic technology” or “telepharmacy” means the process (1) by which each step involved in dispensing 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 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 a patient’s self-administration and is intended to be used in a hospital or its satellite, remote, or affiliated office-based locations. Under the pilot program, technicians could only dispense IV admixtures, which is IV fluid to which one or more additional drug products have been added.

PROGRAM REQUIREMENTS

Under the act, 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 upon the pharmacy director’s petition and

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Pharmacy Commission approval (Conn. Agencies Regs. § 20-576-33).

The act applies the pilot program's procedures for electronic technology malfunctions involving IV admixtures to those involving any sterile product. If the electronic technology malfunctions, no sterile product the pharmacy technician prepares during the malfunction period can be distributed to patients unless a licensed pharmacist can (1) personally review and verify all 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 medication orders must be verified by a pharmacist before being delegated to a pharmacy technician for sterile product preparation.

As with the pilot program, the act requires a hospital to ensure that appropriately licensed health care personnel administer medications dispensed using telepharmacy. The act specifies that all processes involved in operating the program are under the purview of the hospital's pharmacy director.

EVALUATIONS

The act requires hospitals using telepharmacy to undertake periodic quality assurance evaluations. It specifically requires hospitals to make these 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.

OLR Tracking: DC:ND:MJ:DY