



Pharmacy Quality Assurance Committee
Pharmacy Business Practices Committee
Chair's Report to Commission – September 11, 2014

July 10, 2014 Commission Meeting: Dan Rubin, Committee Chair, provided the Commission with a recap of progress to date in this area of potential rule-making, and recommendations for future process through the Committee. This report is in the meeting record from July 10 and a summary is included in the July 10 Commission Meeting minutes (in the packet for the September 11 meeting).

July 10, 2014 Committee Meeting: The full committee (Steven Anderson, Gary Harris, Elizabeth Jensen and Dan Rubin) met following the Commission meeting. The committee decided to request public input on potential topics for consideration related to standards of practice/operation for pharmacy businesses, to supplement the three topics already prioritized for rule development: (1) Workload and staffing levels; (2) prescription transfer incentives and other advertising/soliciting issues; and (3) appropriate time, space and privacy for clinical pharmacy functions. This request for public input was formalized in an email the next day, with a comment deadline of Friday, August 1, 2014. The committee agreed it should meet soon after the close of comments and set a tentative date of August 7.

August 7, 2014 Committee Meeting: The full committee met telephonically from 8 to 9 am on July 7. About 20 written comments were received by the August 1 deadline. The main agenda item was to review comments on scope for the purpose of grouping issues into topical clusters, and to provide input for DOH filing a CR101 form to initiate the official rule making process. Discussion did not address substantive content of potential rule changes. Dan Rubin presented his personal summarization of comments and his recommendations on clustering. Many comments supported the three pre-determined topical areas (see (1), (2) and (3) in the summary of July 10 Committee meeting above); and the Committee agreed these areas remain topic priorities. Dan recommended, and the Committee agreed, that two other clusters should be added based on comments: (4) accountability and “contributory responsibility” of pharmacy businesses and (5) responsibilities for quality assurance and quality improvement. A number of more specific issues mentioned in comments would fit within these five categories. The Committee also discussed several specific issues that do not group as easily, but which the Committee wishes to maintain within the allowable scope of rule development. These issues include access to pharmaceuticals in emergency situations (such as natural disasters); requirements for mail-order pharmacies and for long-term care pharmacies; sharing of medications between a pharmacy and a “routine care clinic” operated within the same store or business; “white-bagging,” especially when required by a PBM; and transitions issues when a pharmacy closes or changes ownership. The Committee acknowledged many issues cross-cut “business practices” and “technology”; they asked that the chairs of the two committees (Dan Rubin and Al Linggi) work together and with staff to keep work coordinated and make sure important topics do not fall off the plate. Finally, while issues related to ancillaries (including the technician ratio) might be more appropriately considered in relation to a separate ancillaries committee and work process, the Committee wishes to reserve the possibility of addressing this area if it otherwise will be delayed too long.



The Committee also:

- Agreed that DOH should proceed to file a CR-101, with an opportunity for Dan Rubin and Gary Harris to provide quick comment before a PQAC staff draft goes forward within DOH.
- Determined, based on staff input, that DOH is unlikely to file a CR-101 until late September.
- Based on this timing, decided that the next Committee meeting will be in early October, when substantive discussion can occur in compliance with the Administrative Procedures Act.
- Agreed that the Committee's public process following the CR-101 should move "cluster by cluster" with the three pre-designated topical areas prioritized first.
- Agreed that the Committee's process should include opportunities for teleconference participation as well as written and oral/telephonic input.
- Agreed that comments received during the period for input on scope should also be carried forward into the rule development phase, since many of these communications also contain substantive comments on potential rule content which cannot be addressed at this "scoping" stage of work. Likewise, some comments contain process suggestions, which can be considered as pertinent as detailed procedures are developed.
- Heard a brief staff report on the pharmacy professionals survey that is underway. This survey will be a source of information for rule development in more than one area.