Commission SBAR Communication

Agenda Item/Title: Pharmacy Commission Legislative Stakeholder meeting

Date SBAR Communication Prepared: December 7, 2018

Reviewer: Steven Saxe, Executive Director

Link to Action Plan:
☐ Action ☒ Information ☐ Follow-up ☒ Report only

Situation: (Briefly describe the current situation. Give a clear, succinct overview of pertinent issues)

The Pharmacy Commission has two request legislation bill for the 2019 session and two potential bills for the 2020 session or later. We want to continue to collect stakeholder input prior to the beginning of the session in January.

In addition, the Opioid Response Workgroup had two items that they asked the Pharmacy Commission to facilitate the collection of stakeholder input.

Background: (Briefly state the pertinent history):
The Pharmacy is requesting approval for two separate bill in the 2019 legislative session. The Commission wanted to continue to receive input as these bills are finalized.

- Increase the efficiency of the electronic prescribing approval process and clarifying responsibility for confidentiality process and procedures – 2019 Leg Session
- Amend RCW 18.64.360 to allow the Commission to require nonresident pharmacies to submit inspection reports from a commission-recognized inspection program. – 2019 Leg Session

The Pharmacy Commission is continuing to collect input for the following two bills for consideration in the 2020 or later legislative sessions.

- Update the grounds and process for discipline and enforcement of entity licenses under chapter 18.64 RCW. 2020+ Leg Session
- Omnibus Pharmacy Practice Act Update

Washington State Opioid Response Plan – Goal 1 / Strategy 6. The following two items were identified in the Washington State Opioid Response Plan. The Statewide Workgroup asked the pharmacy commission to take the lead in trying to collect stakeholder input. This input will help determine if additional legislative action should be taken and if so, what recommendations should be considered.

- Engaging stakeholders to discuss potential new policies to eliminate paper prescriptions.
- Develop criteria for when opioid distributors should report suspicious orders.

Assessment: (Summarize the facts and give your best assessment. What is going on? Use your best judgment)

Attached are documents with brief summary of the meeting. Commission members of the subcommittee that participated included; Steven Anderson, Teri Ferreira, Kat Khachatourian, Sepi Soleimanpour, and Jerrie Allard. The subcommittee will report on the November 6 meeting.

Recommendation: (What actions are you asking the commission to take? What do you want to happen next?)

- Work with the Department to support the two 2019 Request legislation bills.
- Continue stakeholder work on the four remaining potential bills.
- For the two items requested from the Opioid Response workgroup provide a report back on findings.

DOH XXX-XXX
Follow-up Action: (Next Steps After the meeting – Document the commission’s decision and/or any additional steps or follow-up requested; such as, report back in 6- months, etc.)
The goal of this meeting is to obtain stakeholder input on the following six potential legislative items. While we are encouraging input of staff, commissioners, and especially the stakeholders. For the last two items related to the Opioid Response Plan, we will want to collect this input and provide it to the Statewide Opioid Response Workgroup. To help stimulate discussion, the following summary of the items and potential discussion points are identified. These are not intended to be an exclusive list of items but a conversation starter.

**Increase the efficiency of the electronic prescribing approval process and clarifying responsibility for confidentiality process and procedures – 2019 Leg Session**

- Legislation in 1998 provided for the electronic communication of prescription information. RCW 69.41.055 and RCW 69.50.312.
- The statues required the commission to approve all electronic prescription transmission and receiving systems.
- Commission’s expertise resides more in the practice standards and standards for a legitimate prescription and what it should contain.
- Now there are federal entities which set standards for system requirements, security and patient confidentiality. These include:
  - Office of the National Coordinator for Health Information Technology (ONC),
  - the US DHHS,
  - the National Institute of Standards and Technology (NIST),
  - CMS, and
  - DEA
- Currently the pharmacist in charge is responsible for establishing and verifying policies and procedures.
- Proposal moves the responsibility to the pharmacy entity since many information systems cover many corporate licensees.
- Benefits:
  - Ease regulatory burden on licensees and vendors.
  - Reduce redundant regulatory requirements
  - Provide greater access to electronic prescription or electronic health systems.

Discussion Items:
- Any supporting comments or examples to share with the commission or department policy staff?
- Any concerns that need to be considered in developing this proposed language?

**Comments Received (Note – this is not consensus but shared comments):**

- Should support innovation.
- Support not put accountability on PIC but pharmacy since often corporate driven systems.
Support the idea of adding to the opioid bill if an option.
Support since estimate more than 50% not approved or do not indicate approval on Rx.
Often part of other systems.

Amend RCW 18.64.360 to allow the Commission to require nonresident pharmacies to submit inspection reports from a commission-recognized inspection program. – 2019 Leg Session

- Nonresident pharmacies would be required to provide a satisfactory inspection report that is substantially equivalent to the inspections required of in-state licensed pharmacies.
- Substantially equivalent would include other state inspections and programs that inspect to the USP compounding standards.
- Non-resident pharmacies account for almost 40% of pharmacies licensed by the Commission.
- A non-resident pharmacy must provide an inspection report on initial licensing. However:
- Some states do not inspect pharmacies regularly, or do so only based on a complaint.
- Some states have lower regulatory standards, including sterile and non-sterile compounding.
- This would ensure nonresident pharmacies are held to the same standard as resident pharmacies.
- Benefits include:
  - Inspections by recognized third-party entities may provide assure that nonresident pharmacies are compliant with important health and safety standards.
  - Promote health and safety by requiring nonresident pharmacies meet similar requirement as instate pharmacies.
  - Additional assure to WA residents of the quality of the pharmacy services they receive.

Discussion Items:
- Any supporting comments or examples to share with the commission or department policy staff?
- Any concerns that need to be considered in developing this proposed language?
- Require non-resident pharmacy to report discipline.

Comments Received (Note – this is not consensus but shared comments):
- Cannot inspect other states. Some other states inspect every 18 months so push instate every year.
- Support. Supports safety. Concerned with trends to mail order and different standards. Some states have no training requirement for technicians. Growing specialty pharmacies and question level of requirements.
- Pharmacies practice at different levels. Migrant pharmacies that move around. Discount coupon programs that may not really have a pharmacy tied to them. Need to address how to “touch” all pharmacies.

Update the grounds and process for discipline and enforcement of entity licenses under chapter 18.64 RCW. 2020+ Leg Session
This change will improve the disciplinary process followed by the Commission and allow for the proper follow-up and correction of public safety concerns and violations.

The Commission has limited disciplinary actions it can take on an entity licensed under chapter 18.64 RCW. These include denial of a license, suspension, or revocation.

When the Commission begins the disciplinary process against a pharmacist for non-compliance of the pharmacy, the pharmacist can and have left those pharmacies leaving no recourse for the Commission or ability to follow through on the disciplinary action. If the pharmacist is no longer the person in charge they can no longer be held accountable for the actions taking place within the pharmacy.

Listing the grounds for discipline and the enforcement in one section of chapter 18.64 RCW will help our licensees know where exactly to look for these standards, rather than having multiple sections to deal with.

Allowing the Commission to use the UDA as the disciplinary framework for sanctions and enforcement process would give the Commission more tools in disciplinary cases involving entities they license.

This change may increase the pool of qualified pharmacists willing to assume the pharmacist-in-charge position because they will only be held accountable for their personal compliance violations not system deficiencies.

Discussion Items:

- What are the benefits of changing the pharmacy discipline statute?
- What are the concerns of changing the pharmacy discipline statute?
- What types of changes should be considered in any statutory change?

Comments Received (Note – this is not consensus but shared comments):

- Need options besides a sledgehammer.
- Tools such as probation versus Close or Suspend.
- Need Fining authority
- Would be able to align pharmacy enforcement with other facility enforcement
- Use the Statement of Deficiency / Plan of Correction model – Including Directed Plan of Correction (though directed POC not 1st action).
- Use a panel with a health law judge
- The Uniform Disciplinary Act is not facility friendly to use. Not clear or good fit for facilities. Not direct fit.
- CMS uses the SOD / POC model.
- Should be budget neutral (evaluate any change for budget impact)
- Fines – small more frequent or larger and reserved for major issues?

Omnibus Pharmacy Practice Act Update

As the Pharmacy Commission has been working on the Rule Rewrite project, some laws have been identified that might need to be considered for change. The Rule Rewrite is trying to make the rules more outcome based, provide the appropriate guardrails for patient safety, yet still flexible enough allow for emerging technology or changes in care delivery models that support efficient but also safe patient care. The Commission has asked staff to develop a more structured
action plan to move forward with this process. This stakeholder meeting provided an opportunity to continue some discussions started at past commission meetings or rule workshops. Attached is a grid of some statutes that might be considered for change. We would like to gather stakeholder input on these or additional changes that should be considered.

Discussion Items:
- Given the attached grid of potential changes, what are the pros? Cons? Concerns?
- Are there additional items that should be included in the list for changes?
- What are the priorities of these changes?

Comments Received (Note – this is not consensus but shared comments):
- See Chart

**Washington State Opioid Response Plan – Goal 1 / Strategy 6.** The following two items were identified in the Washington State Opioid Response Plan. The Statewide Workgroup asked the pharmacy commission to take the lead in trying to collect stakeholder input. This input will help determine if additional legislative action should be taken and if so, what recommendations should be considered.

Engaging stakeholders to discuss potential new policies to eliminate paper prescriptions.

- Electronic prescribing is the computer-based electronic generation, transmission, and dispensing of a prescription.
- This replaces paper, faxed and telephoned prescriptions.
- This could include electronic transmission of renewal requests

Discussion Items:
- What are the benefits of electronic prescribing?
- What are the concerns of electronic prescribing?
- What requirements or incentives should be considered around electronic prescribing?
- What exceptions should be considered for electronic prescribing?

Comments Received (Note – this is not consensus but shared comments):
- Eliminate forged prescriptions
- Eliminate paper records
- Decrease verification time and issues
- Decrease prescriber non-compliance / DEA, etc
- Decrease need for tamper resistant paper
- Decrease doctor shopping
- Increase time for patient care
- Decrease the number of Controlled Substances prescriptions.
- Support CMS meaningful use.
- New Federal Opioid related bill will reportedly require ePrescribing for Medicare in near future.
- Eliminate problems with handwriting and latin abbreviations
- Improve the ability to interface with EMR and PMP
CONCERNS:
- Different errors can occur such as sigs, or technical errors.
- Lost prescriptions from transmission errors, (such as incorrect pharmacy, etc.)
- Downtime
- Cost (especially to smaller prescriber groups, dentists, etc)
- Difficulty prescribing compounded drugs.
- The tie to PQAC verification of ePrescribing systems.
- Drug Interaction fatigue (Alarm or Alert fatigue)
- WSMA supports the direction of ePrescribing but is concerned if there remains a backlog of ePrescribing system approvals (This may have been addressed with the attestation change)
- Implement too fast. NY state had 3 year implementation.

EXCEPTIONS:
- On-call Prescribers
- Vets without NPI
- Compounded Drugs
- OTC and Herbals
- Out of State Pharmacies
- Minimum or small number of prescriptions (NY State is 25/year)
- Vet Administration
- Question if institutional pharmacies – LTC, Hospital, (Eastern State Hospital), Discharge meds.

Develop criteria for when opioid distributors should report suspicious orders.

In an effort to best track the opioid supply chain for potential areas of concern, distributors should report suspicious orders from purchasers. Given the problem of receiving a report without adequate context on whether it is suspicious, we are asked to help work with others to determine if criteria can be developed to help identify if an order might be suspicious and when and how that should be reported. This would also assist staff who often get questions around potentially suspicious orders and when those should be reported.

Discussion Items:
- What are the benefits of receiving suspicious order reports?
- What are the concerns of receiving suspicious order reports?
- What drugs should be included in any suspicious order reporting?
- What would qualify as a suspicious order?
  - Unusual size?
  - Deviating from normal patterns?
  - Unusual frequency?
  - Others?
- What information should be shared in a suspicious transaction report?
- What should the distributor do if they have an order they suspect is suspicious?
- Should there be a national reporting of suspicious orders? All Orders?
Are there any existing models that might be helpful to consider in developing a suspicious order reporting system?

**Comments Received (Note – this is not consensus but shared comments):**

- **BENEFIT** – decrease diversion
- **CONCERNS:**
  - Stop or delay legitimate requests (need notification)
  - Definition. Now is subjective when to report.
  - HDA offered to work with the Commission.
  - Federal opioid bill contains language
    - DEA Centralized report database
    - CA, OR and other states worked with distributors. State get copies of reports.
  - If criteria are different in each state that would be a problem.
  - Get national information
  - Consider the Chemical companies also reporting.
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<thead>
<tr>
<th>Citation</th>
<th>Title</th>
<th>Suggested Change/Topic</th>
<th>Reasoning</th>
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<tr>
<td>Chapter 69.04 RCW</td>
<td>Washington's Intrastate Commerce in Food, Drugs, and Cosmetics</td>
<td>Repeal</td>
<td>In the 2018 legislative session the Department of Agriculture successfully repealed and recodifies the sections of this chapter into Ag's own chapter. Independent review by the Commission's AAG Christopher Gerard support the repeal of this entire chapter. The chapter is focused on intrastate commerce, and in most cases has not been updated since 1945. The Commission does not use the authority it has been given under this statute. The statute is no longer necessary since the topics found in the chapter are covered by the United State Food and Drug Administration regulations, and the federal Food and Drug Act. We have also heard that the House Agriculture Committee has expressed support for repealing this chapter. We would need to confirm. <strong>Stakeholder Input:</strong></td>
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<tr>
<td>New Section</td>
<td>Creation of new licensure category for self-service dispensing devices – kiosks.</td>
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<td>Technology has advanced significantly since several sections of the Pharmacy Practice Act have been updated. Kiosks, otherwise known as self-service dispensing devices, could increase access to prescriptions on college campuses, and rural areas. The Commission is currently limited in licensing these types of technology because of the definition of pharmacy and practice of pharmacy currently in statute. A new licensing category may not be necessary based on the potential changes to definitions. However, the Commission does see a need to distinguish pharmacies based on the services they provide. <strong>Stakeholder Input:</strong>  ❖ Want some way to license and regulate.  ❖ Consider economic extender versus access.  ❖ Be forward thinking but include guardrails.  ❖ Set regulations around patient safety.  ❖ Consider if have or need authority for new license category.  ❖ Rule or statute?  ❖ Allow PQAC to define.  ❖ Allow for PQAC to set standards for dispensing without onsite pharmacist</td>
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| RCW 18.64.003 | Commission-Meetings-Chairperson-Compensation and travel expenses. | Change Commission compensation to meet requirements of RCW 43.03.265, which would increase Commission member pay from $50 to $250. | MQAC, NCQAC, CQAC, and DQAC all have compensation references to RCW 43.03.265.  
**Stakeholder Input:**  
❖ *Appear that support similar compensation as other commissions* |
|---|---|---|---|
| RCW 18.64.005 | Commission-Power and Duties. | Ability to have action delegated to a panel of three members i.e. subcommittee could take delegated action without always have to bring it to the Commission e.g. entity discipline; also edit to modify ALJ to HLJ. | This will help the Commission run more efficiently. Some policy and rules work would benefit from having a standing committee that can take action on behalf of the full commission when necessary. This will also help with pharmaceutical firm discipline, if other changes to the process are not moved forward through this request. It would also alleviate some confusion over the use of ALJs and HLJs for firm discipline.  
**Stakeholder Input:**  
❖ *See Pharmacy Entity Discipline Section.* |
<table>
<thead>
<tr>
<th>Code</th>
<th>Section Description</th>
<th>Stakeholder Input</th>
<th>Notes</th>
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</table>
| RCW 18.64.011 | Definitions definition of a pharmacy, definition of compounding, definition of practice of pharmacy, clear up on definition of “device”; definition of manufacturer and wholesaler; possible addition of virtual manufacturer and virtual wholesaler. | Several definitions in RCW 18.64.011 are significantly outdated and no longer reflect modern pharmacy practice. These definitions also need to be updated to help the Commission in properly structuring and delineating their licenses. Changing definitions will also remove the circular nature of defining pharmacy and the practice of pharmacy, these changes will allow for more innovation and technology to be used which will result in increased access to quality pharmaceutical care, especially in rural areas.  

**Stakeholder Input:**  
- Repacking  
- Third Party Logistics (3PL)  
- Repackager versus manufacturing  
- 503B / Outsourcing  
- Virtual Manufacturer / Wholesale distributor  
- Device oversight  
- Specialty Pharmacy |

| RCW 18.64.047 | Itinerant vendor’s or peddler’s registration—Fee—Penalties—Ephedrine/pseudoephedrine/phenylpropanolamine.  
Duplicate for lost or destroyed license or certificate—Certified documents—Fees. | Removal of licensure of itinerant vendors and peddlers.  
This credential is not used frequently. However, there may still be a desire for this type of credential based on what the credential is used for, e.g. delivering meds to field workers.  

**Stakeholder Input:** |  

| RCW 18.64.050 | Disciplinary action against pharmacist’s and intern's licenses—Grounds | Repeal  
This section of RCW is no longer needed, it is covered under xxx. |

| RCW 18.64.160 | Refusal, suspension, and revocation of other licenses. | Repeal - base on UDA  
This subsection is redundant, all of the additional grounds are covered in some manner under the UDA. It would provide clearer direction as to how discipline is taken on personnel licenses. Additionally, RCW 18.64.163 already states the UDA will be used for pharmacist and pharmacy intern license discipline. |

| RCW 18.64.165 | Refusal, suspension, and revocation of other licenses. | Addition of fine authority; particularly looking at any other sanctions but could settle for those. Look at potential UDA language  
This section is in dire need of updating. The Commission’s limited sanctions for pharmaceutical firms has been a growing issue with the Commission, Department, and with licensees. We have draft language that would pull firms under the UDA, but stakeholders have expressed a desire to have a separate section for firms only, since the UDA is profession driven.  

**Stakeholder Input:**  
- See Pharmacy Entity Discipline Section. |
<table>
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<tr>
<th>RCW 18.64.200</th>
<th>Refusal, suspension, and revocation of other licenses—Appeal procedure.</th>
<th>Either repeal this section in favor of having one section speak to firm discipline and process, or amend to include APA at all levels</th>
<th>Repeal would be suggested to have one section of law that addresses discipline of pharmaceutical firms. <strong>Stakeholder Input:</strong> See Pharmacy Entity Discipline Section.</th>
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<tr>
<td>RCW 18.64.250</td>
<td>Unlawful practices—Penalty for violations—Exceptions.</td>
<td>possible removal; first amendment issues on advertising restriction</td>
<td>There is a possibility to amend or repeal this section. Penalties and unlawful practices are generally addressed under the UDA, so it may not be necessary to spell them out here. Additionally restrictions on advertising present first amendment concerns. <strong>Stakeholder Input:</strong></td>
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<td>RCW</td>
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<tr>
<td>18.64.255</td>
<td>Authorized practices.</td>
<td>partial repeal to (3) as it relates to iterant vendors, peddlers, or salespersons.</td>
<td>If the Commission decides to remove the iterant vendor/peddler credential, this section would need to be updated to remove references to same.</td>
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<td>18.64.270(2)</td>
<td>Responsibility for drug purity—Compounding—Adulteration—Penalty.</td>
<td>Amendment as it relates to compounding, but could be marginalized by a definition change to compounding.</td>
<td>In addition to, in combination with, or instead of changing the definition of compounding, it would be prudent to clarify where USP standards apply.</td>
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<td>18.64.280</td>
<td>General penalty.</td>
<td>Repeal</td>
<td>This section would no longer be needed since penalties are addressed under the UDA. This section was last updated in 1963, before the adoption of the UDA.</td>
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<tr>
<td>18.64.310</td>
<td>Department of health—Powers and duties.</td>
<td>Amend section to no longer require a pharmacist to be the Executive Director of the Commission</td>
<td>The Commission has begun to recognize the limitations this requirement has had on recruitment for the Executive Director position.</td>
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<td>18.64.360</td>
<td>Nonresident pharmacies—Definition—Requirements—Exemption—Reciprocity with Canadian pharmacies.</td>
<td>Amend to modifying the definition of nonresident pharmacy to include those that do not ship, mail, deliver. Could put additional requirements on nonresident pharmacies.</td>
<td>Non-resident pharmacies now account for 40% of pharmacies licensed in Washington, not all of these pharmacies are engaged in mailing/shipping, but are providing workload balancing or remote order processing services to in-state pharmacies. If a non-resident pharmacy is participating in these technologies there is no requirement for them to be licensed in Washington. The Commission has run into limited circumstances where tracking an error and taking action has not been possible due to a non-resident pharmacist being apart of the entry process but not the dispensing process.</td>
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**Stakeholder Input:**
- See Non-resident inspection legislation section
<p>| RCW 18.64.360/370? | Nonresident pharmacies—License required—Application—Renewal. | Registration for non-resident pharmacists | The Commission has discussed having a registration for non-resident pharmacists that would cost less than a Washington pharmacist license. This would allow the Commission to take action if deemed necessary. Currently the Commission has no jurisdiction of non-resident pharmacists performing functions that fall within the statutory definition of the &quot;practice of pharmacy&quot;. If an error occurs on the front end of the prescription filling process and that is with a non-resident pharmacist not associated with a non-resident pharmacy license, the Commission has no way to take disciplinary action. |
| RCW 18.64.380 | Nonresident pharmacies—Information required—Inspection. | Update inspection reports standards for non-resident pharmacies | This is needed to make in-state and out-of-state pharmacies equal in terms of inspection requirements. This will also help ensure that non-resident pharmacies are compliant with their state laws and rules. Current practice only requires inspection reports to be submitted on new applications, with no requirement for follow up information to be provided. |
| <strong>ADDITIONS AT NOVEMBER 6 STAKEHOLDER MEETING</strong> | | | |
| Practice Act to allow independent prescribing for: Vaccines Naloxone | | Even if there is an age limit for independent could use CDTA for others if agreement on competence with prescriber and pharmacist. |
| Practice Act to allow for patient assessment | | |
| Specialty Pharmacy and the need to consider as part of 503B / Outsourcing |  |  |</p>
<table>
<thead>
<tr>
<th>Code</th>
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<th>Current Text</th>
<th>Proposed Changes</th>
<th>Comments</th>
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<tr>
<td>RCW 18.64.390</td>
<td>Nonresident pharmacies—Violations —Penalties.</td>
<td>Remove the language that limits the nonresident disciplinary grounds to those statutory provisions cited. Specifically may want to include violations of RCW 18.64 and any federal/state drug law.</td>
<td>This change would allow the Commission to set consistent disciplinary actions and processes for all pharmaceutical firms they license.</td>
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<td>RCW 18.64A.010</td>
<td>Definitions.</td>
<td>Change definitions based on changes in RCW 18.64; Add definition of &quot;enrolled&quot; and &quot;supervision&quot;</td>
<td>Any changes to definitions in RCW 18.64.011 would need to be changed in this section for consistency. The two other definitions noted need to be added to clarify standards for certification for technicians who are enrolled in tech-in-training programs. The definition of &quot;supervision&quot; has been a constant hot topic in recent years with the Commission. With advances in technology the role of technology in supervising ancillary personnel have changed, but the law has not kept up with those changes.</td>
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<td>RCW 18.64A.030</td>
<td>Rules—Duties of technicians, assistants.</td>
<td>Clarify the Commission’s authority to define nondiscretionary functions</td>
<td>This section needs amendments to ensure the definitions in this section align with the definition section of this RCW. Additionally it would be helpful to clarify the Commission’s authority in defining functions ancillary personnel can engage in.</td>
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<tr>
<td>RCW 18.64A.040</td>
<td>Limitations on practice.</td>
<td>Remove pharmacist to technician ratio, requirement for pharmacies to have and for the Commission to approve ancillary utilization plans; remove language our pilot projects.</td>
<td>The Commission is already engaged in rulemaking to change the standard ratio of RPhs to pharm techs to be decided by the responsible pharmacy manager. The Commission has engaged in research around this issue and other states who have removed the ratio have not seen increases in discipline or affects on patient safety. The use of ancillary utilization plans has become outdated and boiler plate across pharmacies, the Commission has determined they no longer need to review these plans for approval, since pharmacies are required to know the limitations of their staff's scope of practice.</td>
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<tr>
<td>RCW 18.64A.050</td>
<td>Disciplinary action against certificate or registration—Grounds.</td>
<td>Repeal</td>
<td>This subsection is redundant, all of the additional grounds are covered in some manner under the UDA. It would provide clearer direction as to how discipline is taken on personnel licenses. Additionally, RCW 18.64.055 already states the UDA will be used for pharmacist and pharmacy intern license discipline.</td>
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<td>RCW 18.64A.060</td>
<td>Pharmacy's application for ancillary personnel—Fee—Approval or rejection by commission—Hearing—Appeal.</td>
<td>Repeal</td>
<td>If ancillary utilization plans are no longer required, this section could be repealed as clean up.</td>
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<tr>
<td>RCW 18.64A.070</td>
<td>Persons presently acting as technicians—Pharmacies presently employing those persons.</td>
<td>Repeal</td>
<td>This section is no longer needed, compliance was required within 18 months of May 28, 1977.</td>
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<tr>
<td>RCW 69.41.055</td>
<td>Electronic communication of prescription information—Commission may adopt rules—Long-term care facilities and hospice programs.</td>
<td>Remove approval of E-Rx systems</td>
<td>This will help the Commission run more efficiently. The Commission no longer has the expertise to evaluate these systems. Federal agencies already have standards that systems must meet.</td>
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<td>RCW 69.50.312</td>
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<td>Remove approval of E-Rx systems</td>
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