

Written Comments Received

#3 Larry Reis, RPh

FAX COVER SHEET

TO

COMPANY

FAX NUMBER 19165748618

FROM Larry Reis

DATE 2025-02-04 23:00:21 GMT

RE Input on Agenda Item Feb 6

COVER MESSAGE

On your February 6 agenda, Item XII is discussion and consideration of waiver in pharmacy law....

I have an item that pertains to remote processing, which is something that is covered in this original waiver, but it also is a bit broader so not sure if it should be in the Section V , items not on the agenda that may be included in future agenda. It pertains to remote order processing which is inclusive in the item XII discussion.

I would like to review the following material with the board via WebEx input:

Larry Reis RPh, BCGP California recognizes the pharmacist as a professional and health care provider who have authority to provide health care services. (1,2)

The Board of Pharmacy has addressed the topic of remote order processing at multiple times.

- In January 23,2022 meeting the Enforcement and Compounding committee was going to make changes in the self-assessment form to require remote processing only to be done by a pharmacist in the absence of a waiver. This was NOT adopted into the self-assessment form, so that restriction was not included. This refers primarily to a remote dispensing pharmacy and tele pharmacy, but I note this as the regulation in this area allows for the functioning of a registered technician outside of the regular walls of the pharmacy. (6)
- In April 2023 draft statutory proposal was presented to the Board for remote processing. This draft outlined how a California licensed pharmacist, employed by and acting for a pharmacy licensed in California could from any location outside the pharmacy perform some designated remote functions. (3) LIMITING this process to CALIFORNIA licensed pharmacies.
- In January 2023 it was reported significant public comment on making permanent provisions for remote processing, and in February 2023 the board voted to sponsor legislation to make permanent the limited provisions related to remote medication chart review for inpatients. (4) They were included in Assembly Bill 1557 which amended 4071.1 so control Rx could be entered in this manner.
- Data processing is not in the list of tasks in CCR 1793.1 that are restricted to a pharmacist. CCR 1793.3 provides that "non-licensed pharmacy personnel may type a prescription label or otherwise enter prescription information into a computer record system" (5)

- And a waiver is currently in place to 4071.1 due to the Southern California wildfires. This waiver is due to expire February 9, 2025 and I know the Board is discussing its extension and the provisions for control, safety, and function included within that waiver.

MY goal is to obtain in the long-run legislative updates to the statutes permanently. I encourage the Board of Pharmacy to continue to find a sponsor to adopt this language and provide this protection and benefit to the consumers in the state of California.

I currently contract with the California Veterans Home Fresno to provide advisory pharmacy, regulatory, and clinical information. This is somewhat of a closed system, as the nursing, physicians, and pharmacy technicians and the dispensing pharmacy are all paid by the state of California. Newer electronic health record systems have been implemented to improve accuracy, information, and ultimately patient care.

A quick summary is the prescriber providing an order to the nurse either verbal, written on the patient chart, or otherwise provided such as by FAX. The nurse transcribes this order into the "Order Connect" system. (Note this has been used since December 2021 as the eRx system). This generates an electronic digital image into a segregated Framework que that is accessible by pharmacy staff and the pharmacy technician awaiting input. The pharmacy uses a different system (Framework) and so the orders must be transcribed into Framework. Remotely (in this case in the SNF generating the eRx), the technician reviews the digital image and inputs the order into Framework que. Before that order is finalized and goes into fill processing, it must be reviewed by the pharmacist and approved, and upon that step it comes out of the que and into processing. Under the current waiver provisions, this is a functional and effective system. There are multiple safety checks, and a final clinical check by the pharmacist as protections for the ultimate consumer. In addition, a consultant pharmacist will be reviewing the entire regimen for that patient at least monthly and assess the impact of the new order.

We would request consideration to not only extend your current waiver, but to clarify language so it is not restricted to specific pharmacies in Southern California. Then we would encourage the pursuit of a sponsor to update the language in 4071.1 to clarify the ability for CALIFORNIA professionals to interpret and process orders for a CALIFORNIA pharmacy for dispensing to a CALIFORNIA patient. Language would be necessary to clarify this restriction to California licensees and avoid off-loading of this function outside the state, and per my understanding once it went outside the country by a large provider.

With these safeguards in place and the clarity of language and final check by the pharmacist everyone on the team benefits from a positive, and safe workflow, and the resident benefits by receiving their medication with shorter processing time and in an accurate fashion.

Controlled remote order processing by CALIFORNIA professionals for California pharmacies, and California patients can have positive outcomes and we wish to continue.

Thank you for your consideration. Respectfully submitted by Larry Reis, RPh, BCGP consultant for California Veterans Home Fresno.

REFERENCES

1. The California State legislature recognizes the practice of pharmacy to be a profession. (Div 2, 4050 (a))(c) The legislature declares that pharmacists are health care providers who have the authority to provide health care services.
2. For additional clarify in BPC Article 7.5 (Health Care Practitioners) 680 (c) : For purposes of this article, "health care practitioner" means any person who engages in acts that are the subject of licensure or regulation under this division or under any initiative act referred to in this division.

3. See draft Statutory Proposal, California Board of Pharmacy Licensing Committee Minutes April 5, 2023.
4. January 24, 2023 Licensing Committee Minutes Section 1557
5. CCR 1793.1 and 1793.3
6. Minutes of the January 23, 2022 Enforcement and Compounding Committee with modified self-assessment form.

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FAX COVER SHEET

TO

COMPANY

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FROM LarryReis

DATE 2025-02-04 17:27:45 GMT

RE Board Meeting February 6

COVER MESSAGE

It is doubtful that I can attend in person, but they currently allow testimony and participation via WebEx. It is too close to the meeting to set up my 50 year celebration and recognition but will schedule that in a future meeting, but I have asked that question so it gives a perspective on who I am and that I wish to be on the agenda.

Next, I have asked the Board to clarify if the Agenda item For February 6 which is item XII will be limited only to emergency provisions for the fire, or if this would be where input could be provided requesting some type of permanent authority for order transfer to the pharmacy.

If they answer it is only specific to the Southern California emergency, then I will ask to be placed on agenda V, which is public comments on items not on the agenda/agenda items for future meetings. I can plan on addressing some avenues of remote order processing that would be compliant for us, the pharmacy, and make the Board of Pharmacy happy as well. I will await their answer on how that input should be provided. I have already sent notice for my desire to participate.

After tearing through 5 years of Board meeting minutes, reviewing the original Covid waiver and the secondary Southern California waiver, I believe that until such time the board can obtain a legislator to sponsor legislation on this issue, our easiest way to utilize our existing processes and be "legal" is what Shelley had suggested, which is to create documents from all your physicians making Gabriel your "designated agent" to transmit orders into the pharmacy system. This is the easiest way absent the change in regulation and interpretation. It's a long and complicated journey, but pending the pharmacy doing an extension of existing waiver/s I now believe this is the best option.

Do I have your green light to meet with Shelley? I think if she can see the rationale behind this simple plan and we can be on the same page it will be a positive. I will not approach her unless you feel appropriate. THANKS

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