



January 18, 2018

Senator Merv Riepe  
District #12 State Capitol  
P.O. Box 94604  
Lincoln, NE 68509-4604

RE: LB 731

Senator Riepe and Members of the Health & Human Services Committee:

LB 731, introduced by Senator Williams, will provide for licensure of remote dispensing pharmacies. In reviewing the legislative bill as proposed, several issues were identified related to the lack of clarity or possible conflict with existing statutes. While the Department of Health and Human Services (DHHS) has no position on this bill at this time, we would like to take this opportunity to bring the following technical issues to the Committee's attention. We are working with the Nebraska Pharmacy Association on this bill in resolving these issues. We would also like to thank Senator Williams for working with us on this bill.

Lack of clarity:

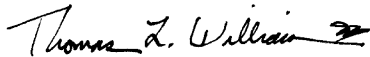
- The bill does not define "real-time audiovisual communication system," so it is subject to interpretation and does not provide specific requirements for security or technical capacity for adequate connections.
- There is no stipulation of the number of staff at the remote location, nor the number of remote locations that can be overseen by a Pharmacist-in-Charge.
- Training requirements for the remote site should be enhanced as the role of a pharmacy technician at the remote site will, by default, involve a bit more autonomy than a technician who does not have potential responsibility for site security, cleanliness of the remote site, and walk-in inquiries.
- It may be helpful to clarify how close the supervising pharmacy should be in order to provide effective oversight and address emergency situations.
- Security considerations of the remote pharmacy are not indicated, even though that type of clarity would protect the public.
- Prohibited activities at a remote site are not identified, but adding that would be instructive for compliance and integrity of the drug supply chain.
- The requirements for the monthly visit (inspection) by the Pharmacist-in-Charge are not identified.  
Note: The state of Iowa provides an excellent model of the type of specificity and clarity that will support protection of the public and respect for the security of the drug supply chain in practice standards established within Chapter 13 Telepharmacy Practice, yet there is no reference in this legislative bill to further definition within rules and regulations.

Concerns include, but are not limited to:

- Discrepancy between Neb. Rev. Stat. 38-2869 related to patient counseling and drug utilization review and proposed Section 18 (3) and (4).
- Concerns about protected health information and the type and quality of "real-time audiovisual communication system" used (as written, it could be via Skype, Face Time or a smart phone).
- Concern that the limitation of a single pharmacist being limited in the number of technicians that can be supervised, it seems a significant difference if three technicians are working together at one pharmacy location versus three technicians who are each at a separate remote site.
- Security of the remote site is not addressed, it seems that alarms at the supervising pharmacy should be activated when the door to the pharmacy storage or dispensing area is open or closed.
- Changes in the bill to Neb. Rev. Stat. 38-2870 will affect all dispensing, not only at the remote pharmacy site.
- There is a conflict between the proposed legislation with the Pharmacist-in-Charge at the supervising pharmacy site as compared to the stipulation in Neb. Rev. Stat. 38-2833 which requires the Pharmacist-in-Charge to work within the physical confines of the pharmacy.
- Concerns exist related to labeling at the remote site and assuring compliance with state and federal laws and regulations.

I greatly appreciate the opportunity to share the above issues and recommendations and look forward to working with you in continuing our mission of helping people live better lives.

Sincerely,



Thomas L. Williams, MD  
Chief Medical Officer  
Director, Division of Public Health  
Department of Health and Human Services

cc: Senator Matt Williams