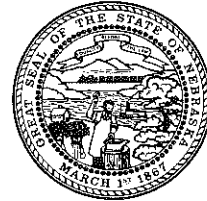


# STATE OF NEBRASKA

DEPARTMENT OF HEALTH  
Mark B. Horton, M.D., M.S.P.H.  
Director



E. Benjamin Nelson  
Governor

## MEMORANDUM

**TO:** Senator Don Wesely, Chairman  
Health & Human Services Committee  
Nebraska Legislature

**FROM:** Mark B. Horton, M.D., M.S.P.H.  
Director of Health

**DATE:** January 26, 1994

**SUBJECT:** The Final Report by the Director of Health on the Public Health  
Clinic Pharmacy Proposal

### Recommendations of the Director of Health

The Task Force on Public Health Clinic Pharmacies submitted a proposal to the technical committee in the spring of 1993 to extend the authorization to dispense oral contraceptives and a limited number of other pharmaceuticals to the non-pharmacy staff of public health clinics. The technical committee recommended in favor of the proposal. The 407 committee of the Board of Health recommended against the proposal, but the full Board of Health recommended in favor of the proposal. I concur with the actions taken by the technical committee and the full Board of Health and recommend in favor of the proposal.

### Discussion of the Issues Raised by the Proposal

The proposal of the task force on public health clinic pharmacies specifically addresses the issue of access to pharmaceuticals in public health clinics, and, in particular, those pharmaceuticals commonly prescribed to assist in the prevention of unwanted pregnancies and in the treatment of sexually transmitted diseases. Certainly, no one would argue that unwanted pregnancies and STDs are not two of the most challenging and urgent public health issues of our society today. The role of public health agencies in addressing these issues is to work closely with the institutions and professionals of the health care delivery system to remove every barrier to effective prevention, early detection, and treatment of health conditions related to those issues. During the course of the review, a strong case was made that there are serious access problems relating to the dispensing of pharmaceuticals in public health clinics that constitute a significant barrier to these prevention and treatment services. Health clinics, particularly in the rural areas of our state, are "few-and-far-between," clinic hours are frequently very limited, and it is frequently difficult to recruit and retain professionals to work in those clinics. Current laws on dispensing frequently necessitate complex and cumbersome arrangements with

local pharmacists in an attempt to provide access to needed pharmaceuticals. The current proposal addresses these barriers by suggesting a modification in pharmaceutical dispensing laws allowing for the dispensing of a limited number of pharmaceuticals by non-pharmacy and, in some instances, non-licensed staff of public health clinics under the supervision of a pharmacist.

The law that requires that all "legend" pharmaceuticals be dispensed by a licensed pharmacist is sound public health policy that has served the state of Nebraska for many years. Any modification to that law should be done only when all of the following apply: 1) when the modification addresses an issue of profound importance to public health, 2) when the modification does not substantially alter the basic intent of public health policy, and 3) when the modifications include appropriate safeguards to ensure substantially equivalent safety and quality of services to the public. The current proposal meets these three standards. Clearly, the issues raised by this review have profound public health importance, and, by establishing appropriate safeguards, the intent of public health policy is retained.

The proposal would allow for modified dispensing of only a short and specific list of low-risk pharmaceuticals. Any addition to the list would require approval by a pharmacy advisory committee which would include licensed pharmacists. The proposal establishes clear guidelines for the additional training and supervision of the non-pharmacy staff who would be authorized to dispense the pharmaceuticals. Dispensing by non-pharmacist, non-licensed staff would be limited to "refills." All pharmaceuticals dispensed by non-pharmacy staff will continue to be prescribed by a licensed physician or mid-level practitioner. Pharmaceuticals would be dispensed only to individuals appropriately evaluated and examined by a physician or mid-level practitioner. There would continue to be oversight of the entire process by a pharmacist.

The above-mentioned safeguards provide reasonable assurance that quality and safety issues associated with the dispensing of pharmaceuticals will be maintained. In addition, by maintaining the pharmacist's oversight of the process of dispensing as well as its monitoring and evaluation, the basic intent of public health policy is preserved. An additional assurance of quality is the fact that these services will be provided in established public health clinics that have an outstanding record of thoroughness, quality, and attention to detail and protocol.

While supporting the proposal, I would be remiss if I failed to bring attention to two items requiring close monitoring. First, while I believe the proposal puts adequate safeguards in place, I believe that the dispensing of "refill" pharmaceuticals by non-licensed staff will require close monitoring for safety and quality. Secondly, the formulary advisory committee must be extremely vigilant so as to ensure that no pharmaceutical is allowed to be dispensed through this modified process that might pose an unacceptable risk to the public.