The Oregon Society of Health-System Pharmacists and the Oregon State Pharmacy Association support SB 629 which would allow appropriately trained and equipped pharmacists to use telepharmacy to remotely oversee pharmacy operations and provide distributive, clinical, analytical, and managerial services. We believe that the utilization of telepharmacy in suitable functions of pharmacy operations and patient care will improve patient outcomes, expand access to healthcare, and enhance patient safety. We support authorizing the Oregon Board of Authority to adopt compatible regulations that enable the use of United States-based telepharmacy services within and across state lines for appropriate practice settings.

Background

Telepharmacy is defined as a method used in pharmacy practice in which a pharmacist utilizes telecommunications technology to oversee aspects of pharmacy operations or provide patient-care services. Telepharmacy operations and services may include, but are not limited to, drug review and monitoring, dispensing, sterile and nonsterile compounding verification, medication therapy management (MTM), patient assessment, patient counseling, clinical consultation, outcomes assessment, decision support, and drug information.

Telepharmacy has demonstrated value in medication selection, order review, and dispensing; intravenous (IV) admixture verification; patient counseling and monitoring; and clinical services. [1] Telepharmacy may be especially useful in supporting settings that perform medication-use activities when a pharmacist is not physically present or pharmacy resources may be limited, such as geographically isolated ambulatory clinics and healthcare facilities. Telepharmacy also provides a solution for order review and verification in tertiary medical centers when staffing, particularly in specialty areas such as oncology and pediatrics, is limited (e.g., due to attrition or staff turnover), creating a mechanism for health systems to provide enterprise-level pharmacy services throughout the system even when not all pharmacies operate 24 hours per day.

Many small rural hospitals rely on contracts with local retail pharmacists to provide pharmacy services at the hospital.[2] Telepharmacy can allow those pharmacists to devote their limited onsite

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[1] Calenda S, Levesque C, Groppi J et al. VHA seeks to expand telepharmacy's reach in 2014. U.S. Medicine http://www.usmedicine.com/2014-issues/vha-seeks-to-expandtelepharmacys-reach-in-2014/

[2] Casey M, Elias W, Knudson A et al. Implementation of telepharmacy in rural hospitals: potential for improving medication safety. Upper Midwest Rural Health Research Center Final Report #8. http://rhrc.umn.edu/wp-content/files_mf/telepharmacy.pdf

time to the oversight of drug therapy management, inventory, controlled substances control, and policy and procedure development, rather than real-time order review verification. In addition, telepharmacy effectively allows for the work of one pharmacist to be spread across several small-volume settings, permitting them to share the expense of such services and creating an opportunity to provide 24-hour pharmacy services. [3] [4] OSHP and OSPA support implementation of telepharmacy services particularly in rural areas to increase availability and scope of clinical pharmacy services.

If SB 629 is approved by the Oregon Legislature, OSHP and OSPA will work with the Board of Pharmacy to address the following in regulations for telepharmacy services: (1) education and training of participating pharmacists; (2) education, training, and licensure of participating pharmacy technicians; (3) communication and information systems requirements; (4) remote order entry, prospective order review, verification of the completed medication order before dispensing, and dispensing; (5) direct patient-care services, including medication therapy management services and patient counseling and education; (6) licensure (including reciprocity) of participating pharmacies and pharmacists; (7) service arrangements that cross state borders; (8) service arrangements within the same corporate entity or between different corporate entities; (9) service arrangements for workload relief in the point-of-care pharmacy during peak periods; (10) pharmacist access to all applicable patient information; and (11) development and monitoring of patient safety, quality, and outcomes measures.

On behalf of the Oregon Society of Health-System Pharmacists and the Oregon State Pharmacy Association, we recommend your passage of SB 629.

Prepared by Bill Cross & Niki Terzieff, OSPA & OSHP Government Affairs *3/22/2021*

[3] Clifton GD, Byer H, Heaton K et al. Provision of pharmacy services to underserved populations via remote dispensing and two-way videoconferencing. Am J Health-Syst Pharm. 2003; 60:2577-82

[4] Traynor K. Navy takes telepharmacy worldwide. Am J Health-Syst Pharm. 2010; 67:1134-6