

DISPENSING PRESCRIPTIONS

Senate Bill 869 with House committee amendments

Senate Bill 870 as passed by the Senate
First Analysis (12-9-93)

Sponsor: Sen. Vern Ehlers
Senate Committee: Health Policy
House Committee: Public Health

THE APPARENT PROBLEM:

The Public Health Code regulates the dispensing of drugs by pharmacists and by others who prescribe drugs (physicians, podiatrists, or dentists). Among other things, the code requires that if a dispensing prescriber delegates the authority to dispense drugs, then he or she must be physically present at the time the prescription drugs are dispensed. In 1992, the legislature amended the health code (Public Act 291, enrolled Senate Bill 901) to exempt public health programs from the requirement that a physician or pharmacist be physically present when a prescription drug is dispensed under delegated authority and gave the act an expiration date of January 1, 1994. ("Public health programs" include local health departments, migrant health centers or community health centers, and family planning programs.)

Reportedly, when the 1992 amendment was originally introduced, industrial health clinics asked that they, too, be exempted from the "on-site" requirement. However, apparently the physicians' association and the pharmacists' association couldn't agree on a compromise bill, and so the resulting bill was enacted with a one-year sunset date to ensure that negotiations would continue between the pharmacists and physicians. The Department of Commerce (Office of Health Services) subsequently appointed a multidisciplinary task force to develop a set of recommendations on how prescription drugs could be safely dispensed in the absence of a physician or pharmacist. The task force consisted of representatives from the various interest groups as well as from the appropriate health professional boards. Legislation has been introduced that would implement the task force recommendations.

THE CONTENT OF THE BILLS:

Senate Bill 869 would amend the Public Health Code (MCL 333.17745 et al.) to allow physicians in public health programs to delegate the dispensing of prescription drugs in these settings to registered nurses and physicians' assistants and would delete the January 1, 1994 sunset date. Senate Bill 870 would add a new section to the Public Health Code (MCL 333.17745b) that would authorize physicians to delegate to registered nurses and physicians' assistants in industrial clinics and other physician practice locations (other than public health programs) to dispense a 72-hour supply of prescriptions drugs. The bills are tie-barred to each other.

Senate Bill 869 would amend the Public Health Code to delete the sunset date on the exemption for public health programs from the code's dispensing prescriber requirements. The bill also would allow registered professional nurses (RNs) and physicians assistants (PAs), without a controlled substances license and under a physician's orders, to dispense (a) methadone ("or a methadone congener") in methadone treatment programs or (b) drugs in a hospice program providing emergency care services in patients' homes. In public health programs without on-site pharmacies, the bill would allow dispensing prescribers not only to delegate the dispensing of prescription drugs to RNs and PAs, but to delegate -- to "appropriately trained individuals" and under "specific, written protocols" - the delivery of pre-labeled, prepackaged oral contraceptives. Finally, the bill would allow pharmacies to establish a medication box exchange program (similar to the program used in ambulances) for hospice emergency care services provided in patients' homes.

Senate Bills 869 and 870 (12-9-93)

Senate Bill 870 would add a new section to the Public Health Code to allow physicians in industrial clinics (and other prescriber practice locations, other than public health programs, without on-site pharmacies) to delegate to RNs and PAs the dispensing of up to a 72-hour supply of prescription drugs. If dispensing prescribers didn't delegate dispensing authority, the prescriber would have to be physically present when the drug was dispensed.

HOUSE COMMITTEE ACTION:

The House Public Health Committee amended Senate Bill 869 to do the following:

- * restrict the drugs that could be dispensed by RNs and PAs in methadone clinics to methadone ("or methadone congeners"); and,
- * allow dispensing prescribers to delegate, to appropriately trained individuals and in accordance with written protocols, the delivery of prelabeled, prepackaged oral contraceptives in public health programs without on-site pharmacies.

FISCAL IMPLICATIONS:

According to a Senate Fiscal Agency analysis of the bills as passed by the Senate, the bills have no fiscal implications for the state. (10-13-93)

ARGUMENTS:

For:

The bills would benefit many public health programs -- local health departments, migrant health centers, community health centers, methadone clinics, rural family planning programs, rural health clinics, and hospice home emergency care services -- by allowing some flexibility in the dispensing or delivery of already-dispensed drugs. Many of these programs, especially those in rural areas, do not always have a physician physically present to witness the dispensing of drugs, and so these programs are hindered in the efforts to deal quickly and effectively with medical problems by the health code's "on-site" physician supervision requirements. In the case of rural family planning clinics, it also often happens that a woman is given a year's prescription for prepackaged oral contraceptives but cannot afford to pay for a whole year at a time. So these women come in for three-months' supplies, but often have to travel considerable distances to pick up their prescriptions.

By allowing qualified people, under written protocols, to deliver prelabeled, prepackaged oral contraceptives that had been prescribed and dispensed according to the health code, the bill would ensure that this population would have access to much-needed prescription drugs in affordable amounts.

For:

Senate Bill 869 would greatly aid those people using hospice care in their homes by allowing pharmacies to establish a medication box exchange program (similar to the program used in ambulances) for hospice emergency care services provided in patients' homes. Most pharmacies currently do not as a matter of course carry hospice medications even for availability during the day, and only a few pharmacies are open at night. When nurses are unable to carry the necessary medicines with them, patients either die in agony or are moved from their homes -- where they had chosen to die -- to a hospital at five to eight times the cost of facilitating a home death. When a hospice patient dies in terrible pain, possibly with increasingly severe respiratory distress and uncontrolled seizures and vomiting because the hospice nurse hasn't had timely access to the medications required to treat these symptoms, no amount of support will erase the memory of this terrible death from the minds of the patient's survivors. The experience is tragic for everyone involved and made even more tragic by the fact that with fast, appropriate treatment, the patient's final suffering was unnecessary. It is imperative that hospice nurses have rapid access to medications necessary to address such symptoms of dying patients, which is what the bill would do.

POSITIONS:

Representatives of the following groups testified in support of the bills:

- * The Michigan State Medical Society
- * The Michigan Association for Local Public Health
- * The Michigan Hospice Nurses Association
- * The Michigan Hospice Association
- * Michigan Right to Life

A representative of the Michigan Pharmacists Association testified that the association supported the bill as passed by the Senate, but opposed any amendments. (12-7-93)