

June 2003



Kansas State Board of Pharmacy

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Published to promote voluntary compliance of pharmacy and drug law.

Special Notice About This Newsletter

The *Kansas State Board of Pharmacy News* is considered an official method of notification to pharmacists licensed by the Kansas State Board of Pharmacy. These *Newsletters* have and will continue to be used in hearings as proof of notification. Please read them carefully and keep them for future reference.

Patient Counseling

While conducting a recent investigation in which a pediatric patient was admitted to the intensive care unit in critical condition, an inspector discovered that a technician and/or cashier failed to notify the pharmacist when the consumer picked up the new prescription. It appears that this incident might have been prevented if the pharmacist had actually counseled the patient's parents.

The pharmacy inspectors have recently observed several incidents in which the clerk/cashier is asking the patient if they want "to talk to the pharmacist." K.A.R. 68-2-20 is very clear; it is the pharmacist's responsibility, not the technician's and not the cashier's, to personally offer counseling. All non-pharmacist personnel should be trained to call a pharmacist over when a new prescription is dispensed or when the pharmacist deems it appropriate. If the patient refuses counseling, they must do so to the pharmacist, not the technician or the cashier.

License Renewals

The deadline for license renewal is June 30, 2003. If you are reading this *Newsletter* and have not yet received a renewal notice, it is likely you have moved and failed to notify the Board office of your new address. Address and name changes **must** be made in writing and can be e-mailed or faxed to the Board office. Licenses can be renewed online at the Board's Web site. An online renewal takes less than five minutes and requires a credit card. The Board office will again audit 10% of pharmacist renewals. Do not send continuing education (CE) certificates to the Board office unless you are being audited. The Board of Pharmacy will not be responsible for any CE certificates unless they have been requested. **Please remember to include the renewal notice with your check.**

Pharmacy Technician Registration

Legislation finally passed this year to allow the Board to begin registering pharmacy technicians by **October 2004**. Persons working as pharmacy technicians currently may continue to work until October 31, 2004, without registering and with-

out passing a competency exam. After October 31, 2004, every pharmacy technician must pass an examination approved by the Board and become registered. Over the next year, the Board will be writing regulations concerning technician functions in a pharmacy. The technician/pharmacist ratio stays at 2:1.

Compliance Inspector Opening

The Board has an opening for a pharmacy compliance inspector for the Kansas City/Lawrence area. This position does not have to be a pharmacist, but the individual must have current experience working in a pharmacy. The job description is available on the State of Kansas Web site, <http://da.state.ks.us/ps/documents/specs/7440a3.htm>. The salary is \$15.29/hour and includes state benefits and a car. If you are interested in this position, fill out the State Employment Application and submit it to Susan Linn at the Board office.

Health Insurance Portability and Accountability Act (HIPAA)

Licensees and registrants of the Board are not required to obtain patient permission prior to releasing records and information to Board inspectors. It appears, however, that Health Insurance Portability and Accountability Act may require the accounting of disclosures made to inspectors. The purpose of the accounting requirement is to allow patients to learn the non-health care purposes for which their protected health care records and information have been disclosed.

HIPAA regulations are designed to allow for flexibility in the accounting standards used. That flexibility ranges from the marking or flagging of each and every prescription, record, or print-out reviewed by an inspector to the placing of the name of the Board of Pharmacy on a standard general checklist of non-health care entities who may have reviewed a patient's protected health care records. The Board is working with federal agencies and national organizations to determine the minimum standard of accounting necessary under HIPAA to properly account for disclosures made to the Board and its inspectors.

Board Office Has Moved; E-mail Address Change

The Board of Pharmacy office moved in April 2003 to a new office in the same building. The room number has changed from 513 to 560. While our physical address has changed, our

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phone numbers remain the same. The e-mail address for the Board office has also changed; it is now pharmacy@pharmacy.state.ks.us.

Regulation Changes

On March 11, 2003, a public hearing took place to hear comments on proposed regulations. The two regulations reviewed concerned name tags and advertising. The full text of the regulations can be found on the Board's Web site. Highlights of the name tag regulation are as follows:

- ◆ Each pharmacist, pharmacy student or intern, or pharmacy technician, while performing pharmacy functions, must wear a name tag.
- ◆ Each name tag shall include the person's name (first name only is okay) and his or her title.

The Board is cognizant that it may take some time for all pharmacies to become compliant with this regulation. To that end, the pharmacy inspectors have been instructed to initiate an education process to ensure that all pharmacies are compliant within a few months.

Confidential Help is Available

Pharmacists, like anyone else, are susceptible to substance abuse as well as psychiatric and medical disorders. Left untreated, these illnesses can put patients at risk.

Many pharmacists are unclear about their reporting obligations and feel uneasy about reporting themselves, a colleague, or an employee to the Committee on Impaired Pharmacy Practice (CIPP). Getting involved in the personal issues of another professional is a difficult decision. Yet, there is an ethical duty to protect patients from potential harm. CIPP is a source of confidential help for impaired pharmacists who can seek the help they need without necessarily jeopardizing their licenses. The Board of Pharmacy does not receive information concerning the identity of the impaired pharmacist who voluntarily signs a monitoring agreement with CIPP. Call CIPP at 785/228-2327 and speak to Jenith Hoover. Your call is confidential.

Frequently Asked Questions

Question: Is it permissible to dispense a prescription for a quantity less than the face amount prescribed, resulting in the actual number of dispensings being greater than the number of

refills indicated on the prescription?

Answer: Yes. Partial refills of Schedule III, IV, and V controlled substance prescriptions are permissible under federal regulations provided that each partial filling is dispensed and recorded in the same manner as a refilling (ie, date refilled, amount dispensed, initials of dispensing pharmacist, etc), the total quantity dispensed in all partial fillings does not exceed the total quantity prescribed, and no dispensing occurs after six months past the date of issue.

Question: Can controlled substance prescriptions for hospice patients be faxed to a pharmacy?

Answer: Yes. Schedule II-V controlled substance prescriptions, written for a patient enrolled in a hospice, may be faxed to a pharmacy for dispensing. The hospice patient may reside in a personal residence or hospice facility.

Question: What changes may a pharmacist make to a prescription written for a controlled substance?

Answer: The pharmacist may add the patient's address or change the patient's address upon verification. The pharmacist may change or add the dosage form, drug strength, drug quantity, directions for use, or issue date only after consultation with and agreement of the prescribing practitioner. Such consultations and corresponding changes should be noted on the prescription as well as the patient's medical record. Pharmacists and practitioners must comply with any state/local laws, regulations, or policies prohibiting any of these changes to controlled substance prescriptions. The pharmacist is never permitted to make changes to the patient's name, controlled substance prescribed (except for generic substitution), or the prescriber's signature.

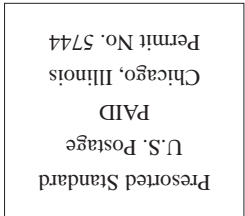
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