Georgia Laws Affecting Rural Hospital Pharmacies

Michael Azzolin | PharmD | MBA | COO
PharmD on Demand, Inc.
Watkinsville, GA
Goals of Presentation

• Introduce what pharmacists do in rural hospitals and how it differs from large hospitals and retail pharmacies

• Give an account of what current pharmacy laws negatively impact hospitals in rural Georgia

• Explain how these laws decrease the quality of patient care and increase hospital costs in rural Georgia communities

• Offer suggestions to resolve the dangers and inefficiencies of the current regulations
<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACETAMINOPHEN (tylenol regular strength tablet)</td>
<td>650 MG</td>
<td>Q4H</td>
</tr>
<tr>
<td>ALBUTEROL SO4 (VENTOLIN) 3ML INH/VIAL</td>
<td>1 INH</td>
<td>RTQ6H</td>
</tr>
<tr>
<td>ASPIRIN EC 81MG TAB</td>
<td>81 MG</td>
<td>DAILY</td>
</tr>
<tr>
<td>BENZONATATE (tessalon 100mg perles) 100MG CAP</td>
<td>200 MG</td>
<td>TID</td>
</tr>
<tr>
<td>BUDESONIDE (PULMICORT) 2ML INH/VIAL</td>
<td>0.5 MG</td>
<td>RTBID</td>
</tr>
<tr>
<td>CARVEDILOL (COREG 6.25MG TAB) 6.25MG TAB</td>
<td>3.125 MG</td>
<td>BIDCC</td>
</tr>
<tr>
<td>CLOPIDOGREL (PLAVIX 75MG TABLET) 75MG TAB</td>
<td>75 MG</td>
<td>DAILY</td>
</tr>
</tbody>
</table>

Select the medication to remove. Any issues marked ** were not issued against the med order. Any med order displayed in grey is not available. Deselect an item by pressing the quantity indicator to the left of any selected item.
LAN SOPRAZOLE (PREVACID) TAB 10 MG
Exp. 05/19/2015
LOT #: 198
MFG: TAP PHARM
TAKE WITH WATER
Georgia Law Affecting Pharmacy Related Patient Care and Costs in Rural Hospitals

• O.C.G.A. § 26-4-5 defines a remote pharmacist as one exclusively living within the state of Georgia

• O.C.G.A. § 26-4-80 specifies that a pharmacist must physically come into a hospital within 24 hours of remote order entry occurring

• O.C.G.A. § 26-4-80 prevents remote order entry from occurring when there is 1 pharmacist in a hospital (it allows it if there are at least 2), preventing rural hospitals from using this option to promote enhanced clinical services by the onsite pharmacy staff for the patients in those hospitals
How This Law Affects Rural Georgia Hospitals

• O.C.G.A. § 26-4-5 defines a remote pharmacist as one living within the state of Georgia:
  
  • (37.2) "Remote order entry" means the entry made by a pharmacist located within the State of Georgia from a remote location indicating that the pharmacist has reviewed the patient specific drug order for a hospital patient, has approved or disapproved the administration of the drug for such patient, and has entered the information in the hospital's patient record system

• Negatively impacts patient care
• Contradicts O.C.G.A. § 26-4-80 (7) (C)
  • Policy on Remote Services must be compliant with ASHP best practices
• Limits hiring practices
• Decreases competition
How This Law Affects Rural Georgia Hospitals

• O.C.G.A. § 26-4-80 specifies that a pharmacist must physically come into a hospital within 24 hours of remote order entry occurring.

  • 24 Hour Law

• O.C.G.A. § 26-4-80 prevents remote order entry from occurring when there is 1 pharmacist in a hospital (it allows it if there are at least 2), preventing small facilities from having the option of this service to promote enhanced clinical service by the onsite pharmacy staff for the patients in those hospitals.

  • Simultaneous Law
• (B) The rules established pursuant to subparagraph (A) of this paragraph shall specifically authorize hospital pharmacies to use remote order entry when:

  (i) The licensed pharmacist is not physically present in the hospital, the hospital pharmacy is closed, and a licensed pharmacist will be physically present in the hospital pharmacy within 24 hours;

  (ii) At least one licensed pharmacist is physically present in the hospital pharmacy and at least one other licensed pharmacist is practicing pharmacy in the hospital but not physically present in the hospital pharmacy; or

  (iii) At least one licensed pharmacist is physically present in a hospital within this state which remotely serves only on weekends not more than four other hospitals under the same ownership or management which have an average daily census of less than 12 acute patients.
A pharmacist must physically be present in the hospital within 24 hours.

**Law does not apply to rural hospital owned by large hospital if performed by the large hospital’s pharmacy.**
How This Law Affects Rural Georgia Hospitals

• 24 Hour Law:
  
  • Encourages Rural Hospitals with no weekend pharmacy coverage to not use remote pharmacy services at all or...

  • Forces the hospital to find and pay for redundant staff on weekends when no staff was previously on site as long as remote services were not utilized

  • Unfairly carves out rural hospitals owned by large hospitals
How This Law Affects Rural Georgia Hospitals

• **Simultaneous Law:**

  • Prevents Rural hospitals from using remote services when a pharmacist is on site at the hospital

  • Decreases onsite pharmacists ability to provide DIRECT (in person) patient care

  • Decreases patient care by not allowing remote pharmacy to cover for lunch breaks, and meetings and other responsibilities onsite pharmacists have

  • Unfairly carves out large facilities capable of affording multiple onsite pharmacist staff
Suggestions to Replace Current Law(s)

• Allow pharmacists to provide remote order entry (Remote Pharmacy Services) from any location under the following conditions:
  • Valid Georgia Pharmacy License or...
  • Valid Future Interstate Remote Pharmacy License (NABP regulated) as per 2017 ASHP Recommendations

• Eliminate “24 Hour Law”:
  • Allow Remote Pharmacy Services in hospitals with no limitations regarding onsite staff
  • Rely on Board of Pharmacy Rule: 480-13-.04 which dictates that, “The Director of Pharmacy or his/her pharmacist designee shall be employed on a fulltime basis consistent with need.”

• Eliminate “Simultaneous Law”:
  • Allow Remote Pharmacy Services in hospitals regardless of onsite pharmacist presence
Conclusions and Questions