



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

**TO:** The Honorable the Members of the Board of Regents

**FROM:** Johanna Duncan-Poitier *Johanna Duncan-Poitier*

**COMMITTEE:** Professional Practice

**TITLE OF ITEM:** The Profession of Pharmacy-Challenges and Opportunities

**DATE OF SUBMISSION:** March 13, 2003

**PROPOSED HANDLING:** Discussion

**RATIONALE FOR ITEM:** Policy and regulatory changes to prepare for the future of professional practice in pharmacy

**STRATEGIC GOAL:** Goal 3

**AUTHORIZATION(S):** *[Signature]*

**SUMMARY:**

The profession of pharmacy was first regulated by the Board of Regents and the Education Department over one hundred years ago (1900). Since that time, the profession has undergone dramatic change as the healthcare environment and use of technology continue to evolve. However, intensified pressures on the healthcare professions may alter pharmacy practice even more in the next decade than in the last century. The continuing shortage of pharmacists here and across the country will likely compound the challenges faced by pharmacists. Last year, the Department completed a survey of the professional workforce that has helped inform the development of new proposals to shape the future of the pharmacy profession in New York State.

The Board of Regents and the Department have been proactive in developing and enacting policy and regulatory changes to accommodate the evolution of the practice of pharmacy while at the same time assuring that effective standards and protections exist. The Department continues to monitor changes in the education and preparation of pharmacists, methods of assuring continuing competence, use of new dispensing technologies to meet expanding numbers of prescriptions dispensed, strategies to reduce medication errors, and the education of patients.

A century ago, pharmacy programs were two-year college programs. In some areas, individuals could be admitted to the licensure examinations after completing an apprenticeship without going through any formal education program. Today,

pharmacists are required to complete a six-year doctor of pharmacy (PharmD) program that includes broad study of the sciences and healthcare.

As the practice of pharmacy continues to evolve, it is critical that all pharmacists remain competent throughout their professional careers. The Department will be proposing revisions to the continuing education requirements to enhance the practice of the profession and increase the protection of the public. At the same time, the Department will propose updated requirements for patient counseling to increase the substantive value of the counseling and reduce some of the burdensome elements. Educating patients includes informing them of the costs of prescription drugs. Regulations are being developed to implement a new law that requires drug price lists be kept updated and available to patients.

Since the 1960s, the number of prescription and over-the-counter drugs has increased from approximately 600 commercially available products to an estimated 13,000. Today, patients no longer rely on one physician alone for healthcare. As the number of physicians prescribing medications for a patient increases, so too does the opportunity for medication errors, drug interactions, and patient confusion. The pharmacist provides a critical public safety function by maintaining patient profiles and counseling patients on appropriate medication administration. Medication errors, due to illegible handwriting, could be significantly reduced if hand-written prescriptions were replaced with electronically transmitted prescriptions. The Department has been a proponent of eliminating hand-written prescriptions. Initial costs and technology limitations have slowed progress toward this goal. Sound-alike and look-alike drugs also contribute to medication errors. The Department has been supporting efforts by the Food and Drug Administration (FDA) to resolve these issues before drugs are marketed.

Centralized prescription processing and use of pharmacy technicians are two manpower-related issues that may help to address the shortage of pharmacists. Some pharmacy-related services can be provided by unlicensed but supervised personnel or through centralized processing. Allowing pharmacy technicians and centralized systems to address issues that do not involve professional judgment will give pharmacists more time to concentrate on the more complex issues requiring specialized attention. The Department plans to provide clarifying information to the field on the details of centralized processing.

Internet and out-of-state pharmacies present unique challenges to the practice of pharmacy in New York. Protecting the public from counterfeit drugs is particularly difficult, since Internet and mail delivery operations have not traditionally been within the jurisdiction of the Board of Regents. The Regents recently approved regulations to implement a new law extending their jurisdiction over out-of-state and Internet pharmacies and wholesalers that ship, mail, or deliver prescription drugs/devices into New York State by requiring them to be registered by the State Education Department. In addition, the Department is working with Federal agencies to ensure New Yorkers receive only approved and regulated pharmaceutical products.

Over the next few months, in response to evolving practice issues, the Department will ask the Regents to consider a number of policy and regulatory proposals on continuing education, patient counseling, centralization of pharmacy services and drug retail price lists. Other issues, such as elimination of hand-written prescriptions, counterfeit drugs, Internet and out-of-state pharmacies, are included in the attached report to provide important background information and to set the context for possible future action at the Federal and State levels.

Attachment

# **THE PROFESSION OF PHARMACY— OPPORTUNITIES AND CHALLENGES**

## **INTRODUCTION**

Pharmacy practice has undergone considerable change since 1900 when the Board of Regents and Education Department first began to regulate the profession. Rapid developments in healthcare and increased demand will inevitably result in even more changes for this profession. Over the next decade, pharmacists will be required to respond to emerging patient and industry demands. The Board of Regents and the Department have been proactively developing and enacting policy and regulatory changes to keep pace with the evolution of the profession of pharmacy. During the course of the next few months, the Department will be presenting the Regents with a number of policy and regulatory proposals designed to address critical issues facing the profession. This report provides important information on these issues and sets the context for the proposals that will come before the Regents for discussion and consideration.

To help inform the decisions of the Department and the Regents, the New York State Board of Pharmacy interacts with all stakeholders in the pharmacy profession on a regular basis. One example is the Pharmacy Manpower Survey, which was conducted last year. The Pharmacy Board helped to develop the survey instrument and analyze the results. Professional associations encouraged their members to complete the questionnaires. Staff of the Long Island University, Arnold and Marie Schwartz College of Pharmacy, conducted data analysis. Results from this comprehensive survey have been helpful in developing subsequent policies affecting the pharmacy profession. The current shortage of pharmacists, the increasing volume of prescription medications due to an aging population, and other dynamic factors require continuous monitoring and incremental policy and regulatory changes.

## **PHARMACISTS' EDUCATION**

A century ago, the pharmacy curriculum was a two-year college level course. Alternatively, in rural areas, a candidate could serve as an apprentice under a licensed pharmacist for several years and then be admitted to the licensure examination. Over the years, the curricula expanded from three to four years and ultimately to a five-year Bachelor of Science (BS) degree. Responding to the complexity of contemporary practice and the increasing number of medications available, the American Council on Pharmaceutical Education (ACPE) will stop accrediting BS curricula after June 2004. All colleges of pharmacy in the United States have or will have converted to a 6-year Doctor of Pharmacy degree program. The contemporary pharmacy education is a unique combination of training in chemistry, biology, physics, biomedical sciences (including anatomy/physiology, biochemistry, microbiology, etc.), pharmaceutical sciences, statistics, healthcare issues, and disease-state management. Each accredited pharmacy curriculum includes at least 21 credit hours of pharmacology.

These educational programs prepare graduates not only to dispense medications, but also to assist in the monitoring and evaluation of therapeutic regimens.

The Department is pleased to report that the transition to the PharmD degree among the four colleges of pharmacy in New York State has proceeded smoothly. Initial projections of decreasing student enrollments concerned the Department given the continuing manpower shortage. However, colleges have been aggressively hiring and retaining faculty while expanding clinical sites for student rotations without diminishing the quality of the programs. Pharmacy colleges continue to expand capacity and serve an increasing number of students.

### **CONTINUING COMPETENCE**

Ensuring that licensees keep current with changes and developments in their profession is a complex charge. There is no consensus on how to measure or assure continuing competence, especially as increasing numbers of professionals practice in various specialty areas. However, requiring professionals to complete mandatory continuing education is a generally accepted strategy for promoting competence and public safety.

Every three years, registered pharmacists in New York State must complete 45 hours of continuing education. At least 23 hours of that continuing education must be completed through "live," interactive programming as opposed to independent study. Coursework must be directly related to practice. Course content may include pharmacology, emerging health and safety issues such as bioterrorism, Federal and State drug laws, as well as other contemporary topics affecting professional practice. The Department conducts random audits of licensees to ensure that pharmacists meet the continuing education requirement. Data obtained from the audits is impressive. It reveals that, on average, pharmacists voluntarily choose to complete twice the number of hours they are required to complete by law. This appears to be an indication of an overall commitment of the profession to lifelong learning.

In order to ensure that pharmacists maintain competence over time, several policy issues must be addressed:

- Safety and accuracy of drug-ordering, drug-delivery and drug-administration systems must improve. Experience has shown that the implementation of continuous process improvement systems can significantly reduce medication errors. Florida is the first state to require all pharmacists to participate in continuing education focused solely on medication errors. In line with the Florida model, the Department would like to discuss a policy and regulatory change with the Board of Regents that would require every pharmacist to complete a minimum of three credit hours of continuing education in medication error reduction/process improvement during each three-year registration period.
- Under existing law, new licensees are exempt from completing continuing education during their first three-year registration period. Professional societies representing

pharmacists in New York State will seek legislation to remove the exemption because they believe that the complexity of contemporary practice necessitates that all practitioners, including new pharmacists, continuously work to enhance their skills and knowledge throughout their professional careers. The Department is considering this proposal.

Ensuring career-long professional competence is difficult. We will continue to explore additional strategies for promoting competence to supplement required continuing education.

### **MEDICATION ERRORS**

Medication errors are a distinct subset of all "medical" errors. Studies show that pharmacists are responsible for only a small percentage of medication errors. Nevertheless, medication errors are being addressed head-on by the Department and the pharmacy profession. At the Regents Conference on the Professions in October 2000, a special session entitled, "Critical Issues in Consumer Safety," brought together licensed professionals, legislators, consumers, educators, and policymakers to discuss systemic errors in the delivery of professional services. Panelists included Michael Cohen, President, Institute for Safe Medical Practice; Arthur Levin, Director, Center for Medical Consumers; Lynda Flowers and Eugene F. Montgomery. Several key concepts emerged in the discussion including the importance of recognizing systemic problems that contribute to medical and other errors, the complexity of error reporting, and the importance of making safety a top priority in professional practice.

In July 1999, the Board of Regents approved a series of regulatory amendments intended to update pharmacy practice. A significant goal of that initiative was to reduce medication errors by encouraging the electronic transmission of prescriptions from prescribers to pharmacists. At that time, studies indicated that 40 percent of medication errors could be traced to illegible handwriting and to misinterpreted or misunderstood oral communications. Subsequently, the Institute for Safe Medication Practices reported that replacing handwritten and oral prescriptions with typed/printed prescriptions electronically transmitted to a pharmacy might reduce medication errors by as much as 55 percent. While the demise of many Internet-based transmission companies and significant initial costs has slowed progress toward eliminating handwritten prescriptions, the Department remains hopeful that new technologies will help to achieve the goal of eliminating hand-written prescriptions by 2005.

Groundbreaking regulations approved by the Board of Regents nearly four years ago required electronically transmitted prescriptions to be encrypted or encoded to assure patient confidentiality. This is now the standard in many states. Similar requirements are included in the soon-to-be-implemented Health Insurance Portability and Accountability Act (HIPAA), effective April 14, 2003. Assuring the confidentiality of all medical information has long been a requirement for professionals licensed by the Department.

In addition to eliminating hand-written prescriptions, other strategies are being identified to significantly decrease medication errors. Examples include:

- **Reduction in "sound-alike" drug names.** In the 1960s, approximately 600 prescription and over-the-counter (OTC) drug products were commercially available. Today, approximately 13,000 products are available to consumers. Many manufacturers use catchy names to promote their products. As a result, some end up with similar sounding names. For example, the anti-ulcer drug Prilosec was first marketed as Losec. Due in part to prescribers' poor handwriting, it was often confused with the diuretic drug Lasix. The manufacturer subsequently renamed the product. Other examples of sound-alike drugs include:

Chlorpromazine (antipsychotic) and Chlorpropamide (diabetes)

Lamisil (antifungal) and Lamictal (seizures)

Hydroxyzine (antihistamine) and Hydralazine (high blood pressure)

Accutane (acne) and Accupril (high blood pressure)

The Department supports FDA efforts to enhance the screening of drug names before they are marketed. Recognizing the importance of this issue, the State Board of Pharmacy has focused a significant portion of the pharmacist licensing examination on testing the ability of candidates to recognize sound-alike drugs. It is our hope that candidates will carry the lesson into their practice.

- **"Look-alike" packaging also contributes to medication errors.** Manufacturers routinely package medications in containers that are identical in color, use almost identical labels and font sizes, etc. The FDA and manufacturers must continue to resolve packaging issues as they are identified. The Department supports the participation of pharmacists, physicians, nurses, and other healthcare providers in programs that encourage voluntary reporting of medication errors to the FDA or other agencies that collect this data so similar errors may be prevented in the future.
- **Expanded product identity technologies.** Last July, the FDA sought feedback on a proposal to require bar coding on all prescription drug packages. As one of only two state boards of pharmacy to attend a meeting on this issue in Washington, D.C., the New York State Board of Pharmacy supported adding bar codes or electronic-chip identifiers to pharmaceutical packages within the next 12 months. Although many companies expressed concern over cost and other difficulties associated with this proposal, several large manufacturers have recently included this much-needed information on their packaging. When identifying information is available on all unit-of-use

medications, healthcare professionals can crosscheck the medication they are administering to a wristband on a patient to confirm the dose and to electronically update the patient's medication administration record.

All stakeholders must focus on the contributing factors to medication errors. These proposals will strengthen the safety net pharmacists already provide for patients through the maintenance of prescription medication profiles, drug utilization review, and patient counseling.

## **PATIENT EDUCATION**

While patient education is critical in discussions of scope of practice, medication error reduction and continuing competence, it is a matter that is too often overlooked and should be strongly emphasized. All professionals are responsible for explaining conditions and treatments to patients. At a time when few medications were available, and those being prescribed came from one physician, doctors usually told patients what to expect from their drug therapies. Patients may now be issued multiple prescriptions from authorized prescribers in any one of eight healthcare professions. While there are advantages, specialized and disconnected care can be problematic and in some cases devastating.

As the healthcare environment continues to become more complex, patient education must be expanded to promote more patient involvement and understanding of treatment regimens. Studies indicate that many patients never have their prescriptions filled. Many other prescriptions are filled but either used incorrectly or never refilled as anticipated by the prescriber (perhaps due to cost or lack of understanding of the intended therapeutic outcome). When patients do not fully carry out an expected treatment plan, the opportunity to treat a condition before it becomes acute is lost. This type of behavior could lead to avoidable follow-up visits to prescribers, emergency room visits, hospital admission, or even death. Pharmacists can and must play a greater role in encouraging patients to take an active role in their treatment plans. Recognizing this, the Regents first passed regulations addressing this issue in 1992. At that time, the Federal government required that patients receiving services under the Medicaid program be counseled. The Regents extended this requirement to all patients.

For many years, pharmacists have been required to maintain a patient medication profile for each patient. In turn, they are expected to review and screen the profile for drug interactions and allergies whenever a prescription is filled. The profiles allow pharmacists to identify potential inconsistencies or errors. Additionally, pharmacists are required to offer patient education, referred to as counseling, when filling and refilling all prescriptions. However, pharmacists have suggested that this practice can be burdensome and, in some cases, even redundant. From results of the manpower survey, comments from the pharmaceutical societies and feedback during continuing education programs, the Department has found that workload demands make it extremely difficult to comply with this requirement. Many pharmacists and



patients indicate that offering to counsel every time a prescription is refilled is unnecessary for the stabilized, knowledgeable patient. The Department will be proposing an alternative-counseling requirement to the Regents for discussion that would require a pharmacist to educate (counsel) a patient any time a prescription is presented for a new therapy or for a change of existing therapy, as opposed to simply making the offer. The proposed counseling would include the name, dose, and frequency of administration of the drug, duration of therapy and what to do in the event a dose is missed. Pharmacists may provide other information in line with their professional judgment and the drug(s) being dispensed. Pharmacists would not be required to offer to counsel on refills, but would be required to do so any time a patient requests counseling.

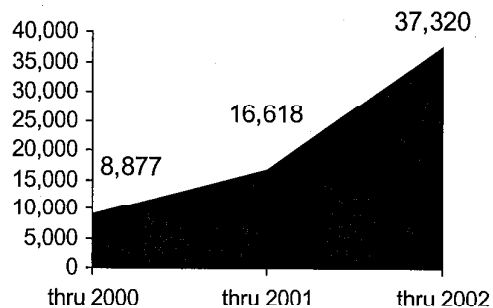
Another aspect of patient education is an understanding of the costs of prescription drugs. For many years, every pharmacy was required to display a large price poster containing the prices of the 150 most commonly prescribed drugs in exact quantities. Unfortunately, this poster was not particularly easy to read and understand. Last year, Education Law was amended requiring the State Board of Pharmacy to develop a new price list. The list is being compiled and will be distributed to every pharmacy in New York State. The list must also be made available to New York State consumers by out-of-state pharmacies conducting business in this State. Pharmacies must update drug prices weekly and provide copies to all patients when requested. In addition to developing regulations to assure that all pharmacies comply, the Department is identifying strategies for making patients aware of the availability of the drug price list.

In line with the Board of Regents commitment to public protection, the Office of the Professions has spearheaded a number of outreach activities to encourage patients to become wise consumers and partners in their own healthcare. For example:

- The *Pharmacy Consumer Brochure*, available in print and on the Web, provides consumers with important information on how individuals prepare for licensure, what services to expect when seeking professional services, and how to identify a New York State licensed and registered pharmacist. Consumer brochures are also available for 37 other professions licensed by the Board of Regents including nursing, medicine, acupuncture, podiatry, architecture, and professional engineering. In 2002, the Office of the Professions provided nearly 62,000 consumer brochures to New Yorkers statewide.
- The Office of the Professions online license verification service helps to ensure that only licensed, accountable professionals are engaged by consumers to perform vital health, business, and design services. Since first launched in 1997, the cumulative total of online professional license verifications performed on the Office of the Professions Web site surpassed 13.5 million. Users are averaging over 400,000 verifications per month! In February 1999, the service was expanded to include pharmacies, drug manufacturers, drug wholesalers and drug repackers. This information is useful to Federal agencies (Drug Enforcement Administration, Food and Drug Administration), State agencies (Department of Health, Attorney General's Office), hospitals and nursing homes, healthcare and insurance plans, professional

associations, and consumers. To date, over 37,000 verifications of pharmacy entities have been performed on the Web.

#### **Cumulative Online Verifications of Pharmacy Entities: 2000-2002**



- Since 2000, the Office of the Professions has partnered with Verizon to place public service announcements before each listing of licensed professionals in the Verizon Yellow Pages across the State. Listings under the heading "Pharmacy" read:

#### A Message about Pharmacists

The New York State Education Department oversees the licensure of pharmacists. To verify a license and learn more about who must be licensed and registered to provide professional services and/or use the professional title, contact the New York State Education Department's Office of the Professions at (518) 474-3817 or visit [www.op.nysed.gov](http://www.op.nysed.gov).

#### **PHARMACY MANPOWER/USE OF NEW TECHNOLOGIES AND SYSTEMS**

Last year, the Department presented the Board of Regents with the findings of the pharmacy manpower survey. The survey was required by a new law that allows the Board of Regents to temporarily waive the citizenship requirement for otherwise qualified pharmacists who have not attained United States citizenship or permanent residence status. The law confirmed that licensure of these pharmacists would not have a negative impact on the profession. Although the law only required specific demographic questions, the Department used the survey opportunity to ask the

approximately 18,000 registered pharmacists 40 important questions related to their practice. The Department received a 52 percent response rate and learned much about the pharmacy profession in New York State.

That survey depicted a profession facing a rapid increase in demand with only a very small increase in the number of practicing pharmacists. The survey also indicated that 25 percent of respondents believed they would leave the profession within five years due to retirement or career change. Per capita, the shortage of pharmacists is as great as the current nursing shortage. To offset a crisis, new approaches to pharmacy practice must be explored. These approaches include:

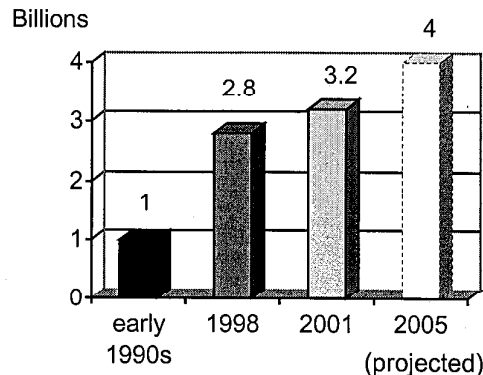
- **New Software.** Several of the safety benefits of electronic prescriptions were described previously in this report. Electronic prescriptions are not only safer, but may also afford another benefit. Currently, prescription information must be keyed into each patient's medication profile. Data entry is not only a labor-intensive, time-consuming process; it is another potential "error point." Alternatively, software could be developed that would update and input new prescriptions directly into a patient's profile. Unfortunately, this technology will not be readily available until the volume of electronic prescriptions increases significantly. The current rules and regulations are flexible enough, however, to allow this streamlining of data entry as soon as it becomes available.
- **Unlicensed personnel.** The Rules of the Board of Regents have clarified that unlicensed personnel are allowed to perform data entry on behalf of pharmacists. These personnel, unofficially and commonly referred to as "pharmacy technicians," are also allowed to perform certain other designated duties under the immediate and personal supervision of a pharmacist. There is considerable debate among pharmacists and professional associations about pharmacy technicians. Some have called for formal certification of this occupation. In one state, there is an initiative to develop a new profession with a limited, defined scope of practice. The Department does not believe a case has been made for creation of a new profession but recognizes that technicians are essential staff in contemporary pharmacy practice.

Counting pills, packaging medications and labeling prescription containers are considered aspects of practice that require less professional judgment on the part of the pharmacist. Relieving pharmacists from performing these functions would allow them to apply their knowledge and professional skills more appropriately. The role of the unlicensed pharmacy technician in these functions will likely increase over time. For example, the pharmacy technician of the future will have a primary role in insurance billing matters - it is estimated that pharmacists now spend up to 30% of their time dealing with insurance matters. As the dispensing process becomes more automated, technicians will be more involved with inventory control and management as well as computer/robotic hardware and software support functions. Positioning support staff for these new systems is logical and does not compromise current safety requirements. It is important to underscore that the responsibility for

the actions of all unlicensed personnel in a pharmacy rests with the pharmacists who supervise them.

- **Centralization.** The number of prescriptions filled annually in the U.S. has increased from 1 billion in the early 1990s, to 2.8 billion in 1998, to 3.2 billion in 2001, and is projected to reach 4 billion by 2005.

**Number of Prescriptions Filled Annually in the U.S.**



A new system approach to pharmacy practice involves centralization of functions. Centralization takes on two forms—centralized processing and centralized filling.

#### *Centralized Processing*

Centralized processing is likely to be the more commonly used system. Calls for refills are directed to a central phone bank where a staff person determines that a prescription has refills remaining and resolves insurance/payment issues. Assuming there are no professional or clinical matters requiring a pharmacist, the order is communicated to the patient's pharmacy and the prescription is filled. If there are problems, the call is transferred to the pharmacist who will speak with the patient or contact the prescriber. This centralized operation is seamless and invisible to the patient and leads to greater productivity, better patient service, more fulfilling professional practice for the pharmacists involved and, most importantly, fewer errors caused by telephone interruptions to the pharmacists.

#### *Centralized Filling*

Centralized filling of prescriptions is sometimes referred to as centralized refill centers or central fill. Prescription refills are processed overnight in one central pharmacy and shipped to area community pharmacies for delivery to patients. This approach may be practical only in large urban centers with a high concentration of patients and pharmacies.

To assure that centralized processes conform to existing law and patients are properly informed of the involvement of other staff in the processing of prescriptions, the National Association of Boards of Pharmacy (NABP) convened a task force to draft model guidelines for the individual states. These guidelines are the foundation upon which the Department will build its interpretation and explanation for incorporating centralized processing into New York State laws, rules and regulations.

### **COUNTERFEIT DRUGS/FOREIGN IMPORTS/OUT-OF-STATE PHARMACIES**

High costs of some prescription drugs have led to an increase in the counterfeiting of medications. The FDA estimates that perhaps 10 percent of all drugs worldwide (50 percent in third world countries) are counterfeit. Practitioners must be vigilant in attempts to verify the authenticity of all drugs. Product bar-coding and other product identifiers mentioned in this report will support these efforts. The Department is cooperating with Federal agencies to explore all possible avenues for assuring the delivery of only approved and properly regulated products.

The situation is further complicated by the active promotion of foreign pharmacy sites, most commonly Canadian pharmacies. Internet/mail delivery operations have been beyond the jurisdiction of the Board of Regents and have the potential to pose a significant danger to the people of New York State. Regulations approved by the Regents just last month implement a new law extending the Regents jurisdiction over out-of-state mail-service and Internet pharmacies and wholesalers that ship, mail, or deliver prescription drugs/devices into New York State by requiring them to be registered by the State Education Department. Among other requirements, these pharmacies must:

- be licensed/registered in good standing with their state of residence, and in compliance with the requirements of that state;
- maintain readily available records of drugs/devices shipped into New York State;
- designate a resident agent in New York State;
- provide a toll-free telephone number for patient use during normal business hours of a pharmacy.

Establishments that maintain a New York registration will also be subject to New York's rules of conduct. The new requirements become effective March 19, 2003. The Department has already met with the Attorney General's office to discuss enforcement of non-compliant or fraudulent Internet sites.

### **NEXT STEPS**

Pharmacy is a dynamic profession facing many opportunities and challenges. Thoughtful, actions taken by the Department and the Board of Regents have provided an environment that encourages new proposals and concepts. Over the next few

months the Department will be returning to the Regents with specific policy proposals related to the profession of pharmacy, including:

- **Continuing Competence**

A requirement that all pharmacists complete a minimum of three credit hours of mandatory continuing education in the area of medication error reduction/process improvement. The Department will also consider a proposal to eliminate the current waiver from continuing education coursework for new licensees during their first triennial registration period.

- **Patient Counseling**

An amendment to current regulations that would require pharmacists to discuss specific information regarding prescriptions (vs. simply making an offer to counsel), with all new patients, patients presenting new prescriptions, and patients with new drug therapies. Such information will include the name and description of the medication, the dosage form, special precautions and directions, common severe or adverse effects or interactions, and any action to be taken in the event a dose is missed.

- **Centralized Prescriptions**

Clarifying information to the field on the details of centralized processing to define the circumstances under which pharmacists may collaborate to centralize prescription processing and/or refilling of prescriptions. Any proposal must assure notification and concurrence by patients consistent with existing Rules of the Board of Regents and Federal HIPAA standards.

- **Patient Price Lists**

An amendment to current regulations to fully implement the development and distribution of the drug retail price lists that will be available to all patients upon request.

- **Out-of-State Pharmacies**

The Department will monitor compliance with the new registration requirements for out-of-state pharmacies doing business in New York State, including those that conduct business over the Internet and will report on this issue to the Board of Regents.

Each of the activities proposed as next steps directly supports Regents Goal 3, "The public will be served by qualified, ethical professionals who remain current with best practice in their fields and reflect the diversity of New York State." Through the proposed regulation changes, requirements, and discussions described above, the

Department is engaging a three-pronged approach to ensuring a strong future for the pharmacy profession.

- **Strengthened commitment to public protection.** Requiring pharmacists to complete mandatory continuing education in the area of medication error reduction/process improvement will help pharmacists recognize potential hazards, ultimately preventing countless instances of medication errors *before* they occur. This, in combination with other proposals, will strengthen the Regents historical commitment to public protection.
- **Continue to provide the latest information to help consumers “shop smart” for professional services.** When consumers have access to the information they need, they become partners in supporting sound professional practice. Through tools and resources like drug retail price lists and pharmacy consumer brochures, consumers are armed with the information they need to “shop smart” for professional services.
- **Create efficiencies to “win compliance”.** The Department’s proposal to amend regulations regarding patient counseling will free-up pharmacists to focus their time on new patients and returning patients in need of direct attention. By creating efficiencies and reducing unnecessary regulatory burdens, pharmacists will be more likely to comply with important rules necessary to protect the health and safety of their patients.

As a result of this comprehensive approach to address the evolving pharmacy practice environment, the people of New York will continue to receive quality pharmaceutical care well into the future. The proposed plan of action is consistent with the Regents and the Department’s efforts to stay at the forefront of change and ensure that New York remains a leading force in public protection and professional practice in the face of economic, technological and social change.