One Hundred First Legislature - First Session - 2009

Introducer's Statement of Intent
LB 220

Chairperson: **Tim Gay**
Committee: **Health and Human Services**
Date of Hearing: **January 30, 2009**

The following constitutes the reasons for this bill and the purposes which are sought to be accomplished thereby:

The purpose of LB 220 is to update Nebraska statute to the reality of today's long term care facility pharmacy practice. Traditionally, long-term care pharmacy practice has been required to follow a "retail" model. Long-term care pharmacy practice, however, has evolved to resemble a "hospital" model of practice, while still maintaining some aspects of retail practice.

The bill defines long-term care facility as an intermediate care facility, an intermediate care facility for the mentally retarded, a mental health center, a long-term care hospital, a nursing facility and a skilled nursing facility in the Controlled Substance Act, the Pharmacy Practice Act, and the Automated Medication Systems Act

LB 220 changes the Controlled Substance Act by changing the filing requirements for prescriptions and allowing pharmacies to maintain prescriptions in separate file or "readily retrievable" format, which is allowed in federal controlled substance law. It also changes medication destruction requirements to allow for destruction "by two credentialed individuals as designated by the facility."

LB 220 changes the Pharmacy Practice Act by deleting the allowance of a single refill transfer for emergency or traveling purposes. It will allow pharmacies to prepare for e-prescribing and electronic record keeping and eliminates the obsolete term "healing arts."

LB 220 makes changes to the Emergency Drug Box Act to:

- Recognizes nurse practitioners as authorized personnel
- Change e-Box provisions to state that a pharmacy is owner of the drugs in an e-Box, not the pharmacist
- Define the supplying pharmacy as an entity that contracts with the LTC facility and owns e-box drug
- Require the e-box be inspected at least once every 30 days or after reported usage of a drug from the e-box
- Changes record retention from two to five years for e-box inspections
- Eliminates oversight by the NE Board of Pharmacy of a list of drugs to be contained in an e-box

- Limits e-box drugs to include no more than 10 doses of a controlled substance and no more than 50 total doses, to be decided by the physician medical director, pharmacist and facility quality assurance committee
- Allows e-box drugs to be returned to the supplying pharmacy that owns the drugs

LB 220 allows the LTC facility to use automation as outlined in the Automated Medicated Systems Act and adds a definition of prescription to the Act.

Principal Introducer: _____

Senator Mike Gloor