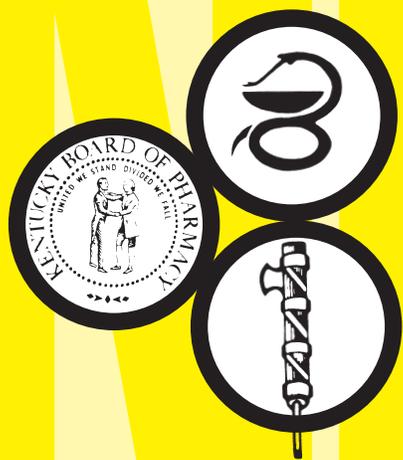


September 2003



# NEWS

## Kentucky Board of Pharmacy

Published to promote voluntary compliance of pharmacy and drug law.

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### **Prescription Refill Authorizations**

The Kentucky Board of Pharmacy office addresses this question several times a month. The Board advises pharmacists that the practitioner-patient relationship terminates immediately upon the demise of the practitioner. Accordingly, the underlying foundation for the validity of any undispensed prescription or authorized refills issued by that practitioner also immediately terminates, rendering both void.

The Board has long held the view that the foundation for a valid prescription or prescription refill is the existence of an ongoing practitioner-patient relationship. The Board recognizes that, unfortunately, the above view may cause hardships on patients legitimately receiving medications from these practitioners. As such, pharmacists are advised to assist patients through any transition periods by providing to them holdover quantities of maintenance medications while they re-establish a relationship with a different practitioner. A pharmacist's authority to provide a 72-hour holdover supply of noncontrolled maintenance medications is provided for by regulation 201 KAR 2:175. No similar provision exists for controlled substances; therefore, pharmacists should proceed with extreme caution when addressing a controlled substance issue.

### **Continuing Education Reminder**

The end of the year is fast approaching, and successful completion of the continuing education (CE) requirements is critical to this process. Pharmacists must complete fifteen (15) hours each year. All courses shall be Kentucky Board of Pharmacy or American Council on Pharmaceutical Education approved. Courses that have pending approval should not automatically be accepted as proof of completion. Pharmacists must have in their possession proof of successful completion of CE by December 31, 2003.

If you attend a live CE program, the completion date and the credit date for the program is the day that you were in attendance. If you participated in a home study program, these programs are not considered complete until you are awarded a certificate of completion from the provider with a dated certifying signature. Credit for the home study program is awarded on the date specified on the certificate, not the date you completed the CE and submitted it for grading.

### **News from the Impaired Pharmacists Committee**

*Submitted by Andrea Ray, PharmD Candidate*

When I first heard the news that I was going to be attending the University of Utah School on Alcoholism and Other Drug Dependencies as part of my rotation, it was less than three weeks away from the start of the program. The news came less than one week before I began my Advanced Pharmacy Practice Experience rotation at the Kentucky Board of Pharmacy and, because of the short notice, I was not sure whether to be ex-

cited or stressed. After I talked to some people who had attended or were familiar with the school, I decided that it was going to be a great experience and I was very excited about going. I had never been to the school or to Salt Lake City and I realized that this was an opportunity for me to receive education on a very important topic and experience a different city.

Salt Lake City is a spectacular city located in the Wasatch Mountains. The beautiful scenery around Salt Lake City and the University of Utah's campus creates a calm, inviting environment and helps set the tone for the school. The program took place from June 15 through June 20, 2003, with close to 200 pharmacists and pharmacy students in attendance at the pharmacy section of the school and, as in years past, the pharmacy section was the largest group. The program covered a wide spectrum of issues concerning drug and alcohol dependencies including pathophysiology, pharmacology, the 12-step program, cultural diversity in treatment, counseling, intervention strategies, chemical dependency among health care providers, and spirituality. Unlike many educational programs, this program incorporated very personal and emotional aspects of addiction by having recovering alcoholics and addicts present their stories and by encouraging attendance at the Alcoholic Anonymous (AA), Narcotics Anonymous, and International Pharmacists Anonymous meetings that took place in the evening.

The presentations are extensive and the topics are very intense, but the subject of drug and alcohol dependency is a very important subject for everyone including pharmacy students. When I started the week I was a little skeptical, especially about the treatment programs such as AA. I just could not understand how spirituality and counseling helped a recovering addict. After the presentations on intervention and counseling, and after attending the evening meetings, I better understood how all elements of treatment are tied together. Pharmacy students along with other health care workers are particularly at risk because they are trained to take care of other people and they often neglect their own needs. I feel like I know where to direct my friends and family who need help or who will need help. The University of Utah School on Alcoholism and Other Drug Dependencies taught me that we should all take care of our emotional and physical needs. We should learn to understand other people who have drifted down a dangerous path and help guide them to a place where they can receive help.

By the conclusion of the school, I felt like I had learned information that helped me understand drug dependency and treatment and I had met some wonderful people. The lessons that you learn at the school do not just apply to people with drug dependencies, but to all people. We all need to treat ourselves better and allow ourselves an opportunity to express our emotions. I am grateful that I was given the opportunity to experience a wonderful program, campus, city, and state, and I encourage others to consider attending the school.

## **Brian Fingerson Receives KPhA Bowl of Hygeia Award**

Congratulations to Brian Fingerson on receiving the Bowl of Hygeia Award during the Kentucky Pharmacist Association's (KPhA) Annual Meeting in July. The KPhA Bowl of Hygeia recognizes individuals who have made significant contributions to the community, association, and/or profession over an extended period of time. Brian has been involved in the impaired pharmacists recovery program for many years and was the recipient of the Distinguished Service Award in 2001.

## **Mail-order Pharmacies**

The California State Board of Pharmacy recently notified this Board of a recent change in its regulations that would impact Kentucky pharmacies that mail into their state. The law requires that any pharmacy that compounds sterile injectable drugs that will be shipped into California be licensed with the California State Board of Pharmacy as a Nonresident Sterile Compounding Pharmacy. For more information, please contact the California Board at 916/445-5014.

## **Health Insurance Portability and Accountability Act (HIPAA)**

In Kentucky, the Health Insurance Portability and Accountability Act (HIPAA) is nothing new. Pharmacists have always had to deal with confidential patient information and have protected that information. Articles in the *Kentucky Board of Pharmacy News* have outlined who is eligible to receive confidential information. On April 23, 2003, the Board received its first HIPAA complaint from the Department of Health and Human Services Office of Civil Rights for investigation. The Board's inspectors will be reviewing parts of HIPAA during their routine inspections to assist pharmacists and pharmacies in complying. Questions that have arisen from the inspections and their answers are as follows:

**Question:** Does the privacy officer have to be a pharmacist?

**Answer:** HIPAA does not require the privacy officer to be a pharmacist. A non-pharmacist privacy officer should have knowledge and experience in the pharmacy operation.

**Question:** Does the privacy notice have to be posted?

**Answer:** Yes, in a conspicuous location.

**Question:** Who may pick up filled prescriptions?

**Answer:** Pharmacists should use professional discretion when someone other than the patient comes to pick up a prescription. The fact that a friend, relative, or caregiver arrives at the pharmacy to pick up a specific prescription for an individual may provide some evidence that this person is involved in the patient's care. The Board of Pharmacy believes that HIPAA allows the pharmacist to use his or her professional discretion on providing

relevant and necessary information about the patient's medication to the friend, relative, or caregiver.

**Question:** Can I use my third party signature log for documenting a patient's "written acknowledgment" that the patient received a copy of our privacy notice?

**Answer:** The Board inspectors are advising pharmacists that it is permissible as long as the individual is clearly informed on the log book of what they are acknowledging and the acknowledgment is not also used as a waiver or permission for something else, such as a refusal for verbal counseling. One must remember that patients should not have access to other patients' information on these logs, such as a patient's name and prescription number.

## **NABP Newsletters**

Beginning with the September 2004 issue of the *Kentucky Board of Pharmacy News*, the *Newsletter* will only be available on the Board's Web site or through the NABP Web site. Pharmacists may read, print, or download the *Newsletter*. The *Newsletters* will continue to be posted on NABP's Web site at [www.nabp.net](http://www.nabp.net).

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