

# SENATE BILL 767

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CF 8lr2622

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By: **Senator Conway**

Introduced and read first time: February 1, 2008

Assigned to: Education, Health, and Environmental Affairs

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## A BILL ENTITLED

1 AN ACT concerning

2 **Health Occupations – Board of Pharmacy – Remote Automated Medication**  
3 **Systems**

4 FOR the purpose of authorizing certain pharmacists to dispense certain medication  
5 from certain pharmacies or from certain remote locations; requiring certain  
6 pharmacists to be responsible for certain dispensing, repackaging, delivery,  
7 control of, and accountability of certain medications in certain remote  
8 automated medication systems; requiring certain pharmacists to review certain  
9 medication orders for accuracy, completeness, and appropriateness before being  
10 placed in certain systems subject to certain exceptions; exempting certain  
11 health care facilities and certain systems from certain requirements under  
12 certain circumstances; requiring certain pharmacists, in consultation with  
13 certain health care facilities, to develop and implement certain quality  
14 assurance programs; defining certain terms; and generally relating to remote  
15 automated medication systems regulated by the Board of Pharmacy.

16 BY adding to  
17 Article – Health Occupations  
18 Section 12–605  
19 Annotated Code of Maryland  
20 (2005 Replacement Volume and 2007 Supplement)

21 Preamble

22 WHEREAS, The ability of the Board of Pharmacy to regulate the dispensing,  
23 pre-packaging, and repackaging of medications to residents in the State is of vital  
24 importance; and

25 WHEREAS, There is a national pharmacist shortage, and current  
26 pharmaceutical practices utilizing remote automated medication systems have

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 demonstrated reduction of human error, improvements to patient safety, and the  
2 effective provision of pharmacist care services to patients from a distance; and

3 WHEREAS, There is a need for the Board of Pharmacy to regulate remote  
4 automated medication systems for residents in the State while being flexible enough to  
5 adapt future technologies and the economic and efficiency benefits such technologies  
6 provide in the health care setting; and

7 WHEREAS, Additional structure and guidance will improve pharmaceutical  
8 services for residents in health care facilities utilizing remote automated medication  
9 systems; now, therefore,

10 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF  
11 MARYLAND, That the Laws of Maryland read as follows:

12 **Article – Health Occupations**

13 **12-605.**

14 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE  
15 MEANINGS INDICATED.

16 (2) “HEALTH CARE FACILITY” MEANS A HOSPITAL AS DEFINED IN  
17 § 19-301 OF THE HEALTH – GENERAL ARTICLE OR A RELATED INSTITUTION AS  
18 DEFINED IN § 19-301 OF THE HEALTH – GENERAL ARTICLE.

19 (3) “REMOTE AUTOMATED MEDICATION SYSTEM” MEANS AN  
20 AUTOMATED MECHANICAL SYSTEM THAT IS LOCATED IN A HEALTH CARE  
21 FACILITY THAT DOES NOT HAVE AN ON-SITE PHARMACY AND IN WHICH  
22 MEDICATION IS STORED IN A MANNER THAT MAY BE PATIENT-SPECIFIC.

23 (4) “STARTER DOSE” MEANS A DOSE OF MEDICATION REMOVED  
24 FROM A REMOTE AUTOMATED MEDICATION SYSTEM WITHIN THE FIRST 24  
25 HOURS AFTER IT IS ORDERED.

26 (B) A PHARMACIST MAY DISPENSE MEDICATION FROM:

27 (1) A PHARMACY; OR

28 (2) A REMOTE LOCATION FOR THE BENEFIT OF A HEALTH CARE  
29 FACILITY THAT USES A REMOTE AUTOMATED MEDICATION SYSTEM.

30 (C) A PHARMACIST SHALL BE RESPONSIBLE FOR THE SAFE AND  
31 EFFICIENT DISPENSING, REPACKAGING, DELIVERY, CONTROL, AND  
32 ACCOUNTABILITY FOR ALL MEDICATIONS IN A REMOTE AUTOMATED

1 MEDICATION SYSTEM LOCATED IN A HEALTH CARE FACILITY THAT DOES NOT  
2 HAVE A PHARMACY PRESENT ON-SITE.

3 (D) IF A HEALTH CARE FACILITY USES A REMOTE AUTOMATED  
4 MEDICATION SYSTEM, A PHARMACIST SHALL REVIEW FOR ACCURACY,  
5 COMPLETENESS, AND APPROPRIATENESS ALL MEDICATION ORDERS BEFORE  
6 BEING ENTERED INTO THE SYSTEM.

7 (E) (1) IF A REMOTE AUTOMATED MEDICATION SYSTEM, THE  
8 COMPANY THAT MANAGES THE SYSTEM, AND THE HEALTH CARE FACILITY  
9 WHERE THE SYSTEM IS LOCATED MEET THE REQUIREMENTS OF THIS  
10 SUBSECTION:

11 (I) A HEALTH CARE FACILITY THAT USES A SYSTEM DOES  
12 NOT NEED TO HAVE A PHARMACIST PHYSICALLY PRESENT TO REVIEW THE  
13 SELECTION, PACKAGING, OR REPACKAGING OF MEDICATIONS BY THE SYSTEM;

14 (II) A SYSTEM MAY DELIVER A STARTER DOSE OR A DOSE IN  
15 RESPONSE TO AN EMERGENCY WITHOUT PRIOR REVIEW BY A PHARMACIST; AND

16 (III) A SYSTEM MAY ALLOW SIMULTANEOUS ACCESS TO  
17 MULTIPLE DRUG STRENGTHS, DOSAGE FORMS, OR DRUG ENTITIES.

18 (2) A REMOTE AUTOMATED MEDICATION SYSTEM SHALL AT  
19 LEAST:

20 (I) USE BAR CODE TECHNOLOGY TO ENSURE ACCURACY IN  
21 LOADING AND SELECTION OF MEDICATIONS IN THE SYSTEM;

22 (II) HAVE ELECTRONIC REPORTING CAPABILITY  
23 REGARDING THE IDENTITY OF ALL PERSONS WITH ACCESS TO THE SYSTEM AND  
24 REGARDING ALL MEDICATIONS REMOVED FROM THE SYSTEM; AND

25 (III) BEFORE ADMINISTRATION OF A MEDICATION TO A  
26 PATIENT, PROVIDE:

27 1. A WRITTEN REPORT THAT DESCRIBES THE  
28 MEDICATION; OR

29 2. A PICTURE OF THE MEDICATION.

30 (3) THE HEALTH CARE FACILITY WHERE THE SYSTEM IS LOCATED  
31 SHALL HAVE AT LEAST:

1 (I) A PHARMACIST AVAILABLE FOR CONSULTATION 24  
2 HOURS PER DAY;

3 (II) TECHNICAL ASSISTANCE REGARDING OPERATION OF  
4 THE SYSTEM AVAILABLE 24 HOURS PER DAY; AND

5 (III) A QUALITY ASSURANCE PROGRAM AS DESCRIBED  
6 UNDER SUBSECTION (F) OF THIS SECTION.

7 (4) A COMPANY THAT MANAGES A REMOTE AUTOMATED  
8 MEDICATION SYSTEM SHALL PROVIDE A COMPREHENSIVE TRAINING PROGRAM  
9 TO ALL PERSONS WITH ACCESS TO THE SYSTEM.

10 (F) (1) A PHARMACIST THAT OPERATES A REMOTE AUTOMATED  
11 MEDICATION SYSTEM, IN CONSULTATION WITH THE HEALTH CARE FACILITY  
12 WHERE THE SYSTEM IS LOCATED, SHALL DEVELOP AND IMPLEMENT A QUALITY  
13 ASSURANCE PROGRAM IN ACCORDANCE WITH THIS SUBSECTION.

14 (2) THE QUALITY ASSURANCE PROGRAM DEVELOPED UNDER  
15 THIS SUBSECTION SHALL INCLUDE:

16 (I) POLICIES AND PROCEDURES AT BOTH THE PHARMACY  
17 WHERE THE SYSTEM RECEIVES AN ORDER AND THE HEALTH CARE FACILITY  
18 WHERE THE SYSTEM ADMINISTERS THE MEDICATION REGARDING OPERATION  
19 OF THE SYSTEM;

20 (II) DAILY INSPECTION OF THE INTEGRITY OF THE SYSTEM;

21 (III) A PLAN FOR ADDRESSING MEDICATION ERRORS;

22 (IV) A PLAN FOR REVIEWING INCIDENTS REGARDING  
23 INAPPROPRIATE USE AND ACCESS TO THE SYSTEM;

24 (V) PROPER LABELING PROCEDURES THAT COMPLY WITH  
25 APPLICABLE STATE AND FEDERAL LAWS; AND

26 (VI) POLICIES AND PROCEDURES FOR THE SAFE HANDLING  
27 AND RETURN OF UNUSED MEDICATIONS.

28 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect  
29 October 1, 2008.