

Legislative Analysis



PREVENT PRESCRIPTION ERRORS

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House Bill 5328 (Substitute H-2)
House Bill 5549 as introduced
Sponsor: Rep. Edward Gaffney

Committee: Health Policy

Complete to 5-26-04

A SUMMARY OF HOUSE BILLS 5328 & 5549 AS REPORTED FROM COMMITTEE

House Bill 5328 would establish a process to develop and implement a program to prevent prescription errors, allow for the promulgation of rules to implement a quality assurance program, require certain information to be posted in pharmacies, and define “prescription medication error”. House Bill 5549 would require handwritten prescriptions to be printed and not written in cursive. A more detailed description of the bills follows:

House Bill 5328 would amend the Public Health Code (MCL 333.17753, 333.17757, and 333.17757a). Within one year of the bill’s effective date, the Michigan Board of Pharmacy (in cooperation with the Michigan Medication Safety Coalition and the Michigan Pharmacists Association) would have to establish a process for the development and implementation of a quality assurance program to, at a minimum, document, assess, identify, and prevent prescription medication errors in pharmacies or that are attributable, whether in whole or in part, to the pharmacy or its personnel, a pharmacist, or a dispensing prescriber.

The bill would specify that the purpose of the quality assurance program would be to assist pharmacies, pharmacists, and dispensing prescribers to take appropriate action to prevent errors or to prevent the recurrence of prescription medication errors. The program could include a peer review committee appointed by the state or any of the listed organizations. Information, data, or records could be provided to a peer review committee by a person, organization, or entity. Information and records generated for and maintained as a component of the program would be considered confidential and could only be used for the purposes of peer review. Absent malice, a person, organization, or entity would not be civilly or criminally liable for providing information, data, or records under the bill or for any act or communication in the use of the information.

The department, in consultation with the board and the quality assurance program, could develop departmental rules to establish standards, policies, procedures, and requirements for a licensed pharmacy in order to implement a quality assurance program. Upon

request, a pharmacist would have to provide information to each purchaser of a prescription drug about how to contact the department with a complaint regarding the dispensing of his or her prescription or if he or she believed that a prescription medication error had occurred.

“Prescription medication error” would be defined as a preventable event that occurred while the medication was in the control of the health care professional or health facility that could cause or lead to inappropriate medication use or patient harm. A preventable event could occur at any step related to the health profession and its procedures or systems, including, but not limited to, the prescribing, compounding, dispensing, or distribution of a prescription; the ordering or communication of the prescription to the dispensing prescriber; the labeling, packaging, or naming of the prescription; the monitoring of the use of a prescription; and the educating of the patient regarding the prescription.

Further, pharmacists are currently required to display a notice as prescribed in the code at each counter where prescription drugs are dispensed. Information required to be on the notice includes informing the patient of the right to find out the price of a prescription drug before the prescription is filled and that a generic drug cannot be dispensed if the physician has written “dispense as written” or the initials “d.a.w.” on the prescription. Under the bill, the notice would also have to say that a person who had a concern that an error may have occurred in the dispensing of the prescription may contact the Department of Community Health or the Michigan Board of Pharmacy. This same information would also have to be included on a notice required to be conspicuously displayed by each dispensing prescriber engaged in the business of selling prescription drugs in the location within the dispensing prescriber’s practice where the dispensing occurs.

House Bill 5549 would amend the Public Health Code (MCL 333.7333) to require a handwritten prescription to be legibly printed in a type that is at least 10 point, written in ink or an indelible pencil, and signed by the prescriber. If not prohibited by federal law, a prescriber could transmit a handwritten prescription by facsimile or any other electronic transmission. A handwritten prescription could also be electronically transmitted directly to a pharmacy of the patient’s choice or his or her authorized agent; however, the data could not be altered, modified, or extracted in the transmission process.

FISCAL IMPACT:

House Bill 5328 has fiscal implications for the Michigan Board of Pharmacy and health professions regulatory staff within the Michigan Department of Community Health. The bill adds responsibilities to the Board and Department for a quality assurance program with intent to prevent prescription medication errors and reduce recurrence of errors. The cost to the Department is not known at this time. A process currently exists to receive and act on consumer allegations of violations of practice.

Establishing requirements for handwritten prescriptions, as House Bill 5549 would do, will not have any fiscal impact on the state or local units of government.

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