Hello and welcome to the Rx Counter podcast produced by student pharmacists at the University of Iowa College of Pharmacy where we provide student insight and pharmacy profession. I'm your host, Matt Yates. And here with us today is third year Drake student or read Nizami on who's brought some insight into policy mandates as it relates to the pharmacy profession to the candidate a read. Thank you for joining us. The counter is yours.

Yeah, absolutely. Thanks much for having me, man.

Let's get right to it. So, policies is the big thing that affects how you practice basically is like most people don't understand the process of how policies are inducted and how amendments will work especially in the in the depression. So I'll just get I'll give you a quick rundown.

Basically like the major policies, not not a lot, but just day to day of how that's graded by either the IPA or by the company in their coffee pot disease, obviously, is going to be, you know, like power struggles, like who would have more saying what the policies are, it could be like different corporations versus what state legislators not state associations would have versus what the Board of Pharmacy say and it's a nice little gray area of how each of them interact. So then basically the border pharmacy, its primary roles about compliance make sure you follow the rules, they will have a say and what amendments to those rules to make it easier and harder. But this but there is a there's a chance that there will be other influences, like what and and a lot of influences can be voiced from different pharmacies didn't pharmacists, and then that's and then they take that into consideration. Then when they all the meat when all the IP for the pharmacy and the company's needs and they discuss what law, what policies should be changed. They take all those pharmacists inputs, they reach out to the public and see what they say. And when that happens and get us get a nice mess, and it's basically a job of all those people of the IPA and all of them figure it out. And this is a complex, messy process for it.

Yeah, sounds like it.

We talk a lot about advocacy here, and what we can do as students to influence legislators, but can we talk about maybe what goes past us talked in the legislator? What impact that makes on that way? Just wait to actually, you know, vote in the verbiage or whatever into actual law, policy or mandate.

I gotcha.

Then for a big thing, because us advocating for professional what we do play legislators, they legislators, in the end will make the policies that we will have to follow sit in with our best interest in mind. And from our perspective, they can make laws to help us not reach our full clinical capabilities and make sure that we are practicing to the best to the best of our abilities. So then there's different committees that you can voice over. And go ahead, like, go ahead and do some additional research. You can call your legislators, the coil legislators and find out what committees they're in and what and what their role in the legislative process is because there's different leadership
like leaders in both the House and the Senate, and if a bill gets passed if a bill brought up into a house like this, yeah, in the house, it's debated. It's refined and then it goes to the Senate. It gets passed into the house, then it goes to the Senate. The Senate will talk amongst themselves, refined the bill, make any amendments, additions removals, that once it gets completed. Once approved from the Senate, both Senate and House come together, and then they holistically agree on it. And the ones and the whole process can take anywhere from days, weeks, from weeks to months to ages. And then there's a bunch of other different nuances and verbiage that you have that they'll have to go through. Once that happens, and once they unanimously. Once they pass that it goes on to the governor and the governor will review it weird over and then the government has the right to say, yes, the bill passes are know that bill doesn't. And if it passes, then hey, that's all great. But if it doesn't, then it goes back to the house, go back to the house of Senate, where whichever the bill was originally created in, and then they have to go through and either change it, and then it goes through that process back and forth, until the governor finally agrees and signs with it. If the governor doesn't allow it, doesn't sign it. It goes back to the house, but it House and Senate, but they have gone through everything and they really like awarded the verbiage of it, then the House and Senate needs 66 six 7% from both houses to formally make to build a law that way it's surpasses the governor from saying no, and the governor can veto any real law based off anything could be something for appropriations. Financially not not viable. It could be a phrasing Words Oh, an idea that's just will not work out. So like, the governor has a lot of power tense, she has to present the governor. For the same time. It's, it's really an interconnected web and ways to figure out how to pass the bill and how to veto it and sign up, make sure that there's a compromise where everyone gets what they want. Yeah, it

Unknown Speaker 6:24
sounds like there's a lot of kind of different steps to this process where it could possibly fail and not get past. So I feel like that's why we see these kind of same issues come up year after year wanting like, either, you know, or trying to get provider status or state protocols passed or syringe programs. I feel like since there's so many different steps, that things keep failing is why we keep seeing a lot of these same issues that so it's important every year to kind of come out and advocate for these issues.

Unknown Speaker 6:55
Yeah, if you guys have the opportunity to go to the pharmacy services, Annual Meeting. That's when they kind of had their house of delegates. Sometimes you'll find out that it comes down to one single word and the potential policy. The verbiage is very important. as Rachel said, follow their provider status is an ongoing policy that we've been trying to get an active

Unknown Speaker 7:21
but every year, it just really takes all of us to come in together and say, you know, this is what we can do. This is why it's important to us and this is violence benefit our patients. So that participation and I pay an annual not only an IPA no but ongoing as a pharmacy student, as a pharmacy intern, as a pharmacist in all settings is very important.

Unknown Speaker 7:43
There's a couple things that have come up recently or within the past three years that I've been in school that have been brought to my attention is great policy, or mandates, technician and product barricade verification or Teck, Teck, I'm not totally 100% on the status of that, as well as something new this year, the electronic prescribing mandate, those have just come out altered, how we receive prescriptions oftentimes just kind of wanted to get a poll of know how did that impact you and the pharmacy if you work?

Unknown Speaker 8:29
Yeah, I got.

Unknown Speaker 8:32
So then for the technician, product verification process, it was already set, and the new amendments was just all was just for the technician to get recertified, so rather than having a recent fire five years is every three years and a little more than tiny details that when first dropping the bill are dropping This policy a mandate, they can never have, like foreshadowed or see coming. So just it's always that like review annually, what can we make better? And what other people who actually go through it, all the technicians that go through it, get their opinions, get their voices and see what can we do to make it more efficient, a lot easier and better.
For the

elect for electronic prescribing a lot of that I, I think personally, it's a really efficient way of doing it. And it also helps the environment because not wasting paper so much. And it's just, I was reading up on it from the IRA newsletter from the NA BP and I didn't realize like how many exemptions there are to this room. And yes, it's one thing is it's not like set in stone as in from now on. On August scribers, have to send description electronically, you can still do that. And the law says if you get a receiver, a paper prescription or ill effects, you still like you can still fulfill it, you still fill it up, it's nothing, there's no law against it. It's just a lot easier to do it electronically as a way to avoid fortune and stuff like that as well. But then, so the newsletter goes on saying there are nine different ways, nine exemptions to do this rule where if you work in long term care facility in nursing home, you don't necessarily need to have electronic scribing. If you're if the Pacific comes from a veterinarian, you don't need to, or if it's from a VA pharmacy, you don't actually need to follow that. And I was as I was reading it, the eighth point was like, it says, if it's a technical issue or electronic failure, then you don't actually need to have electronic prescription and that's my biggest concern just because sometimes systems can crash, or sometimes a Wi Fi can go into pharmacy. And if that happens, then guess what fine, like then patients won't begin to medications and be a potential barrier. But since they account for that, and I'm assuming they contacted different pharmacies and different representatives, and they were educated on it. And that's why I think, and that's why that exemption was put.

And I think it's important for us as when we get out into practices to keep up with these new policies that come out to like this if we're prescribing and we've kind of heard Oh, everything needs to be set electronic and we get a paper script. It's important for us to know these exceptions and to not go I'm sorry, I can't feel that it's a paper script, but to know that, that those are still allowed. So it's important for all pharmacists to kind of keep up with these new policies that are coming out. Oh, yeah.

Then I was reading a reading on from like the newsletter, and then it just, it just really it really goes in depth like how opioids and it's like a recall of opioids based off product. mislabeling, like if that was the title said to lots of transdermal fentanyl patches are recalled due to mislabeling. And it goes on saying that the company that makes the the made the packaging was not done and it was done somewhere else. I don't know where. But since it crossed, like that labeling requirements were different from what Iowa had. And that was, and that wasn't followed for Iowa standards. So it was to be called to the Miss labeling. So then, not only do we worry about rules and regulations here, but if you're selling stuff across states needs to be up to up to date. COPPA, both states.

Listen that like the ebp newsletter, you're reading this, yeah. Okay. Okay. Is that something that we can all subscribe to? and get that? Is it free?

Okay. Yeah.

You know of any other sources, you can find information on updated policies, because I don't want to go to have the state annual meetings and listen to everyone fight about one word for, you know, hours and hours. I just want to read the synapse, you know? Yeah, I got you.

So if you go to a scroll all the way up, the IRA legislative, so legislator, its latest.io.gov you can go click on our login Rules tab. And that has all the most up to date, amendments and changes that are happening. So you can go there. to the pharmacy board, as you can see what's happening in the commission, part of verification didn't go see what's happening for controlled substances. And it's not just only from pharmacy, but it's over everything in anything. It has the Public Health Department, nursing boards, revenue, board, transportation, it's a great way just to say up up to date, and also it tracks where it is within the rulemaking process. So for some rules, it could be in a stage of it's now being it's in a stage where the public can voice their opinions. And, and as three days for that, after
that, they would write the minutes and then from there, it will go to elbow back to the board, they will discuss it. And then once that's completed, I'll go back to the IRA legislative. And from there, it'll go through an entire complex process. So I think it's a great way just to stay informed not only pharmacy but for other new legislation that might, that might affect us.

Unknown Speaker 15:10
Alright, well that's all the time we have read. Thank you for sharing and uncovering a lot of the mystery behind this very convoluted topic. For everyone else. We hope you learn and if you did pass the lessons along with your friends or your family, thanks for listening and we'll catch you next time at The Rx Counter.

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