Docket

General Court of New Hampshire - Bill Status System

Docket of HB1600

Docket Abbreviations

Bill Title: (New Title) relative to smoking cessation therapy and pharmacist reimbursement under Medicaid and making an appropriation therefor and relative to insurance coverage for pharmacist cognitive services.

Official Docket of **HB1600.**:

Date	Body	Description
12/4/2019	H	**Introduced** 01/08/2020 and referred to Health, Human Services and Elderly Affairs **HJ 1** P. 28
1/9/2020	H	Public Hearing: 01/14/2020 10:00 am LOB 205
1/15/2020	H	Subcommittee Work Session: 01/23/2020 12:00 pm LOB 205
1/23/2020	H	Subcommittee Work Session: 01/30/2020 03:00 pm LOB 205
1/29/2020	H	Executive Session: 02/04/2020 01:00 pm LOB 205
2/12/2020	H	Majority Committee Report: Ought to Pass with Amendment **#2020-0418h** (NT) for 02/19/2020 **(Vote 16-5; RC) HC 7** P. 22
2/12/2020	H	Minority Committee Report: Inexpedient to Legislate
2/19/2020	H	Amendment **#2020-0418h** (NT): AA VV 02/19/2020 **HJ 4** P. 59
2/19/2020	H	**Ought to Pass with Amendment** 2020-0418h (NT): MA VV 02/19/2020 **HJ 4** P. 59
2/19/2020	H	Referred to Finance 02/19/2020 **HJ 4** P. 59
2/24/2020	H	Divison II Work Session: 03/04/2020 01:00 pm LOB 210-211
3/5/2020	H	==CANCELLED== Division III Work Session: 03/17/2020 10:00 am LOB 210-211
3/4/2020	H	==CANCELLED== Executive Session: 03/18/2020 01:00 pm LOB 210-211
5/14/2020	H	Executive Session: 05/21/2020 02:00 pm Members of the public may attend using this link: https://www.zoom.us/j/91769986281
6/1/2020	H	Committee Report: Inexpedient to Legislate (Vote 22-0; CC) **HC 23** P. 4

NH House	NH Senate

Committee Report

CONSENT CALENDAR

May 28, 2020

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

The Committee on Finance to which was referred HB 1600-FN-A,

AN ACT (New Title) relative to smoking cessation therapy and pharmacist reimbursement under Medicaid and making an appropriation therefor and relative to insurance coverage for pharmacist cognitive services. Having considered the same, report the same with the following resolution: RESOLVED, that it is INEXPEDIENT TO LEGISLATE.

Rep. Sharon Nordgren

FOR THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

COMMITTEE REPORT

Committee:	**Finance**
Bill Number:	**HB 1600-FN-A**
Title:	**(New Title) relative to smoking cessation therapy and pharmacist reimbursement under Medicaid and making an appropriation therefor and relative to insurance coverage for pharmacist cognitive services.**
Date:	**May 28, 2020**
Consent Calendar:	**CONSENT**
Recommendation:	**INEXPEDIENT TO LEGISLATE**

STATEMENT OF INTENT

This bill came to the Finance Committee from the Health and Human Services Committee. It is our opinion that it should have also been considered by the Commerce Committee before being sent to the Finance Committee. Furthermore, with the assumed budget deficits looming, it would be wise for the sponsors to file another bill next September.

Vote 22-0.

Rep. Sharon Nordgren
FOR THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

CONSENT CALENDAR

Finance

HB 1600-FN-A, (New Title) relative to smoking cessation therapy and pharmacist reimbursement under Medicaid and making an appropriation therefor and relative to insurance coverage for pharmacist cognitive services. **INEXPEDIENT TO LEGISLATE.**

Rep. Sharon Nordgren for Finance. This bill came to the Finance Committee from the Health and Human Services Committee. It is our opinion that it should have also been considered by the Commerce Committee before being sent to the Finance Committee. Furthermore, with the assumed budget deficits looming, it would be wise for the sponsors to file another bill next September. **Vote 22-0.**

Original: House Clerk
Cc: Committee Bill File

Division III Work Session Minutes

HOUSE COMMITTEE ON Finance

DIVISION III WORK SESSION ON HB 1600-FN-A

BILL TITLE: **(New Title) relative to smoking cessation therapy and pharmacist reimbursement under Medicaid and making an appropriation therefor and relative to insurance coverage for pharmacist cognitive services.**

DATE: **March 4, 2020**

ROOM: **210-211** **Time Work Session Called to Order: 1:00 p.m.**

Time Adjourned: 1:25 p.m.

(please circle if present)

Committee Members: **Nordgren, Martin, Rogers, Huot, Wallner, Hennessey, Danielson and Erf**

Bill Sponsors:

Rep. Marsh	**Rep. Merchant**	**Rep. P. Schmidt**
Rep. Salloway	**Rep. Bartlett**	**Rep. Campion**
Rep. M. Pearson	**Rep. Woods**	**Sen. Bradley**
Sen. Rosenwald		

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

Chair **Nordgren** opened the hearing at 1:06 p.m.

*Rep. William **Marsh** - Carroll Dist #8, written remarks distributed to the committee.

Rep. **Rogers** - Where would you take the $100,000?

Rep. **Marsh** - I understand the DHHS has a $25 million back of the budget cut that is an issue at this time and this would be a problem at this time so I would think that putting this off until the next budget maybe wise.

V. Chair **Martin** - I like your proposed amendment to put this off without funding until the next budget - the language I sent would delete section 1 effective date 2021 - I sent the language to Rep. **Danielson**.

Chair **Nordgren** - Do we have a recommendation?

Rep. **Danielson** - More comment from the audience.

Peter Bragdon, Harvard Pilgrim Healthcare - This not heard from the Commerce committee which has expertise in this area of health insurance we are concerned this not going through the committee - sections 5-10 require reimbursement. People who are not medical providers with some yet undefined cost to the state requires they contract with pharmacy. Health insurers do not contract with pharmacies, we are being asked to do something we do not do, but then it says on line 22, it says we do dispensing drugs reimbursing for medical codes are not something we are designed to do we have that issues and the term cognizant is not defined. The State under the affordable care act is responsible for any new

affordable care mandates that the federal got had to pay for and because it has no analysis by the insurance department ask the State has to cover any new mandates.

V. Chair **Martin** - Did you raise these concerns with the HHS committee - I didn't personally, but many were but it started out substantially different and morphed into this.

Chair **Nordgren** - So it was amended into this by HHS?

Mr. **Bragdon** - Remove sections 5-10 and let Commerce deal with it in next session.

Rep. **Danielson** - Since I have an amendment being drafted can we hold off until next meeting so I can talk with others and if there are any changes to the amendment?

Chair **Nordgren** - We can add to agenda on the 17th.

Rep. **Hennessey** - If it doesn't take include taking out Insurance stuff can we get new fiscal note

Chair **Nordgren** recessed the hearing at 1:25 p.m.

Respectfully submitted,

Rep. Katherine Rogers
Clerk, Division III

HOUSE COMMITTEE ON Finance

DIVISION III WORK SESSION ON HB 1600-FN-A

BILL TITLE: **(New Title) relative to smoking cessation therapy and pharmacist reimbursement under Medicaid and making an appropriation therefor and relative to insurance coverage for pharmacist cognitive services.**

DATE: **March 4, 2020**

ROOM: **210-211** **Time Work Session Called to Order:** 1 pm **<<Start Time>>**

Time Adjourned: 3:25pm **<<End Time>>**

(please circle if present)

Committee Members: **Nordgren, Martin, Rogers, Huot, Wallner, Hennessey, Danielson and Erf**

Bill Sponsors:

Rep. Marsh	**Rep. Merchant**	**Rep. P. Schmidt**
Rep. Salloway	**Rep. Bartlett**	**Rep. Campion**
Rep. M. Pearson	**Rep. Woods**	**Sen. Bradley**
Sen. Rosenwald		

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

* Rep William Marsh - Carrol #8 Written Remarks - Supp

* Peter Bragdon — opposed - (Harvard Pilgrim)

DRAFT

March 4,2020

Div III Finance

HB 1600 - FN- A

Members Present: Nordgren, Martin, Rogers, Huot, Wallner, Hennessey, Danielson, Erf

Members Absent

Nordgren opened the Hearing at 1:06PM

Rep William Marsh - Carroll Dist # 8, Written Remarks distributed to the committee

Rogers - where would you take the 100,00

Marsh - I understand the DHHS has a 25 million back of the budget cut that is an issue at this time and this would be a problem at this time so I would think that putting this off until the next budget may e wise

Martin - I like your proposed amendment to put this off without funding untill the next budget - the language I sent would delete section 1 effective date 2021 - I sent the language to Rep Danielson .

Nordgren - do we have a recommendation

Danielson - more comment from the audience

Peter Bragdon - Harvard Pilgrim Healthcare - this not heard from the Commerce committee which has expertise in this area of Health Insurance we are concern this not going thru the committee - sections 5-10 require reimbursement people who are not medical providers with some yet undefined cost to the state requires they contract with pharmacy Health insurers do not contract with pharmacies we are being asked to do something we do not do but then it says on line 22 it says we do dispensing drugs reimbursing for medical codes are not something we are designed to do we have that issues and the term cognizant is not defined. The State under the affordable care act is responsible for any new affordable care mandates that the federal got had to pay for and because it has no analysis by the insurance dept ask the state has to cover any new mandates.

Martin - did you raise these concern with the HHS committee - I didn't personally but many were but it started out substantially different and morphed into this

Nordgren - so it was amended into this by HHS

Bragdon - remove section 5-10 and let commerce deal with it in next session

Danielson - since I have an amendment being drafted can we hold off until next meeting so Ican talk with others and if there are any changed to the amendment

Nordgren- we can add to agenda on the 17th

Hennessey - if it doesn't take include taking out Insurance stuff can we get new fiscal note

Nordgren recessed the hearing at 1:25pm.

Thank you Mr. Chair and Members of Finance III:

For the record, I am William Marsh, representing Carroll 8, seven towns in southern Carroll County

Last January, in the first report on smoking cessation in 30 years, Surgeon General Jerome Adams reported only 51% of daily smokers have received advice from a health care professional to quit smoking. Doctors and others need to do a better job of getting this message out, and this enabling legislation adds pharmacists to those who will be able to get this done.

Further, as I am sure you are all aware, on Dec 20th President Trump signed into law an amendment to the Food, Drug and Cosmetic Act which raised the legal age of smoking in the USA from 18 to 21. This created a cadre of individuals who are now required by law to quit smoking.

HB1600 expands access to smoking cessation products by allowing pharmacists to dispense such products by a standing order without a prior prescription from a physician. It also recognizes pharmacists as providers when they provide screening and diagnostic services in carrying out such standing orders, allowing their reimbursement for cognitive services under Medicaid and otherwise. And despite misinformed chatter, it does so only in four settings where we have explicitly legislated pharmacists may performed these services, listed on page 1 line 5. Those are:

RSA 318:1 XXVIII	Medication Therapy Management
RSA 318:16-a	Collaborative Practice Agreements
RSA 318:47-l	Hormonal Contraceptives
RSA 318:47:m	Smoking Cessation Products (new section)

An appropriation is made which DHHS says is sufficient to start up this program.

HHS&EA did a lot of work to improve this bill. We required the submission of a Title XIX Medicaid State Plan Amendment if necessary. We removed pills from the program at the request of the NH Medical Society. We removed a section about collaborative practice which might have had unintended consequences. We allowed the Pharmacy Board more flexibility in required education. We required communication with primary care providers, again at the request of the Medical Society. Last we replaced two sections insurers objected to with sections which simply provide for contracts between insurers and pharmacies.

At the end of the day, this is a pretty simple bill to understand. Our Surgeon General just provided us with good data that health care professionals have been dropping the ball about telling patients to quit smoking. We are enabling but not requiring pharmacists to join the team to get this job done. If they do so, it is only fair that they be paid for their efforts, and this bill provides for that. And in the long run, our whole society and our state budget will benefit from lower health care costs if we actually get people to quit smoking.

The question before Finance of course is whether this appropriation is feasible. While I hope you determine that it is, in the event you do not, I would be ok with your amending the bill to remove the appropriation and putting off the effective date of section 2 of the bill. This would give the various Boards time to put in place the standing orders, and would allow this program to be funded in the next budget cycle.

Thank you, and I will be glad to take questions.

Bill as Amended by the House

19Feb2020... 0418h

2020 SESSION

20-2021
01/10

HOUSE BILL ***1600-FN-A***

AN ACT relative to smoking cessation therapy and pharmacist reimbursement under Medicaid and making an appropriation therefor and relative to insurance coverage for pharmacist cognitive services.

SPONSORS: Rep. Marsh, Carr. 8; Rep. Merchant, Sull. 4; Rep. P. Schmidt, Straf. 19; Rep. Salloway, Straf. 5; Rep. Bartlett, Merr. 19; Rep. Campion, Graf. 12; Rep. M. Pearson, Rock. 34; Rep. Woods, Merr. 23; Sen. Bradley, Dist 3; Sen. Rosenwald, Dist 13

COMMITTEE: Health, Human Services and Elderly Affairs

AMENDED ANALYSIS

This bill authorizes pharmacists to provide smoking cessation therapy pursuant to a standing order from a physician or APRN and to be reimbursed under Medicaid. This bill also provides insurance coverage for pharmacist cognitive services under certain circumstances.

Explanation: Matter added to current law appears in ***bold italics.***
Matter removed from current law appears [~~in brackets and struckthrough.~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty

AN ACT relative to smoking cessation therapy and pharmacist reimbursement under Medicaid and making an appropriation therefor and relative to insurance coverage for pharmacist cognitive services.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 New Paragraph; Department of Health and Human Services; General Provisions. Amend RSA 126-A:3 by inserting after paragraph III the following new paragraph:

III-a. Pharmacists shall be considered providers under RSA 126-A:3, III for the purpose of billing for providing cognitive services performed within the scope of a person's license including, but not limited to, RSA 318:1, XXVIII, RSA 318:16-a, RSA 318:47-l, II, and RSA 318:47-m. The commissioner shall submit a Title XIX Medicaid state plan amendment to the federal Centers for Medicare and Medicaid Services to implement this paragraph, if necessary.

2 Managed Care Program; Dental Benefits. Amend RSA 126-A:5, XIX(a) to read as follows:

XIX.(a) The commissioner shall employ a managed care model for administering the Medicaid program and its enrollees to provide for managed care services for all Medicaid populations throughout New Hampshire consistent with the provisions of 42 U.S.C. section 1396u-2. Models for managed care may include, but not be limited to, a traditional capitated managed care organization contract, an administrative services organization, an accountable care organization, or a primary care case management model, or a combination thereof, offering the best value, quality assurance, and efficiency, maximizing the potential for savings, and presenting the most innovative approach compared to other externally administered models. Services to be managed within the model shall include all mandatory Medicaid covered services and may include, but shall not be limited to, care coordination, utilization management, disease management, pharmacy benefit management, provider network management, quality management, and customer services. ***The model shall reimburse pharmacists for cognitive services enumerated in RSA 126-A:3, III-a.*** The commissioner shall enter into contracts with the vendors that demonstrate the greatest ability to satisfy the state's need for value, quality, efficiency, innovation, and savings. The commissioner shall establish rates based on the appropriate model for the contract that is full risk to the vendors. The rates shall be established in rate cells or other appropriate units for each population or service provided including, but not limited to, persons eligible for temporary assistance to needy families (TANF), aid for the permanently and totally disabled (APTD), breast and cervical cancer program (BCCP), home care for children with severe disabilities (HC-CSD), and those residing in nursing facilities. The rates and/or payment models for the program shall be presented to the fiscal committee of the general court on an annual basis. The managed care model or models' selected

vendors providing the Medicaid services shall emphasize patient-centered, value-based care and include enhanced care management of high-risk populations as identified by the department. In contracting for the managed care program, the department shall ensure no reduction in the quality of care of services provided to enrollees in the managed care model and shall exercise all due diligence to maintain or increase the current level of quality of care provided. The commissioner may, in consultation with the fiscal committee, adopt rules, if necessary, to implement the provisions of this paragraph. The department shall seek, with the approval of the fiscal committee, all necessary and appropriate waivers to implement the provisions of this paragraph.

3 New Paragraph; Pharmacists and Pharmacies; Definitions. Amend RSA 318:1 by inserting after paragraph XVIII the following new paragraph:

XVIII-a. "Smoking cessation therapy" means patches, gums, lozenges, inhalers, and nasal sprays which the United States Food and Drug Administration (FDA) classifies as available by prescription for the purpose of smoking cessation.

4 New Section; Pharmacists and Pharmacies; Smoking Cessation Therapy. Amend RSA 318 by inserting after section 47-l the following new section:

318:47-m Smoking Cessation Therapy.

I. In this section, "standing order" means a written and signed protocol authored by a physician licensed under RSA 329:12 or an advanced practice registered nurses licensed under RSA 326-B:18. The agreement shall specify a protocol allowing a licensed pharmacist to provide smoking cessation therapy under the delegated prescriptive authority of the physician or APRN, a mechanism to document screening performed and the prescription in the patient's medical record, and include a plan for evaluating and treating adverse events. The prescriptions shall be considered a legitimate medical purpose in the usual course of professional practice.

II. Licensed pharmacists following standing orders may provide smoking cessation therapy to persons in this state without a prior prescription.

III. A pharmacist, pharmacy, physician, or APRN issuing or following standing orders shall be prohibited from seeking personal financial benefit by participating in any incentive-based program or accepting any inducement that influences or encourages therapeutic or product changes or the ordering of tests or services.

IV. Prior to providing smoking cessation therapy under this section, a pharmacist shall complete an Accreditation Council for Pharmacy Education (ACPE) accredited educational training program related to smoking cessation.

V. The pharmacist shall provide each recipient of smoking cessation therapy with a standardized information sheet written in plain language, which shall include, but is not limited to, the indication for the use of the smoking cessation therapy, the importance of follow-up care, and health care referral information.

VI. The board shall adopt rules, pursuant to RSA 541-A, relative to:

(a) Education and training required under paragraph IV.

(b) Content and format of the information sheet required under paragraph V, in consultation with the commissioner of the department of health and human services.

(c) A model statewide protocol, with the consent of the board of medicine, the board of nursing, and the department of health and human services to be used for the purposes of paragraph I.

(d) Communication to the patient's primary care provider with the consent of the patient.

VII. The board of medicine shall not deny, revoke, suspend, or otherwise take disciplinary action against a physician based on a pharmacist's failure to follow standing orders provided the provisions of this section and the rules adopted under this section are satisfied. The board of nursing shall not deny, revoke, suspend, or otherwise take disciplinary action against an APRN based on a pharmacist's failure to follow standing orders provided the provisions of this section and the rules adopted under this section are satisfied. The board of pharmacy shall not deny, revoke, suspend, or otherwise take disciplinary action against a pharmacist who follows standing orders based on a defect in those standing orders provided the provisions of this section and the rules adopted under this section are satisfied.

5 New Section; Accident and Health Insurance; Coverage for Cognitive Services; Individual. Amend RSA 415 by inserting after section 6-x the following new section:

415:6-y Coverage for Pharmacist Cognitive Services. Each insurer that issues or renews any individual policy of accident or health insurance providing benefits for medical or hospital expenses, shall provide to certificate holders of such insurance, who are residents of this state, coverage for providing pharmacist cognitive services, at a reimbursement rate established by contract between the pharmacy and the insurer, provided by a pharmacist in a collaborative practice agreement pursuant to RSA 318:16-a or under a standing order pursuant to RSA 318:47-m and RSA 318:47-l. Coverage shall be subject to terms and conditions of the policy.

6 New Section; Accident and Health Insurance; Coverage for Pharmacist Cognitive Services; Group. Amend RSA 415 by inserting after section 18-bb the following new section:

415:18-cc Coverage for Pharmacist Cognitive Services. Each insurer that issues or renews any policy of group or blanket accident or health insurance providing benefits for medical or hospital expenses, shall provide to certificate holders of such insurance, who are residents of this state, coverage for providing pharmacist cognitive services, at a reimbursement rate established by contract between the pharmacy and the insurer, provided by a pharmacist in a collaborative practice agreement pursuant to RSA 318:16-a or under a standing order pursuant to RSA 318:47-m and RSA 318:47-l. Coverage shall be subject to terms and conditions of the policy.

7 Health Services Corporations; Applicable Statutes. Amend RSA 420-A:2 to read as follows:

420-A:2 Applicable Statutes. Every health service corporation shall be governed by this chapter and the relevant provisions of RSA 161-H, and shall be exempt from this title except for the provisions of RSA 400-A:39, RSA 401-B, RSA 402-C, RSA 404-F, RSA 415-A, RSA 415-F, RSA 415:6, II(4), RSA 415:6-g, RSA 415:6-k, RSA 415:6-m, RSA 415:6-o, RSA 415:6-r, RSA 415:6-t, RSA 415:6-u, RSA 415:6-v, RSA 415:6-w, RSA 415:6-x, ***RSA 415:6-y,*** RSA 415:18, V, RSA 415:18, XVI and XVII, RSA 415:18, VII-a, RSA 415:18-a, RSA 415:18-i, RSA 415:18-j, RSA 415:18-o, RSA 415:18-r, RSA 415:18-t, RSA 415:18-u, RSA 415:18-v, RSA 415:18-w, RSA 415:18-y, RSA 415:18-z, RSA 415:18-aa, RSA 415:18-bb, ***RSA 415:18-cc,*** RSA 415:22, RSA 417, RSA 417-E, RSA 420-J, and all applicable provisions of title XXXVII wherein such corporations are specifically included. Every health service corporation and its agents shall be subject to the fees prescribed for health service corporations under RSA 400-A:29, VII.

8 Health Services Corporations; Applicable Statutes; Effective January 2021. Amend RSA 420-A:2 to read as follows:

420-A:2 Applicable Statutes. Every health service corporation shall be governed by this chapter and the relevant provisions of RSA 161-H, and shall be exempt from this title except for the provisions of RSA 400-A:39, RSA 401-B, RSA 402-C, RSA 404-F, RSA 415-A, RSA 415-F, RSA 415:6, II(4), RSA 415:6-g, RSA 415:6-k, RSA 415:6-m, RSA 415:6-o, RSA 415:6-r, RSA 415:6-u, RSA 415:6-v, RSA 415:6-w, RSA 415:6-x, ***RSA 415:6-y,*** RSA 415:18, V, RSA 415:18, XVI and XVII, RSA 415:18, VII-a, RSA 415:18-a, RSA 415:18-i, RSA 415:18-j, RSA 415:18-o, RSA 415:18-r, RSA 415:18-t, RSA 415:18-u, RSA 415:18-v, RSA 415:18-w, RSA 415:18-z, RSA 415:18-aa, RSA 415:18-bb, ***RSA 415:18-cc,*** RSA 415:22, RSA 417, RSA 417-E, RSA 420-J, and all applicable provisions of title XXXVII wherein such corporations are specifically included. Every health service corporation and its agents shall be subject to the fees prescribed for health service corporations under RSA 400-A:29, VII.

9 Health Maintenance Organizations; Statutory Construction. Amend RSA 420-B:20, III to read as follows:

III. The requirements of RSA 400-A:39, RSA 401-B, RSA 402-C, RSA 404-F, RSA 415:6-g, RSA 415:6-m, RSA 415:6-o, RSA 415:6-r, RSA 415:6-t, RSA 415:6-u, RSA 415:6-v, RSA 415:6-w, RSA 415:6-x, ***RSA 415:6-y,*** RSA 415:18, VII-a, RSA 415:18, XVI and XVII, RSA 415:18-i, RSA 415:18-j, RSA 415:18-r, RSA 415:18-t, RSA 415:18-u, RSA 415:18-v, RSA 415:18-w, RSA 415:18-y, RSA 415:18-z, RSA 415:18-aa, RSA 415:18-bb, ***RSA 415:18-cc,*** RSA 415-A, RSA 415-F, RSA 420-G, and RSA 420-J shall apply to health maintenance organizations.

10 Health Maintenance Organizations; Statutory Construction; Effective January 1, 2021. Amend RSA 420-B:20, III to read as follows:

III. The requirements of RSA 400-A:39, RSA 401-B, RSA 402-C, RSA 404-F, RSA 415:6-g, RSA 415:6-m, RSA 415:6-o, RSA 415:6-r, RSA 415:6-u, RSA 415:6-v, RSA 415:6-w, RSA 415:6-x, ***RSA 415:6-y,*** RSA 415:18, VII-a, RSA 415:18, XVI and XVII, RSA 415:18-i, RSA 415:18-j, RSA 415:18-r, RSA 415:18-t, RSA 415:18-u, RSA 415:18-v, RSA 415:18-w, RSA 415:18-z, RSA 415:18-aa, RSA

415:18-bb, ***RSA 415:18-cc,*** RSA 415-A, RSA 415-F, RSA 420-G, and RSA 420-J shall apply to health maintenance organizations.

11 Appropriation; Department of Health and Human Services. The sum of $100,000 for the biennium ending June 30, 2021 is hereby appropriated to the department of health and human services for the purposes of this act. The governor is authorized to draw a warrant for said sum out of any money in the treasury not otherwise appropriated.

12 Effective Date.

I. Sections 8 and 10 of this act shall take effect January 1, 2021 at 12:04 a.m.

II. The remainder of this act shall take effect June 30, 2020.

LBAO
20-2021
12/4/19

HB 1600-FN-A- FISCAL NOTE
AS INTRODUCED

AN ACT relative to smoking cessation therapy and pharmacist reimbursement under Medicaid and making an appropriation therefor.

FISCAL IMPACT: **[X] State** **[ ] County** **[ ] Local** **[ ] None**

	Estimated Increase / (Decrease)			
STATE:	**FY 2020**	**FY 2021**	**FY 2022**	**FY 2023**
Appropriation	$100,000	$0	$0	$0
Revenue	$0	$0	$0	$0
Expenditures	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase
Funding Source:	[X] General Medicaid Funds	[ ] Education	[ ] Highway	[X] Other - Federal

METHODOLOGY:

This bill authorizes pharmacists to dispense smoking cessation therapy upon order from a physician or advanced practice registered nurse (APRN), and allows for reimbursement by Medicaid. The bill also allows for Medicaid reimbursement for the dispensation by a pharmacist of hormonal contraceptives per RSA 318:47-l, II, and amends the state's Medicaid statute by requiring the managed care program to reimburse pharmacists for cognitive services as defined in the newly-established RSA 126-A:3, III-a. Finally, the bill amends the required provider contract standards under RSA 420-J:8 to include a provision recognizing pharmacists as health care providers and including distinct reimbursement rates for contraceptive counseling services provided by a pharmacist. The bill contains a General Fund appropriation of $100,000 for the FY 2020/21 biennium.

The Department of Health and Human Services projects that the bill will result in increased access to and utilization of smoking cessation therapy, resulting in an indeterminable increase in costs to the Medicaid program. Additional costs may result from reimbursements to pharmacists for cognitive services provided in conjunction with smoking cessation services or contraceptive counseling. The Department states that the extent of any such cost increase is indeterminable, but that the cost will be offset by the $100,000 appropriation contained in the bill. The Department further assumes that the $100,000 general fund appropriation will be matched by federal Medicaid funds.

AGENCIES CONTACTED:

Department of Health and Human Services, Insurance Department, and Office of Professional Licensure and Certification

Committee Report

REGULAR CALENDAR

February 4, 2020

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

The Majority of the Committee on Health, Human Services and Elderly Affairs to which was referred HB 1600-FN-A,

AN ACT relative to smoking cessation therapy and pharmacist reimbursement under Medicaid and making an appropriation therefor. Having considered the same, report the same with the following amendment, and the recommendation that the bill OUGHT TO PASS WITH AMENDMENT.

Rep. William Marsh

FOR THE MAJORITY OF THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

MAJORITY
COMMITTEE REPORT

Committee:	**Health, Human Services and Elderly Affairs**
Bill Number:	**HB 1600-FN-A**
Title:	**relative to smoking cessation therapy and pharmacist reimbursement under Medicaid and making an appropriation therefor.**
Date:	**February 4, 2020**
Consent Calendar:	**REGULAR**
Recommendation:	**OUGHT TO PASS WITH AMENDMENT 2020-0418h**

STATEMENT OF INTENT

In a January 2020 report, Surgeon General Jerome Adams reports only 51% of daily smokers have received advice from a health care professional to quit smoking. Further, recent federal legislation has created a cohort of 18 to 21-year-olds who are required by law to quit smoking. This bill expands access to smoking cessation products with enabling legislation, allowing pharmacists to dispense such products by a standing order without a prior prescription from a physician. It also recognizes pharmacists as providers when they provide screening and diagnostic services in carrying out such standing orders, allowing their reimbursement for cognitive services under Medicaid and otherwise. An appropriation is made, which the Department of Health and Human Services (DHHS) says is sufficient to start up this program. Amendment 2020-0418h requires the submission of a Title XIX Medicaid State Plan Amendment if necessary, removes pills from the program at the request of the NH Medical Society, removes a section about collaborative practice which might have had unintended consequences, allows the Pharmacy Board more flexibility in required education and requires communication with primary care providers, and replaces two sections insurers objected to with sections which simply provide for contracts between insurers and pharmacies to govern this.

Vote 16-5.

Rep. William Marsh
FOR THE MAJORITY

Original: House Clerk
Cc: Committee Bill File

REGULAR CALENDAR

Health, Human Services and Elderly Affairs

HB 1600-FN-A, relative to smoking cessation therapy and pharmacist reimbursement under Medicaid and making an appropriation therefor. **MAJORITY: OUGHT TO PASS WITH AMENDMENT. MINORITY: INEXPEDIENT TO LEGISLATE.**

Rep. William Marsh for the **Majority** of Health, Human Services and Elderly Affairs. In a January 2020 report, Surgeon General Jerome Adams reports only 51% of daily smokers have received advice from a health care professional to quit smoking. Further, recent federal legislation has created a cohort of 18 to 21-year-olds who are required by law to quit smoking. This bill expands access to smoking cessation products with enabling legislation, allowing pharmacists to dispense such products by a standing order without a prior prescription from a physician. It also recognizes pharmacists as providers when they provide screening and diagnostic services in carrying out such standing orders, allowing their reimbursement for cognitive services under Medicaid and otherwise. An appropriation is made, which the Department of Health and Human Services (DHHS) says is sufficient to start up this program. Amendment 2020-0418h requires the submission of a Title XIX Medicaid State Plan Amendment if necessary, removes pills from the program at the request of the NH Medical Society, removes a section about collaborative practice which might have had unintended consequences, allows the Pharmacy Board more flexibility in required education and requires communication with primary care providers, and replaces two sections insurers objected to with sections which simply provide for contracts between insurers and pharmacies to govern this. **Vote 16-5.**

Original: House Clerk
Cc: Committee Bill File

Rep. Marsh, Carr. 8
Rep. Campion, Graf. 12
February 3, 2020
2020-0418h
01/04

Amendment to HB 1600-FN-A

Amend the title of the bill by replacing it with the following:

AN ACT relative to smoking cessation therapy and pharmacist reimbursement under Medicaid and making an appropriation therefor and relative to insurance coverage for pharmacist cognitive services.

Amend RSA 126-A:3, III-a as inserted by section 1 of the bill by replacing it with the following:

III-a. Pharmacists shall be considered providers under RSA 126-A:3, III for the purpose of billing for providing cognitive services performed within the scope of a person's license including, but not limited to, RSA 318:1, XXVIII, RSA 318:16-a, RSA 318:47-l, II, and RSA 318:47-m. The commissioner shall submit a Title XIX Medicaid state plan amendment to the federal Centers for Medicare and Medicaid Services to implement this paragraph, if necessary.

Amend RSA 318:1, XVIII-a as inserted by section 3 of the bill by replacing it with the following:

XVIII-a. "Smoking cessation therapy" means patches, gums, lozenges, inhalers, and nasal sprays which the United States Food and Drug Administration (FDA) classifies as available by prescription for the purpose of smoking cessation.

Amend the bill by replacing all after section 3 with the following:

4 New Section; Pharmacists and Pharmacies; Smoking Cessation Therapy. Amend RSA 318 by inserting after section 47-l the following new section:

318:47-m Smoking Cessation Therapy.

I. In this section, "standing order" means a written and signed protocol authored by a physician licensed under RSA 329:12 or an advanced practice registered nurses licensed under RSA 326-B:18. The agreement shall specify a protocol allowing a licensed pharmacist to provide smoking cessation therapy under the delegated prescriptive authority of the physician or APRN, a mechanism to document screening performed and the prescription in the patient's medical record, and include a plan for evaluating and treating adverse events. The prescriptions shall be considered a legitimate medical purpose in the usual course of professional practice.

II. Licensed pharmacists following standing orders may provide smoking cessation therapy to persons in this state without a prior prescription.

III. A pharmacist, pharmacy, physician, or APRN issuing or following standing orders shall be prohibited from seeking personal financial benefit by participating in any incentive-based program or accepting any inducement that influences or encourages therapeutic or product changes or the ordering of tests or services.

IV. Prior to providing smoking cessation therapy under this section, a pharmacist shall complete an Accreditation Council for Pharmacy Education (ACPE) accredited educational training program related to smoking cessation.

V. The pharmacist shall provide each recipient of smoking cessation therapy with a standardized information sheet written in plain language, which shall include, but is not limited to, the indication for the use of the smoking cessation therapy, the importance of follow-up care, and health care referral information.

VI. The board shall adopt rules, pursuant to RSA 541-A, relative to:

(a) Education and training required under paragraph IV.

(b) Content and format of the information sheet required under paragraph V, in consultation with the commissioner of the department of health and human services.

(c) A model statewide protocol, with the consent of the board of medicine, the board of nursing, and the department of health and human services to be used for the purposes of paragraph I.

(d) Communication to the patient's primary care provider with the consent of the patient.

VII. The board of medicine shall not deny, revoke, suspend, or otherwise take disciplinary action against a physician based on a pharmacist's failure to follow standing orders provided the provisions of this section and the rules adopted under this section are satisfied. The board of nursing shall not deny, revoke, suspend, or otherwise take disciplinary action against an APRN based on a pharmacist's failure to follow standing orders provided the provisions of this section and the rules adopted under this section are satisfied. The board of pharmacy shall not deny, revoke, suspend, or otherwise take disciplinary action against a pharmacist who follows standing orders based on a defect in those standing orders provided the provisions of this section and the rules adopted under this section are satisfied.

5 New Section; Accident and Health Insurance; Coverage for Cognitive Services; Individual. Amend RSA 415 by inserting after section 6-x the following new section:

415:6-y Coverage for Pharmacist Cognitive Services. Each insurer that issues or renews any individual policy of accident or health insurance providing benefits for medical or hospital expenses, shall provide to certificate holders of such insurance, who are residents of this state, coverage for providing pharmacist cognitive services, at a reimbursement rate established by contract between

the pharmacy and the insurer, provided by a pharmacist in a collaborative practice agreement pursuant to RSA 318:16-a or under a standing order pursuant to RSA 318:47-m and RSA 318:47-l. Coverage shall be subject to terms and conditions of the policy.

6 New Section; Accident and Health Insurance; Coverage for Pharmacist Cognitive Services; Group. Amend RSA 415 by inserting after section 18-bb the following new section:

415:18-cc Coverage for Pharmacist Cognitive Services. Each insurer that issues or renews any policy of group or blanket accident or health insurance providing benefits for medical or hospital expenses, shall provide to certificate holders of such insurance, who are residents of this state, coverage for providing pharmacist cognitive services, at a reimbursement rate established by contract between the pharmacy and the insurer, provided by a pharmacist in a collaborative practice agreement pursuant to RSA 318:16-a or under a standing order pursuant to RSA 318:47-m and RSA 318:47-l. Coverage shall be subject to terms and conditions of the policy.

7 Health Services Corporations; Applicable Statutes. Amend RSA 420-A:2 to read as follows:

420-A:2 Applicable Statutes. Every health service corporation shall be governed by this chapter and the relevant provisions of RSA 161-H, and shall be exempt from this title except for the provisions of RSA 400-A:39, RSA 401-B, RSA 402-C, RSA 404-F, RSA 415-A, RSA 415-F, RSA 415:6, II(4), RSA 415:6-g, RSA 415:6-k, RSA 415:6-m, RSA 415:6-o, RSA 415:6-r, RSA 415:6-t, RSA 415:6-u, RSA 415:6-v, RSA 415:6-w, RSA 415:6-x, ***RSA 415:6-y,*** RSA 415:18, V, RSA 415:18, XVI and XVII, RSA 415:18, VII-a, RSA 415:18-a, RSA 415:18-i, RSA 415:18-j, RSA 415:18-o, RSA 415:18-r, RSA 415:18-t, RSA 415:18-u, RSA 415:18-v, RSA 415:18-w, RSA 415:18-y, RSA 415:18-z, RSA 415:18-aa, RSA 415:18-bb, ***RSA 415:18-cc,*** RSA 415:22, RSA 417, RSA 417-E, RSA 420-J, and all applicable provisions of title XXXVII wherein such corporations are specifically included. Every health service corporation and its agents shall be subject to the fees prescribed for health service corporations under RSA 400-A:29, VII.

8 Health Services Corporations; Applicable Statutes; Effective January 2021. Amend RSA 420-A:2 to read as follows:

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9 Health Maintenance Organizations; Statutory Construction. Amend RSA 420-B:20, III to read as follows:

III. The requirements of RSA 400-A:39, RSA 401-B, RSA 402-C, RSA 404-F, RSA 415:6-g, RSA 415:6-m, RSA 415:6-o, RSA 415:6-r, RSA 415:6-t, RSA 415:6-u, RSA 415:6-v, RSA 415:6-w, RSA 415:6-x, ***RSA 415:6-y,*** RSA 415:18, VII-a, RSA 415:18, XVI and XVII, RSA 415:18-i, RSA 415:18-j, RSA 415:18-r, RSA 415:18-t, RSA 415:18-u, RSA 415:18-v, RSA 415:18-w, RSA 415:18-y, RSA 415:18-z, RSA 415:18-aa, RSA 415:18-bb, ***RSA 415:18-cc,*** RSA 415-A, RSA 415-F, RSA 420-G, and RSA 420-J shall apply to health maintenance organizations.

10 Health Maintenance Organizations; Statutory Construction; Effective January 1, 2021. Amend RSA 420-B:20, III to read as follows:

III. The requirements of RSA 400-A:39, RSA 401-B, RSA 402-C, RSA 404-F, RSA 415:6-g, RSA 415:6-m, RSA 415:6-o, RSA 415:6-r, RSA 415:6-u, RSA 415:6-v, RSA 415:6-w, RSA 415:6-x, ***RSA 415:6-y,*** RSA 415:18, VII-a, RSA 415:18, XVI and XVII, RSA 415:18-i, RSA 415:18-j, RSA 415:18-r, RSA 415:18-t, RSA 415:18-u, RSA 415:18-v, RSA 415:18-w, RSA 415:18-z, RSA 415:18-aa, RSA 415:18-bb, ***RSA 415:18-cc,*** RSA 415-A, RSA 415-F, RSA 420-G, and RSA 420-J shall apply to health maintenance organizations.

11 Appropriation; Department of Health and Human Services. The sum of $100,000 for the biennium ending June 30, 2021 is hereby appropriated to the department of health and human services for the purposes of this act. The governor is authorized to draw a warrant for said sum out of any money in the treasury not otherwise appropriated.

12 Effective Date.

I. Sections 8 and 10 of this act shall take effect January 1, 2021 at 12:04 a.m.

II. The remainder of this act shall take effect June 30, 2020.

2020-0418h

AMENDED ANALYSIS

This bill authorizes pharmacists to provide smoking cessation therapy pursuant to a standing order from a physician or APRN and to be reimbursed under Medicaid. This bill also provides insurance coverage for pharmacist cognitive services under certain circumstances.

REGULAR CALENDAR

February 4, 2020

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

The Minority of the Committee on Health, Human Services and Elderly Affairs to which was referred HB 1600-FN-A,

AN ACT relative to smoking cessation therapy and pharmacist reimbursement under Medicaid and making an appropriation therefor. Having considered the same, and being unable to agree with the Majority, report with the following resolution: RESOLVED, that it is INEXPEDIENT TO LEGISLATE.

Rep. John Fothergill

FOR THE MINORITY OF THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

MINORITY
COMMITTEE REPORT

Committee:	**Health, Human Services and Elderly Affairs**
Bill Number:	**HB 1600-FN-A**
Title:	**relative to smoking cessation therapy and pharmacist reimbursement under Medicaid and making an appropriation therefor.**
Date:	**February 4, 2020**
Consent Calendar:	**REGULAR**
Recommendation:	**INEXPEDIENT TO LEGISLATE**

STATEMENT OF INTENT

This bill allows pharmacists to become primary care providers with respect to smoking cessation counseling and prescribing. The pharmacists report that they want to build on the success of their ability to provide birth control using a standing order. Unfortunately, that program has not begun and so we have no experience as to how that program works with respect to standing orders, billing, prior authorization, or communication with the patient's providers. Smoking is a significant and public health hazard that requires our attention, but adding more and more responsibilities to the overworked pharmacist is unwise.

Rep. John Fothergill
FOR THE MINORITY

Original: House Clerk
Cc: Committee Bill File

REGULAR CALENDAR

Health, Human Services and Elderly Affairs

HB 1600-FN-A, relative to smoking cessation therapy and pharmacist reimbursement under Medicaid and making an appropriation therefor. **INEXPEDIENT TO LEGISLATE.**

Rep. John Fothergill for the **Minority** of Health, Human Services and Elderly Affairs. This bill allows pharmacists to become primary care providers with respect to smoking cessation counseling and prescribing. The pharmacists report that they want to build on the success of their ability to provide birth control using a standing order. Unfortunately, that program has not begun and so we have no experience as to how that program works with respect to standing orders, billing, prior authorization, or communication with the patient's providers. Smoking is a significant and public health hazard that requires our attention, but adding more and more responsibilities to the overworked pharmacist is unwise.

Original: House Clerk
Cc: Committee Bill File

COMMITTEE REPORT

COMMITTEE: HHS & EA

BILL NUMBER: 1600-FN-A

TITLE: Relative to Smoking cessation therapy and pharmacist Reimb. under Medicaid and making an appropriation therefor

DATE: 2/4/20 **CONSENT CALENDAR:** YES ☐ NO ☒

☐ **OUGHT TO PASS**

☒ **OUGHT TO PASS W/ AMENDMENT**

Amendment No. 2020-0418h

☐ **INEXPEDIENT TO LEGISLATE**

☐ **INTERIM STUDY** (Available only 2nd year of biennium)

STATEMENT OF INTENT:

See Attached

COMMITTEE VOTE: 16-5

- Copy to Committee Bill File
- Use Another Report for Minority Report

RESPECTFULLY SUBMITTED,

Rep. _____
For the Committee

Rev. 02/01/07 - Yellow

In a January 2020 report, Surgeon General Jerome Adams reports only 51% of daily smokers have received advice from a health care professional to quit smoking. Further, recent Federal legislation has created a cohort of 18-21 year olds who are required by law to quit smoking

HB1600 expands access to smoking cessation products by allowing pharmacists to dispense such products by a standing order without a prior prescription from a physician. It also recognizes pharmacists as providers when they provide screening and diagnostic services in carrying out such standing orders, allowing their reimbursement for cognitive services under Medicaid and otherwise.

An appropriation is made which DHHS says is sufficient to start up this program.

Amendment 0418h requires the submission of a Title XIX Medicaid State Plan Amendment if necessary; removes pills from the program at the request of the NH Medical Society; removes a section about collaborative practice which might have had unintended consequences; allows the Pharmacy Board more flexibility in required education and requires communication with primary care providers; and replaces two sections insurers objected to with sections which simply provide for contracts between insurers and pharmacies to govern this.

MINORITY REPORT

COMMITTEE: HHS + EA

BILL NUMBER: HB 1600-FN-A

TITLE: Relative to Smoking cessation therapy and pharmacist reimbursement under Medicaid + making an Appropriation

DATE: 2/4/20 **CONSENT CALENDAR:** YES ☐ NO ☒

☐ **OUGHT TO PASS**

☒ **OUGHT TO PASS W/ AMENDMENT**

☒ **INEXPEDIENT TO LEGISLATE**

☐ **INTERIM STUDY** (Available only 2nd year of biennium)

Amendment No. 2020-0418h VF

STATEMENT OF INTENT:

This Bill Allows pharmacist to become primary care providers with respect to Smoking cessation counseling and prescribing. The pharmacist report that they want to build on the success of their ability to provide Birth Control using a standing order. Unfortunately that program has not begun and so we have no experience as to how that programs works with respect to standing orders, billing, prior authorization or communication with the patient's providers. Smoking is A Significant public Health hazzard that requires our attention but Adding more and more responsibilities to the overworked Pharmacist is unwise

COMMITTEE VOTE: _____

RESPECTFULLY SUBMITTED,

Rep. Jeb Bradley
For the Minority

• Copy to Committee Bill File

Rev. 02/01/07 - Blue

Voting Sheets

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on HB 1600-FN-A

BILL TITLE: relative to smoking cessation therapy and pharmacist reimbursement under Medicaid and making an appropriation therefor.

DATE: February 4, 2020

LOB ROOM: 205

MOTIONS: **OUGHT TO PASS WITH AMENDMENT**

Moved by Rep. Marsh	Seconded by Rep. M. Pearson	AM Vote: 20-0

Amendment # 2020-0418h

Moved by Rep. Marsh	Seconded by Rep. M. Pearson	Vote: 16-5

CONSENT CALENDAR: NO

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep Susan Ticehurst, Clerk

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on HB 1600-FN-A

BILL TITLE: relative to smoking cessation therapy and pharmacist reimbursement under Medicaid and making an appropriation therefor.

DATE: 2-4-20

LOB ROOM: 205

MOTION: (Please check one box)

☐ OTP ☐ ITL ☐ Retain (1st year) ☒ Adoption of Amendment # 0418h (*if offered*)

☐ Interim Study (2nd year)

Moved by Rep. Marsh Seconded by Rep. Pearson Vote: 20-0

MOTION: (Please check one box)

☐ OTP ☒ OTP/A ☐ ITL ☐ Retain (1st year) ☐ Adoption of Amendment # _____ (*if offered*)

☐ Interim Study (2nd year)

Moved by Rep. Marsh Seconded by Rep. Pearson Vote: 16-5

MOTION: (Please check one box)

☐ OTP ☐ OTP/A ☐ ITL ☐ Retain (1st year) ☐ Adoption of Amendment # _____ (*if offered*)

☐ Interim Study (2nd year)

Moved by Rep. _____ Seconded by Rep. _____ Vote: _____

MOTION: (Please check one box)

☐ OTP ☐ OTP/A ☐ ITL ☐ Retain (1st year) ☐ Adoption of Amendment # _____ (*if offered*)

☐ Interim Study (2nd year)

Moved by Rep. _____ Seconded by Rep. _____ Vote: _____

CONSENT CALENDAR: ____ **YES** ✓ **NO**

Minority Report? ✓ Yes ____ No If yes, author, Rep: Fothergill Motion ITL

Respectfully submitted: Susan Ticehurst
Rep Susan Ticehurst, Clerk

STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK

1/2/2020 10:43:49 AM
Roll Call Committee Registers Report

2020 SESSION

Health, Human Services and Elderly Affairs

Bill #: HB 1600 Motion: _____ AM #: 0418h Exec Session Date: 2-4-20

Members	YEAS	Nays	NV
Weber, Lucy M. Chairman	✓		
Campion, Polly Kent Vice Chairman	✓		
MacKay, James R.	✓		
Snow, Kendall A.	✓		
Freitas, Mary C.	✓		
Ticehurst, Susan J. Clerk	✓		
Knirk, Jerry L.			✓
Salloway, Jeffrey C.	✓		
Cannon, Gerri D.			✓
Nutter-Upham, Frances E.	✓		
Osborne, Richard G.	✓		
Schapiro, Joe	✓		
Woods, Gary L.	✓		
McMahon, Charles E.	✓		
Nelson, Bill G.	✓		
Guthrie, Joseph A.	✓		
Fothergill, John J.	✓		
Marsh, William M.	✓		
Pearson, Mark A.	✓		
Acton, Dennis F.	✓		
DeClercq, Edward	✓		
Stapleton, Walter A.	✓		
TOTAL VOTE:	20	0	

STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK

1/2/2020 10:43:49 AM
Roll Call Committee Registers Report

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Weber, Lucy M. Chairman	✓		
Campion, Polly Kent Vice Chairman	✓		
MacKay, James R.	✓		
Snow, Kendall A.	✓		
Freitas, Mary C.	✓		
Ticehurst, Susan J. Clerk		✓	
Knirk, Jerry L.	✓		
Salloway, Jeffrey C.		✓	
Cannon, Gerri D.			✓
Nutter-Upham, Frances E.	✓		
Osborne, Richard G.	✓		
Schapiro, Joe	✓		
Woods, Gary L.	✓		
McMahon, Charles E.	✓		
Nelson, Bill G.		✓	
Guthrie, Joseph A.	✓		
Fothergill, John J.		✓	
Marsh, William M.	✓		
Pearson, Mark A.	✓		
Acton, Dennis F.	✓		
DeClercq, Edward		✓	
Stapleton, Walter A.	✓		
TOTAL VOTE:	16	5	

Rep. Marsh, Carr. 8
Rep. Campion, Graf. 12
February 3, 2020
2020-0418h
01/04

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420-A:2 Applicable Statutes. Every health service corporation shall be governed by this chapter and the relevant provisions of RSA 161-H, and shall be exempt from this title except for the provisions of RSA 400-A:39, RSA 401-B, RSA 402-C, RSA 404-F, RSA 415-A, RSA 415-F, RSA 415:6, II(4), RSA 415:6-g, RSA 415:6-k, RSA 415:6-m, RSA 415:6-o, RSA 415:6-r, RSA 415:6-u, RSA 415:6-v, RSA 415:6-w, RSA 415:6-x, ***RSA 415:6-y,*** RSA 415:18, V, RSA 415:18, XVI and XVII, RSA 415:18, VII-a, RSA 415:18-a, RSA 415:18-i, RSA 415:18-j, RSA 415:18-o, RSA 415:18-r, RSA 415:18-t, RSA 415:18-u, RSA 415:18-v, RSA 415:18-w, RSA 415:18-z, RSA 415:18-aa, RSA 415:18-bb, ***RSA 415:18-cc,*** RSA 415:22, RSA 417, RSA 417-E, RSA 420-J, and all applicable provisions of title XXXVII wherein such corporations are specifically included. Every health service corporation and its agents shall be subject to the fees prescribed for health service corporations under RSA 400-A:29, VII.

9 Health Maintenance Organizations; Statutory Construction. Amend RSA 420-B:20, III to read as follows:

III. The requirements of RSA 400-A:39, RSA 401-B, RSA 402-C, RSA 404-F, RSA 415:6-g, RSA 415:6-m, RSA 415:6-o, RSA 415:6-r, RSA 415:6-t, RSA 415:6-u, RSA 415:6-v, RSA 415:6-w, RSA 415:6-x, ***RSA 415:6-y,*** RSA 415:18, VII-a, RSA 415:18, XVI and XVII, RSA 415:18-i, RSA 415:18-j, RSA 415:18-r, RSA 415:18-t, RSA 415:18-u, RSA 415:18-v, RSA 415:18-w, RSA 415:18-y, RSA 415:18-z, RSA 415:18-aa, RSA 415:18-bb, ***RSA 415:18-cc,*** RSA 415-A, RSA 415-F, RSA 420-G, and RSA 420-J shall apply to health maintenance organizations.

10 Health Maintenance Organizations; Statutory Construction; Effective January 1, 2021. Amend RSA 420-B:20, III to read as follows:

III. The requirements of RSA 400-A:39, RSA 401-B, RSA 402-C, RSA 404-F, RSA 415:6-g, RSA 415:6-m, RSA 415:6-o, RSA 415:6-r, RSA 415:6-u, RSA 415:6-v, RSA 415:6-w, RSA 415:6-x, ***RSA 415:6-y,*** RSA 415:18, VII-a, RSA 415:18, XVI and XVII, RSA 415:18-i, RSA 415:18-j, RSA 415:18-r, RSA 415:18-t, RSA 415:18-u, RSA 415:18-v, RSA 415:18-w, RSA 415:18-z, RSA 415:18-aa, RSA 415:18-bb, ***RSA 415:18-cc,*** RSA 415-A, RSA 415-F, RSA 420-G, and RSA 420-J shall apply to health maintenance organizations.

11 Appropriation; Department of Health and Human Services. The sum of $100,000 for the biennium ending June 30, 2021 is hereby appropriated to the department of health and human services for the purposes of this act. The governor is authorized to draw a warrant for said sum out of any money in the treasury not otherwise appropriated.

12 Effective Date.

I. Sections 8 and 10 of this act shall take effect January 1, 2021 at 12:04 a.m.

II. The remainder of this act shall take effect June 30, 2020.

2020-0418h

AMENDED ANALYSIS

This bill authorizes pharmacists to provide smoking cessation therapy pursuant to a standing order from a physician or APRN and to be reimbursed under Medicaid. This bill also provides insurance coverage for pharmacist cognitive services under certain circumstances.

Sub-Committee Actions

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

SUBCOMMITTEE WORK SESSION on HB 1600-FN-A

BILL TITLE: (New Title) relative to smoking cessation therapy and pharmacist reimbursement under Medicaid and making an appropriation therefor and relative to insurance coverage for pharmacist cognitive services.

DATE: **January 30, 2020**

Subcommittee Members: Reps. Marsh, Campion, Salloway, Woods and M. Pearson

Comments and Recommendations:

MOTIONS: **OUGHT TO PASS WITH AMENDMENT**

Moved by Rep. Campion	Seconded by Rep. Woods	AM Vote: 5-0
Amendment # 2020-0335h		
Moved by Rep. Woods	Seconded by Rep. Campion	Vote: 5-0

Respectfully submitted,

Rep. Mark Pearson
Subcommittee Clerk

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

SUBCOMMITTEE WORK SESSION on HB 1600-FN-A

BILL TITLE: relative to smoking cessation therapy and pharmacist reimbursement under Medicaid and making an appropriation therefor.

DATE: 1/30/20

Subcommittee Members: Reps. Marsh, Campion, Salloway, Woods and M. Pearson

Comments and Recommendations:

MOTIONS: OTP, OTP/A, ITL, Retained (1st Yr), Interim Study (2nd Yr)
(Please circle one)

Moved by Rep. _____ Seconded by Rep. _____ AM Vote: _____

Adoption of Amendment # 2020-0335h with drafting revisions

Moved by Rep. Campion Seconded by Rep. Woods Vote: _____

5-0 Amendment Adopted _____ Amendment Failed

MOTIONS: OTP, OTP/A, ITL, Retained (1st Yr), Interim Study (2nd Yr)
(Please circle one)

Moved by Rep. _____ Seconded by Rep. _____ AM Vote: _____

Adoption of Amendment # The bill

Moved by Rep. Woods Seconded by Rep. Campion Vote: _____

5-0 Amendment Adopted _____ Amendment Failed

Respectfully submitted,

Rep. Frank A. Pearson
Subcommittee Chairman/Clerk

Subcommittee Chairman

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

SUBCOMMITTEE WORK SESSION on HB 1600-FN-A

BILL TITLE: (New Title) relative to smoking cessation therapy and pharmacist reimbursement under Medicaid and making an appropriation therefor and relative to insurance coverage for pharmacist cognitive services.

DATE: **January 30, 2020**

Subcommittee Members: Reps. Campion, Salloway, Woods, Marsh and M. Pearson

Comments and Recommendations: DHHS - update on appropriation. bill financial section is ok per John Williams. *1 section on insurers , Bob Stout, some concerns addressed in the amendment. Have ability to bill commercial insurers. Billing by pharmacy not an issue. Concerns of pharmacists having time. Study - see written testimony. Pharmacy assistants new abilities in how they serve will free pharmacists to have time to consult. Professional associations are meeting soon to work out details. Surgeon General just commented on smoking for first time in 30 years. Rep. Marsh - Surgeon General report was given to full committee.
Mr. Stout - put back in non nicotine smoking cessation like Chantix should go into Marsh amendment 0300, page 1 lines 17-19. Idaho expanded duties of techs so pharmacists have more time to consult.
Rep. Marsh - re conversation with Paula Rogers (Insurance co). Paula's language 0300h took out 2 sections p8 2 line 32H, P8 3 line 4 are new sections. To take out pharmacy benefit managers.
Peggy Kroll - represents insurance most insurers contract pharmacy benefit managers. Rarely done "in house" usually third party managers. Language with Paula Rogers mirrors language about contraceptives.
Rep. Marsh is pharm benefit managers to administer a contract hammered out between pharmacies and insurers?
Peggy Kroll - that not how its done. Don't know if it could be.
Rep. Salloway - who manages the ins and outs of this that we propose?
Rep. Marsh - unsure, people can be contracted
Rep. Merchant - submits 0335h may need to be refined. Back to original bill, recognize for cognitive nov dispensing of services pharmacists. Dispensing can still go under pharmacy benefit manager, can't on cognitive it is billed apart from PBM, it is done that way Medical Part B. so the procedures are in place.
Rep. Woods - "standing order" for one patient or larger amount (global)
Rep. Marsh - both narcan, for example can be "global"
Rep. Woods- Global - We are carving out a true piece of medical practice nor just giving a customer a shot
Rep. Campion - But is not "managing" that person throughout the patients smoking care.
Rep. Merchant - comments on his amendment *2 see for comments
Rep. Salloway - seems complicated. Punch up PBM stuff on screen for meds
Brenden Rock - pharmacist works for Rite Aid - we can handle the complexity. We do some now
Chris Lopez - pharmacist works for critical access hospital w/rural site, too. Pharmacists do all kinds of "new " things now. This bill will do good things for the public.

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING ON HB 1600-FN-A

BILL TITLE: **relative to smoking cessation therapy and pharmacist reimbursement under Medicaid and making an appropriation therefor.**

DATE: 1/30/2020 SUBCOMMITTEE MEETING

ROOM: **205** **Time Public Hearing Called to Order:** 305 pm

Rep Mark Pearson
clerk

Time Adjourned: _____

(please circle if present)

Committee Members: **Reps. Weber, Campion, Ticehurst, MacKay, Snow, Freitas, Knirk, Salloway, Cannon, Nutter-Upham, R. Osborne, Schapiro, Woods, McMahon, Nelson, Guthrie, Fothergill, Marsh, M. Pearson, Acton, DeClercq and Stapleton**

Bill Sponsors:

Rep. Marsh	**Rep. Merchant**	**Rep. P. Schmidt**
Rep. Salloway	**Rep. Bartlett**	**Rep. Campion**
Rep. M. Pearson	**Rep. Woods**	**Sen. Bradley**
Sen. Rosenwald		

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

DHHS - update on appropriation — bill financial section is ok — per John Williams

*(1) Section on insurers [Bob Stout] some concerns addressed in the amendment. Have ability to bill commercial insurers. Billing by pharmacy not an issue. Concerns of pharmacists having time. Study - see written testimony. Pharmacy assistants' new abilities in how they serve will free pharmacists to have time to consult. Professional associations are meeting soon to work out details.

Surgeon General just commented on smoking for first time in 30 years.

Rep. Marsh - Surgeon General report was given to full committee.

Mr. Stout - put back in non nicotene smoking cessation like Chantix should go into Marsh amendment 0300h - page 1 lines 17-19. Idaho expanded duties of techs so pharmacists have more time to consult.

Rep Marsh re conversation with Paula Rogers (insurance company) Paula's language 0300h contracts be negotiated between insurers and pharmacies and pharmacy benefit managers 0300h took out 2 sections pg 2 line 32ff pg 3 line 4ff are new sections. to take out pharmacy benefit managers.

Peggy Kroll represents insurance most insurers contract "pharmacy benefit managers. Rare done "in house" — usually third party managers Language w/ Paula Rogers mirrors language about contraceptives.

Rep Marsh Is pharm benefit managers to administer a contract hammered out between pharmacies & insurers.

Peggy Kroll Thats not how its done. Don't know if it could be.

Rep Salloway Who manages the ins and outs of this That we propose.

Rep Marsh unsure people can be contracted.

Rep Merchant submits 0335h may need to be refined. back to original bill recognize for COGNATIVE not dispensing services pharmacists. Dispensing can still go under pharmacy benefit manager (PBM) Cant on cognative it is billed apart from PBM, His done that way medical Part B. so the procedures are in place.

Rep Woods "standing order" = for one patient or larger amount ("global")

Rep Marsh both. Nurcan, for example can be "global"

Rep Woods Global=we are carving out a true piece of medical practice not just giving a customer a shot.

Rep Compton BUT IS not "managing" that person throughout the patients smoking care.

Rep Merchant comments on his amendment (#2) see for comments

Rep Salloway seems complicated Punch up PBM stuff on screen for meds

Brenden these something else not PBM generated for Cognitive. TOO COMPLICATED

Chris Lopez, pharmacist, works for critical access hospital also w/ rural sites, too. Pharmacists

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

SUBCOMMITTEE WORK SESSION on HB 1600-FN-A

BILL TITLE: (New Title) relative to smoking cessation therapy and pharmacist reimbursement under Medicaid and making an appropriation therefor and relative to insurance coverage for pharmacist cognitive services.

DATE: **January 23, 2020**

Subcommittee Members: Reps. Campion, Salloway, Marsh, Woods and M. Pearson

Comments and Recommendations:

Respectfully submitted,

Rep. Mark Pearson
Subcommittee Clerk

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

SUBCOMMITTEE WORK SESSION on HB 1600-FN-A

BILL TITLE: relative to smoking cessation therapy and pharmacist reimbursement under Medicaid and making an appropriation therefor.

DATE: 1/23/20

Subcommittee Members: Reps. Marsh, Campion, Salloway, Woods and M. Pearson

Comments and Recommendations:

1/23 Discussion, No Motions.

MOTIONS: OTP, OTP/A, ITL, Retained (1st Yr), Interim Study (2nd Yr)
(Please circle one)

Moved by Rep. _____ Seconded by Rep. _____ AM Vote: _____

Adoption of Amendment # _____

Moved by Rep. _____ Seconded by Rep. _____ Vote: _____

_____ Amendment Adopted _____ Amendment Failed

MOTIONS: OTP, OTP/A, ITL, Retained (1st Yr), Interim Study (2nd Yr)
(Please circle one)

Moved by Rep. _____ Seconded by Rep. _____ AM Vote: _____

Adoption of Amendment # _____

Moved by Rep. _____ Seconded by Rep. _____ Vote: _____

_____ Amendment Adopted _____ Amendment Failed

Respectfully submitted,

Rep. _____
Subcommittee Chairman/Clerk

NOTES ON WORK SESSION OF 1/30/2020

Rep Woods

Hearing Minutes

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING ON HB 1600-FN-A

BILL TITLE: **relative to smoking cessation therapy and pharmacist reimbursement under Medicaid and making an appropriation therefor.**

DATE: **January 14, 2020**

LOB ROOM: **205** **Time Public Hearing Called to Order: 10:00 AM**

Time Adjourned: 11:15 AM

Committee Members: **Reps. Weber, Campion, Ticehurst, MacKay, Snow, Freitas, Knirk, Salloway, Cannon, Nutter-Upham, R. Osborne, Schapiro, Woods, McMahon, Guthrie, Fothergill, Marsh, Acton, DeClercq and Stapleton**

Bill Sponsors:

Rep. Marsh	**Rep. Merchant**	**Rep. P. Schmidt**
Rep. Salloway	**Rep. Bartlett**	**Rep. Campion**
Rep. M. Pearson	**Rep. Woods**	**Sen. Bradley**
Sen. Rosenwald		

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

***1, 2 Rep. Marsh - Introduced the bill –**
Medicaid currently allows reimbursement to pharmacies but not to pharmacists. This bill allows pharmacists to be reimbursed. Collaborative practices will now be able to be charged without requiring a change in the law. The bill allows standing orders for hormonal contraceptives on a similar model to that for Narcan. Cognitive services are when you have to evaluate a patient and make decisions regarding care rather than just filling a prescription. It is not defined in law.

Linda Sawyer - Supports –
At the Dartmouth Medical Center, many are coming in prior to surgery. Their outcomes will be better if they cease smoking first. Youth who are smoking or vaping can ask for counseling at pharmacies which tend to have more hours and close relationships with patients. Many young women do not understand how to take their contraceptives. To have pharmacists have the ability to take the time to provide counseling would be an improvement.

Question: Rep. Knirk: What about work flow?
Answer: At her pharmacy staffing levels allow them to meet the need to provide counseling but some smaller pharmacies may not have the staff.
Rep. Weber clarified that pharmacists have the duty to provide the counseling. The bill will just allow them to be reimbursed for the time spent. The current payment levels for the prescriptions do not cover the amount of time required for counseling.
Question: Rep. Schapiro: Are there contraindications to prescribing some of these products and does this now require a pharmacist to make those decisions?
Answer: In that case the patient would be referred back to the provider.
Question: Rep. Fothergill: How do you define screening?
Answer: First compare the prescription to the demographic profile. Make sure that the prescription was written appropriately. Are there any interactions with existing medications on the patient profile? If there are any questions, we refer back to the provider.
Question: Rep. Fothergill: Are you aware that screening is done in the physician's office? What you are describing as screening does not sound like what the provider describes as screening.
Answer: We do similar screening.

Question: Rep. Fothergill: What about other pharmacies that don't have this capacity?
Answer: It's better to provide access. For those who are already smoking, it's more important to get onto a smoking cessation program.

***3, 4 Rep. Gary Merchant - Supports the bill –**
A workgroup identified a problem with reimbursement. The law for public health policy will not be fully implemented without reimbursement. The Board of Medicine unanimously supports prescribing under standing orders as well as the reimbursement component. Regarding work flow, a new position has been created so licensed advanced practice technicians can do some of the routine duties, freeing the time of the pharmacists. Regarding screening, the law requires following a protocol similar to that for a hospital. The standing order outlines what the pharmacists' responsibilities are.

John Williams, Lise Farrand, Peg Clifford Department of Health and Human Services - No position on the bill –
The bill's authors worked with stakeholders. The figure for the appropriation came from the department. Existing policy in NH allows pharmacies to dispense hormonal contraception under a standing order from an appropriate provider. The policy model was expanded to smoking cessation. Sections 1, 2 and 8 would be new services. The Medicaid portion could have been accomplished by the rules process. The rules will need to be approved by the Center for Medicare and Medicaid Services (CMMS). Section one helps with unlocking Medicaid reimbursement to pharmacists. This legislation makes it clear. The legislation must be approved by CMMS. Providers must be a Medicaid approved to be reimbursed. It takes some time to get Medicaid approval. Will be 6-12 months for an amendment and approval. Medicaid Management Information System changes will be needed. We need systems changes because consultative services are not currently part of the program.

Question: Rep. Stapleton: On the last page of financial portion, last sentence, is the assumption that the appropriation will be matched by federal funds?
Answer: It will be a 50/50 match, pending approval of the state plan amendment.
Question: Rep. Stapleton: Is the assumption that the money will be available if approval is obtained?
Answer: Yes.
Question: Rep. Acton: Are these services covered under Medicare?
Answer: Deferred to a following speaker. Part D does cover prescription smoking cessation products but not non-prescription products.
Question: Rep. Knirk: Is there a way to also assess the downstream financial impact of smoking cessation?
Answer: By preventative health care we are going to lower the costs over the long run. We just don't have the resources to do forensic analysis. The impact will be an indeterminable amount, but it should be recognized that there will be savings.
Question: Rep. Schapiro: Is the standing order a statewide standing order does each pharmacy have an agreement?
Answer: Statewide.

Paula Rogers, Anthem, Inc. - Opposes the bill in part –
Page 3, lines 19 & 23, get into reimbursement directly to a pharmacist for services related to standard orders. Anthem and Medicaid do not reimburse directly to pharmacies but to pharmacy benefit managers. There is pressure for expansion of the scope of pharmacists. The bill would say to a commercial plan that you must recognize pharmacists as providers but that is not part of our contractual arrangements. Washington state does this, but more common are the collaborative practice arrangements. Other states have done this.

Question: Rep. Weber: Is there a way to reimburse for this service with the pharmacy rather than the pharmacist?
Answer: Yes.
Question: Rep. Stapleton: What is the reference to the hormonal contraception bill.
Answer: It was a 2018 bill.
Question: Rep. Knirk: Would anything hinder insurers from reimbursing pharmacists directly?

Answer: No.
Question: Rep. Fothergill: If we start directly contracting pharmacists, will insurers start requiring prior authorization?
Answer: That could be quite complicated.

Tyler Brannen, NH Insurance Dept. - No position –
A question that comes up is "what regulatory ability does the insurance department have over managed care organizations". The answer is "very small". The department would have a role in regulating commercial carriers. Benefits for commercial insurers are administered by pharmacy benefits managers. Payment to hospital providers is on a different system. A bill like this would create complexity between who is going to do what between the carrier and the prescription benefits manager. There was an effort to expand coverage of services in the past by pharmacies. Network adequacy requirements say there has to be reasonable access to services in NH. There is a cost that goes along with the adequacy requirements. The bill says network adequacy would be similar to other products. This changes the relationship with the health care provider.

***5 Robert Stout, NH Pharmacy Association - Supports –**
Pharmacies have to fill more prescriptions today than 5 years ago to make the same amount of money. They are attempting to change the work flow.

Jim Potter, NH Medical Society – Supports –
Supports the bill but opposes specific provisions. Regarding page 2, lines 7&8, there is concern over the lack of definition of the term "pills". Does it refer to over the counter or other formats? Who is liable if one of the medicine or disease interactions goes wrong?

Michael Bullock, Board of Pharmacy; Brandon Marshall, Pharmacy Intern - Supports –
Pharmacists are well versed in contraceptive rules. Roadblocks include what the standard orders are going to be and what will the protocol be. Protocol has been reviewed by the Board of Medicine and the Board of Nursing. Adding in smoking cessation is just another step. Other states are moving in that area. Billing is the big issue. If the pharmacy does not have the ability to bill for the consultation, a significant number of pharmacies in the state will be lost. The service is voluntary for pharmacists. It requires a room with four walls.

Question: Rep. Fothergill: Pharmacists want to be more clinical providers. As we take this step, would it be appropriate for pharmacists to stop selling cigarettes?
Answer: Yes. The board does not have control over this.

Peter Bragdon, Harvard Pilgrim Health Care – Supports –
Supports the overall concept but questions some sections. Concerned that there are some complexities. May require new computer programming and network changes. Effective date should be later.

Respectfully submitted,

Rep. Susan Ticehurst, Clerk

Testimony

Robert Stout
21 Diamond Hill Rd
Candia, NH 03034
rjstoutrph@comcast.net
603-370-1648(cell)

(1) 1/30/20

Good Morning Committee Members,

My name is Robert Stout. I am a past president of the NH Board of Pharmacy. I am here to follow up on the sub-committee's request to seek a solution to some of the concerns raised by Paula Rogers and Anthem regarding the billing issues are pharmacists being recognized as providers.

My understanding was that the major issue the commercial carriers had revolved around both recognizing individual pharmacists as providers and then developing software that could pay pharmacists individually for cognitive services such as evaluations to either begin or deny treatment.

In researching these issues and talking with colleagues in hospitals and members of NACDS (National Association of Chain Drug Stores) they are comfortable and have the ability through their current providers and clearing houses to process medical claims and accept payment to their pharmacies/clinics or hospitals. They currently use paper claims to bill Immunizations and diabetic supplies to Medicare B and also paper claims to the state of NH Medicaid departments for DME items not processed through their PBMs. Recognizing pharmacists as providers would only change the billing name on the form from a physician to the pharmacist providing the service.

I met with Paula Rogers on Monday, January 27th. She invited many of her Insurance colleagues to the meeting and I invited Peg Clifford from the Medicaid department and Representative Merchant as an amendment to the bill was going to be presented. That amended language will be presented to you today but the request from Anthem was to remove sections 6 and 7 and use the new language to replace those items in the bill. Removing those sections would fundamentally weaken the intent. The intent of those sections was to recognize pharmacists as providers allowing them to bill E and M codes (Evaluation and Management) to the medical side of the billing process and not the PBM who administers the dispensing side of pharmacy claims. After more discussion both Representative Merchant and I told the group that we did not want to see sections 6 and 7 removed as it was a critical part of the bill. Ms. Rogers stated that Anthem was just not ready at this time to recognize pharmacists as providers. She asked her colleagues if they agreed and no one stated otherwise. We ended the meeting there.

Without recognizing pharmacists as providers I believe that the initiatives that various legislation has and will try to address, such as contraception and smoking cessation, will fail if pharmacists are not able to bill for the time invested in performing the proper evaluation.

I am also submitting to the committee a list of states that have or are working on adding pharmacists as providers to their systems. There is a movement across the country for improved access for many issues that pharmacists are well positioned and qualified to deliver. I am also presenting a timely letter issued by the Surgeon General on January

23rd regarding smoking cessation. The letter is the first report in 30 years since the findings in 1990. It discusses the immediate and long-term health and economic benefits of smoking. It calls on "healthcare providers, health systems, employers, insurers, public health professionals and policy makers to take action to put an end to the staggering, and completely preventable, human and financial tolls that smoking takes on our country".

That is what this bill is trying to accomplish, and we thank you for your efforts.

Robert Stout, RPh
Candia, NH

TIME REQUIRED TO FILL AVERAGE PRESCRIPTION

ORDER ENTRY	30 SECONDS	TECH
DATA ENTRY	100 SECONDS	TECH
FILL	90 SECONDS	TECH
DATA VERIFICATION	80 SECONDS	RPh
PRODUCT VERIFICATION	20 SECONDS	RPh
PRINT RECEIPT/VERIFY/BAG	30 SECONDS	RPh
TOTAL TIME	350 SECONDS	

APPROXIMATE TOTAL TIME TO FILL RX 6 MINUTES (REASONABLE?)

SPECIFIC TASKS ASSIGNED TO PHARMACIST		300 RXS/DAY
DATA VERIFICATION	80*	24,000 SECONDS
PRODUCT VERIFICATION	20*	6,000 SECONDS
PRINT/VER/BAG	30*	9,000 SECONDS
TOTAL TIME	130 SECONDS/RX	39,000 SECONDS

39,000/60= 650 MINUTES OR APPROXIMATELY 11 HOURS OF TIME

Insurance issues? Counselling?, Immunizations?, Phone calls patients?, Phone calls MDs?, MTM?, Performing tech tasks when behind or during breaks?, OTC recommendations?

*These numbers come from data submitted from 2 different company printouts

ADVANCED PRACTICE TECHNICIAN Can now perform:

PRODUCT VERIFICATION	20	SECONDS
PRINT/VERIFY/BAG	30	SECONDS

TOTAL 50 SECONDS PER RX SO SAVE PHARMACIST 250 MINUTES OR 4 HOURS

FOR IMMEDIATE RELEASE
January 23, 2020

Contact: ASH Media Office
202-205-0143
ashmedia@hhs.gov

Surgeon General Releases First Report Focused on Smoking Cessation in 30 Years

Outlines the latest science to help people quit smoking cigarettes

Three decades after the first Surgeon General's report on smoking cessation, today, the Surgeon General is releasing a new report that reviews and updates evidence on the importance of quitting smoking. The report finds that more than two-thirds of U.S. adult cigarette smokers report interest in quitting cigarette smoking; and the majority of adult cigarette smokers in the United States have tried to quit during the past year.

In addition to discussing the immediate and long-term health and economic benefits of smoking cessation at the individual and societal levels, this report presents updated findings on nicotine addiction and genetic factors that may impact smoking behaviors. Finally, the report discusses the wide variety of clinical and population-based interventions that have been scientifically shown to effectively increase smoking cessation.

"We know more about the science of quitting than ever before. As a nation, we can and must do more to ensure that evidence-based cessation treatments are reaching the people that need them," said Surgeon General Vice Adm. Jerome M. Adams. "Today, I'm calling on healthcare professionals, health systems, employers, insurers, public health professionals, and policy makers to take action to put an end to the staggering—and completely preventable—human and financial tolls that smoking takes on our country."

"The steady decline in the number of Americans who smoke cigarettes is one of the great public health victories of recent decades, and this success has continued under President Trump," said HHS Secretary Alex Azar. "Americans who quit cigarettes can add as much as a decade to their life expectancy. Unfortunately, millions of Americans still smoke cigarettes. But the good news is that, as the Surgeon General's report shows, we know more than ever before about effective ways to help Americans quit. Working together, we can make tobacco-related disease and death a thing of the past."

Though cigarette smoking among American adults is at an all-time low (14%), it remains the leading cause of preventable disease, disability, and death in the United States. Approximately 34 million American adults currently smoke cigarettes.

Major Conclusions

This report expands on the findings from the 1990 report on the same topic, as well as past Surgeon General's reports on tobacco, reaching the following major conclusions:

- Smoking cessation benefits persons at any age.
- Smoking cessation reduces the risk of premature death and can add as much as a decade to life expectancy.
- Smoking places a substantial financial burden on smokers, healthcare systems, and society. Smoking cessation reduces this burden.
- More than 3 out of 5 U.S. adults who have ever smoked cigarettes have quit; however, less than one-third use FDA-approved cessation medications or behavioral counseling.
- Disparities in key indicators of smoking cessation exist among subgroups within the U.S. population — including quit attempts, receiving advice to quit from a health professional, and using cessation therapies.
- Smoking cessation reduces the risk of many negative health effects, including reproductive health outcomes, cardiovascular diseases, chronic obstructive pulmonary disease (or COPD), and numerous cancers.
- Cessation medications approved by the FDA and behavioral counseling increase the likelihood of successfully quitting smoking, particularly when used in combination.
- Insurance coverage for smoking cessation treatment that is comprehensive, barrier-free, and widely promoted increases the use of these treatment services, leads to higher rates of successful quitting, and is cost-effective.
- E-cigarettes, a continually changing and diverse group of products, are used in a variety of ways. Therefore, it is difficult to make generalizations about efficacy for cessation based on clinical trials involving a particular e-cigarette. There is presently inadequate evidence to conclude that e-cigarettes, in general, increase smoking cessation.
- Smoking cessation can be increased by raising the price of cigarettes, adopting comprehensive smoke-free policies, implementing mass media campaigns, requiring pictorial health warnings, and maintaining comprehensive statewide tobacco control programs.

This Surgeon General's report on smoking cessation, the 34th report on smoking and health since 1964, was compiled using a longstanding, peer-reviewed, and comprehensive process to safeguard the scientific rigor and practical relevance of Surgeon General's reports on tobacco. The evidence reviewed

and summarized in this report can serve as a catalyst for efforts to further reduce the health and economic burden of tobacco product use in the United States.

For more information on the Surgeon General's Report, visit www.SurgeonGeneral.gov or www.cdc.gov/CessationSGR.

###

Note: All HHS press releases, fact sheets and other news materials are available at https://www.hhs.gov/news.

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Last revised: January 23, 2020

As states across the country recognize pharmacists' impact in the delivery of quality patient care, multiple states have begun to develop and implement the necessary legislative foundation in order for pharmacists to effectively reimburse and receive coverage for the provision of clinical patient care services. According to the National Alliance of State Pharmacy Association, **approximately 34 states recognize pharmacists as providers or practitioners** via state statute or through the state Medicaid program.[1] States with legislative language indicating pharmacists the ability to be reimbursed for clinical pharmacy care services may be found below:

1. Legislative Language for Pharmacists/Pharmacy Reimbursement.
    a. **Washington:** In 2015, Washington approved ESSB 5557 into law allowing pharmacists to bill commercial health plans for patient care services outside of traditional dispensing of medications.[2] The signed bill may be found HERE.
    b. **California:** Effective April 1, 2019, Medi-Cal now covers pharmacists services such as furnishing of naloxone, self-administered contraception, nicotine replacement therapy, and travel medications. They also cover pharmacist initiation and administration of immunizations.[3] California law may be found HERE.
    c. **Tennessee:** The Bureau of TennCare developed a Medication Therapy Management pilot program which allow pharmacists to be reimbursed for the provision of services under a collaborative practice agreement.[4] The bill pertaining to this pilot program may be found HERE.
    d. **Texas:** In 2019, Texas HB 3441, prohibiting insurers from denying reimbursement to pharmacists for services provided within the scope of their license, and HB 1757, recognizing pharmacists as practitioners, were signed into law. Now, Texas pharmacists may be part of provider networks and reimbursed for pharmacist-provided services within pharmacist's scope of practice such as medication management, administering CLIA-waived tests (flu), cholesterol, blood glucose testing, chronic disease management, etc.[5] Chapter 1451, subchapter A of the Insurance Code may be accessed HERE (refer to Sec 1451.1261 and Sec 1451.128).
    e. **North Dakota:** Action by the 64th Legislative Assembly established a medication therapy management (MTM) program to coordinate health care and improve the health of Medicaid-eligible individuals and to manage health care costs. Pharmacists may bill using MTM services codes.[6] Chapter 50-06 of the North Dakota Code may be accessed HERE (refer to Section 50-06-40).
    f. **Virginia:** Medicaid providers, including pharmacists, are permitted to bill for evidence-based Screening, Brief Intervention, and Referral to Treatment (SBIRT) assessment to increase the identification of opioid and substance use disorders.[7] Legislative language pertaining to coverage of this patient care service may be found HERE.

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[1] American Pharmacists Association. NASPA finds state-level provider is widespread, but not necessarily linked to payment. Feb 2014. https://www.pharmacist.com/article/naspa-finds-state-level-provider-status-widespread-not-necessarily-linked-payment

[2] Washington State Pharmacy Association. Passage of Landmark Legislation: ESSB 5557. https://www.wspanx.org/page/ProviderStatus

[3] California Department of Health Care Services. Pharmacist Services Are A Medi-Cal Benefit. http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_27162_02.asp

[4] Division of TennCare. Medication Therapy Management Pilot Program. https://www.tn.gov/tenncare/providers/pharmacy/medication-therapy-management-pilot-program.html

[5] Texas Pharmacy Association. TPA News: More Texas Laws Affecting Pharmacy Take Effect January 1. https://www.texaspharmacy.org/news/482732/More-Texas-Laws-Affecting-Pharmacy-Take-Effect-January-1.htm

[6] North Dakota Department of Human Services. Provider Manual for Medication Therapy Management (MTM). https://www.nd.gov/dhs/services/medicalserv/medicaid/docs/pharmacy/medication-therapy-management-provider-manual.pdf

[7] Virginia Department of Medical Assistance Services (DMAS). Medicare/Medicaid Policy Ideas Addressing the Opioid Crisis. https://www.finance.senate.gov/imo/media/doc/Virginia%20Department%20of%20Medical%20Assistance%20Services.pdf

Washington and Tennessee have developed and disseminated resources that elaborate how their pharmacists have been able to bill for pharmacy care services. Please see below for further details on the billing process that has been deployed within the two states.

2. The Billing Process
    a. **Washington[8]:** First, pharmacists must enroll in provider networks. This would require the state to recognize pharmacists as providers as well as pharmacists contracting with their patients' health plans. Next, billable services must be identified. Pharmacists are capable of providing various preventive care, chronic care, and medication management services; thus, in order to sustain the delivery of quality care, pharmacists must have the opportunity to bill for the provision of services under their scope of practice. A lot of the care provided by pharmacists are already present in the standard billing codes used by other medical providers. Following, all necessary and relevant technology must be modified and updated in order to handle capabilities of pharmacists billing for patient care services. Finally, medical claims may be submitted in order to receive appropriate payment coverage.
    Billable interventions include:
        i. Preventive care services (i.e. Immunizations, Emergency/Hormonal Contraception, HIV prevention, Naloxone, TB testing, Tobacco Cessation, etc.);
        ii. Chronic care (Anticoagulation, Asthma, Diabetes, Hyperlipidemia, Hypertension, Cardiovascular conditions, Behavioral/Mental Health, and many more);
        iii. Administration of injectables and lab tests

    b. **Tennessee[9]:** Pharmacists bill for Medication Therapy Management (MTM) services via Bureau of TennCare, the state Medicaid agency. MTM services include medication review, pharmacotherapy consult, anticoagulation management, immunizations, health and wellness programs, etc.[10] According to the TennCare MTM pharmacist pilot reimbursement guidelines, the payment model for MTM model is per month based on the patient's risk level. Pharmacists will bill the appropriate medical service code along with an additional service code, provided by TennCare, so that pharmacists may be reimbursed the appropriate rate. Time taken to provide service will be tracked and reported. Pharmacists must complete and upload an MTM exception form to the Care Coordination Tool (CCT) portal. This portal allows participating providers from patient centered medical homes and alike to identify gaps in care and provide more coordinated care. Upon submission, Managed Care Organizations (MCOs) will review the MTM exception form to determine reimbursement appropriateness based on guidelines provided by TennCare.

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[8] Washington State Pharmacy Association. Get Started Billing as a Medical Provider. https://www.wsparx.org/page/GetStarted
[9] TennCare. MTM Pharmacist Pilot Reimbursement Guidelines. April 2018. https://www.tn.gov/content/dam/tn/tenncare/documents/ReimbursementSummary.pdf
[10] TennCare. Medication Therapy Management Pilot Program. https://www.tn.gov/tenncare/providers/pharmacy/medication-therapy-management-pilot-program.html

House Committee on Health, Human Services & Elderly Affairs
Public Hearing on HB 1600

[Note to Lindsay and Susan: The attachment numbers should be checked.]

Bill Title:	Relative to smoking cessation therapy and pharmacist reimbursement under Medicaid and making an appropriation therefor.		
Date:			
Room:		Time Public Hearing Called to Order:	10:00
		Time Adjourned:	11:15

Committee Members Present:

X	Schapiro
X	Cannon
X	Stapleton
X	Nutter-Upham
X	Marsh
X	Salloway
X	Fothergill
X	Freitas
X	Snow
X	MacKay
X	Ticehurst
X	Weber

X	DeClercq
X	Osborne
X	Acton
X	Woods
	Pearson
X	Knirk
X	Guthrie
	Nelson
X	McMahon
X	Campion

Testimony

* Use asterisk if written testimony and/or amendments are submitted.

*1 *2	Rep. Marsh	Introduced the bill. Medicaid currently allows reimbursement to pharmacies but not to pharmacists. This bill allows pharmacists to be reimbursed. Collaborative practices will now be able to be changed without requiring a change in the law. The bill allows standing orders for hormonal contraceptives on a similar model to that for Narcan. Cognitive services are when you have to evaluate a patient and make decisions regarding care rather than just filling a prescription. It is not defined in law.
	Linda Sawyer	Supports the bill. At the Dartmouth Medical Center, many are coming in prior to surgery. Their outcomes will be better if they

		cease smoking first. Youth who are smoking or vaping can ask for counseling at pharmacies which tend to have more hours and close relationships with patients. Many young women do not understand how to take their contraceptives. To have pharmacists have the ability to take the time to provide counseling would be an improvement. Rep. Knirk: What about work flow? Answer: At her pharmacy staffing levels allow them to meet the need to provide counseling but some smaller pharmacies may not have the staff. Rep. Weber clarified that pharmacists have the duty to provide the counseling. The bill will just allow them to be reimbursed for the time spent. The current payment levels for the prescriptions do not cover the amount of time required for counseling. Rep. Schapiro: Are there contraindications to prescribing some of these products and does this now require a pharmacist to make those decisions? Answer: In that case the patient would be referred back to the provider. Rep. Fothergill: How do you define screening? Answer: First compare the prescription to the demographic profile. Make sure that the prescription was written appropriately. Are there any interactions with existing medications on the patient profile? If there are any questions, we refer back to the provider. Rep. Fothergill: Are you aware that screening is done in the physician's office? What you are describing as screening does not sound like what the provider describes as screening. Answer: We do similar screening. Rep. Fothergill: What about other pharmacies that don't have this capacity? Answer: It's better to provide access. For those who are already smoking, it's more important to get onto a smoking cessation program.
*3, *4	Rep. Gary Merchant	Supports the bill. A workgroup identified a problem with reimbursement. The law for public health policy will not be fully implemented without reimbursement. The Board of Medicine unanimously supports prescribing under standing orders as well as the reimbursement component. Regarding workflow, a new positon has been created so licensed advanced practice technicians can do some of the routine duties, freeing the time of the pharmacists. Regarding screening, the law requires following a protocol similar to that for a hospital. The standing order outlines what the pharmacists' responsibilities are.
	John Williams, Lise Farrand, Peg Clifford Department	No position on the bill. The bill's authors worked with stakeholders. The figure for the appropriation came from the department. Existing policy in NH allows pharmacies to dispense hormonal contraception under a standing order from an appropriate provider. The policy model was expanded to

	of Health and Human Services	smoking cessation. Sections 1, 2 and 8 would be new services. The Medicaid portion could have been accomplished by the rules process. The rules will need to be approved by the Center for Medicare and Medicaid Services (CMMS). Section one helps with unlocking Medicaid reimbursement to pharmacists. This legislation makes it clear. The legislation must be approved by CMMS. Providers must be a Medicaid approved to be reimbursed. It takes some time to get Medicaid approval. Will be 6-12 months for an amendment and approval. Medicaid Management Information System changes will be needed. We need systems changes because consultative services are not currently part of the program. Rep. Stapleton: On the last page of financial portion, last sentence, is the assumption that the appropriation will be matched by federal funds? Answer: It will be a 50/50 match, pending approval of the state plan amendment. Rep. Stapleton: Is the assumption that the money will be available if approval is obtained? Answer: Yes. Rep. Acton: Are these services covered under Medicare? Answer: Deferred to a following speaker. Part D does cover prescription smoking cessation products but not non-prescription products. Rep. Knirk: Is there a way to also assess the downstream financial impact of smoking cessation. Answer: By preventative health care we are going to lower the costs over the long run. We just don't have the resources to do forensic analysis. The impact will be an indeterminable amount but it should be recognized that there will be savings. Rep. Schapiro: Is the standing order a statewide standing order does each pharmacy have an agreement? Answer: Statewide.
	Paula Rogers, Anthem, Inc.	Opposes the bill in part. Page 3, lines 19 & 23, get into reimbursement directly to a pharmacist for services related to standard orders. Anthem and Medicaid do not reimburse directly to pharmacies but to pharmacy benefit managers. There is pressure for expansion of the scope of pharmacists. The bill would say to a commercial plan that you must recognize pharmacists as providers but that is not part of our contractual arrangements. Washington state does this, but more common are the collaborative practice arrangements. Other states have done this. Rep. Weber: Is there a way to reimburse for this service with the pharmacy rather than the pharmacist? Answer: Yes. Rep. Stapleton: What is the reference to the hormonal contraception bill. Answer: It was a 2018 bill. Rep. Knirk: Would anything hinder insurers from reimbursing pharmacists directly? Answer: No. Rep. Fothergill: If we start directly contracting

		pharmacists, will insurers start requiring prior authorization? Answer: That could be quite complicated.
	Tyler Brannen, NH Insurance Dept.	No position. A question that comes up is "what regulatory ability does the insurance department have over managed care organizations". The answer is "very small". The department would have a role in regulating commercial carriers. Benefits for commercial insurers are administered by pharmacy benefits managers. Payment to hospital providers is on a different system. A bill like this would create complexity between who is going to do what between the carrier and the prescription benefits manager. There was an effort to expand coverage of services in the past by pharmacies. Network adequacy requirements say there has to be reasonable access to services in NH. There is a cost that goes along with the adequacy requirements. The bill says network adequacy would be similar to other products. This changes the relationship with the health care provider.
*5	Robert Stout, NH Pharmacy Association	Supports the bill. Pharmacies have to fill more prescriptions today than 5 years ago to make the same amount of money. They are attempting to change the work flow.
	Jim Potter, NH Medical Society	Supports the bill but opposes specific provisions. Regarding page 2, lines 7&8, there is concern over the lack of definition of the term "pills". Does it refer to over-the-counter or other formats? Who is liable if one of the medicine or disease interactions goes wrong?
	Michael Bullock, Board of Pharmacy; Brandon Marshall, Pharmacy Intern	Support the bill. Pharmacists are well versed in contraceptive rules. Roadblocks include what the standard orders are going to be and what will the protocol be. Protocol has been reviewed by the Board of Medicine and the Board of Nursing. Adding in smoking cessation is just another step. Other states are moving in that area. Billing is the big issue. If the pharmacy does not have the ability to bill for the consultation, a significant number of pharmacies in the state will be lost. The service is voluntary for pharmacists. It requires a room with four walls. Rep. Fothergill: Pharmacists want to be more clinical providers. As we take this step, would it be appropriate for pharmacists to stop selling cigarettes? Answer: Yes. The board does not have control over this.
	Peter Bragdon, Harvard	Supports the overall concept but questions some sections. Concerned that there are some complexities. May require new computer programming and network changes. Effective date should be later.

	Pilgrim Health Care	

*	Attachment #	Name	Testimony:
	1	CMCS Information Bulletin	

Hearing recessed at

Respectfully submitted,

Rep. Susan Ticehurst, Clerk

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

CMCS Informational Bulletin

DATE: January 17, 2017

FROM: Vikki Wachino, Director
Center for Medicaid and CHIP Services (CMCS)

SUBJECT: **State Flexibility to Facilitate Timely Access to Drug Therapy by Expanding the Scope of Pharmacy Practice using Collaborative Practice Agreements, Standing Orders or Other Predetermined Protocols.**

This guidance addresses flexibilities that states may have to facilitate timely access to specific drugs by expanding the scope of practice and services that can be provided by pharmacists, including dispensing drugs based on their own independently initiated prescriptions, collaborative practice agreements (CPA) with other licensed prescribing healthcare providers like physicians, "standing orders" issued by the state, or other predetermined protocols. These practices can facilitate easier access to medically necessary and time-sensitive drugs for Medicaid beneficiaries.

Background

Medicaid benefits in every state and the District of Columbia include "prescribed drugs." In accordance with Section 1927(k)(2),(3) and (4) of the Social Security Act, in order to be covered under the Medicaid prescribed drug benefit, such drugs, including nonprescription and over-the-counter (OTC) drugs, must be prescribed by an authorized licensed health practitioner prior to being dispensed by pharmacies. This practice is consistent with the requirements of other public and private third-party payers for prescription and nonprescription drugs. When an individual with Medicaid or third-party insurance requests drugs at a pharmacy without presenting a prescription, the pharmacist may either 1) advise the individual to contact their prescribing provider to obtain a prescription, or 2) contact the individual's provider to obtain a prescription.

However, the need to contact a provider who has knowledge of the individual's medical circumstances may pose barriers to the initiation of drug therapy. The individual may not have established a relationship with a prescribing provider. The time required for individuals or pharmacists to contact prescribing providers for prescriptions could undermine access to, and the efficacy of, certain medications that require timely administration in order to be effective.

Allowing Pharmacists to Dispense Drugs Prescribed Independently, or Under Collaborative Practice Agreements, Standing Orders, or Other Predetermined Protocols.

Through laws and regulations, states establish sets of standards that dictate the scope of practice and services that may be provided by each type of licensed health practitioner in the state. The scope of practice for pharmacies and pharmacists are either authorized through legislation, or implemented by state Departments of Health and/or Boards of Pharmacy, or another governing

body authorized by the state, and in addition to drug dispensing, may enable pharmacists to provide a range of clinical services that include the initiation, modification and monitoring of a patient's drug therapy. This scope of practice is typically tailored to meet state, jurisdiction or institution-specific public health needs related to specific diseases, conditions, epidemics, drugs or drug classes. In its definition of the authorized scope of practice for pharmacists, a state can specify that pharmacists can dispense certain drugs either 1) after independently prescribing them, or 2) after entering into collaborative practice agreements (CPA) under which the pharmacists operate under authority delegated by another licensed practitioner with prescribing authority, 3) under "standing orders" issued by the state, or 4) based on some other predetermined state authorized protocols. Forty-eight (48) states and Washington D.C. use one or more of these methods that, in effect, expand pharmacists' scope of practice.[1].

States are implementing these approaches to help address a number of national public health challenges. For example, given the opioid epidemic, these approaches can help reduce the incidence of mortality and other complications from opioid overdoses by ensuring timely access to naloxone, the opioid overdose reversal drug. Naloxone is a drug indicated for the complete or partial reversal of narcotic depression, including respiratory depression induced by opioids that include natural and synthetic narcotics, propoxyphene, methadone and certain narcotic-antagonist analgesics[2, 3]. The drug prevents or reverses the potential life-threatening effects of opioids, including respiratory depression, sedation, and hypotension, thereby allowing an opioid overdose victim to resume normal breathing. In cases of an opioid overdose emergency, naloxone is most effective with rapid onset of action, which requires it to be administered in a timely manner. In most states, naloxone can only be provided by prescription or medication order during the regular course of medical care, which typically starts after the ambulance first responders have arrived, or in the emergency room, at which point, precious time may have been lost. However, given the importance of timely naloxone administration, states can use their authority to define the scope of practice for pharmacists to include the ability to dispense the drug for individuals, including Medicaid beneficiaries, prior to overdose emergencies. This can help to ensure the drug is available in the community at the time of a suspected overdose, enabling the immediate initiation of this potentially life-saving drug treatment. To help ensure that naloxone is on hand for life-threatening emergencies, forty (40) states[4] authorize

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[1] National Alliance of State Pharmacy Associations (NASPA)/ National Association of Boards of Pharmacy (NABP) "Convened Meeting on Statewide Protocols for Pharmacist Prescribing" Meeting Notes, March 2016 (Accessed on October 4, 2016)

[2] Naloxone hydrochloride FDA-approved drug label Information. Obtained from http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=76f7eee1-d524-43a4-a868-ffa9f29638a6

[3] "Best Practices for Addressing Prescription Opioid Overdoses, Misuse and Addiction" Obtained from https://www.medicaid.gov/federal-policy-guidance/downloads/cib-02-02-16.pdf

[4, 8] Alabama, Alaska, Arkansas, California, Colorado, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Mississippi, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia and Wisconsin authorize pharmacists to dispense naloxone by standing orders. California, Delaware, Massachusetts, New York and Oregon require pharmacists participate in naloxone administration programs in order to dispense the drug under

pharmacists to dispense naloxone under standing orders issued by licensed healthcare providers authorized by law to prescribe an opioid antagonist, or by the states' top medical officials, for example the state physician general., or both. Five (5) of these states require pharmacists to participate in a naloxone administration training program.[5]

When exercised, these flexibilities can also play an important role in facilitating the initiation of nicotine replacement therapy and other tobacco cessation treatment. Lung cancer is the leading cause of cancer death and the second most diagnosed cancer in both men and women in the United States. Although cigarette smoking is the number one cause of lung cancer, the disease can also be caused by using other types of tobacco such as pipes or cigars. In 2011, fourteen (14) percent of all cancer diagnoses and twenty-seven (27) percent of all cancer deaths were due to lung cancer. After increasing for decades, lung cancer rates are decreasing nationally, as fewer people smoke cigarettes.[6] In California and New Mexico; the two states that have expanded their pharmacists' scope of practice related to tobacco cessation drug therapy, pharmacists are able to initiate, modify and manage nicotine replacement and tobacco cessation drug therapy to assist patients interested in quitting cigarettes in the community setting without requiring them to contact their primary care providers for a prescription. This seamless process provides an improved patient experience, encourages adherence to the therapy, and increases the patients' chances of overcoming nicotine dependence.

These flexibilities are also instrumental to the prevention of influenza viral infections and epidemics by enabling pharmacists to administer flu-shots in community pharmacies. . Specifically, seventeen (17) states permit pharmacists to prescribe and administer flu shots independently. The remaining thirty-three (33) states and the District of Columbia permit pharmacists to administer flu-shots based on either CPAs, standing orders, prescriptions from authorized prescribers, other protocols or a combination of some of these methods. Individuals visit pharmacies requesting to receive a flu-shot, and ask the pharmacists to bill their third-party payers. The pharmacists determine the appropriate vaccine formulations, product and dosages for the specific individual based on their age, health status, health history and other health conditions, then initiate prescriptions independently or based on CPAs, standing orders or other protocols and submit the claims to the third-party payers. If covered and reimbursed by the third party, the pharmacists administer the vaccinations to the individual. If not covered, and therefore not reimbursed by the third party, the patient has the option of paying out-of-pocket for the vaccine. When covered, this process provides for seamless and timely delivery of care to patients, which is an important factor in encouraging the public to obtain a flu-shot.

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standing orders according to "Naloxone Overdose Prevention Laws" – published on http://lawatlas.org/datasets/laws-regulating-administration-of-naloxone. Updated through July 1, 2016 (Accessed on December 5, 2016).

[6] "Basic Information About Lung Cancer" – https://www.cdc.gov/cancer/lung/basic_info/ (Accessed on December 6, 2016)

These flexibilities can also be used to improve access to emergency contraception. Emergency contraception is a safe and effective method to prevent pregnancies[7]; however, as with naloxone its efficacy is contingent on the time of administration. While certain emergency contraception pills (ECPs) may be available over-the-counter, as with all over-the-counter medications, prescriptions for ECPs are required for Medicaid as well as third-party payer reimbursement.[8] Generally, authorized prescribers must be contacted for prescriptions prior to beneficiaries obtaining these drugs. However, similar to the process used to ensure timely access to flu vaccines and naloxone, nine states allow pharmacists to dispense and bill third-party payers like Medicaid for ECPs using prescriptions based on either standing orders, CPAs, or expanded scope of pharmacist practice.[9] Like the other practices described in this bulletin, this is solely a state option, not a requirement.

Conclusion

CMCS recognizes that states continue to look for innovative tools to address pressing public health issues, such as the opioid epidemic or preventing influenza infections. State flexibilities in expanding the ability of pharmacists to prescribe, modify, or monitor drug therapy for certain medications may be effective at helping to address such issues by improving access to care. CMCS encourages states to consider using these methods to promote access particularly to those drugs that can help address priority public health issues.

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[7] "Emergency Contraception - The Facts" – https://www.hhs.gov/opa/sites/default/files/emergency-contraception-fact-sheet.pdf (Accessed on January 4, 2017)

[8] FDA News release. http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm358082.htm (Accessed on January 5, 2017)

[9] Alaska, California, Hawaii, Maine, Massachusetts, New Hampshire, New Mexico, Vermont, and Washington according to the "Emergency Contraception State Laws" published by the National conference of State Legislators on http://www.ncsl.org/research/health/emergency-contraception-state-laws.aspx (Accessed on June 17, 2016)

Good morning Madame Chair and members of HHS&EA: for the record...

I am pleased to begin our work for the year by introducing HB1600, relative to smoking cessation therapy and pharmacist reimbursement under Medicaid and making an appropriation therefor.

As I am sure you are all aware, on Dec 20th President Trump signed into law an amendment to the Food, Drug and Cosmetic Act which raised the legal age of smoking in the USA from 18 to 21. This created a cadre of individuals who are now required by law to quit smoking.

Just a few weeks later, I am pleased to present to you a bill to expand access to smoking cessation products here in NH. When we drafted this bill, this was merely a good idea, but now it promises to give some help to this cadre of young citizens who now must deal with this abrupt change in the law.

Work began on HB1600 last summer when Rep. Merchant invited Rep. Schmidt and myself to the Board of Pharmacy to deal with an issue that developed in writing the rules to implement HB1822 which we passed two years ago. While I am pleased the group chose me to introduce this bill, this bill was actually drafted collaboratively by the 3 of us, and by the stakeholders who worked with us at the Board of Pharmacy.

When we passed HB1822, expanded Medicaid was a program of subsidized private insurance. With the conversion of expanded Medicaid to managed care, the funding mechanism envisioned by the commission that wrote HB1822 no longer worked. This bill began as a mechanism to fix the reimbursement of pharmacists who participate in collaborative practice so that these programs can move forward. As such, we relied heavily on CMCS Informational Bulletin dated January 17, 2017 entitled *State Flexibility to Facilitate Timely Access to Drug Therapy by Expanding the Scope of Pharmacy Practice using Collaborative Practice Agreements, Standing Orders or Other Predetermined Protocols* which I have copied for your reference. CMCS wants to encourage various forms of collaborative practice, including the standing order model we have used in NH, to enable more timely and more economical access to various prescription medications for Medicaid beneficiaries.

Briefly, the way Medicaid is set up in NH, payment can be made to pharmacies but not to pharmacists as pharmacists are not considered providers under NH law. Lines 3-5 of this bill change this.

Section 2 of the bill amends the RSA that establishes Medicaid in NH. Obviously we don't take this lightly, and we did this in collaboration with DHHS. The sentence added on lines 17-18 will allow future changes to collaborative practice without having to reopen this section of law.

Sections 3 thru 5 add a new form of collaborative practice for the purpose of expanding access to smoking cessation products. As I stated before, with this cadre of people who now must quit smoking, this is both necessary and timely. Furthermore, the same products approved by the FDA to quit smoking are used by people to quit vaping – with the recent medical issues related to vaping this was necessary and timely even before the change in the smoking age. As you can see, the language OLS drafted mirrors the language we used two years ago to expand access to hormonal contraception. – specifically using the standing order model we also use for Narcan

In addition, lines 16-18 underline that both the increased access to smoking cessation products and the increased access to hormonal contraceptives previously adopted fall within the guidelines of the CMCS document I distributed.

Sections 6 and 7 were requested by the NH Insurance Department to expand network adequacy rules for contraceptives, and to reinforce that pharmacists are providers.

Section 8 makes the appropriation which DHHS advised us it would cost to implement these changes.

Thank you. I am willing to answer questions, and I believe we have a lot of knowledgeable people who are here today.

Representative Lucy Weber
Chairman, Health, Human Services, and Elderly Affairs Committee
New Hampshire House of Representatives

In 2018, New Hampshire passed RSA 318:47-I, allowing pharmacists to dispense hormonal contraception. The Board of Medicine members, having previously supported RSA 318:47-I, support HB 1600-FN-A, relative to pharmacists dispensing hormonal contraception, recognizing pharmacists as health care providers in order to obtain distinct reimbursement for contraceptive counseling. Only by passing this legislation will pharmacists have sufficient incentive to adopt this practice.

I am a Board Certified OB/GYN and member of the New Hampshire Board of Medicine. I have worked closely with Rep. Merchant on a Joint Committee to develop strategies to encourage pharmacists to participate in this legislation. Unfortunately, I was unable to attend today's hearing due to conflicting clinical responsibilities at the Manchester VAMC. I would be glad to appear in the future.

Unintended pregnancy is endemic in the United States, with significant consequences for the woman, her family, and the community. Latest estimates indicate that 45% of all pregnancies in the United States are unintended.

Contraception is highly effective at preventing unintended pregnancies, but barriers exist to effective and consistent use. In order to improve access to hormonal contraception, as recently as 9/24/19, The American College of Obstetricians and Gynecologists (ACOG) has issued clear recommendations supporting over the counter access to hormonal contraception without age restrictions (Committee Opinion 788 attached).

As of April 2019, pharmacists in 13 states and the District of Columbia legally can prescribe or directly dispense some types of hormonal contraception. In 2016, Oregon became the first state to pass legislation allowing pharmacists to independently prescribe hormonal contraception. Oregon's Medicaid program reimburses for both the cost of the contraception as well as the pharmacists' time to counsel and prescribe. Compared to California, a state that does not reimburse for pharmacists' time, continuation rates in Oregon were significantly higher since there was more incentive for pharmacists to participate, and there was a meaningful effect on unintended pregnancies and associated costs.

The Board of Medicine unanimously supports this continued legislative effort to decrease barriers to women trying to obtain effective contraception.

Best Regards,

David Conway, MD, FACOG
Vice President New Hampshire Board of Medicine

Good morning Chairwoman Webber and follow members of the House Health, Human Services and Elderly Affairs. For the record, I am Representative Merchant representing Sullivan County, District 4, Claremont, Ward 2.

I am here today as a co-sponsor of HB1600, relative to smoking cessation therapy and pharmacist reimbursement under Medicaid.

The state of New Hampshire faces a growing crisis related to nicotine use, primarily nicotine used in vaping. The CDC ranks New Hampshire high school students vaping usage as the highest in the nation with over 28 percent.

As a state, we need to expand patient access to products that assist with cessation of nicotine products as vaping and tobacco. Community pharmacists are one of the most accessible healthcare providers. This bill allows community pharmacists to provide nicotine cessation medications using a standing order, we expand patients' access to these medications.

However, appropriate reimbursement is required to incentivize pharmacists to provide cognitive services via either a standing order or collaborative agreement. CMS guidelines require that a pharmacist be recognized as a healthcare provider in state law before it will reimburse NH Medicaid for cognitive services provided by a pharmacist within their scope of practice.

I suggest that the bill be amended with language that requires DHHS to submit a State Plan Amendment (SPA) to CMS to ensure NH to receives reimbursement from CMS related to costs associated with this bill.

I support HB 1600 as it expands patient access to nicotine replacement therapy and creates the foundation for appropriate reimbursement for a pharmacist to safely provide medications, within their scope of practice, to patients via a standing order or collaborative agreement.

Rep. Gary Merchant
Sullivan, District 4
January 14, 2020

Testimony

before the House Health, Human Services and Elderly Affairs Committee

January 14, 2020

HB 1600 - Relative to smoking cessation therapy and pharmacist reimbursement under Medicaid and making an appropriation therefor.

Robert Stout
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603-370-1648 (cell)

Good Morning, Madam Chairman and Members of the Committee:

My name is Robert Stout. I am a past president of the NH Board of Pharmacy, and I am the current President of the NH Pharmacists Association. I am here to testify on behalf of the Association **in favor** of HB 1600.

The effects of smoking are well documented, and the costs both in health care and human life are significant and avoidable. Many patients in an effort to quit, have in recent years, turned to vaping as an alternative. We have been recently shown that this is not an avenue without its own risks. Anything that can be done to reduce smoking benefits everyone from improved health to lower health care costs. This bill would provide easier access for anyone who is trying to quit either of these habits.

Pharmacists have long been the most accessible profession. We have always been available to answer questions for patients and advise them on many health issues in our daily practice. Many times, we advise the choice of an over the counter medication and other times refer patients to their primary care providers. We have been recognized for years as one of the most trusted health professionals. Your support of the Licensed Advanced Pharmacy Technician last year was crucial in developing a new practice whereby pharmacists would have the time to do just these kinds of things to improve patient help and access to care.

Although I would prefer to see just a statewide protocol as the standard, this bill follows the format used for Collaborative Practice requiring the approval of a provider via the standing order protocol. This gives the provider the ability to control both the screening and treatment options available to the pharmacist. This is the same format used to pas the legislation authorizing pharmacists to dispense oral contraceptives that passed last year without dissent. This bill also provides limited provider status to allow the pharmacist to bill for the initial consultation, both for smoking cessation and

contraception. We would be hard pressed to get community pharmacies to provide this benefit without provisions for payment for the pharmacist's time and knowledge.

I would also ask that some consideration be given to amending section RSA 318:47-m Roman numeral IV; to add "ACPE or Board approved program" as a number of excellent programs available nationally are not at this time ACPE approved.

In closing, Pharmacists have shown in the past the ability to improve public health. National statistics for immunization rates have drastically improved since they have been made available to patients in pharmacies. The same theory lead to this success. When a patient decides it is best for them to be immunized, or to find help to quit smoking, having that help available in the moment can be the difference between getting that shot or starting the road to life without smoking.

Thank you for your consideration.

Robert Stout, RPh
President, NHPA

SIGN UP SHEET

To Register Opinion If Not Speaking

Bill # HB 1600-FN-A Date 1/14/2020

Committee HHS & EA

** Please Print All Information **

Name	Address	Phone	Representing	(check one) Pro	Con
SEN. CINDY ROSENWALD			DISTRICT #13	✓	
Rep Gary Merchant			SULLIVAN, DIST #9	✓	
Linda Sawyer				✓	
Amanda Chuk				✓	
Maryann Cooper				✓	
M. Dale Bickford			Ramsdell	✓	

Bill as Introduced

HB 1600-FN-A - AS INTRODUCED

2020 SESSION

20-2021
01/10

HOUSE BILL ***1600-FN-A***

AN ACT relative to smoking cessation therapy and pharmacist reimbursement under Medicaid and making an appropriation therefor.

SPONSORS: Rep. Marsh, Carr. 8; Rep. Merchant, Sull. 4; Rep. P. Schmidt, Straf. 19; Rep. Salloway, Straf. 5; Rep. Bartlett, Merr. 19; Rep. Campion, Graf. 12; Rep. M. Pearson, Rock. 34; Rep. Woods, Merr. 23; Sen. Bradley, Dist 3; Sen. Rosenwald, Dist 13

COMMITTEE: Health, Human Services and Elderly Affairs

ANALYSIS

This bill authorizes pharmacists to dispense smoking cessation therapy pursuant to a standing order from a physician or APRN and to be reimbursed under Medicaid.

- -

Explanation: Matter added to current law appears in ***bold italics.***
Matter removed from current law appears [~~in brackets and struckthrough.~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty

AN ACT relative to smoking cessation therapy and pharmacist reimbursement under Medicaid and making an appropriation therefor.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 New Paragraph; Department of Health and Human Services; General Provisions. Amend RSA 126-A:3 by inserting after paragraph III the following new paragraph:

III-a. Pharmacists shall be considered providers under RSA 126-A:3, III for the purpose of billing for providing services performed within the scope of a person's license including, but not limited to, RSA 318:1, XXVIII, RSA 318:16-a, RSA 318:47-l, II, and RSA 318:47-m.

2 Managed Care Program; Dental Benefits. Amend RSA 126-A:5, XIX(a) to read as follows:

XIX.(a) The commissioner shall employ a managed care model for administering the Medicaid program and its enrollees to provide for managed care services for all Medicaid populations throughout New Hampshire consistent with the provisions of 42 U.S.C. section 1396u-2. Models for managed care may include, but not be limited to, a traditional capitated managed care organization contract, an administrative services organization, an accountable care organization, or a primary care case management model, or a combination thereof, offering the best value, quality assurance, and efficiency, maximizing the potential for savings, and presenting the most innovative approach compared to other externally administered models. Services to be managed within the model shall include all mandatory Medicaid covered services and may include, but shall not be limited to, care coordination, utilization management, disease management, pharmacy benefit management, provider network management, quality management, and customer services. ***The model shall reimburse pharmacists for cognitive services enumerated in RSA 126-A:3, III-a.*** The commissioner shall enter into contracts with the vendors that demonstrate the greatest ability to satisfy the state's need for value, quality, efficiency, innovation, and savings. The commissioner shall establish rates based on the appropriate model for the contract that is full risk to the vendors. The rates shall be established in rate cells or other appropriate units for each population or service provided including, but not limited to, persons eligible for temporary assistance to needy families (TANF), aid for the permanently and totally disabled (APTD), breast and cervical cancer program (BCCP), home care for children with severe disabilities (HC-CSD), and those residing in nursing facilities. The rates and/or payment models for the program shall be presented to the fiscal committee of the general court on an annual basis. The managed care model or models' selected vendors providing the Medicaid services shall emphasize patient-centered, value-based care and include enhanced care management of high-risk populations as identified by the department. In contracting for the managed care program, the department shall ensure no reduction in the quality

of care of services provided to enrollees in the managed care model and shall exercise all due diligence to maintain or increase the current level of quality of care provided. The commissioner may, in consultation with the fiscal committee, adopt rules, if necessary, to implement the provisions of this paragraph. The department shall seek, with the approval of the fiscal committee, all necessary and appropriate waivers to implement the provisions of this paragraph.

3 New Paragraph; Pharmacists and Pharmacies; Definitions. Amend RSA 318:1 by inserting after paragraph XVIII the following new paragraph:

XVIII-a. "Smoking cessation therapy" means patches, gums, lozenges, inhalers and nasal sprays, and pills which the United States Food and Drug Administration (FDA) classifies as available by prescription for the purpose of smoking cessation.

4 New Paragraph; Pharmacists and Pharmacies; Standards for Collaborative Pharmacy Practice. Amend RSA 318:16-a by inserting after paragraph VI the following new paragraph:

VII. Pharmacists dispensing hormonal contraceptives by standing order pursuant to RSA 318:47-l, II and pharmacists dispensing smoking cessation therapy by standing order pursuant to RSA 318:47-m, II shall be considered to be in a collaborative practice agreement with the physician or APRN who signed the standing order.

5 New Section; Pharmacists and Pharmacies; Smoking Cessation Therapy; Dispensing. Amend RSA 318 by inserting after section 47-l the following new section:

318:47-m Smoking Cessation Therapy; Dispensing.

I. In this section, "standing order" means a written and signed protocol authored by a physician licensed under RSA 329:12 or an advanced practice registered nurses licensed under RSA 326-B:18. The agreement shall specify a protocol allowing a licensed pharmacist to dispense smoking cessation therapy under the delegated prescriptive authority of the physician or APRN, a mechanism to document screening performed and the prescription in the patient's medical record, and include a plan for evaluating and treating adverse events. The prescriptions shall be considered a legitimate medical purpose in the usual course of professional practice.

II. Licensed pharmacists following standing orders may dispense nicotine replacement therapy to persons in this state without a prior prescription.

III. A pharmacist, pharmacy, physician, or APRN issuing or following standing orders shall be prohibited from seeking personal financial benefit by participating in any incentive-based program or accepting any inducement that influences or encourages therapeutic or product changes or the ordering of tests or services.

IV. Prior to dispensing smoking cessation therapy under this section, a pharmacist shall complete an Accreditation Council for Pharmacy Education (ACPE) accredited educational training program related to smoking cessation.

V. The pharmacist shall provide each recipient of smoking cessation therapy with a standardized information sheet written in plain language, which shall include, but is not limited to,

the indication for the use of the smoking cessation therapy, the importance of follow-up care, and health care referral information.

VI. The board shall adopt rules, pursuant to RSA 541-A, relative to:

(a) Education and training required under paragraph IV.

(b) Content and format of the information sheet required under paragraph V, in consultation with the commissioner of the department of health and human services.

(c) A model statewide protocol, with the consent of the board of medicine, the board of nursing, and the department of health and human services to be used for the purposes of paragraph I.

VII. The board of medicine shall not deny, revoke, suspend, or otherwise take disciplinary action against a physician based on a pharmacist's failure to follow standing orders provided the provisions of this section and the rules adopted under this section are satisfied. The board of nursing shall not deny, revoke, suspend, or otherwise take disciplinary action against an APRN based on a pharmacist's failure to follow standing orders provided the provisions of this section and the rules adopted under this section are satisfied. The board of pharmacy shall not deny, revoke, suspend, or otherwise take disciplinary action against a pharmacist who follows standing orders based on a defect in those standing orders provided the provisions of this section and the rules adopted under this section are satisfied.

6 New Subparagraph; Managed Care Law; Network Adequacy. Amend RSA 420-J:7, II by inserting after subparagraph (e) the following new subparagraph:

(f) Standards for accessing contraceptive counseling services provided by a pharmacist that are at least as stringent as those for accessing a retail pharmacy.

7 New Subparagraph; Managed Care Law; Provider Contract Standards. Amend RSA 420-J:8, XV(a) by inserting after subparagraph (2) the following new subparagraph:

(3) For a New Hampshire pharmacy, a provision that recognizes pharmacists as health care providers and includes distinct reimbursement rates for contraceptives counseling services provided to a member by a pharmacist pursuant to RSA 318:47-l.

8 Appropriation; Department of Health and Human Services. The sum of $100,000 for the biennium ending June 30, 2021 is hereby appropriated to the department of health and human services for the purposes of this act. The governor is authorized to draw a warrant for said sum out of any money in the treasury not otherwise appropriated.

9 Effective Date. This act shall take effect June 30, 2020.

Fiscal Note

LBAO
20-2021
12/4/19

HB 1600-FN-A- FISCAL NOTE
AS INTRODUCED

AN ACT relative to smoking cessation therapy and pharmacist reimbursement under Medicaid and making an appropriation therefor.

FISCAL IMPACT: [X] State [ ] County [ ] Local [ ] None

	Estimated Increase / (Decrease)			
STATE:	**FY 2020**	**FY 2021**	**FY 2022**	**FY 2023**
Appropriation	$100,000	$0	$0	$0
Revenue	$0	$0	$0	$0
Expenditures	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase
Funding Source:	[X] General Medicaid Funds	[ ] Education	[ ] Highway	[X] Other - Federal

METHODOLOGY:

This bill authorizes pharmacists to dispense smoking cessation therapy upon order from a physician or advanced practice registered nurse (APRN), and allows for reimbursement by Medicaid. The bill also allows for Medicaid reimbursement for the dispensation by a pharmacist of hormonal contraceptives per RSA 318:47-l, II, and amends the state's Medicaid statute by requiring the managed care program to reimburse pharmacists for cognitive services as defined in the newly-established RSA 126-A:3, III-a. Finally, the bill amends the required provider contract standards under RSA 420-J:8 to include a provision recognizing pharmacists as health care providers and including distinct reimbursement rates for contraceptive counseling services provided by a pharmacist. The bill contains a General Fund appropriation of $100,000 for the FY 2020/21 biennium.

The Department of Health and Human Services projects that the bill will result in increased access to and utilization of smoking cessation therapy, resulting in an indeterminable increase in costs to the Medicaid program. Additional costs may result from reimbursements to pharmacists for cognitive services provided in conjunction with smoking cessation services or contraceptive counseling. The Department states that the extent of any such cost increase is indeterminable, but that the cost will be offset by the $100,000 appropriation contained in the bill. The Department further assumes that the $100,000 general fund appropriation will be matched by federal Medicaid funds.

AGENCIES CONTACTED:

Department of Health and Human Services, Insurance Department, and Office of Professional Licensure and Certification