

# Committee Report

# CONSENT CALENDAR

February 17, 2021

## HOUSE OF REPRESENTATIVES

### REPORT OF COMMITTEE

**The Committee on Health, Human Services and Elderly Affairs to which was referred HB 479,**

**AN ACT relative to pharmacist provider status and nicotine cessation therapy. Having considered the same, report the same with the recommendation that the bill OUGHT TO PASS.**

**Rep. Gary Merchant**

**FOR THE COMMITTEE**

## COMMITTEE REPORT

Committee:	<b>Health, Human Services and Elderly Affairs</b>
Bill Number:	<b>HB 479</b>
Title:	<b>relative to pharmacist provider status and nicotine cessation therapy.</b>
Date:	<b>February 17, 2021</b>
Consent Calendar:	<b>CONSENT</b>
Recommendation:	<b>OUGHT TO PASS</b>

### STATEMENT OF INTENT

In order to send reimbursement to New Hampshire for services performed by a health care provider, the Center for Medicare and Medicaid (CMS) requires that the state recognize the individual as a 'health care provider' in statute. Because the state does not recognize a pharmacist as a health care provider in state statute, CMS will not reimburse New Hampshire Medicaid for such services, which this bill corrects. Smoking is a public health epidemic and the single largest cause of preventable disease and death. According to the 2020 US Surgeon General's report, smoking cessation interventions should be implemented as widely as possible throughout the healthcare system including pharmacists providing smoking cessation therapy. This bill not only supports improved health for the constituents of New Hampshire, it also supports the US Surgeon General's call to implement interventions as widely as possible throughout the healthcare system in the Granite State.

Vote 20-0.

Rep. Gary Merchant  
FOR THE COMMITTEE

Original: House Clerk  
Cc: Committee Bill File

## CONSENT CALENDAR

Health, Human Services and Elderly Affairs

**HB 479**, relative to pharmacist provider status and nicotine cessation therapy. **OUGHT TO PASS.**

Rep. Gary Merchant for Health, Human Services and Elderly Affairs. In order to send reimbursement to New Hampshire for services performed by a health care provider, the Center for Medicare and Medicaid (CMS) requires that the state recognize the individual as a 'health care provider' in statute. Because the state does not recognize a pharmacist as a health care provider in state statute, CMS will not reimburse New Hampshire Medicaid for such services, which this bill corrects. Smoking is a public health epidemic and the single largest cause of preventable disease and death. According to the 2020 US Surgeon General's report, smoking cessation interventions should be implemented as widely as possible throughout the healthcare system including pharmacists providing smoking cessation therapy. This bill not only supports improved health for the constituents of New Hampshire, it also supports the US Surgeon General's call to implement interventions as widely as possible throughout the healthcare system in the Granite State. **Vote 20-0.**

Original: House Clerk

Cc: Committee Bill File

# Voting Sheets



STATE OF NEW HAMPSHIRE  
OFFICE OF THE HOUSE CLERK



1/22/2021 10:06:45 AM  
Roll Call Committee Registers  
Report

2021 SESSION

**Health, Human Services and Elderly Affairs**

Bill #: HB479      Motion: OTP      AM #: \_\_\_\_\_      Exec Session Date: 2/16/2021

<u>Members</u>	<u>YEAS</u>	<u>Nays</u>	<u>NV</u>
Pearson, Mark A. Chairman	20		
Marsh, William M. Vice Chairman	1		
McMahon, Charles E.			Absent
Nelson, Bill G.	2		
Acton, Dennis F.	3		
Gay, Betty I.	4		
Cushman, Leah P.	5		
Folsom, Beth A. Clerk	6		
Kelsey, Niki	7		
King, Bill C.	8		
Kofalt, Jim	9		
Weber, Lucy M.	10		
MacKay, James R.	11		
Snow, Kendall A.	12		
Knirk, Jerry L.	13		
Salloway, Jeffrey C.	14		
Cannon, Gerri D.	15		
Nutter-Upham, Frances E.	16		
Schapiro, Joe	17		
Woods, Gary L.	18		

STATE OF NEW HAMPSHIRE  
OFFICE OF THE HOUSE CLERK



1/22/2021 10:06:45 AM  
Roll Call Committee Registers  
Report

2021 SESSION

Health, Human Services and Elderly Affairs

Bill #: HB479 Motion: OTP AM #: \_\_\_\_\_ Exec Session Date: 2/16/2021

Merchant, Gary		19		
<b>TOTAL VOTE:</b>		21	0	0



# Hearing Minutes

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING on Bill # HB479

**BILL TITLE: An Act relative to pharmacist provider status and nicotine cessation therapy.**

**DATE: 2/16/2021**

**ROOM: 306-8/Remote**

**Time Public Hearing Called to Order: 11:05 am**

**Time Adjourned: 11:45 am**

**Committee Members: Reps. M. Pearson, Marsh, Folsom, McMahon, Nelson, Acton, Gay, Cushman, Kelsey, B. King, Kofalt, Weber, MacKay, Snow, Knirk, Salloway, Cannon, Nutter-Upham, Schapiro, Woods and Merchant**

**TESTIMONY**

**Rep. Merchant introduced bill.**

- 1) reimbursement issue.
- 2) scope of practice - adding the use of nicotine cessation therapy.
- 3) increase reimbursement from medicaid and allow pharmacists to distribute.
- 4) fda approved product that is recognized for such.

Q: Rep. Woods: How does a standing order get written?

A: Specialist doesn't need to advise primary care,md.

Rep.Shapiro.- Medicaid billed for consultation time.

Rep. Gay-Authority to order meds goes via provider, which could be an md or a nurse practitioner. It cannot be done independently.

Q: Rep. Knirk: Why only medicaid?

A: State md could sign a standing order.

Q: Rep. Woods: Who gives authority if no md?

A: pharmacist can take care of anyone who walks in. They can access the data bank. Hhs is developing protocol with input from board of medicine, and other organizations.

Q - can a chain of pharmacies have their own md on staff to write standing. Orders.

A: Yes.

**Bob terio - wentworth hosp. / nh society of ?- Supports.**

You can bill medicaid only. Normally not covered by other ins.plans.

**Breana wheeler – supports**

She is a pharmacist student doing a rotation.

Respectfully submitted,

Rep. Beth Folsom, Clerk

# House Remote Testify

## Health, Human Services and Elderly Affairs Committee Testify List for Bill HB479 on 2021-02-16

Support: 54 Oppose: 0 Neutral: 1 Total to Testify: 3

<u>Name</u>	<u>City, State</u> <u>Email Address</u>	<u>Title</u>	<u>Representing</u>	<u>Position</u>	<u>Testifying</u>	<u>Signed Up</u>
Theriault, Robert	robert.theriault@wdhospital.org	A Member of the Public	Myself	Support	Yes (3m)	2/15/2021 3:48 PM
Carlton, Tonya	tonya.carlton@wdhospital.org	A Member of the Public	Myself	Support	Yes (3m)	2/15/2021 1:36 PM
Wheeler, Brianna	bdumeny@une.edu	A Member of the Public	Myself	Support	Yes (2m)	2/15/2021 1:36 PM
Minnehan, Paula	pminnehan@nhha.org	A Lobbyist	NH Hospital Association	Support	No	2/15/2021 1:38 PM
jakubowski, dennis	dendeb146@gmail.com	A Member of the Public	Myself	Support	No	2/15/2021 2:22 PM
Jakubowski, Deborah	Dendeb146@gmail.com	A Member of the Public	Myself	Support	No	2/15/2021 2:22 PM
Frost, Sherry	sherry.frost@leg.state.nh.us	An Elected Official	Myself	Support	No	2/15/2021 2:29 PM
Groetzinger, Tonda	groetzinger6@aol.com	A Member of the Public	Myself	Support	No	2/15/2021 2:32 PM
Elsasser, Karen	skelsasser@aol.com	A Member of the Public	Myself	Support	No	2/15/2021 2:34 PM
Cohen, Richard	racnhpa@gmail.com	A Member of the Public	New Hampshire Pharmacists Association	Support	No	2/15/2021 2:35 PM
Hayward, Marcia	mjhayward131@gmail.com	A Member of the Public	Myself	Support	No	2/15/2021 3:05 PM
Fedorchak, Gaye	gayevf@gmail.com	A Member of the Public	Myself	Support	No	2/15/2021 3:38 PM
Booth, Andrew	Andrewbo623@gmail.com	A Member of the Public	Myself	Support	No	2/15/2021 3:58 PM
Hope, Lucinda	lmhope46@gmail.com	A Member of the Public	Myself	Support	No	2/15/2021 4:22 PM
McCue, Dara	dcm9@psu.edu	A Member of the Public	Myself	Support	No	2/15/2021 4:24 PM
Tanner, Courtney	Courtney.Tanner@hitchcock.org	A Lobbyist	Dartmouth-Hitchcock	Support	No	2/15/2021 4:48 PM
Belanger, Elizabeth	ebelanger@crhc.org	A Member of the Public	Myself	Support	No	2/15/2021 6:51 PM
Radick, Lorraine	lorraineradick@aol.com	A Member of the Public	Myself	Support	No	2/15/2021 6:19 PM
Deshaies, Brodie	brodieforNH@gmail.com	An Elected Official	Carroll 6, Wolfeboro	Support	No	2/15/2021 8:41 PM

DeMark, Richard	demarknh114@gmail.com	A Member of the Public	Myself	Support	No	2/15/2021 9:16 PM
Arnold, Neil	krisarn@myfairpoint.net	A Member of the Public	Myself	Support	No	2/15/2021 11:50 PM
Padmore, Michael	michael.padmore@nhms.org	A Lobbyist	NH Medical Society	Support	No	2/16/2021 9:40 AM
Stoddard, Kristine	kstoddard@bistatepca.org	A Lobbyist	Bi-State Primary Care Association	Support	No	2/16/2021 7:59 AM
Saelee, Mon	monsaelee@gmail.com	A Member of the Public	Myself	Support	No	2/16/2021 8:03 AM
Kakal, Burhan	burhan.kakal@gmail.com	A Member of the Public	Myself	Support	No	2/16/2021 8:51 AM
Towle, Jennifer	jennifer.towle@mcphs.edu	A Member of the Public	Myself	Support	No	2/16/2021 8:51 AM
Willett, Kristine	kristine.willett@mcphs.edu	A Member of the Public	Myself	Support	No	2/16/2021 8:51 AM
Mistry, Erika	m0446163@stu.mcphs.edu	A Member of the Public	Myself	Support	No	2/16/2021 8:51 AM
Alrais, Mina	malra2@stu.mcphs.edu	A Member of the Public	Myself	Support	No	2/16/2021 8:53 AM
Keleher, Timothy	tkeleher1995@gmail.com	A Member of the Public	Myself	Support	No	2/16/2021 9:04 AM
perez, maria	mariaeli63@gmail.com	An Elected Official	District 23	Support	No	2/16/2021 9:06 AM
Brady, Maureen	maureen.brady@wdhospital.org	A Member of the Public	Myself	Support	No	2/16/2021 9:08 AM
Shaw, Autumn	autumncshaw@gmail.com	A Member of the Public	Myself	Support	No	2/12/2021 9:45 AM
Gowen, Jaclynne	jrgowen@partners.org	A Member of the Public	Myself	Support	No	2/12/2021 4:22 PM
Snarr, Elizabeth	elizabeth.snarr@wdhospital.org	A Member of the Public	Myself	Support	No	2/12/2021 1:59 PM
Maloney, Chantale	chantale.maloney@wdhospital.org	A Member of the Public	Myself	Support	No	2/12/2021 2:01 PM
Heaton, Michelle	michelle.c.heaton@ins.nh.gov	State Agency Staff	Insurance Department	Neutral	No	2/12/2021 2:23 PM
DePiero, David	ddepiero@crhc.org	A Member of the Public	Myself	Support	No	2/12/2021 2:46 PM
randall, craig	craig.randall@wdhospital.org	A Member of the Public	Myself	Support	No	2/12/2021 3:07 PM
Wade, Elizabeth	ewade@crhc.org	A Member of the Public	Myself	Support	No	2/12/2021 3:28 PM
Dusute, Kelly	kdepiero@hotmail.com	A Member of the Public	Myself	Support	No	2/13/2021 10:21 AM
Bannister, Meaghan	Megbannister98@gmail.com	A Member of the Public	Myself	Support	No	2/13/2021 6:06 PM
Deyak, Linda	ldeyak@crhc.org	A Member of the Public	Myself	Support	No	2/14/2021 7:05 AM
stout, robert	rjstoutrph@comcast.net	A Member of the Public	New Hampshire Pharmacists Association	Support	No	2/13/2021 4:43 PM
Fordey, Nicole	nikkif610@gmail.com	A Member of the Public	Myself	Support	No	2/13/2021 8:12 PM
Fredette, Alexander	arfredette@mgh.harvard.edu	A Member of the Public	Myself	Support	No	2/14/2021 2:07 PM

Ropp, Elizabeth	arunareiki@gmail.com	A Member of the Public	Myself	Support	No	2/14/2021 12:15 PM
Westlake, Jane	janewestlake57@gmail.com	A Member of the Public	Myself	Support	No	2/14/2021 7:18 PM
Fredette, Stine	afred1337@gmail.com	A Member of the Public	Myself	Support	No	2/14/2021 8:22 PM
Chuk, Amanda	acchuk@hotmail.com	A Member of the Public	Myself	Support	No	2/15/2021 6:51 AM
Martin, Regina	reginamartin140.6@gmail.com	A Member of the Public	Myself	Support	No	2/15/2021 7:49 AM
Beaurivage, Scott	sbeauriv@crhc.org	A Member of the Public	Myself	Support	No	2/15/2021 9:59 AM
Larson, Ruth	ruthlarson@msn.com	A Member of the Public	Myself	Support	No	2/15/2021 11:19 AM
Moulton, Candace	candaceleighm@gmail.com	A Member of the Public	Myself	Support	No	2/15/2021 1:16 PM
Torpey, Jeanne	jtorp51@comcast.net	A Member of the Public	Myself	Support	No	2/15/2021 1:27 PM

# Testimony

## Testimony

HB 479 AN ACT relative to pharmacist provider status and nicotine cessation therapy

House Health, Human Services and Elderly Affairs Committee

February 16, 2021

Dear Chairman Pearson and members of the committee

I am currently the Clinical Pharmacy Manager at Wentworth-Douglass Hospital in Dover, as well as the Immediate Past President of the New Hampshire Society of Health-Systems Pharmacists. I am writing to express my support of HB 479 and its goal of increasing patient access to nicotine cessation therapy.

Cigarette smoking remains the leading cause of preventable disease, disability, and death in the United States. Approximately 34 million American adults currently smoke cigarettes, with most of them smoking daily. Smoking kills nearly half a million Americans every year, and millions more live with serious chronic diseases caused by smoking. In addition, smoking-related illness in the United States costs more than \$300 billion a year, including nearly \$170 billion in direct medical care for adults and \$156 billion in lost productivity.<sup>1</sup>

In the most recent Surgeon General Report on Smoking Cessation, Jerome M. Adams, M.D., M.P.H., Surgeon General of the United States states the following:

“Clinical interventions for smoking cessation are critical if we are to achieve our goal of eliminating the devastating effects of smoking on public health. Primary care physicians, nurses, **pharmacists**, and other providers in all medical disciplines and in all healthcare environments should take advantage of these opportunities to inform and encourage smokers to quit.”

Therapeutic assistance for cessation includes medication treatment of nicotine dependence and counseling based on behavioral science for psychological dependence.<sup>2</sup> Pharmacists play an important role in encouraging smoking cessation and are poised to provide this type of support. Pharmacists have a good understanding of the medical condition and pharmacotherapy to treat patients and are able to obtain training specific to smoking cessation.

Currently, at Wentworth-Douglass Hospital, we have three pharmacists that provide care to patients in the ambulatory settings of Oncology, Cardiology, and Diabetes Management. Collaboration between physicians and pharmacists with respect to managing smoking cessation therapy, could achieve two beneficial goals of reducing demands on physicians' time while increasing access to therapy that can help those motivated to quit smoking succeed in this difficult endeavor.

One of the factors that plays a key role in the underutilization of nicotine cessation resources is the barrier to accessing a medical professional who can prescribe smoking cessation medications at the time when a patient decides to quit. HB 479 eliminates this barrier by providing

pharmacists, one of the most accessible healthcare professionals, the ability to manage pharmacotherapy for smoking cessation.

1. U.S. Department of Health and Human Services. Smoking Cessation. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2020. [accessed 2021 Feb 15].

2. Aizawa M, Kuroyama M. [The pharmacist's role in smoking cessation]. Nihon Rinsho. 2013 Mar;71(3):515-9. Japanese. PMID: 23631246.

Thank you for your consideration,

Tonya

Tonya Carlton, PharmD, BCPS, CPE

Clinical Pharmacy Coordinator

Wentworth-Douglass Hospital

789 Central Avenue

Dover, NH 03820

(603) 740-3297

[tonya.carlton@wdhospital.org](mailto:tonya.carlton@wdhospital.org)

Immediate Past President

New Hampshire Society of Health-System Pharmacists

Home:

24 Sawyer Road

Lee, NH 0361

[tonya@mvst.com](mailto:tonya@mvst.com)

(603) 303-7109



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

Good Morning Madam Chairman and Committee Members,

My name is Robert Stout. I am a past president of the NH Board of Pharmacy and current President of the New Hampshire Pharmacy Association. I am here to testify in favor of HB 479.

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 the most trusted health professionals. 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. We would be hard pressed to get community pharmacies to provide this benefit without provisions for payment for the pharmacist's time and knowledge. This bill would also recognize pharmacists as providers to allow for the billing of the assessment and treatment.

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. 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

Representative Mark Pearson - Chair  
House Health & Human Services Committee

February 16, 2021

Re: HB 479 – relative to pharmacist provider status and nicotine smoking cessation

Mr. Chairman and Members of the Committee,

I am writing in strong support of HB 479 and provide the following reasons. I am the Ambulatory Pharmacy Manager at Dartmouth-Hitchcock. While I am not providing this testimony on behalf of Dartmouth-Hitchcock, I believe it is important for you to hear from a NH licensed pharmacist.

It is important that pharmacists are recognized as providers in the state of New Hampshire. As mentioned in the white paper, pharmacist-provided care affects patients and the health-system as a whole by:

- Increasing access to healthcare beyond dispensing, such as nicotine cessation therapy
- Improving clinical outcomes, including those associated with chronic disease states like diabetes and hypertension
- Enhancing interdisciplinary teams to deliver higher-quality care, collaboratively

Recognizing pharmacists as providers will allow for sustainable models for expansion. It will also empower current providers to practice at the top of their licenses by focusing on complex patients in dire need of their expertise, while simultaneously increasing access.

In closing, I strongly support HB 479. This bill will strength New Hampshire's healthcare infrastructure by allowing increased access to patients who need care.

Thank you for consideration,

Marilyn G. Hill, PharmD, MHA  
[Mghill3527@gmail.com](mailto:Mghill3527@gmail.com)  
(847)204-2645

Rep. Gary Merchant  
Sullivan District 4, Claremont  
Health, Human Services, and Elderly Affairs  
603-558-1389  
[Gary.merchant@leg.state.nh.us](mailto:Gary.merchant@leg.state.nh.us)

## HB 479

Thank you, Mister Chairmen, members of the Health, Human Services and Elderly Affairs Committee, colleagues, and public members. My name is Rep. Gary Merchant, Sullivan County, District 4, Claremont, Ward 2.

I come before you today to introduce HB 479, which contains two sections.

- Recognition of pharmacists as healthcare providers and bill Medicaid for services within their scope of practice.
- Inclusion of nicotine cessation therapy within a pharmacist's scope of practice.

**Healthcare Provider** - Center for Medicare and Medicaid (CMS) reimbursement to NH Medicaid for services performed by a health care provider requires that the state recognize the individual as a 'health care provider' in state statute. Because the state does not recognize a pharmacist as a health care provider in state statute, CMS will not reimburse NH Medicaid for such services, which HB 479 corrects.


This new legislation provides compensation for pharmacists providing health care services allowed with their scope of practice. It would enable pharmacists to offer smoking cessation therapy under a standing order and via a state-wide protocol. The National Governor's Association has stated that lack of provider recognition in federal and state law governing pharmacists' compensation for providing direct patient-care services is a crucial barrier to integrating pharmacists into the healthcare team.

The report also described that product-based reimbursement (dispensing) drives current payment policies rather than direct-care services that pharmacists provide to patients. Investing in the expansion of existing infrastructure through pharmacists' operationalization as reimbursed health care providers demonstrates New Hampshire's commitment to broaden access to healthcare and assure no effort is spared when aiming for our patients' health and safety.

**Nicotine Cessation Therapy:** HB 479 anticipates increased public access and utilizes smoking cessation therapy and pharmacist reimbursement for furnishing the service. This legislation supports improved health for New Hampshire citizens and responds to the public health epidemic, the single largest cause of preventable disease and death in the United States.

In a report published last year, the United States Surgeon General writes, "As a nation, we can and must spare no effort to reduce the completely preventable health and financial costs that tobacco smoking has on society." That same report states, "Cigarette smoking generates substantial smoking-attributable healthcare expenditures and lost productivity..... Smoking cessation interventions should be implemented as widely as possible throughout the healthcare system and supported more broadly by population-level tobacco control measures."

HB 479 expands patients' access to nicotine cessation therapy, a critical factor in the US Surgeon General report to decrease utilization of tobacco and nicotine products.

**Archived:** Wednesday, March 17, 2021 3:37:53 PM  
**From:** Carlton, Tonya J.  
**Sent:** Monday, February 15, 2021 9:10:01 PM  
**To:** ~House Health Human Services and Elderly Affairs  
**Subject:** HB 479 Testimony-Tonya Carlton  
**Importance:** Normal  
**Attachments:**  
[Testimony in Support of HB 479-Tonya Carlton.docx](#) 

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Good Evening Chairman Pearson and Members of the Committee,

Attached is my testimony that I will be presenting tomorrow in support of HB 479.

Thank you for your time.

Tonya Carlton PharmD, BCPS, CPE  
Pharmacy Clinical Coordinator  
PGY1 Pharmacy Residency Director  
Wentworth-Douglass Hospital  
789 Central Avenue  
Dover, NH 03820  
603.740.3297  
tonya.carlton@wdhospital.org

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**Archived:** Wednesday, March 17, 2021 3:37:53 PM

**From:** Theriault, Robert Henry

**Sent:** Monday, February 15, 2021 3:50:48 PM

**To:** ~House Health Human Services and Elderly Affairs

**Subject:** NH House Remote Testify: 9:00 am - HB479 in House Health, Human Services and Elderly Affairs

**Importance:** Normal

**Attachments:**

[HB 479 Theriault Testimony 02-2016.pdf](#) 

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Please find attached my written testimony in support of HB 479 AN ACT relative to pharmacist provider status and nicotine cessation therapy.

Thank you,  
Bob

Robert Theriault, Jr., MBA, BSPHarm, RPh  
Director of Pharmacy Services  
Wentworth-Douglass Hospital  
789 Central Avenue  
Dover, NH 03820  
Phone: 603-609-6177  
Fax: 603-740-2870  
[Robert.theriault@wdhospital.org](mailto:Robert.theriault@wdhospital.org)

The information in this e-mail is intended only for the person to whom it is addressed. If you believe this e-mail was sent to you in error and the e-mail contains patient information, please contact the Mass General Brigham Compliance HelpLine at <http://www.massgeneralbrigham.org/complianceline> . If the e-mail was sent to you in error but does not contain patient information, please contact the sender and properly dispose of the e-mail.

**Archived:** Wednesday, March 17, 2021 3:37:53 PM  
**From:** [Dumeny, Brianna B.](#)  
**Sent:** Monday, February 15, 2021 2:33:46 PM  
**To:** ~[House Health Human Services and Elderly Affairs](#)  
**Subject:** Written Testimony for HB479  
**Importance:** Normal

---

Good Afternoon,

My written testimony for house bill 479 is as listed below:

“Good Morning all. My name is Brianna Wheeler and I am a pharmacy student in my final year of pharmacy school at the University of New England School of Pharmacy. I am currently completing clinical rotations at Wentworth-Douglass Hospital in Dover. This bill would have an incredibly positive impact on patients. I recently had the opportunity to complete a clinical rotation with a pharmacist in an outpatient setting. A large amount of the patients struggled with addiction to nicotine. Numerous patients expressed interest in wanting to be rid of this addiction. Without pharmacists having the opportunity to take the lead on managing treatment for these patients, they were not given the attention they needed and many were lost to follow up. This bill could change that. I saw first-hand the impact a pharmacist could make on a patient’s health and quality of life when given the chance to manage other serious conditions, such as diabetes. Imagine the impact they could make on the serious disease of substance use disorder. This bill is not meant to undermine the leadership of the patient’s PCP, it is merely adding another tool to the patient’s toolkit.”

Thank you,

Brianna Wheeler

The information in this e-mail is intended only for the person to whom it is addressed. If you believe this e-mail was sent to you in error and the e-mail contains patient information, please contact the Mass General Brigham Compliance HelpLine at <http://www.massgeneralbrigham.org/complianceline> . If the e-mail was sent to you in error but does not contain patient information, please contact the sender and properly dispose of the e-mail.

**Archived:** Wednesday, March 17, 2021 3:37:54 PM

**From:** Fredette, Alexander Robert

**Sent:** Sunday, February 14, 2021 8:25:45 PM

**To:** ~House Health Human Services and Elderly Affairs

**Subject:** [CAUTION: SUSPECT SENDER] Written testimony in support of HB 479, relative to pharmacist provider status and nicotine cessation therapy

**Importance:** Normal

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Dear Health, Human Services and Elderly Affairs committee,

My name is Alex Fredette, and I am a pharmacy resident at Wentworth-Douglass Hospital in Dover, NH. I am writing to you asking for your support in passing HB 479, which would allow pharmacists to provide nicotine cessation therapy to patients without a prior prescription and be reimbursed for their services. According to the CDC, less than one-third of adult cigarette smokers use cessation counseling or medications approved by the FDA when trying to quit smoking. In addition, fewer than one in ten cigarette smokers succeed in quitting each year. Improved utilization of both counseling and smoking cessation therapy would significantly help patients get the information and services they need to help them quit. Pharmacists are highly accessible medical professionals and are also viewed as one of the most trusted. Passing this bill would help improve patient access to high quality and cost-effective smoking cessation therapy by not having to schedule an appointment with their primary care provider. In addition, this bill will allow pharmacists to be reimbursed for services within their scope of practice and already being provided. Thank you for your consideration.

Sincerely,

Alex Fredette, PharmD  
Pharmacy Resident  
Wentworth-Douglass Hospital  
789 Central Avenue  
Dover, NH 03820  
603-740-5462  
Arfredette@mgh.harvard.edu

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Bill as  
Introduced

HB 479 - AS INTRODUCED

2021 SESSION

21-0567

10/11

HOUSE BILL **479**

AN ACT relative to pharmacist provider status and nicotine cessation therapy.

SPONSORS: Rep. Merchant, Sull. 4; Rep. Marsh, Carr. 8; Rep. Woods, Merr. 23; Rep. Knirk, Carr. 3; Rep. Murphy, Graf. 12; Rep. Deshaies, Carr. 6; Sen. Prentiss, Dist 5

COMMITTEE: Health, Human Services and Elderly Affairs

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ANALYSIS

This bill includes pharmacists as providers for certain covered services including Medicaid and authorizes pharmacists to provide nicotine cessation therapy pursuant to a standing order from a physician or APRN and to be reimbursed under Medicaid.

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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 One*

AN ACT relative to pharmacist provider status and nicotine cessation therapy.

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

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

3           III-a.(a) Pharmacists shall be considered providers under RSA 126-A:3, III for the purpose of  
4    billing for providing services performed within the scope of a person's license when said service  
5    would have been covered under this section if furnished by a physician or as an incident to a  
6    physician's service or furnished by an advanced registered nurse practitioner.

7           (b) The commissioner shall submit a Title XIX Medicaid state plan amendment to the  
8    federal Centers for Medicare and Medicaid Services to implement this paragraph, if necessary.

9           2    Managed Care Program; Pharmacists Services. Amend RSA 126-A:5, XIX(a) to read as  
10   follows:

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

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

9 3 New Paragraph; Pharmacists and Pharmacies; Definitions. Amend RSA 318:1 by inserting  
10 after paragraph XXXIII the following new paragraph:

11 XXXIV "Nicotine cessation therapy" means medications which the United States Food and  
12 Drug Administration (FDA) classifies as available by prescription or without a prescription for the  
13 purpose of nicotine cessation.

14 4 New Section; Pharmacists and Pharmacies; Nicotine Cessation Therapy. Amend RSA 318 by  
15 inserting after section 47-l the following new section:

16 318:47-m Nicotine Cessation Therapy.

17 I. In this section, "standing order" means a written and signed protocol authored by a  
18 physician licensed under RSA 329:12 or an advanced practice registered nurses licensed under RSA  
19 326-B:18. The agreement shall specify a protocol allowing a licensed pharmacist to provide nicotine  
20 cessation therapy under the delegated prescriptive authority of the physician or APRN, a mechanism  
21 to document screening performed and the prescription in the patient's medical record, and include a  
22 plan for evaluating and treating adverse events. The prescriptions shall be considered a legitimate  
23 medical purpose in the usual course of professional practice.

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

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

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

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

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

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1           (a) Education and training required under paragraph IV.

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

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

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

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

18           5 Effective Date. This act shall take effect January 1, 2022.