

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

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.

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.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

HB 479 - AS INTRODUCED

- Page 2 -

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 47-1 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:

HB 479 - AS INTRODUCED

- Page 3 -

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.

HB 479 - AS AMENDED BY THE SENATE

05/20/2021 1446s

05/20/2021 1529s

2021 SESSION

21-0567

10/11

HOUSE BILL **479**

AN ACT relative to pharmacist provider status, nicotine cessation therapy, and pharmacy benefit manager requirements.

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

AMENDED 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, physician assistant, or APRN and to be reimbursed under Medicaid. The bill also prohibits pharmacy benefit managers from requiring additional accreditation of health care providers.

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.

HB 479 - AS AMENDED BY THE SENATE

05/20/2021 1446s
05/20/2021 1529s

21-0567
10/11

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty One

AN ACT relative to pharmacist provider status, nicotine cessation therapy, and pharmacy benefit manager requirements.

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 a physician assistant or an advanced registered nurse
7 practitioner.

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

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

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

1 children with severe disabilities (HC-CSD), and those residing in nursing facilities. The rates and/or
2 payment models for the program shall be presented to the fiscal committee of the general court on an
3 annual basis. The managed care model or models' selected vendors providing the Medicaid services
4 shall emphasize patient-centered, value-based care and include enhanced care management of high-
5 risk populations as identified by the department. In contracting for the managed care program, the
6 department shall ensure no reduction in the quality of care of services provided to enrollees in the
7 managed care model and shall exercise all due diligence to maintain or increase the current level of
8 quality of care provided. The commissioner may, in consultation with the fiscal committee, adopt
9 rules, if necessary, to implement the provisions of this paragraph. The department shall seek, with
10 the approval of the fiscal committee, all necessary and appropriate waivers to implement the
11 provisions of this paragraph.

12 3 New Paragraph; Pharmacists and Pharmacies; Definitions. Amend RSA 318:1 by inserting
13 after paragraph XXXIII the following new paragraph:

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

17 4 New Section; Pharmacists and Pharmacies; Nicotine Cessation Therapy. Amend RSA 318 by
18 inserting after section 47-1 the following new section:

19 318:47-m Nicotine Cessation Therapy.

20 I. In this section, "standing order" means a written and signed protocol authored by a
21 physician licensed under RSA 329:12, a physician assistant licensed under RSA 328-D:2, or an
22 advanced practice registered nurse licensed under RSA 326-B:18. The agreement shall specify a
23 protocol allowing a licensed pharmacist to provide nicotine cessation therapy under the delegated
24 prescriptive authority of the physician, physician assistant, or APRN, a mechanism to document
25 screening performed and the prescription in the patient's medical record, and include a plan for
26 evaluating and treating adverse events. The prescriptions shall be considered a legitimate medical
27 purpose in the usual course of professional practice.

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

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

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

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

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

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

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

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

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

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

23 5 New Paragraph; Managed Care Law; Provider Contracts; Pharmacy Benefit Managers.
24 Amend RSA 420-J:8 by inserting after paragraph XVI the following new paragraph:

25 XVII. A pharmacy benefit manager shall not require accreditation of providers other than
26 accreditation requirements as adopted by the New Hampshire pharmacy board or by another state
27 or federal entity.

28 6 Prospective Repeal. RSA 420-J:8, XVII, relative to prohibiting pharmacy benefit managers to
29 require providers to obtain certain accreditation, is repealed.

30 7 Effective Date.

31 I. Section 6 of this act shall take effect January 1, 2025.

32 II. Sections 1-4 of this act shall take effect January 1, 2022.

33 III. The remainder of this act shall take effect upon its passage.

CHAPTER 189
HB 479 - FINAL VERSION

05/20/2021 1446s
05/20/2021 1529s
24Jun2021... 2057EBA

2021 SESSION

21-0567
10/11

HOUSE BILL **479**

AN ACT relative to pharmacist provider status, nicotine cessation therapy, and pharmacy benefit manager requirements.

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

AMENDED 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, physician assistant, or APRN and to be reimbursed under Medicaid. The bill also prohibits pharmacy benefit managers from requiring additional accreditation of health care providers.

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

CHAPTER 189
HB 479 - FINAL VERSION

05/20/2021 1446s
05/20/2021 1529s
24Jun2021... 2057EBA

21-0567
10/11

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty One

AN ACT relative to pharmacist provider status, nicotine cessation therapy, and pharmacy benefit manager requirements.

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

1 189:1 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 a physician assistant or an advanced registered nurse
7 practitioner.

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

10 189:2 Managed Care Program; Pharmacists Services. Amend RSA 126-A:5, XIX(a) to read as
11 follows:

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

CHAPTER 189
HB 479 - FINAL VERSION
- Page 2 -

1 permanently and totally disabled (APTD), breast and cervical cancer program (BCCP), home care for
2 children with severe disabilities (HC-CSD), and those residing in nursing facilities. The rates and/or
3 payment models for the program shall be presented to the fiscal committee of the general court on an
4 annual basis. The managed care model or models' selected vendors providing the Medicaid services
5 shall emphasize patient-centered, value-based care and include enhanced care management of high-
6 risk populations as identified by the department. In contracting for the managed care program, the
7 department shall ensure no reduction in the quality of care of services provided to enrollees in the
8 managed care model and shall exercise all due diligence to maintain or increase the current level of
9 quality of care provided. The commissioner may, in consultation with the fiscal committee, adopt
10 rules, if necessary, to implement the provisions of this paragraph. The department shall seek, with
11 the approval of the fiscal committee, all necessary and appropriate waivers to implement the
12 provisions of this paragraph.

13 189:3 New Paragraph; Pharmacists and Pharmacies; Definitions. Amend RSA 318:1 by
14 inserting after paragraph XXXV the following new paragraph:

15 XXXVI. "Nicotine cessation therapy" means medications which the United States Food and
16 Drug Administration (FDA) classifies as available by prescription or without a prescription for the
17 purpose of nicotine cessation.

18 189:4 New Section; Pharmacists and Pharmacies; Nicotine Cessation Therapy. Amend RSA 318
19 by inserting after section 47-l the following new section:

20 318:47-m Nicotine Cessation Therapy.

21 I. In this section, "standing order" means a written and signed protocol authored by a
22 physician licensed under RSA 329:12, a physician assistant licensed under RSA 328-D:2, or an
23 advanced practice registered nurse licensed under RSA 326-B:18. The agreement shall specify a
24 protocol allowing a licensed pharmacist to provide nicotine cessation therapy under the delegated
25 prescriptive authority of the physician, physician assistant, or APRN, a mechanism to document
26 screening performed and the prescription in the patient's medical record, and include a plan for
27 evaluating and treating adverse events. The prescriptions shall be considered a legitimate medical
28 purpose in the usual course of professional practice.

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

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

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

CHAPTER 189
HB 479 - FINAL VERSION
- Page 3 -

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

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

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

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

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

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

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

23 189:5 New Paragraph; Managed Care Law; Provider Contracts; Pharmacy Benefit Managers.
24 Amend RSA 420-J:8 by inserting after paragraph XVI the following new paragraph:

25 XVII. A pharmacy benefit manager shall not require accreditation of providers other than
26 accreditation requirements as adopted by the New Hampshire pharmacy board or by another state
27 or federal entity.

28 189:6 Prospective Repeal. RSA 420-J:8, XVII, relative to prohibiting pharmacy benefit
29 managers to require providers to obtain certain accreditation, is repealed.

30 189:7 Effective Date.

31 I. Section 6 of this act shall take effect January 1, 2025.

32 II. Sections 1-4 of this act shall take effect January 1, 2022.

 III. The remainder of this act shall take effect upon its passage.

Approved: August 10, 2021

Effective Date:

I. Section 6 shall take effect January 1, 2025.

II. Sections 1-4 shall take effect January 1, 2022.

III. Remainder shall take effect August 10, 2021.

CHAPTER 189
HB 479 - FINAL VERSION
- Page 4 -

1

Amendments

Amendment to HB 479

1 Amend the bill by replacing section 1 with the following:

2

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

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

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

12

13 Amend the bill by replacing section 4 with the following:

14

15 4 New Section; Pharmacists and Pharmacies; Nicotine Cessation Therapy. Amend RSA 318 by
16 inserting after section 47-1 the following new section:

17 318:47-m Nicotine Cessation Therapy.

18 I. In this section, "standing order" means a written and signed protocol authored by a
19 physician licensed under RSA 329:12, a physician assistant licensed under RSA 328-D:2, or an
20 advanced practice registered nurse licensed under RSA 326-B:18. The agreement shall specify a
21 protocol allowing a licensed pharmacist to provide nicotine cessation therapy under the delegated
22 prescriptive authority of the physician, physician assistant, or APRN, a mechanism to document
23 screening performed and the prescription in the patient's medical record, and include a plan for
24 evaluating and treating adverse events. The prescriptions shall be considered a legitimate medical
25 purpose in the usual course of professional practice.

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

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

Amendment to HB 479

- Page 2 -

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

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

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

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

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

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

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

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

2021-1042s

AMENDED 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, physician assistant, or APRN and to be reimbursed under Medicaid.

UNAPPROVED

Amendment to HB 479

1 Amend the bill by replacing section 1 with the following:

2

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

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

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

12

13 Amend the bill by replacing section 4 with the following:

14

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

17 318:47-m Nicotine Cessation Therapy.

18 I. In this section, "standing order" means a written and signed protocol authored by a
19 physician licensed under RSA 329:12, a physician assistant licensed under RSA 328-D:2, or an
20 advanced practice registered nurse licensed under RSA 326-B:18. The agreement shall specify a
21 protocol allowing a licensed pharmacist to provide nicotine cessation therapy under the delegated
22 prescriptive authority of the physician, physician assistant, or APRN, a mechanism to document
23 screening performed and the prescription in the patient's medical record, and include a plan for
24 evaluating and treating adverse events. The prescriptions shall be considered a legitimate medical
25 purpose in the usual course of professional practice.

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

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

Amendment to HB 479

- Page 2 -

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

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

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

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

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

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

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

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

2021-1446s

AMENDED 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, physician assistant, or APRN and to be reimbursed under Medicaid.

Sen. Hennessey, Dist 1
Sen. Soucy, Dist 18
May 17, 2021
2021-1529s
10/08

Floor Amendment to HB 479

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

2

3 AN ACT relative to pharmacist provider status, nicotine cessation therapy, and pharmacy
4 benefit manager requirements.

5

6 Amend the bill by replacing all after section 4 with the following:

7

8 5 New Paragraph; Managed Care Law; Provider Contracts; Pharmacy Benefit Managers.

9 Amend RSA 420-J:8 by inserting after paragraph XVI the following new paragraph:

10 XVII. A pharmacy benefit manager shall not require accreditation of providers other than
11 accreditation requirements as adopted by the New Hampshire pharmacy board or by another state
12 or federal entity.

13 6 Prospective Repeal. RSA 420-J:8, XVII, relative to prohibiting pharmacy benefit managers to
14 require providers to obtain certain accreditation, is repealed.

15 7 Effective Date.

16 I. Section 6 of this act shall take effect January 1, 2025.

17 II. Sections 1-4 of this act shall take effect January 1, 2022.

18 III. The remainder of this act shall take effect upon its passage.

2021-1529s

AMENDED 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, physician assistant, or APRN and to be reimbursed under Medicaid. The bill also prohibits pharmacy benefit managers from requiring additional accreditation of health care providers.

Committee Minutes

SENATE CALENDAR NOTICE
Health and Human Services

Sen Jeb Bradley, Chair
Sen James Gray, Vice Chair
Sen Kevin Avar, Member
Sen Tom Sherman, Member
Sen Rebecca Whitley, Member

Date: March 17, 2021

HEARINGS

Wednesday	03/24/2021	
(Day)	(Date)	
Health and Human Services	REMOTE 000	9:30 a.m.
(Name of Committee)	(Place)	(Time)
9:30 a.m.	HB 75	renaming and adjusting the membership of the New Hampshire commission on deafness and hearing loss.
9:45 a.m.	HB 479	relative to pharmacist provider status and nicotine cessation therapy.

Committee members will receive secure Zoom invitations via email.

Members of the public may attend using the following links:

1. Link to Zoom Webinar: <https://www.zoom.us/j/94767195038>
2. To listen via telephone: Dial (for higher quality, dial a number based on your current location): 1-301-715-8592, or 1-312-626-6799 or 1-929-205-6099, or 1-253-215-8782, or 1-346-248-7799, or 1-669-900-6833
3. Or iPhone one-tap: 13126266799,,94767195038# or 16465588656,,94767195038#
4. Webinar ID: **947 6719 5038**
5. To view/listen to this hearing on YouTube, use this link:
<https://www.youtube.com/channel/UCjBZdtrjRnQdmg-2MPMiWrA>
6. To sign in to speak, register your position on a bill and/or submit testimony, use this link:
<http://gencourt.state.nh.us/remotecommittee/senate.aspx>

The following email will be monitored throughout the meeting by someone who can assist with and alert the committee to any technical issues: remotesenate@leg.state.nh.us or call (603-271-6931).

EXECUTIVE SESSION MAY FOLLOW

Sponsors:

HB 75

Rep. M. Pearson
Rep. Gagne
Sen. Birdsell

Rep. Porter
Rep. Major
Sen. Bradley

Rep. Woods
Rep. Cordelli
Sen. D'Allesandro

Rep. Read
Rep. Merchant

HB 479

Rep. Merchant
Rep. Murphy

Rep. Marsh
Rep. Deshaies

Rep. Woods
Sen. Prentiss

Rep. Knirk

Kirsten Koch 271-3266

Jeb Bradley
Chairman

Senate Health and Human Services Committee

Kirsten Koch 271-3266

HB 479, relative to pharmacist provider status and nicotine cessation therapy.

Hearing Date: March 24, 2021

Time Opened: 9:45 a.m.

Time Closed: 9:58 a.m.

Members of the Committee Present: Senators Bradley, Gray, Avard, Sherman and Whitley

Members of the Committee Absent : None

Bill 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.

Sponsors:

Rep. Merchant

Rep. Marsh

Rep. Woods

Rep. Knirk

Rep. Murphy

Rep. Deshaies

Sen. Prentiss

Who supports the bill: There are 53 names signed in support of this bill. If you would like to view the sign in sheet, please contact the Legislative Aide for the Senate HHS Committee, Kirsten Koch, at kirsten.koch@leg.state.us.nh

Who opposes the bill: None.

Who is neutral on the bill: Tyler Brannen, NH Insurance Department.

Summary of Testimony Presented:

Representative G. Merchant, Sullivan 4

- Rep. Merchant said, this bill came out of the House committee with unanimous support and passed by the full House.
- Rep. Merchant said, HB 479 has two components:
 - (1) Recognition of pharmacists as health care providers so their services can be covered by Medicaid.
 - (2) Expansion of the scope of practice for pharmacists. This bill allows pharmacists to provide smoking cessation for patients.
- Rep. Merchant said, the CMS reimbursement to NH from health care providers requires NH recognizes the health care provider. Pharmacists are currently not recognized as providers. Therefore, Medicaid will not cover their services.

- Rep. Merchant said, smoking cessation and prevention should be implemented as widely as possible. HB 479 supports health in NH and implements the surgeon general's call to action.
- Senator Whitley asked, how many other states have requested this?
 - Rep. Merchant said, last I knew 5-6 states. This requires modification of the state plan. We have already done this for COVID-19 vaccines in the emergency order.

Tonya Carlton

- Ms. Carlton said she is a clinical pharmacy manager at Wentworth-Douglass Hospital in Dover, NH.
- Ms. Carlton testified in support of the bill.
- Ms. Carlton said this bill would increase patient access and pharmacists services.
- Ms. Carlton said, Wentworth-Douglass has three Pharmacists. As part of their role it is very important to counsel patients and treat patients for smoking cessation (especially in oncology and cardiology units).
- Ms. Carlton said, smoking cessation decreases morbidity and mortality.
- Senator Sherman said, one of the things I see in this bill is that we have been moving as a legislative body towards recognizing the orders of physician assistants (PA). Would you object to include them in the capacity to order?
 - Rep. Merchant said, what I do not know is if a PA has independent prescribing, and whether they can delegate that authority beyond themselves. I do not know whether they can re-delegate that authority to a pharmacist.
- Senator Sherman said, you are correct they work under a physician, but they can prescribe and write orders. I will do that leg work.

Robert Theriault, NHSHP

- Mr. Theriault said he is a pharmacist at Wentworth-Douglass Hospital.
- Mr. Theriault testified in support of the bill.
- Mr. Theriault referred the committee members to his written testimony.
- Mr. Theriault said, pharmacists at Wentworth-Douglass have practice agreements in three areas: primary care, cancer center, and cardiology. The pharmacists work with PAs too. We are trying to expand our services by freeing up our doctors to see more acute care patients. This bill will open an opportunity for pharmacists to get reimbursed for this work. The three areas where we have pharmacists are where smoking is common among patients. This bill would allow the pharmacists to provide smoking cessation without a doctor.

Speakers

Senate Remote Testify

Health and Human Services Committee Testify List for Bill HB479 on 2021-03-

Support: 49 Oppose: 0 Neutral: 1 Total to Testify: 2

<u>Name</u>	<u>Email Address</u>	<u>Phone</u>	<u>Title</u>	<u>Representing</u>	<u>Position</u>	<u>Testifying</u>	<u>Support</u>
Carlton, Tonya	tonya.carlton@wdhospital.org	603-303-7109	A Member of the Public	Myself	Support	Yes	3
Theriault, Robert	robert.theriault@wdhospital.org	603.252.0771	A Member of the Public	Myself, NHSHP	Support	Yes	3
Cohen RPh, Richard	racnhpa@gmail.com	203.253.9656	A Member of the Public	Myself	Support	No	3
Morrill, Amanda	morrill.amanda.m@gmail.com	978.302.3936	A Member of the Public	Myself (pharmacist in the state of NH)	Support	No	3
Radick, Lorraine	Not Given	Not Given	A Member of the Public	Myself	Support	No	3
Chuk, Amanda	acchuk@hotmail.com	Not Given	A Member of the Public	Myself	Support	No	3
Larson, Ruth	ruthlarson@msn.com	Not Given	A Member of the Public	Myself	Support	No	3
O'Rourke, Hayley	horourke6@gmail.com	Not Given	A Member of the Public	Myself	Support	No	3
Crosby, David	david.l.crosby@hitchcock.org	864.420.9911	A Member of the Public	Myself	Support	No	3
Henderson, Chris	Not Given	603.398.2449	A Member of the Public	Myself	Support	No	3
Grant, Tawnya	twngmt@gmail.com	Not Given	A Member of the Public	Myself	Support	No	3
Teune, Patrick	patrick.d.teune@hitchcock.org	603.650.7890	A Member of the Public	Myself	Support	No	3
costa, kori	kori.k.costa@hitchcock.org	603.650.5417	A Member of the Public	Myself	Support	No	3
Brown, Megan	meg1116@yahoo.com	512.364.5758	A Member of the Public	Myself	Support	No	3
Hunt, Jacob	Not Given	Not Given	A Member of the Public	Myself	Support	No	3
Fordey, Nikki	nikki610@gmail.com	Not Given	A Member of the Public	Myself	Support	No	3
Brannen, Tyler	tyler.j.brannen@ins.nh.gov	271-2396	State Agency Staff	Insurance Department	Neutral	No	3
DeMark, Richard	demarknh114@gmail.com	603.520.5582	A Member of the Public	Myself	Support	No	3
Hill, Marilyn	mghill3527@gmail.com	847.204.2645	A Member of the Public	Myself	Support	No	3
Pike, Namone	namone@me.com	Not Given	A Member of the Public	Myself	Support	No	3
DeMoura, Kelly	Not Given	Not Given	A Member of the Public	Myself	Support	No	3
Koczera, Elizabeth	ekoczera@gmail.com	508.560.9722	A Member of the Public	Myself	Support	No	3
Chan, Suzy	Not Given	Not Given	A Member of the Public	Myself	Support	No	3
Breitsprecher, Emily	emily.breitsprecher@gmail.com	Not Given	A Member of the Public	Myself	Support	No	3
Huxley, Brandon	bhuxley01@gmail.com	Not Given	A Member of the Public	Myself	Support	No	3
Bessette Jr., Daniel	Not Given	Not Given	A Member of the Public	Myself	Support	No	3
Valley, Gabriella	gabbydrewvalley@gmail.com	Not Given	A Member of the Public	Myself	Support	No	3
Hutchinson, Carson	carsonhutchinson123@gmail.com	Not Given	A Member of the Public	Myself	Support	No	3
Chupka, Kristin	kristin.a.chupka@hitchcock.org	Not Given	A Member of the Public	Myself	Support	No	3
Wheeler, Brianna	bdumeny@une.edu	603-748-1330	A Member of the Public	Myself	Support	No	3
Parker, Courtney	Not Given	Not Given	A Member of the Public	Myself	Support	No	3
Cooper, Maryann	Not Given	Not Given	A Member of the Public	Myself	Support	No	3
Benoit, Philip	Not Given	Not Given	A Member of the Public	Myself	Support	No	3
Pollano, Anthony	Not Given	Not Given	A Member of the Public	Myself	Support	No	3
Stout, Robert	Rjstoutrph@comcast.net	603.370.1648	A Member of the Public	New Hampshire Pharmacist's Association	Support	No	3
LaCoste, David	dlacoste@ne.rr.com	Not Given	A Member of the Public	Myself	Support	No	3
Moyer, Denae	Not Given	585-455-9104	A Member of the Public	Myself	Support	No	3
Covert, Ashley	covertam@yahoo.com	716.353.1577	A Member of the Public	Myself	Support	No	3
Rochon, Chris	Not Given	603.508.1319	A Member of the Public	Myself	Support	No	3
DePiero, David	ddepiero@crhc.org	Not Given	A Member of the Public	Myself	Support	No	3
Tanner, Courtney	Not Given	Not Given	A Lobbyist	Dartmouth-Hitchcock	Support	No	3
Voigt, Robert	Not Given	Not Given	A Member of the Public	Myself	Support	No	3
Bemis, Marc	marcbemis@yahoo.com	Not Given	A Member of the Public	Myself	Support	No	3
Bennett, Nicholas	Not Given	Not Given	A Member of the Public	Myself	Support	No	3
Newman, Rick	rick@ricknewman.com	16034919601	A Lobbyist	NH Independent Pharmacy Association	Support	No	3

Bullek, Michael	mbullek@msn.com	603-381-6878	A Member of the Public	Myself	Support	No	:
Arruda, Kristin	kristin.arruda@pillpack.com	Not Given	A Member of the Public	Myself	Support	No	:
Paige, Travis	Not Given	Not Given	A Member of the Public	Myself	Support	No	:
Okeke, Chiugo	Not Given	Not Given	A Member of the Public	Myself	Support	No	:
Hope, Lucinda	lmhope46@gmail.com	Not Given	A Member of the Public	Myself	Support	No	:

Testimony

Kirsten Koch

From: Tricia Melillo
Sent: Monday, March 22, 2021 11:41 AM
To: Kirsten Koch
Subject: Testimony
Attachments: Pharmacist Provider Status - white paper 2.5.21.docx

Just making sure you have this 😊

Tricia

Tricia Melillo
Legislative Aide
Senator Kevin Avard
Senator Bill Gannon
Senate Election Law and Municipal Affairs
Phone: (603) 271-3077
E-mail: tricia.melillo@leg.state.nh.us

From: Amanda Chuk <acchuk@hotmail.com>
Sent: Saturday, March 20, 2021 9:53 AM
To: Jeb Bradley <Jeb.Bradley@leg.state.nh.us>; James Gray <James.Gray@leg.state.nh.us>; Kevin Avard <Kevin.Avard@leg.state.nh.us>; Tom Sherman <Tom.Sherman@leg.state.nh.us>; Becky Whitley <Becky.Whitley@leg.state.nh.us>
Subject: RE: HB 479

Dear Chair Bradley, Vice Chair Gray, and NH Senate Health and Human Services Committee members,

I am a pharmacist and NH constituent asking for your **support of HB 479**, scheduled for a public hearing this Wednesday, March 24th.

Pharmacists are trained healthcare professionals who are experts in medications. We are members of the healthcare team who work in various settings: community pharmacies, ambulatory clinics, long term care facilities, and acute care hospitals. With scientific advances, more is achieved through medications and patients face complex regimens to manage health conditions. The attached white paper offers more information about how pharmacists provide patient care.

HB 479 allows for reimbursement of pharmacists providing services to Medicaid patients and supports pharmacists providing nicotine cessation therapy to patients through a standing order. A vote of Yea will reflect your commitment to both interdisciplinary care for the patients of New Hampshire and "ending the tobacco use epidemic in the United States" (*Smoking Cessation: A Report of the Surgeon General, 2020*).

Thank you for your time, consideration, and continued work for our state,
Amanda

Amanda C. Chuk, Pharm.D., BCPS, CPHQ
Board Certified Pharmacotherapy Specialist

Certified Professional in Healthcare Quality
373 Bog Road
Enfield, NH 03748

Pharmacist Provider Status

Even before COVID-19 hit New Hampshire, the health care system was facing several challenges that impact how healthcare systems can deliver care and how patients can access services. New Hampshire is a rural state with an aging population. New Hampshire also works hard to recruit, obtain, and maintain a skilled, licensed workforce. Policymakers and healthcare administrators must partner to identify and implement innovative practices to improve services' quality and ensure delivery is cost-effective. Establishing provider status for pharmacists expands the healthcare workforce and provides access to healthcare services for patients.

What is pharmacist provider status?

Pharmacists provide health screenings, host outpatient education classes, provide immunizations, conduct comprehensive drug reviews, and work alongside physicians to manage complex chronic diseases and public health initiatives. Pharmacist provider status allows the pharmacist to carry out these essential health care services in a sustainable way. The innovative pharmacist provider status model ensures patient access and will enable pharmacists to seek reimbursement for the services rendered.

Practicing at the top of their license – While the pharmacist's role is traditionally tied to the dispensing functions of a pharmacy, pharmacists provide services above and beyond dispensing. Today pharmacists earn doctorates in pharmacy (PharmD) and pass a rigorous national competency exam before being issued a license by the NH Board of Pharmacy, necessary to practice in the state. As medication experts, pharmacists have the knowledge, skills, and experience required to ensure patients understand and stay adherent to their medications. Patients benefit from pharmacist engagement, including counseling and education, in community (retail) pharmacies, outpatient clinics, and collaborative practice agreements.

Pharmacist provider status does not replace medical providers' roles as physicians, advanced nurse practitioners, or physician assistants. Pharmacists are a part of the healthcare ecosystem that patients navigate. Pharmacists work alongside advanced practitioners to ensure patients have access to education and quality care. An advanced practitioner works with a patient to obtain a diagnosis and develop a treatment plan. Once a treatment plan is determined, a pharmacist can work directly with the patient to assess their needs and manage the treatment plan related to necessary drugs. Evidence suggests this relationship is instrumental to patients gaining control of chronic diseases that require pharmaceutical intervention, including but not limited to hypertension, diabetes, and cancer.

Shift in Utilization

The health care industry is facing significant challenges to offer continuous access to services. New Hampshire is facing challenges in workforce capacity, especially in healthcare.

New Hampshire is also a rural state with an aging population. It can be challenging for primary care providers to keep track of patient progress in chronic disease states and ensure that

all care is optimized. To provide the highest quality care, team-based models place the patient at the center of care delivery. Team-based practice that enable pharmacist-provided care have demonstrated many positive outcomes, including decreased medication errors, reduced hospital readmissions, improved blood pressure control, and improved diabetes control. In addition to clinical outcomes, health-systems and payers have realized cost savings through pharmacist-provided care. Team-based care does not increase patient utilization but allows all advanced providers in the health care ecosystem, including physicians, physicians, advanced nurse practitioners, and pharmacists, to seek reimbursement for services rendered.

Patient Impact*

Brenda King – diagnosed with diabetes

Brenda is a 66-year old woman with uncontrolled diabetes. Brenda has an established relationship with her primary care provider (PCP). She has seen him sporadically throughout the last 5 years. However, she has struggled to understand the many medication changes and has been frustrated with the lack of results. Brenda's physician referred her to the pharmacist for diabetes management and additional education.

Brenda noticed that the visit begins similarly to a visit with her PCP – talking through pressing problems and assessing overall lifestyle activities. But when she and the pharmacist began talking about medications, Brenda felt as though she had found a very valuable resource. The pharmacist discussed her current medications, providing additional education about each one. The pharmacist asked Brenda to demonstrate how she was using her injectable insulin. During the demonstration, the pharmacist realized Brenda was incorrectly using the insulin pen. The pharmacist explained proper administration techniques, and that the correct use of the pen would allow Brenda to administer the entire dose of insulin, as opposed to only a fraction of the total dose when she was incorrectly using the pen.

Brenda left the appointment with newfound confidence in how to use her insulin and trust that it could make a difference. She felt optimistic about controlling her blood sugar and saw her blood sugar levels lower to the target range. She experienced less symptoms of high blood sugar like increased thirst, frequent urination, and blurry vision. Her long-term clinical outcomes improved and the entire healthcare team was proud of the work they had accomplished together.

Jason Pierce – diagnosed with hypertension

Jason is a 44-year old man with hypertension and has maintained a healthy blood pressure with a single medication for years. He has faced a recent financial challenge after the death of his wife. Jason was dependent on his wife's healthcare insurance and has since struggled with affording his medication. Jason's primary care provider (PCP) referred him to the pharmacist for management of his high blood pressure. The appointment began like any other

PCP appointment, talking through changes to his lifestyle management and the history of his medications. When the financial barrier was identified, the pharmacist took the initiative to work with the outpatient pharmacy to determine estimated cost of various medication options. Working together, Jason and his pharmacist found a therapy that was affordable and would be clinically sound so that he could continue to control his blood pressure. He has been seen by the pharmacist for follow-up and is now stable on his new regimen.

Jane Dowe– diagnosed with cancer

Jane, a 72-year-old woman, was diagnosed with ovarian cancer. With her doctor's recommendation, Jane elected to begin chemotherapy. Jane is very worried about chemotherapy induced nausea and vomiting. She had been treated with chemotherapy 15 years ago for breast cancer. During her previous breast cancer treatment, she had experienced severe nausea and vomiting.

Jane is very health conscious; she eats a diet of fresh nutritious foods and her medications consist of a long list natural medicines and herbal supplements. Jane's oncologist referred her to the pharmacist for management of possible chemotherapy induced nausea and vomiting. The oncologist has also asked the pharmacist to counsel Jane on which herbal supplements she will need to avoid to prevent harmful drug interactions with her new chemotherapy.

At the appointment the pharmacist reviewed with Jane the chemotherapy drugs and the anticipated side effects. The pharmacist evaluated Jane's risk for developing nausea and vomiting and explained the goals to prevent vomiting and severe nausea. The pharmacist then ordered several prescription nausea medications and prepared a plan for Jane to prevent nausea and vomiting. The pharmacist also explained to Jane that she should call the pharmacist if the plan wasn't working and she needed further help managing nausea or vomiting.

The pharmacist reviewed Jane's list of herbal supplements and advised her to stop take several of them to avoid drug interactions with the chemotherapy. Jane started her chemotherapy confident that she could manage the possible side effects and appreciative to know she had access to a pharmacist on her cancer fighting team.

*While these patient impact vignettes demonstrate real patient challenges and successes, details have been changed to protect patient confidentiality.

Kirsten Koch

From: Dumeny, Brianna B. <Brianna.Dumeny@WDHospital.org>
Sent: Monday, March 22, 2021 10:04 AM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Kirsten Koch
Subject: Support of House Bill 479

Good Morning Members of the Committee,

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. I would like to show my support of House Bill 479. 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 happens frequently as the workload for physicians increase, and they are forced to spend less and less time with patients. 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, while also taking a significant amount of work off of physicians. Thank you for your time and consideration.

Best,

Brianna Wheeler, PharmD Candidate 2021
Pharmacy Intern, Wentworth-Douglass Hospital
University of New England School of Pharmacy
Brianna.dumeny@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/compliance>. 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.

Please note that this e-mail is not secure (encrypted). If you do not wish to continue communication over unencrypted e-mail, please notify the sender of this message immediately. Continuing to send or respond to e-mail after receiving this message means you understand and accept this risk and wish to continue to communicate over unencrypted e-mail.

Senator Jeb Bradley - Chair
House Health & Human Services Committee

March 24, 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
(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

HB 479

Chairman Bradley, members of the Senate Health, Human Services Committee and members of the public. For the record, I am Representative Gary Merchant, representing the residents of 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 within 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.

Kirsten Koch

From: vp_security@tbanashua.org
Sent: Friday, March 19, 2021 3:37 PM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Kirsten Koch
Subject: Regarding HB 479

Testimony

Health and Human Services Committee

HB479 - AN ACT relative to pharmacist provider status and nicotine cessation therapy.

March 24, 2021

Dear Senator Bradley, Senator Avard and Members of the Committee:

My name is Richard Cohen, and I am a retired pharmacist.

I practiced my profession in community pharmacy for more than 45 years, the past twelve of those years here in New Hampshire. Throughout my career I have served on many committees and boards which were committed to the promotion and advancement of the practice of pharmacy. I served as president of the Connecticut Pharmacists Association, and I currently serve on the executive board of the NH Pharmacists Association.

I am asking for your **support** of HB479

Pharmacists throughout the United States have long advocated for provider status. I welcome this advancement for New Hampshire pharmacists, and for the citizens of New Hampshire because it will give them more access to healthcare.

I ask that you find HB479 Ought to Pass.

Thank you for your consideration.

Richard A Cohen RPh
17 Lori Lane
Londonderry NH 03053
racnhpa@gmail.com
603 216-2849

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

Good Morning Senator Bradley 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

Testimony

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

Senate Health and Human Services Committee

March 24, 2021

Dear Chairman Bradley and members of the committee

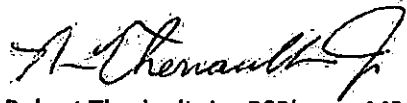
I am currently the Director of Pharmacy Services at Wentworth-Douglass Hospital, Dover and the Chair of the New Hampshire Society of Health-Systems Pharmacists Legislative Committee. I am writing to express my support of HB 479 and its purpose to consider pharmacists as providers. At my health-system we have pharmacists in the Seacoast Cancer Center who have Collaborative Practice Agreements (CPA) with the oncologists to assist with the management of chemotherapy-induced nausea and vomiting and the appropriate pre-treatment therapies. We also have a pharmacist in our primary care clinic who has a CPA on diabetes management and a pharmacist in our Cardiology Clinic that has a CPA to manage anticoagulation and heart diseases. These pharmacists see patients similar to a physician or nurse practitioner and the CPA allows the pharmacist to practice at the top of their license to order, modify, or monitor drug therapies for certain medications and are effective in improving access to care and patient outcomes. I have had other clinics request the services of a pharmacist to assist with other chronic disease management (e.g. COPD, pain management, opioid use disorder). However, the ability to recoup the costs associated with the pharmacist's time and professional service is a significant barrier to the growth of this model.

A growing number of states and private payors are providing enrollees beneficial pharmacist-provided patient care services in a variety of practice settings. In January 2017, the Center for Medicaid and CHIP Services (CMCS) created a guidance document "**State Flexibility to Facilitate Timely Access to Drug Therapy by Expanding Scope of Pharmacy Practice using Collaborative Practice Agreements, Standing Orders or Other Predetermined Protocols**" (attached). The CMCS Informational Bulletin highlights practices that allow pharmacists to bill third-party payers like Medicaid based on either standing orders, CPA's or expanded scope of pharmacist practice. HB 479 would allow pharmacists to initiate, monitor and manage nicotine replacement and tobacco cessation drug therapy to assist patients interested in quitting cigarettes without requiring them to contact their primary care providers for a prescription. At Wentworth-Douglass Hospital, we have a community pharmacy where the implementation of this standing order would provide a seamless process for those patients that have identified that they are interested in quitting tobacco use. This would improve our patient experience and encourage adherence to the therapy and increase the chances of them overcoming nicotine dependence.

Pharmacists are the most accessible health care provider and provide care and services in a wide variety of practice settings, making us uniquely qualified to reduce clinical burdens and improve health. In addition to being the medication experts, pharmacists can provide a broad array of services beyond dispensing medications, including disease state and medication management, smoking cessation counseling, health and wellness screenings, preventive services, and immunizations. However, due to statutory and regulatory barriers such as references to "provider", "eligible professional", or similar terms that do not include pharmacists in their definition, pharmacists are often an underutilized resource. HB 479 goal of adding value and access through coordinated team-based care delivery will

eliminate barriers that exclude pharmacists from providing patient care services and from practicing at the top of their license.

Thank you for your consideration,
Bob



Robert Theriault, Jr., BSPHarm, MBA
Director of Pharmacy Services
Wentworth-Douglass Hospital
789 Central Avenue
Dover, NH 03820
(603) 609-6177
Robert.theriault@wdhospital.org

Chair, Legislative Committee
New Hampshire Society of Health-System Pharmacists

Home:
32 Thatcher Way
Barrington, NH 03825
rtheriaultjr@gmail.com
(603) 252-0771

NH SOCIETY OF HEALTH-SYSTEM PHARMACISTS

2021 Legislative Session

Schedule of Hearings and Meetings for 3/22/2021 - 4/16/2021

Current Committee	Priority	Position
-------------------	----------	----------



Wednesday, March 24, 2021

9:45 AM **HB** 479 S Health and Human Services 1 HIGH

Relative to pharmacist provider status and nicotine cessation therapy. (Merchant)

Public Hearing

Remote Hearing

10:30 AM **SB** 59 H Commerce and Consumer Affairs

Relative to the collaborative care model service delivery method. (Sherman)

Public Hearing

Remote Hearing

11:00 AM **SB** 97 H Commerce and Consumer Affairs

Relative to in-network retail pharmacies. (Hennessey) (omnibus bill)

Public Hearing

Remote Hearing

Thursday, March 25, 2021

10:00 AM **SB** 100 S Ways and Means

Adopting omnibus legislation on commissions and committees. (Watters)

Senate Floor

OTP w/AM (Vote 5-0)

Friday, March 26, 2021

1:00 PM **RSA** 126 **-BB:** X Board Meeting

New Hampshire Prescription Drug Affordability Board (RSA 126-BB:2)

Meeting

Remote Meeting

KEY: HB - House Bill SB - Senate Bill CACR - Constitutional Amendment Concurrent Resolutio HCR - House Concurrent Resolution SCR - Senate Concurrent Resolution
--

256761

Wednesday, March 31, 2021

9:10 AM HB 302

S Executive Departments & Admin

PDMP?

Relative to the creation and use of electronic records by government agencies. (L Ober)

Public Hearing

Remote Hearing

**KEY: HB - House Bill SB - Senate Bill CACR - Constitutional Amendment Concurrent Resolutio
HCR - House Concurrent Resolution SCR - Senate Concurrent Resolution**



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) states⁴ authorize

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 <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=76f7ee1-d524-43a4-a868-ffa9f29638a6>

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

^{4, 5} 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.

standing orders according to "Naloxone Overdose Prevention Laws" – published on <http://lawmaps.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 pregnancies⁷; 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.

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)

Testimony

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

Senate Health & Human Services Committee

March 24, 2021

Dear Chairman Sherman 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.¹

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.² 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 Carlton, PharmD, BCPS, CPE
Clinical Pharmacy Coordinator
Wentworth-Douglass Hospital
789 Central Avenue
Dover, NH 03820
(603) 740-3297
tonya.carlton@wdhospital.org

Immediate Past President
New Hampshire Society of Health-System Pharmacists

Home:
24 Sawyer Road
Lee, NH 0361
tonya@mvst.com
(603) 303-7109

Voting Sheets

Senate Health and Human Services Committee

EXECUTIVE SESSION RECORD

2021-2022 Session

Bill # HB 479

Hearing Date: 3/24/21

Executive Session Date: 5/12/21

Motion: Amendment 1042s OTP Vote: 5-0

Committee Member	Present	Made by	Second	Yes	No
Sen. Bradley, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Gray, Vice Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Avard	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Sherman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Whitley	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Motion: OTPA Vote: 5-0

Committee Member	Present	Made by	Second	Yes	No
Sen. Bradley, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Gray, Vice Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Avard	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Sherman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Whitley	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Motion: Consent Calendar Vote: 5-0

Committee Member	Present	Made by	Second	Yes	No
Sen. Bradley, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Gray, Vice Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Avard	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Sherman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Whitley	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Motion: _____ Vote: _____

Committee Member	Present	Made by	Second	Yes	No
Sen. Bradley, Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Gray, Vice Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Avard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Sherman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Whitley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reported out by: Sen. Sherman

Notes: _____

Committee Report

STATE OF NEW HAMPSHIRE

SENATE

REPORT OF THE COMMITTEE
FOR THE CONSENT CALENDAR

Thursday, May 13, 2021

THE COMMITTEE ON Health and Human Services

to which was referred **HB 479**

AN ACT

relative to pharmacist provider status and nicotine
cessation therapy.

Having considered the same, the committee recommends that the Bill

ought to pass with amendment

BY A VOTE OF: 5-0

AMENDMENT # 1446s

Senator Tom Sherman
For the Committee

This bill includes pharmacists as providers for certain covered services including Medicaid and authorized pharmacists to provide nicotine cessation therapy pursuant to a standing order from a physician or APRN and to be reimbursed under Medicaid. This bill increases patient access to nicotine cessation therapy. As amended, this bill adds that physician assistants may provide standing orders for nicotine cessation therapy.

Kirsten Koch 271-3266

FOR THE CONSENT CALENDAR

HEALTH AND HUMAN SERVICES

HB 479, relative to pharmacist provider status and nicotine cessation therapy.

Ought to Pass with Amendment, Vote 5-0.

Senator Tom Sherman for the committee.

This bill includes pharmacists as providers for certain covered services including Medicaid and authorized pharmacists to provide nicotine cessation therapy pursuant to a standing order from a physician or APRN and to be reimbursed under Medicaid. This bill increases patient access to nicotine cessation therapy. As amended, this bill adds that physician assistants may provide standing orders for nicotine cessation therapy.

Docket of hb479		
01/10/2021	H	Introduced (in recess of) 01/06/2021 and referred to Health, Human Services and Elderly Affairs HJ 2 P. 49
02/16/2021	H	Public Hearing: 02/16/2021 09:00 am Members of the public may attend using the following link: To join the webinar: https://www.zoom.us/j/94563888809 / Executive session on pending legislation may be held throughout the day (time permitting) from the time the committee is initially convened.
02/18/2021	H	Committee Report: Ought to Pass (Vote 20-0; CC) HC 12 P. 8
02/24/2021	H	Ought to Pass: MA VV 02/24/2021 HJ 3 P. 11
03/04/2021	S	Introduced 03/04/2021 and Referred to Health and Human Services; SJ 7
03/17/2021	S	Remote Hearing: 03/24/2021, 09:45 am; Links to join the hearing can be found in the Senate Calendar; SC 16
05/13/2021	S	Committee Report: Ought to Pass with Amendment # 2021-1446s, 05/20/2021; Vote 5-0; CC; SC 24
05/20/2021	S	Sen. Soucy Moved to Remove HB 479 from the Consent Calendar; 05/20/2021; SJ 16
05/20/2021	S	Committee Amendment # 2021-1446s, AA, VV; 05/20/2021; SJ 16
05/20/2021	S	Sen. Hennessey Floor Amendment # 2021-1529s, AA, VV; 05/20/2021; SJ 16
05/20/2021	S	Ought to Pass with Amendments 2021-1446s and 2021-1529s, MA, VV; OT3rdg; 05/20/2021; SJ 16
06/10/2021	H	House Concurs with Senate Amendment 2021-1446s and 2021-1529s (Rep. M. Pearson): MA VV 06/10/2021
07/08/2021	S	Enrolled Bill Amendment # 2021-2057e Adopted, VV, (In recess of 06/24/2021); SJ 20
07/12/2021	H	Enrolled Bill Amendment # 2021-2057e: AA VV (in recess of) 06/24/2021

Other Referrals

July 6, 2021
2021-2057-EBA
04/08

Enrolled Bill Amendment to HB 479

The Committee on Enrolled Bills to which was referred HB 479

AN ACT relative to pharmacist provider status, nicotine cessation therapy, and pharmacy benefit manager requirements.

Having considered the same, report the same with the following amendment, and the recommendation that the bill as amended ought to pass.

FOR THE COMMITTEE

Explanation to Enrolled Bill Amendment to HB 479

This enrolled bill amendment renumbers a paragraph to avoid a conflict with current law as inserted by SB57 of the 2021 regular legislative session.

Enrolled Bill Amendment to HB 479

Amend the bill by replacing section 3 with the following:

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

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

Senate Inventory Checklist for Archives

Bill Number: HB 479

Senate Committee: HHS

Please include all documents in the order listed below and indicate the documents which have been included with an "X" beside

Final docket found on Bill Status

Bill Hearing Documents: {Legislative Aides}

Bill version as it came to the committee

All Calendar Notices

Hearing Sign-up sheet(s)

Prepared testimony, presentations, & other submissions handed in at the public hearing

Hearing Report

Revised/Amended Fiscal Notes provided by the Senate Clerk's Office

Committee Action Documents: {Legislative Aides}

All amendments considered in committee (including those not adopted):

- amendment # _____ - amendment # 2021-1446s

- amendment # _____ - amendment # 2021-1042s Sherman

Executive Session Sheet

Committee Report

Floor Action Documents: {Clerk's Office}

All floor amendments considered by the body during session (only if they are offered to the senate):

- amendment # 1529 - amendment # _____

- amendment # _____ - amendment # _____

Post Floor Action: (if applicable) {Clerk's Office}

Committee of Conference Report (if signed off by all members. Include any new language proposed by the committee of conference):

Enrolled Bill Amendment(s) 2057

Governor's Veto Message

All available versions of the bill: {Clerk's Office}

as amended by the senate as amended by the house

final version

Completed Committee Report File Delivered to the Senate Clerk's Office By:

Kirsten Koch
Committee Aide

7/26/21
Date

Senate Clerk's Office AK