CONSENT CALENDAR

April 19, 2022

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

The Committee on Health, Human Services and Elderly Affairs to which was referred SB 335,

AN ACT relative to collaborative pharmacy practice agreements. Having considered the same, report the same with the recommendation that the bill OUGHT TO PASS.

Rep. Gary Merchant

FOR THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

COMMITTEE REPORT

Committee:	**Health, Human Services and Elderly Affairs**
Bill Number:	**SB 335**
Title:	**relative to collaborative pharmacy practice agreements.**
Date:	**April 19, 2022**
Consent Calendar:	**CONSENT**
Recommendation:	**OUGHT TO PASS**

STATEMENT OF INTENT

The bill amends RSA 318:1, XXVII so a patient is not required to sign a multiple page legal agreement governing the collaboration between a prescribing provider and a pharmacist. When a prescribing provider refers a patient to a pharmacist, the decision to accept or reject the referral remains with the patient.

Vote 20-0.

Rep. Gary Merchant
FOR THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

CONSENT CALENDAR

Health, Human Services and Elderly Affairs
SB 335, relative to collaborative pharmacy practice agreements. **OUGHT TO PASS.**
Rep. Gary Merchant for Health, Human Services and Elderly Affairs. The bill amends RSA 318:1, XXVII so a patient is not required to sign a multiple page legal agreement governing the collaboration between a prescribing provider and a pharmacist. When a prescribing provider refers a patient to a pharmacist, the decision to accept or reject the referral remains with the patient.
Vote 20-0.

Original: House Clerk
Cc: Committee Bill File

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on Bill # SB335

TITLE: AN ACT relative to collaborative pharmacy practice agreements.

DATE: **4/19/2022**

LOB ROOM: 201-3

MOTION:

OTP

Moved by Rep. Merchant Seconded by Rep. Layon Vote: 20-0

CONSENT CALENDAR: ___X__ YES _____ NO

Minority Report? _____ Yes __x__ No If yes, author, Rep:_____ Motion _____

baf

Respectfully submitted: _____

Rep. Beth Folsom, Clerk

STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK

9/28/2021 11:15:01 AM
Roll Call Committee Registers Report

2022 SESSION

Health, Human Services and Elderly Affairs

Bill #: SB335 **Motion:** OTP **AM #:** **Exec Session Date:** 4/19/2022

Members	YEAS	Nays	NV
Pearson, Mark A. Chairman	Y		
Layon, Erica J. Vice Chairman	Y		
McMahon, Charles E.	Y		
Acton, Dennis F.	Y		
Gay, Betty I.	Y		
~~Cushman, Leah P.~~ Rep. Dolan	Y		
Folsom, Beth A. Clerk	Y		
Kelsey, Niki	Y		
King, Bill C.	Y		
Kofalt, Jim	Y		
DeLemus, Susan	Y		
~~Weber, Lucy M.~~ Rep. Query	Y		
MacKay, James R.	Y		
Snow, Kendall A.			A
Knirk, Jerry L.	Y		
Salloway, Jeffrey C.	Y		
Cannon, Gerri D.	Y		
Nutter-Upham, Frances E.	Y		
Schapiro, Joe	Y		
Woods, Gary L.	Y		
Merchant, Gary	Y		
TOTAL VOTE:	20		

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING on Bill # SB335

BILL TITLE: AN ACT relative to collaborative pharmacy practice agreements.

DATE: **4/19/2022**

ROOM: **LOB 201-203** **Time Public Hearing Called to Order: 9:32am**

Time Adjourned: 9:46am

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

TESTIMONY

Sen. Prentiss – Collabrative Pharmacy Practice Agreements

Marilyn Hill, NH SHP, Supports
Strikes out line about informed consent by an authorized representative. Does not affect a patients right to choose a pharmacy. Pharmacist has all the same medical information as the doctor and works in the clinical setting. Does not affect any current law/statute. To work collaboratively a pharmacist must have access to a provider's data and patient medical data. Signature each time is redundant.

Respectfully submitted,

Rep. Beth Folsom, Clerk

SIGN UP SHEET

To Register Opinion If Not Speaking

Bill #: SB335 Date: 4/19/22

Committee: HHS & EA

**** Please Print All Information ****

Name	Address	Phone	Representing	Pro	Con
Jodi Gombulas	Concord NH	603-496-2638	CVS Health	✓	
Elizabeth Sargent, ~~NH Assoc of Chiefs of Police~~ NH Society of Health System Pharmacists				X	
Elizabeth Sargent, NH Pharmacists Association				X	

House Remote Testify

Health, Human Services and Elderly Affairs Committee Testify List for Bill SB335 on 2022-04-19

Support: 21 Oppose: 0 Neutral: 0 Total to Testify: 0

Export to Excel

Name	City, State Email Address	Title	Representing	Position	Testifying	Non-Germane	Signed Up
Hill, Marilyn	Lebanon, NH mghill3527@gmail.com	A Member of the Public	Myself	Support	No	No	4/15/2022 8:40 AM
Sherwood, Bryan	Lebanon, NH bsherwoo97@gmail.com	A Member of the Public	Myself	Support	No	No	4/15/2022 10:17 AM
Rosenwald, Cindy	Nashua, NH cindy.rosenwald@leg.state.nh.us	An Elected Official	SD 13	Support	No	No	4/15/2022 11:01 AM
Parker, Courtney	New London, NH cparker229@gmail.com	A Member of the Public	Myself	Support	No	No	4/15/2022 11:36 AM
Foss, Lauren	Hopkinton, NH vieira.lauren@gmail.com	A Member of the Public	Myself	Support	No	No	4/15/2022 1:07 PM
Morrow, Elizabeth	Etna, NH ekoczera@gmail.com	A Member of the Public	Myself	Support	No	No	4/15/2022 2:48 PM
Morrow, Benjamin	Etna, NH morrowenator@gmail.com	A Member of the Public	Myself	Support	No	No	4/15/2022 2:49 PM
Child, Ashley	Dover, NH ashley.m.child@gmail.com	A Member of the Public	Myself	Support	No	No	4/18/2022 9:09 AM
Mercuro, Amber	York, ME amber.mercuro@wdhospital.org	A Member of the Public	Myself	Support	No	No	4/18/2022 10:09 AM
Gowen, Jaclynne	Rochester, NH jrgowen@partners.org	A Member of the Public	Myself	Support	No	No	4/18/2022 11:29 AM
DePiero, DAVID	Bow, NH Ddepiero@outlook.com	A Member of the Public	Myself	Support	No	No	4/18/2022 11:58 AM
Chuk, Amanda	Enfield, NH acchuk@hotmail.com	A Member of the Public	Myself	Support	No	No	4/18/2022 1:28 PM
Carlton, Tonya	Lee, NH tonya.carlton@sjcme.edu	A Member of the Public	Myself	Support	No	No	4/18/2022 2:02 PM

Hennessey, Erin	Senate District 1, NH peter.oneill@leg.state.nh.us	An Elected Official	Myself	Support	No	No	4/18/2022 3:05 PM
Arteaga, Julie	Sunapee, NH julie.e.anderson2@gmail.com	A Member of the Public	Myself	Support	No	No	4/18/2022 4:06 PM
O'Rourke, Hayley	New London, NH horourke6@gmail.com	A Member of the Public	Myself	Support	No	No	4/18/2022 4:09 PM
Hong, Hyunouk	Bedford, NH h.o.hong.gr@gmail.com	A Member of the Public	Myself	Support	No	No	4/18/2022 7:12 PM
Hackett, Laura	Grantham, NH ljperry06@gmail.com	A Member of the Public	Myself	Support	No	No	4/19/2022 7:44 AM
Brady, Maureen	Dover, NH maureen.brady@wdhospital.org	A Member of the Public	Myself	Support	No	No	4/19/2022 8:34 AM
Sherman, Senator	SD 24, NH jennifer.horgan@leg.state.nh.us	An Elected Official	SD24	Support	No	No	4/19/2022 9:00 AM
Simpson, Tricia	Claremont, NH tcb9325@gmail.com	A Member of the Public	Myself	Support	No	No	4/19/2022 1:08 PM

Amber Mercuro

I am a pharmacist working in Dover, NH at Wentworth Douglass Hospital. I fully support SB355. In my role, I work under a collaborative practice agreement (CPA). I am embedded within two primary care doctors offices. I assist the clinic providers by seeing their patients in the office between provider visits to help with medication adjustments, assess medication tolerance, as well as answer medication related questions patients may have. Currently, before a patient can receive my care within their doctors office - the pharmacist (myself) must review my CPA document (15 + pages) with the patient as well as have them sign an additional informed consent document. This is a very arduous task that can be confusing for patients as well as an unnecessary administrative barrier to care. SB 335 does not change informed consent requirements, required by federal and state law/rules - patients provide this consent within the provider offices as part of usual care. In the setting of pharmacist collaborative practice - pharmacists are part of the care team embedded within the provider offices similar to that of care managers, social workers, diabetes educators, etc. The passage of SB335 will streamline patient care delivered in these settings. Of note, SB 335 does not impact a patient's right to choose the pharmacy in which they fill their prescriptions. The pharmacist providing care under a CPA is completely different from the role of a dispensing pharmacist.

Jaclynne Gowen

Nullifying the requirement of patient consent for my patients who are managed under a collaborative practice agreement will greatly improve the overall experience and workflow for clinical activities. Requiring the patientto sign these agreements adds confusion for the patient and is an unnecessaryadministrative barrier to care, particularly if the appointment is provided bytelehealth. This bill does not change the patient informed consent requirementsfor care.

335

COLLABORATIVE PHARMACY PRACTICE Improves patient care

Access

Patients partner with a pharmacist and together they work directly on the medication therapy plan

Cost

Pharmacists can assure patients receive cost-effective medications by reviewing insurance coverage, identifying assistance programs, and making selections without the delay of contacting prescribers

Quality

Pharmacists have extensive, specialized training and work to assure patients receive safe and optimal medication therapy

What is Collaborative Pharmacy Practice?

This is when a practitioner creates a formal agreement with a pharmacist to provide specific services for patients, including making changes to medications and ordering labs to monitor how the patient is doing

Practitioner and patient discuss medication therapy plan

Standard Pharmacy Practice Model

Prescriber sends prescription to pharmacy

Pharmacist may need to contact prescriber with questions and recommend a new prescription

No dedicated time for extra services

Potential delay in communications

Prescriber sends new prescription to pharmacy

Pharmacist fills new prescription

Collaborative Pharmacy Practice Model

Practitioner describes to patient the collaborative practice agreement with pharmacist

Pharmacist is contacted to manage the medication therapy plan for the patient

Pharmacist works directly with patient on medication therapy plan such as medication selection and changes, diet and lifestyle actions, laboratory monitoring, and discussing new adverse effects

Patient receives the right medication

Created by A.Chuk
v01312022

335

Dartmouth-Hitchcock
A CULTURE OF CARING

Collaborative Pharmacy Practice Agreement

Diabetes Mellitus Type 2 Management
Ambulatory Care Pharmacy

Pharmacist Name
DARTMOUTH-HITCHCOCK | Address

Contents

Introduction

1. This Collaborative Pharmacy Practice Agreement (called the "CPA") follows the New Hampshire Board of Pharmacy Administrative Rules Chapter Ph 1100 titled *Collaborative Pharmacy Practice* and NH RSA 318:16-a titled *Standards for Collaborative Pharmacy Practice*. A copy of the current version of the law and rules will be given to each pharmacist and attending practitioner (the "practitioner") signing this CPA.
2. By entering into this CPA, each Dartmouth-Hitchcock (D-H) pharmacist signing below (the "pharmacist") is authorized to provide drug therapy management services as described in this CPA to the patient signing below (the "patient") for the specified chronic disease condition identified on the cover page ("Chronic Disease Condition").

Purpose

In order to enhance collaborative patient care, the pharmacist will complement the care provided by the practitioner named in this CPA and assist the practitioner to improve the quality of care provided to the patient for the Chronic Disease Condition. Upon receipt of a patient specific medication order, referral order, or as requested by D-H Clinical leadership, the pharmacist will order appropriate and necessary labs, authorize appropriate medication refills, and implement, modify, or discontinue medications when appropriate for the patient.

Goals

1. To improve the patient's Chronic Disease Condition management by providing evidence-based, patient-centered care for optimal drug therapy results and improved patient outcomes;
2. To increase patient and practitioner access;
3. To provide cost-effective care to the patient; and
4. To improve patient/caregiver self-management skills and adherence to drug therapy related to the Chronic Disease Condition.

Term

This CPA is effective until the patient's Chronic Disease Condition goals are attained and maintained for three (3) consecutive visits, but no longer than two (2) years from the date of the patient's signature below. The pharmacist, practitioner or patient may terminate this CPA at any time, in writing, before the two (2) years are up. When the CPA is terminated for any reason, the pharmacist shall inform the patient and provide details to the patient to allow for the uninterrupted continuation of the patient's medication therapy management.

Services

1. Under this CPA, the pharmacist is authorized to initiate, modify, and discontinue the specific drugs listed in Appendix A, Table 5 , administer the vaccines detailed in Appendix A, Table 2 in accordance with NH RSA 318:16-b and NH RSA 318:16-d and order the labs listed in Appendix A, Table 3.
2. The specific terms and conditions under which the specific drugs listed in Appendix A, Table 5 may be implemented, modified or discontinued are as follows:
    a. When appropriate for the patient through the use of evidence-based medicine and the pharmacist's clinical judgement
3. If any of the following conditions or events occur, the pharmacist must notify the practitioner in writing within [24] hours:
    a. Recommendations to alter a patient's goal of drug therapy and Chronic Disease State goals based on the pharmacist's clinical judgment
    b. In any urgent or life-threatening situations

4. The frequency of visits and follow-up for the patient with the pharmacist is dependent on the clinical needs and management of the patient's Chronic Disease Condition and may vary from days to months.
5. The pharmacist will provide services to the patient under this CPA only in a private exam room, office or secluded area away from the hearing of other persons in compliance with the requirements of the Health Information Portability and Accountability Act of 1996 and the associated regulations ("HIPAA").
6. The pharmacist will have dedicated time scheduled for each type of CPA service for the patient. The expected amount of time the pharmacist will devote to these CPA services will depend on the needs of the clinic, size of the patient population, the patient and the availability of HIPAA compliant space in which to provide services to the patient at the applicable division site.

Scope

General

This CPA authorizes the named pharmacist to monitor and assess the patient's Chronic Disease Condition by:

1. Interviewing the patient and gathering health information related to the patient's Chronic Disease Condition that may include, but is not limited to the following, if applicable to the Chronic Disease Condition:
    a. Medical and drug history
    b. Social and family history
    c. Lifestyle history
    d. Self-monitoring results (e.g. blood pressure, blood glucose, peak flow, etc.)
    e. Review of recommended exams (e.g. eye, foot, pulmonary function tests, etc.)
    f. Vaccination history
    g. Drug allergies and intolerances
    h. Prescription insurance
    i. Depression screening;
2. Performing physical assessments including the use of devices (e.g. vitals, point of care tests, diabetic foot exams, spirometry, edema assessment etc.);
3. Ordering and assessing the drug therapies through the laboratory tests listed in Appendix A, Table 3; and
4. Initiating, refilling, modifying or discontinuing the medications detailed in Appendix A, Table 5 and administering vaccinations detailed in Appendix A, Table 2.

Drug Therapy Management

Decisions regarding modifications of the patient's drug therapy and selection of drug therapy will be consistent with the metrics based on nationally recognized disease guidelines detailed in Appendix A, Table 4 and locally established guidelines. The specific goals for the patient may differ based upon the patient's specific needs and condition and will be specified in the patient's electronic medical record (EMR) or communicated from the practitioner to the pharmacist. If the pharmacist recommends altering a goal of the drug therapy based on the pharmacist's clinical judgment, the pharmacist will document his/her recommended change in the EMR and communicate it to the patient's practitioner within [24] hours. For the patient's Chronic Disease Condition:

1. The pharmacist may modify the drug therapy according to the nationally recognized disease guidelines in Appendix A, Table 4, identify drug therapy goals, and use the pharmacist's clinical judgment in providing the services under this CPA. The specific drugs to be managed by the pharmacist are detailed in Appendix A, Table 5.

2. The pharmacist may order or modify an order for medication-related supplies and devices medically appropriate for the patient's Chronic Disease Condition, which may include inhalers, inhaler spacers, home blood pressure monitors, blood glucose monitors, continuous glucose monitors, sensors and testing supplies, , insulin supplies, peak flow meters and similar items;
3. The pharmacist may order the laboratory tests listed in Appendix A, Table 3 as they pertain to the patient's specific medications and Chronic Disease Condition;
4. The pharmacist may initiate, modify, discontinue or refill the drugs listed in Appendix A, Table 5.
5. The pharmacist may administer vaccinations detailed in Appendix A, Table 2 in accordance with NH RSA 318:16-b and 318:16-d; and
6. The pharmacist may (a) administer diphenhydramine or epinephrine in the event of an anaphylactic reaction, or (b) in a life-threatening event, perform CPR or use a medical device such as an Automated External Defibrillator (AED).

Documentation and Record Keeping

1. Documentation for each CPA visit with the patient will be in SOAP (subjective, objective, assessment and plan) formatted notes in the patient's EMR. The pharmacist will have access to the patient's electronic medical record (EMR) and may access portions of the patient's record relevant to the patient's Chronic Disease Condition as appropriate.
2. A summary of each visit containing all drug therapy initiations, modifications, discontinuances and refills and individualized patient care plans will be documented by the pharmacist in the patient's EMR and routed to the practitioner no later than three (3) days after the patient's visit and sooner if urgent.
3. A copy of this CPA and associated protocols will be kept on file at the pharmacist's place of practice and be available on request.
4. The CPA will be reviewed at a minimum yearly, and may be renewed, at a minimum of every 2 years (renewal requires signatures by the pharmacist, the practitioner and the patient).
5. It is the responsibility of the pharmacist to ensure the executed CPA is scanned into the patient's EMR and filed as required by Risk Management.
6. If the CPA is terminated by either the pharmacist or practitioner, the patient must receive prompt written notification with details as to allow for uninterrupted continuation of their therapy management program.

Communication

1. General: Documentation by the pharmacist through the patient's profile in the patient's EMR will be the primary method of communication by the pharmacist to the practitioner. Notification by the pharmacist to the practitioner may also be completed by the pharmacist via in-basket message, phone, fax, pager, email, or mail, as appropriate to the issue, the urgency and protecting the privacy and confidentiality of the patient's information as required under applicable law. Practitioner modifications of the patient's care plan and notice to the pharmacist of the same may occur by all the same routes of communication noted above. The pharmacist will implement the changes as specified by the practitioner or promptly will contact the practitioner for additional information/recommendations.

1. Discontinuation or Modification of Current Drug Therapy: the pharmacist must give the practitioner notification within 24 hours after closure of the note, except in urgent or life-threatening situations.
2. Urgent or Life-Threatening Concerns: the pharmacist will notify the practitioner of any urgent or life-threatening concerns with respect to the patient immediately and pharmacist or practitioner will contact emergency medical services as medically appropriate.

Quality Assurance

1. An annual review of the CPA will be performed by the pharmacist to determine whether changes need to be made, at the minimum once yearly. If a change is warranted, the pharmacist will notify the patient and the attending practitioner. A material amendment to the CPA must be signed by the pharmacist, the practitioner and the patient to reflect any changes to or under this CPA and no changes will be effective until the amendment or a new CPA is signed by all three parties. The pharmacist will provide written or electronic notification in accordance with applicable law and rules to the NH Board of Pharmacy ("NH BOP") within 15 days of changes made to the CPA, documentation and or the original CPA application.
2. The quality metrics of this CPA will be reported to the NH BOP annually.
3. The CPA will be renewed if agreed upon by all parties that have signed the CPA, at the minimum every 2 years.
4. Peer or self-review of documentation notes in the patient's EMR will be performed by the pharmacist at least annually.
5. The pharmacist will maintain the qualifications to participate in the CPA, as required under applicable law and rules.
6. The pharmacist will maintain basic cardiopulmonary resuscitation (CPR) certification from a nationally-recognized organization and documentation of this certification.
7. The patient's Chronic Disease Condition goals will be continually monitored for improvement as part of quality performance metrics detailed in Appendix A, Table 1.
8. Neither the practitioner nor the pharmacist shall seek to gain personal financial benefit by participating in any incentive-based program or accept any inducement that influences or encourages therapeutic or product changes or the ordering of tests or services.

Collaborative Pharmacy Practice Agreement Pharmacist and Practitioner Signatures

By signing this CPA, the pharmacist named below agrees to all of the terms and conditions of this CPA with the named practitioner and patient who are also signing below.

Pharmacist name, address, signature, and date:

Pharmacist Name	Address	Signature	Date
	2300 Southwood Dr. Nashua NH 03063		

By signing this CPA, the practitioner(s) named below agrees to all of the terms and conditions of this CPA with the named pharmacist(s) and patient who are also signing the CPA.

Practitioner Name	Address	Signature	Signature Date
	2300 Southwood Dr. Nashua NH 03063		
	2300 Southwood Dr. Nashua NH 03063		
	2300 Southwood Dr. Nashua NH 03063		
	2300 Southwood Dr. Nashua NH 03063		
	2300 Southwood Dr. Nashua NH 03063		
	249 Daniel Webster Hwy, Merrimack NH 03054		
	208 Robinson Rd, Hudson NH 03051		
	208 Robinson Rd, Hudson NH 03051		

Addendums

Date Removed	Date Added	Notes

	208 Robinson Rd, Hudson NH 03051		
	208 Robinson Rd, Hudson NH 03051		
	2300 Southwood Dr. Nashua NH 03063		
	2300 Southwood Dr. Nashua NH 03063		
	2300 Southwood Dr. Nashua NH 03063		
	249 Daniel Webster Hwy, Merrimack NH 03054		
	249 Daniel Webster Hwy, Merrimack NH 03054		
	14 Armory Rd, Milford NH 03055		
	2300 Southwood Dr. Nashua NH 03063		
	14 Armory Rd, Milford NH 03055		
	249 Daniel Webster Hwy, Merrimack NH 03054		
	2300 Southwood Dr. Nashua NH 03063		
	2300 Southwood Dr. Nashua NH 03063		
	2300 Southwood Dr. Nashua NH 03063		
	2300 Southwood Dr. Nashua NH 03063		
	208 Robinson Rd, Hudson NH 03051		

Patient Summary, Benefits and Signature

As discussed in the previous sections of this CPA, you and your practitioner have decided to seek additional healthcare support with the use of a Collaborative Pharmacy Practice Agreement. This CPA allows the pharmacist named on the previous page to assist in improving your treatment outcomes for your specified Chronic Disease Condition through a combination of medical, educational and follow-up interventions as described in this CPA. The pharmacist will work closely with your practitioner in order to ensure your goals and health care needs are met.

The pharmacist's responsibilities to you (and your caretaker) for your Chronic Disease Condition are, in conjunction with your practitioner, as follows:

- Share and explain to you the risks and symptoms of poorly-controlled chronic conditions;
- Help you recognize the importance and purpose of your medications by teaching you about how your medications work;
- Demonstrate and teach you how to use your medication devices related to your Chronic Disease Condition, including such things as blood pressure monitors, blood glucose monitors, continuous glucose monitors, insulin related administration tools, and inhalers;
- Help you understand, establish, and reach lifestyle and dietary goals to the extent within the scope of practice of the practitioner under the law;
- Compile a complete list of your current medications including discontinuing medication related to your Chronic Disease Condition you will no longer be taking;
- Help identify and resolve medication related problems, for example drug-related side effects;
- Monitor relevant laboratory test results for drug medication therapy, and adjust medications doses as applicable;
- Adjust medications as necessary (for example discontinue, start, change a dose or add a new medication) to optimize your outcomes;
- Administer appropriate immunizations with your consent based on a patient specific vaccine schedule; and
- Answer any questions you may have concerning your medication therapy for the specified chronic disease state.

As a Dartmouth-Hitchcock patient, we want you to be a part of the decisions made in your care. By signing this CPA, the named patient consents to being in this Collaborative Pharmacy Practice Agreement with the named pharmacist and practitioner and signifies agreement with the following statements:

- A copy of the CPA and supporting guidelines have been given to me and sufficient time has been provided to me to review the documents;
- The benefits and risks of the CPA have been explained to me;
- I understand I have the right to terminate this CPA at any time;
- I have been given all the information I asked for about the CPA;
- I was given time to ask questions about the CPA and all of my questions were answered satisfactorily; and
- I have read and understand this CPA and consent to be part of the CPA.

Patient's signature: _____
Patient's Full Name (printed): _____
Patient's Address: _____
Patient DOB: _____
Date signed: _____

If the patient is not able to consent for her/himself complete the following:

Legally responsible person's name: _____

Relationship to patient(State whether Legal Guardian, Agent under Durable Power of Attorney for Healthcare): _____

Date signed: _____

If an interpreter was used:

Interpreter's name: _____

Interpreter's signature: _____

Commercial service name: _____

Date signed: _____

NH BOP Submission Date:
Effective Date: The date the patient signs the agreement.
Completed Annual Review Date: 02/03/2021
Next Renewal Date: Two years from the date the patient's signature is captured.

Appendix A: Tables

Table 1: Disease State and Quality Performance Metrics

Disease State	Quality Performance Metrics
Diabetes Mellitus	A1c
	Blood glucose levels
	Yearly microalbumin
	Yearly eye exam
	Yearly foot exam

*Yearly urine microalbumin may not be warranted and will be based on locally accepted guidelines

Table 2: Vaccines

Vaccines	Age Requirement (per RSA 318-16-b and RSA 318-16-d)
Flu	None
Pneumococcal	18 years or older
Varicella Zoster	18 years or older
Shingrix	50 years or older
Hepatitis A	18 years or older
Hepatitis B	18 years or older
Tdap (Tetanus, Diphtheria, Pertussis)	18 years or older
MMR (Measles, Mumps, Rubella)	18 years or older
Meningococcal	18 years or older
COVID-19	Depending on vaccine manufacturer

Table 3: Laboratory Tests*

Timeframe	Lab Test
• Uncontrolled DM: Every 3 months • Controlled DM: Biannually	HbA1c
At least annually	• Urine microalbumin & UACR • BMP • FLP • LFT • SCr & eGFR
As needed	Vitamin level tests (e.g. B12), TSH, fasting blood glucose, electrolyte panel, CPK, CMP, CBC, CBC with differential, aldosterone and renin, cortisol levels, C- peptide, Islet cell antibody, GAD65 antibody, labs specific to the drugs listed in Appendix A table 5

Abbreviations: BMP: basic metabolic panel; **CBC:** complete blood cell count; **CMP:** comprehensive metabolic panel; **CPK:** creatine phosphokinase **DM:** diabetes mellitus; **eGFR:** estimated glomerular filtration rate; **FLP:** fasting lipid panel; **HbA1c:** hemoglobin A1c; **LFT:** liver function test; **SCr:** serum creatinine; **TSH:** thyroid stimulating hormone; **UACR:** urine albumin-to-creatinine ratio

*Individual tests within each lab panel listed above and any other labs relevant to the medication and or specific disease state may be ordered.

Table 4: Practice guidelines are adapted from the following:

National Guidelines	Link
2021 American Diabetes Association	https://care.diabetesjournals.org/content/44/Supplement_1
2020 American Association of Clinical Endocrinologists	https://pro.aace.com/disease-state-resources/diabetes/clinical-practice-guidelines-treatment-algorithms/comprehensive

Table 5: Medications

Drug Class	Medication Name	Initiate	Modify	Discontinue
Alpha-glucosidase inhibitor	Acarbose (Precose)	✓	✓	✓
	Miglitol (Glyset)	✓	✓	✓
Amylin Analogs	Pramlintide	✓	✓	✓
Biguanide	Metformin	✓	✓	✓
Dipeptidyl peptidase-4 inhibitors (DPP-IV)	Sitagliptin (Januvia)	✓	✓	✓
	Saxagliptin (Onglyza)	✓	✓	✓
	Linagliptin (Tradjenta)	✓	✓	✓
	Alogliptin (Nesina)	✓	✓	✓
Glucagon-like peptide-1 agonists (GLP-1)	Dulaglutide (Trulicity)	✓	✓	✓
	Exenatide (Byetta)	✓	✓	✓
	Exenatide extended release (Bydureon)	✓	✓	✓
	Liraglutide (Victoza)	✓	✓	✓
	Lixisenatide (Adlyxin)	✓	✓	✓
	Semaglutide (Ozempic, Rybelsus)	✓	✓	✓
HMG-CoA Reductase Inhibitors (Statins)	Atorvastatin	✓	✓	✓
	Fluvastatin	✓	✓	✓
	Lovastatin	✓	✓	✓
	Pitavastatin	✓	✓	✓
	Pravastatin	✓	✓	✓
	Rosuvastatin	✓	✓	✓
	Simvastatin	✓	✓	✓
Insulin: Rapid-acting	Insulin lispro (Humalog, Admelog, Lyumjev)	✓	✓	✓
	Insulin aspart (Novolog, Fiasp)	✓	✓	✓
	Insulin glulisine (Apidra)	✓	✓	✓
		✓	✓	✓
Insulin: Short-acting	Regular insulin (Humulin-R, Novolin-R, Humulin R U500)	✓	✓	✓
Insulin: Intermediate-acting	NPH (Humulin-N, Novolin-N)	✓	✓	✓
Insulin: Long-acting	Insulin glargine (Lantus, Basaglar, Toujeo)	✓	✓	✓
	Insulin detemir (Levemir)	✓	✓	✓
	Insulin degludec (Tresiba)	✓	✓	✓

Drug Class	Medication Name	Initiate	Modify	Discontinue
Insulin: Mixed	70% NPH + 30% regular (Novolin 70/30, Humulin 70/30)	✓	✓	✓
	70% aspart protamine + 30% aspart (Novolog 70/30)	✓	✓	✓
	75% (50%) lispro protamine + 25% (50%) lispro (Humalog 75/25, Humalog 50/50)	✓	✓	✓
Meglinide	Repaglinide (Prandin)	✓	✓	✓
	Nateglinide (Starlix)	✓	✓	✓
Salicylate	Aspirin	✓	✓	✓
Sodium-glucose cotransporter-2 inhibitors (SGLT-2)	Canagliflozin (Invokana)	✓	✓	✓
	Dapagliflozin (Farxiga)	✓	✓	✓
	Empagliflozin (Jardiance)	✓	✓	✓
	Ertugliflozin (Steglatro)	✓	✓	✓
Sulfonylureas	Glimepiride (Amaryl)	✓	✓	✓
	Glipizide (Glucotrol)	✓	✓	✓
	Glyburide (Diabeta, Micronase)	✓	✓	✓
Thiazolidinediones (TZD)	Pioglitazone (Actos)	✓	✓	✓
	Rosiglitazone (Avandia)	✓	✓	✓
Glucagon	Glucagon nasal powder (Baqsimi)	✓	✓	✓
	Glucagon injection (Gvoke, glucagon emergency kit)	✓	✓	✓
Continuous Glucose Monitor supplies	All brands	✓	✓	✓
Glucometers and testing supplies	All brands	✓	✓	✓

Testimony

House Health, Human Services, and Elderly Affairs Committee

SB 335 – Relative to collaborative pharmacy practice agreements

April 19, 2022

Dear Chairman Pearson and Members of the Committee:

My name is Marilyn Hill; I am an ambulatory pharmacy manager at Dartmouth-Hitchcock, and I am here to testify in **Support** of SB 335 on behalf of the NH Society of Health-System Pharmacists.

We are in strong support of this administrative clean-up bill. We believe this bill will improve patient access to care.

Collaborative Pharmacy Practice is unique from the dispensing functions normally associated with a pharmacist. Collaborative Pharmacy Practice Agreements (CPAs) allow for the pharmacist to use their doctorate degree in partnership with an attending provider to care for complex chronic disease states.

The CPA does not affect the patient's choice of how to engage in care or where to send their prescriptions, but offers another healthcare professional to help manage their disease state.

The attachments here articulate what a CPA is – a clinical arrangement between an attending provider and a pharmacist. These CPAs are submitted to and approved by the NH Board of Pharmacy.

Our current CPA statute requires a pharmacist to collect a patient signature ON THE CPA when working with that patient under the agreement. Operationally, this phrase adds an unnecessary step to a clinical process unlike any other in healthcare, and it should be removed.

As a patient, have you signed a Memorandum of Understanding (MOU) between a physician and an advanced practitioner? Or, have you signed a patient referral from your physician to a support provider, such as a Physical Therapist or an Occupational Therapist?

SB 335 does not change patient informed consent processes or requirements. SB 335 simply removes a misplaced requirement for a patient signature on a provider-to-provider document.

In closing, I ask that you find SB 335 Ought to Pass.

Thank you for your consideration.

Marilyn G. Hill

Marilyn G. Hill, PharmD, MHA

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Marilyn G. Hill, PharmD, MHA

SB 335

COLLABORATIVE PHARMACY PRACTICE Improves patient care

Access

Patients partner with a pharmacist and together they work directly on the medication therapy plan

Cost

Pharmacists can assure patients receive cost-effective medications by reviewing insurance coverage, identifying assistance programs, and making selections without the delay of contacting prescribers

Quality

Pharmacists have extensive, specialized training and work to assure patients receive safe and optimal medication therapy

What is Collaborative Pharmacy Practice?

This is when a practitioner creates a formal agreement with a pharmacist to provide specific services for patients, including making changes to medications and ordering labs to monitor how the patient is doing

Practitioner and patient discuss medication therapy plan

Standard Pharmacy Practice Model

Prescriber sends prescription to pharmacy

Pharmacist may need to contact prescriber with questions and recommend a new prescription

No dedicated time for extra services

Potential delay in communications

Prescriber sends new prescription to pharmacy

Pharmacist fills new prescription

Collaborative Pharmacy Practice Model

Practitioner describes to patient the collaborative practice agreement with pharmacist

Pharmacist is contacted to manage the medication therapy plan for the patient

Pharmacist works directly with patient on medication therapy plan such as medication selection and changes, diet and lifestyle actions, laboratory monitoring, and discussing new adverse effects

Patient receives the right medication

Created by A.Chuk
v01312022

SB 335 - AS INTRODUCED

2022 SESSION

22-3083
05/11

SENATE BILL ***335***

AN ACT relative to collaborative pharmacy practice agreements.

SPONSORS: Sen. Prentiss, Dist 5; Sen. Watters, Dist 4; Sen. Hennessey, Dist 1; Sen. Rosenwald, Dist 13; Sen. Avard, Dist 12; Sen. Carson, Dist 14; Sen. Gannon, Dist 23; Sen. Whitley, Dist 15; Sen. Cavanaugh, Dist 16; Sen. Sherman, Dist 24; Rep. Murphy, Graf. 12; Rep. P. Schmidt, Straf. 19; Rep. Merchant, Sull. 4

COMMITTEE: Health and Human Services

ANALYSIS

This bill provides that a collaborative pharmacy practice agreement is an agreement between a pharmacist and attending practitioner.

- -

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.

22-3083
05/11

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Two

AN ACT relative to collaborative pharmacy practice agreements.

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

1 Collaborative Pharmacy Practice Agreement. Amend RSA 318:1, XXVII to read as follows:

XXVII. "Collaborative pharmacy practice agreement" means a written and signed specific agreement between a pharmacist[~~,~~] ***and*** an attending practitioner, [~~and the patient or patient's authorized representative who has granted his or her informed consent,~~] that provides for collaborative pharmacy practice for the purpose of medication therapy management for the patient.

2 Effective Date. This act shall take effect 60 days after its passage.