

LEGISLATIVE COMMITTEE MINUTES

SB335

Bill as
Introduced

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

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 1 Collaborative Pharmacy Practice Agreement. Amend RSA 318:1, XXVII to read as follows:
- 2 XXVII. "Collaborative pharmacy practice agreement" means a written and signed specific
- 3 agreement between a pharmacist[,] **and** an attending practitioner, [~~and the patient or patient's~~
- 4 ~~authorized representative who has granted his or her informed consent,~~] that provides for
- 5 collaborative pharmacy practice for the purpose of medication therapy management for the patient.
- 6 2 Effective Date. This act shall take effect 60 days after its passage.

CHAPTER 168
SB 335 - FINAL VERSION

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

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

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CHAPTER 168
SB 335 - FINAL VERSION

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:

1 168:1 Collaborative Pharmacy Practice Agreement. Amend RSA 318:1, XXVII to read as
2 follows:

3 XXVII. "Collaborative pharmacy practice agreement" means a written and signed specific
4 agreement between a pharmacist^[5] *and* an attending practitioner, [~~and the patient or patient's~~
5 ~~authorized representative who has granted his or her informed consent,~~] that provides for
6 collaborative pharmacy practice for the purpose of medication therapy management for the patient.

168:2 Effective Date. This act shall take effect 60 days after its passage.

Approved: June 07, 2022
Effective Date: August 06, 2022

Committee Minutes

SENATE CALENDAR NOTICE
Health and Human Services

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

Date: February 14, 2022

HEARINGS

Wednesday	02/23/2022
(Day)	(Date)
Health and Human Services	Legislative Office Building 101 9:00 a.m.
(Name of Committee)	(Place) (Time)
9:00 a.m. SB 332	relative to the retention of long-term care workers and other front line employees.
9:15 a.m. SB 335	relative to collaborative pharmacy practice agreements.

EXECUTIVE SESSION MAY FOLLOW

Sponsors:

SB 332

Sen. Cavanaugh
Sen. Sherman
Sen. Kahn

Sen. Watters
Sen. Rosenwald
Sen. Soucy

Sen. Perkins Kwoka
Sen. Prentiss

Sen. Whitley
Sen. D'Allesandro

SB 335

Sen. Prentiss
Sen. Avard
Sen. Cavanaugh
Rep. Merchant

Sen. Watters
Sen. Carson
Sen. Sherman

Sen. Hennessey
Sen. Gannon
Rep. Murphy

Sen. Rosenwald
Sen. Whitley
Rep. P. Schmidt

Cameron Lapine 271-2104

Jeb Bradley
Chairman

Senate Health and Human Services Committee

Cameron Lapine 271-2104

SB 335, relative to collaborative pharmacy practice agreements.

Hearing Date: February 23, 2022

Time Opened: 9:22 a.m.

Time Closed: 9:27 a.m.

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

Members of the Committee Absent: None

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

Sponsors:

Sen. Prentiss
Sen. Rosenwald
Sen. Gannon
Sen. Sherman
Rep. Merchant

Sen. Watters
Sen. Avard
Sen. Whitley
Rep. Murphy

Sen. Hennessey
Sen. Carson
Sen. Cavanaugh
Rep. P. Schmidt

Who supports the bill: Marilyn Hill (NH Society of Health-Systems Pharmacists), Elizabeth Sargent (NH Pharmacists Association), Paula Minnehan (NH Hospital Association), J. Henry Feng, Senator Sue Prentiss (Senate District 5) Senator David Watters (Senate District 4), Senator Sharon Carson (Senate District 14), Elizabeth Morrow, Benjamin Morrow, Laura Hackett, Lauren Foss, Maryann Cooper, Tricia Simpson, Julie Arteaga, Nancy Vieira, James Vieira, Senator Kevin Cavanaugh (Senate District 16), Senator Cindy Rosenwald (Senate District 13), Bryan Sherwood, Janet Lucas, Amanda Chuk, Senator Tom Sherman (Senate District 24), Wiltrud Mott-Smith, Amber Mercuro, Robert Theriault, Elizabeth Snarr, Meredith Peabody, Maureen Brady, Tonya Carlton, and Suzanne Stevens.

Who opposes the bill: None.

Who is neutral on the bill: None.

Summary of testimony presented in support:

Senator Suzanne Prentiss

Senate District 5

- Senator Prentiss said that SB 335 is a request of the New Hampshire Society of Health-Systems Pharmacists (NHSHSP) and Dartmouth-Hitchcock.

- Senator Prentiss said that SB 335 makes one simple change to the statute that governs collaborative pharmacy practice agreements and removes an unnecessary patient-action step.
- Senator Prentiss said that collaborative pharmacy practice agreements are detailed, formal, legal documents described in RSA 318:16-a which allow pharmacists to provide certain practices. She said that collaborative pharmacy practice agreements can be with a single provider or multiple providers.
- Senator Prentiss said that SB 335 will remove the requirement for a patient to sign the collaborative pharmacy practice agreement and streamline the delivery of care.
- Senator Prentiss said that SB 335 does not change informed consent requirements, nor does it change the scope of practice acts for pharmacists, nurse practitioners, or physicians.
- Senator Prentiss said that a group of stakeholders, including the NHHSP, the New Hampshire Pharmacists Association, and the New Hampshire Hospital Association, have worked on SB 335.

Merilyn Hill

NHHSP

- Ms. Hill said that she supports SB 335 as it will decrease burden.
- Ms. Hill said that SB 335 does not impact informed consent requirements and is exclusive to collaborative pharmacy practice agreements.

Summary of testimony presented in opposition: None.

Neutral Information Presented: None.

Comments Made During the Executive Session

Included at the Request of Senator Bradley

Senator Bradley invited Ms. Hill to answer questions.

- Senator Gray said he wanted to understand what existing law is on the matter of collaborative pharmacy practice agreements so that he could understand what SB 335 was accomplishing.
 - Ms. Hill said that collaborative pharmacy practice is currently defined as when the attending practitioner who is seeing a patient refers them to the pharmacist. She said that, through the agreement, the pharmacist can initiate, modify, or discontinue medication as outlined in the legal, clinical, agreement. She said that, for example, someone could be seeing their physician for diabetes, the physician tries a few options and then refers the patient to the pharmacist, who can continue the medication potentially at a higher frequency, as the patient

requires, on their own, in collaboration with the physician. Ms. Hill said that the pharmacist does not need to go back and ask for permission to execute the change because it is evidence-based and outlined in the agreement.

- Senator Bradley asked if that was the current law.
 - Ms. Hill said that it is.
- Ms. Hill said that SB 335 is removing the signature on the technical, legal document that the pharmacist uses to guide their decisions. She said that the agreements can be 15 or 20 pages and can be confusing for patients, since it is asking them to sign an additional document on top of whatever was signed for them to initiate treatment.
- Senator Gray said that a patient signature on the agreement at least indicates that there has been a conversation that the pharmacist will be directing part of their care, rather than the doctor.
 - Ms. Hill said that that is true, but said that she would argue it is regular, good, bed-side manner and does not need to be outlined in statute. She said that a patient can refuse services if they want to. Ms. Hill said that people do not sign additional legal agreements for other auxiliary services such as physical or occupational therapy to start care.
- Senator Sherman reiterated Ms. Hill's comments about auxiliary services within a team approach.
 - Senator Bradley asked what team approach meant.
 - Senator Sherman said that the team could be a situation where the pharmacist is embedded into an office or a hospital setting where the pharmacist is part of a hospital. He said that he likes to use the example of heparin, where the course of treatment will be following lab testing, or gentamicin, where the course of treatment will follow a decrease in symptoms, or others. He said pharmacists are highly value-added in these situations and to ask them to go back for a new prescription each time is why collaborative pharmacy practice agreements have moved forward. Senator Sherman said that this is the only instance where consent is needed for ongoing care, outside of procedures.
 - Ms. Hill said that she would agree with Senator Sherman.
- Ms. Hill offered to connect with Senator Gray outside of the Committee. She said that pharmacists have a confusing scope of practice.

Senator Bradley invited Beth Sergeant (NHSHSP) to answer questions.

Ms. Sergeant said that the best way to understand collaborative pharmacy practice agreements is diabetes management. She said that, for example, a doctor could say that a patient needs monitoring a couple of times per week or more, so, rather than going into the office each time and paying the co-pay, the collaborative pharmacy practice agreement will outline the parameters by which the pharmacist can act under, saying that a pharmacist may raise or lower certain medications within a prescribed range.

Ms. Sergeant said that patients currently have to sign those legal, technical documents. She said that, within a hospital setting, that is confusing for patients. She said that removing the signature requirement will make collaborative pharmacy care the same as other auxiliary care settings, where the only informed consent signature is with the primary care provider.

Ms. Sergeant said that a collaborative pharmacy practice agreement is really an agreement between the provider and the pharmacist. She said that, in New Hampshire, pharmacists go

through a six-year program at the Massachusetts College of Pharmacy and Health Sciences, so these types of agreements are within their scope of practice and training.

- Senator Gray said that he was struggling with understanding, in existing law, why an agreement is needed, in the example of blood thinners, for a pharmacist to prescribe certain amounts within a prescribed range. He said that he was struggling with taking the patient out of the decision when they could be the one selecting the pharmacy or, because a physician has an agreement with a specific pharmacy, limiting the patient's choice of care.
 - Ms. Sergeant said that the physician would have the conversation with the patient about including the pharmacist in the care plan and setting specific parameters for the pharmacist to work within. She said that the physician is trying to get better care for the patient so that there can be better outcomes. She said that if a patient does not agree, they do not have to go along with that plan and can object. Ms. Sergeant said that, in hospital settings, the pharmacist is part of the team and is already involved with many aspects of care.
- Senator Gray said that, when he checks into a hospital, hospitals rules say he is not going to get medication outside of the hospital and bring them back into the hospital. He said that if he was an out-patient, he would now be directed to a particular pharmacy. He said that SB 335 takes the person out of the decision-making process and the collaborative pharmacy practice agreement will be done behind the scenes.
 - Courtney Tanner (Director of Government Relations, Dartmouth-Hitchcock) said that retail pharmacy and patient choice are important concepts but are different from a collaborative pharmacy practice agreement. She said that there are only a handful of collaborative pharmacy practice agreements in New Hampshire and 49 states allow them. Ms. Tanner said that collaborative pharmacy practice agreements are for severe and chronic diseases and illnesses and are not considered in the same vein as patient choice. She said that collaborative pharmacy practice agreements are clinician-pharmacist partnerships, with a lot of administrative work behind the scenes and specific, dense, technical documents that would only be used to complex, chronic disease management. She said that collaborative pharmacy practice agreements are not really used in retail pharmacy settings. She said that patient choice is not on the table for SB 335.
- Senator Bradley said that collaborative pharmacy practice agreements seem to be for patients who are in a hospital setting and receiving drugs, rather than a patient who is prescribed a drug and then goes to Walgreens or Rite-Aid to fill that prescription.
 - Ms. Tanner said that she was speaking for Dartmouth-Hitchcock but that that was correct in her experience, without speaking for retail pharmacies.
 - Senator Bradley suggested Senator Sherman, as a doctor, could provide more context.
 - Senator Gray said that, referencing the prior conversation on blood thinners, it seems that something like that could be done in an out-patient, rather than in-patient, setting. He said that he did not know if the collaborative

pharmacy practice agreements would or would not be in effect in that situation.

- Ms. Tanner said that Senator Gray hit the nail on the head in that, in most cases, they would want the collaborative pharmacy practice agreement to be in an out-patient setting so that patients can be managing their diseases while at home to get them out of the hospital, which is a much more appropriate setting for most patients. She said that most collaborative pharmacy agreements will take place in an out-patient setting.
- Senator Gray said that he goes back to limiting choice in the places he can go and get the drugs prescribed because the doctor would already have had to have an agreement with a pharmacist. He said that, under SB 335, the patient would not have a choice.
- Senator Sherman said that was incorrect. He said that, as a gastroenterologist, a patient can choose to go to him or to another gastroenterologist after their primary care provider writes a referral to a gastroenterologist. He said that when a patient does go to him through a referral there is not a separate signing of a consent document to go see him. He said that patients have a choice about which gastroenterologist to go see. He said that, in his understanding, a collaborative pharmacy practice agreement is that the doctor is working with the pharmacist in making sure the medications are correct with a higher standard of care. Senator Sherman said that in no other setting would someone assisting a doctor require a separate consent signature. He said that a doctor could say that they have an agreement with a specific pharmacist and a patient could say that they do not want to work with that pharmacist and pick a different pharmacist. Senator Sherman said that it is not required to have a different consent for each consultant a patient sees.
 - Ms. Tanner said that patient consent is not changing in SB 335. She said that if a patient is at Dartmouth-Hitchcock in an in-patient setting, and they are scheduled to receive physical therapy post-discharge, the patient is not required to sign a memorandum of understanding between the patient and the physical therapist. She said that was the change that SB 335 was making and it was not changing informed consent or patient choice.
 - Ms. Hill said that Senator Gray's questions might be stemming from the fact that pharmacists are traditionally seen inside a pharmacy, either dispensing drugs or informing people about drugs. She said that although collaborative pharmacy practice agreements can be used in that retail setting, they are primarily used within a health system or a clinical setting where there is an attending physician or provider with many auxiliary staff providing care under their direction, including the pharmacist. She said that the pharmacist is seeing the patient in the office and are not dispensing drugs but are adjusting current therapies to get the patient's chronic disease state under control. Ms. Hill said that she believes that that can be confusing if someone has not experienced it firsthand.
 - Senator Sherman said that the delineation is that it is a clinical pharmacist involved, not a dispensing pharmacist. He said that a clinical pharmacist could work with a retail pharmacist to tailor a prescription order, based on

lab results in consultation with the provider, but they are not the ones dispensing.

- Ms. Hill said that that was correct. She said that it could be a retail pharmacist but collaborative pharmacy practice agreements have not been picked up in the retail setting.
- Senator Bradley requested that the comments during the executive session be included in some way in the hearing report, given the detail and exposition on the issue, to better preserve the record.
- Senator Sherman said that, if Senator Gray was still uncomfortable with SB 335, he could see an amendment that might exempt the consent requirement in settings like a hospital or an out-patient setting where the pharmacist is embedded in an office, if that might make Senator Gray more comfortable. He said that it becomes very burdensome if there has to be consent for every time a pharmacist is engaged on a clinical level on a continual affair.
 - Ms. Hill said that that is especially true during the COVID-19 pandemic, when telemedicine is so popular, because acquiring signatures is harder.
- Senator Gray said that he was willing to support SB 335 in Committee but said that if, his further discussions required a floor amendment, he would pursue that. He said that he understood the concept in a clinical setting but was concerned about out-patient settings.

cml

Date Hearing Report completed: February 24, 2022

Speakers

Senate Remote Testify

Health and Human Services Committee Testify List for Bill SB335 on 2022-02- Support: 25 Oppose: 0

<u>Name</u>	<u>Title</u>	<u>Representing</u>	<u>Position</u>
Watters, Senator David	An Elected Official	Myself	Support
Carson, Senator	An Elected Official	Myself	Support
Morrow, Elizabeth	A Member of the Public	Myself	Support
Morrow, Benjamin	A Member of the Public	Myself	Support
Hackett, Laura	A Member of the Public	Myself	Support
Foss, Lauren	A Member of the Public	Myself	Support
Cooper, Maryann	A Member of the Public	Myself	Support
Simpson, Tricia	A Member of the Public	Myself	Support
Arteaga, Julie	A Member of the Public	Myself	Support
Vieira, Nancy	A Member of the Public	Myself	Support
Vieira, James	A Member of the Public	Myself	Support
Cavanaugh, Senator Kevin	An Elected Official	Myself	Support
Rosenwald, Cindy	An Elected Official	SD 13	Support
Sherwood, Bryan	A Member of the Public	Myself	Support
Lucas, Janet	A Member of the Public	Myself	Support
Chuk, Amanda	A Member of the Public	Myself	Support
Sherman, Senator	An Elected Official	SD24	Support
Mott-Smith, Wiltrud	A Member of the Public	Myself	Support
Mercuro, Amber	A Member of the Public	Myself	Support
Therault, Robert	A Member of the Public	Myself	Support
Snarr, Elizabet	A Member of the Public	Myself	Support
Peabody, Meredith	A Member of the Public	Myself	Support
Brady, Maureen	A Member of the Public	Myself	Support
Carlton, Tonya	A Member of the Public	Myself	Support
Stevens, Suzanne	A Member of the Public	Myself	Support

Testimony

Testimony

Senate Health and Human Services Committee

SB 335 – Relative to collaborative pharmacy practice agreements

February, 2022

Dear Chairman Bradley 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.

Attached to my testimony is a document that articulates what a CPA (Collaborative Pharmacy Practice Agreement) is – a technical contract between a physician 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 a CPA. 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, PharmD, MHA

COLLABORATIVE PHARMACY PRACTICE

Improves patient care

Access

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

Cost

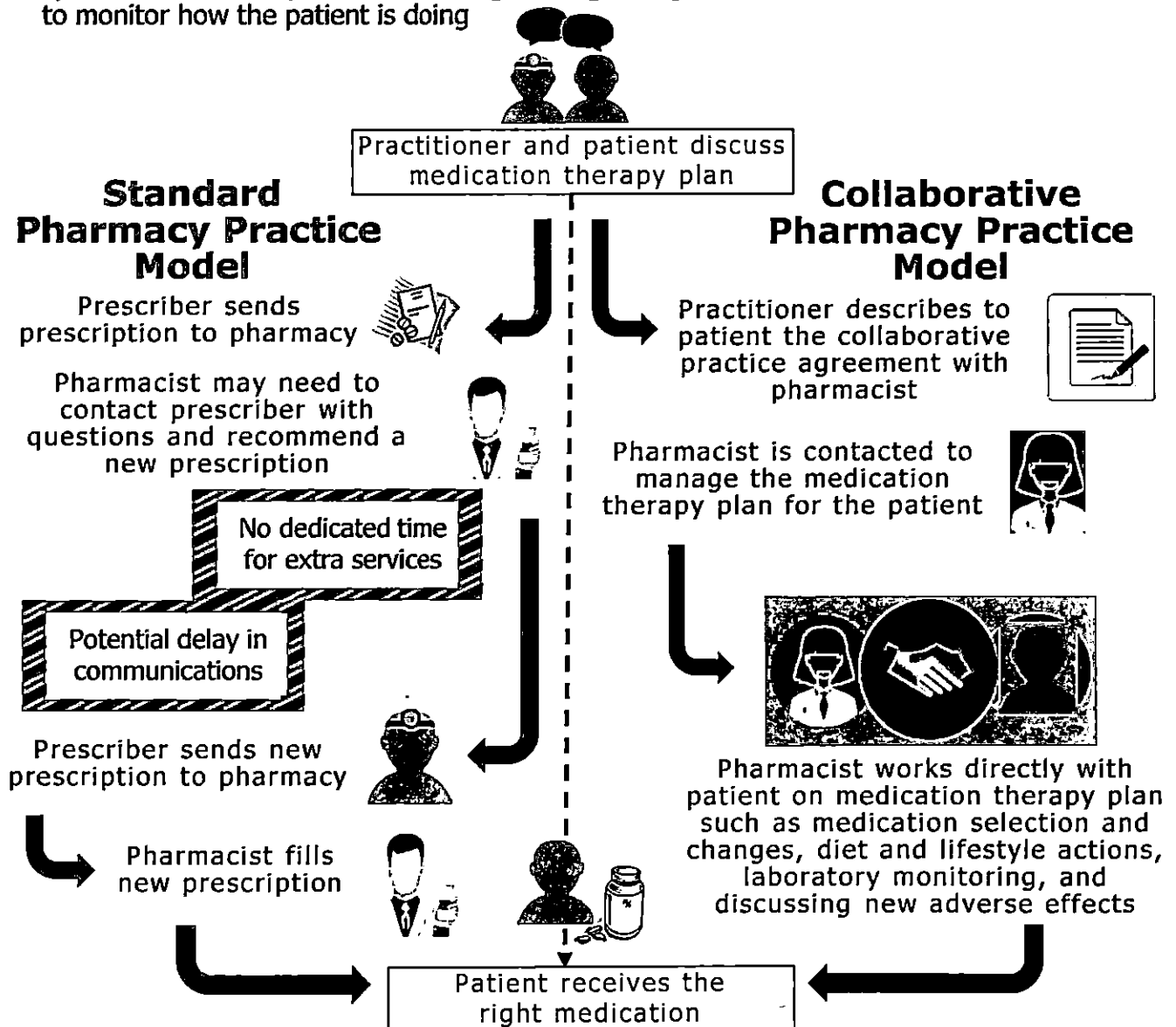
Pharmacists can assure patients receive cost-effective medications by reviewing insurance coverage, identifying assistance programs, and making selections without the delay of contacting prescribers

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



SB 335 – Relative to Collaborative Pharmacy Practice Agreements

What is a Collaborative Pharmacy Practice Agreement?

A collaborative pharmacy practice agreement (CPA) is a formal agreement, or contract, between a practitioner with prescribing authority and a pharmacist, pursuant to RSA 318:16-a. The agreement authorizes a pharmacist to provide specific patient care services. A CPA may include a single or multiple practitioners and may include a single or multiple pharmacists.

A protocol developed pursuant to a CPA shall include detailed directions regarding the services the pharmacist(s) can perform, including the specific drugs to be managed by the pharmacist; the terms under which the drug therapy can be implemented, modified, or discontinued; labs that may be ordered for medication therapy management; events and corresponding time frame when the pharmacists must notify the practitioner; and the expected amount of time the pharmacist will dedicate to performing duties articulated in the CPA.

All CPAs are submitted to the NH Board of Pharmacy for review.

An example of the work that Collaborative Practice Agreements facilitate:

Cathy is a 67 year-old woman with hypertension who recently relocated to New Hampshire from Indiana. In the first visit with her new primary care provider (PCP), they noticed that Cathy's blood pressure wasn't under control, despite 3 different medications. The PCP noted that the patient didn't understand why she was on 3 different medications to treat her blood pressure, and needed a closer evaluation. Cathy was referred to the pharmacist, who provided additional medication reconciliation, education, and management. The patient admitted that she stopped taking one of her medications after a recent dose increase. She reported that it kept her up at night using the bathroom, causing her to lose sleep and be less effective at work. The pharmacist counseled Cathy on taking the medication in the morning to avoid losing sleep, and decreased the dose. The pharmacist also found a combination pill that was equivalent to her other 2 medications, and more affordable. Cathy went home feeling hopeful of a good night's rest, with decreased pills to take every day. After two weeks, the pharmacist checked in on Cathy, who reported feeling happy, well-rested, and relieved to have blood pressure that was under control.

What does SB 335 change?

SB 335 amends RSA 318:1 to remove the requirement of a patient signature on a collaborative pharmacy practice agreement. This change in the statute streamlines the delivery of care provided to patients who are benefitting from a collaborative practice arrangement between a practitioner and pharmacist.

Currently, prior to receiving care delivered by a pharmacist in a collaborative practice agreement, a patient must review and sign the document. This practitioner-to-pharmacist agreement does not contemplate the patient's rights or specific care. Requiring patients to sign these agreements can add confusion for the patient and is an unnecessary administrative barrier to care.

SB 335 does not change:

- informed consent requirements, required by federal and state law and rule;
- scope of practice for a licensed pharmacist, pursuant to RSA 318;
- scope of practice for a licensed advanced nurse practitioner, pursuant to RSA 326-B; or
- scope of practice for a licensed physician, pursuant to RSA 329.

The following organizations support SB 335:

- NH Society of Health-System Pharmacists
- NH Pharmacists Association
- NH Hospital Association

Voting Sheets

Senate Health and Human Services Committee

EXECUTIVE SESSION RECORD

2021-2022 Session

Bill # <u>SB 335</u>

Hearing date: 2-23-22

Executive Session date: 2-23-22

Motion of: 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Sherman	<input checked="" type="checkbox"/>	<input 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 of: _____ 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"/>

Motion of: _____ 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

Wednesday, February 23, 2022

THE COMMITTEE ON Health and Human Services

to which was referred **SB 335**

AN ACT

relative to collaborative pharmacy practice
agreements.

Having considered the same, the committee recommends that the Bill

OUGHT TO PASS

BY A VOTE OF: 5-0

Senator Tom Sherman
For the Committee

Cameron Lapine 271-2104

HEALTH AND HUMAN SERVICES

SB 335, relative to collaborative pharmacy practice agreements.

Ought to Pass, Vote 5-0.

Senator Tom Sherman for the committee.

General Court of New Hampshire - Bill Status System

Docket of SB335

Docket Abbreviations

Bill Title: relative to collaborative pharmacy practice agreements.**Official Docket of SB335.:**

Date	Body	Description
12/15/2021	S	To Be Introduced 01/05/2022 and Referred to Health and Human Services; SJ 1
2/14/2022	S	Hearing: 02/23/2022, Room 101, LOB, 09:15 am; SC 8
3/8/2022	S	Committee Report: Ought to Pass, 03/17/2022; SC 11
3/17/2022	S	Ought to Pass: MA, VV; OT3rdg; 03/17/2022; SJ 5
3/23/2022	H	Introduced 03/17/2022 and referred to Health, Human Services and Elderly Affairs
4/13/2022	H	Public Hearing: 04/19/2022 09:30 am LOB 201-203
4/22/2022	H	Executive Session: 04/19/2022 09:30 am LOB 201-203
4/22/2022	H	Committee Report: Ought to Pass (Vote 20-0; CC)
5/4/2022	H	Ought to Pass: MA VV 05/04/2022 HJ 11
5/27/2022	H	Enrolled (in recess of) 05/26/2022 HJ 14
5/27/2022	S	Enrolled Adopted, VV, (In recess 05/26/2022); SJ 13
6/8/2022	S	Signed by the Governor on 06/07/2022; Chapter 0168; Effective 08/06/2022

NH House

NH Senate

Other Referrals

Senate Inventory Checklist for Archives

Bill Number: SB 335

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 # ___

___ - amendment # ___ ___ - amendment # ___

- 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 # ___ ___ - 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)
- 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:

Cameron M. Lapine
Committee Aide

6-13-11
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