## APPENDIX II-G

## COVER SHEET FOR FINAL PROPOSAL

Notice Number	2022-23	Rule Number	Ph 2301.07		
1. Agency Name & Address:  N.H. Pharmacy Board c/o Office of Professional Licensure & Certification 7 Eagle Square Concord, NH 03301		2. RSA Authority: RSA 318:5-a, XIII 3. Federal Authority: n/a 4. Type of Action:  Adopt Amendment (only if Initial Proposal was filed before 9/27/20.)  Repeal Readoption Readoption Readoption w/amendment			
5. Short Title: Drug Control In Ambulatory Patient Treatment Areas					
6. Contact person for contact pe	opies and questions: Tina M. Kelley Office of Professional Licensure and Certification 7 Eagle Square Concord, NH 03301	Title: Phone #:	Program Specialist IV (603) 271-5247		
7. The rulemaking notice appeared in the Rulemaking Register on November 24, 2021.  SEE THE INSTRUCTIONSPLEASE SUBMIT ONE COPY OF THIS COVER SHEET AND ONE COPY OF THE FOLLOWING:  (optional to number correspondingly)					
8. The "Final Proposal-Fixed Text," including the cross-reference table required by RSA 541-A:3-a, II as an appendix.					
9. Yes \( \sum \) N/A \( \sum \)	Incorporation by Reference Statement(s) because this rule incorporates a document or Internet content by reference for which an Incorporation by Reference Statement is required pursuant to RSA 541-A:12, III.				
10. Yes □ N/A ⊠	The "Final Proposal-Annotated Text," indicating how the proposed rule was changed because the text of the rule changed from the Initial Proposal pursuant to RSA 541-A:12, II(d).				
11. Yes	The amended fiscal impact statement because the change to the text of the Initial Proposal affects the original fiscal impact statement (FIS) pursuant to RSA 541-A:5, VI.				

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1. Agenc	y Name & Add	lress:	2. RSA Autho	rity: RS	SA 318:5-a, XIII
N.H. Pharmacy Board c/o Office of Professional Licensure & Certification 7 Eagle Square Concord, NH 03301		101 C33.	3. Federal Aut	hority:	n/a
		rd	4. Type of Ac	ion:	
			Adopt		
		cation	Repea	<del></del>	
			Reado		
				Readoption w/amendment X	
5. Short	Γitle: Drug Co	ontrol In Ambulator	y Patient Treatment A	reas	
. (a) Sun	nmary of what	the rule says and of a	any proposed amendmen	nts:	
aı tr	mendment to a eat patients u	add 2 exceptions the	exceptions to the rule first for a full course incident and the seco sexual assault.	of medication the	rapy needed to
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D	ate and Time:	Wednesday, April 20, 2022 at 9:00 a.m. Office of Professional Licensure and Certification 7 Eagle Square		
Pl	ace:	Concord, N		
10. Fiscal Imp	act Statement (	Prepared by L	egislative Bu	udget Assistant)
FIS#	22:01	19 ,	dated	2-9-2022
1.	-			ed rule(s) to the existing rule(s): nen comparing the proposed rules to the existing
2.		ral mandate. leral mandate,	•	e impact on state funds: on state funds.
3.	Cost and bene	efits of the pro	oposed rule(	(s):
	<b>A.</b>	To State gen Non		te special funds:
	В.	To State cit	_	olitical subdivisions:
	С.	To independ Non		ed businesses:
11. Statement	Relative to Part	I, Article 28-	a of the N.H.	. Constitution:

9. Public hearing scheduled for:

This rule does not violate Part I, Article 28-a of the New Hampshire Constitution. This rule does not mandate or assign this program to any political subdivision in any way.

## Readopt with amendments Ph 2301.07, effective 1-5-2022 (Document #13323), to read as follows:

Ph 2301.07 Drug Control In Ambulatory Patient Treatment Areas.

- (a) In the ambulatory patient treatment areas, a practitioner authorized under [under] any other law of the state of New Hampshire may dispense drugs for the immediate needs of the patient, with no more than a maximum of a 72-hour supply, except:
  - (1) For Schedule II-IV controlled substances, a maximum of 48-hour supply; [or]

Edit. "For multi-dose"

- (2) Multi-dose forms of drugs such as, but not limited to, inhalers or epi-pens[-];
- (3) For a full course of medication therapy needed to treat patients under a public health incident; or
- (4) For a full course of medication therapy needed to treat patients of sexual assault.
- (b) If a licensed pharmacist is on the premises, that pharmacist may fill one-time, full amount, non-refillable prescriptions for patients for medications related to the ambulatory patient treatment visit.
- (c) A readily retrievable record shall be made of all dispensing of controlled drugs in the ambulatory patient area ambulatory patient area and contain the following:
  - (1) Name and address of the patient;

Unclear. It is unclear why "ambulatory patient area" is said twice.

- (2) Name of the medical practitioner;
- (3) Name, strength, and quantity of the drug(s);
- (4) Date of administration or dispensing; and
- (5) Signature or electronic identifier, as defined in Ph 2301.0l(b), of the agent removing the drug(s) from the inventory.

## **Appendix**

Rule	Statute
Ph 2301.07	RSA 318:5-a, XIII