

Amendment to HB 469

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

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3 AN ACT establishing a continuous quality improvement program for pharmacies, relative to
4 vaccines administered by pharmacists, and relative to the authority of the insurance
5 department on federal health care reform.
6

7 Amend RSA 318:45-a, IV-VI as inserted by section 1 of the bill by replacing them with the following:

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9 IV.(a) The pharmacy shall either:

10 (1) Report incidents and unsafe events as quality-related events through a
11 contracted patient safety organization (PSO) recognized by the Agency for Healthcare Research and
12 Quality (AHRQ) whose primary mission is pharmacy continuous quality improvement; or

13 (2) Document incidents and unsafe events as quality-related events in an internal
14 program in the pharmacy in a written record or computer database created solely for that purpose.

15 (b) The quality-related event shall be documented by the individual who discovers the
16 event or the individual to whom it is initially reported. Documentation of quality-related events
17 shall include a description of the event that is sufficient to permit categorization and analysis of the
18 event. Pharmacies shall maintain such records at least until the event has been considered and
19 incorporated in a summary of documented actions.

20 V. As a component of its CQI program, each licensed pharmacy shall assure that, following
21 a quality-related event, all reasonably necessary steps have been taken to prevent or minimize
22 patient harm.

23 VI. CQI programs shall be confidential. The summarization document shall analyze
24 process improvements undertaken following a quality-related event. No patient names or employee
25 names shall be included in this summarization. The summarization shall be maintained for 4 years
26 and be made available within 3 business days of a request by the board's inspectors. Continuous
27 quality improvement records shall be considered peer-review documents and not subject to
28 discovery in civil litigation or administrative actions.

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30 Amend the bill by replacing all after section 1 with the following:

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32 2 New Section; Vaccines Administered by Pharmacists; Vaccines Added. Amend RSA 318 by
33 inserting after section 16-c the following new section:

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1 318:16-d Pharmacist Administration of Additional Vaccines. In addition to the authority under
2 RSA 318:16-b, a pharmacist may administer hepatitis A, hepatitis B, Tdap, MMR, and
3 meningococcal vaccines to individuals 18 years of age or older, provided all of the criteria in this
4 section have been met. The pharmacist shall:

5 I. Hold a current license to practice as a pharmacist in New Hampshire.

6 II. Possess at least \$1,000,000 of professional liability insurance coverage.

7 III. In order to administer hepatitis A, hepatitis B, Tdap, MMR, and meningococcal
8 vaccines, have completed training specific to the administering of the respective vaccines that
9 includes programs approved by the Accreditation Council for Pharmacy Education (ACPE) or
10 curriculum-based programs from an ACPE-accredited college of pharmacy or state or local health
11 department programs or programs recognized by the board.

12 IV. Provide to the board evidence of compliance with paragraphs I-III.

13 V. Provide notice to the primary care provider, when designated by the patient, of the
14 administration of the hepatitis A, hepatitis B, Tdap, MMR, and meningococcal vaccines.

15 VI. Maintain a record of administration of hepatitis A, hepatitis B, Tdap, MMR, and
16 meningococcal vaccinations for each individual as required by state and federal law.

17 3 Nullification. The provisions of SB 65 of the 2017 regular legislative session, relative to
18 vaccines administered by pharmacists, are hereby nullified and shall not take effect.

19 4 Individual Health Insurance Market; Contingency. RSA 404-G:12 is repealed and reenacted
20 to read as follows:

21 404-G:12 Contingency.

22 I. Notwithstanding RSA 404-G:11, with the approval of the governor and the joint health
23 care reform oversight committee, and after issuing public notice, conducting a hearing, and
24 receiving public comment, the commissioner may request that the board of directors of the
25 association develop a plan of operation to support the affordability of health insurance in the state's
26 individual health insurance market. The proposal may include resumption of the risk adjustment
27 program referenced in RSA 404-G:5, reopening of the high risk pool referenced in RSA 404-G:5-a,
28 creation and operation of a reinsurance program, or such other program as the board finds will best
29 support the availability and affordability of health insurance in the state. The commissioner shall
30 approve the revised plan of operations if the commissioner finds that the plan will further the
31 purpose of this chapter as stated in RSA 404-G:1, I, and is otherwise consistent with New
32 Hampshire and federal law.

33 II. The board's proposal may include a recommendation that the state apply for a waiver
34 under the Act (or any successor to the Act). If the approved plan includes application for an waiver,
35 the commissioner shall proceed in accordance with RSA 420-N:6-a. If the waiver is approved by the
36 federal government, the board shall prepare a revised plan of operations consistent with the terms
37 of the waiver, and shall implement it upon approval by the commissioner.

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1 5 Federal Health Care Reform 2010; Purpose and Scope. Amend RSA 420-N:1 to read as
2 follows:

3 420-N:1 Purpose and Scope. The intent of this chapter is to preserve the state's status as the
4 primary regulator of the business of insurance within New Hampshire and the constitutional
5 integrity and sovereignty of the state of New Hampshire under the Tenth Amendment to the United
6 States Constitution and part I, article 7 of the New Hampshire constitution and to create a
7 legislative oversight committee to supervise the insurance commissioner's administration of the
8 insurance reforms required under the Patient Protection and Affordable Care Act of 2009, Public
9 Law 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Public Law
10 111-152, including any ***successor legislation and any*** federal regulations, interpretations,
11 standards, or guidance issued thereunder (hereinafter "the Act").

12 6 Federal Health Care Reform 2010; Definition of Act. Amend RSA 420-N:2, I to read as
13 follows:

14 I. "Act" means the Patient Protection and Affordable Care Act of 2009, Public Law 111-148,
15 as amended by the Health Care and Education Reconciliation Act of 2010, Public Law 111-152,
16 including any ***successor legislation and any*** federal regulations, interpretations, standards, or
17 guidance issued thereunder.

18 7 New Section; Federal Health Care Reform 2010; Waiver. Amend RSA 420-N by inserting
19 after section 6 the following new section:

20 420-N:6-a Waiver. With the approval of the governor and the joint health care reform
21 oversight committee, and after issuing public notice, conducting a hearing, and receiving public
22 comment, the commissioner is authorized to submit an application on behalf of the state to the
23 United States Secretary of the Treasury, and if required, to the United States Secretary of Health
24 and Human Services, to waive certain provisions of the Act, as provided in section 1332 of the Act,
25 or any other applicable waiver provision. The commissioner is authorized to implement any
26 federally approved waiver, including but not limited to overseeing the implementation of a revised
27 plan of operations under RSA 404-G:12.

28 8 Individual Health Insurance Market; Contingency; 2020 Version. RSA 404-G:12 is repealed
29 and reenacted to read as follows:

30 404-G:12 Contingency.

31 I. Notwithstanding RSA 404-G:11, if the commissioner determines that high risk pool
32 enrollees will not have access to guaranteed issue coverage in the commercial marketplace, the
33 commissioner may order the association to continue to provide coverage under the high risk pool
34 authorized pursuant to RSA 404-G:5-b. Any such order by the commissioner shall be issued after
35 consultation with the oversight committee on health and human services, established under RSA
36 126-A:13.

37 II. An order issued under paragraph I shall remain in effect until the earlier of the

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1 following:

2 (a) The date on which the commissioner determines that high risk pool enrollees have
3 access to guaranteed issue coverage; or

4 (b) The effective date of any order executed by the commissioner pursuant to RSA 404-C
5 addressing the availability of health insurance.

6 9 Federal Health Care Reform 2010; Purpose and Scope; Reference Deleted; 2020 Version.
7 Amend RSA 420-N:1 to read as follows:

8 420-N:1 Purpose and Scope. The intent of this chapter is to preserve the state's status as the
9 primary regulator of the business of insurance within New Hampshire and the constitutional
10 integrity and sovereignty of the state of New Hampshire under the Tenth Amendment to the United
11 States Constitution and part I, article 7 of the New Hampshire constitution and to create a
12 legislative oversight committee to supervise the insurance commissioner's administration of the
13 insurance reforms required under the Patient Protection and Affordable Care Act of 2009, Public
14 Law 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Public Law
15 111-152, including any ~~[successor legislation and any]~~ federal regulations, interpretations,
16 standards, or guidance issued thereunder (hereinafter "the Act").

17 10 Federal Health Care Reform 2010; Definition of Act; Reference Deleted; 2020 Version.
18 Amend RSA 420-N:2, I to read as follows:

19 I. "Act" means the Patient Protection and Affordable Care Act of 2009, Public Law 111-148,
20 as amended by the Health Care and Education Reconciliation Act of 2010, Public Law 111-152,
21 including any ~~[successor legislation and any]~~ federal regulations, interpretations, standards, or
22 guidance issued thereunder.

23 11 Repeal; 2020. RSA 420-N:6-a, relative to waivers under Federal Health Care Reform 2010,
24 is repealed.

25 12 Effective Date.

26 I. Section 1 of this act shall take effect 60 days after its passage.

27 II. Section 2 of this act shall take effect January 1, 2018.

28 III. Sections 8-11 of this act shall take effect July 1, 2020.

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

2017-2004s

AMENDED ANALYSIS

This bill:

I. Requires licensed pharmacies to establish continuous quality improvement programs to identify weaknesses in processes and systems and make appropriate corrections.

II. Adds hepatitis A, hepatitis B, Tdap, MMR, and meningococcal vaccines to the list of vaccines which may be administered by certain licensed pharmacists and nullifies the provision of SB 65 of the 2017 regular legislative session which addresses the same matter.

III. Adds provisions for the insurance department concerning federal health care reform, and repeals these provisions on July 1, 2020.