Proposed Rule Changes Relative to Collaborative Practice

CHAPTER Ph 1100 COLLABORATIVE PHARMACY PRACTICE

PART Ph 1101 PURPOSE

Ph 1101.01 Purpose. The purpose of this chapter is to implement and regulate collaborative pharmacy practice as a means to make the provision of certain aspects of health care more efficient, less costly, and provided in a more timely manner.

Source. #9381, eff 1-31-09, EXPIRED: 1-31-17

New. #12464, eff 1-23-18

PART Ph 1102 DEFINITIONS

Ph 1102.01 "Attending practitioner" means "attending practitioner" as defined in RSA 318:1, XXV, namely, "the physician or advanced practice registered nurse who has the primary responsibility for the treatment and care of the patient" and as outlined in the collaborative agreement.

Source. #9381, eff 1-31-09, EXPIRED: 1-31-17

New. #12464, eff 1-23-18

Ph 1102.02 "Collaborative pharmacy practice" means "collaborative pharmacy practice" as defined in RSA 318:1, XXVI, namely, "the practice of pharmacy whereby one or more pharmacists jointly agree, on a voluntary basis, to work in conjunction with one or more attending practitioners under written protocol whereby the collaborating pharmacist or pharmacists may perform medication therapy management authorized by the attending practitioner or practitioners under certain specified conditions and limitations."

Source. #9381, eff 1-31-09, EXPIRED: 1-31-17

New. #12464, eff 1-23-18

Ph 1102.03 "Collaborative pharmacy practice agreement" means "collaborative pharmacy practice agreement" as defined in RSA 318:1, XXVII, namely, "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." The term includes each protocol developed pursuant to RSA 318:16-a, II(a).

Source. #9381, eff 1-31-09, EXPIRED: 1-31-17

New. #12464, eff 1-23-18

Ph 1102.04 "Board" means "board" as defined in RSAA 318:1, III.

Source. #9381, eff 1-31-09, EXPIRED: 1-31-17

New. #12464, eff 1-23-18

PART Ph 1103 COLLABORATIVE PHARMACIST QUALIFICATIONS AND APPLICATION

Ph 1103.01 Qualifications.

(a) A pharmacist who seeks to engage in collaborative practice shall:

(1) Hold an unrestricted and current license to practice as a pharmacist in New Hampshire;

(2) Have at least $1,000,000.00 of professional liability insurance that covers services performed under a signed, written collaborative agreement;

(3) Have the knowledge to properly perform the duties in the collaborative agreement; and

(4) Depending on the complexity of services to be provided by the pharmacist the board shall require additional education credits to meet the needs of the collaborative practice agreement.

Source. #9381, eff 1-31-09, EXPIRED: 1-31-17

New. #12464, eff 1-23-18

Ph 1103.02 Attending Practitioner Qualifications. Pharmacists shall not enter into a collaborative agreement with any other practitioner unless that practitioner:

(a) Holds an active, unrestricted license to practice in the state of New Hampshire;

(b) Has prescriptive authority granted by a New Hampshire licensing board; and

(c) Authorizes the pharmacist to perform only those services that fall within that practitioner's scope of practice.

Source. #9381, eff 1-31-09, EXPIRED: 1-31-17

New. #12464, eff 1-23-18

PART Ph 1104 APPLICATION AND SUPPORTING DOCUMENTATION

Ph 1104.01 Application.

(a) A pharmacist who seeks to engage in collaborative practice shall submit:

(1) A completed and signed "Collaborative Practice Application", effective December 2017 and available on the board's website;

(2) A certificate of insurance from the pharmacist's professional liability carrier indicating that the pharmacist maintains insurance coverage that complies with RSA 318:16-a, I(b), and covers the duties and responsibilities within the collaborative agreement; and

(3) A copy of the collaborative agreement, as well as detailed information on the quality assurance program required by RSA 318:16-a, IV (c).

(b) A pharmacist who seeks to engage in the administration of vaccines shall hold current basic or higher certification in cardiopulmonary resuscitation (CPR) from the American Heart Association, the American Red Cross, or from another organization or entity that is nationally recognized as an issuer of such certifications.

(c) After receipt of a "Collaborative Pharmacy Practice Application" the board's staff shall review it for any apparent errors or omissions and inform the applicant in writing if any are found. If informed of errors or omissions, the pharmacist shall correct the error or provide the missing application materials within 30 days of such notification being sent.

(d) Pharmacists engaged in collaborative practice shall provide written or electronic notification to the board of any change to the original application or supporting documentation within 15 days of such change taking effect.

Source. #9381, eff 1-31-09, EXPIRED: 1-31-17

New. #12464, eff 1-23-18 (from Ph 1103.02)

PART Ph 1105 COLLABORATIVE PRACTICE AGREEMENTS ~~AND INFORMED CONSENT~~

Ph 1105.01 Collaborative Practice Agreements.

(a) Collaborative practice agreements shall describe in detail services that a pharmacist may perform for a patient ~~that provides informed consent~~, including but not limited to:

(1) Specific drugs to be managed by the pharmacist;

(2) Terms and conditions under which a drug therapy may be implemented, modified, or discontinued;

(3) Conditions and events upon which the pharmacist is required to notify the collaborating practitioner, and the manner and time frame in which such notification shall occur;

(4) The laboratory tests that may be ordered to manage a medication therapy;

(5) Activities which may be performed by the pharmacist in conjunction with a written protocol;

(6) A statement of the expected amount of dedicated time that a pharmacist will use exclusively to perform duties in the collaborative agreement;

(7) Documentation of the care delivered and, if applicable, methods of communication of essential information the patient's other health care providers;

(8) Education and training designed to enhance patient understanding and the appropriate use of his or her medication;

(9) The beginning and ending dates of the period of time during which the agreement is in effect;

(10) A statement that the agreement may be terminated in writing by either party at any time, subject to (c) below; and

(11) A description of the private, HIPAA-compliant space to be utilized for collaborative practice.

(b) Collaborative agreements shall be renewed at least every 2 years, and signed by all practitioners who are a party to the agreement.

(c) When a collaborative agreement between the pharmacist and the practitioner is terminated, the ~~patient~~ pharmacist shall ~~be~~ provide ~~d written~~ notification to the patient ~~within 15 days~~ and document in the electronic medical record. ~~Such written notification shall include detailed information on how the patient may continue any medication therapy provided by the pharmacist without interruption.~~

(d) Collaborative practice agreements shall include quality metrics developed by pharmacist(s) and ~~physician(s) or nurse practitioner(s)~~practitioners that shall be reported to the board on an annual basis.

Commented [KBT1]: Note to BoP: is it necessary for the board to receive metrics on an annual basis? Has the board adopted any? If not, can we strike "that shall be reported to the board on an annual basis"?

Here's the statutory reference: ***RSA 318:16-a IV (c)*** *Ongoing metrics for quality assurance and safety monitoring shall be agreed upon by the practitioner and pharmacist and shall be included in the collaborative practice agreement. These metrics shall be consistent with metrics adopted or enforced by regulatory bodies.*

~~(e) Collaborative agreements shall include, in a format determined by the parties to the agreement, written informed consent signed by the patient or the patient's authorized representative and containing the information specified in Ph 1105.02.~~

(~~f~~c) Pharmacists shall keep a copy of each collaborative agreement, including any protocols specified in such agreements, to which they are a party at their place of practice.

(~~g~~f) Collaborative agreements and~~,~~ protocols~~, and written informed consents~~ shall be available for inspection and review by the board or its agents at any time during the pharmacist's normal business hours.

Source. #12464, eff 1-23-18 (from Ph 1104.01)

~~Ph 1105.02 Informed Consent of Patient or Patient's Authorized Representative.~~

~~(a) Patient informed consents shall include, but not be limited to, the following information:~~

~~(1) A statement that the patient or the patient's authorized representative has read, understood, and consented to the pharmacist performing the duties outlined in the agreement;~~

~~(2) The full name and address of the patient;~~

~~(3) The full name and address of the collaborative attending practitioner; and~~

~~(4) The full name and address of the collaborating pharmacist.~~

~~Source. #12464, eff 1-23-18 (from Ph 1104.02)~~

Ph 1105.0~~3~~2 Practice Under a Collaborative Practice Agreement.

(a) Practice by a pharmacist under a collaborative practice agreement shall not be delegable and shall be performed only by the pharmacist who is a party to the agreement.

(b) At least once per year, the pharmacist shall review the collaborative practice agreement and each protocol developed pursuant thereto so as to determine whether changes should be made to reflect the standard of care. If such a review reveals that a change should be made, the pharmacist shall inform the attending practitioner. ~~and the patient or the patient's authorized representative.~~

(c) Nothing in this chapter shall be construed to prohibit an authorized pharmacist from participating in medication therapy management by protocol or policy approved by the medical staff of the hospital, so long as such participation is limited to drugs administered to a patient by an individual licensed to administer the drug to the patient in an in-patient or outpatient hospital setting.

(d) Nothing in this chapter shall be construed to prohibit a pharmacist from performing medication therapy management services that do not require a collaborative agreement, such as:

(1) Performing patient assessment or comprehensive medication review;

(2) Formulating a medication treatment plan;

(3) Monitoring efficacy and safety of medication therapy;

(4) Enhancing medication adherence through patient empowerment and education; and

(5) Documenting and communicating medication therapy management services to prescribers in order to maintain comprehensive patient care.

(e) In the event the board places a restriction on a pharmacist license, that pharmacist shall cease working under any collaborative agreement immediately upon being restricted. Once the restriction has been removed by the board, the pharmacist may reapply for collaborative practice.

(f) In the event a licensing board places a restriction on an attending practitioner, the pharmacist shall cease working under any collaborative agreement with that attending practitioner. Once the restriction has been removed by the respective licensing board, the pharmacist may reapply for collaborative practice with that attending practitioner.

Source. #12464, eff 1-23-18 (from Ph 1104.03)

Ph 1105.043 Audits.

(a) The board shall, at its annual January meeting, randomly select at least 10 percent and not more than 20 percent of active collaborative agreements for an audit.

(b) The continuing education advisory council shall audit the continuing education requirements of randomly selected collaborative practice agreements and submit its finding to the board at its annual April board meeting.

(c) Audits shall include the elements outlined in Ph 1104.

(d) Violations discovered by an audit shall be reported to the board.

Source. #12464, eff 1-23-18