

STATE OF NEW YORK

8664

2017-2018 Regular Sessions

IN ASSEMBLY

September 11, 2017

Introduced by M. of A. McDONALD -- read once and referred to the Committee on Higher Education

AN ACT to amend the public health law and the education law, in relation to comprehensive medication management; and to amend chapter 21 of the laws of 2011 amending the education law relating to authorizing pharmacists to perform collaborative drug therapy management with physicians in certain settings, in relation to making the provisions of such chapter permanent

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. The public health law is amended by adding a new article 29-H to read as follows:

ARTICLE 29-H

COMPREHENSIVE MEDICATION MANAGEMENT

Section 2999-ee. Comprehensive medication management.

§ 2999-ee. Comprehensive medication management. 1. Definitions. As used in this article, the following terms shall have the following meanings:

(a) Qualified pharmacist. The term "qualified pharmacist" shall mean a pharmacist who maintains a current unrestricted license pursuant to article one hundred thirty-seven of the education law, who has a minimum of two years of experience in patient care as a practicing pharmacist within the last five years, and who has demonstrated competency in the medication management of patients with a chronic disease or diseases, including, but not limited to, the completion of one or more programs which are accredited by the accreditation council for pharmacy education, recognized by the education department and acceptable to the patient's treating physician.

(b) Patient care. The term "patient care" shall mean assessing the appropriateness of prescription and non-prescription drugs for individual patients based on an assessment of the patient's medication history,

EXPLANATION--Matter in italics (underscored) is new; matter in brackets [-] is old law to be omitted.

LBD13456-01-7

1 medication experience including beliefs, concerns, understanding and
2 expectations, the clinical goals of therapy, potential drug-to-drug
3 interactions or other medication safety concerns, recommendations for
4 adherence and consulting with a patient or caregiver.

5 (c) Comprehensive medication management. The term "comprehensive medi-
6 cation management" shall mean a program conducted by a qualified pharma-
7 cist that ensures a patient's medications, whether prescription or
8 nonprescription, are individually assessed to determine that each medi-
9 cation is appropriate for the patient, effective for the medical condi-
10 tion, safe given the comorbidities and other medications being taken,
11 and able to be taken by the patient as intended. Comprehensive medica-
12 tion management conducted by a qualified pharmacist shall include, but
13 not be limited to, electronic bi-directional sharing of applicable
14 patient clinical information with the treating physician.

15 (d) Comprehensive medication management protocol. The term "comprehen-
16 sive medication management protocol" shall mean a written document
17 pursuant to and consistent with any applicable state and federal
18 requirements, that is entered into voluntarily by a physician licensed
19 pursuant to article one hundred thirty-one of the education law and a
20 qualified pharmacist which addresses a chronic disease or diseases as
21 determined by the treating physician and that describes the nature and
22 scope of the comprehensive medication management services to be
23 performed by the qualified pharmacist, in accordance with the provisions
24 of this article. Comprehensive medication management protocols between
25 licensed physicians and qualified pharmacists shall be made available to
26 the department for review and to ensure compliance with this article,
27 upon request.

28 2. Authorization to establish comprehensive medication management
29 protocols. A physician licensed pursuant to article one hundred thirty-
30 one of the education law shall be authorized to voluntarily establish a
31 comprehensive medication management protocol with a qualified pharmacist
32 to provide comprehensive medication management services for a patient
33 who has not met clinical goals of therapy, is at risk for hospitaliza-
34 tion or for whom the physician deems it is necessary to receive compre-
35 hensive medication management services. Participation by the patient in
36 comprehensive medication management services shall be voluntary.

37 3. Scope of comprehensive medication management protocols. Under a
38 comprehensive medication management protocol, a qualified pharmacist
39 shall be permitted to:

40 (a) adjust or manage a drug regimen of a patient, pursuant to the
41 patient specific order or protocol established by the patient's treating
42 physician, which may include adjusting drug strength, frequency of
43 administration or route of administration. Adjusting the drug regimen
44 shall not include substituting or selecting a different drug which
45 differs from that initially prescribed by the patient's treating physi-
46 cian unless such substitution is expressly authorized in the written
47 order or protocol. The qualified pharmacist shall be required to imme-
48 diately document in the patient's medical record changes made to the
49 patient's drug therapy. The patient's treating physician may prohibit,
50 by written instruction, any adjustment or change in the patient's drug
51 regimen by the qualified pharmacist;

52 (b) evaluate and, only if specifically authorized by the protocol and
53 only to the extent necessary to discharge the responsibilities set forth
54 in this article, order disease state laboratory tests related to the
55 drug therapy management for the specific chronic disease or diseases
56 specified within the written agreement or protocol;

1 (c) only if specifically authorized by the written order or protocol
2 and only to the extent necessary to discharge the responsibilities set
3 forth in this article, order or perform routine patient monitoring func-
4 tions as may be necessary in the drug therapy management, including the
5 collecting and reviewing of patient histories, and ordering or checking
6 patient vital signs, including pulse, temperature, blood pressure,
7 weight and respiration; and

8 (d) access the complete patient medical record maintained by the
9 treating physician with whom the qualified pharmacist has the comprehen-
10 sive medication management protocol and document any adjustments made
11 pursuant to the protocol in the patient's medical record and shall noti-
12 fy the patient's treating physician of any adjustments in a timely
13 manner electronically or by other means.

14 (e) Under no circumstances, shall the qualified pharmacist be permit-
15 ted to delegate comprehensive medication management services to any
16 other licensed pharmacist or other pharmacy personnel.

17 4. Medication adjustments. Any medication adjustments made by the
18 qualified pharmacist pursuant to the comprehensive medication management
19 protocol including adjustments in drug strength, frequency or route of
20 administration, or initiation of a drug which differs from that initial-
21 ly prescribed and as documented in the patient's medical record shall be
22 deemed an oral prescription authorized by an agent of the patient's
23 treating physician and shall be dispensed consistent with section
24 sixty-eight hundred ten of the education law. For the purposes of this
25 article, a pharmacist who is not an employee of the physician may be
26 authorized to serve as an agent of the physician.

27 5. Referrals. A physician licensed pursuant to article one hundred
28 thirty-one of the education law who has responsibility for the treatment
29 and care of a patient for a chronic disease or diseases as determined by
30 the physician may refer the patient to a qualified pharmacist for
31 comprehensive medication management services, pursuant to the comprehen-
32 sive medication management protocol that the physician has established
33 with the qualified pharmacist. The protocol agreement shall authorize
34 the pharmacist to serve as an agent of the physician as defined by the
35 protocol. Such referral shall be documented in the patient's medical
36 record.

37 6. Patient participation. Participation in comprehensive medication
38 management services shall be voluntary, and no patient, physician or
39 pharmacist shall be required to participate. The referral of a patient
40 for comprehensive medication management services and the patient's right
41 to choose to not participate shall be disclosed to the patient. Compre-
42 hensive medication management services shall not be utilized unless the
43 patient or the patient's authorized representative consents, in writing,
44 to such services. Such consent shall be noted in the patient's medical
45 record. If the patient or the patient's authorized representative who
46 consented chooses to no longer participate in such services, at any
47 time, the services shall be discontinued and it shall be noted in the
48 patient's medical record.

49 § 2. The education law is amended by adding a new section 6801-b to
50 read as follows:

51 § 6801-b. Comprehensive medication management. 1. As used in this
52 section:

53 (a) "comprehensive medication management" shall mean a program for the
54 management of chronic disease or diseases that ensures a patient's medi-
55 cations, whether prescription or nonprescription, are individually
56 assessed to determine that each medication is appropriate for the

1 patient, effective for the medical condition, safe given the comorbidi-
2 ties and other medications being taken, and able to be taken by the
3 patient as intended; and

4 (b) "comprehensive medication management protocol" shall mean a writ-
5 ten document, pursuant to and consistent with any applicable state or
6 federal requirements, that is entered into voluntarily by a physician
7 licensed pursuant to article one hundred thirty-one of this title and a
8 licensed pharmacist who meets the qualification requirements specified
9 in article twenty-nine-H of the public health law which addresses a
10 chronic disease or diseases as determined by the physician and that
11 describes the nature and scope of the comprehensive medication manage-
12 ment service to be performed by the qualified pharmacist. Comprehensive
13 medication management protocols between licensed physicians and quali-
14 fied pharmacists shall be made available to the department for review
15 and to ensure compliance with this article, upon request.

16 2. A licensed pharmacist qualified pursuant to article twenty-nine-H
17 of the public health law is authorized to serve as an agent of the
18 physician when executing the terms of the written comprehensive medica-
19 tion management protocol as established by the licensed physician for
20 the management of patients with a chronic disease or diseases.

21 § 3. Section 5 of chapter 21 of the laws of 2011, amending the educa-
22 tion law relating to authorizing pharmacists to perform collaborative
23 drug therapy management with physicians in certain settings, as amended
24 by chapter 238 of the laws of 2015, is amended to read as follows:

25 § 5. This act shall take effect on the one hundred twentieth day after
26 it shall have become a law [~~and shall expire 7 years after such effec-~~
27 ~~tive date when upon such date the provisions of this act shall be deemed~~
28 ~~repealed~~]; provided, however, that the amendments to subdivision 1 of
29 section 6801 of the education law made by section one of this act shall
30 be subject to the expiration and reversion of such subdivision pursuant
31 to section 8 of chapter 563 of the laws of 2008, when upon such date the
32 provisions of section one-a of this act shall take effect; provided,
33 further, that effective immediately, the addition, amendment and/or
34 repeal of any rule or regulation necessary for the implementation of
35 this act on its effective date is authorized and directed to be made and
36 completed on or before such effective date.

37 § 4. This act shall take effect immediately, provided that sections
38 one and two of this act shall take effect on the one hundred eightieth
39 day after it shall have become a law, provided that, effective imme-
40 diately, the addition, amendment and/or repeal of any rule or regulation
41 necessary for the implementation of this act on its effective date are
42 authorized and directed to be made and completed on or before such
43 effective date.