

STATE OF NEW YORK

7682

IN SENATE

February 7, 2018

Introduced by Sen. LAVALLE -- read twice and ordered printed, and when printed to be committed to the Committee on Health

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:

1 Section 1. The public health law is amended by adding a new article
2 29-H to read as follows:

ARTICLE 29-H

COMPREHENSIVE MEDICATION MANAGEMENT

5 Section 2999-ee. Comprehensive medication management.

6 § 2999-ee. Comprehensive medication management. 1. Definitions. As
7 used in this article, the following terms shall have the following mean-
8 ings:

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

19 (b) Patient care. The term "patient care" shall mean assessing the
20 appropriateness of prescription and non-prescription drugs for individ-
21 ual patients based on an assessment of the patient's medication history,
22 medication experience including beliefs, concerns, understanding and
23 expectations, the clinical goals of therapy, potential drug-to-drug

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

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1 interactions or other medication safety concerns, recommendations for
2 adherence and consulting with a patient or caregiver.

3 (c) Comprehensive medication management. The term "comprehensive medi-
4 cation management" shall mean a program conducted by a qualified pharma-
5 cist that ensures a patient's medications, whether prescription or
6 nonprescription, are individually assessed to determine that each medi-
7 cation is appropriate for the patient, effective for the medical condi-
8 tion, safe given the comorbidities and other medications being taken,
9 and able to be taken by the patient as intended. Comprehensive medica-
10 tion management conducted by a qualified pharmacist shall include shar-
11 ing of applicable patient clinical information with the treating physi-
12 cian as specified in a comprehensive medication management protocol.

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

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

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

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

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

55 (c) only if specifically authorized by the written order or protocol
56 and only to the extent necessary to discharge the responsibilities set

1 forth in this article, order or perform routine patient monitoring func-
2 tions as may be necessary in the drug therapy management, including the
3 collecting and reviewing of patient histories, and ordering or checking
4 patient vital signs, including pulse, temperature, blood pressure,
5 weight and respiration; and

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

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

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

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

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

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

49 § 6801-b. Comprehensive medication management. 1. As used in this
50 section:

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

1 ties and other medications being taken, and able to be taken by the
2 patient as intended; and

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

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

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

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

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