

STATE OF NEW YORK

10196

IN ASSEMBLY

March 22, 2018

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

AN ACT to amend the education law, in relation to including nurse practitioners as a provider of services for purposes of collaborative drug therapy 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 authorization for pharmacists to perform collaborative drug therapy management permanent

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

Section 1. Section 6801-a of the education law, as amended by chapter 238 of the laws of 2015, is amended to read as follows:

§ 6801-a. Collaborative drug therapy management [~~demonstration program~~]. 1. As used in this section, the following terms shall have the following meanings:

a. "Board" shall mean the state board of pharmacy as established by section sixty-eight hundred four of this article.

b. "Clinical services" shall mean the collection and interpretation of patient data for the purpose of initiating, modifying and monitoring drug therapy with associated accountability and responsibility for outcomes in a direct patient care setting.

c. "Collaborative drug therapy management" shall mean the performance of clinical services by a pharmacist relating to the review, evaluation and management of drug therapy to a patient, who is being treated by a physician or nurse practitioner for a specific disease or associated disease states, in accordance with a written agreement or protocol with a voluntarily participating physician or nurse practitioner and in accordance with the policies, procedures, and protocols of the facility. Such agreement or protocol as entered into by the physician or nurse practitioner and a pharmacist, may include, and shall be limited to:

(i) adjusting or managing a drug regimen of a patient, pursuant to a patient specific order or protocol made by the patient's physician or nurse practitioner, which may include adjusting drug strength, frequency

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

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1 of administration or route of administration. Adjusting the drug regimen
2 shall not include substituting or selecting a different drug which
3 differs from that initially prescribed by the patient's physician or
4 nurse practitioner unless such substitution is expressly authorized in
5 the written order or protocol. The pharmacist shall be required to imme-
6 diately document in the patient record changes made to the patient's
7 drug therapy and shall use any reasonable means or method established by
8 the facility to notify the patient's other treating physicians or nurse
9 practitioners with whom he or she does not have a written agreement or
10 protocol regarding such changes. The patient's physician or nurse prac-
11 titioner may prohibit, by written instruction, any adjustment or change
12 in the patient's drug regimen by the pharmacist;

13 (ii) evaluating and, only if specifically authorized by the protocol
14 and only to the extent necessary to discharge the responsibilities set
15 forth in this section, ordering disease state laboratory tests related
16 to the drug therapy management for the specific disease or disease state
17 specified within the written agreement or protocol; and

18 (iii) only if specifically authorized by the written agreement or
19 protocol and only to the extent necessary to discharge the responsibil-
20 ities set forth in this section, ordering or performing routine patient
21 monitoring functions as may be necessary in the drug therapy management,
22 including the collecting and reviewing of patient histories, and order-
23 ing or checking patient vital signs, including pulse, temperature, blood
24 pressure and respiration.

25 d. "Facility" shall mean: (i) a [~~teaching hospital or general~~] hospi-
26 tal, [~~including any diagnostic center, treatment center, or hospital-~~
27 ~~based outpatient department~~] as defined in subdivision one of section
28 twenty-eight hundred one of the public health law; or (ii) a nursing
29 home with an on-site pharmacy staffed by a licensed pharmacist;
30 provided, however, for the purposes of this section the term "facility"
31 shall not include dental clinics, dental dispensaries, residential
32 health care facilities and rehabilitation centers.

33 [~~For the purposes of this section, a "teaching hospital" shall mean a~~
34 ~~hospital licensed pursuant to article twenty-eight of the public health~~
35 ~~law that is eligible to receive direct or indirect graduate medical~~
36 ~~education payments pursuant to article twenty-eight of the public health~~
37 ~~law.~~] In addition, a facility may also include up to fifteen community-
38 practice sites, selected by the department in consultation with the
39 department of health, where pharmacists and physicians or nurse practi-
40 tioners may propose to enter into collaborative arrangements, pursuant
41 to the provisions of this section. Such sites shall be selected based
42 upon a review of applications submitted to the department by such phar-
43 macists and physicians or nurse practitioners, which demonstrate that
44 the applicants can satisfy the requirements of this section.

45 e. "Physician" or "nurse practitioner" shall mean the physician or
46 nurse practitioner selected by or assigned to a patient, who has primary
47 responsibility for the treatment and care of the patient for the disease
48 and associated disease states that are the subject of the collaborative
49 drug therapy management.

50 f. "Written agreement or protocol" shall mean a written document,
51 pursuant to and consistent with any applicable state or federal require-
52 ments, that addresses a specific disease or associated disease states
53 and that describes the nature and scope of collaborative drug therapy
54 management to be undertaken by the pharmacists, in collaboration with
55 the participating physician or nurse practitioner in accordance with the
56 provisions of this section.

2. a. A pharmacist who meets the experience requirements of paragraph b of this subdivision and who is either employed by or otherwise affiliated with a facility or is participating with a community-practice site selected pursuant to paragraph d of subdivision one of this section shall be permitted to enter into a written agreement or protocol with a physician or nurse practitioner authorizing collaborative drug therapy management, subject to the limitations set forth in this section, within the scope of such employment ~~[or]~~, affiliation or participation.

b. A participating pharmacist must:

(i)(A) have been awarded either a master of science in clinical pharmacy or a doctor of pharmacy degree;

(B) maintain a current unrestricted license; and

(C) have a minimum of two years experience, of which at least one year of such experience shall include clinical experience in a health facility, which involves consultation with physicians or nurse practitioners with respect to drug therapy and may include a residency at a facility involving such consultation; or

(ii)(A) have been awarded a bachelor of science in pharmacy;

(B) maintain a current unrestricted license; and

(C) within the last seven years, have a minimum of three years experience, of which at least one year of such experience shall include clinical experience in a health facility, which involves consultation with physicians with respect to drug therapy and may include a residency at a facility involving such consultation; and

(iii) meet any additional education, experience, or other requirements set forth by the department in consultation with the board.

c. Notwithstanding any provision of law, nothing in this section shall prohibit a licensed pharmacist from engaging in clinical services associated with collaborative drug therapy management, in order to gain experience necessary to qualify under clause (C) of subparagraph (i) or (ii) of paragraph b of this subdivision, provided that such practice is under the supervision of a pharmacist that currently meets the referenced requirement, and that such practice is authorized under the written agreement or protocol with the physician or nurse practitioner.

d. Notwithstanding any provision of this section, nothing herein shall authorize the pharmacist to diagnose disease. In the event that a treating physician or nurse practitioner may disagree with the exercise of professional judgment by a pharmacist, the judgment of the treating physician or nurse practitioner shall prevail.

3. The physician or nurse practitioner who is a party to a written agreement or protocol authorizing collaborative drug therapy management shall be employed by or otherwise affiliated with the same facility with which the pharmacist is also employed or affiliated.

4. The existence of a written agreement or protocol on collaborative drug therapy management and the patient's right to choose to not participate in collaborative drug therapy management shall be disclosed to any patient who is eligible to receive collaborative drug therapy management. Collaborative drug therapy management shall not be utilized unless the patient or the patient's authorized representative consents, in writing, to such management. If the patient or the patient's authorized representative consents, it shall be noted on the patient's medical record. If the patient or the patient's authorized representative who consented to collaborative drug therapy management chooses to no longer participate in such management, at any time, it shall be noted on the patient's medical record. In addition, the existence of the written agreement or protocol and the patient's consent to such management shall

1 be disclosed to the patient's primary physician or nurse practitioner
2 and any other treating physician or nurse practitioner or healthcare
3 provider.

4 5. Participation in a written agreement or protocol authorizing colla-
5 borative drug therapy management shall be voluntary, and no patient,
6 physician or nurse practitioner, pharmacist, or facility shall be
7 required to participate.

8 6. Nothing in this section shall be deemed to limit the scope of prac-
9 tice of pharmacy nor be deemed to limit the authority of pharmacists and
10 physicians or nurse practitioners to engage in medication management
11 prior to the effective date of this section and to the extent authorized
12 by law.

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

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

29 § 3. This act shall take effect on the one hundred twentieth day after
30 it shall have become a law; provided that, effective immediately, the
31 addition, amendment and/or repeal of any rule or regulation necessary
32 for the implementation of this act on its effective date are authorized
33 and directed to be made and completed on or before such effective date.