CHAPTER Ph 1100 COLLABORATIVE PHARMACY PRACTICE

PART Ph 1101 PURPOSE AND SCOPE

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.

Ph 1101.02 Scope. These rules shall regulate collaborative pharmacy practice only in the following institutions where the practice is permitted pursuant to RSA 318:16-a, III(a) – (d), namely:

(a) Hospitals;

(b) Long-term care facilities;

(c) Licensed inpatient or outpatient hospice settings; and

(d) Ambulatory care clinics with onsite supervision by the attending practitioner and with a collaborating pharmacist who has no connection to any onsite retail pharmacy.

PART Ph 1102 DEFINITIONS

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

Ph 1102.02 “Collaborative pharmacy practice” means “collaborative pharmacy practice” as defined in RSA 318:1, XXV, 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.”

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, 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." For purposes of these rules, the term includes each protocol developed pursuant to RSA 318:16-a, II(a).

Ph 1102.04 "Medication therapy management'' means "medication therapy management'' as defined in RSA 318:1, XXVIII, namely, "the review of medication therapy regimens of patients by a pharmacist for the purpose of evaluating and rendering advice to a practitioner, or evaluating and modifying the medication regimen in accordance with the collaborative pharmacy practice agreement" and is limited to:

(a) Implementing, modifying, and managing medication therapy according to the terms of the collaborative pharmacy practice agreement;

(b) Collecting and reviewing patient histories within the context of needs for pharmacy practice;

(c) Obtaining and checking vital signs, such as pulse, temperature, blood pressure, and respiration;

(d) Ordering laboratory tests as specifically set out in the collaborative pharmacy practice agreement between the pharmacist and the attending practitioner that are specific to the medication or protocol-driven;

(e) Formulating a medication treatment plan that will be shared with the patient's attending practitioner;

(f) Monitoring and evaluating the patient's response to therapy, including safety and effectiveness;

(g) Performing a comprehensive medication review, in conjunction with the attending practitioner, to identify, resolve, and prevent medication-related problems, including adverse drug events;

(h) Documenting the care delivered and, if applicable, communicating essential information to the patient's other health care providers; and

(i) Providing education and training designed to enhance patient understanding and the appropriate use of his or her medications.

PART Ph 1103 COLLABORATIVE PHARMACIST QUALIFICATIONS AND APPLICATION

Ph 1103.01 Qualifications.

(a) A pharmacist who seeks to engage in collaborative practice shall meet the requirements of:

(1) RSA 318:16-a, I(a) relative to licensure in New Hampshire;

(2) RSA 318:16-a, I(b) relative to professional liability insurance coverage;

(3) RSA 318:16-a, I(c) relative to education or experience;

(4) RSA 318:16-a, I(d) relative to completion of continuing education in any of the subjects or activities listed in RSA 318:1, XXVIII, (a) – (i); and

(5) RSA 318:16-a, I(e) relative to administration of drugs by injection, if the pharmacist will administer drugs in that way.

(b) A pharmacist who seeks to engage in collaborative practice that includes 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.

Ph 1103.02 Application.

(a) A pharmacist who seeks to engage in collaborative practice in one of the settings allowed under RSA 318:16-a, III, shall provide the following on or with a "Collaborative Application":

1) The pharmacist's name and license number;

2) The pharmacist's business and home addresses;

(3) A certificate of insurance from the pharmacist's professional liability carrier that the pharmacist maintains insurance coverage that complies with RSA 318:16-a, I(b);

(4) A list of all continuing education courses that address the continuing requirement stated in Ph 1103.01(a)(4);

5) A copy of the CPR certification that complies with the requirements of Ph 1103.01(b);

(6) Identification of each practice setting in which the pharmacist intends to practice, including the name and address of each such institution;

7) If intending to administer drugs by injection, a certificate of completion of a training program that meets the requirements of RSA 318:16-a, I(e);

(8) An indication that the information provided on or with the application is true, correct, and complete to the best of the pharmacist's knowledge and belief; and

(9) The signature of the pharmacist and the date signed.

(b) After receipt of a "Collaborative Pharmacist 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.

(c) Each completed "Collaborative Pharmacist Application" shall be reviewed by the board at the next regular meeting that occurs at least 14 days after the application has been determined by board staff to be without apparent errors or omissions.

(d) The board shall approve a "Collaborative Pharmacist Application" if the applicant meets the requirements of RSA 318:16-a, I and these rules or shall deny the "Collaborative Pharmacist Application" if any such requirement has not been met. The board shall notify the pharmacist in writing as soon as practicable following its decision.

PART Ph 1104 COLLABORATIVE PRACTICE AGREEMENTS AND PRACTICE THEREUNDER

Ph 1104.01 Collaborative Practice Agreements.

(a) Each protocol developed pursuant to a collaborative practice agreement shall include all the elements specified in RSA 318:16-a, II(a)(1) – (6).

(b) Each collaborative practice agreement, including each protocol developed pursuant thereto, shall be signed by the pharmacist, attending practitioner, and then the patient or the patient's authorized representative before it is put into effect. The signature of the patient or the

patient's authorized representative shall be the last to be obtained.

(c) The pharmacist shall maintain at the pharmacist's place of practice a copy of each collaborative practice agreement, including each protocol developed pursuant thereto, to which the pharmacist is a party.

(d) The document referred to in (c) above shall be available for inspection and review by the board or its agents at any time during the pharmacist's usual or actual hours of practice.

(e) If the pharmacist is the person who secures the patient or patient's authorized representative's signature on the collaborative practice agreement and informed consent form required pursuant to Ph 1104.02(b), the pharmacist shall provide the attending practitioner with a copy of the fully executed agreement as soon as practicable but in no case later than 24 hours after the patient or patient's authorized representative signs.

Ph 1104.02 Informed Consent of Patient or Patient's Authorized Representative.

a) Prior to requesting that the patient or the patient's authorized representative sign the collaborative agreement, the pharmacist shall ensure that:

(1) A copy of the agreement, including each protocol developed pursuant thereto, been provided with sufficient time for the documents to be reviewed;

2) The patient or the patient's authorized representative has an opportunity to have any regarding such documents and their implementation answered to their satisfaction;

3) All benefits and risks accruing under the agreement are fully explained to the patient the patient's authorized representative;

(4) The patient or the patient's authorized representative understands that he or she may decline to participate or withdraw from the agreement at any time; and

(5) The patient or the patient's authorized representative is capable of providing consent.

(b) Informed consent shall be evidenced by a signed informed consent form that complies with

the policiesand procedures of the institution in which the collaborative practice agreement will be implemented.

Ph 1104.03 Practice Under a Collaborative Practice Agreement.

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

(b) Prior to initiation of medication therapy management for a patient, the pharmacist shall review and confirm the patient's:

(1) Name;

(2) Gender, and if female, pregnancy and lactation status;

(3) Date of birth;

(4) Height and weight;

(5) Diagnosis, through consultation with the attending practitioner;

(6) Medication history;

(7) Prior lab values;

(8) Known allergies; and

(9) Emergency contact information.

(c) 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.

(d) Nothing in this chapter shall be construed to prohibit an authorized pharmacist participating in medication therapy management by protocol or policy approved by the medical staff of the hospital.