

GENERAL ASSEMBLY OF NORTH CAROLINA
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HOUSE BILL DRH40307-NB-32

Short Title: Improving Access to Patient Care.

(Public)

Sponsors: Representative Sasser.

Referred to:

A BILL TO BE ENTITLED
AN ACT TO IMPROVE ACCESS TO PATIENT CARE SERVICES VIA COLLABORATION
BETWEEN PHYSICIANS AND PHARMACISTS.

The General Assembly of North Carolina enacts:

SECTION 1.(a) G.S. 90-18(c)(3a) reads as rewritten:

"(3a) Collaborative care services are patient care services authorized by a physician and delegated to a pharmacist for the purpose of drug therapy and disease management. The provision of drug therapy management by a licensed pharmacist engaged in the practice of pharmacy pursuant to an agreement that is physician, pharmacist, patient, and disease specific when patient care services by a licensed pharmacist under a collaborative practice agreement with one or more physicians shall be performed in accordance with rules and rules developed by a joint subcommittee of the North Carolina Medical Board and the North Carolina Board of Pharmacy and approved by both Boards. Drug therapy management shall be defined as: (i) the implementation of predetermined drug therapy which includes diagnosis and product selection by the patient's physician; (ii) modification of prescribed drug dosages, dosage forms, and dosage schedules; and (iii) ordering tests; (i), (ii), and (iii) shall be pursuant to an agreement that is physician, pharmacist, patient, and disease specific.Under a collaborative practice agreement, a supervising physician may delegate to a licensed pharmacist any patient care services that the supervising physician deems appropriate."

SECTION 1.(b) G.S. 90-18.4 reads as rewritten:

"§ 90-18.4. Limitations on clinical pharmacist practitioners.

(a) Any pharmacist who is approved under Under the provisions of G.S. 90-18(e)(3a) to G.S. 90-18(c)(3a), any licensed pharmacist may perform medical acts, tasks, and functions may collaborative care services and use the title "clinical pharmacist practitioner". Any other person who uses the title in any form or holds himself or herself out to be a clinical pharmacist practitioner or to be so licensed shall be deemed to be in violation of this Article.

(b) Clinical pharmacist practitioners are authorized by physicians to implement predetermined drug therapy, which includes diagnosis and product selection by the patient's physician, modify prescribed drug dosages, dosage forms, and dosage schedules, and to order laboratory tests pursuant to a drug therapy management agreement that is physician, pharmacist, patient, and disease specific provide patient care services in accordance with G.S. 90-18(c)(3a) and G.S. 90-18.4A under the following conditions:



- 1 (1) The North Carolina Medical Board and the North Carolina Board of Pharmacy
2 have adopted rules developed by a joint subcommittee governing the approval
3 of individual clinical pharmacist practitioners to practice drug therapy
4 management with such limitations-use and oversight of collaborative practice
5 in patient care settings, and that the Boards shall determine to be in the best
6 interest of patient health and safety.
- 7 (2) The clinical pharmacist practitioner has current approval from both
8 Boards-shall be registered with the North Carolina Board of Pharmacy and
9 maintains annual requirements as a clinical pharmacist practitioner.
- 10 (3) The North Carolina Medical Board has assigned an clinical pharmacist
11 practitioner unique identification number to the clinical pharmacist
12 practitioner which is shall be shown on written any prescriptions written by
13 the clinical pharmacist practitioner.
- 14 (4) The drug therapy management agreement prohibits the substitution of a
15 chemically dissimilar drug product by the pharmacist for the product
16 prescribed by the physician without the explicit consent of the physician and
17 includes a policy for periodic review by the physician of the drugs modified
18 pursuant to the agreement or changed with the consent of the physician."

19 **SECTION 1.(c)** G.S. 90-18.4 is amended by adding a new subsection to read:

20 "(e) In accordance with rules established by the North Carolina Medical Board and the
21 North Carolina Board of Pharmacy, the supervising physician shall evaluate the provision of
22 collaborative care services by the clinical pharmacist practitioner. The physician shall conduct
23 periodic review and evaluation of the clinical pharmacist practitioner as stated in the agreement
24 between the physician and clinical pharmacist practitioner. A physician may collaborate with and
25 supervise as many clinical pharmacist practitioners as the physician deems can be safely and
26 effectively supervised."

27 **SECTION 1.(d)** G.S. 90-18.4(c)(1)-(4) are repealed.

28 **SECTION 1.(e)** G.S. 90-18.4(c)(5) is recodified as G.S. 90-18.4(c1) and reads as
29 rewritten:

30 "(c1) Any drug therapy order written by a clinical pharmacist practitioner or order for
31 medications or tests-medications, tests, or devices written by a clinical pharmacist practitioner
32 shall be deemed to have been authorized by the physician approved by the Boards as the
33 supervisor of collaborating physician. Orders written by the clinical pharmacist practitioner and
34 shall be documented to inform the supervising collaborating physician or advanced practice
35 provider for the patient. Periodic review and evaluation of the clinical pharmacist practitioner's
36 prescribing patterns shall be responsible for authorizing the prescription order.conducted by the
37 supervising physician."

38 **SECTION 1.(f)** G.S. 90-18.4 is amended by adding a new subsection to read:

39 "(c2) Institutional and group practices may implement an institution-wide, multiprovider
40 collaborative practice agreement for the care of their patients. The institution or group practice
41 must develop a policy for oversight and the clinical pharmacist practitioners engaged in the
42 agreement must be evaluated by an appointed supervising physician."

43 **SECTION 1.(g)** G.S. 90-18.4(d) is repealed.

44 **SECTION 2.** G.S. 90-8.2(b) reads as rewritten:

45 "(b) The North Carolina Medical Board shall-may appoint and maintain a subcommittee
46 of four licensed physicians to work jointly with a subcommittee of the North Carolina Board of
47 Pharmacy to develop rules to govern the performance of medical acts-patient care services by
48 clinical pharmacist practitioners, including the determination of practitioners. The North
49 Carolina Board of Pharmacy has the authority to determine reasonable fees to accompany an-the
50 registry application for approval-not to exceed one hundred dollars (\$100.00)-fifty dollars
51 (\$50.00) and for-annual renewal of approval-registration not to exceed fifty dollars (\$50.00).

1 Rules recommended by the joint subcommittee shall be made and adopted in accordance with
2 Chapter 150B of the General Statutes by both the North Carolina Medical Board and the North
3 Carolina Board of Pharmacy and shall not become effective until adopted by both Boards within
4 six months of any approved statutory changes. The North Carolina Medical Board of Pharmacy
5 shall have responsibility for ensuring compliance with these collaborative practice rules."

6 **SECTION 3.** Article 1 of Chapter 90 of the General Statutes is amended by adding
7 a new section to read:

8 **§ 90-18.4A. Collaborative practice agreements.**

9 (a) A collaborative practice agreement may include a "statement of authorization"
10 regarding the clinical pharmacist practitioner's authority to conduct drug substitutions within the
11 same therapeutic class, if the supervising physician authorizes this service. The clinical
12 pharmacist practitioner shall document and notify the physician of any substitutions. The
13 agreement shall also include a policy for periodic review by the physician regarding therapeutic
14 substitutions made by the clinical pharmacist practitioner.

15 (b) Physicians may add advanced practice providers to a collaborative practice agreement
16 if the physician supervises them in another manner separate from the collaborative practice
17 agreement. The evaluation and supervision of the clinical pharmacist practitioner shall remain
18 with the supervising physician and not any other health care provider included in the agreement."

19 **SECTION 4.(a)** G.S. 90-85.3(b2) reads as rewritten:

20 "(b2) "Clinical pharmacist practitioner" means a licensed pharmacist who meets all of the
21 guidelines and criteria for such title established by the joint subcommittee of the North Carolina
22 Medical Board and the North Carolina Board of Pharmacy and is authorized to enter into drug
23 therapy management agreements with physicians in accordance with the provisions of G.S.
24 90-18.4 following requirements:

- 25 (1) Provides collaborative care in accordance with a written collaborative practice
26 agreement with one or more physicians.
- 27 (2) Has registered with the North Carolina Board of Pharmacy Clinical
28 Pharmacist Practitioner Registry.
- 29 (3) Meets and maintains the required annual professional development
30 requirements.
- 31 (4) Maintains good standing with the Board of Pharmacy.
- 32 (5) Practices in accordance with the provisions of G.S. 90-18.4 and rules
33 established by the joint subcommittee of the North Carolina Medical Board
34 and the North Carolina Board of Pharmacy."

35 **SECTION 4.(b)** G.S. 90-85.3 is amended by adding a new subsection to read:

36 "(b3) "Collaborative care services" means patient care services that are designated in a
37 written agreement that is authorized by a physician and delegated to a pharmacist for the purpose
38 of drug therapy and disease management. Under a collaborative practice agreement, a
39 supervising physician may delegate to a clinical pharmacist practitioner any patient care services
40 the supervising physician deems appropriate."

41 **SECTION 5.** Article 4A of Chapter 90 of the General Statutes is amended by adding
42 a new section to read:

43 **§ 90-85.11B. Registry of clinical pharmacist practitioners.**

44 The North Carolina Board of Pharmacy shall maintain a registry of all pharmacists engaged
45 in collaborative practice. The Board shall also issue and track clinical pharmacist practitioner
46 numbers unique to each participating pharmacist."

47 **SECTION 6.** This act becomes effective October 1, 2019, and applies to licenses
48 granted or renewed on or after that date.