New Hampshire "Licensed Advanced Pharmacy Technician"

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Conflict of Interest

- I have no conflict of interests with the material presented today

HB 463

This bill establishes the duties of and requirements for the licensure of licensed advanced pharmacy technicians working in a pharmacy under a supervising pharmacist.

Bill went into law July 1, 2019

EMPOWERING STATUTE RSA 318:1-XXXIII

- XXXIII. "Licensed advanced pharmacy technician" means a person licensed by the board who:

(a) May perform all functions allowed by federal or state law and approved by the board, under the supervision of a licensed pharmacist who is physically on premises and holds an unrestricted license issued by the board.
(b) May conduct product verification, process refills, verify repackaging of drugs, and perform other pharmacist tasks not required to be completed by a licensed pharmacist.
(c) May perform duties allowed by either certified or registered pharmacy technicians.
(d) Shall not interpret or evaluate a prescription or drug order, verify a compounded drug, or counsel or advise individuals related to the clinical use of a medication.

RSA 318:15-C

- I. No person employed as a licensed advanced pharmacy technician shall perform the functions or duties of a licensed advanced pharmacy technician as defined in RSA 318:1, XXXIII unless such person is issued a license by the board and does so under standards of supervision established by rules of the board adopted pursuant to RSA 318:5-a, XI-c.
  II. When a pharmacy employs a licensed advanced pharmacy technician, in addition to dispensing prescriptions the pharmacist shall provide clinical services and the pharmacy owner shall provide the resources necessary for the pharmacist to safely provide the clinical services as determined in rules adopted by the board.
  III. Nothing in this section shall require a pharmacy to employ a licensed advanced pharmacy technician.

Legislative Intent

- Perform Product Verification in community and outpatient settings freeing up time for pharmacist to perform clinical tasks
- Verifying U/D packaging in institutional practice relieving pharmacists of this duty
- Allows for non-clinical functions to be performed by an LAPT
- Creates a license class for more responsibility whereas they would be responsible for their own work not the PIC or supervising pharmacist
- HB 572 would also allow an LAPT to administer vaccines

The Pharmacist's Day

- Time required to fill the average new prescription
  - 1-Order Entry 30 seconds Tech
  - 2-Data Entry 100 seconds Tech
  - 4-Fill 90 seconds Tech
  - 3-Data Verification 80 seconds RPh
  - 5-Product Verification 20 seconds RPh
  - 5a-Print rcpt./verify/bag 30 seconds RPh
  - _____
- Total time 350 seconds (approx. 6 minutes)

Pharmacist's time

- Specific tasks assigned to the pharmacist based on a 300 Rx/Day location:
  - Data verification 80 x 300 = 24,000 seconds (400 minutes)
  - Product verification 20 x 300= 6,000 seconds (100 minutes)
  - Print/Ver/Bag 30 x 300 = 9,000 seconds (150 minutes)
  - ----------
  - Total Time 39,000 seconds (650 minutes)
- We still haven't factored in: Counseling, Immunizations, phone calls from patients and doctors, MTM, OTC recommendations, performing tech tasks as needed based on staffing, volume, etc

Data Verification & DUR
Ph 706.02

- (a) A pharmacist shall review the patient record and each prescription presented for dispensing for
- purposes of identifying:
- (1) Over-utilization or under-utilization;
- (2) Therapeutic duplication;
- (3) Drug-disease contraindication;
- (4) Drug-drug interactions;
- (5) Incorrect drug dosage or duration of drug treatment;
- (6) Drug-allergy interactions; and
- (7) Clinical abuse or misuse.
- (b) Upon recognizing any of the above, the pharmacist shall take appropriate steps to avoid or
- resolve the problem which might include consultation with the prescriber.

LAPT Role

- How would an LAPT help this example:
  - Product Verification 20 x 300 = 6,000 seconds (100 minutes)
  - Print/Ver/Bag 30 x 300 = 9,000 seconds (150 minutes)
  - ----------
  - Total time 15,000 seconds (250 minutes)
- Over 4 hours of time gained; not including potentially assisting with administration of vaccines

Ph 1800 Rules

- Ph 1801.01 Purpose and Scope. The provisions of this chapter shall apply to, and impose duties upon, all licensed advanced pharmacy technicians holding licenses issued by the board. Utilization of a licensed advanced pharmacy technician is intended to increase the availability of the pharmacist for involvement in cognitive and patient care services.

Definitions

- "Licensed advanced pharmacy technician" means a person licensed by the board who may perform all functions allowed by federal or state law and approved by the board, including product verification, when a licensed pharmacist is physically on premises and holds an unrestricted license issued by the board.

- "Verification error" means the dispensing of a prescribed medication that passes the product verification step with the incorrect drug, strength, or form.

- "Product verification" means the physical act of validating the correct drug, strength, and form of the drug product being dispensed

- "Drug Preparation" means to prepare or approve a medication for dispensing when preparation is done according to manufacturer's instructions provided in the current Federal Food and Drug approved package insert.

INITIAL APPLICATION REQUIREMENTS

- Be at least 18 years of age;
- Have at least a high school diploma or GED;
- Shall have worked 2,000 hours as a certified pharmacy technician attested to by a NH licensed pharmacist(s) in good standing;
- Has a certified pharmacy technician registration that is active and in good standing;
- Has successfully completed a board approved product verification program after January 1, 2021. The product verification program is not required if the exam was taken before January 1, 2023 without first completing a board approved advanced level technician program;
- Has passed a board approved 2-part LAPT exam. Part one being a knowledge-based exam and part two being a federal and state law exam. Applicant must pass each part. (strike out)
- Is a licensed advanced pharmacy technician with duties involving sterile and non-sterile compounding and must have completed a board approved training program to perform those tasks.

ADDITIONAL REQUIREMENTS

- A technician whose duties include product verification and meets all of the qualifications listed in (c) above shall complete training on product verification at their practice setting or when changing their practice setting with a licensed pharmacist. The use of drug identification resources shall be covered during this training. This training shall be completed and documented at the practice setting before an advanced practice pharmacy technician may perform product verification.

Application Contents PT 21

- Full legal name;
- Date of birth;
- Gender;
- Residence address;
- Mailing address;
- Home or cell phone number;
- Personal e-mail address;
- Social security number of the applicant

Application Contents PT 21 (cont.)

- Name of current employer including the mailing address, phone number, and e-mail address of the employment site;
- An indication as to whether or not the applicant has been convicted of a felony or admitted to sufficient facts to warrant such a finding, and if yes, an explanation of the circumstances surrounding such a finding or conviction;
- An indication as to whether the applicant has ever voluntarily surrendered for disciplinary reasons a license, registration, or certification to practice as a pharmacist or pharmacy technician in any jurisdiction and, if so, an explanation of such surrender;
- Applicant's signature and date and submit with application the pharmacist's attestation of hours

Reporting Changes

- The person to whom a licensed advanced pharmacy technician license has been issued shall, within 15 days of change of residential address or location of employment, notify the board of such changes. The notice shall contain:
  - Name of licensee;
  - Address of the licensee including old and new, if applicable
  - License number;
  - Name of the pharmacy where employed including former and current, if applicable;
  - All new violations of State or federal law including convictions and fines and Discipline's action taken against any registration, certification, or license including revocations for violation of pharmacy-related drug laws or regulations in this or any other state or jurisdiction.

RSA 318:26

- **** 318:26-a Change in Name, Employment, or Residence. –** Any pharmacist, licensed advanced pharmacy technician, or pharmacy technician who changes his or her name, place or status of employment, or residence shall notify the board in writing within 15 days. For failure to report such a change within 15 days, the board may suspend the pharmacist's license, the advanced pharmacy technician's license, or the pharmacy technician's registration. Reinstatement shall be made only upon payment of a reasonable fee as established by the board.

Reporting Changes (cont.)

- In the event a licensed advanced pharmacy technician loses national certification, they shall notify the pharmacist in charge immediately and report to the board in writing within 15 days of the lapse of certification.
- No person shall perform the functions or duties of a licensed advanced pharmacy technician unless such person is licensed by the board
- No licensed advanced pharmacy technician shall act as a licensed advanced practice pharmacy technician without a current board approved technician certification in good standing.
- Upon loss of national certification, the licensed advanced pharmacy technician immediately becomes a registered pharmacy technician and shall no longer perform the duties of a certified pharmacy technician or licensed advanced pharmacy technician.

Discipline, Revocation or Denial

- The board shall refuse to issue a license, discipline, or, after notice and hearing, shall revoke a license whenever the board finds by the preponderance of the evidence any of the following:
- That the applicant, or registrant, has willfully violated any of the provisions of RSA 318, RSA 318-B or the board's Code of Administrative Rules;
- That the applicant has been convicted of any felony or misdemeanor resulting from a violation of any federal, state, or local drug or pharmacy-related law, rule or regulation;
- That the applicant has attempted to obtain a licensed advanced pharmacy technician or pharmacy technician registration by fraudulent means;
- That the applicant is unable to engage in the performance of advanced pharmacy technician or certified pharmacy technician functions with reasonable skill and safety by reason of illness, inebriation, misuse of drugs, narcotics, alcohol, chemicals or any other substance, or as a result of any mental or physical condition;
- The suspension, revocation, or probation by another state of the applicant's license, permit, or registration to practice as a pharmacy technician;

Discipline, Revocation or Denial (cont.)

- Any licensed advanced pharmacy technician who alters, forges, or intentionally falsifies or causes to be altered, forged or falsified any information, documents, or records required to be kept or submitted by this rule shall be subject to disciplinary action under RSA 318.29II. Falsification of records shall constitute misconduct.
- That the applicant refused to appear before the board after having been ordered to do so in writing
- That the applicant made any fraudulent or untrue statement to the board.
- Renewal applicants whose licenses have lapsed shall not practice as an advanced pharmacy technician until their licenses have been reinstated by the board.
- Any licensed advanced pharmacy technician who alters, forges, or intentionally falsifies or causes to be altered, forged or falsified any information, documents, or records required to be kept or submitted by this rule shall be subject to disciplinary action under RSA 318.29II. Falsification of records shall constitute misconduct .

Relevant RSA

- Review RSA 318:29

PIC duty

- The pharmacist-in-charge shall notify the board, in writing, within 7 calendar days after becoming aware that a licensed advanced pharmacy technician has adulterated, abused, stolen or diverted drugs

Renewals

- All advanced practice pharmacy technician licenses shall expire biennially on March 31st in even numbered years.
- Applications for the renewal of a license for an advanced practice pharmacy technician may be obtained from, and shall be filed with OPLC, identified in Ph 103.03.
- Applications for renewal of a licensed advanced practice pharmacy technician shall be made on Licensed Advanced Pharmacy Technician Renewal Form PT-22 revised November 2020.
- Renewal applicants whose licenses have lapsed shall not practice as an advanced pharmacy technician until their licenses have been reinstated by the board.

RSA 318:26

- **318:26 Neglect to Renew.** – Any failure, neglect or refusal on the part of any person licensed by the board to renew his license as provided in RSA 318:25 shall cause the license to lapse. Licenses lapsed under this section shall not be restored except upon payment of a restoration fee as established by the board, and a showing of evidence, as the board may require, demonstrating professional competence.

Continuing Education Requirements

- The board of pharmacy shall not issue license renewals unless the licensed advanced pharmacy technician indicates on the renewal application, and under unsworn falsification, that he/she has completed the minimum required hours of accredited/approved continuing pharmaceutical education courses/programs according to Ph 1806.04. Incomplete renewal applications shall not be renewed until all required documentation is submitted to show compliance with all the renewal requirements set forth in Ph 1806.
- Continuing education shall be required of all licensed active or inactive licensed advanced pharmacy technicians who apply for licensure renewal
- All licensed advanced pharmacy technicians registered in New Hampshire shall acquire 3.0 APCET, AMA Category 1 and 2, or board approved CEU's during the 24 months, 1.5 in each calendar year, immediately preceding the license renewal date of March 31st of which:
  - At least 1.0 CEU's shall be earned in a live setting, 0.5 CEU in each calendar year;
  - At least 0.2 CEU's shall be earned in pharmacy law and 0.3 in error prevention or medication safety each calendar year; and
  - Licensed advanced pharmacy technicians with duties involving sterile and non-sterile compounding must complete a minimum of 0.4 CEU's, 0.2 CEU's in each calendar year, in the area of compounding or other competencies determined by the board.

CE (cont.)

- Continuing education credits shall not be recognized for any repeat program attended or completed. Repeat programs shall be identified as any program didactic or correspondence which carries the same ACPET, CME or any board of pharmacy program identification number.
- The licensed advanced pharmacy technician shall retain all certificates and/or other documented evidence of participation in an approved/accredited continuing education program/course for a period of 4 years. Such documentation shall be made available to the board for random audit and/or verification
- Not less than 10% of the registrants shall be randomly selected each year by the board for determinations of compliance with Ph 1806.04
- Excess CEU's earned in one licensure period shall not be carried forward into the new licensure period for the purpose of fulfilling that year's continuing education prerequisite for licensure renewal.

Standards of Practice

- It shall be the responsibility of the permit holder and pharmacist in charge to identify qualified licensed advanced pharmacy technicians and to assure that such persons meet all the qualifications required and are licensed with the board as licensed advanced pharmacy technicians before performing the duties of a licensed advanced pharmacy technician.
- Perform all functions under the supervision of a licensed pharmacist who is physically on premises and holds an unrestricted license issued by the board.
- All licensed advanced pharmacy technicians shall wear a name tag, identifying them as a "Licensed Advanced Pharmacy Technician".
- The permit holder shall determine the duties of each licensed advanced pharmacy technician based upon the needs of the pharmacy and within the guidelines of the law and rules.
- Maintain national certification provided by a board approved organization as a certified pharmacy technician.

LAPT duties

- In addition to all the duties allowed by a New Hampshire certified pharmacy technician, licensed advanced pharmacy technician duties include, but not limited to:
  - Product verification; and
  - Approval of drug preparation.

Duties that are “not” allowed

- The interpretation or evaluation of a prescription or drug order;
- Verification of a compounded drug;
- Counsel or advise individuals related to the clinical use of a medication;
- Duties that require clinical knowledge, training, or judgement;
- Duties outside their scope of training or education; and
- Any duty that a Federal or State law or regulation requires a pharmacist to perform.

LAPT Exam

- Consisting of 2 parts:
  - Knowledge based exam
  - Law Exam
- Candidates may take both parts of the exam on the same day or take them on different days. In the event a candidate passes one part of the exam and not the other they would NOT be required to retake the exam that they passed.
- Each part of the exam will have 80 graded questions and 20 test questions so 100 total. 2.5 hours is allowed

Exam Contents

- Compounding (Sterile)
- Compounding (Non-sterile)
- Product Verification
- Pharmacology (drugs and disease states)
- Communication
- Ethics
- MTM (medication therapy management) and medication reconciliation
- Medication safety (dose ranges and dosage calculations)

Exam Contents

- The exam will be based off materials available through PTCB, TRC and NIH. They all have advanced modules available for study. The Pharmacology will be a review of material presented in the modules covered for a certified pharmacy technician. There are product verification modules, MTM and Medication reconciliation modules, compounding and medication safety and dosage calculations.

Grandfathering Period

- Pass 4 Advanced Practice Certificate Modules available through PTCB
  - 1- Product Verification
  - 2- Immunization
  - 3- Med History
  - 4- Controlled Substances or
  - 5- Hazardous Drugs

  - Pass NH law review exam

Final Version

- May allow the grandfathering requirements to be used in place of exam
- Public Hearing on rules 5/19/21
  - Board received no public comment on rules
  - Agreed to allow the Grandfathering provisions

HB 143

AN ACT relative to an electronic prescription drug program.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 Pharmacists and Pharmacies; Prescriptions. Amend RSA 318:47-c, I(b) to read as follows:

(b) A patient shall be entitled to receive a paper prescription instead of an oral or electronically transmitted prescription***, except prescriptions for controlled drugs as defined in RSA 318-B:1, VI***.

2 New Paragraph; Pharmacists and Pharmacies; Prescriptions. Amend RSA 318:47-c by inserting after paragraph II the following new paragraph:

III.(a) Notwithstanding any provision of law to the contrary, no person shall issue a prescription for a controlled drug unless the prescription is made by electronic prescription from the person issuing the prescription to a pharmacy and the electronic prescription contains the information and signature required in paragraph II, except for prescriptions issued:

(1) In circumstances where electronic prescribing is not available due to temporary technological or electrical failure.

(2) By a practitioner to be dispensed by a pharmacy located outside of New Hampshire, provided that such pharmacy complies with the laws and regulations of the state where the pharmacy is located.

(3) When the prescriber is the dispenser.

(4) By a practitioner for a drug that the federal Food and Drug Administration (FDA) requires the prescription to contain certain elements that are not able to be accomplished with electronic prescribing.

(5) By practitioners who have received a waiver or a renewal thereof for a specified period determined by the practitioner's licensing board, not to exceed one year, from the requirement to use electronic prescribing, pursuant to a process established in rules of the board, due to economic hardship, technological limitations that are not reasonably within the control of the practitioner, or other exceptional circumstance demonstrated by the practitioner.

(6) In circumstances where electronic prescribing is not available due to RSA 318-B:2, VI-a.

(7) For a compounded prescription for a hospice patient or in circumstances where access to electronic prescribing technology is temporarily unavailable to electronically prescribe a controlled drug for a hospice patient.

(8) By a veterinarian, until such time that the New Hampshire board of veterinary medicine determines that electronic prescribing software is widely available for veterinarians and notifies the pharmacy board. The board of veterinary medicine shall at least annually make such a determination.

(b) A pharmacist who receives a written, oral, or faxed prescription shall not be required to verify that the prescription properly falls under one of the exceptions under subparagraph (a). Pharmacists may continue to dispense medications from otherwise valid written, oral, or faxed prescriptions that are consistent with this section.

3 New Paragraph; Controlled Drug Act; Acts Prohibited. Amend RSA 318-B:2 by inserting after paragraph VI the following new paragraph:

VI-a. No person or entity shall issue clinical decision support alerts or similar notices, warnings, or announcements by means of electronic health record software or similar electronic means designed to increase prescriptions for scheduled drug products, in violation of the Anti-Kickback Statute 42 U.S.C. section 1320a-7b(b), or with the intent to defraud the United States pursuant to 18 U.S.C. section 371.

4 New Paragraph; Consumer Protection; Acts Unlawful. Amend RSA 358-A:2 by inserting after paragraph XVII the following new paragraph:

XVIII. Issuing clinical decision support alerts or similar notices, warnings, or announcements by means of electronic health record software or similar electronic means designed to increase prescriptions for scheduled drug products, in violation of the Anti-Kickback Statute 42 U.S.C. section 1320a-7b(b), or with the intent to defraud the United States pursuant to 18 U.S.C. section 371.

5 New Subparagraph; Controlled Drug Prescription Health and Safety Program; Dispenser Report. Amend RSA 318-B:33, IV by inserting after subparagraph (o) the following new subparagraph:

(p) The format of the prescription: electronic, faxed, written, oral, or other.

6 Effective Date. This act shall take effect January 1, 2022.

HB 146

AN ACT requiring health care providers to furnish upon request a list of ingredients contained in an injectable medication that is recommended or administered.

- 1 New Section; Purity and Branding of Foods and Drugs; Medications Administered by Injection; List of Ingredients Required. Amend RSA 146 by inserting after section 6-b the following new section:
- 146:6-c Medications Administered by Injection; List of Ingredients Required.
- I. Any prescription drug manufacturer of a medication that is administered by injection, including a vaccine, shall make a complete list of the medication's ingredients available to the public and to health care providers. Any health care provider who prescribes a vaccine or other injectable medication shall furnish, upon the request of the patient or the patient's parent or legal representative, a list of the medication's ingredients.
- II. In this section:
- (a) "Health care provider" means any person licensed, certified, or otherwise statutorily authorized to administer a vaccine or other injectable medication.
- (b) A "list of the medication's ingredients" means a copy of the label on the injectable medication as regulated by 21 C.F.R. section 201.100(b)(5) or as listed in the DailyMed database maintained by the United States National Library of Medicine.
- III. This section shall not apply to investigational drugs or to patients involved in double blind studies, or in case of an emergency.
- 2 Effective Date. This act shall take effect January 1, 2022.

HB 220

Establishing medical freedom in immunizations.

- I. Every person has the natural, essential, and inherent right to bodily integrity, free from any threat or compulsion that the person accepts any medical intervention, including immunization. No person may be compelled to receive an unwanted medical intervention, including immunization.
- II. Paragraph I shall not:
- (a) Limit the commissioner's authority to order treatment pursuant to RSA 141-C:15 or RSA 141-C:18, nor to order quarantine pursuant to RSA 141-C:11 or RSA 141-C:18.
- (b) Supersede the requirement for vaccination as a prerequisite for admission to a school or child care agency pursuant to RSA 141-C:20-a II.
- (c) Supersede the involuntary emergency admission process pursuant to RSA 135-C:27-33; the revocation of conditional discharge process under RSA 135-C:51; or involuntary treatment of patients compliant with RSA 135-C:57 III.
- (d) Limit treatment authorized by a guardian over a person; or short term treatment of a personal safety emergency declared by a licensed physician or nurse practitioner in a psychiatric care setting, or authorized by a surrogate decision maker or durable power of attorney for health care delegated by the person while competent to make decisions for them during periods when they are not competent, pursuant to RSA 137-J.
- III. Employers may only mandate medical treatment or immunization as a condition of employment when a direct threat exists as defined in 29 CFR 1630.2(r). The department of corrections may mandate medical treatment or immunization for inmates when a direct threat exists as defined in 29 CFR 1630.2(r).
- 2 Effective Date. This act shall take effect 60 days after its passage.

HB 221

Making the state vaccine registry an opt-in program.

- II-a. Each patient, or the patient's parent or guardian if the patient is a minor, shall be given the opportunity to opt-in to the immunization registry. No patient's immunization or vaccination information shall be entered into the registry without the explicit, written, opt-in consent of the patient, or the patient's parent or guardian.
- 2 Effective Date. This act shall take effect 60 days after its passage.

HB 444

Relative to the board of pharmacy.

- XXVII. "Collaborative pharmacy practice agreement" means a written and signed specific agreement between a pharmacist[, an ~~attending~~] ***and the patient's*** 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.
- 2 Prescriptions; Inspections. Amend RSA 318:8-a to read as follows:
- 318:8-a Inspection and Regulation of Certain Users of Prescription Drugs. All physicians, veterinarians, dentists, advanced registered nurse practitioners, physician assistants, and clinics under contract to the department of health and human services and agricultural, technical, or industrial users of prescription drugs shall be subject to inspection [~~and regulation~~] by the board of pharmacy with regard to the ***safe*** storage, ***handling,*** labeling, distribution, and disposal of prescription drugs. ***The board of pharmacy shall adopt and enforce standards for the safe storage, handling, labeling, distribution, and disposal of prescription drugs. The board of pharmacy shall report to the responsible agency or licensing board infractions found during an inspection, and that agency or board shall review the infractions for appropriate action.***
- 3 Compounding; Standards. Amend RSA 318:14-a, I to read as follows:
- I. Products that are not commercially available may be compounded for hospital or office use but shall not be resold or dispensed. Nonprescription items may be compounded upon order by a practitioner for sale as long as the labeling complies with RSA 318:47-a and the product is not a copy of, or similar to, prescription or nonprescription products. Except as provided in rules adopted under paragraph V for veterinarians, all compounding shall be done [~~in compliance with the~~] ***based on*** United States Pharmacopeia ***standards*** as defined by board of pharmacy rules.
- 4 Pharmacy Permit. Amend RSA 318:38, I to read as follows:
- I. The board shall, upon application and hearing, issue a permit to maintain and operate a pharmacy to such persons, firms, or corporations as they deem qualified to conduct a pharmacy. The permit shall be issued to the pharmacy in the name of the corporation or the owner of the pharmacy. This permit, to be known as a pharmacy permit, shall certify that the designated pharmacist-in-charge [~~has~~] ***and the permit holder have jointly and equally*** accepted the responsibility for the safe, effective operation of a pharmacy and compliance with all pharmacy and drug laws or regulations; that the premises named in the permit are a fit place to practice pharmacy including, but not limited to, the compounding and dispensing of medicines upon prescriptions and for the manufacture, sale, and distribution of drugs, medicines, and poisons; and that such premises and acts shall be under the direct supervision of a licensed pharmacist. The holder of a pharmacy permit may keep this pharmacy open at all hours for the compounding, dispensing, and sale of drugs and medicines provided that a pharmacist is present and on duty; except that in an institutional setting, in the absence of a pharmacist, a registered nurse, designated by the institution for this purpose, may enter and obtain from an institutional pharmacy such drugs as are needed in an emergency situation or as may otherwise be provided for in this chapter. The applicant for a pharmacy permit or a renewal thereof shall provide the board with all information it deems necessary for determining the applicant's qualifications to own and operate a pharmacy in the public interest.
- 5 Prescription Labels. Amend RSA 318:47-a to read as follows:
- 318:47-a Prescription Labels. Whenever a [~~pharmacist dispenses a noncontrolled~~] drug ***is dispensed to a patient*** pursuant to a prescription, [~~he or she shall affix~~] ***a label shall be affixed*** to the container in which such drug is dispensed[~~ a label~~] showing at least the name and address of the pharmacy [~~and the name or initials of the dispensing pharmacist or pharmacist-in-charge~~]; the prescription identification number assigned by the pharmacy; the date dispensed; any directions as may be stated on the prescription; the name of the prescribing practitioner; the name of the patient; all pertinent auxiliary labels; and, unless otherwise indicated by the prescribing physician, dentist, veterinarian, or advanced practice registered nurse, the name, strength, and quantity of the drug dispensed. All drugs dispensed to a patient that have been filled using a centralized prescription processing system shall bear a label containing an identifiable code that provides a complete audit trail of the dispensing of the drug and pharmaceutical care activities. A biological product, as defined in RSA 318:47-dd, I, shall also be labeled as provided in RSA 318:47-dd, VII. No person shall alter, deface, or remove any label so affixed. A compounded drug product shall also be labeled as provided in RSA 318:14-a, II. The compound drug product shall bear the label of the pharmacy responsible for compounding and dispensing the product directly to the patient for administration, and the prescription shall be filed at that pharmacy. Compounded prescription labels shall include the phrase "compounded per subscriber request" or a similar statement on the prescription label or through the use of an auxiliary label attached to the prescription container.
- 6 Effective Date. This act shall take effect 60 days after its passage.

HB 479

Relative to pharmacist provider status and nicotine cessation therapy

1 New Paragraph; Department of Health and Human Services; General Provisions; Pharmacists. Amend RSA 126-A:3 by inserting after paragraph III the following new paragraph:

III-a.(a) Pharmacists shall be considered providers under RSA 126-A:3, III for the purpose of billing for providing services performed within the scope of a person's license when said service would have been covered under this section if furnished by a physician or as an incident to a physician's service or furnished by an advanced registered nurse practitioner.

(b) The commissioner shall submit a Title XIX Medicaid state plan amendment to the federal Centers for Medicare and Medicaid Services to implement this paragraph, if necessary.

2 Managed Care Program; Pharmacists Services. Amend RSA 126-A:5, XIX(a) to read as follows:

XIX.(a) The commissioner shall employ a managed care model for administering the Medicaid program and its enrollees to provide for managed care services for all Medicaid populations throughout New Hampshire consistent with the provisions of 42 U.S.C. section 1396u-2. Models for managed care may include, but not be limited to, a traditional capitated managed care organization contract, an administrative services organization, an accountable care organization, or a primary care case management model, or a combination thereof, offering the best value, quality assurance, and efficiency, maximizing the potential for savings, and presenting the most innovative approach compared to other externally administered models. Services to be managed within the model shall include all mandatory Medicaid covered services and may include, but shall not be limited to, care coordination, utilization management, disease management, pharmacy benefit management, provider network management, quality management, and customer services. ***The model shall reimburse pharmacists for services described in RSA 126-A:3, III-a.*** The commissioner shall enter into contracts with the vendors that demonstrate the greatest ability to satisfy the state's need for value, quality, efficiency, innovation, and savings. The commissioner shall establish rates based on the appropriate model for the contract that is full risk to the vendors. The rates shall be established in rate cells or other appropriate units for each population or service provided including, but not limited to, persons eligible for temporary assistance to needy families (TANF), aid for the permanently and totally disabled (APTD), breast and cervical cancer program (BCCP), home care for children with severe disabilities (HC-CSD), and those residing in nursing facilities. The rates and/or payment models for the program shall be presented to the fiscal committee of the general court on an annual basis. The managed care model or models' selected vendors providing the Medicaid services shall emphasize patient-centered, value-based care and include enhanced care management of high-risk populations as identified by the department. In contracting for the managed care program, the department shall ensure no reduction in the quality of care of services provided to enrollees in the managed care model and shall exercise all due diligence to maintain or increase the current level of quality of care provided. The commissioner may, in consultation with the fiscal committee, adopt rules, if necessary, to implement the provisions of this paragraph. The department shall seek, with the approval of the fiscal committee, all necessary and appropriate waivers to implement the provisions of this paragraph.

3 New Paragraph; Pharmacists and Pharmacies; Definitions. Amend RSA 318:1 by inserting after paragraph XXXIII the following new paragraph:

XXXIV "Nicotine cessation therapy" means medications which the United States Food and Drug Administration (FDA) classifies as available by prescription or without a prescription for the purpose of nicotine cessation.

4 New Section; Pharmacists and Pharmacies; Nicotine Cessation Therapy. Amend RSA 318 by inserting after section 47-l the following new section:

318:47-m Nicotine Cessation Therapy.

I. In this section, "standing order" means a written and signed protocol authored by a physician licensed under RSA 329:12 or an advanced practice registered nurses licensed under RSA 326-B:18. The agreement shall specify a protocol allowing a licensed pharmacist to provide nicotine cessation therapy under the delegated prescriptive authority of the physician or APRN, a mechanism to document screening performed and the prescription in the patient's medical record, and include a plan for evaluating and treating adverse events. The prescriptions shall be considered a legitimate medical purpose in the usual course of professional practice.

II. Licensed pharmacists following standing orders may provide nicotine cessation therapy to persons in this state without a prior prescription.

III. A pharmacist, pharmacy, physician, or APRN issuing or following standing orders shall be prohibited from seeking personal financial benefit by participating in any incentive-based program or accepting any inducement that influences or encourages therapeutic or product changes or the ordering of tests or services.

IV. Prior to providing nicotine cessation therapy under this section, a pharmacist shall complete an Accreditation Council for Pharmacy Education (ACPE) accredited educational training program related to nicotine cessation.

V. The pharmacist shall provide each recipient of nicotine cessation therapy with a standardized information sheet written in plain language, which shall include, but is not limited to, the indication for the use of the nicotine cessation therapy, the importance of follow-up care, and health care referral information.

VI. The board shall adopt rules, pursuant to RSA 541-A, relative to:

(a) Education and training required under paragraph IV.

(b) Content and format of the information sheet required under paragraph V, in consultation with the commissioner of the department of health and human services.

(c) A model statewide protocol, with the consent of the board of medicine, the board of nursing, and the department of health and human services to be used for the purposes of paragraph I.

(d) Communication to the patient's primary care provider with the consent of the patient.

VII. The board of medicine shall not deny, revoke, suspend, or otherwise take disciplinary action against a physician based on a pharmacist's failure to follow standing orders provided the provisions of this section and the rules adopted under this section are satisfied. The board of nursing shall not deny, revoke, suspend, or otherwise take disciplinary action against an APRN based on a pharmacist's failure to follow standing orders provided the provisions of this section and the rules adopted under this section are satisfied. The board of pharmacy shall not deny, revoke, suspend, or otherwise take disciplinary action against a pharmacist who follows standing orders based on a defect in those standing orders provided the provisions of this section and the rules adopted under this section are satisfied.

5 Effective Date. This act shall take effect January 1, 2022.

HB 572

Relative to pharmacist administration of vaccines and allowing a licensed advanced pharmacy technician to administer vaccines.

- 1 Pharmacist Administration of Vaccines. RSA 318:16-b is repealed and reenacted to read as follows:
- 318:16-b Pharmacist Administration of Vaccines. A pharmacist, pharmacy intern, or licensed advanced pharmacy technician, under the supervision of an on-site immunizing pharmacist may administer haemophilus influenza, hepatitis A, hepatitis B, hepatitis A and B, human papillomavirus, influenza, meningococcal, pneumococcal, tetanus and diphtheria, varicella, zoster, MMR (measles, mumps, and rubella), and Tdap (tetanus, diphtheria and pertussis) vaccines, which have been approved by the Food and Drug Administration, to individuals 18 years of age or older as ordered by an immunizing pharmacist. A pharmacist, pharmacy intern, or licensed advanced pharmacy technician under the supervision of an on-site immunizing pharmacist may administer a COVID-19 vaccine, if available, provided that all applicable criteria in this section have been met. The pharmacist, pharmacy intern, or licensed advanced pharmacy technician shall:
- I. Hold a current license to practice as a pharmacist, be registered as a pharmacy intern under RSA 318:15-b in New Hampshire, or be licensed as a licensed advanced pharmacy technician under RSA 318:15-c.
- II. Possess at least $1,000,000 of professional liability insurance coverage.
- III. In order to administer vaccines, have completed training specific to administration of the respective vaccines that includes programs approved by the Accreditation Council for Pharmacy Education (ACPE) or curriculum-based programs from an ACPE-accredited college of pharmacy or state or local health department programs or programs recognized by the board.
- IV. Provide to the board evidence of compliance with paragraphs I-III.
- V. Provide notice to the primary care provider, when designated by the patient, of the administration of any vaccine.
- VI. Record the vaccination in the state vaccine registry with patient consent or when required by state and federal law and maintain a record of the vaccination as required by state and federal law.
- VII. Submit reports of any adverse reactions following vaccination to the Center for Disease Control (CDC) Vaccine Adverse Event Reporting System (VAERS) within 3 days of being made aware of such adverse effects occurring.
- 2 Repeal. RSA 318:16-d, relative to additional authority for pharmacist administration of vaccines, is repealed.
- 3 Effective Date. This act shall take effect upon its passage.

HB 582

Relative to prescriptions for the treatment of attention deficit disorder, attention deficit disorder with hyperactivity, or narcolepsy.

- 1 Controlled Drug Act; Sale by Pharmacists; Attention Deficit Disorder, Attention Deficit Disorder with Hyperactivity, Narcolepsy; Prescriptions. Amend RSA 318-B:9, IV to read as follows:
- IV. No prescription shall be filled for more than a 34-day supply upon any single filling for controlled drugs of schedules II or III; provided, however, that for controlled drugs, in schedules II or III, that are commercially packaged for dispensing directly to the patient, such as metered sprays and inhalers, liquids packaged in bottles with calibrated droppers, and certain topical preparations packaged with metered dispensing pumps may be filled for greater than a 34-day supply, but not more than 60 days, utilizing the smallest available product size, in order to maintain the dosing integrity of the commercially packaged containers; and, provided that with regard to amphetamines and methylphenidate hydrochloride, a prescription may be filled for up to a [~~60-day~~] ***90-day*** supply if either such prescription specifies it is being used for the treatment of attention deficit disorder, attention deficit disorder with hyperactivity, or narcolepsy.
- 2 Effective Date. This act shall take effect 60 days after its passage.

HB 604

Expanding the New Hampshire vaccine association to include adult vaccines.

- 1 New Hampshire Vaccine Association; Definitions. Amend RSA 126-Q:1, III and IV to read as follows:
- III. "Assessable lives" means***:***
- ***(a)*** All children under 19 years of age residing in the state who have assessable coverage written or administered by an assessable entity, with the exception of children whose vaccines are paid for under the federal Vaccines for Children program, established under 42 U.S.C. section 1396s.
- ***(b) All adults, age 19 through 64, excluding Medicare beneficiaries, residing in the state who have assessable coverage written or administered by an assessable entity.***
- IV. "Assessment" means the assessable entity's liability with respect to [~~childhood~~] vaccines determined in accordance with this chapter. ***Unless preempted by federal law,*** for purposes of rate setting and medical loss ratio calculations, all association assessments are considered pharmaceutical or medical benefit costs and not regulatory costs. In the event of any insolvency or similar proceeding affecting any payer, assessments shall be included in the highest priority of obligations to be paid by or on behalf of such payer.
- 2 New Hampshire Vaccine Association; Definitions. Amend RSA 126-Q:1, VIII to read as follows:
- VIII. "Estimated vaccine cost" means the estimated cost to the state over the course of a state fiscal year of the ***ordering,*** purchase, distribution, and [~~administration~~] ***administrative oversight*** of vaccines purchased at the federal discount rate by the department of health and human services.
- 3 New Hampshire Vaccine Association; Definitions. Amend RSA 126-Q:1, XI to read as follows:
- XI. "Vaccine" means any preparations of killed microorganisms, living attenuated organisms, or living fully virulent organisms that are approved by the federal Food and Drug Administration and recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention and have been authorized by the commissioner of the department of health and human services for administration to children ***and adults*** of the state of New Hampshire [~~under the age of 19 years~~] for the purposes of producing or artificially increasing immunity to particular life-threatening and disabling diseases.
- 4 New Hampshire Vaccine Association; Creation of Association. Amend RSA 126-Q:2 to read as follows:
- 126-Q:2 Creation of Association. There is hereby created a nonprofit corporation to be known as the New Hampshire vaccine association. The association is formed to assess assessable entities for the cost of vaccines provided to certain children ***and adults*** in New Hampshire.

SB 57

Relative to allowing pharmacy technicians and interns to remotely perform non-dispensing tasks.

- 1 New Paragraphs; Definitions. Amend RSA 318:1 by inserting after paragraph XXXIII the following new paragraphs:
- XXXIV. “Remote processing” means accessing the pharmacy database to perform non-dispensing activities other than at a licensed pharmacy. The pharmacy shall establish controls to protect the confidentiality and integrity of patient information, as required by HIPAA, and prevent any patient information from being downloaded, duplicated, or removed from the electronic database.
- XXXV. “Non-dispensing activities” are activities permitted under that individual's scope of practice that do not require the physical possession of prescription drugs. Non-dispensing activities include, but are not limited to, prescription transfers, drug utilization reviews, product verification tasks, claims adjudications, refill authorizations, entering patient and prescription information into a pharmacy’s electronic database, any other task permitted under that individual's scope of practice that does not require the physical possession of prescription drugs, or other activities established by rules of the board adopted pursuant to RSA 541-A.
- 2 New Section; Licensed Pharmacists, Certified New Hampshire Pharmacy Technicians, Registered New Hampshire Pharmacy Interns; Remote Processing. Amend RSA 318 by inserting after section 15-c the following new section:
- 318:15-d Remote Processing.
- I. New Hampshire licensed pharmacists, certified New Hampshire pharmacy technicians, or registered New Hampshire pharmacy interns may engage in remote processing, provided that all work requiring pharmacist supervision is supervised by a licensed pharmacist through electronic or other remote means.
- II. Notwithstanding the above, the board may allow registered technicians to perform remote processing activities after completion of a board-approved training program on remote processing.
- 3 Effective Date. This act shall take effect upon its passage.

SB 58

Relative to the administration of occupational regulation by the office of professional licensure and certification.

- ***The boards shall retain the authority to determine the criteria necessary for licensing applications***;
- ***(3) The rate of per diem compensation and reimbursable expenses for all boards, commissions, councils, and programs within the office of professional licensure and certification; and***
- ***(4) Rules governing the professionals' health program as set forth in RSA 310-A:1-e;*** and
- Inspectional Services. The pharmacy board ***through the office of professional licensure and certification*** shall provide inspectional services under this chapter and RSA 318-B:25 to the board of medicine, the board of veterinary medicine, the board of podiatry, the board of registration in optometry, the board of dental examiners, the board of nursing, and the naturopathic board of examiners.

SB 149
Automated Pharmacy Systems

- 1 New Section; Pharmacies; Automated Pharmacy Systems. Amend RSA 318 by inserting after section 42 the following new section:
- 318:42-a Automated Pharmacy Systems; Long-term Care Facilities, Hospices, or State Correctional Institutions.
- I. A pharmacy may provide pharmacy services to a long-term care facility or hospice licensed under RSA 151 or to a state correctional institution through the use of an automated pharmacy system that need not be located at the same location as the pharmacy.
- II. Medicinal drugs stored in bulk or unit of use in an automated pharmacy system servicing a long-term care facility, hospice, or correctional institution are part of the inventory of the pharmacy providing pharmacy services to that facility, hospice, or institution, and drugs delivered by the automated pharmacy system are considered to have been dispensed by that pharmacy.
- III. The operation of an automated pharmacy system shall be under the supervision of a New Hampshire-licensed pharmacist. To qualify as a supervisor for an automated pharmacy system, the pharmacist need not be physically present at the site of the automated pharmacy system and may supervise the system data electronically. The New Hampshire-licensed pharmacist shall be required to develop and implement policies and procedures designed to verify that the medicinal drugs delivered by the automated dispensing system are accurate and valid and that the machine is properly restocked.
- IV. This section is not intended to limit the current practice of pharmacy in this state. This section is intended to allow automated pharmacy systems to enhance the ability of a pharmacist to provide pharmacy services in locations that do not employ a full-time pharmacist. This section does not limit or replace the use of a consultant pharmacist.
- V. The board shall adopt rules governing the use of an automated pharmacy system under this section, not later than January 1, 2022, which shall specify:
- (a) Recordkeeping requirements;
- (b) Security requirements; and
- (c) Labeling requirements.
- 2 Effective Date. Part II of this act shall take effect 60 days after its passage.

SB 155

- Omnibus bill that puts into law many of the emergency orders signed by Gov. Sununu during the Covid crisis
- For Pharmacy:
  - Adds to RSA 318 pharmacists' ability to initiate, order, administer and analyze Covid 19 testing
  - Reg. techs and certified techs may administer Covid vaccines to ages 3 and over
    - Must complete accredited training program
    - Be certified in CPR
    - Complete 2 CE hours annually on immunization practices

Questions??

Thank You