SB229 – Pharmacist Collaborative Practice Agreements

Collaborative practice agreements (CPAs) create a formal practice relationship between pharmacists and other health care practitioners, whereby the pharmacist assumes responsibility for specific patient care functions. The extent of the services authorized under the collaborative agreement depends on the state's statutory and regulatory provisions for collaborative practice authority, as well as the terms of the specific agreement between the pharmacist and other health care practitioners.

In their 2015 paper, The Expanding Role of Pharmacists in a Transformed Health Care System, the National Governors Association (NGA), presented the following state policy considerations in regards to collaborative practice provisions:

- Enact broad collaborative practice provisions that allow for specific provider functions to be determined at the provider level rather than set in state statute or through regulation.
- Evaluate practice setting and drug therapy restrictions to determine whether pharmacists and providers face disincentives that unnecessarily discourage collaborative arrangements.

Rapid innovation in education, training, technology, and evidence-based guidelines necessitate a collaborative practice framework that is flexible and facilitates innovation in care delivery. Health care workforce is a critical component for a healthy Nevada. The intent of SB229 is to remove current collaborative practice authority barriers that exist and increase the flexibility by defining elements that are more appropriately determined by the parties at the practice level who voluntarily enter into a collaborative practice agreement. It is in the interest of the state to encourage the use of collaborative arrangements between pharmacists and health care practitioners to expand and provide access to care and improve the state's healthcare provider infrastructure, especially in Nevada's rural regions.

Section 1:

- Amends NRS 639.0124 to remove the requirement that the development of written guidelines and protocols in collaboration with a practitioner are intended for a patient in a licensed medical facility or in a setting that is affiliated with a medical facility where a patient is receiving care.
- A pharmacist's practice setting or a patient's relationship with a medical facility should not be a barrier to the pharmacists and practitioners' ability to enter into a collaborative practice agreement.

Section 2:

Section 2, subsection 2, amends NRS 639.2623 and removes the barriers for a practitioner to enter into a collaborative practice agreement which include:

- Requirement for a patient referral by a practitioner to a pharmacist
- Requirement for the practitioner to obtain an informed written consent from a patient who is referred.
- Requirement that the practitioner practice his or her profession within 100 miles of the primary location where the collaborating pharmacist practices in this State.

Pharmacists and practitioners may specify the level of patient involvement in the collaborative agreement. Depending on the level of service, elements such as informed consent, written consent or opt-our provisions may be appropriate, as determined by the parties to the agreement.

Section 2, subsection 3

Adds amended language to include that a **practitioner** shall not enter into a collaborative practice agreement with a pharmacist if the geographic distance between the collaborators prevents or limits effective collaboration in the delivery of care or treatment of patients.

Section 2, subsection 4

Adds amended language that a practitioner shall not enter a collaborative practice agreement that includes diagnosis or initiating treatment unless the practitioner actively practices his or her profession in this State or provides those services using telehealth. The Board may grant a written request for an exemption from the requirements of this subsection for good cause shown.

Section 2, subsection 5

Adds language that a collaborative practice agreement does not grant a pharmacist the authority to engage in an activity that is outside the scope of practice of the collaborating practitioner.

Section 2, subsection 6

Maintains the current language that outlines the requirements of **a pharmacist** who engages in a collaborative practice agreement. These requirements include:

- Documentation of any treatment or care
- Documentation of any decision or action concerning the management of drug therapy.
- Maintaining records concerning the care or treatment provided for at least 7 years.
- Requirement to comply with all the provisions of HIPAA.
- Requirement to provide a patient with written notification of any test administered and the results, any drug or prescription filled and dispensed, and the contact information of the pharmacist.

Language removed from Section 2, again intends to remove the barriers of elements that may be determined at the practitioner level through the individual collaborative practice agreements. Language removed includes:

Requirement for a pharmacist to obtain the informed written consent of a patient which must include a statement that the pharmacist:

- May initiate, modify, or discontinue the medication of a patient.
- Is not a physician, osteopathic physician, advanced practice registered nurse or physician assistant, and
- May not diagnose.

Informed patient consent can be required as part of the collaborative agreement protocol between the practitioner and pharmacist.

Lastly, the requirement that a practitioner may not enter into a collaborative practice agreement with a pharmacist for the management of controlled substances is removed. It is recommended that all prescription drugs, including controlled substances, may be included within a pharmacists' collaborative practice authority.

Section 3:

Section 3 refers to NRS 639.2627. The language in section 3 subsection 1 a-j is maintained, and defines what must be included in a collaborative practice agreement as the following:

- A description of the types of decisions concerning the management of drug therapy that a pharmacist is authorized to make.
- A detailed explanation of the procedures that a pharmacist must follow, including documentation, and requirement to report such decisions to the practitioner and receive feedback.
- Procedure by which a pharmacist will notify the practitioner of an adverse event.

- Procedure by which a practitioner will provide the pharmacist with a diagnosis and any other medical information necessary.
- A description of the means by which the practitioner will monitor clinical outcomes and intercede when necessary.
- Authorization for the practitioner to override the agreement.
- Authorization for either party to terminate the agreement.
- The effective date of the agreement.
- The date by which a review must be conducted for the renewal of the agreement.

Subsection 1 (k) is removed, which requires the inclusion in the agreement of the process by which the pharmacist will obtain informed, written consent.

Section 4:

Amends NRS 639.2629 by removing subsection 1 a-c and replacing it with language which defines what must be included within the written guidelines and protocols developed by a pharmacist in collaboration with a practitioner which authorize collaborative drug therapy management. Language removed includes:

- Provision for collaborative drug therapy management for a patient receiving care in a licensed medical facility, or
- If developed to ensure continuity of care for a patient in a setting affiliated with a medical facility.
- Requirement for a pharmacist initiating or modifying drug therapy in a setting mentioned, to provide written notice within 72 hours to the collaborating practitioner or enter it into an electronic patient record system shared by the pharmacist and practitioner.
- Requirement to state the conditions under which a prescription may be changed by a pharmacist without a subsequent prescription from the practitioner.

The amended language allows for provisions to be determined at the provider level and allows for flexibility based on practice setting and drug therapy restriction. The following is required to be included without limitation within the written guidelines and protocols:

- A description of the types of decisions that a pharmacist can make regarding the management of drug therapy including:
    - Description of diseases, drugs, or drug classes to be covered.
    - The types of decisions the pharmacist can make regarding the diseases, drugs, or drug classes.
- The training the pharmacist is required to complete.
- The procedures the pharmacist is required to follow to make changes to drug therapy or other therapeutic decisions Included would be the criteria to make those decisions and procedures for documenting and reporting those decisions to the practitioner.
- Procedures for the practitioner to provide feedback to the pharmacist.

Subsection 2 is amended and states that the Board may adopt regulations which prescribe additional requirements for written guidelines and protocols pursuant to section 4.

Section 5:

Amends NRS 441A.110 to include a pharmacist within the definition of “Provider of health care”.

Section 6:

Amends NRS 453.026 and defines an “Agent” as a pharmacist who cares for a patient of a prescribing practitioner, removing the language regarding “in a medical facility or in a setting that is affiliated with a medical facility”.

Section 7 Subsection 1(l):

Amends NRS 453.375 and adds a registered pharmacist, pursuant to written guidelines and protocols developed or a collaborative practice agreement, to be ablet to posses and administer a controlled substance.