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HOUSE BILL NO. 1501

Offered January 9, 2013

Prefiled January 3, 2013

A BILL to amend and reenact §§ 54.1-3300 and 54.1-3300.1 of the Code of Virginia, relating to pharmacy; collaborative agreements.

Patrons—O'Bannon, Hodges, Hope, Howell, A.T., Jones and Stolle

Referred to Committee on Health, Welfare and Institutions

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-3300 and 54.1-3300.1 of the Code of Virginia are amended and reenacted as follows:

§ 54.1-3300. Definitions.

As used in this chapter, unless the context requires a different meaning:

"Board" means the Board of Pharmacy.

"Collaborative agreement" means a voluntary, written, or electronic arrangement between one pharmacist and his designated alternate pharmacists involved directly in patient care at a single physical location where patients receive services and a practitioner of medicine, osteopathy, or podiatry and his designated alternate practitioners (i) any person licensed to practice medicine, osteopathy, or podiatry together with any person licensed, registered, or certified by a health regulatory board of the Department of Health Professions who provides health care services to patients of such person licensed to practice medicine, osteopathy, or podiatry; (ii) any professional business entity on behalf of which a person licensed to practice medicine, osteopathy, or podiatry is authorized to act; (iii) any licensed physician assistant working under the supervision of a person licensed to practice medicine, osteopathy, or podiatry; or (iv) any licensed nurse practitioner working as part of a patient care team as defined in § 54.1-2900, involved directly in patient care which authorizes cooperative procedures with respect to patients of such practitioners. Collaborative procedures shall be related to treatment using drug therapy, laboratory tests, or medical devices, under defined conditions or limitations, for the purpose of improving patient outcomes. A collaborative agreement is not required for the management of patients of an inpatient facility.

"Dispense" means to deliver a drug to an ultimate user or research subject by or pursuant to the lawful order of a practitioner, including the prescribing and administering, packaging, labeling, or compounding necessary to prepare the substance for delivery.

"Pharmacist" means a person holding a license issued by the Board to practice pharmacy.

"Pharmacy" means every establishment or institution in which drugs, medicines, or medicinal chemicals are dispensed or offered for sale, or a sign is displayed bearing the word or words "pharmacist," "pharmacy," "apothecary," "drugstore," "druggist," "drugs," "medicine store," "drug sundries," "prescriptions filled," or any similar words intended to indicate that the practice of pharmacy is being conducted.

"Pharmacy intern" means a student currently enrolled in or a graduate of an approved school of pharmacy who is registered with the Board for the purpose of gaining the practical experience required to apply for licensure as a pharmacist.

"Pharmacy technician" means a person registered with the Board to assist a pharmacist under the pharmacist's supervision.

"Practice of pharmacy" means the personal health service that is concerned with the art and science of selecting, procuring, recommending, administering, preparing, compounding, packaging, and dispensing of drugs, medicines, and devices used in the diagnosis, treatment, or prevention of disease, whether compounded or dispensed on a prescription or otherwise legally dispensed or distributed, and shall include the proper and safe storage and distribution of drugs; the maintenance of proper records; the responsibility of providing information concerning drugs and medicines and their therapeutic values and uses in the treatment and prevention of disease; and the management of patient care under the terms of a collaborative agreement as defined in this section.

"Supervision" means the direction and control by a pharmacist of the activities of a pharmacy intern or a pharmacy technician whereby the supervising pharmacist is physically present in the pharmacy or in the facility in which the pharmacy is located when the intern or technician is performing duties restricted to a pharmacy intern or technician, respectively, and is available for immediate oral communication.

Other terms used in the context of this chapter shall be defined as provided in Chapter 34

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59 (§ 54.1-3400 et seq.) of this title unless the context requires a different meaning.

60 **§ 54.1-3300.1. Participation in collaborative agreements; regulations to be promulgated by the**
61 **Boards of Medicine and Pharmacy.**

62 A pharmacist and his designated alternate pharmacists involved directly in patient care may
63 participate with a practitioner of medicine, osteopathy, or podiatry and his designated alternate
64 practitioners (i) any person licensed to practice medicine, osteopathy, or podiatry together with any
65 person licensed, registered, or certified by a health regulatory board of the Department of Health
66 Professions who provides health care services to patients of such person licensed to practice medicine,
67 osteopathy, or podiatry; (ii) any professional business entity on behalf of which a person licensed to
68 practice medicine, osteopathy, or podiatry is authorized to act; (iii) any licensed physician assistant
69 working under the supervision of a person licensed to practice medicine, osteopathy, or podiatry; or (iv)
70 any licensed nurse practitioner working as part of a patient care team as defined in § 54.1-2900,
71 involved directly in patient care in collaborative agreements which authorize cooperative procedures
72 related to treatment using drug therapy, laboratory tests, or medical devices, under defined conditions
73 and/or or limitations, for the purpose of improving patient outcomes. However, no person licensed to
74 practice medicine, osteopathy, or podiatry shall be required to participate in a collaborative agreement
75 with a pharmacist and his designated alternate pharmacists, regardless of whether a professional
76 business entity on behalf of which the person is authorized to act enters into a collaborative agreement
77 with a pharmacist and his designated alternate pharmacists.

78 No patient shall be required to participate in a collaborative procedure without such patient's consent.
79 A patient who chooses to not participate in a collaborative procedure shall notify the prescriber of his
80 refusal to participate in such collaborative procedure. A prescriber may elect to have a patient not
81 participate in a collaborative procedure by contacting the pharmacist or his designated alternative
82 pharmacists or by documenting the same on the patient's prescription.

83 Collaborative agreements may include the implementation, modification, continuation, or
84 discontinuation of drug therapy pursuant to written, patient-specific or electronic protocols, provided
85 implementation of drug therapy occurs following diagnosis by the prescriber; the ordering of laboratory
86 tests; or other patient care management measures related to monitoring or improving the outcomes of
87 drug or device therapy. No such collaborative agreement shall exceed the scope of practice of the
88 respective parties. Any pharmacist who deviates from or practices in a manner inconsistent with the
89 terms of a collaborative agreement shall be in violation of § 54.1-2902; such violation shall constitute
90 grounds for disciplinary action pursuant to §§ 54.1-2400 and 54.1-3316.

91 Collaborative agreements may only be used for conditions which have protocols that are clinically
92 accepted as the standard of care, or are approved by the Boards of Medicine and Pharmacy. The Boards
93 of Medicine and Pharmacy shall jointly develop and promulgate regulations to implement the provisions
94 of this section and to facilitate the development and implementation of safe and effective collaborative
95 agreements between the appropriate practitioners and pharmacists. The regulations shall include
96 guidelines concerning the use of protocols, and a procedure to allow for the approval or disapproval of
97 specific protocols by the Boards of Medicine and Pharmacy if review is requested by a practitioner or
98 pharmacist.

99 Nothing in this section shall be construed to supersede the provisions of § 54.1-3303.