

# HOUSE BILL 716

J4, J2

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CF SB 617

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By: **Delegates Tarrant, Costa, Cullison, Elliott, Hubbard, A. Kelly, Kipke, Krebs, Nathan-Pulliam, Pena-Melnyk, Ready, and V. Turner**

Introduced and read first time: February 4, 2013

Assigned to: Health and Government Operations

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## A BILL ENTITLED

1 AN ACT concerning

2 **Drug Therapy Management – Physician–Pharmacist Agreements**

3 FOR the purpose of repealing certain provisions of law requiring certain  
4 physician–pharmacist agreements to be approved by the State Board of  
5 Pharmacy and the State Board of Physicians; requiring, in a group model health  
6 maintenance organization, a licensed physician who has entered into a certain  
7 physician–pharmacist agreement to provide drug therapy management to  
8 submit a copy of the agreement, certain modifications to the agreement, and  
9 certain protocols to the State Board of Physicians; requiring, in a group model  
10 health maintenance organization, a licensed pharmacist who has entered into a  
11 certain physician–pharmacist agreement to provide drug therapy management  
12 to submit a copy of the agreement, certain modifications to the agreement, and  
13 certain protocols to the State Board of Pharmacy; repealing certain provisions of  
14 law relating to the approval, term, and renewal of certain physician–pharmacist  
15 agreements; altering a certain definition; making stylistic and conforming  
16 changes; and generally relating to physician–pharmacist agreements for drug  
17 therapy management in a group model health maintenance organization.

18 BY repealing and reenacting, with amendments,  
19 Article – Health – General  
20 Section 19–713.6  
21 Annotated Code of Maryland  
22 (2009 Replacement Volume and 2012 Supplement)

23 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF  
24 MARYLAND, That the Laws of Maryland read as follows:

25 **Article – Health – General**

26 19–713.6.

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 (a) (1) In this section the following words have the meanings indicated.

2 (2) “Documented informed consent” means:

3 (i) A written consent form signed by a patient; or

4 (ii) Verbal or otherwise communicated consent signified by a  
5 notation in a patient’s electronic medical record maintained by a group model health  
6 maintenance organization.

7 (3) “Drug therapy management” means treatment of a patient using  
8 drug therapy, laboratory tests, or medical devices under conditions or limitations set  
9 forth in a protocol specified in a physician–pharmacist agreement for the purpose of  
10 improving patient outcome.

11 (4) “Group model health maintenance organization” means a health  
12 maintenance organization that:

13 (i) Contracts with one multispecialty group of physicians who  
14 are employed by and shareholders of the multispecialty group; and

15 (ii) Provides and arranges for the provision of physician services  
16 to patients at medical facilities operated by the health maintenance organization.

17 (5) “Licensed pharmacist” means an individual who is licensed to  
18 practice pharmacy under Title 12 of the Health Occupations Article.

19 (6) “Licensed physician” means an individual who is licensed to  
20 practice medicine under Title 14 of the Health Occupations Article.

21 (7) “Patient” means:

22 (i) A patient who is a member of a group model health  
23 maintenance organization; or

24 (ii) An individual to whom the group model health maintenance  
25 organization is contractually or legally obligated to provide, or arrange to provide,  
26 health care services.

27 (8) “Physician–pharmacist agreement” means an [approved]  
28 agreement between a licensed physician and a licensed pharmacist that is  
29 disease–state specific and specifies the protocols that may be used.

30 (9) “Protocol” means a course of treatment predetermined by the  
31 licensed physician and licensed pharmacist according to generally accepted medical

1 practice for the proper completion of a particular therapeutic or diagnostic  
2 intervention.

3 (b) (1) In a group model health maintenance organization, a licensed  
4 physician and a licensed pharmacist who wish to provide drug therapy management to  
5 patients shall have a physician–pharmacist agreement [that is approved by the State  
6 Board of Pharmacy and the State Board of Physicians].

7 (2) Drug therapy management shall be provided under this section  
8 only:

9 (i) In accordance with a physician–pharmacist agreement; and

10 (ii) Through the internal pharmacy operations of the group  
11 model health maintenance organization.

12 **(3) A LICENSED PHYSICIAN WHO HAS ENTERED INTO A**  
13 **PHYSICIAN–PHARMACIST AGREEMENT SHALL SUBMIT TO THE STATE BOARD OF**  
14 **PHYSICIANS A COPY OF THE PHYSICIAN–PHARMACIST AGREEMENT AND ANY**  
15 **SUBSEQUENT MODIFICATIONS MADE TO THE PHYSICIAN–PHARMACIST**  
16 **AGREEMENT OR THE PROTOCOLS SPECIFIED IN THE PHYSICIAN–PHARMACIST**  
17 **AGREEMENT.**

18 **(4) A LICENSED PHARMACIST WHO HAS ENTERED INTO A**  
19 **PHYSICIAN–PHARMACIST AGREEMENT SHALL SUBMIT TO THE STATE BOARD OF**  
20 **PHARMACY A COPY OF THE PHYSICIAN–PHARMACIST AGREEMENT AND ANY**  
21 **SUBSEQUENT MODIFICATIONS MADE TO THE PHYSICIAN–PHARMACIST**  
22 **AGREEMENT OR THE PROTOCOLS SPECIFIED IN THE PHYSICIAN–PHARMACIST**  
23 **AGREEMENT.**

24 (c) A licensed pharmacist is authorized to enter into a physician–pharmacist  
25 agreement if the licensed pharmacist:

26 (1) Has a Doctor of Pharmacy Degree or equivalent training as  
27 established in regulations adopted by the State Board of Pharmacy;

28 (2) Is approved by the State Board of Pharmacy to enter into a  
29 physician–pharmacist agreement with a licensed physician; and

30 (3) Meets any other requirements established by regulation by the  
31 State Board of Pharmacy.

32 (d) A physician–pharmacist agreement shall prohibit the substitution of a  
33 chemically dissimilar drug product by the pharmacist for the product prescribed by the  
34 physician, unless permitted in the protocol specified in the physician–pharmacist  
35 agreement.

1 (e) [The Board of Physicians and the Board of Pharmacy may not approve a  
2 physician–pharmacist agreement if the boards find that there is:

3 (1) Inadequate training, experience, or education of the physicians or  
4 pharmacists to implement the protocol or protocols specified in the  
5 physician–pharmacist agreement; or

6 (2) A failure to satisfy the requirements of:

7 (i) This section or Title 14 of the Health Occupations Article; or

8 (ii) Any regulations adopted by the Board of Physicians and the  
9 Board of Pharmacy under this section.

10 (f) A physician–pharmacist agreement under this section shall be valid for 2  
11 years from the date of its final approval by the Board of Physicians and the Board of  
12 Pharmacy and may be renewed for additional 2–year terms with approval from the  
13 Board of Physicians and the Board of Pharmacy.

14 (g) A patient may decline to participate or withdraw from participating in  
15 drug therapy management in a group model health maintenance organization at any  
16 time.

17 [(h)] (F) A licensed physician or licensed pharmacist or both shall inform a  
18 patient:

19 (1) Regarding the procedures that will be utilized for drug therapy  
20 management under the associated protocols;

21 (2) That the patient may decline to participate or withdraw from  
22 participating in the drug therapy management at any time; and

23 (3) That neither the physician nor the pharmacist has been coerced,  
24 given economic incentives, excluding normal reimbursement for services rendered, or  
25 involuntarily required to participate.

26 [(i)] (G) A licensed physician or a licensed pharmacist or both shall obtain  
27 documented informed consent from a patient after disclosing the information required  
28 to be disclosed under subsection [(h)] (F) of this section.

29 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect  
30 October 1, 2013.