

Department of Legislative Services  
Maryland General Assembly  
2015 Session

FISCAL AND POLICY NOTE  
Revised

Senate Bill 347

(Senator Pugh, *et al.*)

Education, Health, and Environmental Affairs

Health and Government Operations

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Health Occupations - Prescriber-Pharmacist Agreements and Therapy  
Management Contracts

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This bill expands the Drug Therapy Management Program to include additional authorized prescribers rather than only licensed physicians. The bill also specifies that protocols by *a licensed physician and a licensed pharmacist* may authorize the initiation of drug therapy under written, disease-state specific protocols.

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Fiscal Summary

**State Effect:** To the extent the number of prescriber-pharmacist agreements submitted to the State Board of Pharmacy increases, special fund revenues for the board increase by a minimal amount beginning in FY 2016. Expenditures are not likely affected.

**Local Effect:** None.

**Small Business Effect:** Minimal.

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Analysis

**Bill Summary:** “Authorized prescriber” means a licensed physician, licensed podiatrist, or certified advanced practice nurse with prescriptive authority under § 8-508 of the Health Occupations Article. “Prescriber-pharmacist agreement” replaces the term “physician-pharmacist” agreement. The definition of “therapy management contract” is altered to mean a voluntary, written arrangement that is (1) disease-state specific; (2) signed by one licensed pharmacist, one *authorized prescriber*, and one patient receiving care from *an authorized prescriber* and a licensed pharmacist pursuant to a *prescriber-pharmacist* agreement and protocol; and (3) related to treatment using drug

therapy, laboratory tests, or medical devices under defined conditions or limitations for the purposes of improving patient outcomes.

The bill repeals the provision requiring therapy management contracts to terminate one year from the date of signing, unless renewed.

The bill clarifies that a therapy management contract must include notice to the patient indicating that the patient may terminate the therapy management contract *at any time* and the procedure by which the patient may terminate the contract.

As with current physician-pharmacist agreements, an authorized prescriber must submit a copy of any prescriber-pharmacist agreement to the respective health occupations board and a licensed pharmacist must submit a copy to the State Board of Pharmacy. Regulations governing the program must be jointly developed by the State Board of Pharmacy and the State Board of Physicians, in consultation with the State Board of Podiatric Medical Examiners and the State Board of Nursing.

**Current Law:** Chapter 249 of 2002 established the Drug Therapy Management Program, which authorizes a physician and a pharmacist to enter into a therapy management contract that specifies treatment protocols that may be used to provide care to a patient. A pharmacist may order laboratory tests and other patient care measures related to monitoring or improving the outcomes of drug or device therapy based on disease-specific, mutually agreed-upon protocols.

Prior to 2012, before collaborating on drug therapy management, a pharmacist and a physician were required to apply to the State Board of Physicians and the State Board of Pharmacy for approval of a physician-pharmacist agreement and each individual protocol to be used. Agreements and protocols were reviewed and approved by a joint committee consisting of two members of each board, with final approval given by both full boards. Chapter 658 of 2012 removed the requirement regarding approval of physician-pharmacist agreements and protocols and, instead, required physicians and pharmacists who enter into such agreements to submit a copy of the agreement and any subsequent modifications to their respective licensing board.

**Background:** In 2013, Virginia enacted legislation expanding the providers who can participate in collaborative agreements with pharmacists to include physician assistants working under the supervision of a person licensed to practice medicine, osteopathy, or podiatry and nurse practitioners working as part of a patient care team.

**State Revenues:** Pharmacists currently pay a \$100 fee to the board to submit a physician-pharmacist agreement. To the extent the number of prescriber-pharmacist

agreements increases, special fund revenues for the board increase beginning in fiscal 2016.

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### **Additional Information**

**Prior Introductions:** None.

**Cross File:** HB 716 (Delegate Pena-Melnyk, *et al.*) - Health and Government Operations.

**Information Source(s):** Department of Health and Mental Hygiene, Department of Legislative Services

**Fiscal Note History:** First Reader - March 2, 2015  
min/ljm Revised - Senate Third Reader/Clarification - March 26, 2015  
Revised - Enrolled Bill - April 28, 2015

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