HOUSE BILL 716

J4, J2	3lr2147
	CF SB 617

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

Committee Report: Favorable with amendments House action: Adopted Read second time: March 6, 2013

CHAPTER

1 AN ACT concerning

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Drug Therapy Management – Physician–Pharmacist Agreements

- 3 FOR the purpose of repealing certain provisions of law requiring certain physician-pharmacist agreements to be approved by the State Board of 4 $\mathbf{5}$ 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 7physician-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 12to submit a copy of the agreement, certain modifications to the agreement, and certain protocols to the State Board of Pharmacy; repealing certain provisions of 13 law relating to the approval, term, and renewal of certain physician-pharmacist 14 agreements; altering a certain definition; making stylistic and conforming 15changes; and generally relating to physician-pharmacist agreements for drug 16 17 therapy management in a group model health maintenance organization.
- 18 BY repealing and reenacting, with amendments,
- 19Article – Health – General
- 20Section 19–713.6
- Annotated Code of Maryland 21
- 22(2009 Replacement Volume and 2012 Supplement)

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

Strike out indicates matter stricken from the bill by amendment or deleted from the law by amendment.



	2 HOUSE BILL 716	
$\frac{1}{2}$	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:	
3	Article – Health – General	
4	19–713.6.	
5	(a) (1) In this section the following words have the meanings indicated.	
6	(2) "Documented informed consent" means:	
7	(i) A written consent form signed by a patient; or	
	notation in a patient's electronic medical record maintained by a group model health	
$11 \\ 12 \\ 13 \\ 14$	drug therapy, laboratory tests, or medical devices under conditions or limitations set forth in a protocol specified in a physician-pharmacist agreement for the purpose of	
$\begin{array}{c} 15\\ 16\end{array}$	(4) "Group model health maintenance organization" means a health maintenance organization that:	
17 18	(i) Contracts with one multispecialty group of physicians who are employed by and shareholders of the multispecialty group; and	
19 20	(ii) Provides and arranges for the provision of physician services to patients at medical facilities operated by the health maintenance organization.	
$\begin{array}{c} 21 \\ 22 \end{array}$	(5) "Licensed pharmacist" means an individual who is licensed to practice pharmacy under Title 12 of the Health Occupations Article.	
$\begin{array}{c} 23\\ 24 \end{array}$	(6) "Licensed physician" means an individual who is licensed to practice medicine under Title 14 of the Health Occupations Article.	
25	(7) "Patient" means:	
$\begin{array}{c} 26 \\ 27 \end{array}$	(i) A patient who is a member of a group model health maintenance organization; or	
28 29 30	(ii) An individual to whom the group model health maintenance organization is contractually or legally obligated to provide, or arrange to provide, health care services.	

HOUSE BILL 716

"Physician-pharmacist 1 agreement" [approved] (8)means an $\mathbf{2}$ agreement between a licensed physician and a licensed pharmacist that is 3 disease-state specific and specifies the protocols that may be used. 4 "Protocol" means a course of treatment predetermined by the (9)licensed physician and licensed pharmacist according to generally accepted medical $\mathbf{5}$ 6 practice for the proper completion of a particular therapeutic or diagnostic 7 intervention. In a group model health maintenance organization, a licensed 8 (b) (1)physician and a licensed pharmacist who wish to provide drug therapy management to 9 patients shall have a physician-pharmacist agreement [that is approved by the State 10 Board of Pharmacy and the State Board of Physicians]. 11 12(2)Drug therapy management shall be provided under this section 13only: 14 (i) In accordance with a physician–pharmacist agreement; and 15Through the internal pharmacy operations of the group (ii) model health maintenance organization. 16 17A LICENSED PHYSICIAN WHO HAS ENTERED INTO A (3) 18 PHYSICIAN-PHARMACIST AGREEMENT SHALL SUBMIT TO THE STATE BOARD OF 19 PHYSICIANS A COPY OF THE PHYSICIAN-PHARMACIST AGREEMENT AND ANY 20ТО SUBSEQUENT MODIFICATIONS MADE THE PHYSICIAN-PHARMACIST 21AGREEMENT OR THE PROTOCOLS SPECIFIED IN THE PHYSICIAN-PHARMACIST 22AGREEMENT. 23(4) A LICENSED PHARMACIST WHO HAS ENTERED INTO A PHYSICIAN-PHARMACIST AGREEMENT SHALL SUBMIT TO THE STATE BOARD OF 24PHARMACY A COPY OF THE PHYSICIAN-PHARMACIST AGREEMENT AND ANY 2526SUBSEQUENT MODIFICATIONS MADE TO THE PHYSICIAN-PHARMACIST 27AGREEMENT OR THE PROTOCOLS SPECIFIED IN THE PHYSICIAN-PHARMACIST 28AGREEMENT. 29(c)A licensed pharmacist is authorized to enter into a physician-pharmacist agreement if the licensed pharmacist: 30 31Has a Doctor of Pharmacy Degree or equivalent training as (1)32established in regulations adopted by the State Board of Pharmacy;

33 (2) Is approved by the State Board of Pharmacy to enter into a
34 physician-pharmacist agreement with a licensed physician; and

HOUSE BILL 716

1 (3) Meets any other requirements established by regulation by the 2 State Board of Pharmacy.

3 (d) A physician-pharmacist agreement shall prohibit the substitution of a 4 chemically dissimilar drug product by the pharmacist for the product prescribed by the 5 physician, unless permitted in the protocol specified in the physician-pharmacist 6 agreement.

7 (e) [The Board of Physicians and the Board of Pharmacy may not approve a 8 physician-pharmacist agreement if the boards find that there is:

9 Inadequate training, experience, or education of the physicians or (1)10 pharmacists \mathbf{to} implement the protocol or protocols specified in the physician-pharmacist agreement; or 11

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(2) A failure to satisfy the requirements of:

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

14 (ii) Any regulations adopted by the Board of Physicians and the15 Board of Pharmacy under this section.

16 (f) A physician-pharmacist agreement under this section shall be valid for 2 17 years from the date of its final approval by the Board of Physicians and the Board of 18 Pharmacy and may be renewed for additional 2-year terms with approval from the 19 Board of Physicians and the Board of Pharmacy.

20 (g)] A patient may decline to participate or withdraw from participating in 21 drug therapy management in a group model health maintenance organization at any 22 time.

23 [(h)] (F) A licensed physician or licensed pharmacist or both shall inform a 24 patient:

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

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

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

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

4

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

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.