

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1999

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HOUSE BILL 1095

Short Title: Clinical Pharmacist Practitioner.

(Public)

Sponsors: Representatives Allen; and Cansler.

Referred to: Finance.

April 15, 1999

A BILL TO BE ENTITLED

AN ACT AUTHORIZING THE LICENSURE OF CLINICAL PHARMACIST PRACTITIONERS.

The General Assembly of North Carolina enacts:

Section 1. G.S. 90-6 reads as rewritten:

"§ 90-6. **Regulations governing applicants for license, examinations, etc.; appointment of subcommittee.**

(a) The North Carolina Medical Board is empowered to prescribe such regulations as it may deem proper, governing applicants for license, admission to examinations, the conduct of applicants during examinations, and the conduct of examinations proper.

(b) The North Carolina Medical Board shall appoint and maintain a subcommittee to work jointly with a subcommittee of the Board of Nursing to develop rules and regulations to govern the performance of medical acts by registered nurses, including the determination of reasonable fees to accompany an application for approval not to exceed one hundred dollars (\$100.00) and for renewal of approval not to exceed fifty dollars (\$50.00). The fee for reactivation of an inactive incomplete application shall be five dollars (\$5.00). Rules and regulations developed by this subcommittee from time to time shall govern the performance of medical acts by registered nurses and shall become effective when adopted by both the North Carolina Medical Board and the Board of

1 Nursing. The North Carolina Medical Board shall have responsibility for securing
2 compliance with these regulations.

3 (c) The North Carolina Medical Board shall appoint and maintain a subcommittee
4 of four licensed physicians to work jointly with a subcommittee of the North Carolina
5 Board of Pharmacy to develop rules and regulations to govern the performance of
6 medical acts by licensed pharmacists, including the determination of reasonable fees to
7 accompany an application for approval not to exceed one hundred dollars (\$100.00) and
8 for renewal of approval not to exceed fifty dollars (\$50.00). The fee for reactivation of
9 an inactive incomplete application shall be five dollars (\$5.00). Rules and regulations
10 developed by this subcommittee from time to time shall govern the performance of
11 medical acts by licensed pharmacists and shall become effective when adopted by both
12 the North Carolina Medical Board and the North Carolina Board of Pharmacy. The
13 North Carolina Medical Board shall have responsibility for securing compliance with
14 these regulations."

15 Section 2. G.S. 90-18(c) is amended by adding a new subdivision to read:

16 "(3a) The provision of drug therapy management by a licensed pharmacist
17 engaged in the practice of pharmacy pursuant to an agreement that is
18 physician, pharmacist, patient, and disease specific when performed in
19 accordance with rules and regulations developed by a joint
20 subcommittee of the North Carolina Medical Board and the North
21 Carolina Board of Pharmacy and approved by both Boards."

22 Section 3. Article 1 of Chapter 90 of the General Statutes is amended by
23 adding a new section to read:

24 "**§ 90-18.3. Limitations on clinical pharmacist practitioners.**

25 (a) Any person who is licensed under the provisions of G.S. 90-18(c)(3a) to
26 perform medical acts, tasks, and functions may use the title 'clinical pharmacist
27 practitioner'. Any other person who uses the title in any form or holds himself or herself
28 out to be a clinical pharmacist practitioner or to be so licensed shall be deemed to be in
29 violation of this Article.

30 (b) Clinical pharmacist practitioners are authorized to implement predetermined
31 drug therapy, modify prescribed drug dosages, dosage forms and dosage schedules, and
32 to order laboratory tests pursuant to a drug therapy management agreement that is
33 physician, pharmacist, patient, and disease specific under the following conditions:

34 (1) The North Carolina Medical Board and Board of Pharmacy have
35 adopted regulations developed by a joint subcommittee governing the
36 approval of individual clinical pharmacist practitioners to practice drug
37 therapy management with such limitations that the Board determines to
38 be in the best interest of patient health and safety.

39 (2) The clinical pharmacist practitioner has current approval from both
40 Boards.

41 (3) The North Carolina Medical Board has assigned an identification
42 number to the clinical pharmacist practitioner which is shown on written
43 prescriptions written by the clinical pharmacist practitioner.

1 (4) The drug therapy management agreement prohibits the substitution of a
2 chemically dissimilar drug product by the pharmacist for the product
3 prescribed by the physician without the consent of the physician and
4 includes a policy for periodic review by the physician of the drugs
5 modified pursuant to the agreement or changed with the consent of the
6 physician.

7 (c) Clinical pharmacist practitioners in hospitals and other health facilities that
8 have an established pharmacy and therapeutics committee or similar group that
9 determines the prescription drug formulary or other list of drugs to be utilized in the
10 facility and determines procedures to be followed when considering a drug for inclusion
11 on the formulary and procedures to acquire a nonformulary drug for a patient may order
12 medications and tests under the following conditions:

13 (1) The North Carolina Medical Board and Board of Pharmacy have
14 adopted regulations governing the approval of individual clinical
15 pharmacist practitioners to order medications and tests with such
16 limitations as the Boards determine to be in the best interest of patient
17 health and safety.

18 (2) The clinical pharmacist practitioner has current approval from both
19 Boards.

20 (3) The supervising physician has provided to the clinical pharmacist
21 practitioner written instructions for ordering, changing, or substituting
22 drugs, or ordering tests with provision for review of the order by the
23 physician within a reasonable time, as determined by the Boards after
24 the medication or tests are ordered.

25 (4) The hospital or health facility has adopted a written policy, approved by
26 the medical staff after consultation with nursing administrators,
27 concerning the ordering of medications and tests, including procedures
28 for verification of the clinical pharmacist practitioner's orders by nurses
29 and other facility employees and such other procedures that are in the
30 best interest of patient health and safety.

31 (d) Any drug therapy order written by a clinical pharmacist practitioner or order
32 for medications or tests shall be deemed to have been authorized by the physician
33 approved by the Boards as the supervisor of the clinical pharmacist practitioner, and the
34 supervising physician shall be responsible for authorizing the prescription order."

35 (e) Any registered nurse or licensed practical nurse who receives a drug therapy
36 order from a clinical pharmacist practitioner for medications or tests is authorized to
37 perform that order in the same manner as if the order was received from a licensed
38 physician."

39 Section 4. G.S. 90-85.3 is amended by adding a new subsection to read:

40 "(b1) 'Clinical Pharmacist Practitioner' means a licensed pharmacist who meets the
41 guidelines and criteria for such title established by the joint subcommittees of the North
42 Carolina Medical Board and the North Carolina Board of Pharmacy and is authorized to

1 enter into drug therapy management agreements with physicians in accordance with the
2 provisions of G.S. 90-18.3."

3 Section 5. G.S. 90-85.3(r) reads as rewritten:

4 "(r) 'Practice of pharmacy' means the responsibility for: interpreting and evaluating
5 drug orders, including prescription orders; compounding, dispensing and labeling
6 prescription drugs and devices; properly and safely storing drugs and devices;
7 maintaining proper records; and controlling pharmacy goods and services. A pharmacist
8 may advise and educate patients and health care providers concerning therapeutic values,
9 content, uses and significant problems of drugs and devices; assess, record and report
10 adverse drug and device reactions; take and record patient histories relating to drug and
11 device therapy; monitor, record and report drug therapy and device usage; perform drug
12 utilization reviews; and participate in drug and drug source selection and device and
13 device source selection as provided in G.S. 90-85.27 through G.S. 90-85.31. A
14 pharmacist who has received special training may be authorized and permitted to
15 administer drugs pursuant to a specific prescription order in accordance with rules and
16 regulations adopted by each of the Boards of Pharmacy, the Board of Nursing, and the
17 North Carolina Medical Board. Such rules and regulations shall be designed to ensure the
18 safety and health of the patients for whom such drugs are administered. A licensed
19 clinical pharmacist practitioner may collaborate with physicians in determining the
20 appropriate health care for a patient, subject to the provisions of G.S. 90-18.3."

21 Section 6. Article 4A of Chapter 90 of the General Statutes is amended by
22 adding a new section to read:

23 "**§ 90-85.26A. Clinical pharmacist practitioners subcommittee.**

24 The Board of Pharmacy shall appoint and maintain a subcommittee of the Board
25 consisting of four licensed pharmacists to work jointly with the subcommittee of the
26 Board of Medical Examiners to develop rules and regulations to govern the provision of
27 drug therapy management by clinical pharmacist practitioners and to determine
28 reasonable fees to accompany an application for approval or renewal of such approval as
29 provided in G.S. 90-6. The rules developed by this subcommittee shall govern the
30 performance of acts by licensed pharmacists and shall become effective when they have
31 been adopted by both Boards."

32 Section 7. This act is effective when it becomes law.