

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1999

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HOUSE BILL 1095
Corrected Copy 4/19/99
Committee Substitute Favorable 4/26/99
Committee Substitute #2 Favorable 5/17/99

Short Title: Clinical Pharmacist Practitioner.

(Public)

Sponsors:

Referred to:

April 15, 1999

A BILL TO BE ENTITLED
AN ACT AUTHORIZING THE NORTH CAROLINA MEDICAL BOARD AND THE
BOARD OF PHARMACY TO ADOPT RULES TO APPROVE CLINICAL
PHARMACIST PRACTITIONERS TO PRACTICE DRUG THERAPY
MANAGEMENT PURSUANT TO A DRUG THERAPY MANAGEMENT
AGREEMENT.

The General Assembly of North Carolina enacts:

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

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

(a) The North Carolina Medical Board is empowered to prescribe such ~~regulations~~
rules 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

1 one hundred dollars (\$100.00) and for renewal of approval not to exceed fifty dollars
2 (\$50.00). The fee for reactivation of an inactive incomplete application shall be five
3 dollars (\$5.00). ~~Rules and regulations~~ developed by this subcommittee from time to time
4 shall govern the performance of medical acts by registered nurses and shall become
5 effective when adopted by both the North Carolina Medical Board and the Board of
6 Nursing. The North Carolina Medical Board shall have responsibility for securing
7 compliance with these ~~regulations~~ rules.

8 (c) The North Carolina Medical Board shall appoint and maintain a subcommittee of
9 four licensed physicians to work jointly with a subcommittee of the North Carolina Board
10 of Pharmacy to develop rules to govern the performance of medical acts by clinical
11 pharmacist practitioners, including the determination of reasonable fees to accompany an
12 application for approval not to exceed one hundred dollars (\$100.00) and for renewal of
13 approval not to exceed fifty dollars (\$50.00). The fee for reactivation of an inactive
14 incomplete application shall be five dollars (\$5.00). Rules recommended by the
15 subcommittee shall be adopted in accordance with Chapter 150B of the General Statutes
16 by both the North Carolina Medical Board and the North Carolina Board of Pharmacy
17 and shall not become effective until adopted by both Boards. The North Carolina
18 Medical Board shall have responsibility for ensuring compliance with these rules."

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

20 "(3a) The provision of drug therapy management by a licensed pharmacist
21 engaged in the practice of pharmacy pursuant to an agreement that is
22 physician, pharmacist, patient, and disease specific when performed in
23 accordance with rules and rules developed by a joint subcommittee of
24 the North Carolina Medical Board and the North Carolina Board of
25 Pharmacy and approved by both Boards. Drug therapy management
26 shall be defined as: (i) the implementation of predetermined drug
27 therapy which includes diagnosis and product selection by the patient's
28 physician; (ii) modification of prescribed drug dosages, dosage forms,
29 and dosage schedules; and (iii) ordering tests; (i), (ii), and (iii) shall be
30 pursuant to an agreement that is physician, pharmacist, patient, and
31 disease specific."

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

34 "**§ 90-18.3. Limitations on clinical pharmacist practitioners.**

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

40 (b) Clinical pharmacist practitioners are authorized to implement predetermined
41 drug therapy, which includes diagnosis and product selection by the patient's physician,
42 modify prescribed drug dosages, dosage forms, and dosage schedules, and to order

1 laboratory tests pursuant to a drug therapy management agreement that is physician,
2 pharmacist, patient, and disease specific under the following conditions:

- 3 (1) The North Carolina Medical Board and the North Carolina Board of
4 Pharmacy have adopted rules developed by a joint subcommittee
5 governing the approval of individual clinical pharmacist practitioners to
6 practice drug therapy management with such limitations that the Boards
7 determine to be in the best interest of patient health and safety.
8 (2) The clinical pharmacist practitioner has current approval from both
9 Boards.
10 (3) The North Carolina Medical Board has assigned an identification
11 number to the clinical pharmacist practitioner which is shown on written
12 prescriptions written by the clinical pharmacist practitioner.
13 (4) The drug therapy management agreement prohibits the substitution of a
14 chemically dissimilar drug product by the pharmacist for the product
15 prescribed by the physician without the explicit consent of the physician
16 and includes a policy for periodic review by the physician of the drugs
17 modified pursuant to the agreement or changed with the consent of the
18 physician.

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

- 25 (1) The North Carolina Medical Board and the North Carolina Board of
26 Pharmacy have adopted rules governing the approval of individual
27 clinical pharmacist practitioners to order medications and tests with
28 such limitations as the Boards determine to be in the best interest of
29 patient health and safety.
30 (2) The clinical pharmacist practitioner has current approval from both
31 Boards.
32 (3) The supervising physician has provided to the clinical pharmacist
33 practitioner written instructions for ordering, changing, or substituting
34 drugs, or ordering tests with provision for review of the order by the
35 physician within a reasonable time, as determined by the Boards, after
36 the medication or tests are ordered.
37 (4) The hospital or health facility has adopted a written policy, approved by
38 the medical staff after consultation with nursing administrators,
39 concerning the ordering of medications and tests, including procedures
40 for verification of the clinical pharmacist practitioner's orders by nurses
41 and other facility employees and such other procedures that are in the
42 best interest of patient health and safety.

1 (5) Any drug therapy order written by a clinical pharmacist practitioner or
2 order for medications or tests shall be deemed to have been authorized
3 by the physician approved by the Boards as the supervisor of the clinical
4 pharmacist practitioner and the supervising physician shall be
5 responsible for authorizing the prescription order.

6 (d) Any registered nurse or licensed practical nurse who receives a drug therapy
7 order from a clinical pharmacist practitioner for medications or tests is authorized to
8 perform that order in the same manner as if the order was received from a licensed
9 physician."

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

11 "(b1) 'Clinical pharmacist practitioner' means a licensed pharmacist who meets the
12 guidelines and criteria for such title established by the joint subcommittee of the North
13 Carolina Medical Board and the North Carolina Board of Pharmacy and is authorized to
14 enter into drug therapy management agreements with physicians in accordance with the
15 provisions of G.S. 90-18.3."

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

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

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

36 "**§ 90-85.26A. Clinical pharmacist practitioners subcommittee.**

37 The North Carolina Board of Pharmacy shall appoint and maintain a subcommittee of
38 the Board consisting of four licensed pharmacists to work jointly with the subcommittee
39 of the North Carolina Medical Board to develop rules to govern the provision of drug
40 therapy management by clinical pharmacist practitioners and to determine reasonable
41 fees to accompany an application for approval or renewal of such approval as provided in
42 G.S. 90-6. The rules developed by this subcommittee shall govern the performance of

1 acts by clinical pharmacist practitioners and shall become effective when they have been
2 adopted by both Boards."

3 Section 7. Sections 2 through 5 of this act become effective July 1, 2000. The
4 remainder of this act is effective when it becomes law.