

By Mr. Creedon, a petition (accompanied by bill, Senate, No. 382) of Robert S. Creedon, Jr. for legislation to authorize collaborative practice between physicians and pharmacists for certain patients. Elder Affairs.

The Commonwealth of Massachusetts

In the Year Two Thousand and Five.

AN ACT AUTHORIZING COLLABORATIVE PRACTICE BETWEEN PHYSICIANS AND PHARMACISTS FOR CERTAIN PATIENTS.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 Therapy may be implemented, modified or discontinued, (3)
2 the conditions and events upon which pharmacist is required to
3 notify the physician, and (4) the laboratory tests that may be
4 ordered. All activities performed by the pharmacist in conjunction
5 with the protocol shall be documented in the patient's medical
6 record. The pharmacist shall report at least every thirty days to the
7 physician regarding the patient's drug therapy management. The
8 collaborative drug therapy manage Chapter 112 of the General
9 Laws, as appearing in the 2002 Official Edition, is hereby
10 amended by inserting after section 42A, the following new sec-
11 tions:—

12 Section 43. (a) One or more pharmacists licensed pursuant to
13 section 24 of chapter 112, who are determined eligible in accor-
14 dance with subsection (c) of this section, and providing services
15 to patients in nursing homes, assisted living facilities, hospice
16 programs and similar institutional sites of care, may enter into a
17 written protocol-based collaborative drug therapy management
18 agreement with one or more physicians licensed pursuant to
19 section 2 of chapter 112, to manage the drug therapy of individual
20 patients receiving inpatient services in a facility licensed by the
21 department of public health in accordance with subsections (b) to
22 (d), inclusive of this section. Each patient's collaborative drug
23 therapy management shall be governed by a written protocol spe-

24 cific to that patient established by the treating physician in consul-
25 tation with the pharmacist.

26 (b) A collaborative drug therapy management agreement may
27 authorize a pharmacist to implement, modify or discontinue a
28 drug therapy that has been prescribed for a patient, order associ-
29 ated laboratory tests and administer drugs, all in accordance with
30 a patient specific written protocol. In instances where drug
31 therapy is discontinued, the pharmacist shall notify the treating
32 physician of such discontinuance no later than twenty-four hours
33 from the time of such discontinuance. Each protocol developed,
34 pursuant to the collaborative drug therapy management agree-
35 ment, shall contain detailed direction concerning the actions that
36 the pharmacists may perform for that patient. The protocol shall
37 include, but need not be limited to,

38 (1) the specific drug or drugs to be managed by the pharmacist,
39 (2) the terms and conditions under which drug treatment agree-
40 ment and protocols shall be available for inspection by the depart-
41 ment of public health. A copy of the protocol shall be filed in the
42 patient's medical record.

43 (c) A pharmacist shall be responsible for demonstrating, in
44 accordance with this subsection, the competence necessary for
45 participation in each drug therapy management agreement into
46 which such pharmacist enters. The pharmacist's competency shall
47 be determined by the board of registration of pharmacy.

48 (d) The commissioner of public health may adopt regulations
49 in accordance with chapter 30A concerning the minimum content
50 of the collaborative drug therapy management agreement and the
51 written protocol and as otherwise necessary to carry out the pur-
52 pose of this section.

53 Section 43A. To the extent that a patient's drug therapy man-
54 agement is subject to a collaborative drug therapy management
55 agreement under section 43 of this chapter, prescriptions ordered
56 for said patient shall be exempt from division of medical assis-
57 tance rules or regulations requiring prior approval of prescriptions
58 or the use of preferred drugs.