



Legislative Council Staff
Research Note

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Bill Number

Senate Bill 16-135

Sponsors

Senator Aguilar
Representative Ginal

Short Title

Collaborative Pharmacy
Practice Agreements

Research Analyst

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Status

This research note reflects the final version of the bill and becomes effective August 10, 2016, assuming no referendum petition is filed.

Summary

The bill allows health insurance plans to provide coverage for health care services provided by a pharmacist as part of a collaborative pharmacy practice agreement if certain conditions are met. Specifically, the health plan must provide coverage for the same service if it is provided by a licensed physician or an advanced practice nurse and the pharmacist must be included in the insurers' network of participating providers. The health insurance plan and the pharmacist must also negotiate a reimbursement rate. The State Board of Pharmacy, the Colorado Medical Board, and the State Board of Nursing must jointly create rules governing collaborative pharmacy practice agreements.

Collaborative pharmacy practice agreements are voluntary agreements between a licensed pharmacist and a physician or advanced practice nurse that allow a pharmacist to provide evidence-based health care services to one or more patients pursuant to a specific treatment protocol delegated to a pharmacist or pharmacists by a physician or advanced practice nurse. Collaborative pharmacy practice agreements also may include a statewide drug therapy protocol developed by the State Board of Pharmacy, the Colorado Medical Board, and the State Board of Nursing in collaboration with the Department of Public Health and Environment for public health care services.

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Background

Under current law, pharmacists are permitted to provide health care services in certain situations. First, they may dispense opiate antagonists, pursuant to an order or standing orders and protocols issued by a physician, to persons who are at risk of experiencing an opiate-related drug overdose event or who may be in contact with persons who are at risk of experiencing an opiate-related drug overdose event. In addition, pharmacists and pharmacy interns who are certified in immunization and who have physician authorization may administer vaccines and immunizations to patients in accordance with the federal Centers for Disease Control and Prevention guidelines.

Senate Action

Senate Health and Human Services Committee (February 25, 2016). At the hearing, representatives from the University of Colorado Skaggs School of Pharmacy, the Provider Status Task Force, Colorado Nurses Association, Rx Plus Pharmacies, and a member of the public testified in support of the bill.

The committee adopted amendment L.002, and a conceptual amendment, and referred the bill, as amended, to the Senate Finance Committee. Amendment L.002 made technical changes to the bill, and added language clarifying that a pharmacist or pharmacy may not employ a physician or advanced practice nurse for the sole purpose of forming a collaborative practice agreement. The conceptual amendment clarified that a pharmacist who participates in a collaborative practice agreement must carry adequate professional liability insurance.

Senate Finance Committee (March 3, 2016). At the hearing, a representative from the University of Colorado Skaggs School of Pharmacy testified in support of the bill. The committee referred the bill to the Committee of the Whole with a recommendation that it be placed on the consent calendar.

Senate second reading (March 7, 2016). The Senate adopted the Senate Health and Human Services committee report and passed the bill on second reading, as amended.

Senate third reading (March 8, 2016). The Senate passed the bill on third reading with no amendments.

House Action

House Health, Insurance, and Environment Committee (May 3, 2016). Representatives from the University of Colorado Skaggs School of Pharmacy, Rx Plus Pharmacies, and Colorado Retail Council testified in support of the bill. A representative of the Colorado Association of Health Plans responded to questions from the committee. The committee adopted amendments L.008, L.015, L.016, L.017, L.019, and L.020.

- Amendment L.008 clarified that the amount of liability insurance that a pharmacist is required to carry will be determined by the State Board of Pharmacy.
- Amendment L.015 clarified that the existence of a collaborative practice agreement between a physician and a pharmacist does not change the employment status of either

party. In addition, the amendment clarified that a provider's status under the Colorado Governmental Immunity Act is not altered by the existence of a collaborative practice agreement.

- Amendment L.016 established that unless a statewide protocol is in place, a pharmacist may not enter into a collaborative pharmacy practice agreement with a physician or an advanced practice nurse, unless the health care provider has an established relationship with the patient who will be served by the pharmacist. The amendment also established that the pharmacist must communicate the care provided to the patient's primary care provider and document the changes to the patient's medical record. If the patient does not have a primary care provider, the pharmacist must provide the patient with a written record of the drugs or devices furnished and advise the patient to consult with an appropriate health care professional.
- Amendment L.017 added a requirement that the health plan and the pharmacist negotiate a reimbursement rate for specific treatment protocol covered by the plan.
- Amendment L.019 clarified that the Colorado Medical Board and the State Board of Nursing along with the State Board of Pharmacy will develop statewide drug therapy protocol in collaboration with CDPHE.
- Amendment L.020 removed the list of specific health care services for which collaborative pharmacy practice agreements will be established.

House second reading (May 3, 2016). The House adopted the House Health, Insurance, and Environment committee report and passed the bill on second reading, as amended.

House third reading (May 4, 2016). The House passed the bill on third reading with no amendments.