

SUPPORT SB 1050 by Senator Manny Diaz, Jr./HB 833 by Rep. Cord Byrd

Background:

- A **Consultant Pharmacist** is a licensed pharmacist who provides expert advice on the use of medications, after completing an approved course and a 40-hour assessment and evaluation period.
- A **Collaborative Practice Agreement (CPA)** is a formal agreement in which a licensed physician refers patients to a pharmacist under a protocol that allows the pharmacist to perform specific patient care functions.
- The CPA specifies what functions beyond the pharmacist's typical scope can be delegated to them by the physician. Common delegated functions include initiating, modifying, or discontinuing medication and ordering and evaluating tests.
- Current law allows for physicians (M.D., D.O., Podiatrist, Dentist) to enter into CPA-type agreements with consultant pharmacists in nursing home facilities or home health agencies.
- The use of CPAs allows for improved patient outcomes and decreased medical costs (especially within the Medicaid population).

What the Legislation Does:

- The legislation would allow physicians and consultant pharmacists to enter into Collaborative Practice Agreements in a "health care facility".
- A "health care facility" is defined as a hospital, ambulatory surgical center, alcohol or chemical dependency treatment center, hospice, continuing care facility, nursing home facility, and home health agency.

What the Legislation *Does Not* Do:

- The legislation *does not* encroach into the scope of services of a physician (a physician must voluntarily enter into, and set the protocols for, any Collaborative Practice Agreement).
- The legislation *does not* force a physician to enter into a Collaborative Practice Agreement.
- The legislation *does not* allow a consultant pharmacist to modify or discontinue medications prescribed by a physician that is not a part of their Collaborative Practice Agreement (an amendment will be filed to clarify this).

For any questions or for more information, please contact:

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