1 A bill to be entitled 2 An act relating to the practice of pharmacy; amending 3 s. 381.0031, F.S.; requiring specified licensed 4 pharmacists to report certain information relating to 5 public health to the Department of Health; amending s. 6 465.003, F.S.; revising the definition of the term 7 "practice of the profession of pharmacy"; creating s. 8 465.1865, F.S.; providing definitions; providing 9 requirements for pharmacists to provide services under 10 a collaborative pharmacy practice agreement; requiring the terms and conditions of such agreement to be 11 12 appropriate to the training of the pharmacist and the scope of practice of the physician; requiring 13 14 notification to the board upon practicing under a collaborative pharmacy practice agreement; requiring 15 pharmacists to submit a copy of the signed 16 17 collaborative practice agreement to the Board of Pharmacy; providing for the maintenance of patient 18 19 records for a certain period of time; providing for renewal of such agreement; requiring a pharmacist and 20 21 the collaborating physician to maintain on file and 22 make available the collaborative pharmacy practice 23 agreement; prohibiting certain actions relating to the collaborative pharmacy practice agreement; requiring 24 25 specified continuing education for a pharmacist who

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practices under a collaborative pharmacy practice agreement; requiring the Board of Pharmacy to adopt rules; creating s. 465.1895, F.S.; requiring the board to identify minor, nonchronic health conditions that a pharmacist may test or screen for and treat; providing requirements for a pharmacist to test or screen for and treat minor, nonchronic health conditions; requiring the board to develop a formulary of medicinal drugs that a pharmacist may prescribe; providing requirements for the written protocol between a pharmacist and a supervising physician; prohibiting a pharmacist from providing certain services under certain circumstances; requiring a pharmacist to complete a specified amount of continuing education; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Subsection (2) of section 381.0031, Florida Statutes, is amended to read:

381.0031 Epidemiological research; report of diseases of public health significance to department.—

(2) Any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any licensed pharmacist

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authorized under a protocol with a supervising licensed physician, under s. 465.1895, or a collaborative pharmacy practice agreement, as defined in s. 465.1865, to perform or order and evaluate laboratory and clinical tests; any hospital licensed under part I of chapter 395; or any laboratory appropriately certified by the Centers for Medicare and Medicaid Services under the federal Clinical Laboratory Improvement Amendments and the federal rules adopted thereunder which diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health.

Section 2. Subsection (13) of section 465.003, Florida Statutes, is amended to read:

465.003 Definitions.—As used in this chapter, the term:

(13) "Practice of the profession of pharmacy" includes compounding, dispensing, and consulting concerning contents, therapeutic values, and uses of any medicinal drug; consulting concerning therapeutic values and interactions of patent or proprietary preparations, whether pursuant to prescriptions or in the absence and entirely independent of such prescriptions or orders; and conducting other pharmaceutical services. For purposes of this subsection, "other pharmaceutical services" means the monitoring of the patient's drug therapy and assisting the patient in the management of his or her drug therapy, and includes review of the patient's drug therapy and communication

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with the patient's prescribing health care provider as licensed under chapter 458, chapter 459, chapter 461, or chapter 466, or similar statutory provision in another jurisdiction, or such provider's agent or such other persons as specifically authorized by the patient, regarding the drug therapy; and initiating, modifying, or discontinuing drug therapy for a chronic health condition under a collaborative pharmacy practice agreement. However, Nothing in this subsection may be interpreted to permit an alteration of a prescriber's directions, the diagnosis or treatment of any disease, the initiation of any drug therapy, the practice of medicine, or the practice of osteopathic medicine, unless otherwise permitted by law or specifically authorized by s. 465.1865 or s. 465.1895. "Practice of the profession of pharmacy" also includes any other act, service, operation, research, or transaction incidental to, or forming a part of, any of the foregoing acts, requiring, involving, or employing the science or art of any branch of the pharmaceutical profession, study, or training, and shall expressly permit a pharmacist to transmit information from persons authorized to prescribe medicinal drugs to their patients. The practice of the profession of pharmacy also includes the administration of vaccines to adults pursuant to s. 465.189, the testing or screening for and treatment of minor, nonchronic health conditions under s. 465.1895, and the

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100	preparation of prepackaged drug products in facilities holding
101	Class III institutional pharmacy permits.
L02	Section 3. Section 465.1865, Florida Statutes, is created
L03	to read:
L04	465.1865 Collaborative pharmacy practice for chronic
L05	health conditions.—
L06	(1) For purposes of this section, the term:
L07	(a) "Collaborative pharmacy practice agreement" means a
108	written agreement between a pharmacist who meets the
L09	qualifications of this section and a physician licensed under
110	chapter 458 or chapter 459 in which a collaborating physician
111	authorizes a pharmacist to provide specified patient care
L12	services to the collaborating physician's patients.
L13	(b) "Chronic health condition" means a condition that
L14	typically lasts more than 1 year and requires ongoing medical
L15	attention, limits activities of daily living, or both. Such
116	condition may include, but is not limited to:
L17	1. Arthritis;
118	2. Asthma;
L19	3. Congestive heart failure;
L20	4. Chronic obstructive pulmonary diseases;
L21	5. Diabetes;
L22	6. Emphysema;
L23	7. Human immunodeficiency virus or acquired
L24	<pre>immunodeficiency syndrome;</pre>

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125	8. Hypertension;
126	9. Obesity;
127	10. Renal disease; or
128	11. Any other chronic condition or comorbidity identified
129	by the collaborating physician.
130	(2) To provide services under a collaborative pharmacy
131	<pre>practice agreement, a pharmacist must:</pre>
132	(a) Hold an active and unencumbered license to practice
133	pharmacy in this state.
134	(b) Have earned a degree of doctor of pharmacy or have
135	completed 5 years of experience as a licensed pharmacist.
136	(c) Complete an initial 20-hour course approved by the
137	board that includes, at a minimum, instruction on the following:
138	1. Performance of patient assessments.
139	2. Ordering, performing, and interpreting clinical and
140	laboratory tests related to collaborative pharmacy practice.
141	3. Evaluating and managing diseases and health conditions
142	in collaboration with other health care practitioners.
143	4. Any other area required by the board by rule.
144	(d) Maintain at least \$250,000 of professional liability
145	insurance coverage. However, a pharmacist who maintains
146	professional liability insurance coverage pursuant to s.
147	465.1895 satisfies this requirement.

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	(e)	Suk	mit	а	сору	of	the	signed	colla	abora	ative	pharma	асу
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- (f) Maintain records of all patients receiving services under a collaborative pharmacy practice agreement for a period of 5 years.
- (3) The terms and conditions of the collaborative pharmacy practice agreement must be appropriate to the pharmacist's training and the services delegated to the pharmacist must be within the collaborating physician's scope of practice.
- (a) A collaborative pharmacy practice agreement must include the following:
- 1. Name of the patient or patients for whom a pharmacist may provide services.
 - 2. Each chronic disease to be collaboratively managed.
- 3. Specific medicinal drug or drugs to be managed by the pharmacist.
- 4. Circumstances under which the pharmacist may order or perform and evaluate laboratory or clinical tests.
- 5. Conditions and events upon which the pharmacist must notify the collaborating physician and the manner and timeframe in which such notification must occur.
- 6. Beginning and ending dates for the collaborative pharmacy practice agreement and termination procedures,

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including procedures for patient notification and medical records transfers.

- 7. A statement that the collaborative pharmacy practice agreement may be terminated, in writing, by either party at any time.
- (b) A collaborative pharmacy practice agreement must be renewed at least every 2 years.
- (c) The pharmacist, along with the collaborating physician, must maintain on file the collaborative pharmacy practice agreement at his or her practice location, and must make such agreements available upon request or inspection.
 - (4) A pharmacist may not:

- (a) Modify or discontinue medicinal drugs prescribed by a health care practitioner with whom he or she does not have a collaborative practice agreement.
- (b) Enter into a collaborative pharmacy practice agreement while acting as an employee without the written approval of the owner of the pharmacy.
- (5) A physician may not delegate the authority to initiate or prescribe a controlled substance as defined in s. 893.03 or 21 U.S.C. s. 812 to a pharmacist.
- (6) A pharmacist who practices under a collaborative pharmacy practice agreement must complete an 8-hour continuing education course approved by the board that addresses issues related to collaborative pharmacy practice each biennial

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L97	licensure renewal in addition to the continuing education
198	requirements under s. 465.009. A pharmacist must submit
199	confirmation of having completed such course when applying for
200	licensure renewal. A pharmacist who fails to comply with this
201	subsection shall be prohibited from practicing under a
202	collaborative pharmacy practice agreement as authorized in this
203	section.
204	(7) The board shall adopt rules pursuant to ss. 120.536(1)
205	and 120.54 to implement this section.
206	Section 4. Section 465.1895, Florida Statutes, is created
207	to read:
208	465.1895 Testing or screening for and treatment of minor,
209	nonchronic health conditions.—
210	(1) The board, in consultation with the Board of Medicine
211	and the Board of Osteopathic Medicine, shall adopt rules
212	identifying the minor, nonchronic health conditions for which a
213	pharmacist may test or screen for and treat. For purposes of
214	this section a minor, nonchronic health condition is typically a
215	short-term condition that is generally managed with minimal
216	treatment or self-care, including, but not limited to, the
217	<pre>following:</pre>
218	(a) Influenza.
219	(b) Streptococcus.
220	(c) Lice.
221	(d) Skin conditions, such as ringworm and athlete's foot.

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222	(e) Minor, uncomplicated infections.
223	(2) A pharmacist who tests or screens for and treats
224	minor, nonchronic health conditions under this section must:
225	(a) Hold an active and unencumbered license to practice
226	pharmacy in this state.
227	(b) Complete an initial 20-hour education course approved
228	by the board. The course, at a minimum, must address patient
229	assessments; point-of-care testing procedures; safe and
230	effective treatment of minor, nonchronic health conditions; and
231	identification of contraindications.
232	(c) Maintain at least \$250,000 of liability coverage. A
233	pharmacist who maintains liability coverage pursuant to s.
234	465.1865 satisfies this requirement.
235	(d) Report a diagnosis or suspected existence of a disease
236	of public health significance to the department pursuant to s.
237	<u>381.0031.</u>
238	(e) Upon request of a patient, furnish patient records to
239	a health care practitioner designated by the patient.
240	(f) Maintain records of all patients receiving services
241	under this section for a period of 5 years.
242	(3) The board shall adopt, by rule, a formulary of
243	medicinal drugs that a pharmacist may prescribe for the minor,
244	nonchronic health conditions approved under subsection (1). The
245	formulary must include medicinal drugs approved by the United
246	States Food and Drug Administration which are indicated for

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treatment of the minor, nonchronic health condition, including any over-the-counter medication. The formulary may not include any controlled substance as defined in s. 893.03 or 21 U.S.C. s. 812.

- (4) A pharmacist who tests or screens for and treats minor, nonchronic health conditions under this section may use any tests that may guide diagnosis or clinical decisionmaking which the Centers for Medicare and Medicaid Services has determined qualifies for a waiver under the federal Clinical Laboratory Improvement Amendments of 1988, or the federal rules adopted thereunder, or any established screening procedures that can safely be performed by a pharmacist.
- (5) A pharmacist who tests for and treats influenza or streptococcus under this section may only provide such services within the framework of an established written protocol with a supervising physician licensed under chapter 458 or chapter 459, and must submit the protocol to the board.
- (a) The protocol between a pharmacist and supervising physician under this subsection must include particular terms and conditions imposed by the supervising physician relating to the testing for and treatment of influenza and streptococcus under this section. The terms and conditions must be appropriate to the pharmacist's training. At a minimum, the protocol shall include:

1. Specific categories of patients who the pharmacist is authorized to test for and treat influenza and streptococcus.

- 2. The supervising physician's instructions for the treatment of influenza and streptococcus based on the patient's age, symptoms, and test results, including negative results.
- 3. A process and schedule for the supervising physician to review the pharmacist's actions under the protocol.
- 4. A process and schedule for the pharmacist to notify the supervising physician of the patient's condition, tests administered, test results, and course of treatment.
 - 5. Other requirements as established by the board in rule.
- (b) A pharmacist authorized to test for and treat influenza and streptococcus under the protocol shall provide evidence of current certification by the board to the supervising physician. A supervising physician shall review the pharmacist's actions in accordance with the protocol.
- (6) A pharmacist providing services under this section may not perform such services while acting as an employee without the written approval of the owner of the pharmacy.
- (7) A pharmacist providing services under this section must complete a 3-hour continuing education course approved by the board addressing issues related to minor, nonchronic health conditions each biennial licensure renewal in addition to the continuing education requirements under s. 465.009. Each pharmacist must submit confirmation of having completed the

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296	course when applying for licensure renewal. A pharmacist who
297	fails to comply with this subsection may not provide testing,
298	screening, or treatment services.
200	Soction 5. This act shall take offect July 1. 2019

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