



california  
**pharmacists**  
association



Over the past year, pharmacists from all across California engaged in advancing their profession by supporting SB 493. Thanks to their efforts, this legislation is now law.

Now that we have crossed the finish line, your question might be something like this: **now what?** This guide is designed to get you thinking about what SB 493 means to your career and to your profession.

WHAT  
DOES  
**SB**  
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MEAN  
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# The Future of Pharmacy

## **Provider Status**

For decades, the pharmacy profession has been one of the few health care professions lacking the designation of “provider” in statute – until now. SB 493 officially declares that pharmacists are “healthcare providers.” This change will open up new and exciting reimbursement opportunities as payers increasingly recognize the importance of utilizing pharmacy services to improve health and wellness.

*4050: “The Legislature further declares that pharmacists are health care providers who have the authority to provide health care services.”*

## **Integrated Healthcare**

The future of healthcare is integration. It is vital that pharmacists are included at the core of the health-care system. This is why SB 493 includes language calling for inclusion in multidisciplinary care of patients and increased access to health care records.

*4052(a)(9): “... participate in multidisciplinary review of patient progress, including appropriate access to medical records.”*

## **Pharmacy and Disease Management**

Moving our healthcare system from a focus on “sickcare” to a focus on “healthcare” requires far more emphasis on managing patients with chronic diseases. SB 493 adds language to the law explicitly stating the pharmacists’ role in disease management and prevention.

*4052(a)(8): “Provide consultation, training, and education to patients about drug therapy, disease management, and disease prevention.”*

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# Advanced Practice Pharmacist

## What Is It?

SB 493 creates a new category of pharmacists in California – the Advanced Practice Pharmacist (APP). Pharmacists who meet the necessary criteria for APP recognition will have unique authorities. These will include the ability to perform patient assessments, refer patients to other providers and operate as a collaborative drug therapy management pharmacist outside of hospital walls.

The development of the Advanced Practice Pharmacist licensure designation creates new opportunities for physicians, hospitals, clinics and health plans to engage pharmacists in managing patients with conditions such as chronic care diseases.

**4052.6(a)(1):** *“Perform patient assessments.”*

**4052.6(a)(2):** *“Order and interpret drug therapy-related tests.”*

**4052.6(a)(3):** *“Refer patients to other health care providers.”*

**4052.6(a)(4):** *“Participate in the evaluation and management of diseases and health conditions in collaboration with other health care providers.”*

**4052.6(a)(5):** *“Initiate, adjust or discontinue drug therapy in the manner specified in paragraph (4) of subdivision (a) of Section 4052.2.”*

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# Advanced Practice Pharmacist

## **How Do I Become An Advanced Practice Pharmacist?**

As called for by SB 493, it will be the responsibility of the Board of Pharmacy to create a process whereby pharmacists can be officially recognized as an Advanced Practice Pharmacist. Advanced Practice Pharmacist recognition will be valid for two years, coterminous with the certificate holder's license to practice pharmacy. The fee for this process will be set by the board and cannot exceed \$300 dollars.

A pharmacist looking to be recognized as an Advanced Practice Pharmacist will have to fulfill several requirements that touch on both education and experience and will also have to complete an additional 10 hours of CPE every two years.

*Satisfy at least two of the below:*

**4210(a)(2)(A):** *"Earn certification in a relevant area of practice, including, but not limited to, ambulatory care, critical care, geriatric pharmacy, nuclear pharmacy, nutrition support pharmacy, oncology pharmacy, pediatric pharmacy, pharmacotherapy, or psychiatric pharmacy, from an organization recognized by [ACPE] or another entity recognized by the board."*

**4210(a)(2)(B):** *"Complete a postgraduate residency through an accredited postgraduate institution where at least 50 percent of the experience includes the provision of direct patient care services with interdisciplinary teams."*

**4210(a)(2)(C):** *"Have provided clinical services to patients for at least one year under a collaborative practice agreement or protocol with a physician, advanced practice pharmacist, pharmacist practicing collaborative drug therapy management, or health system."*

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# New Authorities

## **Hormonal Contraception**

Existing law allows a pharmacist to furnish emergency contraception. SB 493 expands a pharmacists' authority to now allow for the furnishing of hormonal contraception.

*4052(a)(10)(A)(1): "Emergency contraception drug therapy and self-administered hormonal contraceptives, as authorized by Section 4052.3."*

## **Nicotine Replacement Products**

SB 493 authorizes pharmacists to furnish prescription nicotine replacement products.

*4052(a)(10)(A)(2): "Nicotine replacement products, as authorized by Section 4052.9."*

## **Travel Medications**

SB 493 authorizes pharmacists to furnish travel medications as called for by the CDC.

*4052(a)(10)(A)(3): "Prescription medication not requiring a diagnosis that are recommended by the [CDC] for individuals traveling outside of the United States."*

## **Ordering Tests**

SB 493 authorizes pharmacists to order tests related to managing a patient's medication regimen.

*4052(a)(12): "Order and interpret tests for the purpose of monitoring and managing the efficacy and toxicity of drug therapies."*

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# Rules & Regulations

## **Communication Between the Health Care Team**

One of the central tenets of SB 493 was collaboration, not fragmentation.

The language below is required when furnishing hormonal contraception, nicotine replacement products and for travel medications.

**4052(a)(10)(B):** *“The pharmacist shall notify the patient’s primary care provider of any drugs or devices furnished to the patient, or enter the appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider. If the patient does not have a primary care provider, the pharmacist shall provide the patient with a written record of the drugs or devices furnished and advise the patient to consult a physician of the patient’s choice.”*

When ordering a lab, SB 493 does require some level of coordination with the patient's primary care provider or diagnosing prescriber but is not prescriptive as to what that exactly has to look like. It is up to each institution to determine what this "coordination" should look like.

**4052(a)(12):** *“A pharmacist...shall ensure that the ordering of those tests is done in coordination with the patient’s primary care provider or diagnosing prescriber, as appropriate, including promptly transmitting written notification to the patient’s diagnosing prescriber or entering the appropriate information in a patient record system shared with the prescriber when available and as permitted by that prescriber.”*

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# Rules & Regulations

## **Provider Status – So I Can Bill Now, Right?**

Not quite. SB 493 does not mandate reimbursement for pharmacy services. Historically, the lack of “provider status” has curtailed reimbursement opportunities. Now that pharmacists are “healthcare providers” in statute, the systemic barriers which have kept pharmacists out of the “provider” club will fade, thus opening up new opportunities for reimbursement.

CSHP & CPhA will work diligently with other partners in the coming months and years to educate Medi-Cal and other payers about this exciting change.

## **New Authorities – The Fine Print**

All of the new authorities granted in SB 493 come with certain requirements. In order to furnish a nicotine replacement product, for example, a pharmacist must be certified in smoking cessation by an organization recognized by the California Board of Pharmacy and must complete one hour of CPE focused on smoking cessation biennially, among other requirements.

All pharmacists, health-systems and plans are encouraged to carefully read the language of SB 493 and contact CSHP & CPhA regarding any questions that may arise.

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# Immunizations

## Immunizations

California law currently allows pharmacists to provide immunizations pursuant to a protocol. Under SB 493, pharmacists would still be able to provide immunizations but under a different structure. The legislation creates a uniform, state-wide protocol that all pharmacists seeking to provide immunizations would be required to follow.

The protocol consists of an immunization program training requirement, certification in basic life support and compliance with all state and federal recordkeeping requirements.

**4052.8(b):** *“In order to initiate and administer an immunization described in subdivision (a), a pharmacist shall do all of the following:”*

**4052.8(b)(1):** *“Complete an immunization training program endorsed by the CDC or the Accreditation Council for Pharmacy Education that, at a minimum, includes hands-on injection technique, clinical evaluation of indications and contraindications of vaccines, and the recognition and treatment of emergency reactions to vaccines, and shall maintain that training.”*

**4052.8(b)(2):** *“Be certified in basic life support.”*

**4052.8(b)(3):** *“Comply with all state and federal recordkeeping and reporting requirements, including providing documentation to the patient’s primary care provider and entering information in the appropriate immunization registry designated by the immunization branch of the State Department of Public Health.”*

**4052.8(c):** *“A pharmacist administering immunizations pursuant to this section, or paragraph (11) of subdivision (a) of Section 4052, may also initiate and administer epinephrine or diphenhydramine by injection for the treatment of a severe allergic reaction.”*

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# What's Next?

## **SB 493 is Now Law – So Are We Finished?**

Even though the legislation has been signed into law and will be effective January 1, 2014, major components of the bill will not come online immediately. The Advanced Practice Pharmacist component, hormonal contraception authority and nicotine replacement authority require regulations from the Board of Pharmacy and the Medical Board. CSHP & CPhA will work closely with both Boards over the coming months to ensure the best possible outcome.

On a more fundamental level, SB 493 provides hospitals, health-systems and payers several new tools to add to their toolkit to improve care and reduce costs. Yet it will likely take time for the authorities and new reimbursement potential to fully take root. Your professional associations are committed to working with stakeholders to ensure pharmacists are included in the healthcare team to the fullest extent possible under the law.

As we move forward together, CSHP & CPhA encourages pharmacists to join and support their professional associations. The more united we are, the quicker we can move to an era where pharmacists are fully and widely recognized as full, legitimate healthcare providers integral to creating a healthcare system we can be proud of.

## **Questions?**

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