Senate Health and Human Services Committee

Sophie Walsh 271-3469

SB 504, relative to the practice of pharmacy and the dispensing of certain medications by pharmacists.

Hearing Date: March 11, 2026

Time Opened: 9:03 a.m. **Time Closed**: 9:55 a.m.

Members of the Committee Present: Senators Rochefort, Avard, Birdsell, Prentiss and Long

Members of the Committee Absent: None

Bill Analysis: This bill:

I. Authorizes the dispensing of up to a 30-day supply of noncontrolled oral anti-cancer medication by a licensed health care professional legally authorized to prescribe and administer medications to a patient under a provider's care or supervision subject to certain conditions.

II. Amends the display requirements of certain licenses and permits.

III. Authorizes licensed advanced pharmacy technicians to engage in remote processing.

IV. Removes the requirement that a pharmacist's name or initials be on a label affixed to any controlled drug or prescription issued.

V. Amends the definition of the "practice of pharmacy."

VI. Removes certain authority of the board of pharmacy with respect to the regulation of collaborative pharmacy practice agreements.

Sponsors:
Sen. Rochefort Sen. Pearl Rep. C. McGuire

Who supports the bill: 53 people signed in support of the bill. Full sign in sheets are available upon request by contacting the Legislative Aide, Sophie Walsh (sophie.walsh@gc.nh.gov).

Who opposes the bill: 3 people signed in opposition to the bill. Full sign in sheets are available upon request by contacting the Legislative Aide, Sophie Walsh (sophie.walsh@gc.nh.gov).

Who is neutral on the bill: No one.

Summary of testimony presented:

Senator David Rochefort, Senate District 1

- Senator Rochefort explained that a large majority of this bill is addressing places in statute that need technical or oversight corrections.
- Page 1 line 3 allows for the dispensing of a 30-day supply of a non-controlled oral anti-cancer medication by licensed health care professionals. This is intended to prevent delays in therapy.
- Page 1 line 10 makes a technical change in statute regarding the display of pharmacist licenses in pharmacies. While current law requires licenses to be conspicuously displayed in the pharmacy, this change will simply require them to be readily retrievable. This change acknowledges that many pharmacists work at multiple different pharmacies and that licenses can be accessed online.
- Page 1 line 21 corrects an oversight in past legislation by allowing licensed advanced pharmacy technicians to engage in remote processing.
- Page 1 line 26 corrects a technical error from past legislation eliminating the requirement that dispensing pharmacy initials must be displayed on non-controlled substances by aligning RSA 318 and 318-B.
- Page 2 line 28 addresses collaborative practice agreements to deliver care between physician and pharmacists. Senator Rochefort emphasized that this relationship is between pharmacists and physicians.
- Senator Rochefort introduced an amendment to the bill eliminating the jurisprudence exam requirement for licensure. He explained that many states are making this change, as the exam is only taken once while laws continue to change and evolve. He emphasized that it is incumbent on pharmacists to know and comply with the law, which they must attest to when renewing their license.
- The amendment also addresses the licensure examination for licensed advanced pharmacy technicians. Since establishing this new scope of licensure, there have been complaints about the licensing exam far over-reaching the scope of practice.
- Senator Rochefort explained that he contacted the Office of Professional Licensure and Certification (OPLC) and learned that the exam is administered by the National Association of Board of Pharmacy. He said he reached out to the Association in his legislative capacity to obtain sample questions from the exam, but they refused to provide them.

- Senator Rochefort explained that this licensure was established with guardrails and described the fact that the legislature cannot see sample questions as a red flag.
- Page 2 lines 5-23 address the definition of practice of pharmacy. The bill clarifies the definition by putting it into bullet point format.
- The bill also adds the word "prescribing" into the definition on page 2 line 17. Over 20 states have this word included in their definitions of practice of pharmacy. Furthermore, some states allow pharmacists to prescribe at-will, such as Idaho. These states are utilizing pharmacists as primary care providers with a defined scope.
- Senator Rochefort emphasized that his intent is not to have pharmacists opening medical practices everywhere. However, there is an opportunity to utilize pharmacists to their ability and training to improve access to care.
- Senator Rochefort explained that pharmacy is a rules-based practice, noting that there are more rules and laws for pharmacists in New Hampshire than there are for nursing and medicine combined. This is because nursing and medicine operate under a standard of care model. There is a nationwide trend to shift towards a standard of care model for pharmacists as well, as they are now trained in this model.
- Senator Birdsell referenced lines 10-14 of the amendment and asked in what other ways pharmacists are tested for knowledge of jurisprudence and law.
- Senator Rochefort explained that it is a licensure requirement to comply with all rules and laws. This standard applies to states both with and without jurisprudence exams. Furthermore, pharmacy law is taught in every school in the United States.
- He emphasized that when someone takes this test, it is only reflective of the laws at that moment in time. Despite that, they must stay current with laws for the extent of their career.
- Senator Birdsell asked how pharmacists keep up with changes in the law throughout their career.
- Senator Rochefort emphasized that it is incumbent on the individual pharmacist to know the laws and rules, but associations in the state also typically do annual law reviews.
- He noted that the jurisprudence exam questions are often written two years in advance. There have been cases in which the correct answer for the exam does not align with the correct answer in practice due to changes in the law.

Patricia Tilley, Department of Health and Human Services & David Chorney, Governor's Office of New Opportunities & Rural Transformational Health

- Associate Commissioner Tilley stated that the Department of Health and Human Services is in support of this legislation.

- She highlighted this strategy as part of the Rural Health Transformation application in alignment with Centers for Medicare & Medicaid Services (CMS) priorities to improve access to care throughout the state.
- This bill will help streamline access to lifesaving therapies and medications. In particular, it makes updates to the authority for dispensing non-controlled cancer medications.
- The Department appreciates the clarification on rules around license availability, remote processing, labelling supports, and infrastructure to help pharmacies operate efficiently and safely in smaller communities.
- The Department also appreciates the technical corrections made by the bill and the changes to collaborative practice language and training requirements.
- Associate Commissioner Tilley thinks this provides a clearer pathway for pharmacies to offer evidence-based, routine, safe, and high value services that ultimately reduce the burden on primary care providers and helps patients stay connected to care.
- Associate Commissioner Tilley suggested adding the word "voluntary" into the language on collaborative practice to ensure that it can continue in the best interest of teams and patients.
- Expanding the scope of practice is about ensuring every qualified member of a health care system can contribute to the fullest extent.
- The Department supports this effort because it will improve safety and support the health of rural communities while leveraging federal funds.
- Mr. Chorney explained that the CMS Rural Health Transformation Grant is a $50 billion competitive grant between states to transform how rural health care is delivered. States are asked to commit to certain policy commitments as part of the application process.
- One of those commitments is expanding the scope of pharmaceutical practice to include independent prescribing and the ability to independently order lab tests.
- These policy commitments translate into more dollars for the state. By implementing them, New Hampshire can receive more money in grant awards. CMS recalculates awards annually, so failing to implement policy commitments can have an impact on future funding.
- The big component for the state around scope of care is reducing laws that inhibit a pharmacist's ability to independently prescribe and order lab tests. This is why the Department suggests including the word "voluntary" in the language to ensure that pharmacists can do so.
- Senator Rochefort confirmed that this is part of a grant and there is a chance the state could lose out on money if we don't hold up our end of the bargain, and Mr. Chorney confirmed.

- Senator Rochefort confirmed that the Department is taking an official position in support of the bill, and Associate Commissioner Tilley confirmed.
- Senator Birdsell asked where the word "voluntary" would be added into the bill, and Mr. Chorney said it would be on page 2 line 15.
- Senator Rochefort asked if "voluntary" should also be added on page 2 line 28, and Mr. Chorney said it could be included there as well.

Cathy Stratton, New Hampshire Medical Society

- Ms. Stratton stated that she is speaking in opposition to the bill as drafted, noting that she has not yet seen the amendment.
- She recognized the critical role that pharmacists play in the health care team.
- She expressed concern about the clarity on scope of practice and about the integrity of communication between physicians and the prescribing team.
- Ms. Stratton referenced page 2 lines 5-23 and explained that there is a blurring in the language between what is the practice of medicine and what is the practice of pharmacy. She emphasized that role of collaborative practice agreements is not clear, explaining that she would like to work with stakeholders to find clarification.
- Ms. Stratton emphasized that she wants to ensure the critical role of examining, diagnosing, and prescribing is integrated into the bill.
- Ms. Stratton expressed concern about page 2 lines 33-37 removing credentialing and training from the perspective that every medical profession has continuing education requirements. She wants to make sure that continues.
- Ms. Stratton emphasized that she wants to work with stakeholders to tighten up the language of the bill.
- Senator Rochefort referenced page 2 lines 35-37. He acknowledges that the intent may need to be clarified and explained that this change would benefit Ms. Stratton's members because it gives them more say in collaborative practice agreements.

Maureen Brady

- Pharmacist Brady stated that she is speaking in support of the bill.
- This is an important bill that will allow pharmacists to practice based on their education, training, and experience. This will further empower them to help with patient access and safety.
- Pharmacist Brady shared her personal background and training as a pharmacist. Within the Veterans Affairs system, pharmacists are given a scope of practice based on a standard of care. This allows them to practice and manage chronic disease.
- Academia provides pharmacy students with a rigorous clinical and didactic education. Pharmacists are also trained on physical assessment.

- At Wentworth-Douglass Hospital, pharmacists operate under collaborative practice agreements. They are able to change, order, and administer medications and develop drug therapy plans following patient safety, efficacy, and cost consciousness.
- Senator Rochefort noted that Pharmacist Brady is doing this in an institutional setting and asked if she sees the value in this improving access in the community setting.
- Pharmacist Brady confirmed it is valuable and explained that Wentworth-Douglass Hospital's endocrinologists have revamped their referral process to include that patients see a clinical pharmacist prior to the referral being accepted. This has helped with access to care and reduces provider burnout.
- Senator Rochefort confirmed that clinical pharmacists are doing an initial evaluation and taking care of patients, ultimately reducing the amount going to the endocrinologists.
- Pharmacist Brady confirmed that if they can manage the case, the patient does not need to go to the endocrinologist.

Robert Theriault Jr. & Tonya Carlton, New Hampshire Society of Health-System Pharmacists

- Pharmacist Theriault stated that the New Hampshire Society of Health-System Pharmacists strongly supports the definition of practice of pharmacy and the revisions to collaborative practice agreements in sections 6 and 7 of the bill.
- In Pharmacist Theriault and Carlton's years of experience, they have witnessed the practice of pharmacy change. One of the major changes is that pharmacists are now providing direct patient care services.
- These services include ordering and administering medications, monitoring labs, and helping patients safely manage chronic conditions.
- Pharmacy is one of the most highly regulated professions, with prescriptive rules dictating what can and cannot be done.
- This bill modernizes the practice of pharmacy to a standard of care model similar to what physicians, nurse practitioners, and physician associates have.
- This model is important because it addresses health care workforce shortages and the increasing demand for pharmacists in rural and underserved areas. Pharmacists are readily available as the most accessible health care profession.
- Senator Rochefort asked for Pharmacist Theriault's personal opinion on the jurisprudence exam, emphasizing that he is not asking for the Board of Pharmacy's stance.
- Pharmacist Theriault said he has a similar position to Senator Rochefort, as he took the exam 40 years ago and the legal landscape is now very different.
- The Board has debated eliminating the examination requirement and has considered the guardrails implemented by other states that have also eliminated

the exam, such as continuing education requirements for rules and professional societies holding annual rules revisions.
- As a professional, he feels like it is his obligation to stay current with rules.
- Pharmacist Carlton stated that the New Hampshire Society of Health-System Pharmacists is a subsidiary of the American Society of Health-System Pharmacists, which does have policy in place in support of removing the Multi-State Jurisprudence Exam nationwide.
- Senator Rochefort asked if Vermont was the latest state to eliminate this requirement, and Pharmacist Carlton said she believes that is correct.

Christopher Lopez
- Pharmacist Lopez stated that he is speaking in support of the bill.
- He explained that he has a patient-facing role as a clinical, ambulatory pharmacist. This is due to the referrals he receives from other providers, as they rely on him for helping patients with the management of chronic conditions.

Amanda Morrill, New Hampshire Pharmacists Association
- Pharmacist Morrill stated that she is speaking in support of the bill.
- With this legislation, pharmacists will be able to provide care to granite staters consistent with their education, training, and experience.
- This supports evidence-based patient care and aligns with the governance of other health professions in New Hampshire and other jurisdictions.
- Pharmacist Morrill referenced an earlier question about eliminating continuing education and explained that this was specific to collaborative practice agreements. With the implementation of this legislation, pharmacists would still be required to complete their annual continuing education hours.
- Pharmacists currently take two exams for licensure, including the North American Pharmacy Licensure Examination. This covers clinical expertise, pharmaceutical knowledge, as well as federal laws and laws on compounding. This would still be assessed with the elimination of the jurisprudence exam.
- There are 37 other states that allow pharmacist prescribing in varying capacities. The New Hampshire Pharmacists Association supports a broader change because it will prevent administrative burden as health care and technology evolves.
- Pharmacist Morrill referenced a prior question about scope of practice and explained that the Association is willing to work with stakeholders. They have a recommended definition for scope of practice based on what physician associates have. They are trying to regulate their profession in line with the governance of other professions in the state.

- Pharmacists are educated on evidence-based clinical decision making, therapeutic treatment planning, and medication therapy management strategy development.
- Senator Rochefort inquired about the level of education that pharmacists are receiving.
- Pharmacist Morrill explained that a doctoral degree is needed to become a pharmacist, which includes clinical experience through rotations. Many pharmacists also choose to complete a one-year postgraduate residency, which provides another year of clinical training as a licensed pharmacist. There are now many more options for residencies in New Hampshire, including second-year specialty residencies. There are also additional trainings and board examinations that can be taken to become further specialized.
- While pharmacists are the most accessible health care professionals, there has been a decrease in access to care with pharmacy closures around the state.
- Senator Rochefort asked if Pharmacist Morrill agrees that New Hampshire's rules and laws have not kept up with the level of education and training that pharmacists are receiving.
- Pharmacist Morrill agreed and explained that while laws have been changed throughout the years, they have not kept up with the pace or depth to which the education of pharmacy has evolved.

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Date Hearing Report completed: March 17, 2026