FROM THE OFFICE DPH– SUGGESTED LANGUAGE

Having reviewed the language, the Department offers this amendment:

(ix) tests for SARS-CoV and SARS-associated viruses or relatated serology for individuals by entities holding a Certificate of Waiver pursuant to the Clinical Laboratory Improvements Amendments of 1988 (42 USC § 263a).

Best,
David

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FROM THE OFFICE OF OPR – SUGGESTED LANGUAGE

§ 2023. CLINICAL PHARMACY; PRESCRIBING

(a) In accordance applicable with rules adopted by the Board, a pharmacist may engage in the practice of clinical pharmacy, including prescribing as set forth in subsection (b) of this section, provided that a pharmacist shall not:

(1) prescribe a regulated drug as defined in 18 V.S.A. § 4201;

(2) prescribe a biological product as defined in 18 V.S.A. § 4601, other than a vaccine or insulin medication; or

(3) initiate antibiotic therapy, except pursuant to a collaborative practice agreement.

(b) A pharmacist may prescribe in the following contexts:

(1) Collaborative practice agreement. A pharmacist may prescribe, for the patient or patients of a prescribing practitioner licensed pursuant to this title, within the scope of a written collaborative practice agreement with that primary prescriber.

(A) The collaborative practice agreement shall require the pharmacist and collaborating practitioner to contemporaneously notify each other of any change in the patient's pharmacotherapy or known medical status.

(B) Under a collaborative practice agreement, a pharmacist may select or modify antibiotic therapy for a diagnosed condition under the direction of the collaborating practitioner.

(2) State protocol.

(A) A pharmacist may prescribe, order, or administer, in a manner consistent with valid State protocols that are approved by the Commissioner of Health after consultation with the Director of Professional Regulation and the Board and the ability for public comment:

(i) opioid antagonists;

(ii) epinephrine auto-injectors;

(iii) tobacco cessation products;

(iv) tuberculin purified protein derivative products;

(v) self-administered hormonal contraceptives;
(vi) dietary fluoride supplements;
(vii) influenza vaccines; ~~and~~
(viii) emergency prescribing of albuterol or glucagon while contemporaneously contacting emergency services~~.~~; and
(ix) (ix) tests for SARS-CoV and SARS-associated viruses for asymptomatic individuals and antibodies consistent with recommendations for testing of individuals made by the state Serology Working Group, authorized for use by entities holding a Certificate of Waiver pursuant to the Clinical Laboratory Improvements Amendments of 1988 (42 USC § 263a).

(B)(i) State protocols shall be valid if signed by the Commissioner of Health and the Director of Professional Regulation, and the Board of Pharmacy shall feature the active protocol conspicuously on its website.
(ii) The Commissioner of Health may invalidate a protocol if the Commissioner finds that the protocol's continued operation would pose an undue risk to the public health, safety, or welfare and signs a declaration to that effect. Upon such a declaration, the Director shall remove the invalidated protocol from the Board website and shall cause electronic notice of the protocol's discontinuation to be transmitted to all Vermont drug outlets.