AMENDED IN SENATE JANUARY 4, 2016 AMENDED IN SENATE APRIL 9, 2015

SENATE BILL

No. 587

Introduced by Senator Stone

February 26, 2015

An act to amend Section 4052.2 add Section 18645.5 of the Business and Professions Code, relating to pharmacy. the State Athletic Commission.

LEGISLATIVE COUNSEL'S DIGEST

SB 587, as amended, Stone. Pharmacy: drug regimens: hypertension and hyperlipidemia. The State Athletic Commission.

Under existing law, the State Athletic Commission Act, the State Athletic Commission has jurisdiction over all professional and amateur boxing, professional and amateur kickboxing, all forms and combinations of forms of full contact martial arts contests, including mixed martial arts, and matches or exhibitions conducted, held, or given within this state.

This bill would require the State Athletic Commission to establish a task force to evaluate the impacts of weight cutting, dehydration, and rapid rehydration, as prescribed.

Existing law, the Pharmacy Law, provides for the licensure and regulation of pharmacists and pharmacy corporations in this state by the California State Board of Pharmacy. That law authorizes a pharmacist to perform listed procedures or functions as part of the care provided by specified health care entities, including initiating or adjusting the drug regimen of a patient pursuant to a specific written order or authorization made by the individual patient's treating

SB 587 -2-

prescriber, and in accordance with the policies, procedures, or protocols of the health care entity.

This bill would specifically include the treatment of hypertension and hyperlipidemia in the authorized initiation or adjustment of a patient's drug regimen.

Vote: majority. Appropriation: no. Fiscal committee: no-yes. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 18645.5 is added to the Business and 2 Professions Code, to read:

evaluate the impacts of weight cutting, dehydration, and rapid rehydration. The task force may be comprised of physicians and surgeons with expertise in dehydration and rapid rehydration and boxing and mixed martial arts stakeholders, including licensees. The task force, in evaluating impacts, shall consider dangers of certain practices athletes undergo to meet the requirements outlined in Section 18706 and may provide recommendations to the commission that include, but are not limited to, proper techniques to detect dehydration, outreach the commission can undertake to educate licensees about dehydration and rapid rehydration, and the appropriateness of commission weight classifications established in Section 298 of Article 6 of Chapter 1 of Division 2 of Title 4 of the California Code of Regulations.

SECTION 1. Section 4052.2 of the Business and Professions Code is amended to read:

4052.2. (a) Notwithstanding any other law, a pharmacist may perform the following procedures or functions as part of the care provided by a health care facility, a licensed home health agency, a licensed clinic in which there is a physician oversight, a provider who contracts with a licensed health care service plan with regard to the care or services provided to the enrollees of that health care service plan, or a physician, in accordance with the policies, procedures, or protocols of that facility, home health agency, licensed clinic, health care service plan, or physician, and in accordance with subdivision (c):

-3— SB 587

(1) Ordering or performing routine drug therapy-related patient assessment procedures including temperature, pulse, and respiration.

(2) Ordering drug therapy-related laboratory tests.

- (3) Administering drugs and biologicals by injection pursuant to a prescriber's order.
- (4) Initiating or adjusting the drug regimen of a patient pursuant to a specific written order or authorization made by the individual patient's treating prescriber, and in accordance with the policies, procedures, or protocols of the health care facility, home health agency, licensed clinic, health care service plan, or physician. Adjusting the drug regimen does not include substituting or selecting a different drug, except as authorized by the protocol. The pharmacist shall provide written notification to the patient's treating prescriber, or enter the appropriate information in an electronic patient record system shared by the prescriber, of any drug regimen initiated pursuant to this paragraph within 24 hours. This function may include, but is not limited to, treatment of hypertension and hyperlipidemia.
- (b) A patient's treating prescriber may prohibit, by written instruction, any adjustment or change in the patient's drug regimen by the pharmacist.
- (c) The policies, procedures, or protocols referred to in this subdivision shall be developed by health care professionals, including physicians, pharmacists, and registered nurses, and, at a minimum, shall do all of the following:
- (1) Require that the pharmacist function as part of a multidisciplinary group that includes physicians and direct care registered nurses. The multidisciplinary group shall determine the appropriate participation of the pharmacist and the direct care registered nurse.
- (2) Require that the medical records of the patient be available to both the patient's treating prescriber and the pharmacist.
- (3) Require that the procedures to be performed by the pharmacist relate to a condition for which the patient has first been seen by a physician.
- (4) Except for procedures or functions provided by a health care facility, a licensed clinic in which there is physician oversight, or a provider who contracts with a licensed health care plan with regard to the care or services provided to the enrollees of that health

SB 587 —4—

7

8

9

care service plan, require the procedures to be performed in accordance with a written, patient-specific protocol approved by the treating or supervising physician. Any change, adjustment, or modification of an approved preexisting treatment or drug therapy shall be provided in writing to the treating or supervising physician within 24 hours.

- (d) Prior to performing any procedure authorized by this section, a pharmacist shall have done either of the following:
 - (1) Successfully completed clinical residency training.
- 10 (2) Demonstrated clinical experience in direct patient care 11 delivery.