

2026 NH LAW UPDATE

- Robert J. Stout, RPh
- September 12, 2026

Conflicts

I have no conflicts
of interest with any
of the materials
presented today

Goals

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- Review changes to Pharmacy Practice Statute, RSA 318 (LAPT duties, Rx labels and Pharmacist scope of practice)
 - Rules Update
 - Review definition changes in the Ph 100's
 - Review new changes to Ph 300's as it relates to requirements for licensure
 - Discuss the proposed changes to CE requirements in the Ph 400's



RSA 318:28 Display of Licensees

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- 318:28 [~~Display~~] **Availability** of Licenses. All licenses as pharmacists shall [~~at all times be conspicuously displayed~~] **be readily retrievable** in the pharmacy where the licensee is engaged as such.



RSA 318:39 Application Display

- 318:39 Application;
Display. Application for a permit shall be made in such manner and in such form as the board may determine. The permit shall at all times be [~~exposed in a conspicuous place~~] **posted** in the pharmacy for which it is issued.



RSA 318:15- d Remote Processing

- 4 Pharmacists and Pharmacies; Licensed Pharmacists; Remote Processing. Amend RSA 318:15-d, I to read as follows:
- I. New Hampshire licensed pharmacists, ***licensed advanced pharmacy technicians***, certified New Hampshire pharmacy technicians, or registered New Hampshire pharmacy interns may engage in remote processing, provided that all work requiring pharmacist supervision is supervised by a licensed pharmacist through electronic or other remote means.



RSA 318- B:13 Labels



- 5 Controlled Drug Act; Labels. Amend RSA 318-B:13, II to read as follows:
 - II. Whenever a pharmacist dispenses any controlled drug on prescription issued by a practitioner, he or she shall affix to the container in which such drug is dispensed a label showing the name, address, and registry number of the pharmacy [~~and name or the initials of the pharmacist~~]; the name of the prescribing practitioner; the prescription identification number; the name of the patient; the date dispensed; any directions as may be stated on the prescription; and the name and strength and quantity of the drug dispensed. All drugs dispensed to a patient that have been filled using a centralized prescription processing system shall bear a label containing an identifiable code that provides a complete audit trail of the dispensing of the drug and pharmaceutical care activities. No person shall alter, deface, or remove any label so affixed.
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An abstract composition of various geometric shapes. In the top left, a green triangle points right. To its right is a purple circle. Below the triangle is a purple circle. In the center is a large orange semi-circle. To the right of the semi-circle is a blue dashed line. In the bottom left is a large orange circle. To its right are three blue dashed lines of varying lengths and orientations. In the bottom right is a green square.

- **318:47-a Prescription Labels.** – Whenever a pharmacist dispenses a noncontrolled drug pursuant to a prescription, he or she shall affix to the container in which such drug is dispensed a label that meets the requirements of the New Hampshire board of pharmacy; the prescription identification number assigned by the pharmacy; the date dispensed; any directions as may be stated on the prescription; the name of the prescribing practitioner; the name of the patient; all pertinent auxiliary labels; and, unless otherwise indicated by the prescribing physician, dentist, veterinarian, or advanced practice registered nurse, the name, strength, and quantity of the drug dispensed. All drugs dispensed to a patient that have been filled using a centralized prescription processing system shall bear a label containing an identifiable code that provides a complete audit trail of the dispensing of the drug and pharmaceutical care activities. A biological product, as defined in RSA 318:47-dd, I, shall also be labeled as provided in RSA 318:47-dd, VII. No person shall alter, deface, or remove any label so affixed

RSA 318:1, XIV is repealed and reenacted to read as follows:

- XIV.(a) "Practice of pharmacy" means the scope of practice for the provision of patient care services by a pharmacist shall be based on their education, training, and experience, and determined by practice setting and in accordance with generally accepted standards of care, including but not limited to:
 - (1) The interpretation and evaluation of prescription orders;
 - (2) The compounding, dispensing, labeling, administering, and distribution of drugs and devices;
 - (3) The selection, evaluation, and monitoring of drug and drug-related therapies;
 - (4) The performance of drug utilization reviews and medication therapy management;
 - (5) The participation in collaborative pharmacy practice and collaborative pharmacy practice agreements as defined in RSA 318:1, XXVI - XXVII, and RSA 318:16-a;
 - (6) The prescribing, ordering, administering, and interpretation of laboratory tests, controlled and noncontrolled drugs, and devices;

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 - (3) The selection, evaluation, and monitoring of drug and drug-related therapies;
 - (4) The performance of drug utilization reviews and medication therapy management;
 - (5) The participation in collaborative pharmacy practice and collaborative pharmacy practice agreements as defined in RSA 318:1, XXVI - XXVII, and RSA 318:16-a;
 - (6) The prescribing, ordering, administering, and interpretation of laboratory tests, controlled and noncontrolled drugs, and devices;

Practice of Pharmacy (cont.)

- (7) The education and counseling of patients and health care professionals on the therapeutic use, potential hazards, and outcomes of drugs and devices;
- (8) The maintenance of appropriate records and the safe storage and handling of drugs and devices;
- (9) The interprofessional communication with appropriate health care providers to ensure continuity of care;
- (10) Any other professional acts, services, operations, or transactions necessary to the operation and management of pharmacy practice.
- (b) Nothing in this paragraph shall be construed to limit or restrict the provision of patient care services by pharmacists otherwise authorized under federal or state law or regulations, including those performed pursuant to protocol, collaborative practice agreements, or standing orders.
- (c) Nothing in this paragraph shall be interpreted to permit an alteration of a prescribing clinician's diagnosis.

Rulemaking Authority. Amend RSA 318:5-a, XVII to read as follows:

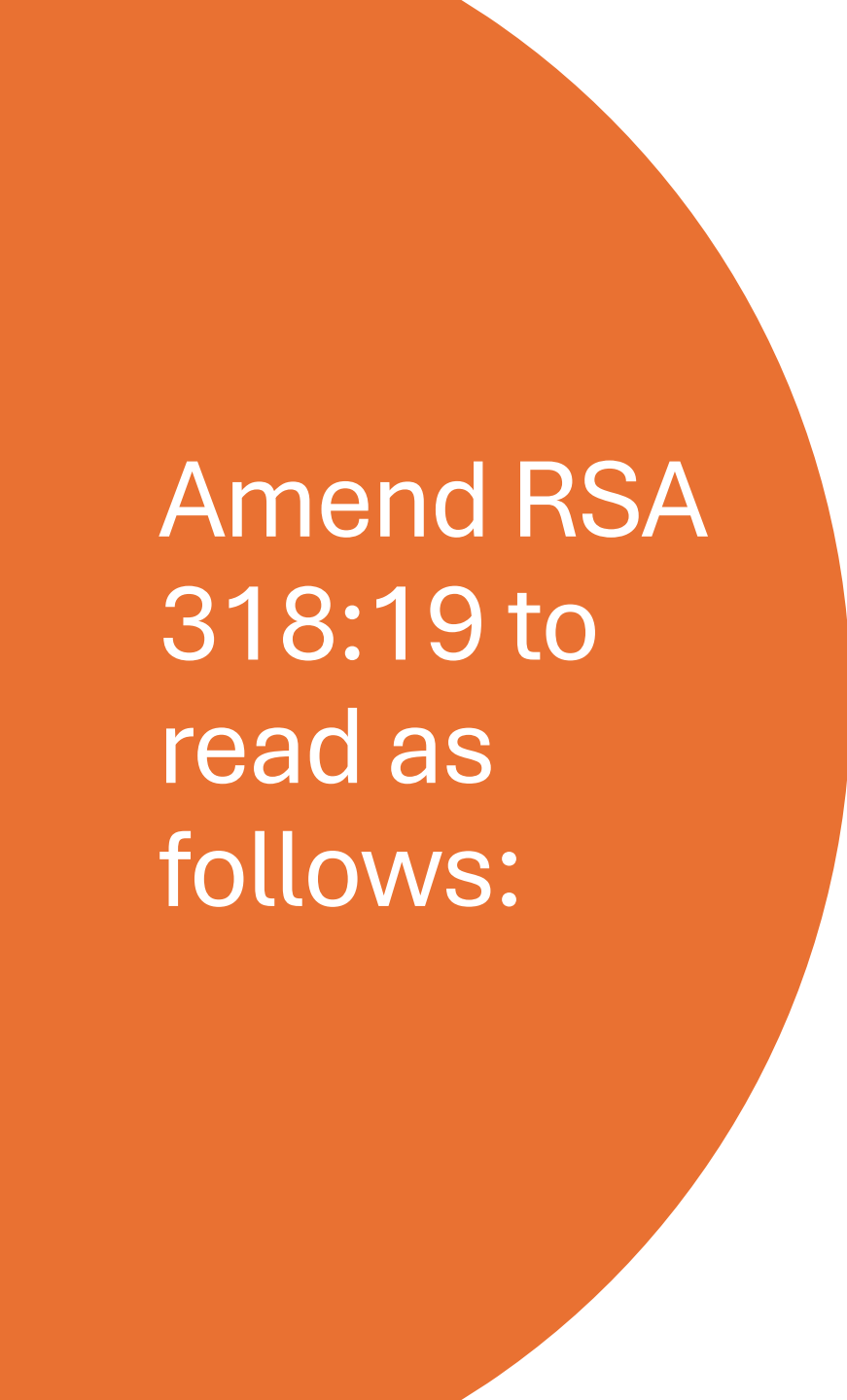
- XVII. The education and training standards and other requirements for pharmacists who, pursuant to prescriber-approved protocol, [~~+~~
- ~~•~~ ~~(a)]~~ administer prescription medications ***outside the parameters of a collaborative pharmacy practice agreement***, including influenza immunizations.
- [~~(b)~~ Engage in collaborative pharmacy practices.]
- 8 Licensed Pharmacists; Standards for Collaborative Pharmacy Practice. Amend RSA 318:16-a, I(c) to read as follows:
- (c) Have the knowledge base necessary for proper monitoring, including, but not limited to, associated disease states, relevant laboratory tests, adverse events, drug and food interactions, safety, and efficacy. [~~Depending upon the complexity of the services being provided, the pharmacist may be required to have additional credentials or training and shall demonstrate the receipt of approval by the board of pharmacy.~~]

RSA 318:16-a

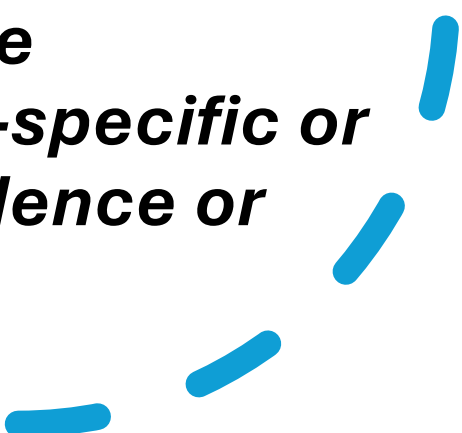
- 8 Licensed Pharmacists; Standards for Collaborative Pharmacy Practice. Amend RSA 318:16-a, I(c) to read as follows:
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Rulemaking;
Licensed
Advanced
Pharmacy
Technicians. Amend RSA 318:5-
a, XI-c(a) to read
as follows:

- (a) Requirements for licensure, including experience and education requirements, ***except that there shall not be any examination requirement for licensure.***

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Amend RSA 318:19 to read as follows:

- Examinations. – Applicants for licensure as pharmacists shall, to prove their respective requisite knowledge, be examined to a properly varying degree in pharmacy-related subject areas which may include chemistry, math, pharmacology, pharmacy theory, the practice of pharmacy [~~and pharmacy law~~], and any other areas as the board may prescribe, ***except that the board shall not require any applicant to be examined on pharmacy state-specific or universal state level jurisprudence or law.***
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- A series of blue dashed lines are located in the bottom right corner of the slide, arranged in a curved, decorative pattern.

Amend RSA 318:8 to read as follows: Enforcement of Law

- **1.** It shall be the duty of the board, through officials and employees appointed by it or under its supervision for that purpose, and of all peace officers within the state, and of all county attorneys, to enforce all the provisions of this chapter. When so requested, the department of health and human services and its officials and employees shall cooperate with the board in collecting and analyzing samples of drugs and medicines sold, or suspected of being sold, in violation of this chapter. The members of the board, its inspectors and investigators shall have free access during business hours to all places where drugs, medicines, poisons or hypodermic devices are held, stored, or offered for sale and to all records of sale and disposition of drugs.

RSA 318:8 (cont.)

- *II. It shall also be the duty of the board, through officials and employees appointed by it or under its supervision for that purpose, to evaluate whether a specific act is within the practice of pharmacy, or whether an act can be delegated to other individuals under pharmacist supervision. A licensee or registrant of the board of pharmacy shall independently determine whether:*
 - *(a) The act is expressly prohibited by:*
 - *(1) This chapter;*
 - *(2) The controlled drug act, RSA 318-B;*
 - *(3) The rules of the board of pharmacy; or*
 - *(4) Any other applicable state or federal laws or regulations;*
 - *(b) The act is consistent with the individual's education, training, and experience; and*
 - *(c) Performance of the act is within the accepted standard of care that would be provided in a similar setting by a reasonable and prudent individual with similar education, training, and experience.*

Standard of Care Definition

- The standard of care is a legal term, not a medical term. Basically, it refers to the degree of care a prudent and reasonable person would exercise under the circumstances. State legislatures, administrative agencies, and courts define the legal degree of care required, so the exact legal standard varies by state. The vast majority of states follow the national standard,¹ such as this from Connecticut Code §52-184c: “...that level of care, skill and treatment which, in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by reasonably prudent similar health care providers.”

Ph 401

Purpose, Applicability, Notifications, Issuance of Licenses; Incorporated Definitions

- Ph 401.01 Purpose. The purpose of this chapter is to protect public health and welfare by establishing: (a) The requirements ~~must~~ to be met by licensees ~~pharmacy personnel~~ and ~~pharmaceutical entities~~ to maintain and renew licenses; and

Ph 403.01
License and
Certification
Availability
Required

- 
- (a)- Each pharmacist shall **have a digital or printed copy** of the pharmacist's current New Hampshire license **that is readily retrievable** as required by RSA 318:28

RSA 318:28 Display of Licensees

- 318:28 [~~Display~~] **Availability** of Licenses. All licenses as pharmacists shall [~~at all times be conspicuously displayed~~] **be readily retrievable** in the pharmacy where the licensee is engaged as such.

Ph 403.08
Additional
Obligations for
Personnel
Authorized to
Administer
Vaccines

- A pharmacist, pharmacy intern, licensed advanced pharmacy technician, or certified pharmacy technician who is authorized to administer vaccines shall maintain current basic or higher certification in cardiopulmonary resuscitation (CPR) from the American Heart Association, the American Red Cross, or another organization that provides training and certification based on the standards of the American Heart Association **that is readily retrievable at each work location.**

Ph 403.10 Continuing Pharmacy Education Required

- (b) Each pharmacist licensed in New Hampshire shall acquire 30 hours of continuing pharmacy education, **including at least 2 hours of pharmaceutical jurisprudence continuing education** equivalent to 3.0 CEUs, during the 24 months immediately preceding the licensee's license renewal date.

Ph 403.10 (cont.)

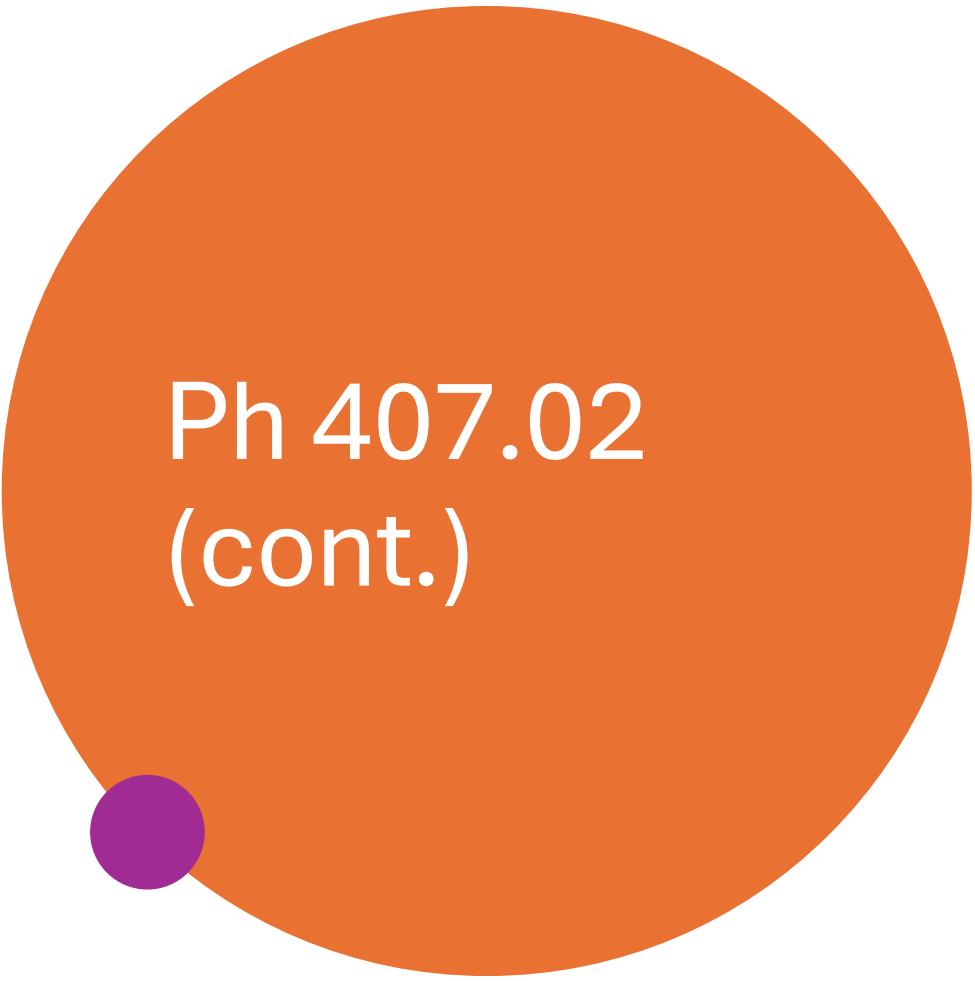
- (e) Continuing pharmacy education must:
 - (1) Be presented at an appropriate level for the identified target audience;
 - (2) Teach material that is relevant to pharmacy practice in New Hampshire;
 - (3) Identify educational objectives that are appropriate for the topic and identified target audience;
 - (4) Have scientific or evidence-based content, or both;
 - (5) Be free from commercial bias and marketing influence;
 - (6) Include one or more mechanisms to assess learner understanding and the effectiveness of the CE activity, such as evaluations;
 - (7) Be presented by individuals that are qualified and knowledgeable in the subject matter of the program; 2026-36
 - (8) Include educational methods that are appropriate for the learning objectives and audience; and
 - (9) Have a process to evaluate the effectiveness of the program using the feedback from attendees for all programs offered by the provider.

Qualifications for Renewal

- All Licensees will have License Specific addendums to fill out in addition to the Universal

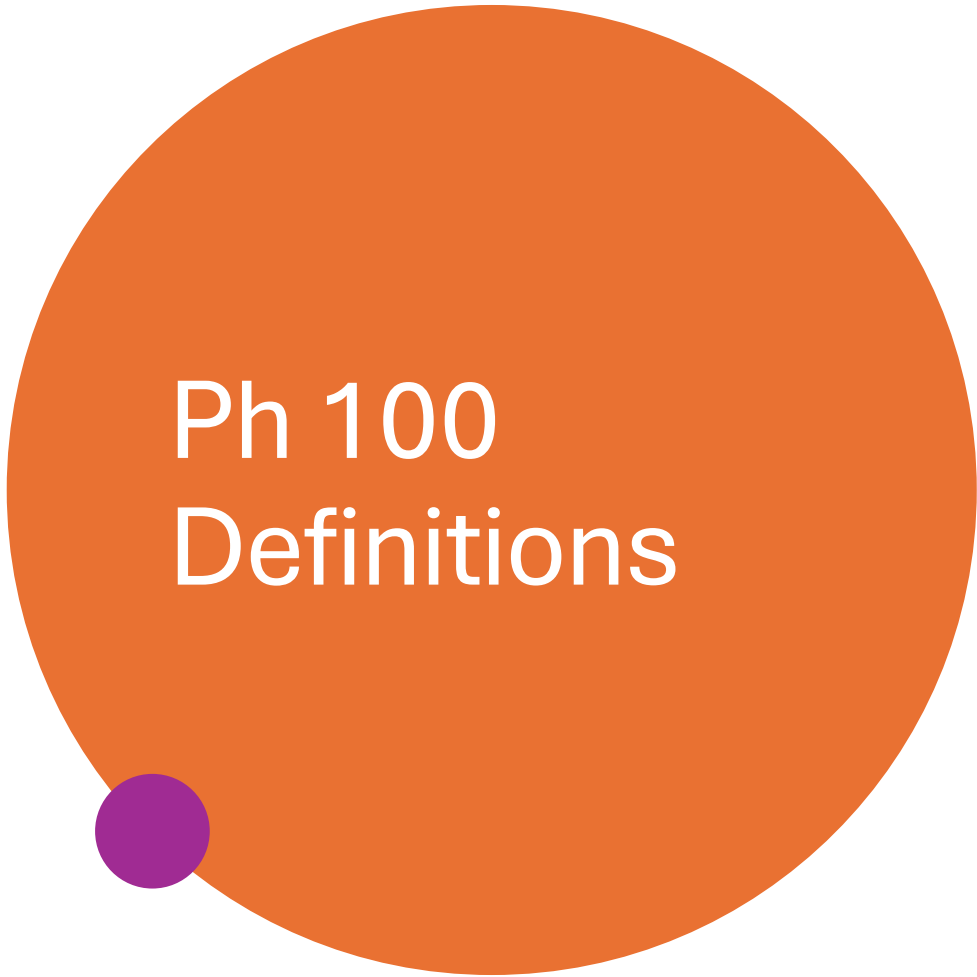
Ph 407.02 Administrative Fines

- (1) “Minor violation” means a deviation from a requirement that presents minimal risk to public health or safety where no actual harm occurred, such as an administrative oversight or minor recordkeeping error that can be corrected with no harm done;
- (2) “Moderate violation” means a deviation from a requirement that presents potential limited risk to public health or safety, or that reflects a failure to follow established protocols where harm is possible.; and
- (3) “Major violation” means a deviation from a requirement that:
 - a. Results in or is likely to result in significant risk to public health or safety, including patient harm;
 - b. Was caused by gross negligence or was reckless or intentional; or
 - c. Included diversion of controlled substance.



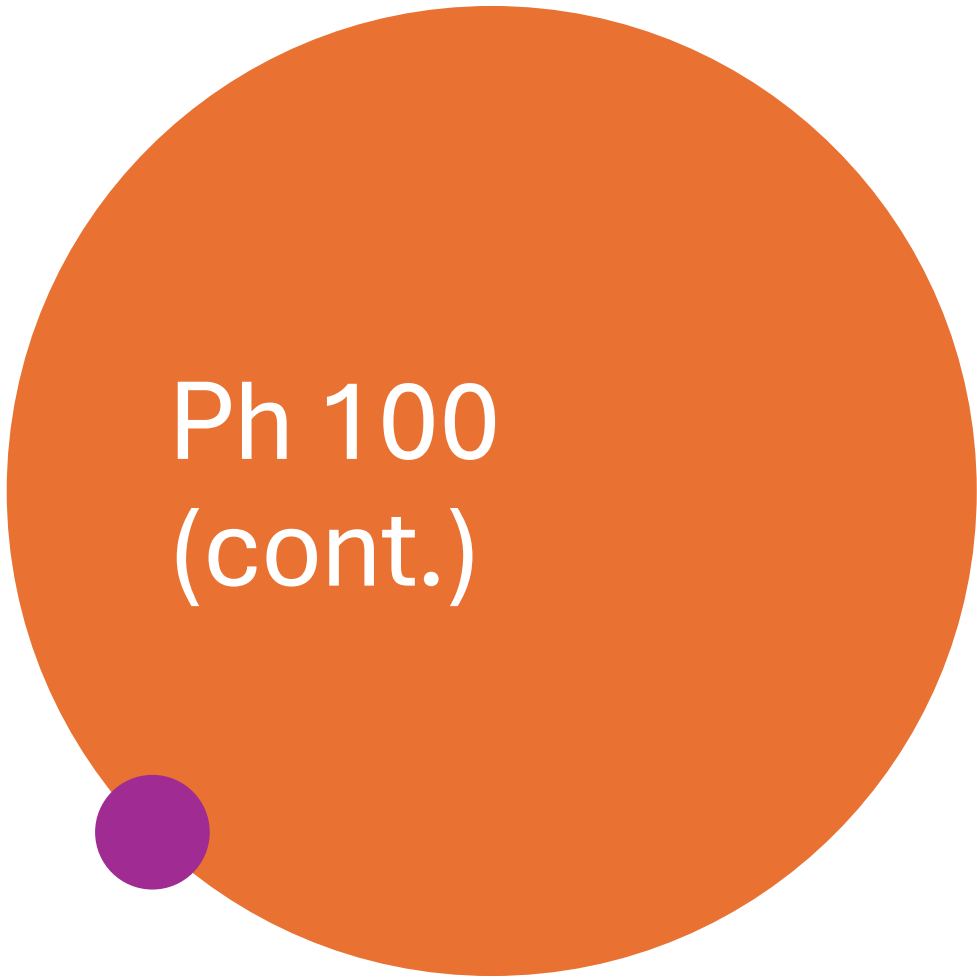
Ph 407.02 (cont.)

- (1) For a minor violation:
 - a. **There shall be no fine** for the first violation; and
 - b. For subsequent violations, the fine shall not be less than \$50 and not more than \$500;
- (2) For a moderate violation, the fine shall not be less than \$501 and not more than \$2,000; and
- (3) For a major violation, the fine shall not be less than \$2,001 and not more than \$3,000.



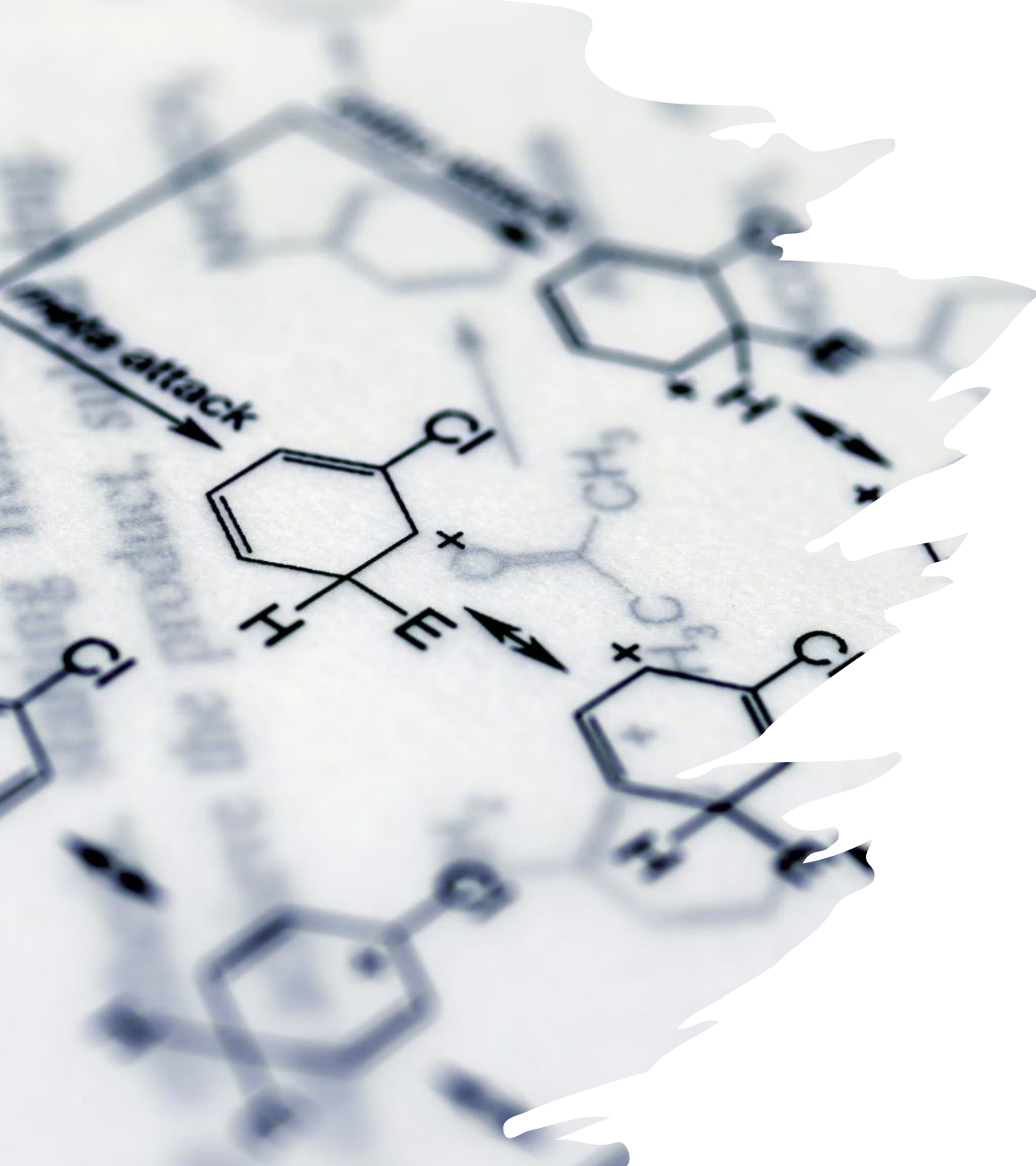
Ph 100 Definitions

- Ph 102.05 “Central fill pharmacy” means a licensed pharmacy, in New Hampshire or any other jurisdiction of the United States, that engages in central prescription processing including filling, refilling, or both, prescriptions including the preparation, packaging, and labeling of the medication.



Ph 100 (cont.)

- Ph 102.365 “Non-dispensing pharmacy” means a licensed pharmacy, in New Hampshire or any other jurisdiction of the United States, that engages in prescription review and other related non-dispensing functions such as data entry, prospective drug review, refill authorizations, therapeutic interventions, patient counseling, claims submission, claims resolution, and claims adjudication. The term excludes any pharmaceutical entity that fills prescriptions or otherwise stores, handles, distributes, or dispenses prescription medications or devices.

The background of the slide features a complex, overlapping image of chemical structures, likely from a scientific paper or textbook. A prominent label 'meta attack' with an arrow points to a specific reaction site on a cyclohexadiene ring. Other chemical structures, including various rings and functional groups, are visible in the background, creating a scientific and technical atmosphere.

RSA 318:1

Definitions

- XI. "Pharmacy," when not otherwise limited, means the place registered by the office of professional licensure and certification where the profession of pharmacy is practiced and where drugs, chemicals, medicines, prescriptions, or poisons are compounded, dispensed, stored, or retailed.

RSA 318:37 Compliance

- **318:37 Required; Compliance.** –
I. No person shall conduct or operate a pharmacy for the sale at retail of drugs and medicines unless such pharmacy is registered with and a permit therefor has been issued by the office of professional licensure and certification in accordance with rules adopted by the pharmacy board, except as provided in this chapter.



RSA 318:1

Definitions

- XXXIV. "Remote processing" means accessing the pharmacy database to perform non-dispensing activities other than at a licensed pharmacy. The pharmacy shall establish controls to protect the confidentiality and integrity of patient information, as required by HIPAA, and prevent any patient information from being downloaded, duplicated, or removed from the electronic database.



RSA 318:1

Definitions

- XXXV. "Non-dispensing activities" are activities permitted under that individual's scope of practice that do not require the physical possession of prescription drugs. Non-dispensing activities include, but are not limited to, prescription transfers, drug utilization reviews, product verification tasks, claims adjudications, refill authorizations, entering patient and prescription information into a pharmacy's electronic database, any other task permitted under that individual's scope of practice that does not require the physical possession of prescription drugs, or other activities established by rules of the board adopted pursuant to RSA 541-A.



RSA 318:15-d

Remote Processing

- I. New Hampshire licensed pharmacists, certified New Hampshire pharmacy technicians, or registered New Hampshire pharmacy interns may engage in remote processing, provided that all work requiring pharmacist supervision is supervised by a licensed pharmacist through electronic or other remote means.
- II. Notwithstanding the above, the board may allow registered technicians to perform remote processing activities after completion of a board-approved training program on remote processing.

Ph 102.09 Definitions

- Ph 102.09 “Clinic pharmacy” means a dispensing pharmacy integrated within a clinic, in a designated space where drugs are stored and then dispensed or sold, or both, pursuant to a valid prescription.



Ph 102 Definitions

Ph 102.443 “Pharmacy manager” means the individual designated by the permit holder to manage the day-to-day operations of the pharmaceutical entity being licensed.

The definition of “pharmacy manager” has not been changes because the definition does not impose any substantive obligations on a pharmacy manager.

Ph 1202.03 Central Processing Pharmacy

- Ph 1202.03 “Central processing pharmacy” means a licensed pharmacy, in this or any other state, district, or commonwealth of the United States, that engages in prescription review by performing functions that include but are not limited to:
 -
 - (a) Data entry;
 - (b) Prospective drug review;
 - (c) Refill authorizations;
 - (d) Therapeutic interventions;
 - (e) Patient counseling;
 - (f) Claims submission;
 - (g) Claims resolution; and
 - (h) Claims adjudication.



Ph 1203

- Ph 1203.01 General Requirements for Engaging in Central Prescription Processing. A pharmacy may perform or outsource central prescription processing and handling services provided that:
 - (a) All pharmacies involved in the transactions pursuant to which the prescription is dispensed shall have either:
 - (1) The same owner; or
 - (2) A written contract outlining the services to be provided and the responsibilities and accountabilities of each party in fulfilling the terms of the contract in compliance with federal and state laws, regulations, and rules;
 - (b) The pharmacies shall share a database to allow access to information necessary or required to fill or refill a prescription drug order;
 - (c) All participating pharmacies located in this state shall maintain a pharmacy license for each location or if located in another state shall be registered in New Hampshire as a mail-order pharmacy according to Ph 900;
 - (d) All pharmacists participating in, providing, or both, central prescription processing services shall be licensed in this state or in the case of a non-resident pharmacy, the state in which the pharmacy is located; and
 - (e) Each pharmacy and pharmacist engaging in central prescription processing and handling shall be responsible for properly filling the prescription and complying with the requirements of Ph 706 or each relevant and applicable provision adopted by the state in which the pharmacy or pharmacist is registered or licensed. If such other state does not have a relevant or applicable provision, the owner or contract referred to in (a) above shall comply with or require compliance with the substance of Ph 706.
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Ph 703.01 Presence of Pharmacists

- (a) No pharmacist shall work more than 8 hours without a rest break of 30 minutes. Breaks shall be scheduled as close as possible to the same time each day so that patients may become familiar with the approximate break times.
- (b) The permit holder shall develop a written break policy and procedure that shall be available upon inspection or board request. Failure to follow the policy shall be subject to disciplinary action as provided in RSA 318:29.
- Eff 6/2022

RSA 541-A:22

Validity of Rules

III- An agency shall not by rule:

(e.) Delegate its rulemaking authority to anyone other than the agency named in the statute delegating the authority

(g.) Expand or limit a statutory definition affecting the scope of who may practice a profession

RSA 318:5 a

XIV. The adoption of protocols and procedures for the temporary absence of a pharmacist from a pharmacy while on duty.



- QUESTIONS??

CE Code: LAWUPDATE



**NEW
HAMPSHIRE
PHARMACISTS
ASSOCIATION**

est. 1873