THE NORTH CAROLINA ASSOCIATION OF PHARMACISTS

PRIORITY ISSUES FOR
PHARMACISTS
IN NORTH CAROLINA

THANK YOU!

For your support of S257 "Medication Cost Transparency Act" and H96 "Allow Pharmacists to Administer Injectable Drugs" that were each passed during the previous legislative session.

1. FAIR REIMBURSEMENT FOR PHARMACY SERVICES

The status quo:

- H96, passed last session, allows patients to access birth control, tobacco cessation products, HIV prevention medication, prescription prenatal vitamins, and glucagon (a life-saving medication for severe low blood sugar) -- these new authorities greatly expand access to care for all residents of NC

The facts:

- NC statutes already designate pharmacists as "healthcare providers", when it comes to medical liability, but not when it comes to compensation for services
- Pharmacists have the training, education, and authority to provide comprehensive medication management services, administer certain point-of-care tests, but they are not allowed to bill to be reimbursed for the these services, let alone their clinical expertise

The hope:

- We need the passage of fair reimbursement legislation to help ensure that pharmacists are compensated for the care they provide

2. TEST AND TREAT

The status quo:

- Currently, pharmacists can provide some point-of-care tests, but they are not able to act on the results with treatment

The facts:

- ›25% of states have expanded pharmacists ability to test and provide treatment for minor illnesses such as strep throat, flu, and urinary tract infections and preventing HIV transmission*
- The ability to test and treat in the pharmacy increases the public's access to care and helps to prevent delays in care which can reduce costs

The hope:

- Here is an example of how this might look in practice:

  A patient comes into a pharmacy with flu-like symptoms looking to purchase over-the-counter medications for symptom management. The pharmacist can ask the patient a few questions and offer a rapid flu test. If the results are positive, they could provide the patient with the prescription medication that can reduce the course of flu and possibly prevent time of work or a vist to the ER.

according to the National Alliance of State Pharmacy Associations

Please reach out with questions! (984) 439-1646

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3. COLLABORATIVE PRACTICE

The status quo:
- All 50 states have some form of collaborative practice authority (CPA) in which physicians can delegate certain patient care services to pharmacists (i.e. ordering certain lab tests, modifying or discontinuing certain medications, etc.)
- NC was one of the first states to enact this authority for pharmacists in 1998, however, it has not been updated and now ranks as one of the most restrictive in the country

The facts:
- Since the inception of the pharmacist CPA in NC, the numbers of nurse practitioners (NPs) and physician assistants (PAs) have increased significantly
- As it stands now, patients that have an NP or a PA as their provider cannot receive medication management or other delegated services through collaboration with a pharmacist

The hope:
- We would like to modernize our current CPA to better serve our patients as a inter-professional healthcare team
- We need all of our healthcare professionals practicing to the height of their education and trainings

4. ADDITIONAL PHARMACY BENEFIT MANAGERS LEGISLATION

The status quo:
- NC has a Pharmacy Benefit Manager (PBM) audit protection statute
- S257 (passed in 2021) requires PBMs to register with the DOI

The facts:
- PBMs are the middleman between health plans and pharmacies and our patients
- PBMs steer patients to use mail order or take away their choice to use whichever pharmacy they prefer

The hope:
- We would like to build upon the consumer protections that came out of S257
- We hope to better protect small, independent pharmacies from the harsh and unfair business practices of the PBMs

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