

PRIORITY PHARMACY LEGISLATIVE NEEDS

THE NORTH CAROLINA ASSOCIATION OF PHARMACISTS

Did you know that . . .

- Pharmacists do **so much more than just dispense medications?** They play an active role in patient care by offering services like flu and COVID testing, prescribing medications such as birth control, administering long-acting injectable treatments, creating custom compounded medications, and even facilitating remote patient monitoring—among many other essential healthcare functions!
- Pharmacists are **highly accessible healthcare providers?** Unlike other healthcare professionals, they typically don't require an appointment, making it easy for patients to consult with them regarding medications, health concerns, and over-the-counter products.
- Pharmacies have become significant venues for vaccine administration, offering greater accessibility and convenience for patients? In December 2021, **pharmacies administered more than two-thirds of COVID-19 vaccines** in the United States.

REIMBURSEMENT FOR PHARMACIST- PROVIDED HEALTH CARE SERVICES (S.B. 335 AND S.B. 357)

The facts:

- Pharmacists are **legally** authorized to prescribe certain medications, including birth control, tobacco cessation products, and HIV prevention treatments. Providing this care involves both assessing patients' needs and offering education to ensure the most appropriate treatment options.
- While NC statutes already recognize pharmacists as "healthcare providers" in terms of medical liability, they do **not** extend this recognition to **compensation for the essential services they provide.**
- Both patients and NC legislators have acknowledged the significant value pharmacists offer in improving access to quality healthcare.
- Currently, NC Medicaid is the **only health plan that has taken steps** toward reimbursing pharmacists for some of the healthcare services they provide.
- Pharmacists who **work within their licensed scope of practice should be fairly compensated** for their contributions.

The ask:

- We need to amend the insurance code by passing fair legislation to abolish the **discriminatory** actions used by health plans to prohibit pharmacists from billing for and receiving compensation for the care they provide to patients.
- **Support S.B. 335 Pharmacists/Test and treat/Influenza** (Primary Sponsors Sawrey, Galey, and Burgin)
- **Support S.B. 357 Pharmacists/357**(Primary Sponsors Sawrey, Hise, and Galey)



TREATMENT BY PHARMACISTS (S.B. 335/FLU AND H.B. ?/OUD)

The facts:

- More than 50% of U.S. states have expanded pharmacists' roles to include the ability to test for and provide treatment for conditions such as COVID-19, strep throat, the flu, urinary tract infections (UTIs), and opioid use disorder (OUD).
- This expanded role enhances patient access to care, reducing delays in treatment and ultimately lowering both direct and indirect healthcare costs.
- In NC, pharmacists are currently able to conduct assessments and provide point-of-care tests. However, they are not permitted to act on the results by offering treatment.
 - For example, if a pharmacist administers a flu test that returns positive, they can only inform the patient of the diagnosis and advise them to seek a prescription from their physician or an urgent care center, before the prescription can then be filled at the pharmacy.
- **The 2024–2025 flu season has proven to be one of the most severe NC has faced in years.**
- While opioid overdose deaths in NC have declined in recent years, access to treatment for opioid use disorder remains insufficient to meet the growing demand for services.
- Allowing pharmacists to provide treatment for critical public health needs, such as flu and opioid use disorder, would be safe, efficient, and cost-effective. This is a smart policy change for North Carolina.

The ask:

- Similar to many other states, NC needs to pass legislation that enables pharmacists to assess, test, and treat specific conditions.
- By doing so, we would help curb the spread of contagious infections like the flu and more effectively address urgent public health challenges, such as the opioid epidemic.
- **Support S.B. 335 Pharmacists/Test and treat/Influenza** (Primary Sponsors Sawrey, Hise Burgin and Galey)
- **Support H.B. ? Name** (Primary Sponsors)

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

PRIORITY PHARMACY LEGISLATIVE NEEDS

THE NORTH CAROLINA ASSOCIATION OF PHARMACISTS

COLLABORATIVE PRACTICE (S.B. 357)

The facts:

- All 50 states have some form of Collaborative Practice Authority (CPA), which allows physicians to delegate certain healthcare services to pharmacists, such as ordering lab tests, and initiating, modifying, or discontinuing medications.
- NC was a pioneer in enacting CPA for pharmacists in 1998, but our current statute has not been updated since. As a result, North Carolina's CPA has become one of the most outdated and restrictive in the nation.
- Under the current law, NC's CPA does not support population health initiatives and excludes physician assistants (PAs) and nurse practitioners (NPs) from participating in collaborative care with pharmacists.
- Additionally, it limits collaboration to the physician's office and does not account for opportunities outside of this setting, such as partnerships with community pharmacists or telehealth services.
- Since 1998, healthcare needs have evolved significantly, and our CPA statute needs modernization to remove barriers that prevent the delivery of high-quality, team-based patient care. Updating the CPA will help us meet the growing healthcare demands of all North Carolinians.

The ask:

- We must pass legislation to update and modernize our current CPA, enabling better collaboration within an interprofessional healthcare team to better serve NC patients.
- By allowing all healthcare professionals in the state to practice to the full extent of their education and training, we can significantly improve patient care across North Carolina.
- **Support S.B. 357 Pharmacists/357**(Primary Sponsors Sawrey, Hise, and Galey)



PHARMACY BENEFIT MANAGERS REFORM (H.B. 163 AND S.B. 479)

The facts:

- Pharmacy Benefit Managers (PBMs) are middlemen between health plans and pharmacies, with three PBMs controlling **80% of the market**.
- The US is the only country with PBMs and drug prices here are **278% higher** than in other developed nations. Each year, PBMs grow in influence, contributing to escalating drug costs for patients. Between 1987 and 2019, **out-of-pocket costs for patients soared by 222%**.
- Meanwhile, pharmacies—unable to negotiate pricing—often receive reimbursement rates that are far below the cost of acquiring medications. This financial strain has led to the closure of many independent pharmacies, limiting patient access to essential pharmaceutical services.
- The practice of "spread pricing" further exacerbates this issue: PBMs charge health plans one price for a medication, reimburse pharmacies at a lower rate, and pocket the difference.
- As a result, **patients face rising costs and pharmacies are closing**, while PBMs continue to generate enormous profits. In 2022 alone, **PBMs amassed \$495 billion in revenue**.

The ask:

- We need PBMs to prioritize patient access, ensure fair reimbursement for pharmacies, limit the practice of spread pricing, establish consistent accreditation standards for pharmacies, and promote transparency in medication pricing.
- **Support H.B. 163 Pharmacy Benefits Manager Provisions** (Primary Sponsors Reps. Rhyne, Blackwell, Huneycutt, and Lowery).
- **Support S.B. 479 Script Act** (Primary Sponsors Sawrey, Brit, and Galey)



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