

PRIORITY PHARMACIST-RELATED HEALTHCARE ISSUES

THE NORTH CAROLINA ASSOCIATION OF PHARMACISTS

Did you know that . . .

- medications are the most common health care intervention for preventing and treating health conditions?
- among health care providers, pharmacists are considered medication experts?
- pharmacists do more than dispense medications? They are educated and trained to provide care that ensures safe, effective, and optimal use of medications for preventative health, acute illness, and chronic disease management.

1. REIMBURSEMENT FOR PHARMACIST-PROVIDED HEALTH CARE SERVICES

The facts:

- Pharmacists are **legally** permitted to provide birth control, tobacco cessation products, and HIV prevention medication without the patient having to first obtain a prescription. This care requires patient assessment and education to determine the most appropriate course of action.
- NC statutes already designate pharmacists as "health care providers" when it comes to medical liability, but **not** when it comes to **compensation for services provided**.
- Patients and NC Legislators have recognized the value offered by pharmacists to increase access to quality health care.
- Patients' health plans, for a covered service, should reimburse for the service, when provided by a pharmacist, if the service provided is **within the pharmacist's licensed scope of practice**.

The ask:

- Vote for H450 *Pharmacist Provided Health Care Services* (Reps. Sasser, Ross, Howard & Blackwell) to amend the insurance code for health plans to include pharmacists as providers of certain health care services, and to permit pharmacists, like other advance practice provider, to bill and receive compensation for the patient care they provide.



2. TEST AND TREAT

The facts:

- Under current statute, pharmacists **can** provide certain point-of-care tests, but they are **not** able to act on the results they obtain by offering treatment.
 - Example: the only recourse a pharmacist can take for a positive flu test is to tell the patient they have the flu and now they need to go to their physician or urgent care for a prescription for treatment to be filled back at the pharmacy.
- **Nearly 50% of states** in the U.S. have expanded pharmacists' ability to test and provide treatment for conditions such as COVID-19, strep throat, flu, and urinary tract infections.
- Test and treat in the pharmacy **increases patients' access to care** and helps to **prevent delays in care** which can **reduce direct and indirect health care costs**.

The ask:

- Vote for H654 *Pharmacists/Vaccine Admin/Test and Treat* (Reps. Potts, Sasser, Cotham & Pless) to increase patient access to care and allow pharmacists to test and treat for certain conditions by state protocols.
- In doing so, we could improve efficiencies in care for situations like the following:
 - A patient visits their pharmacy with flu-like symptoms looking to purchase over-the-counter medications for symptom management. The pharmacist could offer a rapid flu test, and if positive, could provide prescription medication, which can reduce the course of illness and missed time from work or school, reducing the need for an urgent care or possibly emergency room visit.



Please reach out with questions!
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3. COLLABORATIVE PRACTICE

The facts:

- All 50 states have some form of **collaborative practice authority (CPA)** in which physicians can delegate certain health care services to pharmacists (e.g., ordering lab tests, initiating, modifying or discontinuing medications, etc.).
- NC was one of the first states to enact this authority for pharmacists in 1998, however, **our statute has not been updated since**. NC's CPA now ranks as one of the **most outdated and most restrictive** in the country.
- NC's CPA does **not** allow for population health and does **not** allow for physician assistants (PAs) or nurse practitioners (NPs) to participate in collaborative care with pharmacists.
- NC's CPA needs to allow for site-specific multi-provider agreements, and create opportunities for primary care physicians to more easily collaborate with community pharmacists.
- **Health care needs have changed greatly since 1998** and our CPA statute needs to be modernized to remove barriers that hinder quality team-based patient care.

The ask:

- Vote for S597 *Pharmacists/Collaborative Practice* (Senators Hise & Krawiec) to modernize our current CPA to better serve NC patients as part of an inter-professional health care team.
- We need all NC health care professionals practicing to the height of their education and training to improve patient care.



4. IMMUNIZATION AUTHORITY

The facts:

- Most states have clear authority for pharmacists to give any CDC approved immunization, but **NC does not**. Today 42 states grant greater immunizing authority to pharmacists than NC.
- The PREP ACT amendments, during the COVID-19 public health emergency, permitted pharmacists and pharmacy technicians to give all **vaccines in accordance with CDC guidance** to adults and children age ≥ 3 years .
- When the public health emergency expires, we will revert back to NC law, and **we will lose over 4,000 certified immunizers** in our state. This decreases patients' access to care, and is illogical when we are experiencing health care workforce shortages and decreasing immunization rates in the wake of the pandemic.

The ask:

- Vote for H654 *Pharmacists/Vaccine Admin/Test and Treat* (Reps. Potts, Sasser, Cotham & Pless).
- We need pharmacists and pharmacy technicians to continue to give any CDC-approved immunization to adults and certain immunizations to children without the need for a prescription.



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