

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 both 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.
- Pharmacists that provide health care services **within their licensed scope of practice should be reimbursed by health plans for this care**.

The ask:

- We need to amend the insurance code by passing fair legislation to abolish the discriminatory actions used by health plans. Health plans currently do not recognize pharmacists as health care providers and prohibit pharmacists from billing for and receiving compensation for the care they provide to patients.

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.
- **Almost 50% of states** in the U.S. have expanded pharmacists' ability to test and provide treatment for minor illnesses 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:

- Similar to many other states, NC needs to pass legislation that would allow pharmacists to test and treat for certain conditions.
- 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 utilize a protocol by which they offer a rapid flu test, and if positive, could provide prescription medication. This can reduce the course of the illness and missed time from work or school, all while preventing the need for an urgent care or possibly emergency room visit.



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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 collaboration outside of the physician office (e.g., partnering with a community pharmacist or telehealth).
- **Health care needs have changed greatly since 1998** and our CPA statute needs to be modernized to remove barriers that hinder quality patient care.

The ask:

- We need to pass legislation to modernize our current CPA to better serve NC patients as part of an interprofessional 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**.
- The PREP ACT amendments during the COVID-19 federal emergency have permitted pharmacists and pharmacy technicians to give **any immunization, in accordance with CDC guidance**, to adults and children age 3 years and older.
- When the federal 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 due to the pandemic.

The ask:

- We need to pass legislation that will grant pharmacists and pharmacy technicians the same immunization authority that the profession has been operating under during the COVID-19 federal emergency.
- We need pharmacists to be able to continue to give any CDC-approved immunization to adults and children ages 3 years and up, without the need for a prescription.



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