

SCOPE OF PRACTICE — PHARMACISTS

AAFP Position

The American Academy of Family Physicians (AAFP) recognizes the evolving complexity and proliferation of pharmaceutical agents and the important role pharmacists play in the delivery of high-quality health care. The pharmacy professional and physician should work collaboratively to optimize the therapeutic effect of pharmaceutical agents in patient care through collaborative practice agreements (CPAs) between pharmacists and physicians, such as collaborative drug therapy management (CDTM). However, the AAFP believes that only licensed doctors of medicine, osteopathy, dentistry, and podiatry should have the statutory authority to prescribe drugs. The AAFP believes that independent prescription authority for pharmacists will further fragment care and will undermine goals of integrated, accountable care. Pharmacists should not alter a prescription written by a physician, except in an integrated practice supervised by a physician or when permitted by state law. Further, the AAFP opposes state legislation allowing pharmacists to dispense medication beyond the expiration of the original prescription for other than emergency purposes.

Education and Training

Pharmacists are required to complete a Doctor of Pharmacy (PharmD) degree from an accredited pharmacy school or college. The degree typically requires four years of study following a bachelor's degree or two to three years of focused undergraduate study. PharmD programs include both pharmacy coursework, centered around pharmaceutical chemistry, pharmacology, and therapeutics, and supervised practice experiences in clinical and community pharmacy settings. Prior to practice, pharmacists must obtain a license for the state in which they intend to practice. State licensure requirements vary but typically include the North American Pharmacist Licensure Examination, the Multistate Pharmacy Jurisprudence Examination, or a state-specific pharmacy law exam, and a specified number of hours as an intern. Pharmacists involved in team-based care typically pursue at least a one-year pharmacy practice residency, with additional years of residency for those who specialize, and board certification is available in 14 specialties. Pharmacists are best qualified to deal with issues of medication use and tolerability, patterns of medication use, assessment of therapeutic response, and dosing adjustments.

Collaborative Practice Agreements

Currently, all states except Delaware have CPA legislation or regulations related to pharmacist practice.¹ These laws allow physicians and pharmacists to enter into voluntary written agreements to manage the drug therapy of a patient or group of patients. These agreements include initiating, modifying, and monitoring a patient's drug therapy; ordering and performing laboratory and related tests; assessing patient response to therapy; and counseling and educating patients about their medications. There is a growing body of [evidence](#) that medication management programs can make positive contributions to patient health, reduce medication costs, increase patient satisfaction, and improve provider work-life. In many of these [studies](#), pharmacists lead the medication management programs using comprehensive medication management to ensure medication optimization. Pharmacists also provide direction to patients seeking advice on over-the-counter medications.

¹ Centers for Disease Control and Prevention. (2017). "Advancing Team-Based Care Through Collaborative Practice Agreements – A Resource and Implementation Guide for Adding Pharmacists to the Care Team." Web.

AAFP Headquarters

11400 Tomahawk Creek Pkwy.
Leawood, KS 66211-2680
800.274.2237 • 913.906.6000
fp@aafp.org

AAFP Washington Office

1133 Connecticut Avenue, NW, Ste. 1100
Washington, DC 20036-1011
202.232.9033 • Fax: 202.232.9044
capitol@aafp.org

Pharmacists' Vaccine Authority

All states and DC allow pharmacists to administer vaccinations of pneumococcal, zoster, Td/Tdap, meningococcal, and influenza vaccinations; however, states have various limitations based on age, consent of a parent or guardian, required protocol or prescription, or a standing order. All states (except NH and NY) and DC permit pharmacists to administer the HPV vaccine. New York is the only state that does not permit pharmacists to administer the Hepatitis B vaccine. Furthermore, all states (except NY and DC) permit pharmacists to administer the measles, mumps, and rubella (MMR) vaccine.² Twenty-eight states (AL, AK, CA, CO, DE, GA, ID, IN, IA, KY, LA, MI, MS, MO, NE, NV, NH, NM, OK, OR, SC, SD, TN, TX, UT, VA, WA, WI) allow pharmacists to administer vaccines to patients of any age; three states (CT, FL, VT) restrict pharmacists to adult vaccines.

Eighteen states (AK, AZ, CA, ID, LA, MD, ME, MT, NH, NM, OR, SC, SD, TX, VA, WV, WY, WI) allow pharmacists to independently administer the influenza vaccine (with various age restrictions) while the other 32 states (AL, AR, CO, CT, DE, FL, GA, HI, IL, IN, IA, KS, KY, MA, MI, MN, MS, MO, NE, NV, NJ, NY, NC, ND, OH, OK, PA, RI, TN, UT, VT, WA) and DC allow pharmacists to administer flu shots only through CPAs, standing orders, prescriptions from authorized providers, or other protocols.² The AAFP recommends that vaccines be administered in the medical home. When vaccines are administered elsewhere, the information should be transmitted back to the patient's primary care physician and their state registry when one exists to assure complete continuity of the patient's medical record.

Pharmacists' Prescriptive Authority

Pharmacist scope of practice regulations generally target drug dispensing and administration of clinical services. Within these areas, state laws address issues such as prescriptive authority; authority to monitor or modify patient medication therapy; and instruction or interpretation of laboratory testing.

The authority for pharmacists to prescribe with or without standing orders varies by state and is determined through legislation and the state Department of Health and Boards of Pharmacy. All states have standing orders in place to allow pharmacists to dispense naloxone to treat substance use disorder, while four states (AK, AZ, NE, SC) authorize pharmacists to dispense naloxone without a prescription. Sixteen states (CA, CT, IA, ID, KS, MA, ME, ND, NJ, NM, OK, OR, TN, VT, WV, WY) and DC have a statewide protocol specifying conditions under which pharmacists can prescribe naloxone.³

Twelve states (CA, CO, HI, ID, MD, MN, NH, NM, OR, UT, WA, WV) and DC have regulations allowing pharmacists to prescribe oral contraceptives without a CPA.⁴ Some states (NH, OH, UT, WV) allow pharmacists the authority to dispense, not prescribe, contraception under standing orders.⁵ Others, including [Colorado](#) and [Oregon](#), have laws to allow pharmacists to provide limited emergency refills without a prescription, often to supply chronic care maintenance drugs like insulin.

Idaho's [law](#) goes further by allowing pharmacists to independently prescribe a number of medications for any condition that doesn't require a new diagnosis and is "relatively minor" or for any patient undergoing an emergency condition. It also allows pharmacists to prescribe medications to treat the flu and strep throat. Through this expanded prescriptive authority, pharmacists are more often prescribing without access to patient medical records and limited training on patient history, physical exams, differential diagnoses, and testing, providing treatment without the information needed to make informed, appropriate, decisions. Pharmacists do not possess the skills, training, experience, or knowledge needed to provide comprehensive medical care, health maintenance, and preventive services for a range of medical and behavioral health issues. States should not pursue this legislation as it will continue to fragment care and put patient's safety at risk.

Updated: August 2021

² National Alliance of State Pharmacy Associations. (2020). "Pharmacist Administered Vaccines." Web.

³ National Alliance of State Pharmacy Associations. (2019). "Pharmacist Prescribing: Naloxone." Web.

⁴ National Alliance of State Pharmacy Associations. (2020). "Pharmacist Prescribing: Hormonal Contraceptives." Web.

⁵ Kaiser Family Foundation. (2019). "Oral Contraceptive Pills." Web.