AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

SCOPE OF PRACTICE — PHARMACISTS

Recommendation

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 can and should work collaboratively so that their combined expertise is used to optimize the therapeutic effect of pharmaceutical agents in patient care. The AAFP opposes state legislation allowing pharmacists to dispense medication beyond the expiration of the original prescription for other than emergency purposes. Although the AAFP believes that pharmacists' right of conscientious objection should be reasonably accommodated to safeguard the patient-physician relationship, government policies must protect patients' rights to obtain legally prescribed and medically indicated treatments in a timely manner. The pharmacist's refusal to fill a prescription must be discussed with the physician (or his/her representative) and the patient, and the prescription must be returned to its source.

Further, the AAFP believes that only licensed doctors of medicine, osteopathy, dentistry, and podiatry should have the statutory authority to prescribe drugs. 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. The AAFP believes that independent prescription authority for pharmacists will further fragment the American health care system and will undermine the national goals of integrated, accountable care.

Education and Training

Pharmacists are required to complete a Doctor of Pharmacy (PharmD) degree from a pharmacy school or college accredited by the Accreditation Council for Pharmacy Education. PharmD programs require at least two years of undergraduate study, although some require a bachelor's degree. PharmD programs generally take four years to complete and usually involve both pharmacy coursework and supervised work experiences. Following completion of a PharmD, pharmacists must complete a North American licensure exam as well as obtain state licensure to practice. State licensure requirements vary from state to state but include completion of an exam and generally also require a specified number of hours as an intern. There are additional further specialty certifications that pharmacists can obtain to show an advanced level of knowledge in a specific area. Such certifications can allow pharmacists to administer vaccinations and immunizations or become a Certified Diabetes Educator.

Regulation and Scope of Practice

The regulation of the scope of practice of pharmacists varies from state to state and is determined through state legislation or Departments of Health, Boards of Pharmacy, or other governing bodies authorized by the state. Scope of practice regulations generally target drug dispensing and administration of clinical services. Within these areas, state laws regarding pharmacist practice address issues such as prescriptive authority, authority to monitor or modify patient medication therapy, prescription or administration of clinical services such as vaccines, flu shots, contraception, etc. without a prescription, or instruction or interpretation of laboratory testing.

There are a variety of methods through which scope of practice adjustments can be implemented. States can authorize pharmacists to dispense drugs after independently prescribing them, after

entering into a collaborative practice agreement under which the pharmacist operates under authority delegated by another licensed practitioner with prescribing authority (i.e. a physician), under "standing orders" issued by the state, or based on other predetermined state authorized protocols. Forty-eight states and the District of Columbia allow for collaborative practice agreements; Oklahoma and Alabama remain as the only states without collaborative practice agreements expanding pharmacist authority.[1]

All fifty states and the District of Columbia allow pharmacists to administer vaccinations; however, states have limitations based on age, type of immunization, consent of a parent or guardian, and/or required authorization. Some of the pharmacist-administered immunizations include influenza, zoster, Tdap/Td, pneumococcal, or HPV. All states and the District of Columbia authorize pharmacists to administer the influenza vaccine. Nineteen states (AL, AK, CA, CT, GA, HI, ID, LA, MA, MT, NH, NJ, OK, OR, SD, TN, UT, WA, WY) allow pharmacists to prescribe and administer these vaccines independently while the other 31 states (AZ, AR, CO, DE, FL, IL, IN, IA, KS, KY, ME, MD, MI, MN, MS, MO, NE, NV, NM, NC, ND, OH, PA, RI, SC, TX, VT, VA, WV, WI) and the District of Columbia allow pharmacists to administer flu shots through collaborative practice agreements, standing orders, prescriptions from authorized providers, or other protocols. Further, five states (AZ, KY, NJ, NY, OR) expand pharmacist vaccine administration authority in the case of a public health state of emergency.[2]

All states permit standing orders to allow pharmacists to dispense naloxone,[3] with five states (CA, DE, MA, NY, OR) requiring pharmacists to participate in naloxone administration programs prior to obtaining authorization.[4] Many of these states also allow pharmacists to distribute naloxone without a prescription.

Six states (CA, CO, HI, MD, NM, OR) also have regulations allowing pharmacists to prescribe and/or administer oral contraception, including self-administered hormonal contraceptives and emergency contraception drug therapy. Tennessee and Washington state allow pharmacists to prescribe oral contraception only. New Hampshire passed legislation allowing physicians to issue standing orders to allow pharmacists the authority to prescribe contraception.[5]

Future Issues

Expansion of pharmacist scope of practice is expected to continue across states. The Centers for Medicare and Medicaid Services (CMS) issued guidance regarding state flexibility to expand scope of pharmacy practice using collaborative practice agreements, standing orders, or other predetermined protocols. These recommendations focus on the administration of naloxone in response to the nationwide opioid epidemic, tobacco cessation drug therapy, and emergency contraception.

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[1] CMS Center for Medicaid and CHIP Services. (2017, January 17). *CMCS Informational Bulletin*. Retrieved from https://www.medicaid.gov/federal-policy-guidance/downloads/cib011717.pdf

[2] American Medical Association. (2016). *Pharmacist Administered Immunizations: Authorizations by State.* Chicago, IL: Author.

[3] National Alliance of State Pharmacy Associations. (2018). *Naloxone Access in Community Pharmacies.* Retrieved from https://naspa.us/resource/naloxone-access-community-pharmacies/

[4] CMS Center for Medicaid and CHIP Services. (2017, January 17). *CMCS Informational Bulletin*. Retrieved from https://www.medicaid.gov/federal-policy-guidance/downloads/cib011717.pdf

[5] Kaiser Family Foundation. (2017). Oral Contraception Pills. Retrieved from https://www.kff.org/womens-health-policy/fact-sheet/oral-contraceptive-pills/