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 the use of 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 the national 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 two-year Doctor of Pharmacy (PharmD) degree from an accredited pharmacy school or college and require two years of undergraduate study or a bachelor’s degree. PharmD programs generally take four years to complete and usually involve both pharmacy coursework, centered around pharmaceutical chemistry, pharmacognosy, pharmacology, and business management and administration, and supervised work experiences. Prior to practice, pharmacists must obtain both North American and state licenses to practice. State licensure requirements vary but typically include an exam and a specified number of hours as an intern. Pharmacists are best qualified to deal with issues of medication use and tolerability, patterns of medication use, assessment of therapeutic response, and dosing adjustments. Additional specialty certifications exist for pharmacists to obtain an advanced level of knowledge in a specific area.

Collaborative Practice Agreements
Like other health professionals, pharmacists are seeking to expand their influence and scope of practice. Expanded roles for pharmacists have been promoted via legislative and regulatory action. Currently, 48 states and the District of Columbia have CDTM legislation or regulations. Alabama and Delaware remain as the only states without CPAs.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 including 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. In many of these studies, pharmacists lead the medication management programs. Additionally, pharmacists have an important role in providing direction to patients seeking advice on over-the-counter medications.

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. Two states (AL, AK, CA, 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 naloxone to treat substance use disorder at risk. 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 preventative 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.

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