



To: Committee Members

Subject: Agenda Item V. Discussion and Consideration of Legislative Proposal Related to Pharmacist Scope of Practice

Over the course of several meetings through discussion and presentations, members and stakeholders have commented on opportunities to improve patient access to health care services through pharmacists.

Although not required in the legislation, it appears appropriate for members and stakeholders to consider if changes to the existing scope of practice for pharmacists is appropriate to facilitate a more robust standard of care practice model. Any such change would require legislation. If the Committee and Board agree, recommendations for legislative changes could be included as part of the report to the legislature. Provided below are some policy questions that may be helpful to guide the discussion. Based on the discussion, staff could work to develop a proposal or summary of the areas that it believes could be expanded or simplified for consideration at the Committee's next meeting.

1. Under current law, the scope of practice varies based in part on the practice setting, i.e., pharmacists working in a health care setting may perform functions under BPC 4052.1 and 4052.2. Is it appropriate to include the authorities for all pharmacists?
2. Under current law there are specified functions that pharmacists are authorized to perform, but only pursuant to state protocols developed and/or approved by other boards or authorities, (e.g., naloxone, travel medicines, hormonal contraception, etc.) Could a transition to more of a standard of care practice model to provide these services remove a barrier to access to care while ensuring patient safety?
3. Are there opportunities to simplify pharmacists' authority related to dispensing functions? For example, should consolidation of authority related to emergency refills of prescriptions, generic substitutions, etc., be consolidated into a single provision related to prescription adaptation services that are allowed to ensure continuity of patient care if done in the best interest of the patient and to optimize patient care. Should pharmacists have the authority to complete missing information on a prescription?
4. Should pharmacists have the authority to furnish medications that do not require diagnosis or that are preventative in nature.
5. Should pharmacists have the authority to furnish medications for minor, non-chronic health conditions, such as pink eye, lice, ring worn, etc.?

6. Should pharmacists have the authority to furnish medications for which a CLIA waived test provides diagnosis and the treatment is limited in duration, e.g., influenza, COVID-19, strep throat.
7. Should pharmacists have the authority to order and interpret drug therapy related tests as opposed to current authority that is limited to only ordering and interpreting tests for purposes of monitoring and managing the efficacy and toxicity of drug therapy.
8. Where a pharmacist is practicing outside of a pharmacy, what requirements are necessary for records and the Board's ability to inspect such practice.