



Pharmacist Scope of Services

Scope of Practice

Scope of practice, generally, refers to the boundaries within which a health professional may practice. For pharmacists, the scope of practice is established by state legislatures and regulated by a board or agency, most commonly the State Boards of Pharmacy.

Services

While pharmacists remain committed to assisting patients with access and information related to their prescription medications, pharmacists today are providing a broad spectrum of services, within their scope of practice, including conducting health and wellness testing, managing chronic diseases and performing medication management, administering immunizations, and working in and partnering with hospitals and health systems to advance health and wellness and helping to reduce hospital readmissions.

In 47 states and the District of Columbia, pharmacists are authorized to enter into collaborative practice agreements with a physician or another prescriber, further expanding the services they are able to provide. Depending on the particular state, collaborative practice agreements enable pharmacists to provide a range of services such as initiation, monitoring, and modification of a patient's drug therapy. This is particularly effective with patients who have single or multiple chronic conditions. In 31 states pharmacists are also allowed to order and interpret lab tests. This collaborative approach, using pharmacists for the management of chronic conditions, has been utilized by the Indian Health Service for 40 years, as well as the Department of Veterans' Affairs and the Department of Defense.

There is broad commonality among states regarding a pharmacist's ability to deliver preventive services. The vast majority of states authorize pharmacists to perform many of the preventative services mandated under the Patient Protection and Affordable Care

Act (PPACA), a sampling of which follow:

1. Aspirin use to prevent cardiovascular disease for men and women of certain ages
2. Blood Pressure screening for all adults
3. Cholesterol screening for adults of certain ages or at higher risk
4. Diabetes (Type 2) screening for adults with high blood pressure
5. Diet counseling for adults at higher risk for chronic disease
6. Immunizations for adults--doses, recommended ages, and recommended populations vary:
 - *Hepatitis A*
 - *Hepatitis B*
 - *Herpes Zoster (Shingles Shot)*
 - *Influenza (Flu Shot)*
 - *Measles, Mumps, Rubella*
 - *Meningococcal*
 - *Pneumococcal*
 - *Tetanus, Diphtheria, Pertussis*
 - *Varicella*
7. *Obesity screening and counseling for all adults*
8. *Tobacco Use screening for all adults and cessation interventions for tobacco users*

Access to pharmacists' care

Physicians and certain non-physician health care professionals are reimbursed under Medicare Part B for providing necessary health care services. With very limited exceptions, pharmacists' services are not reimbursed in this fashion. The lack of reimbursement of pharmacists for services provided within their state scope of practice unnecessarily limits patient access to certain health care services and the contributions pharmacists can make to their health care and outcomes. Enabling pharmacists to practice at the top of their education and training, and be better integrated into the patient's health care team, will improve health outcomes and greatly benefit specific populations, especially those with chronic disease such as diabetes and cardiovascular disease.

Background

Millions of Americans lack adequate access to primary health care and this is only expected to get worse as demand increases. Over the next two decades, the number of Medicare enrollees is expected to grow from roughly 50 million to over 80 million.¹ In

addition, approximately 45% of Americans have at least one chronic condition, and 27% have multiple chronic conditions, rates that are expected to continue to rise.ⁱⁱ ⁱⁱⁱ Further, the Congressional Budget Office (CBO) estimates that an additional 25 million individuals will potentially be gaining health coverage under the Patient Protection and Affordable Care Act (PPACA). Factoring all of this in, the Association of American Medical Colleges projects that, by 2020, there will be more than 91,000 fewer doctors than needed to meet demand, and the impact will be most severe on underserved populations.

About Us

The Patient Access to Pharmacists' Care Coalition's mission is to develop and help enact federal legislation that would enable patient access to, and reimbursement for, Medicare Part B services by state-licensed pharmacists in medically underserved communities consistent with state scope of practice law. Our primary goal is to expand medically underserved patients' access to pharmacists' services.

Importantly, the federal legislation would not expand the types of services that pharmacists are permitted to provide. Eligible services would continue to be governed by state scope of practice laws.

Contact

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ⁱ U.S. Congressional Research Service. Medicare Financing (R41436; September 19, 2013), by Patricia A. Davis

ⁱⁱ Wu S, Green A. Projection of Chronic Illness Prevalence and Cost Inflation. RAND Corporation, October 2000.

ⁱⁱⁱ Anderson G. Chronic care: making the case for ongoing care. Robert Wood Johnson Foundation: Princeton (NJ); 2010. [cited 2011 Jan 19].