

# Helping Patients in Nevada Through Pharmacists



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**NEVADA**  
PHARMACY ALLIANCE

# The Problem: Limited Professionals to Provide Primary Care

- Nevada ranks 48<sup>th</sup> for primary care physicians per 100,000 residents (3<sup>rd</sup> worst).<sup>1</sup>
- All 17 counties in Nevada have a partial or whole-county shortage of primary care health professionals.<sup>1</sup>

## The Solution: Over 2,700 Pharmacists Are Licensed and Live In Nevada



Reference 2

They must pass the North American Pharmacist Licensure Exam (NAPLEX)

# Pharmacist Education and Training

- During school they learn the Pharmacist Patient Care Process<sup>2</sup>.
- This teaches them how to:
  - Collect patient information – Includes interviewing the patient
  - Assess the information – Including medications, disease states, and lab work
  - Create a plan – Includes referral to other providers
  - Implement the plan – Includes documentation and sharing of information
  - Follow-up – Includes monitoring

Remember: Pharmacists also use “evidence-based” medicine and clinical guidelines to guide care and gain clinical experience depending on what type of setting they are practicing in.

# PHARMACISTS PROVIDING CLINICAL SERVICES IMPROVE PATIENT CARE AND LOWERS COST

## Conclusion from a meta-analysis published in the Journal of Medical Care: (298 Studies)

"Pharmacist-provided direct patient care has favorable effects across various outcomes, health care settings, and disease states. **Incorporating pharmacists** as health care team members in directs patient care is a **viable solution to help improve US health care.**"<sup>4</sup>



**\$1 in pharmacist-provided care resulted in \$4 of health care cost savings.<sup>10</sup>**

## Outcome

Pharmacists help patients and the healthcare system by:

### IMPROVING

- Medication adherence
- Lab values and other health markers, such as, blood pressure, cholesterol, blood sugar, weight

### REDUCING

- Emergency room visits
- Hospitalization and readmission rates
- Length of hospital stays
- Disease progression and death

# Clinical Services in NV Under Current Legislation

## Medication Therapy Management

Assess medication therapy for drug-related problems

We can't bill Nevada Medicaid

References: 6

## Hormonal Contraception

Assess patients and dispense hormonal contraceptives without a prescription

We can not Prescribe and can not administer Depo-Provera

8

## HIV Prevention

Assess Patients, Order Lab Work, and Prescribe Medications to Prevent HIV

We can not serve as CLA waived lab director for all necessary HIV PrEP/PEP lab tests needed

5

## Opioid Use Disorder

Assess Patients and Prescribe Medications for Opioid-Use Disorder

We can't order drug tests

7

## Collaborative Practice Agreement Services

Diagnose, order lab work, and Prescribe Medication

We can't bill Nevada Medicaid

Implementation Barriers

22

## Health Screenings

Provide Patient Education, Screen Blood Pressure and Cholesterol

We can't bill Nevada Medicaid

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# Brightline Regulation

An objective rule that resolves a legal issue in a straightforward, predictable manner. A bright-line rule is easy to administer and leaves little room for varying interpretation.

Example: How pharmacists are regulated in Nevada

Brightline regulations  
cause barriers to care

# Standard of Care

The "medical standard of care" refers to the level and type of care that a reasonably competent and skilled healthcare professional, with a similar background and in the same medical community, would have provided under similar circumstances. It is a benchmark used to measure the quality of care given in a specific case, often to assess whether the care met acceptable professional standards.

Example: How MDs, DOs, and APRNs are regulated in Nevada

# Standard of Care Laws

- Not providing any clinical services that are prohibited by state or federal laws
- Only providing services that are within the individuals education, training, and experience
- Performance of the act is within accepted standard of care that would be provided in a similar setting by a reasonable and prudent individual with similar, education, training, and experience

Idaho has been using standard of care to regulate pharmacy since 2017. Iowa has recently adopted it.

# BDR 344:



## Suggestions for Pharmacist Patient Care

It would allow pharmacists to:

1. Prescribe for conditions that:
  - a) Do not require a new diagnoses
  - b) Are minor and generally self-limiting
  - c) Have a test that is used to guide diagnosis or clinical decision-making and are CLIA-waived
  - d) Are patient emergencies
2. Allow pharmacists to order lab work and serve as directors of exempt laboratories.
3. Administer medications

Sponsors: Assemblyman David Orentlicher, MD/JD and Senator Jeff Stone, PharmD



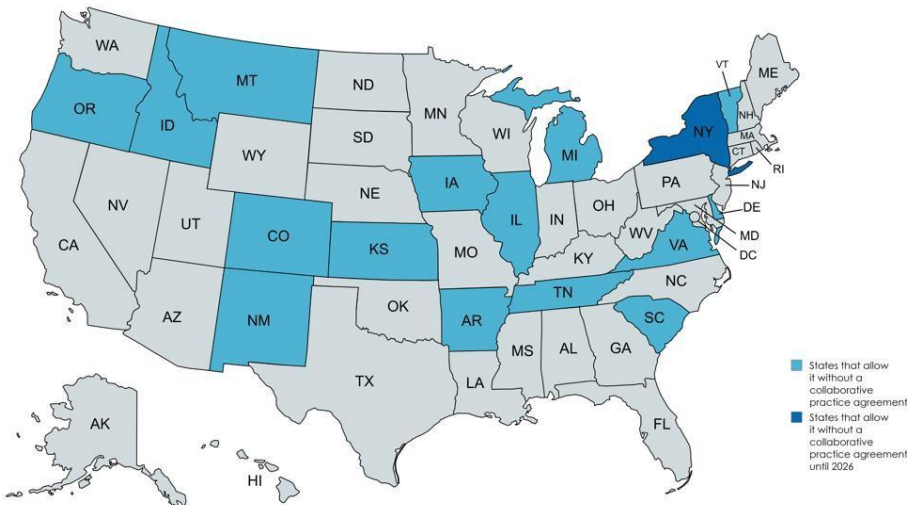
# Pharmacists are already doing these services! Is it safe?

In Nevada pharmacists are already able to do clinical services:

1. Inside of hospitals through protocols<sup>15</sup> 1960s<sup>23</sup>
2. Federal Practice Sites:
  - i. Veteran Affairs Health Systems<sup>13</sup> Mid-2000s<sup>24</sup>
  - ii. Indian Health Services<sup>14</sup>
3. Through the bills that we have discussed
4. Test and treat using CLIA-waived tests through the PREP act (through December 2024)

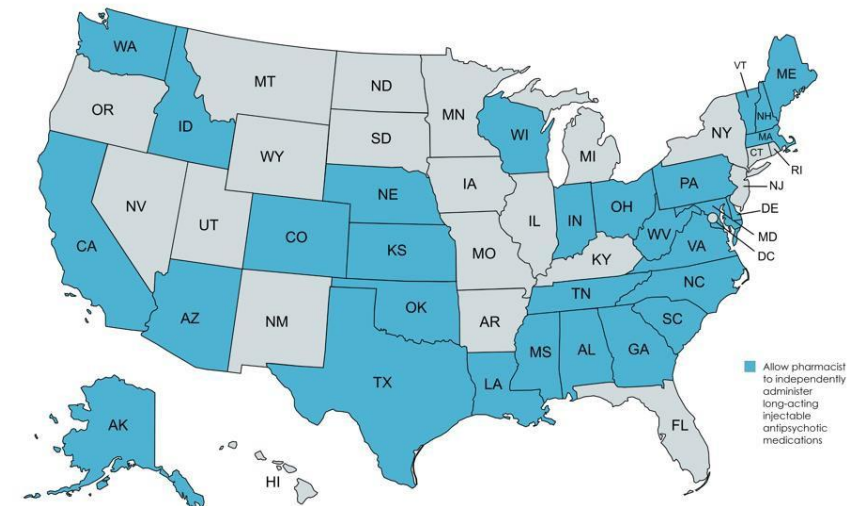
Doing clinical services under another provider's license:  
Through collaborative practice agreements<sup>16</sup>  
1979 – Washington<sup>12</sup>  
2011 – Nevada<sup>24</sup>

## Independent Authority to Test and Treat Using CLIA-waived Tests



Reference 17

## Independent Authority to Administer Long-Acting Injectable Antipsychotics



Reference 18

# CATO BRIEFING

P A P E R

MARCH 21, 2024 NUMBER 175

## Let Pharmacists Prescribe

BY MARC JOFFE AND JEFFREY A. SINGER

Reference 11

### CONCLUSION

Amid a worsening shortage of primary care clinicians and a growing and aging population, state lawmakers should remove barriers to pharmacists practicing to the full extent of their training. Lawmakers should enable patients to receive treatment for minor and self-limited conditions, routine screening for common and easily detectable conditions, and preventive care from pharmacists.

 CICERO INSTITUTE

### Conclusion

Pharmacist full practice authority is a proven safe and evidence-based solution to solving the primary care shortage crisis. Pharmacists are highly trusted, doctorate-trained healthcare providers able to diagnose and manage chronic diseases and minor ailments, decrease unnecessary emergency room visits, and deliver preventative health outcomes.

## Toward Pharmacist Full Practice Authority

November 2024

Reference 12

# BDR 218: PAYMENT FOR CLINICAL SERVICES THROUGH MEDICAID

**Medicaid (Fee-For-Service and Managed Care Organizations) must pay for clinical services provided by pharmacists if the service is under their scope of practice and if other healthcare providers are paid for the same services.**

**Pharmacists' scope of practice in Nevada allows it**



**BUT payment for the services are not required**

Rate is equal to or greater than that provided to a physician, physician assistant, or advanced practice registered nurse for similar services.

**Sponsor: Senator Jeff Stone, PharmD**



Legislation

Full Text

Publications

Media

## Legislation

Session: 2023 Regular Session

SB0678  
CH0300



### Title

Health Insurance - Reimbursement for Services Rendered by a Pharmacist

### Sponsored by

Senator [Beidle](#)

### Status

Approved by the Governor - Chapter 300

### Analysis

[Fiscal and Policy Note \(Revised\)](#)

### Synopsis

Requiring the Maryland Medical Assistance Program, the Maryland Children's Health Program, and certain insurers, nonprofit health service plans, and health maintenance organizations to provide coverage for all services rendered to an enrollee by a licensed pharmacist within the pharmacist's lawful scope of practice, rather than only certain services, to the same extent as services rendered by any other health care practitioner.

Original:

[Finance](#)

Opposite:

[Health and Government Operations](#)

[Witness List](#)

Cross-filed with: [HB1151](#)

Bill File Type: Regular

Effective Date(s): October 1, 2023

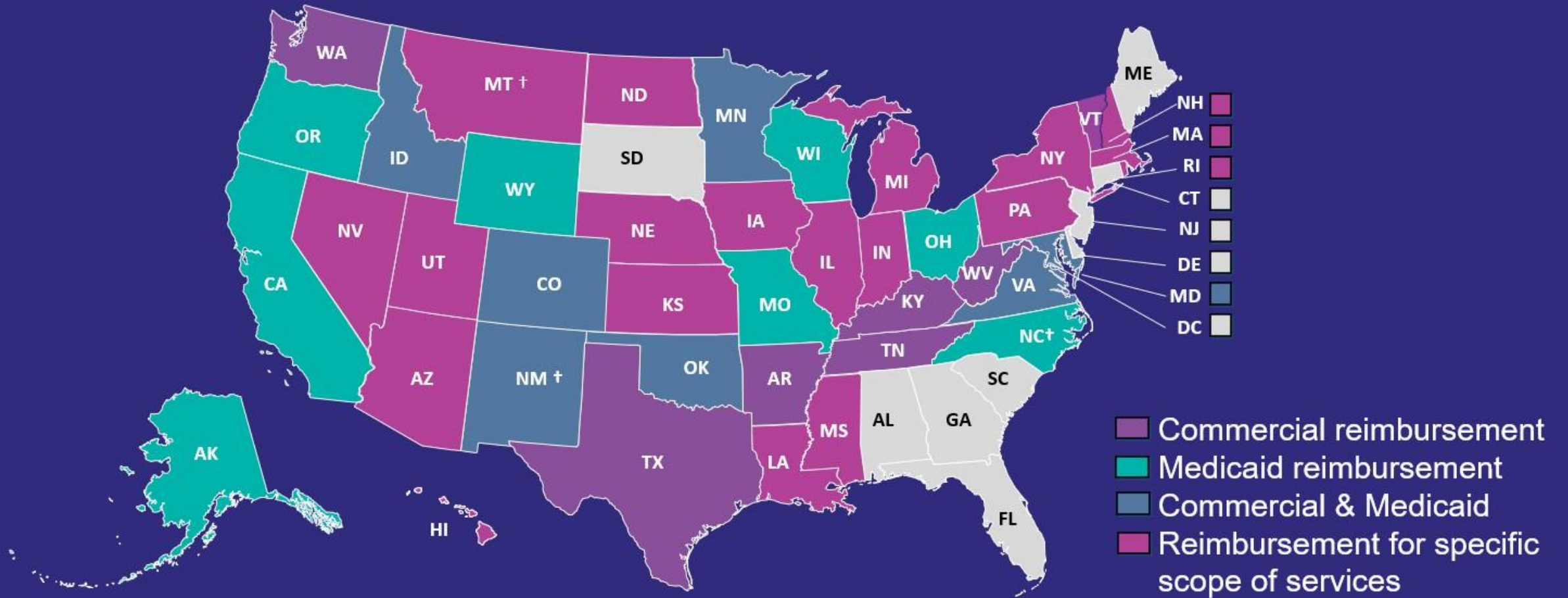
Reference 20



**Maryland**  
INSURANCE ADMINISTRATION

## MIA Pharmacist Reimbursement Workgroup Report

# Payment for Pharmacists' Services in the States\*



\*Examples of states where pharmacists are receiving reimbursement for a broad or narrow scope of their patient care services. Not intended to be a comprehensive representation.

†Pharmacist reimbursement for a broad scope of services is largely tied to the requirement of being an advanced practice pharmacist

# Entities currently supporting these policy changes

Entities currently supporting these policy changes:

1. Nevada Rare Diseases Advisory Council (RDAC)
2. Nevada Pharmacy Alliance
3. Retail Association of Nevada
4. Nevada Society of Health-System Pharmacists
5. Nevada Chronic Care Collaborative
6. Cure 4 The Kids Foundation
7. Community Health Alliance
8. The Center

# How can these bills help patients with rare diseases?

- Manage supportive care through CLIA-waived tests, emergency refills, and comprehensive drug reviews.
- Open opportunities for pharmacists to provide clinical services in rural communities with limited access to care.
- Expanding specialist provider workforce and team-based care (e.g., pharmacist working inside of a specialty clinic to increase access)
  - Specialty Trained Pharmacists – Ex: PGY2 Hematology and Oncology Residency
  - Board Certified Pharmacists – Ex: Board Certified Oncology Pharmacists

# What we wouldn't want to happen:

- More brightline regulations that would prevent services from happening or laws that can adapt as clinical guidelines change such as:
  - Which type of lab work or CLIA-Waived tests are allowed
  - Criteria for emergency prescription refills
  - Specifying trainings in the bill

# What we would want to happen:

- Use our training, evidence-based research, and clinical guidelines to work in collaboration with other healthcare providers, including communication and referrals, to take care of patients in Nevada.



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