



## **Nevada Pharmacy Alliance – 2025 Policy Proposals**

### **Proposal #1: Suggestions for Pharmacist Patient Care**

**Recommendation:** Introduce a bill that:

1. Puts into statute services that pharmacists have been doing since the beginning of the pandemic such as:
  - a. Using CLIA-waived tests to guide assessment or clinical decision-making.
  - b. Prescribing of drugs, drug categories, or devices based off the findings of the CLIA-waived tests.
  - c. Having the ability to give additional refills in emergency situations.
2. Change the current statute that would allow pharmacists to order lab work and serve as directors of exempt laboratories to allow the services in point #1 above.
3. Allow pharmacists to administer medications.

**Background:** Throughout the COVID-19 pandemic pharmacists were integral members of the healthcare teams that continued to take care of patients during this trying time. Temporary waivers and expanded scope of practice allowed pharmacists to provide additional services during this time:

1. PREP Act: The PREP act allowed pharmacists in Nevada to give COVID-19 vaccines, test for COVID-19, and prescribe antivirals based off the results of the test. The PREP Act authorities are set to expire at the end of 2024 which would end these services in Nevada for many pharmacies.
2. Emergency prescribing of refills: The Nevada Board of Pharmacy passed a temporary regulation during the pandemic that allowed pharmacists to give prescription refills in emergency situations. The regulation ended on July 20th, 2022.

Throughout this time, pharmacy teams showed that these services were safe and that they were good for patient care in Nevada. By passing the suggested proposals it would guarantee that patients in Nevada could continue getting these vital services.

Ability to order lab work and administer medications: Pharmacists can assess and prescribe medications for opioid use disorder through AB156 in the 2023 session. There is no direct authority that would allow them to order lab work or administer the medications. This statute change would fix this issue so pharmacists would be able to treat patients as intended in AB156.

**BDR 343 or 344:** Assemblyman David Orenthlicher, MD, JD and Senator Jeff Stone, PharmD



**Entities currently supporting this policy change:**

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

**Notes:**

1. Some states that are allowed to perform CLIA-waived testing without a collaborative practice agreement: Alabama, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Montana, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, Wyoming
2. States where pharmacists have independent authority to administer medications: Alabama, Alaska, Arizona, California, Colorado, Delaware, Georgia, Idaho, Indiana, Kansas, Louisiana, Maine, Maryland, Massachusetts, Mississippi, Nebraska, New Hampshire, North Carolina, Ohio, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, Vermont, Virginia, Washington, West Virginia, Wisconsin

**Proposal #2: Suggestions for Payment for Pharmacist Clinical Services**

**Recommendation:** Introduce a bill that:

Requires Fee for Service Medicaid and all contracted Managed Care Medicaid plans in Nevada to: (1) provide coverage for services provided by a pharmacist within his or her scope of practice if such services are covered when performed by another provider of health care; and (2) reimburse such services at a rate equal to or greater than that provided to a physician, physician assistant or advanced practice registered nurse for similar services.

**Background:** In Nevada, pharmacists are allowed to provide clinical services under their scope of practice. Certain services can be billed through Medicaid and the managed care organizations such as dispensing hormonal contraceptives without a prescription and assessing patients for HIV or opioid-use disorder. Other services, such as medication therapy management, chronic disease management, CLIA waived testing and test and treat conditions, do not have pathways to bill Fee for Service Nevada Medicaid and the managed care organizations. This is preventing patients from accessing these valuable services from the most accessible healthcare providers: pharmacists.

Studies have shown that pharmacist-provided clinical services improve patient outcomes as well as decrease healthcare costs for both patients and the healthcare system. For example, a study found that medication therapy management services, provided by pharmacists, led to a



significant reduction in healthcare costs for patients with diabetes, with an average savings of \$1,079 per patient per year. Another study found that for every \$1 invested in clinical pharmacy services, \$4.81 was saved.

Despite these cost savings, healthcare organizations are not utilizing pharmacists in clinical roles because there is no current mechanism to bill for their services. In order to provide high-quality care to their patients, pharmacists must be compensated for their expertise, time, and resources. By reimbursing pharmacists for their clinical services, Nevada can promote a more integrated and efficient healthcare system that prioritizes patient-centered care and reduces healthcare costs.

**BDR 218:** Senator Jeff Stone, PharmD.

**Entities currently supporting this policy change:**

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

**Notes:**

1. Pharmacists traditionally get paid through pharmacy benefit managers (PBMs) for dispensing medications. This bill does not affect PBMs. It creates a pathway to bill for clinical services directly to Nevada Medicaid, like other providers can.
2. The Maryland Insurance Administration created a work group to investigate this type of policy. The work group consisted of legislators, pharmacists, and insurance companies. [After the work group findings](#), a similar law passed in Maryland.
3. Other states that have already this type of policy in place: Oregon, California, Idaho, Wyoming, Colorado, New Mexico, Oklahoma, Minnesota, Wisconsin, Missouri, Ohio, Virginia, North Carolina, Maryland, and Alaska.