



THE PROBLEM: LIMITED PROFESSIONALS TO HELP

- Nevada's ranks 48th for primary care physicians per 100,000 residents (3rd worst).
- All 17 counties in Nevada have a partial or whole-county shortage of primary care health professionals.
- Since 2004, all pharmacy school graduates earn the PharmD degree, a doctorate degree to reflect the increased complexity of pharmacotherapy and advance training required for adequate provision of patient care.
- Pharmacists work in many settings such as primary care clinics, hospitals, community pharmacies, and federally qualified health centers.

WHY PHARMACISTS?

Pharmacists are often the most accessible healthcare professionals in many communities, especially rural ones. Policy groups, such as the Cato Institute agree that pharmacists have the necessary training and education to evaluate, assess, and prescribe medication to patients for a variety of medical conditions to bring efficiency to the healthcare system.

According to current laws, pharmacists are independently allowed to:

- Assess patients and prescribe medications for HIV prevention and opioid-use disorder and dispense hormonal contraceptives without a prescription.
- Assess medication therapy for drug-related problems and provide patient education.
- Screen blood pressure and cholesterol; collect and process lab tests through finger sticks or mouth/nasal swabs.

ISSUES WITH CURRENT LAWS PREVENTING PHARMACISTS FROM HELPING PATIENTS

- Pharmacists have been using CLIA-Waived tests since the beginning of the pandemic to test for COVID and treat them based on the findings. At the end of 2024, this authority will expire in Nevada.
- When assessing medication therapy for drug-related problems, they are not able to independently make adjustments when problems arise.
- Pharmacists are not able to order lab work that is recommended in clinical guidelines when assessing patients.
- Pharmacists are not able to give additional refills in emergency situations.

DID YOU KNOW?

Federal regulations don't limit pharmacist scope of practice in the same manner as many states do. Pharmacists that work in federal facilities in Nevada (VA hospitals, Indian Health Service, etc.) are able to do advanced clinical services.

WHAT DO NEVADANS THINK?

According to an October 2023 survey, adults in Nevada support pharmacists making permanent expansions of pharmacist care to ensure continued access to vaccinations, testing, and treatment for common conditions.

PHARMACIST ACTION

SUPPORT

Testing for and treating common illnesses (i.e. flu, strep throat, etc.)

73%

Testing and treating common minor conditions such as strep throat and urinary tract infections (UTIs)

70%

- **Seventy-eight percent** of Nevada adults believe it's important for their state to update its policies to ensure that patients **permanently have the same access to pharmacy vaccination, testing, and treatment services** that were available during the COVID-19 pandemic.
- **Eighty-six percent** of Nevada adults say pharmacists are **easy to access**, the highest percentage of tested options.

Bring efficiency, reduce the administrative burden on other healthcare providers, and maximize the knowledge, skills, and training of the most accessible healthcare professional—your local pharmacist.



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Additional References

This policy proposal contains three parts:

Part 1:

Proposed language:

Practice of Pharmacy means:

The prescribing of:

Drugs, drug categories, or devices that are prescribed in accordance with the product's federal food and drug administration-approved labeling and that are limited to conditions that:

- (i) Do not require a new diagnosis;
- (ii) Are minor and generally self-limiting;
- (iii) Have a test that is used to guide diagnosis or clinical decision- making and are waived under the federal clinical laboratory improvement amendments of 1988; or
- (iv) In the professional judgment of the pharmacist, are patient emergencies

Articles or policy statements that explain or support this language:

- [CATO Institute: Let Pharmacists Prescribe](#)
- [American Pharmacists Association Policy Manual](#)
 - Prescribing Authority
 - Contemporary Pharmacy Practice
- [National Alliance of State Pharmacy Associations \(NASPA\) – Pharmacist Prescribing: Test and Treat](#)
- [Your Care Coalition – Expanding Access Through Pharmacy Services](#)

Example of states where the pharmacist's scope of practice is similar to the proposed language:

- Colorado – [2021 CO SB 21-094](#)
- Idaho – [2019 HB 182](#) – Revised [2020 HB 316](#)

Example of states where the pharmacist's scope is determined under a standard of care instead of the laws specifically what a pharmacist is allowed to do:

Article that explains standard of care: [American Pharmacist Association: Iowa bill updates pharmacy practice act standard of care framework.](#)

- Iowa – [2024 HF 555](#)

1575 W. Horizon Ridge Pkwy #530792
Henderson, NV 89012
702-714-1931
info@nevadapharmacyalliance.com



States with Pharmacist Authority to Test and Treat without a collaborative practice agreement:

(Note: Information that was provided on the original document listed states that allowed CLIA-waived testing. This lists states that allow CLIA-waived testing and prescribing based on the results of the test, also known as test and treat.)

- Arkansas - [2021 AR HB 1246](#)
- Colorado - [2021 CO SB 21-904](#)
- Delaware - [DE HB 399](#)
- Idaho - [2017 ID HB 3](#)
- Iowa - [2021 IA SB 296](#)
- Illinois - [2024 IL SB 3268](#)
- Kansas - [2022 KS SB 200](#)
- Michigan - [2023 MI SB 219](#)
- Montana - [2023 MT SB 112](#)
- New Mexico - [2023 NM SB 92](#)
- New York - [2024 NY S 8307 \(until 2026\)](#)
- Oregon - [2024 OR SB 1506](#)
- South Carolina - [SC SC H 3988](#)
- Tennessee - [2024 TN SB 869](#)
- Virginia - [2023 VA H 2079](#)
- Vermont - [2023 VT H 305](#)

Part 2:

Proposed language:

Laboratory changes - reintroduce sections 1 through 5 and section 10 of SB201 from the 2023 legislative session:

<https://www.leg.state.nv.us/App/NELIS/REL/82nd2023/Bill/9967/Text#>

Reasons:

1. This will allow pharmacists to serve as exempt directors of laboratories so they can perform the test and treat services above.
2. Pharmacists are trained to optimize medication use and improve population health outcomes. When pharmacists are a member of the health care team, they can help improve medication use and adherence, expand access to care, and reduce health care costs. Pharmacy practice is increasingly shifting from dispensing medications and counseling patients, to providing patient-centered, team-based care across a variety of health care settings. This will allow them to order labwork to assess the medication therapy.

Part 3:

1575 W. Horizon Ridge Pkwy #530792
Henderson, NV 89012
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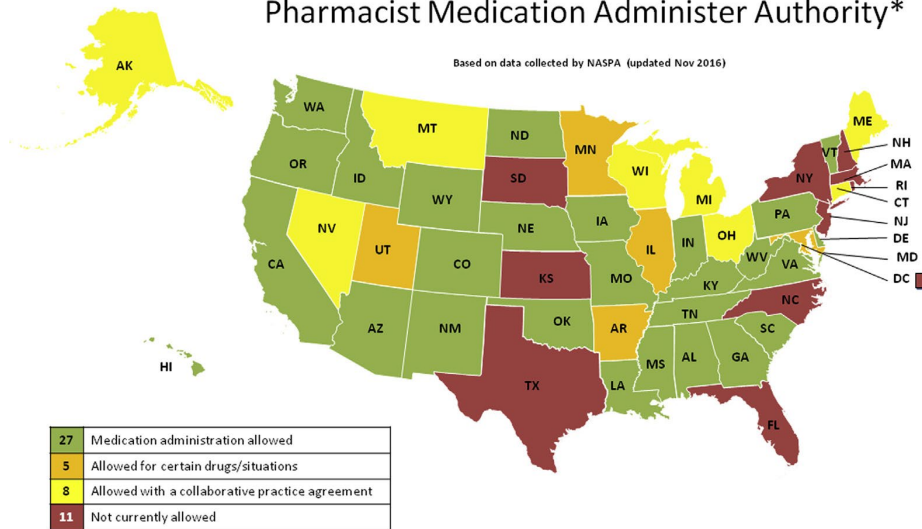
Proposed language: Add “**administering a drug**” NRS 639.0124

Add to NRS 639.0124: "Practice of pharmacy" includes, but is not limited to, the:

- (a) Performance or supervision of activities associated with manufacturing, compounding, labeling and distributing of a drug, **administering a drug**, including the receipt, handling and storage of prescriptions and other confidential information relating to patients.

Graphics from the [National Alliance of State Pharmacy Association](#) that show pharmacists ability to administer medications:

Pharmacist Medication Administer Authority*

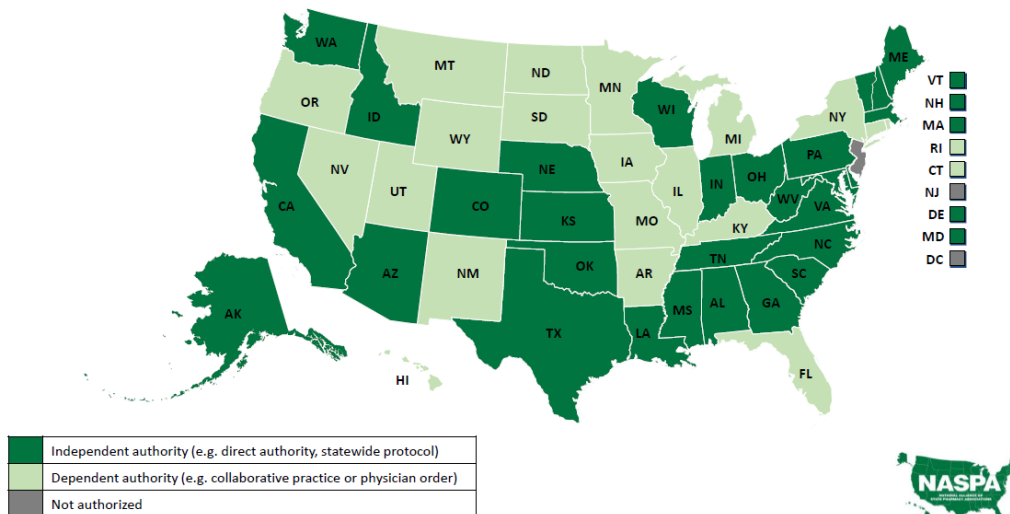


*Beyond immunizations



Pharmacist Authority to Administer Long-Acting Injectable Antipsychotic Medications

Based on data collected by NASPA (updated May 2024)



1575 W. Horizon Ridge Pkwy #530792
Henderson, NV 89012
702-714-1931
info@nevadapharmacyalliance.com



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State	Citations for Pharmacist Authority to Administer Long-Acting Injectable Antipsychotic Medications
Alabama	Ala. Code § 34-23-1 (5),680-X-2-.46
Alaska	12 AAC 52.992,12 AAC 52.994,AS § 08.80.030,AS § 17.20.085,Alaska Stat. § 08.80.480 (30)
Arizona	A.R.S. 32-1901(79)
California	BPC § 4052,BPC § 4052.2
Colorado	CRS 12-280-103 (39)
Delaware	24 Del. C. § 2502 (23),9 DE Reg. 1253 Section 14.0
District of Columbia	D.C. Code § 3-1201.02
Georgia	O.C.G.A. § 26-4-4
Idaho	54-1705-46,IDAPA 24.36.01.100,54-1733D
Indiana	856 IAC 4,Burns Ind. Code Ann. Title 25, Art. 26, Ch. 25
Kansas	K.S.A. § 65-1626a,K.S.A. § 65-16,127
Louisiana	LAC 46:LIII.521,La. R.S. § 37:1218
Maine	32 M.R.S. § 13831,32 M.R.S. § 13832,32 M.R.S. § 13833,32 M.R.S. § 13834,32 M.R.S. § 13835,32 M.R.S. § 13826,CMR 02-392-004A
Maryland	Md. Code, Health Occ. § 12-509
Massachusetts	105 CMR 700.001 ,247 CMR 8.02
Mississippi	Miss. Code Ann. § 73-21-73 (dd),CMSR 30-030-3001 (61)
Nebraska	NRS 38-2837
New Hampshire	RSA 318:5-a,RSA 318:1,Chapter Ph 1300
North Carolina	N.C. Gen. Stat. § 90-85.15B,21 N.C.A.C. 46.2507,21 N.C.A.C. 46.2514
Ohio	ORC 4729.01 (B)
Oklahoma	Okla. St. 59-8-353.1 (38),59 Okl. St. 353.30
Pennsylvania	63 P.S. § 390-2 (11),63 P.S. § 390-2 (16),2024 Act 77 (HB 1993),63 P.S. § 390-2 (14)
South Carolina	S.C. Code Ann. § 40-43-30 (49)
Tennessee	Tenn. Code Ann. § 63-10-204 (38),Tenn. Code Ann. § 63-10-204 (39)
Texas	551.001 (33)
Vermont	26 V.S.A. § 2023
Virginia	§ 54.1-3303.1.
Washington	RCW 18.64.011 (28),WAC 246-945-315
West Virginia	W. Va. Code § 30-5-10
Wisconsin	Wis. Stat. § 450.035,Wis. Adm. Code Phar 7.13

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