



To: Dr. B. Eliot Cole, MD, MPA
From: Ken Kunke, PharmD
Date: October 16, 2024
Subject: Response to Concerns on Nevada Pharmacy Alliance Proposal

Dear Dr. Cole,

Thank you for sharing your concerns in the memorandum regarding the Nevada Pharmacy Alliance's proposal to expand the scope of pharmacists' licensure. While I understand your concerns, I believe it is essential to clarify the true intent of the proposal and to highlight how similar measures have been successfully implemented in other states. The goal is to improve access to care while maintaining high standards of patient safety and quality.

Purpose

The purpose of this proposal is to authorize pharmacists to practice to the full extent of their education and training by prescribing **low-risk medications** to patients. Pharmacists are highly trained in pharmacology and patient care, and this proposal focuses on allowing them to apply that knowledge in a way that improves patient access, particularly for minor, self-limiting conditions that do not require extensive diagnostic workups.

Practice of Pharmacy

Under the proposal, the **Practice of Pharmacy** includes the authority for pharmacists to prescribe:

1. **Drugs, drug categories, or devices** that are prescribed in accordance with the product's FDA-approved labeling, and are limited to conditions that:
 - **Do not require a new diagnosis;**
 - **Are minor and generally self-limiting;**
 - Have a test that is used to guide diagnosis or clinical decision-making and is waived under the federal Clinical Laboratory Improvement Amendments (CLIA) of 1988; or
 - In the professional judgment of the pharmacist, are **patient emergencies**.

This framework ensures that pharmacists prescribe only within defined, low-risk parameters. The conditions targeted are those that can be safely managed based on established guidelines, enhancing care accessibility without compromising quality or safety.

States with Existing Pharmacist Prescribing Authority

It is important to note that **Nevada is not alone** in considering such an expansion of pharmacist practice. Many states have already successfully implemented similar models. For example:

- Colorado – [2021 CO SB 21-094](#)
- Idaho – [2019 HB 182](#) – Revised [2020 HB 316](#)
- Iowa - Iowa – [2024 HF 555](#)
- Thirteen other states are allowed to use CLIA-Waived tests and treat based on the results (we will provide these states in a separate PDF).

Addressing Your Concerns:

1. Pharmacists' Education and Training

Pharmacists undergo years of education and training, including a focus on drug interactions, pharmacotherapy, and patient care. The conditions they would be prescribing for under this proposal are well within their scope of expertise. The proposal specifically limits prescribing to situations where diagnosis is already established or unnecessary, and pharmacists are trained to recognize when a referral to a physician is warranted. This ensures that patient safety remains a priority while allowing pharmacists to use their skills more effectively.

2. Improving Access to Care

Access to healthcare in Nevada is a significant issue, particularly in rural areas. By enabling pharmacists to prescribe for conditions that are **minor and self-limiting**, patients can receive timely care without needing to visit a physician for every issue. Pharmacists are often the most accessible healthcare

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providers in these regions, and this proposal allows them to alleviate pressure on overburdened healthcare systems by handling low-risk cases. This increases care access without reducing the quality of medical oversight.

3. **Maintaining Standards of Care**

The proposed expansion does not lower the standards of care. It enhances the healthcare team's ability to meet patient needs by ensuring pharmacists are working within their training. Conditions that fall within the proposal are limited to those that are **minor, self-limiting**, or that involve **emergency situations** where quick action can prevent further harm. Pharmacists are already well-versed in managing such conditions and adhering to clinical guidelines. By incorporating CLIA-waived tests and following FDA-approved labeling, pharmacists will continue to uphold high standards of care while expanding their role in patient management.

4. **Patient Safety and Emergency Situations**

The proposal ensures that pharmacists are prepared to handle patient emergencies when necessary. In these cases, the pharmacist's professional judgment will guide the prescribing of medications that can stabilize the patient until further care is available. The proposal emphasizes patient safety by allowing pharmacists to intervene in situations where immediate treatment is needed, particularly when access to physicians is limited.

The expansion of pharmacists' prescribing authority, as outlined, is a balanced and thoughtful approach to addressing Nevada's healthcare needs. Many states have successfully implemented similar measures. By allowing pharmacists to prescribe for low-risk, well-defined conditions, this proposal improves access to care without compromising patient safety or the quality of care.

Pharmacists are highly trained professionals who can play a critical role in managing patient care within these specific boundaries, thereby helping to alleviate some of the burdens faced by physicians and the broader healthcare system.

Thank you for engaging in this important discussion. I hope this letter helps clarify the intent and safety measures built into the proposal. Together, we can ensure that all Nevadans receive the care they need, when they need it, without unnecessary delays.

Sincerely,

Ken Kunke, PharmD

Executive Director, Nevada Pharmacy Alliance

Additional Notes:

- Pharmacists must complete a minimum of 8-hours of training to be in compliance with federal laws to assess and treat Opioid-Use Disorder (OUD). This is a federal mandate.
- There is a mention that this proposal will affect the way that Pharmacy Benefit Managers (PBMs) operate. Formulary and step-therapy are determined between PBMs and insurers. That is a separate process that this proposal doesn't affect.
- Additional references can be found in the PDF titled, "Background Information and References – Suggestions for Pharmacy Patient Care" that will be submitted to the PPC.

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