Pharmacist Scope of Practice Sunrise
Follow Up Questions/Requests on Applicant Report

Questions:

- The applicant report states "Pharmacists are very willing to help with Washington's top preventative care needs, however they are limited by a lack of willing independent prescribers"

  Have you considered alternatives to a scope expansion, such as legislation to prevent corporate employers from precluding their providers from participating in CDTAs with outside pharmacists?

  WSPA Reply: The pharmacy profession has explored and even adopted alternative methods over the years. However, legislation aimed at preventing employers from restricting participation in CDTAs is unlikely to be successful or feasible due to liability concerns. Most employed physicians are covered under their employer's liability insurance. While a pharmacy's liability insurance may extend to a physician serving as a medical director, employers often prohibit outside contracts out of an abundance of caution, as such agreements could potentially affect their liability coverage.

  Pharmacists have pursued a diverse range of physicians to address the shortage of providers willing to sign collaborative agreements. This has led to situations where out-of-state physicians, licensed in Washington, have signed agreements with numerous pharmacies, often turning this practice into a business. In many of these situations, the physicians provide little to no oversight or guidance. Since pharmacists rely on their own professional judgement and education when prescribing, the WSPA concludes that granting independent prescribing under a pharmacist's license would be the most appropriate solution.

- The applicant report states "Pharmacists with expanded prescriptive authority without the administrative limitations and barriers of CDTAs can help to fill the primary care shortages by treating minor ailments (e.g., strep throat, urinary tract infections, and dog bites)"

  How would a pharmacist diagnose someone, such as strep throat vs another ailment causing the sore throat that may require different treatment? Neither the current statute nor the proposed bill would allow a pharmacist to diagnose without a CDTA. If a patient presents to a pharmacy with an issue, how does diagnosis occur if the patient has not seen a provider authorized to diagnose?

  WSPA Reply: The Attorney General's opinion "Practice of Pharmacy Under Collaborative Drug Therapy Agreements," affirmed that a pharmacist may be delegated the authority to diagnose certain conditions through collaborative practice agreements when integral to initiating a medication. In practice, pharmacists commonly diagnose specific conditions when recommending over-the-counter therapies, identifying drug-drug interactions, adjusting a dose that is too high or too low, or recognizing drug side effects. Additionally, pharmacists routinely use CLIA-waived tests and lab results to address patient's needs, as demonstrated by their role in administering COVID-19 tests during the pandemic. While this

may not constitute a full differential diagnosis, it represents pharmacist's abilities exist along a spectrum of diagnostic capabilities.

Pharmacists are qualified to treat conditions they are trained and educated to identify, whether through patient evaluation or a medical record review. Certifications and Training Programs, such as WSPA's Clinical Community Pharmacist, and NASPA's Point of Care Testing, equip pharmacists to diagnose and manage minor and self-limiting conditions. Recognizing a pharmacist's ability to diagnose within scope of their education, training, and experience may need to be addressed in upcoming legislation to prevent unnecessary practice restrictions and ensure continued access to care.

- What specific "administrative limitations and barriers of CDTAs" exist? The applicant report only discusses difficulty in finding an authorized provider to sign a CDTA.

  WSPA Reply: Managing and updating CDTAs poses significant administrative burdens. Each time a pharmacist is hired or leaves a position, agreements must be re-signed and re-filed with the Washington Pharmacy Quality Assurance Commission. Additionally, updates to guidelines, new medications, or vaccines also require amendments to CDTAs, requiring them to be resigned and refiled once again. In 2018, the Pharmacy Commission reported having over 33,000 CDTAs on file, despite there being just over 9,000 pharmacists in Washington State. This is a significant administrative burden to maintain.

  Maintaining CDTAs demands significant administrative effort, diverting valuable time away from clinical care and the review of practice guidelines. Many CDTAs are vague, relying on pharmacists' professional judgment and providing minimal guidance or oversight – guidance that could be more effectively addressed through workplace protocols or privileging systems. Allowing pharmacists to prescribe independently of CDTAs would alleviate these burdens, streamline processes, and enhance the efficiency of care delivery.

  The need to eliminate barriers to pharmacy practice is emphasized in both the National Governors' Association (NGA) paper *"The Expanding Role of Pharmacists in a Transformed Health Care System"* and the Centers for Disease Control and Prevention's *Preventing Chronic Disease* paper, *"Pharmacy Contributions to Improved Population Health: Expanding the Public Health Roundtable."* The NGA paper highlights that "The integration of pharmacists into team-based models of care could potentially lead to improved health outcomes. To realize that prospect, states should consider engaging in coordinated efforts to address the greatest challenges pharmacists face: restrictions in CPAs, recognition of pharmacists as health care providers to ensure compensation for direct patient care services, and access to health IT systems."

  CPAs, or collaborative practice agreements, are the nationally recognized term for CDTAs. In Washington, pharmacists have been compensated for direct patient care since 2016. Pharmacists in health systems already have access to medical records, and an increasing number of community pharmacies are adopting electronic medical records to facilitate interprofessional communication. Additionally, One Health Port enables pharmacy systems to access the health information exchange.

  The primary remaining barrier to practice is the restrictions imposed by CDTAs. We request the Department of Health to support efforts to address this challenge and further empower

pharmacists to deliver comprehensive care.

- Do you have more details on what pharmacists are currently doing under CDTAs?

  WSPA Reply: In 2018, the Pharmacy Commission reported that 33,000 CDTAs had been filed with the Pharmacy Quality Assurance Commission (PQAC). The scope of prescribing activities is as diverse as medical practice itself in Washington State. Pharmacists typically initiate, modify, or discontinue medications as appropriate to their setting.

  Inpatient Setting: pharmacists initiate, modify, and discontinue medications. Their responsibilities often include prescribing different medications based on he health system's formulary, weight-based dosing, adjustments based on renal or hepatic function and managing medications for emergency response. Specific examples include prescribing and dosing pain pumps and pain medication, as well as managing anticoagulants, antibiotics, antiepileptics, oncologic agents, total parenteral nutrition, antipsychotics, and specialty medications.

  Ambulatory Care Clinic Settings: Prescribing in this setting is heavily influenced by the pharmacist's practice setting. In primary care clinics, pharmacists often manage panels of patients with chronic illnesses, prescribing medications such as antihypertensives, cardiovascular drugs, antidepressants, diabetes treatments, asthma and COPD therapies, smoking cessation aids, ADHD medications, chronic pain, hepatitis C therapies, gender-affirming treatments, medications for addiction, and other medications. In specialty clinics, pharmacists may focus on prescribing antipsychotics, neurological medications for conditions such as multiple sclerosis, movement disorders, migraines, and epilepsy, as well as oncologic agents, treatments for side effects, transplant medications, and therapies for gastrointestinal conditions, etc.

  Community Settings: Pharmacists in community pharmacies routinely prescribe immunizations, HIV prevention infection therapies, travel medications and vaccines, treatments for respiratory illnesses, and therapies for minor ailments such as uncomplicated urinary tract infections, yeast infections, insect stings, small burns, and other conditions. They may also perform TB screening, manage refills, and address a variety of other conditions.

  Long Term Care Settings: Pharmacists in LTC settings play a vital role in managing chronic illnesses, prescribing medications, refilling prescriptions, and addressing behavioral health conditions to support patient well-being. Sample CDTAs are included in the accompanying Collaborative Drug Therapy packet.

Please provide the following:

- Course syllabi for University of Washington and Washington State University pharmacy schools.

WSPA Reply: The universities provided course syllabi for the classes most related to disease and therapy instruction, which are included in the UW and WSU packets. Additional instruction is provided in a variety of topics including medicinal chemistry, pharmacokinetics, pharmacology, but was not included to aid reviewers.

- What evidence you have to support the statements:
    - "Pharmacists have safely prescribed medications to Washington patients for 45 years with an exceptionally low number of incidents reported to the Pharmacy Commission."

      WSPA Reply: Discussions with former Board of Pharmacy members and retired Executive Directors confirm an exceptionally low incidence of prescribing-related issues over the past 45 years. One notable case in the 2010s involved a physician misprescribing opioids, with a pharmacist cited for authorizing refills. This pharmacist retained their license, and no evidence of patient harm was linked to their prescribing actions. Additionally, Physician's Insurance, a major liability carrier, reported no claims associated with CDTAs.
    - "At the same time, greater engagement of the expertise, training, and attention to medication safety and efficacy by pharmacists in all settings of care through enhanced prescribing should enhance the care process in support of disease prevention and management."

      WSPA Reply: Numerous studies and reports demonstrate pharmacists' ability to enhance patient care outcomes safely. Provided in the Evidence for Pharmacist Provided care PDF Papers Summarizing Findings, and a few recent peer reviewed studies.
        - Akers, J. M., Miller, J. C., Seignemartin, B., MacLean, L., Mandal, B., & Kogan, C. (2024). Expanding access to patient care in community pharmacies for minor illnesses in Washington State. *ClinicoEconomics and Outcomes Research, 16*(1), 233–246. https://doi.org/10.2147/CEOR.S452743
        - Cicero Institute. (2024). *Toward pharmacist full practice authority*. Retrieved from https://ciceroinstitute.org/wp-content/uploads/2024/11/Toward-Pharmacist-Full-Practice-Authority-11-1-2024.pdf
        - Dixon DL, Johnston K, Patterson J, Marra CA, Tsuyuki RT. Cost-Effectiveness of Pharmacist Prescribing for Managing Hypertension in the United States. *JAMA Netw Open.* 2023;6(11):e2341408. doi:10.1001/jamanetworkopen.2023.41408
        - Centers for Disease Control and Prevention. (2020). Pharmacy contributions to improved population health: Expanding the public health roundtable. *Preventing Chronic Disease, 17*, E113. https://www.cdc.gov/pcd/issues/2020/20_0350.htm:contentReference[oaicite:0]{index=0}:contentReference[oaicite:1]{index=1}.
        - Mercuro NJ, Medler CJ, Kenney RM, et al. Pharmacist-Driven Transitions of Care Practice Model for Prescribing Oral Antimicrobials at Hospital Discharge. *JAMA Netw Open.* 2022;5(5):e2211331. doi:10.1001/jamanetworkopen.2022.11331
        - The American Pharmacists Association. Pharmacist-delivered Patient Care Services Evidence Examples. 2016.

- Avalere Health. (2014). *Exploring pharmacists' role in a changing healthcare environment*. Avalere Health LLC. Retrieved from https://avalerehealth.net
- National Governors Association. (2015). *The expanding role of pharmacists in a transformed health care system*. National Governors Association. https://www.nga.org
- Effects of pharmacist prescribing on patient outcomes in the hospital setting: a systematic review. Poh EW, McArthur A, Stephenson M, Roughead EE.JBI Database System Rev Implement Rep. 2018 Sep;16(9):1823-1873. doi: 10.11124/JBISRIR-2017-003697.PMID: 30204671
- Giberson, S., Yoder, S., & Lee, M. P. (2011). Improving Patient and Health System Outcomes through Advanced Pharmacy Practice: *A report to the U.S. Surgeon General*. U.S. Public Health Service

- Details on what expanded prescriptive authority looks like in Idaho, Montana, Colorado, and Iowa. (The applicant report mentions states that have implemented expanded prescribing: Idaho in 2018, Montana and Colorado in 2023, and Iowa in 2024.)
  WSPA Reply: Pharmacists in Idaho, Montana, Colorado, and Iowa practice similarly to those in Washington, but with fewer barriers. Protocols and training standards guide community pharmacy practice, while health systems and ambulatory care clinics continue to optimize prescribing processes. Examples include:
  Idaho: Pharmacists prescribe independently, leveraging their education, training and experience. Their scope includes prescribing for minor illnesses and chronic disease management. In a 2020 letter printed in MDPI, A. Adams describes practice developments that were shaped by earlier legislation, which was more restrictive prior to changes in 2013. J. Adams presented a review of early considerations related to pharmacist independent prescribing and the College of Pharmacy's efforts to support practice.
  Iowa: Pharmacists are authorized to prescribe independently, utilizing their expertise to optimize patient care, including interchanging medications to align with pharmacy benefit formularies. The Association is helping pharmacists to understand expectations and adapting practices to support patient care. To aid this transition, IPA has put together a summary and FAQ addressing the recent law changes enabling pharmacist independent prescribing.
  Montana: Pharmacists prescribe for minor and self-limiting conditions, addressing rural provider shortages. Their pharmacy association summarized their law in a 2023 Newsletter, and the Board of Pharmacy Presented a Review as well. Montana pharmacists can now prescribe for minor and self-limiting conditions. This is especially helpful in the counties that do not have primary care providers. Washington pharmacists also offer these services, when they can find a CDTA partner.
  Colorado: Independent prescribing by Colorado pharmacists is similar to Montana practice. It is summarized by the Colorado Pharmacists Society.

  Tennessee: Pharmacists can now prescribe for many drug classes and disease states based on a law passed in 2023. This has reduced administrative barriers to increasing access to care in their state.
  Many additional states permit pharmacists to prescribe specific classes of medications for certain conditions or preventative care. These states include, but are not limited to, Delaware, California, Florida, Oregon, etc. Independent prescribing most often includes pre

and post exposure prophylaxis, hormonal contraception, fluoride, naloxone, travel medicine, treatments for respiratory illnesses, and other preventative therapies.

- A copy of the presentation cited in the applicant report: "Bacci J, English C. Prescribing Change: Shaping Tomorrow's Pharmacy Workforce in Washington State. Lecture presented at: Washington State Pharmacy Association Annual Meeting; November 4, 2023; Cle Elum, WA"

  Provided.

- A copy of the study cited in footnote #14.

  This study is included as the first paper in the included Evidence PDF.
  Akers, J. M., Miller, J. C., Seignemartin, B., MacLean, L., Mandal, B., & Kogan, C. (2024). Expanding access to patient care in community pharmacies for minor illnesses in Washington State. *ClinicoEconomics and Outcomes Research, 16*(1), 233–246. https://doi.org/10.2147/CEOR.S452743