

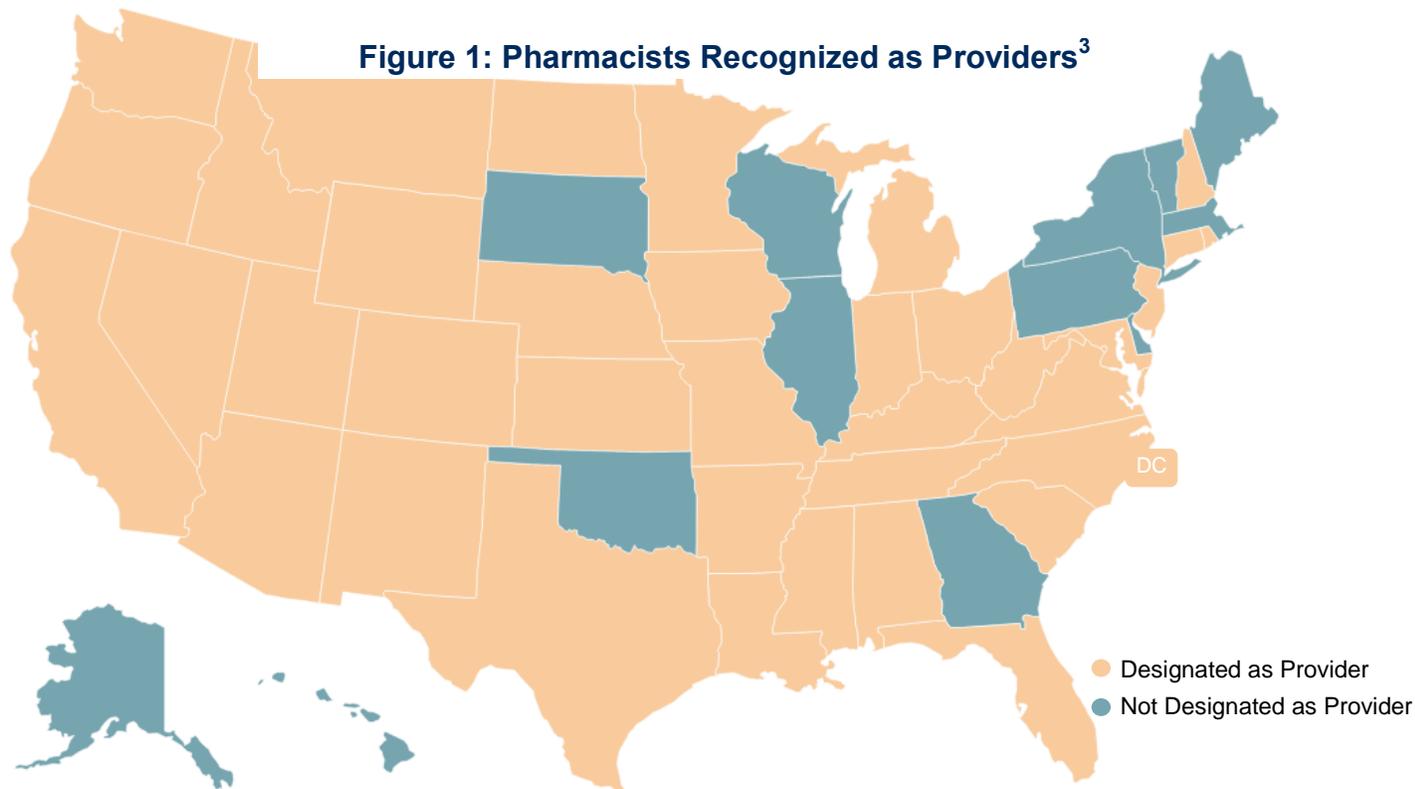
State Approaches to Scope of Practice

PHARMACIST PROVIDER DESIGNATION AND PAYMENT

January 2015

Pharmacists are subject to licensure and certification laws that vary in each state. A key distinction among states is whether laws recognize pharmacists as health care providers (Figure 1) in addition to their roles as dispensers of pharmaceuticals. This recognition allows pharmacists to directly bill a third-party payer for medication therapy management and, depending on the state, potentially provide some direct care services to patients.

- **Designated as provider**—Thirty-seven states and the District of Columbia¹ recognize pharmacists as providers in at least one element of their Medicaid program or within state statute. In Arkansas, the designation exists within state statute but not within the Medicaid program. The breadth of the designation varies widely from state to state.
- **Not designated as provider**—Thirteen states² do not recognize pharmacists as providers within their Medicaid program or by state statute.



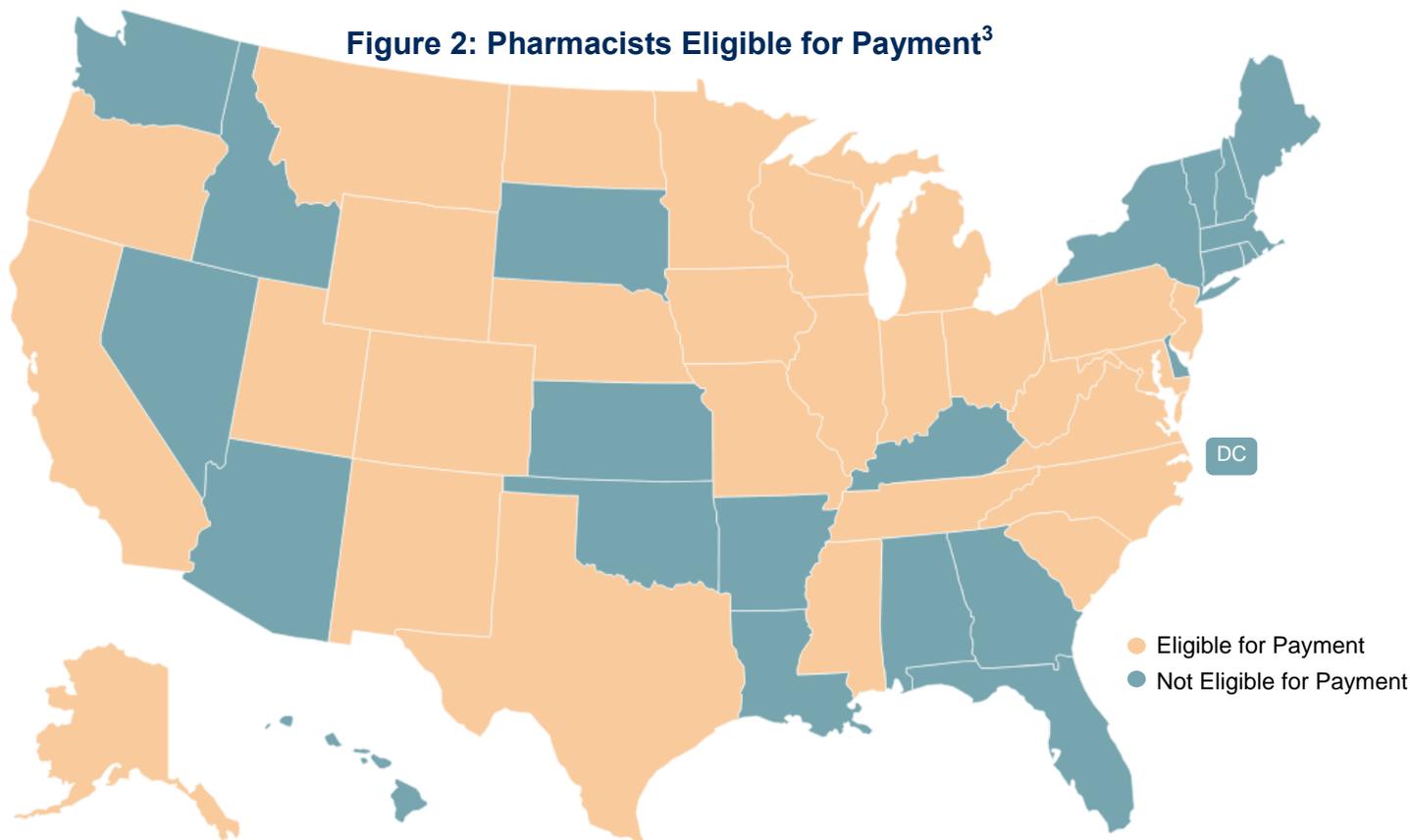
¹ Alabama, Arizona, Arkansas, California, Colorado, Connecticut, District of Columbia, Florida, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oregon, Rhode Island, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, and Wyoming.

² Alaska, Delaware, Georgia, Hawaii, Illinois, Maine, Massachusetts, New York, Oklahoma, Pennsylvania, South Dakota, Vermont, and Wisconsin.

³ Research for these maps was done by the National Alliance for State Pharmacy Associations (NASPA) and published by the American Pharmacists Association. <http://www.pharmacist.com/naspa-finds-state-level-provider-status-widespread-not-necessarily-linked-payment>. Accessed January 12, 2015.

Another distinction among states is pharmacists' ability to be paid for certain services, which each state determines irrespective of recognition of pharmacists as providers (Figure 2). Some states permit pharmacists to be paid by Medicaid for specific patient care services. The types and range of billable services differ among states that allow pharmacists to be eligible for payment.⁴

- **Eligible for payment**—Twenty-eight states⁵ permit pharmacists to be paid for targeted patient care services, irrespective of their status as recognized providers. Eligibility for payment does not necessarily indicate that pharmacists are set up for payment by private or public payers.
- **Not eligible for payment**—Twenty-two states and the District of Columbia⁶ do not permit pharmacists to be paid for patient care services.



⁴ While the underlying research for this map attempted to provide comprehensive analysis of all contracts between pharmacists and private payers for patient care services, communications with NASPA staff indicate that there are payment programs by private payers in states that are not represented here. Additionally, NASPA staff indicated that Washington Medicaid managed care organizations will be covering comprehensive medication management by pharmacists beginning this year.

⁵ Alaska, California, Colorado, Illinois, Indiana, Iowa, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming.

⁶ Alabama, Arizona, Arkansas, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Nevada, New Hampshire, New York, Oklahoma, Rhode Island, South Dakota, Vermont, and Washington. NASPA staff indicated that Kansas and Kentucky have authorized payment programs since the publication of this research.