

RxLegal

A Step Forward: Review of the New California Provider Status Law

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On October 1, 2013, California Governor Jerry Brown signed a bill into law that provides provider status to pharmacists.¹ This landmark legislation significantly expands the role of pharmacists as health care providers in California. Technically, this law went into effect on January 1, 2014; however, some pieces of the legislation require the California State Board of Pharmacy to adopt new regulations before full implementation.^{2,3} It is hoped that most of these provisions will be fully approved by the end of 2014.²

The California Provider Status Law states that “pharmacists are healthcare providers who have the authority to provide healthcare services.”^{1,4} This statement alone could have a major impact on practice and payment models for pharmacists. Beyond this aspect, the bill authorizes all licensed pharmacists to participate in a number of activities including the following^{2,3}:

- Administration of medications and biologics to patients when ordered by a prescriber. Prior to this legislation, pharmacists were allowed to administer medications via topical and oral routes only. This bill expands approved administration routes to include by injection, among others.
- Provision of consultation, training, and education about drug therapy, disease management, and disease prevention.
- Participation in a multidisciplinary review of a patient’s health progress including pharmacist’s access to health information/medical records.
- Dispensing of self-administered hormonal contraceptives pursuant to an approved statewide protocol.
- Dispensing of travel medications not requiring a diagnosis, per Centers for Disease Control and Prevention (CDC) recommendations.

- Dispensing of prescription nicotine replacement products pursuant to an approved statewide protocol. Specific training, certification, recordkeeping, and notification requirements must be met.
- Independent immunization of patients 3 years of age and older with maintenance of specific training, certification, recordkeeping, and reporting requirements as well. For patients younger than 3 years of age, a physician protocol is still required.
- Ordering and interpretation of appropriate tests for drug therapy monitoring in conjunction with a primary care provider or prescribing health care provider.

The legislation also establishes an Advanced Practice Pharmacist (APP).^{2,4} Under the law, APPs are authorized to complete patient assessments; order and interpret tests for the appropriate monitoring of medication therapy (in conjunction with the prescriber); refer patients to other health care providers; initiate, modify, and discontinue medications (pursuant to a prescriber’s order and in coordination with an established protocol); and participate in a multidisciplinary approach to the evaluation and management of diseases and health conditions. Pharmacists who wish to receive APP status must complete 2 of the following 3 criteria: a postgraduate residency program, certification in a relevant area of pharmacy practice (ie, pharmacotherapy, ambulatory care, oncology, etc), or provision of clinical services for at least 1 year under a collaborative practice agreement or protocol with a physician, APP pharmacist, collaborative drug therapy management pharmacist, or health system.³

Although a few other states, namely Montana and Washington, already recognize pharmacists as health care providers, the passage of this bill is notable due to the size of California and the number of patients, pharmacists, and other health care provid-

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ers who are directly affected.⁵ In California, millions of previously uninsured individuals now have health insurance under the Affordable Care Act. This, along with an aging population and a significant shortage of primary care providers, helped to push this bill through the California legislature.⁴ Initially, the California Medical Association opposed the legislation due to patient safety concerns; however, once the Association was informed that many pharmacists already perform the clinical activities within the bill, outright opposition diminished.⁵

Passage of provider status in California goes hand-in-hand with a push for federal legislation currently being undertaken by various national pharmacy organizations including the American College of Clinical Pharmacy (ACCP), American Society of Health-System Pharmacists (ASHP), and the American Pharmacists Association (APhA). These organizations realize the importance of recognizing pharmacists as health care providers for patients and the health care system. The California Provider Status Law is another step forward in the battle for this recognition.

REFERENCES

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