Issue 1: Provider Status

Currently, pharmacists are allowed to charge for the medication they dispense, not time spent on consultations. Today a large part of pharmacists’ time is spent consulting and advising patients on their medications. The American Pharmacists Association (APhA) is urging legislators to pass laws that will reclassify pharmacists as healthcare providers. This will allow pharmacists to charge for their consulting services and play a more active role in patient care.

Questions to Consider:

• How will provider status change the quality of care patients receive from pharmacists?
• Will provider status change pharmacy education drastically?
• Will provider status impact how pharmacists are viewed by the public and other healthcare professionals?
• Will provider status help to alleviate the primary care provider shortage in the United States?
Issue 2: Medical Marijuana

Each year more states are legalizing the use of medical marijuana. It is considered a medication and requires a physician’s prescription, but in most states medical marijuana is not being dispensed by pharmacists. Dispensaries, specifically authorized to sell medical marijuana, are dispensing the product. There is debate in the pharmacy community about the role of pharmacists in dispensing the product. Many believe medical marijuana should be classified as a prescription medication and dispensed by pharmacies. Others want clearer classification by the FDA or more research conducted.

Questions to Consider:

- Should pharmacists have any control over the dispensing of marijuana?
- How could pharmacists deal with the wide number of strains of marijuana found in a typical dispensary?
- Do pharmacists have an obligation to provide this medication if their state says it is legal but the federal government says it is not?
- How can pharmacists play a role in assuring that medical marijuana does not become recreational marijuana? Should they?

Issue 3: The Pharmacist’s Role in Combating Opioid Abuse

Opioid abuse is at epidemic proportions in the United States. In addition to illegal opioids, such as heroin, many people are addicted to prescription opioids, such as hydrocodone, which are prescribed by physicians. Since pharmacists are on the ‘front line’ by dispensing these prescription medications often they are being enlisted to help fight opioid abuse.

Questions to Consider:

- What can pharmacists do to help alleviate the opioid epidemic in America?
- Do pharmacists have an ethical obligation to intervene in this issue?
- Should pharmacists be allowed to deny a patient with a valid prescription access to opioid medications if they believe they will abuse them?
- In some states, pharmacists can dispense, without a physician’s approval, a medication called Naloxone which helps counteract an opioid overdose. Is this a good idea or does it set a dangerous precedent?

Issue 4: Collaborative Practice Agreements

In some states, pharmacists have agreements with physicians to dispense prescription medications (for selected disease states) without a prescription from the physician. Examples include administering vaccinations and dispensing antibiotics-after conducting a diagnostic test. The issue is the lack of consistency across the United States. Not all states allow the agreements and the rules vary among the states that do allow the agreements.

Questions to Consider:

- How much freedom should pharmacists have in collaborative practice agreements?
- Should this issue be left up to states to decide as they do now or should the federal government pass legislation standardizing this practice?
- Who should be liable if a pharmacist makes a medical mistake under a collaborative agreement with a physician?
- How can we prevent these agreements from turning into a proverbial rubber stamp where the physician does not actually have any oversight of pharmacists working under them?