

VOTE 'YES'

Expanding Access to Pharmacist-Provided Care

WHAT SB 2242/HB 2557 WILL DO

- Creates a standard-of-care framework for pharmacist clinical services, replacing piecemeal rules with outcome-focused accountability, while enabling:
 - Drug administration (e.g., vaccines, long-acting injectables)
 - Laboratory testing (ordering/interpreting CLIA-waived tests to guide treatment)
 - Independent prescribing within competency for specified acute, preventive, and maintenance scenarios
- Supports competency-based privileges and clear documentation and care-team communication expectations

Doing so would improve efficiencies to healthcare delivery and increase access to healthcare and health outcomes of Tennesseans statewide.



WHY PHARMACISTS

- Pharmacists are doctorate-trained, ACPE-accredited, and NAPLEX-licensed to assess, diagnose, prescribe within their competency, and monitor many conditions, improving patient care and system efficiency.
- States adopting a medical “standard of care” model have safely enabled pharmacist services, including drug administration, lab testing, and independent prescribing, without prescriptive microrules.
- Cicero Institute’s 2025 scoring shows five states (Idaho, Indiana, Iowa, Montana, Colorado) already grant full pharmacist practice authority across three core domains, demonstrating feasibility for broader rural access gains.

WHY THIS MATTERS

- Expanding pharmacist-provided care is central to the **Governor’s Rural Health Transformation Program** and helps close gaps in rural and underserved areas.
- Nearly one in three Americans lack a primary care provider, and many live in shortage areas.
- Almost 90% of Americans live within five miles of a pharmacy, making pharmacists highly accessible and trusted for common care needs.

SB 2242/HB 2557 will bring efficiency, reduce the administrative burden on other healthcare providers, and maximize the knowledge, skills, and training of the most accessible healthcare professional—your local pharmacist.