


















Overview of State-Based Pharmacist Authority



State Test and Treat Authority Statute and Code	Additional Requirements (if applicable)	Information on Payers and/or Credentialing (if applicable)	Additional Resources
 Alabama Population-based CPA Code of Ala. § 34-23-77 Ala. Admin. Code r. 680-X-2-.44	Documentation of POCT training required by BOP.	Cash pay only.	Collaborative Practice Agreement Submission: Standard Protocol
 Arkansas Statewide protocol AR Code § 17-92-101	N/A	Arkansas BC/BS – Each pharmacist who provides services must be credentialed. Pharmacist Prescribing & Medical Billing Resource Guide	Statewide Protocol for Treating Strep
 Colorado Independent prescriptive authority C.R.S. 12-280-103	To bill Medicaid, services must be provided as part of a CPA or statewide protocol. Pharmacists practicing under CDTM protocols must also meet one of the following qualifications: Proof of completion of a pharmacy residency accredited by ASHP; or 1 year of practice experience in pharmacotherapy and 40 hours of on-site supervised clinical practice and training; or a certificate program accredited by ACPE and 40 hours of on-site supervised clinical practice and training or at least 40 hours of ACPE-approved CE and 40 hours of on-site supervised clinical practice and training; or board specialty certification from the Board of Pharmaceutical Societies.	Medicaid – Must be part of a CPA or statewide protocol. Colorado Medicaid Pharmacist Services Billing Manual – see Diagnostic Testing section. Commercial – mandated coverage under HB 18-1112 if the services are provided in a health professional shortage area . Pharmacists must be credentialed and payment must be negotiated on a contract-specific basis.	Colorado Pharmacists Society: Colorado Provider Status and Payment for Services Colorado Pharmacist Services Billing Guide
 Delaware Statewide protocol 24 Del. C. § 2525	N/A	SB 272 signed September 24, 2024, mandates that Medicaid and all commercial insurers cover all services within a pharmacist's state scope of practice. State of Delaware Provider Enrollment Application	
 Florida Population-based CPA Fla. Stat. § 465.1895	Pharmacists must hold a certification issued by the BOP; complete, on a one-time basis, a 20-hour education course approved by the BOP in consultation with the Board of Medicine and the Board of Osteopathic Medicine. The course, at a minimum, must address patient assessments; POCT procedures; safe and effective treatment of minor, nonchronic health conditions; and identification of contraindications.	Cash pay only.	Pharmacist Test and Treat Certification APhA Pharmacy-Based Test and Treat Certificate Training Program
 Idaho Independent prescriptive authority IDAPA 24.36.01 IDAPA 24.36.01.350	Pharmacists may only prescribe drugs or devices for conditions for which they are educationally prepared and for which competence has been achieved and maintained.	Medicaid – Idaho Medicaid Provider Handbook General Information and Requirements for Providers	ISHP Pharmacist Prescribing Resource Center Idaho State University & ISHP Course: Introduction to Medical Reimbursement and E&M Coding for Pharmacy Services

State Test and Treat Authority Statute and Code	Additional Requirements (if applicable)	Information on Payers and/or Credentialing (if applicable)	Additional Resources
 Illinois Independent prescriptive authority 225 ILCS 85/3	N/A	SB3268 signed June 14, 2024, mandates reimbursement for services under health benefit plans. IMPACT: online provider enrollment system	
 Iowa Statewide protocol Iowa Code § 155A Iowa Code § 155A.46	Pharmacists must complete education and training from an ACPE-accredited provider in CLIA-waived POCT techniques appropriate to the test to be used; and complete at least 1 hour of CE during the renewal period for strep test and treat.	Iowa Medicaid – Credentialing required. Medicaid Provider Enrollment	Point-of-Care Test and Treat –Strep A Acute Group A Streptococcal (GAS) Pharyngitis Infection Statewide Protocol Pharmacist Fee Schedule
 Kansas Statewide protocol K.S.A. § 65-16,131	A pharmacist shall receive and document education and training in POCT CLIA-waived techniques appropriate to the test employed by the pharmacy from a provider accredited by ACPE; maintain knowledge of the IDSA's current guidelines for the treatment of acute GAS pharyngitis. Individuals who will be involved with patient specimen collection shall have documented hands-on training for specimen collection, which includes infection control measures.	Kansas Medicaid – Credentialing required. Pharmacist as Provider – Approved Billable Services BC/BS of Kansas – Pharmacist Credentialing Guide Kansas Pharmacists Association – Credentialing, Enrollment, and Contracting	Statewide Protocol for “Test and Treat” Kansas Pharmacists Association – Medical Billing
 Kentucky Population-based CPA 201 KAR 2:220 201 KAR 2:380	Pharmacist(s) must have received education and training in POCT CLIA-waived techniques appropriate to the test employed by the pharmacy from a provider accredited by ACPE, or by a comparable provider approved by the Kentucky Board of Pharmacy. Additionally, pharmacists must maintain knowledge of IDSA's current guidelines for the treatment of GAS pharyngitis.	HB48 established payment parity for pharmacist services by commercial health plans. Anthem BC/BS – Pharmacists interested in enrolling in the network should contact kyp-providercontracting@anthem.com to request an application and seek further guidance. CareSource	Acute Group A Streptococcal (GAS) Pharyngitis Infection Protocol Kentucky Pharmacists Association Medical Billing Workshop
 Michigan Delegation of tasks MCLS § 333.16215 MCLS § 333.17724a	The rules state the training program under this section must require a pharmacist to demonstrate sufficient knowledge of how to administer and interpret each laboratory test that the pharmacist may order or administer under this section and to demonstrate sufficient knowledge of each illness, condition, or disease for which the pharmacist provides treatment based on the results of a qualified laboratory test.	Cash pay only.	

State Test and Treat Authority Statute and Code	Additional Requirements (if applicable)	Information on Payers and/or Credentialing (if applicable)	Additional Resources
 Minnesota Population-based CPA Minn. Stat. § 151.01	N/A	HF 5247 signed May 24, 2024, requires payment for pharmacist-provided services. Minnesota Medicaid – Enrollment with Minnesota Health Care Programs Minnesota Provider Screening and Enrollment portal	
 Montana Independent prescriptive authority 37-7-106, MCA	A pharmacist may prescribe only the drugs or devices for which the pharmacist is educationally prepared and for which competency has been achieved and maintained.	Cash pay only.	
 Nebraska Population-based CPA R.R.S. Neb. § 38-2867.03	N/A	Cash pay only.	
 New Mexico Statewide Protocol N.M. Stat. Ann. § 61-11B-2 N.M. Stat. Ann. § 61-11B-3 N.M. Stat. Ann. § 61-11-30 16.19.26.14 NMAC	Pharmacists must complete a board-approved pharmacist prescriptive authority training course and 2 hours of live ACPE-accredited CE credits in POCT per category of testing and treatment every 2 years. For reimbursement by Medicaid, pharmacists must provide services under a CPA.	HB42 Requires reimbursement for a certified pharmacist clinician or pharmacist certified to provide a prescriptive authority service. Pharmaceutical Service Reimbursement Parity – Reimbursement is made to the supervising provider. OptumRx and UnitedHealthcare Community Plan	
 South Dakota Population-based CPA S.D. Codified Laws § 36-11-19.1	N/A	South Dakota Medicaid Billing and Policy Manual Medicaid Billing Requirements: (1) Strep test should be billed using CPT code 87880 with the QW modifier, indicating a CLIA-waived test. (2) Claims must be submitted on a CMS 1500 claim form, and the physician's order or referral must be included.	
 Tennessee Population-based CPA Tenn. Code Ann. § 63-10-217 Tenn. Comp. R. & Regs. R. 1140-03-.01 Tenn. Comp. R. & Regs. R. 1140-03-.17	Pharmacists engaged in collaborative pharmacy practice are strongly encouraged to complete 10 hours of the biennially required 30 hours of CE in topics related to the clinical practice of pharmacy.	HB405 recognizes pharmacists as billable providers. Tennessee Pharmacists Association – Getting Paid for Your Services – describes the process for credentialing and billing in detail. See section on “Contracting and Enrolling in Payer Provider Networks” for a full list of commercial and Medicaid MCOs that pharmacists can bill.	Tennessee Board of Pharmacy Policy Statement on Preventive Care BC/BS of Tennessee Reimbursement Policy

State Test and Treat Authority Statute and Code	Additional Requirements (if applicable)	Information on Payers and/or Credentialing (if applicable)	Additional Resources
 <p>Utah Population-based CPA Utah Code Ann. § 58-17b-627 U.A.C. R156-17b-611 U.A.C. R156-17b-621</p>	<p>R156-17b-309. Continuing Education</p> <p>A pharmacist who will administer a prescription drug or device shall complete the following appropriate training prior to engaging in administration: topics related to the specific prescription drug or device that will be administered.</p> <p>An individual who engages in the administration of prescription drugs or devices shall: (a) maintain documentation that they obtained their required training; and (b) for each renewal cycle after their initial training, complete at least 2 hours of CE related to their administration of prescription drugs or devices.</p>	Cash pay only	
 <p>Virginia Statewide Protocol Va. Code Ann. § 54.1-3303.1</p>	<p>A pharmacist shall receive and document education and training in POCT CLIA-waived techniques appropriate to the test employed by the pharmacy from a provider accredited by ACPE; maintain knowledge of the current IDSA and CDC guidelines for the treatment of acute GAS pharyngitis. Individuals who will be involved with patient specimen collection shall have documented hands-on training for specimen collection, which includes infection control measures.</p>	<p>SB1538 requires Virginia Medicaid and Medicaid MCOs to reimburse pharmacists for any service provided under a CPA or statewide protocol.</p> <p>See Pharmacists as Providers for step by step instructions for credentialing and contracting.</p>	<p>Virginia Board of Pharmacy – Pharmacist Protocol for Testing and Initiating Treatment for Acute Group A Streptococcus Bacteria Infection</p>
 <p>Washington Population-based CPA WAC § 246-945-350</p>	N/A	<p>WA SB5557 requires Washington Medicaid and commercial payers to reimburse pharmacists for services.</p>	<p>Collaborative Drug Therapy Agreement Review Form</p> <p>Get Started Billing as a Medical Provider</p>
 <p>Wisconsin Population-based CPA Wis. Adm. Code Phar 7.01 Wis. Adm. Code Phar 7.12</p>	N/A	<p>SB98 requires Wisconsin Medicaid to reimburse pharmacists for services.</p> <p>Pharmacist Provider Status FAQ</p> <p>Forward Health Provider Enrollment Information</p>	
 <p>Wyoming Population-based CPA WCWR 059-0001-2</p>	N/A	<p>SF0009 authorized payment for professional services rendered by a licensed pharmacist within Wyoming Medicaid.</p> <p>Medicaid Provider Enrollment & Billing</p>	

Abbreviations: ACPE = Accreditation Council for Pharmacy Education; APhA = American Pharmacists Association; ASHP = American Society of Health-System Pharmacists; BC/BS = Blue Cross/Blue Shield; BOP = Board of Pharmacy; CDC = Centers for Disease Control and Prevention; CDTM = collaborative drug therapy management; CE = continuing education; CLIA = Clinical Laboratory Improvement Amendments; CMS = Centers for Medicare and Medicaid Services; CPA = collaborative practice agreement; E&M = Evaluation and Management; FAQ = frequently asked questions; GAS = group A streptococcal; IDSA = Infectious Diseases Society of America; ISHP = Idaho Society of Health-System Pharmacists; MCO = managed care organization; N/A = not applicable; POCT = point-of-care testing.

Information current as of April 9, 2025.