MINNESOTA'S PHARMACISTS

IMPROVING THE HEALTH OF COMMUNITIES

Pharmacists are essential members of the healthcare team and evidence clearly shows the growing need for pharmacist-provided patient care services. To guarantee equitable access to this vital care, both public and private health plans must cover pharmacists' patient care services.

Learn More!

QUALIFIED

HIGHLY QUALIFIED HEALTHCARE PROVIDERS

EDUCATION

6-8 years of education including pharmacotherapy, disease management, and clinical decision-making

CLINICAL TRAINING

At least 1,740 hours of clinical practice experience focused on high-quality patient care in a variety of healthcare settings

ADDITIONAL TRAINING

Many complete post-graduate residencies, fellowships, and/or board certifications in various specialty areas

All current pharmacy school graduates earn the PharmD degree, a doctorate degree reflecting the advanced pharmacotherapy knowledge and comprehensive patient care training essential for providing high quality pharmacist services, a requirement that has been in place **since 2004**.

ACCESSIBLE

MOST ACCESSIBLE HEALTHCARE PROFESSIONAL

6,250 Pharmacists in Minnesota[1]

8,050 Pharmacy Technicians in Minnesota[1]

89% Americans live within 5 miles of a community pharmacy.[2]

Number of pharmacies is **15% higher** than number of provider's offices in communities where more than 30% of households live in poverty.[3]

PUBLIC HEALTH IMPACT

VITAL TO IMPROVING PUBLIC HEALTH

Approximately 50% of all adults in the U.S. have one or more chronic disease conditions.[4]

Chronic conditions account for over 85% of total U.S. health care costs.[4]

$4 Saved for every $1 spent on pharmacist service.[5]

COVERAGE OF SERVICES

Pharmacists' clinical services are **rarely** covered under the medical benefit by **health plans**. This creates **barriers** to patients using their health insurance to receive care from pharmacists.

$9.64 return on investment for every $1 when pharmacists are paid for providing various patient care services.[6]

All health plans, public and private, **must** cover the services pharmacists provide to ensure patient access.

TEST & TREAT

Pharmacy-based point-of-care testing and treatment services provide prevention and early detection for minor health conditions.

30 States now authorize pharmacists to directly order and administer CLIA-waived tests.

States now authorize pharmacists to directly prescribe treatment pursuant to a CLIA-waived test. **13**

Common Pharmacy-Based CLIA-Waived Tests*

COVID-19	Flu	UTI	HIV
Strep	RSV	STI	& more

*Abbreviation details available on references page.

IMMUNIZATIONS

Minnesota pharmacists are independently prescribing vaccines.

Pharmacies offer **TWICE** the operating hours for giving immunizations vs. provider's offices[7]

2023-24 Flu Season

Pharmacies gave **37.6 Million** flu shots

vs

25.5 Million given at provider's offices[8]

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27 States now authorize pharmacists to **directly prescribe** and administer vaccines to patients.

OPIOID USE DISORDER

81,000 Americans died from an opioid overdose in 2023.[9]

222 average deaths per day [9]

13 States authorize pharmacists to prescribe medications for opioid use disorder.

Naloxone access laws that grant pharmacists direct authority to prescribe are associated with significant reductions in fatal overdoses.

HIV PREVENTION

Pharmacists have been identified by the White House as key professionals in achieving one of the CDC's goals of ending the HIV Epidemic in the U.S. by preventing HIV infection.

States authorize pharmacists to directly prescribe HIV pre-exposure prophylaxis (PrEP) medications. **16**

19 States authorize pharmacists to directly prescribe HIV post-exposure prophylaxis (PEP) medications.

This information was developed through a collaboration between NASPA and APhA, with generous support from the Community Pharmacy Foundation.

Access our references at tinyurl.com/2024factsheet
Or scan this QR code