

**List of States by Statutory and Regulatory Authority**  
(Updated May 2005)

STATE	CDTM	STATUTE	REGULATION	PRACTICE SETTING	2005-2006 ACTIVITY
Alabama			PENDING		
Alaska	X		X	All	
Arizona	X	X	X	HC Institutions: Hospitals; Staff Models of a Health Care Organization; Nursing Care Institution; Community Health Center	
Arkansas	X	X	X	All	
California	X	X		All	
Colorado			PENDING		
Connecticut	X	X		Hospital Inpatients, Long Term Care Facilities	
Delaware		PENDING			
District of Columbia					
Florida	X	X		All (By Formulary)	
Georgia	X	X		All	
Hawaii	X	X		Licensed Acute Care Hospitals and ambulatory settings.	
Idaho	X		X	All	
Illinois <sup>1</sup>	X			All	
Indiana	X	X		Acute Care Settings; Private Mental Health Institutions	
Iowa <sup>2</sup>	X			Retail and health-system pharmacies that meet eligibility requirements for the Medicaid Demonstration Project (see footnote).	
Kansas <sup>3</sup>	X			All	
Kentucky	X	X	X	All	
Louisiana	X	X	X	All	
Maine					
Maryland	X	X		Institutional Facility (not included a nursing facility or an unrelated Urgent Care Clinic)	
Massachusetts		PENDING			
Michigan <sup>4</sup>	X			All	
Minnesota	X	X		All	
Mississippi	X	X	X	Institutional Settings; Outpatient Settings (must be signed protocol for each patient)	
Missouri					
Montana	X	X		All	
Nebraska	X	X		All	
Nevada	X	X		Licensed Medical Facilities: Hospitals; Hospices; Managed Care Settings; Home Health Care; Skilled Nursing Facilities	
New Hampshire		PENDING			
New Jersey	X	X		All	

<sup>1</sup> Not addressed in laws or regulations but may do so if acting as an agent of the prescriber. *National Association of Boards of Pharmacy 2005 Survey* results.

<sup>2</sup> Subject to interpretation. Not specifically addressed in law or regulation. However, on June 2, 2000, the Iowa Board of Pharmacy Examiners issued a Declaratory Order specific to whether or not pharmaceutical case management (as defined in the relative Medicaid waiver) was within Iowa pharmacists' scope of practice. The Board ruled that, "PCM services that are delivered in the manner described in the Petition to fall within the scope of the practice of pharmacy in the State of Iowa. However, the Iowa Board of Pharmacy responded to the *National Association of Boards of Pharmacy's 2005 Survey* that there is not collaborative drug therapy authority in the State of Iowa

<sup>3</sup> Medical Practice Act interpreted to permit delegation to pharmacist.

<sup>4</sup> Michigan's Medical Practice Act is interpreted to permit delegation to a pharmacist.

STATE	CDTM	STATUTE	REGULATION	PRACTICE SETTING	2005-2006 ACTIVITY
New Mexico	X	X		All	
New York		PENDING			
North Carolina	X	X	X	All	
North Dakota	X	X	X	Institutional Settings: Hospitals; Skilled Nursing Facilities; Swing Bed Facilities; Clinics	
Ohio	X	X	X	All	
Oklahoma					
Oregon	X		X	All	
Pennsylvania	X	X		Institutional Settings	
Rhode Island	X	X		Hospital (including outpatient clinics), Nursing Homes	
South Carolina <sup>5</sup>	X	X		All	
South Dakota	X	X		All	
Tennessee <sup>6</sup>	X			All	
Texas	X	X	X	All	
Utah	X	X		All	
Vermont	X		X	Institutional Settings	
Virginia	X	X	X	All	
Washington	X	X	X	All	
West Virginia	X	X		Institutional Settings & 5 Pilot Sites in Community Settings	Act No. 184 2005
Wisconsin <sup>7</sup>	X	X		All	
Wyoming	X	X	X	All	
Total:	41				
Pending:	6				

<sup>5</sup> Subject to interpretation. The South Carolina's Board of Pharmacy responded to the *National Association of Boards of Pharmacy's 2005 Survey* that there isn't collaborative drug therapy authority in the State of South Carolina. However, several definitions in the practice act suggest otherwise: "practice of pharmacy means...drug administration...provision of those acts or services necessary to provide pharmacy care and drug therapy management; "drug therapy management is that practice of pharmacy which involves the expertise of the pharmacist in a collaborative effort with the practitioner and other health care providers to ensure the highest quality health care services; and "prescription drug orders means a lawful order from a practitioner ...and including orders derived from collaborative pharmacy practice."

<sup>6</sup> Tennessee Board of Pharmacy responded to the *National Association of Boards of Pharmacy's 2005 Survey* that there is collaborative drug therapy authority in the State of Tennessee. However, it is not specifically cited in law. "Pharmaceutical Care is defined as including, "developing relationships with licensed practitioners to enable the pharmacist to accomplish comprehensive management of a patient's pharmacy related care and to enhance a patient's wellness, quality of life and optimize outcomes; and communicating to the health care provider any knowledge of unexpected or adverse response to drug therapy, or resolving unexpected or adverse response; and having a pharmacist accessible at all time to patients and healthcare providers to respond to their questions and needs."

<sup>7</sup> Medical Practice Act interpreted to permit delegation to pharmacist.