

State Legislation Summary of Test and Treat Authority for Pharmacists: Support for Bills H7921 and S2851 - Sydney Suffoletto, URI PharmD '28




Expanding Access to Timely, Patient-Centered Care

Pharmacist-based point-of-care (POC) test-and-treat services are transforming healthcare delivery by improving access to timely care and elevating the role of pharmacists in public health.

During the COVID-19 pandemic, pharmacists rose to meet urgent healthcare needs under temporary federal PREP Act authorities. This demonstrated the profession's:

- Readiness to deliver high-quality care
- Ability to improve patient outcomes through early intervention
- Impact in reducing strain on overburdened healthcare systems
- Critical role in expanding access to care when and where patients need it

States are increasingly recognizing pharmacists as **accessible, trusted providers** capable of independently testing and treating common conditions such as:

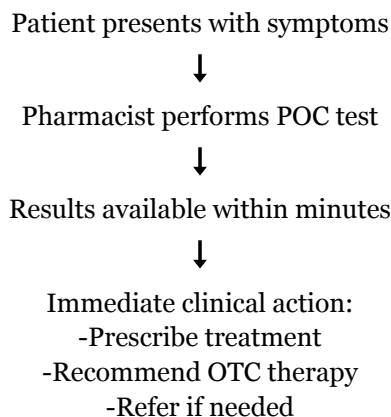
- Influenza 
- Group A Strep 
- COVID-19 

What Are Test-and-Treat Services?

Test-and-treat services allow patients to receive rapid testing and immediate treatment in a single visit, often in a community pharmacy setting.

Pharmacists use point-of-care testing (POCT) to quickly assess symptoms, make clinical decisions, and initiate appropriate care without delays.












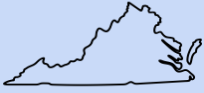









How It Works:



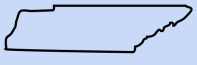








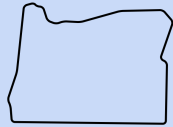

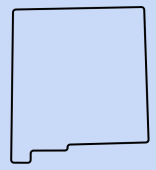




Key Legislative Themes

1. Authority - Statewide protocols enable pharmacists to test and treat
2. Payment - Reimbursement pathways support pharmacist-provided care

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State Test and Treat Authority for Pharmacists	Conditions Treated after Point-of-Care (POC) testing	Additional Requirements (if applicable)	Information on Payers and/or Pharmacist Credentialing	Additional Resources
<p>Arkansas</p>  <p>Statewide Protocol AR Code §§ 17-92-101</p>	<p>Influenza </p> <p>Streptococcal Pharyngitis </p>	<p>N/A</p>	<p>Arkansas BlueCross Blueshield (BCBS) is the only payer that accepts medical claims & reimburses for pharmacist-provided services – every pharmacist must be individually credentialed.</p>	<p>Arkansas Pharmacists Association - Pharmacist Prescribing & Medical Billing Resource Guide</p>
<p>Delaware</p>  <p>Statewide Protocol 24 Del. C. § 2525</p>	<p>Influenza </p> <p>Streptococcal Pharyngitis </p> <p>COVID-19 </p>	<p>N/A</p>	<p>Mandates that all insurers cover all services within a pharmacist's state scope of practice.</p> <p>Pharmacists must enroll in the Delaware Medical Assistance Program (DMAP) (Medicaid)</p>	
<p>Kansas</p>  <p>Statewide Protocol K.S.A. § 65-16,131</p>	<p>Influenza </p> <p>Streptococcal Pharyngitis </p> <p>Urinary Tract Infection </p>	<p>Receive and document education and training in POC CLIA-waived testing techniques</p>	<p>Medicaid and BCBS of Kansas require credentialing.</p> <p>Kansas Pharmacists Association - Credentialing, Enrollment, and Contracting</p>	<p>Statewide Protocol for Test and Treat</p> <p>Kansas Pharmacists Association - Medical Billing</p>
<p>Virginia</p>  <p>Statewide Protocol Va. Code Ann. §54.1-3303.1</p>	<p>Influenza </p> <p>Streptococcal Pharyngitis </p> <p>COVID-19 </p> <p>Urinary Tract Infection </p>	<p>Receive and document education and training in POC CLIA-waived testing techniques</p>	<p>SB1538 requires Virginia Medicaid and Medicaid MCOs to reimburse pharmacists for any service provided under statewide protocol.</p>	<p>Virginia Board of Pharmacy - Statewide Protocols</p>
<p>Illinois</p>  <p>Independent Prescriptive Authority 225 ILCS 85/3</p>	<p>Influenza </p> <p>Streptococcal Pharyngitis </p> <p>COVID-19 </p> <p>RSV </p>	<p>N/A</p>	<p>Mandates reimbursement for services under health benefit plans.</p>	

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<p>Tennessee</p>  <p>Independent Prescriptive Authority Tenn. Code Ann. § 63-10-204(39)(C)(i)</p>	<p>Influenza </p> <p>COVID-19 </p>	<p>N/A</p>	<p>Tennessee Medicaid and its MCOs have pathways for pharmacists to be credentialed and reimbursed as medical providers.</p>	
<p>North Carolina</p>  <p>Statewide Protocol 2025 N.C. Sess. Laws 37</p>	<p>Influenza </p>	<p>Complete an ACPE accredited CLIA-waived POC education and training program. Remain up to date with current CDC recommendations regarding use of antiviral medications for influenza.</p>	<p>Mandates health benefit plans to cover healthcare services provided by a pharmacist if service is within their scope and the plan would have covered the service if it had been performed by another healthcare provider.</p>	<p>North Carolina Statewide Protocols</p>
<p>West Virginia</p>  <p>Independent Prescriptive Authority W. Va. Acts ch. 197</p>	<p>Influenza </p> <p>COVID-19 </p> <p>RSV </p>	<p>N/A</p>	<p>Payment is not currently mandated for these services.</p>	
<p>Oregon</p>  <p>Statewide Protocol SB 1506 OAR 855-115-0330</p>	<p>COVID-19 </p>	<p>A minimum of 1 hour of training is recommended.</p>	<p>Mandates reimbursement for pharmacist services.</p>	<p>Oregon Statewide Protocol</p>
<p>New Mexico</p>  <p>Statewide Protocol N.M Stat. Ann. § 61-11-30</p>	<p>Influenza </p> <p>Streptococcal Pharyngitis </p> <p>COVID-19 </p> <p>Urinary Tract Infection </p>	<p>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.</p>	<p>For reimbursement by Medicaid, pharmacists must provide services under a CPA</p> <p>HB42 requires reimbursement for a pharmacist certified to provide a prescriptive authority service</p>	<p>New Mexico Statewide Protocols</p>