

Guiding Principles for State Policy on Pharmacy Personnel-Administered Vaccines

Endorsed by the following organizations:



Background

Pharmacists, pharmacy technicians, and pharmacy interns play a critical role in delivering timely, accessible, and reliable vaccination services to the public. However, in many states, the authority for pharmacists, pharmacy technicians, and pharmacy interns to administer vaccines is tied directly to recommendations from federal bodies such as the Centers for Disease Control and Prevention (CDC), the Advisory Committee on Immunization Practices (ACIP), and/or the Food and Drug Administration (FDA).

As federal processes evolve, recommendations change, and advisory structures shift; such references can create unintended legal and regulatory ambiguity, reduce flexibility, and delay access to newly authorized vaccines. To ensure that pharmacy personnel¹ can continue serving as a front-line access point for vaccines and vaccination services, for people who wish to receive them, state policies must be designed to be clinically sound, legally durable, and operationally flexible to meet changing public health needs of its residents and communities. Systems and recommendations should be harmonized with credible scientific and medical evidence-based data.

How to Use This Resource

State laws governing pharmacy personnel-administered vaccines vary widely in structure, terminology, and regulatory approach. Some states embed detailed vaccine requirements directly in statute, while others delegate substantial authority to regulatory bodies such as boards of pharmacy or health departments. Given this variability, this document presents a set of general guiding principles that can be used to shape policy modernization efforts within each state's unique legislative and regulatory framework.

This resource is designed to support the work of:

- State policymakers and legislative staff as they consider how to craft or revise legislation to reflect current best practices
- Boards of Pharmacy and public health agencies in updating regulations or issuing guidance consistent with statutory intent
- State pharmacy associations as they engage in legislative advocacy and policy education
- Vaccine access advocates and public health partners who are working to expand equitable access to routine and emergency immunization services

The guiding principles and illustrative examples provided here can serve as a starting point to assess current law, identify risks or limitations, and craft durable solutions that preserve vaccination authority of pharmacy personnel, promote operational flexibility, and ensure that patients can continue to receive vaccinations and related services provided by pharmacy personnel in any health care setting.

Guiding Principles

1. Authorization to Prescribe/Order and Administer

- Pharmacists should be authorized to prescribe/order and administer all vaccines and should be authorized to delegate administration of all vaccines to pharmacy technicians and pharmacy interns under the supervision of a pharmacist.
- Authority should not require a patient-specific prescription or be limited to those under a collaborative protocol or standing order.

¹ For purposes of this document, pharmacy personnel includes pharmacists, pharmacy technicians, and pharmacy interns that practice or work in any health care setting.

2. Evidence-Based, Standard-of-Care Approach

- States should adopt standard-of-care and evidence-based approaches that empower pharmacists' clinical judgment.
- Avoid limiting scope of pharmacy-based vaccine administration to the immunization schedule of a specific organization or agency (e.g. CDC, ACIP, FDA, or other external schedules) in statutes or rules.
- Pharmacists should be empowered to provide vaccinations and related services based on credible published evidence-based clinical recommendations.

3. Broad Definition of Vaccine Eligibility

- Define eligible vaccines as any vaccine.
- Ensure policies are flexible enough to accommodate new, condition-specific, travel-related, or public health emergency vaccines without statutory or regulatory updates.

4. Population Access and Age Inclusion

- Remove age restrictions from state law and regulation.
- Allow for pharmacist discretion based on training and evidence-based protocols; standard of care.

5. Training Requirements

- Remove state-specific vaccine-related training and continuing education requirements for pharmacists, pharmacy technicians, and pharmacy interns from statute.
- Pharmacists who are administering or overseeing vaccinations should have standardized appropriate training and education per regulations adopted by the Board of Pharmacy in line with the standard of care.

6. Fair and Adequate Payment and Coverage

- Ensure payment policies by all state regulated payers, including Medicaid plans and commercial health plans include fair and adequate payment for pharmacy vaccine services that includes:
 - Vaccine product
 - Clinical evaluation and patient assessment during a patient encounter or visit
 - Administration of the vaccine
 - Vaccine counseling (even when vaccine product is not administered)
 - Documentation
 - Patient monitoring following vaccine administration
- Require coverage parity and no less than payment parity with other health care professionals for services delivered by pharmacists.
- Require coverage and payment for pharmacy vaccine services for vaccines that are referenced by one or more of the following: CDC, ACIP, FDA, or other expert evidence-based guidelines or recommendations (e.g., "or based on evidence-based judgment")
- State policies should provide clarity that claims for vaccine services delivered by pharmacists, pharmacy interns, and pharmacy technicians, when based on the best available evidence at the time of administration, are not subject to retrospective audit chargebacks or reimbursement clawbacks. Proper documentation of clinical decision-making and adherence to evidence-based standards of care should be sufficient to demonstrate compliance and mitigate audit risk.

Model Language Based on Guiding Principles

The following model language is based on the above guiding principles. Because statutory and regulatory structures differ from state to state, the language is presented in modular sections along with suggested placement in state law.

Section 1: Practice of Pharmacy – Authorization to Prescribe and Administer Vaccines

Suggested placement: Professions and Occupations title (usually under the Pharmacy Practice Act)

- (A) A pharmacist may independently prescribe and administer any vaccine, according to the standard of care.
- (B) A pharmacist may delegate to a pharmacy intern or pharmacy technician the authority to administer any vaccine under the supervision of a pharmacist.
- (C) The Board of Pharmacy shall have rulemaking authority to implement and enforce the provisions of this section.

Section 2: Payment and Coverage – Public Programs

*Suggested placement: Welfare or Public Assistance title (e.g., 'Medical Assistance' or 'Medicaid Services')
Use similar language for all public programs, including, but not limited to, state Children's Health Insurance Program, state employee and retiree health benefit programs, state-funded high-risk pools, state basic health programs, workers' compensation medical benefits, and state correctional health systems.*

- (A) The state medical assistance program shall provide payment to a pharmacist for a service or procedure at a rate not less than that provided to other health care service providers if the service or procedure is all of the following:
 - (1) Within the scope of practice of a pharmacist.
 - (2) Would otherwise be covered under the policy, plan, or contract if the service or procedure is provided by any health care service provider or practitioner, including a physician, advance practice registered nurse, or physician assistant.
 - (3) The service or procedure is rendered for one of the following purposes:
 - (i) for visits for the evaluation and management of individuals for vaccinations;
 - (ii) administering vaccines; or
 - (iii) vaccine education or counseling.
- (B) Whenever a service is performed by a licensed pharmacist and paid by the state medical assistance program, the licensed pharmacist must be granted such rights of participation, plan admission, and registration as may be granted by the state medical assistance program to any health care service provider or practitioner, including a physician, advance practice registered nurse, or physician assistant performing such a service.
- (C) The state medical assistance program shall reimburse for the fulfillment of a vaccine in an amount equal to the actual acquisition cost under the medical benefit, if no vaccine actual acquisition cost reimbursement is made under the pharmacy benefit.
 - (1) The state medical assistance program shall cover the acquisition of a vaccine for one of the following purposes:

(i) A pharmacist has determined, based on their evidence-based professional judgment, that a vaccine is indicated for the individual;

(ii) The vaccine is recommended for the individual by the Centers for Disease Control and Prevention Advisory Committee on Immunization Practices; or

(iii) The vaccine is approved or authorized by the Food and Drug Administration.

(D) Throughout the course of providing prescription drug benefits and claims processing services for the state medical assistance program, a pharmacy benefit manager (PBM) shall reimburse a pharmacy for the fulfillment of a vaccine in an amount that is no less than the actual acquisition cost for the dispensed vaccine and a reasonable and adequate dispensing fee. If the actual acquisition cost is not available at the time a vaccine is administered or dispensed, a PBM shall not reimburse in an amount that is less than the wholesale acquisition cost of the vaccine.

(1) The state medical assistance program shall cover the acquisition of a vaccine and a dispensing fee for one of the following purposes:

(i) A pharmacist has determined, based on their evidence-based professional judgment, that a vaccine is indicated for the individual;

(ii) The vaccine is recommended for the individual by the Centers for Disease Control and Prevention Advisory Committee on Immunization Practices; or

(iii) The vaccine is approved or authorized by the Food and Drug Administration.

(2) If no vaccine administration fee is paid to pharmacists under the medical benefit, the state medical assistance program shall pay a reasonable and adequate dispensing fee under the pharmacy benefit if no vaccine administration fee is paid to pharmacists under the medical benefit.

(E) Claims for vaccine services that are delivered by a pharmacist, pharmacy intern, or pharmacy technician acting under the supervision of a pharmacist shall not be subject to retrospective denial, recoupment, or chargeback of reimbursement for vaccine services if:

(1) The service was provided within the scope of practice authorized by state law;

(2) The decision to provide the vaccine was based on credible evidence-based clinical guidance available at the time of administration; and

(3) The service was documented in accordance with applicable state and federal requirements.

(F) Documentation demonstrating reliance on evidence-based guidance and proper clinical judgment shall be sufficient to establish compliance for audit purposes.

Section 3: Payment and Coverage – Commercial Health Insurance

Suggested placement: Insurance title (e.g., 'Health Insurance Code' or 'Accident and Health Policies')

(A) A health insurer, health service corporation, managed care organization, health maintenance organization, or any other entity providing a plan of health insurance or health benefits subject to state insurance regulation shall provide payment to a pharmacist for a service or procedure at a rate not less than that provided to other health care service providers if the service or procedure is all of the following:

- (1) Within the scope of practice of a pharmacist.
- (2) Would otherwise be covered under the policy, plan, or contract if the service or procedure is provided by any health care service provider or practitioner, including a physician, advance practice registered nurse, or physician assistant.
- (3) The service or procedure is rendered for one of the following purposes:
 - (i) for visits for the evaluation and management of individuals for vaccinations;
 - (ii) administering vaccines; or
 - (iii) vaccine education or counseling.

(B) Whenever a service is performed by a licensed pharmacist and paid by a health insurer, health service corporation, managed care organization, health maintenance organization, or any other entity providing a plan of health insurance or health benefits subject to state insurance regulation, the licensed pharmacist must be granted such rights of participation, plan admission, and registration as may be granted by a health insurer, health service corporation, managed care organization, health maintenance organization, or any other entity providing a plan of health insurance or health benefits subject to state insurance regulation to any health care service provider or practitioner, including a physician, advance practice registered nurse, or physician assistant performing such a service.

(C) A health insurer, health service corporation, managed care organization, health maintenance organization, or any other entity providing a plan of health insurance or health benefits subject to state insurance regulation shall reimburse for the fulfillment of a vaccine in an amount that is no less than the actual acquisition cost under the medical benefit, if no vaccine actual acquisition cost reimbursement is made under the pharmacy benefit.

- (1) A health insurer, health service corporation, managed care organization, health maintenance organization, or any other entity providing a plan of health insurance or health benefits subject to state insurance regulation shall cover the acquisition of a vaccine for one of the following purposes:
 - (i) A pharmacist has determined, based on their evidence-based professional judgment, that a vaccine is indicated for the individual;

(ii) The vaccine is recommended for the individual by the Centers for Disease Control and Prevention Advisory Committee on Immunization Practices; or

(iii) The vaccine is approved or authorized by the Food and Drug Administration.

(D) Throughout the course of providing prescription drug benefits and claims processing services for a health insurer, health service corporation, managed care organization, health maintenance organization, or any other entity providing a plan of health insurance or health benefits subject to state insurance regulation, a pharmacy benefit manager (PBM) shall reimburse a pharmacy for the fulfillment of a vaccine in an amount that is no less than the actual acquisition cost for the dispensed vaccine and a reasonable and adequate dispensing fee. If the actual acquisition cost is not available at the time a vaccine is administered or dispensed, a PBM shall not reimburse in an amount that is less than the wholesale acquisition cost of the vaccine.

(1) A health insurer, health service corporation, managed care organization, health maintenance organization, or any other entity providing a plan of health insurance or health benefits subject to state insurance regulation shall cover the acquisition of a vaccine and a dispensing fee for one of the following purposes:

(i) A pharmacist has determined, based on their evidence-based professional judgment, that a vaccine is indicated for the individual;

(ii) The vaccine is recommended for the individual by the Centers for Disease Control and Prevention Advisory Committee on Immunization Practices; or

(iii) The vaccine is approved or authorized by the Food and Drug Administration.

(2) If no vaccine administration fee is paid to pharmacists under the medical benefit, a health insurer, health service corporation, managed care organization, health maintenance organization, or any other entity providing a plan of health insurance or health benefits subject to state insurance regulation shall pay a reasonable and adequate dispensing fee under the pharmacy benefit if no vaccine administration fee is paid to pharmacists under the medical benefit.

(E) Claims for vaccine services that are delivered by a pharmacist, pharmacy intern, or pharmacy technician acting under the supervision of a pharmacist shall not be subject to retrospective denial, recoupment, or chargeback of reimbursement for vaccine services if:

(1) The service was provided within the scope of practice authorized by state law;

(2) The decision to provide the vaccine was based on credible evidence-based clinical guidance available at the time of administration; and

(3) The service was documented in accordance with applicable state and federal requirements.

(F) Documentation demonstrating reliance on evidence-based guidance and proper clinical judgment shall be sufficient to establish compliance for audit purposes.

How These Principles Were Developed

These guiding principles were developed through the collaborative work of pharmacy associations, businesses, schools of pharmacy, and regulatory and practice organizations committed to strengthening vaccine access.

The principles were drafted and reviewed by the Policy Subcommittee of the Pharmacy-Based Vaccine Access Work Group. Subcommittee members included:

- American Association of Colleges of Pharmacy (AACP)
- American Pharmacists Association (APhA)
- American Society of Health-System Pharmacists (ASHP)
- CPESN® USA
- National Alliance of State Pharmacy Associations (NASPA)
- National Association of Boards of Pharmacy (NABP)
- National Association of Chain Drug Stores (NACDS)

The final version was reviewed and approved by the broader Pharmacy-Based Vaccine Access Work Group, which includes representatives from:

- American Association of Colleges of Pharmacy (AACP)
- American Association of Psychiatric Pharmacists (AAPP)
- American Pharmacists Association (APhA)
- American Society of Consultant Pharmacists (ASCP)
- American Society of Health-System Pharmacists (ASHP)
- CPESN® USA
- Hematology/Oncology Pharmacy Association (HOPA)
- National Alliance of State Pharmacy Associations (NASPA)
- National Association of Boards of Pharmacy (NABP)
- National Association of Chain Drug Stores (NACDS)
- National Community Pharmacists Association (NCPA)
- National Pharmaceutical Association (NPhA)
- Pharmacy Technician Certification Board (PTCB)
- Society of Infectious Disease Pharmacists (SIDP)