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**ANALYSIS OF
STATE PHARMACY LAWS:**
Impact of Pharmacy
Laws on the Provision
of Language Services

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Introduction



Almost 4 billion prescriptions are written yearly.¹ Since over 24 million, or 8.6 percent of the population, speak English less than “very well,”² millions of prescriptions are likely to be written for persons who are limited English Proficient (LEP) each year.³ As complicated as it may be for English-speakers to understand medication instructions, the difficulties are exacerbated for LEP individuals. In a 2002 study, over one-quarter of LEP patients who needed, but did not get, an

interpreter reported that they did not understand their medication instructions, compared with only two percent of those who either needed and received an interpreter or did not need an interpreter.⁴ Therefore, it is critical that pharmacists and LEP patients communicate effectively with each other.

Pharmacists play a pivotal role in communicating health information to patients, particularly with regard to instructing patients on how to properly use medications, as well as alerting them to potentially adverse health situations that could develop. The contemporary emphasis in pharmacy practice stresses patient communication as part of the overall professional responsibility of the pharmacist. The goal is to assist the patient with achieving optimal outcomes from the use of medications and medical devices.⁵

This analysis first outlines federal requirements for providing language services (oral interpretation and written translated materials) to LEP patients. Then, it summarizes results from a 50-state (plus the District of

Columbia)⁶ survey of pharmacy laws that are related to the provision of language services.⁷ The accompanying chart provides a summary of each provision.

No federal or state law prohibits the provision of language services in pharmacies or by pharmacists.⁸ Indeed, federal and state laws strongly support the provision of language services. While few pharmacy law provisions directly address language services, each state has provisions that support providing language services. Most provisions can be categorized in three areas: provision of oral counseling; distribution of written information (either through the label or additional written information); and collection and maintenance of data in a patient medication profile.

Virtually all states have requirements regarding oral counseling and distribution of written materials. To comply with these requirements, pharmacists⁹ must effectively communicate with all of their patients, not only those who speak English.

Highlights of the findings that support language services

- 48 states have requirements regarding oral counseling;
- 33 states require a process for counseling when the patient is not in the pharmacy;
- 28 states require a pharmacist to inform patients of substitution of a generic drug for a brand name drug, either orally or in writing; and
- 24 states require a pharmacist to distribute written information to patients.

Federal Legal Framework

Title VI of the Civil Rights Act of 1964

Any individual or entity that receives federal funds, including pharmacies and pharmacists, must comply with Title VI of the Civil Rights Act of 1964. Title VI prohibits discrimination and ensures that federal money is not used to support health care providers who discriminate on the basis of race, color or national origin.¹⁰ The federal Department of Health and Human Services (HHS) and the courts have applied this statute to protect national origin minorities who do not speak English well.¹¹ Thus, pharmacies that receive federal funds must take “reasonable steps to ensure that limited English proficiency (LEP) individuals have meaningful access to their programs and services.”¹²

OBRA 1990 – Amending the Federal Medicaid Act

In addition to Title VI, pharmacies and pharmacists must comply with federal and state laws specific to pharmacy practice. The Omnibus Budget Reconciliation Act of 1990 (OBRA 1990),¹³ which modifies a section of the federal Medicaid Act, had a significant impact on standardizing state pharmacy laws. OBRA 1990 requires, as a condition of receiving federal Medicaid matching funds, standards for dispensing prescriptions to assure the quality of use and distribution of prescription drugs.

Each state must have a Prospective Drug Use Review (DUR) program.¹⁴ This is a

standard process undertaken by a pharmacist prior to dispensing a medication. The DUR sets forth minimum standards in patient counseling and requirements for recording and maintaining a patient medication profile, among other requirements.¹⁵ The DUR also prescribes other methods to assess the distribution of prescription medications and education of pharmacists.¹⁶

With respect to counseling of Medicaid recipients, the DUR requires that a pharmacist “offer to counsel” each individual (or a caregiver) who presents a prescription. The counseling should be done in person wherever practicable, or through a telephone service, which must be toll-free for long-distance calls.¹⁷ These federal standards make clear the preference for in-person counseling. Importantly, the statute is clear that individuals may not be charged for telephonic counseling when it is long-distance. When applying these standards to LEP patients, pharmacists should conduct in-person counseling when possible and not charge LEP patients any long-distance charges.

Under OBRA 1990, a pharmacist must also make a reasonable effort to obtain, record and maintain certain information, including “comments relevant to the individual’s drug therapy.”¹⁸ Pharmacists should consider recording a patient’s language in the patient medication profile under a “comment relevant to the drug therapy” or other appropriate field capturing individual history. The pharmacist’s

knowledge of the patient's language is not only relevant, but critical to being able to communicate with the patient regarding his/her drug therapy to achieve optimum results.

Drug Labeling Law

Federal law requires certain information to be on the label (of the container dispensed to the patient) in English, such as the patient name and expiration date.¹⁹ Federal law does not prohibit translating labels into non-English languages. Indeed, federal law expressly permits the translation of the label into other languages, as long as the required information is printed on the label.²⁰

SUMMARY OF FINDINGS:

Oral Counseling and Education of Patients

Forty-eight states²¹ require pharmacists to counsel or offer to counsel patients.²² Situations in which counseling provisions arise include: new and refill prescriptions, generic medication substitution for a brand name drug, and mail order or delivery. Some states exempt pharmacists from counseling in certain limited situations. The sections below describe each of these types of provisions.

Counseling Requirements

In 19 states, the pharmacist is required to provide oral counseling to patients in certain situations.²³ For example, the most common provision requires a pharmacist to counsel patients orally prior to dispensing a new prescription. In 29 states, the pharmacist is only required to “offer to counsel” patients.²⁴ To meet either requirement — to counsel or to offer to counsel — a pharmacist would likely need to provide language services to provide meaningful communication with their LEP patients. Otherwise, if a pharmacist has limited or no ability to communicate with an LEP patient because language services are not provided, a pharmacist may be exposed to a claim of negligence or malpractice by the patient.²⁵

Fourteen states require the same level of counseling regardless of whether a prescription is new or a refill,²⁶ but most states have different counseling requirements depending on the type of prescription.²⁷ A state may require counseling or an offer to counsel for a new prescription, but allow

other options for a refill, such as an offer to counsel, provision of written information instead of oral counseling, or discretion about whether to counsel the patient at all.

A number of states specify particular situations in which counseling must be provided or available to patients. Examples include:

- New Hampshire — requires counseling to convey the proper use of certain injection supplies;²⁸
- New Jersey — requires counseling when patient records reveal sporadic, erratic or irrational use of medication;²⁹
- New York — requires counseling to be offered to each patient for a pharmacy to participate in “Program for Elderly Pharmaceutical Insurance Coverage;”³⁰
- North Carolina — requires counseling to be available when administering vaccinations;³¹
- South Carolina and South Dakota — require counseling, on-going training, and regular assessment of the patient’s competence of managing the drug therapy and storage of sterile and compound drugs;³² and

- Texas — requires counseling for persons receiving mental health services and “psychoactive” medications. This provision specifies that the counseling must be conducted “*in the person’s primary language, if possible*” (emphasis added).³³

Most states have standard definitions of counseling that explain the kind of information that should be conveyed, and the general purpose of informing patients about their medications to prevent medical errors and harm. This analysis does not capture routine definitions, but highlights those definitions that provide further guidance about providing effective or appropriate communication to patients. These provisions suggest further responsibilities for pharmacists to provide language services to ensure the communication between pharmacist and patient is indeed effective or appropriate. Examples of states with these provisions include: Arkansas (effective communication); Indiana (effective and appropriate communication); Louisiana (effective communication); Nebraska (appropriate to the individual patient); and Rhode Island (appropriate communication).

Generic Substitution and the Counseling Requirement

Twenty-eight states supplement their general counseling provisions with requirements that a pharmacist inform a patient of certain information, such as the efficacy of the drug or price difference prior to the substitution of a generic medication for a brand name drug.³⁴ A few states, including Alaska, Maine, South Carolina, Texas and Utah, go further, requiring consent from the patient prior to substitution. In these situations, the pharmacist would need to provide language services to meet the requirement to inform so that LEP patients can effectively understand the issues related to efficacy, substitution and/or consent.³⁵

Texas also requires the posting of signs in English and Spanish that explain the generic substitution process and that the pharmacist must obtain consent from the patient prior to substitution. The English and Spanish signs must state, “Texas law requires a pharmacist to inform you if a less expensive generically equivalent drug is available for certain brand name drugs and to ask you to choose between the generic and the brand name drug. You have a right to accept or refuse the generically equivalent drug.” This is one of the few examples in which written translation of specific information into a non-English language is explicitly required in a pharmacy setting.

Oral Counseling Exclusions

Many states exempt pharmacists from counseling requirements in certain settings, but these exemptions are not based on an individual's language. For example, pharmacists may not have to provide counseling to patients in inpatient hospital settings, institutions where a medical professional is administering the medication such as a nursing home, or in prisons.

Further, OBRA 1990 specifies that pharmacists are not required to counsel Medicaid patients who refuse counseling.³⁶ Thirty-seven states have a similar provision that has been broadened to the entire patient population,³⁷ and 25 states require pharmacists to document patient refusals in the patient records.³⁸ In determining whether an LEP patient has accepted or refused counseling, it is likely that a pharmacist would have to provide language services.³⁹

In some situations, 16 states specifically allow the replacement of oral counseling with other means of communication.⁴⁰ Some provisions specify written information may be provided instead of oral counseling when there is a communication barrier, and others leave the method of communication to the pharmacist's discretion. In these states, oral interpretation might not be required to be provided to LEP persons. But even in these situations, translations of the written information that is substituted for oral counseling might be required.

Only three states — Iowa, North Carolina and Pennsylvania — provide an exemption

for pharmacists in providing oral counseling specifically when individuals speak languages other than English. In these situations, oral counseling can be replaced with another form of communication. For example, North Carolina specifies that written information be provided in a language other than English, if a patient requests it. See section below on *Written Information* at III.B.

Pharmacy Professional Responsibility and Patient's Bill of Rights Require Counseling

Nine states — Arkansas, Alabama, Colorado, California, Michigan, Mississippi, North Dakota, Utah and West Virginia — include the obligation to counsel (or offer to counsel) in the professional responsibility section of the Pharmacy Act, or articulated as part of the pharmacist's "duty." For example, in Michigan, the pharmacy oral counseling and written information requirements are contained in a section called "professional responsibility" and specified as a duty of the pharmacist. This further emphasizes the duty of the pharmacist to provide counseling to all patients, not just those who speak English.

Utah and West Virginia have specified that a failure to provide an offer to counsel is a violation of professional responsibility and can result in disciplinary action. Utah has established monetary penalties for the pharmacist for first and subsequent failures to offer to counsel a patient, as well as a separate penalty for the pharmacy.

Minnesota, in its definition of unprofessional conduct, includes a prohibition of discrimination on the basis of race, gender and national origin. “National origin,” as analyzed by the Courts and federal guidance, includes speaking a language other than English.⁴¹ Similar to Title VI, this state law requires a pharmacist to provide oral counseling for LEP patients just as a pharmacist would for English speaking patients to prevent any discrimination.

North Dakota has gone one step further. It has enacted a Pharmacy “Bill of Rights.” It establishes the pharmacists’ responsibility to counsel patients using “methods appropriate to the patient’s physical, psychosocial, and intellectual status.” It also prohibits discrimination of patients based on a number of factors including “nationality.” Similar to Minnesota, North Dakota would preclude a pharmacist from discriminating against LEP patients by not providing language services during the regular course of counseling or distribution of written information.

Counseling Requirements Outside the Pharmacy – Mail Order and Delivery

Thirty-three states have patient counseling requirements when a patient is not physically in the pharmacy, generally for mail order or home delivery.⁴² Many states require communication with patients by telephone and/or through the distribution of written information. For example, both Florida and Washington require written information be distributed with the prescription that includes notification that a pharmacist is available to

answer questions, and the contact information of the pharmacist in order to do so.

Twenty-four states require non-resident pharmacies, which presumably have mail order business in the state, to establish toll-free numbers and to inform patients of the telephone number.⁴³ These provisions all require a toll-free telephone number, available at least five days and 40 hours per week. Most provisions also require that the toll-free number be printed on the label and on any accompanying information. The provisions often clarify the purpose of the toll-free number is to “facilitate communication” between the pharmacist and the patient. Since the goal is to facilitate communication, these out-of-state pharmacies should provide language services to LEP patients who use the toll-free numbers. This can be accomplished by having bilingual staff answering the telephone or using three-way calling to include an over-the-phone interpreter.

Use of Technology – Telepharmacy and Remote Sites

Five states — Hawaii, Iowa, Kentucky, Missouri and North Dakota — are using innovative technology to reach patients, particularly in rural areas that are not well served by pharmacies. Each has addressed how counseling must take place when a patient is not in the same pharmacy with the pharmacist.

Iowa, Kentucky and North Dakota have telepharmacy programs. For example, in Iowa, the managing pharmacy and the

remote pharmacy must be connected by video and audio links. A remote pharmacy is staffed by at least one pharmacy technician, when there is no on-site pharmacist and no full service pharmacy in the community or for at least 15 miles. A pharmacist at the managing pharmacy is required to counsel each patient on all new prescriptions and supervise the pharmacy technician, among other responsibilities. A sign must inform people that a pharmacist will counsel patients regarding any prescription dispensed from the remote site. This counseling is conducted through video and audio technology with a pharmacist from the managing pharmacy. In Kentucky, pharmacists also must obtain a patient's informed consent before telepharmacy services are provided.

Missouri has an automated prescription pick-up system at a video kiosk. The kiosk system must maintain a video and audio system to provide effective oral communication between pharmacist and patient, as well as the ability to print written information. Patients using the kiosk can be connected to a pharmacist to ask questions about their prescriptions. Hawaii also requires remote pharmacies to use video systems to ensure face-to-face communication.

To meet the requirements for counseling, informed consent and effective communication, each of these systems should incorporate language services for LEP persons. Using technology to deliver pharmacy counseling services creates opportunities to use video interpreter

services and interpreters who are in other locations to effectively serve LEP patients.

Other Pharmacy Situations in Which Counseling May be Necessary

Many pharmacists are now authorized to deliver immunizations or vaccinations. In some states, pharmacists must obtain either written or oral consent or provide written information to the patient prior to immunization. An example of such a provision can be found in North Carolina.⁴⁴ Additionally, pharmacists in some states are gaining prescribing authority. In these situations, language services would likely need to be provided to meet the requirements of these provisions and communicate effectively with patients. This analysis has not tracked each immunization or prescribing authority provision.

Written Information for Patients

Patients receive written information through two important means – information distributed with a prescription and information printed on the label of the prescription. States treat this information differently. Some states require certain written information to be distributed; some states allow written information to *replace* oral counseling; while other states require any written information distributed to a patient be *supplementary* to oral counseling. See section above *Oral Counseling Exclusions* at III.A.3, and *Information that Supplements Oral Counseling* at 3.B.2 below, for more details. This section summarizes and analyzes these provisions with respect to language services.

Distribution of Written Information

Three states – California, Texas and North Carolina – require pharmacists to translate certain written information into languages other than English for LEP patients. In California, the pharmacist must distribute specific written materials when dispensing Emergency Contraception. The state provides these materials in a number of languages. California also requires written information be made available in English, Spanish, Mandarin/Cantonese and Tagalog as a part of its AIDS drug program in which pharmacies may participate. Similarly, Texas requires that pharmacists provide written information in Spanish and English to patients at the time of generic substitution. Texas also requires posting of a specific notice that encourages patients to ask questions of the pharmacist in both languages. In

North Carolina, pharmacists must provide written information in languages other than English when the patient requests it.

Twenty-four states require dissemination of written information to patients with a prescription in certain situations.⁴⁵ Fifteen of these states require distribution specifically when the patient is not in the pharmacy.⁴⁶ If the intent of the provision is to ensure effective communication with patients or for the patients to understand particular information, and the state has determined these written materials are thus important, it is likely that this information should be translated for LEP patients either to comply with the state provision or Title VI.⁴⁷

Other states require distribution or availability of written information in certain circumstances. This information, which should likely be

translated into non-English languages, includes:

- Hawaii and New Hampshire — require written information when providing Emergency Contraception;⁴⁸
- Kentucky — requires pharmacists to provide and prominently display pamphlets that explain certain provisions of the Pharmacy Act;⁴⁹
- Maine — requires pharmacists to provide information on Maine Rx Program, and how to get help with high drug costs for persons who have no prescription drug coverage and are purchasing brand name drugs;⁵⁰
- Maryland — requires distribution of information that helps people avoid medication errors;⁵¹
- New York — requires distribution of written information when dispensing hypodermic needles and syringes;⁵² and
- Texas — requires distribution of written information when dispensing compounded drugs.⁵³

Information that Supplements Oral Counseling

Twenty-nine states allow alternative types of communication in addition to oral counseling between pharmacists and patients, such as written information, leaflets, pictogram labels and video programs.⁵⁴ Most of the states further clarify that this additional information is not meant to replace oral counseling, only to supplement it.

For example, Arkansas states that “alternative forms of patient information may be used

to supplement, but not replace face-to-face patient counseling.”⁵⁵ Arkansas is one of the states that requires oral counseling for all patients obtaining a new prescription who are present in the pharmacy.⁵⁶

The Prescription Label

Every state has labeling laws. Generally, the provisions track the federal requirements that specify what information must be found on each prescription label, as detailed in the *Federal Legal Framework* at Section II. above. There is no prohibition of translating a prescription label into another language in any state law.

In 2007, California enacted the first labeling statute that requires the standardizing of prescription labels. The Board of Pharmacy, which is developing the new label, must consider the needs of LEP patients, among other requirements. California is currently holding hearings and public meetings to develop this new standard prescription label. The final regulations designing and implementing the new label are expected in 2011.

Misbranding the Label

Two states, Arizona and New York, provide a label as “misbranded” if words and information are not readable and understandable to an *ordinary individual under customary conditions of purchase and use*. The origin of the language used in this provision is likely the federal Food, Drug, and Cosmetic Act, which applies to manufacturers of pharmaceuticals for labeling on the packages of medications or supplies. These states have incorporated this provision into their pharmacy act and apply it to the pharmacist.

With respect to providing language services, the analysis should focus on who is an “ordinary individual” and what are the “customary conditions.” There is no formal definition in the relevant state statutes and

regulations, and it appears that the courts have not addressed this issue. But for pharmacies serving a significant number of LEP patients, one can make the case that an “ordinary individual” includes an LEP patient. Thus, a label could be misbranded if it is not translated because an ordinary LEP patient would be unable to understand an English label. It may also be that “customary conditions of purchase and use” could likely include dispensing and selling medications to LEP individuals who cannot understand instructions in English. By failing to translate the directions for use on the prescription drug label into a language that is “likely to be read and understood” by an LEP individual, the pharmacist could be found to be dispensing a misbranded drug.

Patient Medication Records

As previously noted, OBRA 1990 requires a pharmacist to record and maintain a significant amount of demographic data and medical information, including “individual history where significant” and “comments” related to the patient’s drug therapy for each Medicaid patient. Forty-one states have applied the OBRA 1990 requirement to record and maintain patient profiles for all patients.⁵⁷ When a state requires or allows a pharmacist to include additional relevant patient information in the profile, it can be suggested that a pharmacist should record the patient’s language as “significant” data covered by OBRA. Knowing the patient’s language is critical to effective communication for both oral counseling and distribution of written information.

Some states have given the pharmacist additional discretion to record information deemed important and relevant by the pharmacist. For example, Mississippi’s patient profile provision states that a pharmacist should record, among other pieces of information, “pharmacist’s comments relevant to the individual’s drug therapy, *including any other information peculiar to the specific patient or drug* (emphasis

added).⁵⁸ States that require the collection of additional information have already determined that this information would be helpful to the pharmacist in fulfilling his/her duties. Recording the language that a patient speaks, thus enabling the pharmacist to provide language services to LEP patients, will allow patients and pharmacists to effectively communicate more efficiently.

Pharmacy Quality Improvement Program

Quality improvement programs are used by pharmacists to assess the quality of the services provided and to resolve problems when they arise. Often problems with medications occur when there was not clear or effective communication between the pharmacist and the patient. Including an analysis of language services in a pharmacist's quality improvement program provides an opportunity to assess the services provided to LEP patients as a part of effective communication, and to improve those services, where appropriate.

Iowa has a continuous quality improvement program, which requires pharmacists and trained pharmacy staff to record "reportable events" that include any issue "related to a prescription dispensed to a patient that results in or has the potential to result in serious harm to the patient."⁵⁹ There are specific policies and procedures that pharmacy staff must undertake upon being informed of such an event, including addressing the problem

with the patient or caregiver to minimize any potential problem. Further, analysis and recommendations for resolving problems are required according to certain standards after a report of each event is received. This quality improvement program is one example of how communication and thus language issues could be addressed and improved when addressing quality and patient safety.

The New York Experience

In 2007, New York Lawyers for the Public Interest, Make the Road New York, and the New York Immigration Coalition filed a complaint with the New York Office of the Attorney General alleging failure of seven chain pharmacies to provide language services. The complaint was based on Title VI of the Civil Rights Act of 1964, two state pharmacy provisions (oral counseling and label misbranding), and a New York City human rights law, among other provisions. Between November 2008 and April 2009, New York State settled with all seven chains: CVS, Rite Aid, A&P, Costco, Duane Reade, Target and Wal-Mart.

The settlements require each pharmacy chain to provide free language assistance services — reaching almost 2,500 stores state-wide. The settlements include requiring the pharmacies to: 1) provide oral counseling in a patient's primary language regarding prescriptions; 2) translate prescription labels, warning information, and other written important information in Spanish, Chinese, Italian, Russian and French; 3) train staff in language assistance policies; and 4) inform customers of their right to free language assistance in multi-lingual signs. Implementation of the requirements has been phased in. The provisions described above are currently effective, except translations of written information and labels, which must be implemented no later than May 15, 2010.

In September 2009, New York City enacted the first known comprehensive statute⁶⁰ requiring the provision of language services in

a pharmacy.⁶¹ It largely mirrors the settlements with the Attorney General. One difference is that the definition in the statute of a covered chain is broader than in the settlements — a chain is required to provide language services by the Act if it has four or more stores. The statute requires chain pharmacies to: 1) provide free, competent oral interpretation for all languages; 2) translate labels and written information in the top seven languages spoken by LEP persons in New York City (as determined by U.S. Census data); and 3) notify customers by posting multi-lingual signs of these rights. The statute imposes penalties on the pharmacy if language services not provided both for first and subsequent violations. This law will go into effect in May 31, 2010.

Conclusion

Both federal and state laws strongly support the provision of language services, both oral interpreting and written translations, in the pharmacy. Conversely, no federal or state law prohibits the provision of language services to LEP persons.

Title VI of the Civil Rights Act of 1964 has been interpreted by the federal government and the courts to prohibit discrimination against persons who are LEP. Any pharmacy that receives Medicaid or Medicare funds, or any other federal funds, must comply with Title VI. In addition, OBRA 1990 established standards for patient counseling and recording important information for Medicaid patients. These provisions have been expanded to broader groups of patients in most states. Both of these federal laws support the provision of language services in pharmacy settings.

In addition, every state supports the provision of language services during patient counseling, the distribution of written information, or both. Many states go further and establish mandatory counseling requirements in specific situations, such as for a new prescription, when a generic prescription is being substituted for a brand name drug, or when a patient is not in the pharmacy. While a few states exclude LEP patients from requirements for oral counseling, even those states provide for communication in another manner, such as through written information, for which language services likely should be provided.

Three states – California, North Carolina and Texas – specifically require the distribution of certain written materials to LEP persons in languages other than English. Additionally, California is developing a “standard” label. In developing the label, the Pharmacy Board is required to consider LEP persons, among other populations. Many other states require the distribution of written information to patients in certain circumstances.

Recent developments in New York, both the settlements between New York state and seven large chains, as well comprehensive city legislation requiring language services be provided in pharmacy chains, include specific legal requirements to provide language services in pharmacies.

In sum, federal and state laws provide significant support for the provision of language services in the pharmacy setting.

For more information contact Sarah Lichtman Spector, National Health Law Program, at lichtmanspector@healthlaw.org.

Using the State Charts

The charts present information for each state along four columns. The first column provides a three-letter code that signifies the *type* of provision being cited. The second column indicates *how* the provision affects language services. The third column provides the citation to the provision, and the last column offers a brief summary of the provision. The first and second columns' coding is as follows:

TYPES OF PROVISION:

DEF	Definition of practice of pharmacy or patient counseling that addresses effective communication
PCE	Patient counseling and education – general counseling or oral counseling specifically
RPL	Replacement of oral counseling with alternative types of information in certain situations
SUP	Supplement to oral counseling with alternative types of information
GEN	Generic substitution counseling requirements
OSM	Out-of-state, mail, or patient generally not present in the pharmacy
REM	Remote sites or telepharmacy services
DIS	Distribution of written information
PST	Notice or information for posting in the pharmacy
LAB	Prescription label
MIS	Misbranding
PMR	Patient Medication Records – documentation or recording of information
COC	Code of Conduct
OTH	Other

CODES:

M	Mandates language services
S	Supports language services
S-	Supports, with limitations in some cases, language services
L	Limits language services
P	Prohibits language services

N.B.:

Listing is in alphabetical order by state name, not state abbreviation.

Alabama

Type	Code	Provision	Description
PCE	S	Ala. Admin. Code r. 680-X-2.21(1),(4); Ala. Admin. Code r. 560-X-16.24(8)	Pharmacists must offer counseling for all new prescriptions. This requirement also applies to pharmacists in institutional settings and to patients participating in state Medicaid programs.
PCE	S-	Ala. Admin. Code r. 680-X-2.21(1)	For refills, pharmacists must offer counseling when appropriate.
PCE	S	Ala. Code § 34-23-159	A pharmacist must consult or have a professional interaction with a patient prior to selling directly to a customer an over-the-counter compounded drug product (i.e., a product prepared by the pharmacist using ingredients that do not require a prescription).
PCE, COC	S	Ala. Admin. Code r. 680-X-2.22(a), (c), (g)	The pharmacist code of professional conduct provides that a pharmacist should strive to provide information to patients regarding professional services truthfully, accurately and fully.
RPL	S-	Ala. Admin. Code r. 680-X-2.21(1)	The offer to counsel must be made orally and in-person unless in the professional judgment of the pharmacist, it is deemed inappropriate or unnecessary, in which case the offer can be made in writing, by telephone or in a manner deemed appropriate by the pharmacist.
DIS	S	Ala. Admin. Code r. 680-X-2.21(1)	Written information must be included with any dispensed prescription, including the pharmacy's telephone number for patients to call with any questions about their medication.
PMR	S	Ala. Admin. Code r. 680-X-2.21(5), (6)	Pharmacies must maintain patient medication profiles with patient information, including pharmacist comments.
OTH	S-	Ala. Admin. Code r. 680-X-2.21(9)	The pharmacist can charge and be reimbursed for counseling.



Alaska

Type	Code	Provision	Description
PCE	S	Alaska Admin. Code tit. 12, § 52.585(a)	With each new prescription dispensed, the pharmacist must verbally provide counseling to the patient or the patient's agent on matters considered significant, in the pharmacist's professional judgment.
PCE	S	Alaska Admin. Code tit. 12, § 52.585(d)	The pharmacist is not required to provide counseling when the patient refuses such counseling.
PCE	L	Alaska Admin. Code tit. 12, § 52.585(c)	The patient counseling requirements do not apply to a pharmacist who dispenses drugs for inpatient use in a hospital or other institution if the drug is to be administered by a nurse or other health care provider.
RPL, DIS	S-	Alaska Admin. Code tit. 12, § 52.585(b)	Patient counseling should be in-person, but if such counseling is not possible, a pharmacist must make a reasonable effort to provide the counseling by using a telephone, two-way radio, or written information. The pharmacist does not have to develop the written information, but can use abstracts of the Patient United States Pharmacopoeia Drug Information or comparable information.
GEN	S	Alaska Admin. Code tit. 12, § 52.510(a)(2)	A pharmacist can substitute a generic drug if certain requirements are met, including that the patient must be notified and consent to the substitution.
OSM, LAB	S	Alaska Stat. § 08.80.158(a), (c)	A pharmacy located outside of the state that regularly ships, mails, or delivers prescription drugs to patients in the state must, during its regular hours of operation, provide a toll-free telephone service to facilitate communication between patients and a pharmacist. The toll-free number and the hours that the service is available must be on a label on each container of drugs dispensed to patients in the state. The telephone service must be available at least 40 hours a week and at least 6 days a week.



Arizona

Type	Code	Provision	Description
PCE	S	Ariz. Admin. Code R4-23-402(B)	Oral consultation is required whenever: the prescription medication has not previously been dispensed to the patient in the same strength or dosage form or with the same directions; the pharmacist, through exercise of professional judgment, determines that oral consultation is warranted; or the patient or caregiver requests oral consultation.
PCE, PMR	S	Ariz. Admin. Code R4-23-402(F), (G)	The pharmacist is not required to provide counseling when a patient refuses consultation. The pharmacist must document, or assume responsibility to document, that oral consultation is or is not provided.
PCE	L	Ariz. Admin. Code R4-23-402(B), (J)	The oral counseling requirements do not apply to prescription drugs delivered to a patient at a location where a health care professional is responsible for administering the drugs.
RPL, DIS, PMR	S-	Ariz. Admin. Code R4-23-402(D)	Oral consultation can be omitted if the pharmacist: personally provides written information summarizing the information that would normally be orally communicated; documents the circumstance and reason for not providing oral consultation; and offers the opportunity for communication at a later time and provides a method to contact the pharmacy.
GEN	S	Ariz. Rev. Stat. Ann. § 32-1963.01(B), (C)	When a prescription is filled with a generic equivalent drug, the pharmacist must notify the patient of the amount of the price difference between the brand name and generic drug.
MIS, LAB	S	Ariz. Rev. Stat. Ann. § 32-1967(A)(6)(b)	A drug or device is misbranded unless its label contains adequate warnings in a manner and form necessary for the protection of patients.
OSM, DIS	S	Ariz. Admin. Code R4-23-402(I)	When a prescription is delivered outside the pharmacy and a pharmacist is not present, the prescription must be accompanied by written information that includes the information that would normally be orally communicated, as well as other specified information, including the phone number of the pharmacy or another method that allows the patient to consult with a pharmacist.
OSM, LAB	S	Ariz. Admin. Code R4-23-673(F)	Limited-service mail-order pharmacies must, during regular hours of operation but not fewer than 5 days and a minimum 40 hours per week, provide toll-free telephone service to facilitate communication between patients and a pharmacist. The limited-service pharmacy must disclose this toll-free number on a label on each container of drugs dispensed from the limited-service mail-order pharmacy.
PMR	S	Ariz. Admin. Code R4-23-402(A)	The pharmacist must obtain and record demographic and medical information, including pharmacist's comments relevant to the patient's drug therapy and other information specific to the patient.



Arkansas

Type	Code	Provision	Description
DEF	S	09-00 Ark. Code R. § 0001(d)	Patient counseling is defined as effective communication by the pharmacist to the patient to improve the therapeutic outcome by encouraging proper use of prescription medications and drug delivery devices.
PCE	S	09-00 Ark. Code R. § 0001(c), (d)	Patient counseling is required for original prescriptions and when medications are dispensed on discharge from a hospital or institution.
PCE	S-	09-00 Ark. Code R. § 0001(d)(2)	For refills, the pharmacist must present the opportunity for the patient to ask questions. Counseling is not required for refills, except when needed in the professional judgment of the pharmacist.
PCE	L	09-00 Ark. Code R. § 0001(c)(4)	Patient counseling is not required for patients who are receiving inpatient services from a hospital or institution where a health care professional is authorized to administer the medications.
OSM	S	09-00 Ark. Code R. § 0001(c)(1)	If a patient is not in the pharmacy, a pharmacist must make a reasonable effort to counsel the patient.
SUP	S	09-00 Ark. Code R. § 0001(c)(2)	Alternative forms of patient information may be used to supplement, but not replace, oral in-person counseling.
GEN, LAB	S	Ark. Code Ann. § 17-92-505(a)(2)	If a pharmacist dispenses a generic drug, the patient must be informed prior to dispensing, or the label should appropriately indicate the substitution.
PMR	S	09-00 Ark. Code R. § 0001(a)	The pharmacist must make a reasonable effort to obtain, record, and maintain demographic and medical patient information, including pharmacist comments.
COC	S	02-04 Ark. Code R. § 0001	Pharmacists have a duty to qualify themselves by attaining and maintaining an acceptable level of professional competence, and by using such skill and precaution in the dispensing, labeling, and distribution of drugs and medical devices, whether on prescription or not, so as to prevent injury or death to all patients.



California

Type	Code	Provision	Description
PCE, COC	S	Cal. Code Regs. tit. 16, § 1707.2(a), (b)	A pharmacist must provide oral consultation to patients in all care settings when the patient is present in the pharmacy for new prescriptions and when a prescription has not been dispensed to the patient in the same dosage, form, strength, or with the same directions. Further, a pharmacist must provide counseling in all care settings upon request or when the pharmacist deems it is warranted in his/her professional judgment. [Note: this provision is entitled "Notice to Consumers and Duty to Consult."]
PCE, DIS	S	Cal. Bus. & Prof. Code § 4074(1); Cal. Code Regs. tit. 16, § 1744	Pharmacists must inform patients orally or in writing of harmful effects of certain prescription drugs, if the drug poses a substantial risk when taken in combination with alcohol or the drug may impair the person's ability to drive.
DIS, LAB	S	Cal. Code Regs. tit. 16, § 1707.4(3)	For refills, the patient must be provided with written information, either on the prescription label or with the prescription container that describes which pharmacy to contact if the patient has any questions about the prescription or medication.
PCE	S	Cal. Code Regs. tit. 16, §§ 1751.5(a), 1751.2	Counseling must be available to a patient regarding the proper use of the sterile injectable products and related supplies. The labels must include the telephone number of the pharmacy.
PCE	S-	Cal. Code Regs. tit. 22, § 53214(c)(2)	Medicaid managed care recipients are required to have access, when appropriate, to counseling with a pharmacist. The purpose of the counseling is to assure that the patient understands the proper use and instructions for taking the medication.
PCE	S	Cal. Bus. & Prof. Code § 4181(a), 4191(a)	Non-profit, free clinic and surgical clinic pharmacies must also follow patient counseling, labeling, and recordkeeping requirements set forth for other pharmacists.
PCE	S	Cal. Code Regs. tit. 16, § 1707.2(e)	A pharmacist is not required to provide oral consultation to a patient who has refused consultation.
PCE	L	Cal. Code Regs. tit. 16, § 1707.2(b)(3)	A pharmacist is not required to provide oral consultation to patients in health care facilities, or inmates of adult or juvenile correctional facilities, unless the patient is being discharged.
OSM, LAB	S	Cal. Bus. & Prof. Code § 4112(f)	Nonresident pharmacies must provide a toll-free telephone service to facilitate communication between local patients and a pharmacist who has access to patient records. This toll-free telephone number must be on a label on each prescription drug container.
OSM, DIS	S	Cal. Code Regs. tit. 16, § 1707.2(b)(2)	If a patient is not present in the pharmacy (including drugs shipped by mail), a pharmacy must ensure that the patient receives written notice of his/her right to request consultation, and a telephone number from which the patient may speak to a pharmacist.
GEN, LAB	S	Cal. Bus. & Prof. Code § 4073(e)	When a generic substitution is made, the use of the generic drug must be communicated to the patient, and the name of the generic drug must be indicated on the prescription label.
LAB	M	Cal. Bus. & Prof. Code § 4076.5(a), (c)(5)	The Board of Pharmacy must promulgate regulations, on or before January 1, 2011, that require a standardized label on all prescription medicine dispensed to patients in California. When developing the regulations, the board must consider the needs of patients who are limited English proficient.
DIS	M	Cal. Health & Safety Code § 120970	If the California Department of Public Health uses a contractor to administer any aspect of its HIV program, the contractor must operate a toll-free telephone number for pharmacy counseling regarding medications and translate information regarding program policies and procedures, including enrollment procedures, eligibility guidelines, and lists of drugs covered, into Spanish, Mandarin/Cantonese, Tagalog, and in other languages, as determined by the Department.



California continued

Type	Code	Provision	Description
DIS, PST	S	Cal. Bus. & Prof. Code § 4122(a); Cal. Code Regs. tit. 16, § 1707.2(f)	Pharmacies must have a prominent and conspicuous notice, readable by prescription drug consumers, that includes information about the availability of prescription drug prices, generic drugs, services provided by pharmacies, and a statement of patients' rights. The notice must also encourage patients to talk to their pharmacists with concerns or questions.
DIS	S	Cal. Bus. & Prof. Code § 4052.3(e); Cal. Code Regs. tit. 16, § 1746	A pharmacist who furnishes emergency contraception drugs must provide the recipient with a standardized fact sheet that includes specific information. The Pharmacy Board provides the fact sheet in 10 languages other than English. http://pharmacy.ca.gov/consumers/emergency_cont.shtml .
PMR	S	Cal. Code Regs. tit. 16, § 1707.1	Pharmacies must maintain medication profiles for all patients that contain demographic and medical information, as well as additional information the pharmacist deems appropriate in his/her professional judgment.

Colorado

Type	Code	Provision	Description
PCE, COC	S	3 Colo. Code Regs. § 719-1 (1.00.18)	The pharmacist must offer to advise the patient regarding a prescription when a patient seeks advice, or when, in the pharmacist's professional judgment, the best interest of the patient will be served. [Note: this provision is contained within Colorado's Rules of Professional Conduct for pharmacists.]
PCE	S	10 Colo. Code Regs. § 2505-10-8.838.3(A)	Pharmacists or their designees must offer to counsel Medicaid patients with new prescriptions.
PCE, PMR	S	10 Colo. Code Regs. § 2505-10-8.838.3(D)	For Medicaid patients, counseling is not required when the patient refuses the consultation. The pharmacist must keep records indicating when the consultation was not or could not be provided.
PCE	L	10 Colo. Code Regs. § 2505-10-8.838.3(C); Colo. Rev. Stat. § 12-22-124	For Medicaid patients, counseling is not required for patients of a hospital or institution where other licensed health care professionals administer the prescribed drugs. Specifically, communication of generic substitution for a brand name drug is not required for institutionalized patients.
SUP, DIS	S	10 Colo. Code Regs. § 2505-10-8.838.3(B)	Alternative forms of patient information may be used to supplement counseling for Medicaid patients when appropriate, but not to be used in lieu of oral counseling. Examples of these forms of information include written information leaflets, pictogram labels, and video programs.
GEN, DIS, LAB	S	Colo. Rev. Stat. § 12-22-124	If a generic substitution is made, the substitution must be communicated to the patient orally and in writing. The container must be labeled with the name of the drug dispensed, and the pharmacist must indicate on the file copy of the prescription both the name of the prescribed drug and the name of the drug generic drug dispensed.
PMR	S	10 Colo. Code Regs. § 2505-10-8.838.1	For Medicaid patients, pharmacists must make reasonable efforts to obtain and maintain patient medical and demographic information, including comments the pharmacist determines are relevant to the patient's pharmaceutical care.



Connecticut

Type	Code	Provision	Description
PCE, RPL, DIS	S-	Conn. Gen. Stat. § 20-620(c)	For Medicaid recipients, the pharmacist must, whenever practicable, offer in person to discuss the drugs to be dispensed and to counsel the client on drug usage, except when the person obtaining the prescription is not the patient or the pharmacist determines it is appropriate to make such an offer in writing. Any written offer of counseling must include an offer to counsel the patient in person at the pharmacy or by telephone.
PCE, PMR	S	Conn. Gen. Stat. § 20-620(e)	For Medicaid recipients, pharmacists are not required to counsel patients who refuse counseling services. The pharmacist must document the provision of counseling, a refusal by the patient, or the inability of the patient to accept counseling.
PCE	L	Conn. Gen. Stat. § 20-620(f)	Counseling provisions do not apply to persons receiving prescription drugs in certain nursing homes.
GEN	S	Conn. Gen. Stat. § 20-619(b)	Pharmacists must inform the patient of the substitution of a generic for the prescribed drug at the earliest reasonable time.
OSM, LAB	S	Conn. Gen. Stat. § 20-627	A nonresident pharmacy must, during its regular hours of operation but not less than 6 days per week and for a minimum of 40 hours per week, provide a toll-free telephone number to facilitate communication between patients in this state and a pharmacist at the nonresident pharmacy. The toll-free telephone number must be disclosed on a label on each prescription drug container dispensed to a patient.
PMR	S	Conn. Gen. Stat. § 20-620(a)	For Medicaid recipients, the pharmacist must make a reasonable effort to obtain and maintain patient demographic and medical information, including comments relevant to the individual's drug therapy.



Delaware

Type	Code	Provision	Description
PCE	S	24-2500 Del. Code Regs. § 5.3.2	A pharmacist must provide counseling to the patient with each new medication dispensed.
PCE, PMR	S	24-2500 Del. Code Regs. § 5.3.4	Counseling is not required when a patient refuses the counseling. A record must be in a uniform place that documents a patient's acceptance or refusal of counseling. If the patient refuses to give all or part of the information, that must also be recorded.
PCE	L	24-2500 Del. Code Regs. § 5.3.3	Counseling is not required when a pharmacist dispenses drugs for inpatient use in a hospital or other institution where the drug is to be administered by a nurse or other appropriate health care provider.
PCE	S	40-850-026 Del. Code Regs. §§ 5.3.3.1-5.3.3.2	For Medicaid patients, pharmacists must offer to discuss the prescription drugs they are taking when filling prescriptions for them.
GEN	S	24 Del. Code Ann. § 2549	A pharmacist may engage in generic substitution if, among other things, the pharmacist informs the patient.
OSM, DIS	S	24-2500 Del. Code Regs. § 5.3.5	Written information must be included with the prescription, if the dispensed prescription is delivered when the pharmacist is not present (i.e. home delivery and non-resident pharmacies). The patient must be informed that the pharmacist will be available for consultation.
OSM, LAB	S	24 Del. Code Ann. § 2537(a)(4)	Nonresident pharmacies must provide a local or toll-free telephone service staffed by a registered pharmacist during its regular hours of operation, but not less than 6 days per week for a minimum of 40 hours per week, to facilitate communication between patients in the state and pharmacists at the nonresident pharmacy who have access to patient records. The toll-free telephone number must appear on the label on each container of prescription drugs dispensed to patients.
PMR	S	24-2500 Del. Code Regs. §§ 5.7.2.10	Pharmacists are required to maintain patient demographic and medical information, including pharmacist comments relevant to the patient's drug therapy, any other information peculiar to the specific patient, and any idiosyncrasies of the patient.



District of Columbia

Type	Code	Provision	Description
PCE	S	D.C. Code Ann. § 3-1210.06a; D.C. Mun. Regs. tit. 22, § 1919.1	A pharmacist must make a verbal offer to counsel the patient when there is a new prescription, a change in dosage form or strength, annually for maintenance medications, and whenever pharmacist deems otherwise necessary.
PCE	S	D.C. Mun. Regs. tit. 22, § 1919.7	A pharmacist must assess, to the best of his/her ability, that the patient understands the counseling information provided to the patient.
PCE, PMR	S	D.C. Code Ann. § 3-1210.06a(c), (d)	A pharmacist is not required to counsel patients who refuse the consultation. Any refusal of the pharmacist's offer to counsel must also be recorded in a patient's medication profile.
PCE	L	D.C. Mun. Regs. tit. 22, § 1919.9	A pharmacist is not required to counsel a patient in an inpatient health care facility where other licensed health care professionals are authorized to administer drugs.
OSM, DIS	S	D.C. Mun. Regs. tit. 22, § 1919.5	When the patient is not present in the pharmacy, as in the case of prescription deliveries, the pharmacist must ensure that the patient receives written notice of his/her right to request consultation and a telephone number from which the patient may obtain oral consultation from a pharmacist.
SUP, DIS	S	D.C. Mun. Regs. tit. 22, § 1919.4	A pharmacist must provide written information to reinforce the pharmacist's consultation. Such information may include information leaflets, pictogram labels or video programs.
PMR	S	D.C. Mun. Regs. tit. 22, § 1913.11; D.C. Code Ann. § 3-1210.06a(d)	Pharmacies must make a reasonable effort to obtain, record, and maintain patient demographic and medical information and pharmacist's comments relevant to the individual's drug therapy, any other information peculiar to the specific patient, and any other information that the pharmacist, in his/her professional judgment, deems appropriate.



Florida

Type	Code	Provision	Description
PCE, DIS	S-	Fla. Stat. Ann. § 465.003(6)	If in the pharmacist's judgment counseling is necessary, a pharmacist must provide written or oral counseling on proper drug usage.
PCE, DIS	S	Fla. Admin. Code Ann. r. 64B16-27.820	The pharmacist must ensure that an offer of verbal and printed counseling be made to the patient when new or refilled prescriptions are filled.
PCE	S-	Fla. Stat. Ann. § 465.0255(2), (4)	A community pharmacist must provide information about the expiration date, if requested by the patient, and appropriate instructions about proper use and storage of medicinal drugs. The pharmacist will not be liable if a patient does not follow the notice or follow the instructions for storage.
PCE	S	Fla. Admin. Code Ann. r. 64B16-27.820(3)	Patient counseling is not required when the patient refuses the consultation.
PCE	L	Fla. Admin. Code Ann. r. 64B16-27.820(2)	Patient counseling is not required for patients in a hospital or institution where other practitioners are authorized to administer prescription drugs.
PCE	S	Fla. Stat. Ann. § 465.026	If a prescription is transferred from another pharmacy, the pharmacist must advise the patient (verbally or by electronic means) that the prescription on file at the other pharmacy must be cancelled before the prescription may be filled or refilled.
GEN	S	Fla. Stat. Ann. § 465.025(3)(a); Fla. Admin. Code Ann. r. 64B16-27.530	If a generic drug is substituted for the prescribed drug, the pharmacist must inform the patient of the substitution, of any retail price difference between the two, and of the patient's right to refuse substitution. This information must be communicated at a meaningful time to allow the patient to make an informed choice as to whether to exercise the option to refuse substitution. The manner with which this information is conveyed is left to the discretion and judgment of the pharmacist.
OSM, DIS	S	Fla. Admin. Code Ann. r. 64B16-27.820(1)	If the drugs are not dispensed to patients at the pharmacy, then the offer of counseling must be provided in writing with a toll free number.
OSM, LAB	S	Fla. Stat. Ann. § 465.0197	Registered internet pharmacies must maintain a toll-free number at least 6 days per week for a minimum of 40 hours per week to facilitate communications between patients and a pharmacist who has access to the patient's records. The telephone number must be on the container label of the dispensed drug.
PMR	S	Fla. Admin. Code Ann. r. 64B16-27.800(1)	The pharmacist must ensure that a reasonable effort is made to obtain and maintain demographic and medical patient information, including pharmacist's comments and any other information peculiar to the specific patient.



Georgia

Type	Code	Provision	Description
PCE	S	Ga. Code Ann. § 26-4-85; Ga. Comp. R. & Reg. 480-31-.01 (c)	After receiving a prescription drug order, the pharmacist must offer to discuss information that will enhance or optimize drug therapy.
PCE	S	Ga. Code Ann. § 26-4-85(e)	Patient counseling is not required if the patient refuses the counseling.
PCE	L	Ga. Code Ann. § 26-4-85(d); Ga. Comp. R. & Regs. 480-31-.01 (c)	Patient counseling is not required for patients in hospitals or institutions, inmates at correctional facilities, or patients receiving drugs from the Department of Human Resources Division of Public Health.
OSM, DIS	S	Ga. Code Ann. § 26-4-60(a)(11)	Mail-order pharmacies that distribute prescription drugs to health benefit plan enrollees must provide an electronic, telephonic, or written mechanism through which a pharmacist can offer counseling to the enrollee.
SUP, DIS	S	Ga. Comp. R. & Regs. 480-31-.01 (c)	Additional forms of patient information may be used to supplement verbal patient counseling when appropriate or available.
PMR	S	Ga. Code Ann. § 26-4-83; Ga. Comp. R. & Regs. 480-31-.01 (a)	All pharmacies must maintain a patient record system and must make reasonable efforts to obtain, record, and maintain demographic and medical patient information, including pharmacists' comments and any other information peculiar to the specific patient or drug.
OTH	S-	Ga. Comp. R. & Regs. 480-31-.01 (d)	The pharmacist is not prohibited from being compensated for counseling services.



Hawaii

Type	Code	Provision	Description
PCE	S	Haw. Rev. Stat. § 328-17.6	If a prescription is transferred from another pharmacy, the dispensing pharmacist must advise the patient that the prescription on file at the other pharmacy may be cancelled.
GEN	S	Haw. Rev. Stat. § 328-92	When filling a prescription, a pharmacist must offer the patient the generic version, inform the patient of the right to refuse substitution, and inform the patient of the cost savings, if requested.
REM	S	Haw. Rev. Stat. § 461-10.5; Haw. Code R. § 17-1737.51.1	Remote dispensing pharmacies (pharmacies that are at least five miles from any other pharmacy) can dispense prescriptions through a remote dispensing machine that must be supervised and quality assured by a licensed pharmacist in the state. The remote pharmacy staff must offer patients the option to receive counseling by a pharmacist at the responsible pharmacy. Remote dispensing machines must have video and audio components that allow the patient to have a “face-to-face” consultation with the pharmacist at the responsible pharmacy. Medicaid recipients are also specifically allowed to obtain their prescriptions through a telehealth system.
DIS	S	Haw. Code R. § 16-95-130	The pharmacist must obtain a signed informed consent form when dispensing emergency contraception therapy. The pharmacist and patient must also sign a screening checklist for emergency contraception.



Idaho

Type	Code	Provision	Description
PCE	S	Idaho Code Ann. § 54-1749	When filling a prescription, a pharmacist must offer to counsel the patient face-to-face. If this is not possible, the pharmacist must make a reasonable effort to counsel the patient by phone.
PCE	S	Idaho Code Ann. § 54-1749	Patient counseling is not required if the offer to counsel is refused.
PCE	L	Idaho Code Ann. § 54-1749	Patient counseling is not required for patients in a hospital or institution.
OSM, LAB	S	Idaho Code Ann. § 54-1747	All out-of-state mail order pharmacies must maintain a toll-free number at least 6 days per week for a minimum of 40 hours per week to facilitate communication between patients and a pharmacist who has access to the patient's records. The telephone number must be on the label on the prescription drug container dispensed to the patient.
PMR	S	Idaho Code Ann. § 54-1735	To effectively counsel patients, pharmacists must make a reasonable effort to obtain and maintain demographic and medical information about the patient, including pharmacists' comments.



Illinois

Type	Code	Provision	Description
PCE	S	Ill. Admin. Code tit. 68, § 1330.65	Upon receipt of a new or refill prescription, an offer to counsel the patient must be made. A pharmacist in a hospital or nursing home must also follow these counseling requirements when medications are provided upon discharge from such a facility.
PCE, PMR	S	Ill. Admin. Code tit. 68, § 1330.65	A pharmacist is not required to provide counseling when a patient has refused the offer to counsel. A patient's refusal to accept counseling must be documented.
RPL	S-	Ill. Adm. Code tit. 68, § 1330.65(b)	If, in the pharmacist's professional judgment, oral counseling is not practicable for the patient or patient's caregiver, the pharmacist must use alternative forms of patient information. When used in place of oral counseling, alternative forms of patient information must advise the patient or caregiver that the pharmacist may be contacted for consultation by toll-free or collect telephone service.
OSM, LAB	S	225 Ill. Comp. Stat. Ann. 85/16a	Nonresident pharmacies must operate a toll-free telephone service during its regular hours of operation, but not less than 6 days per week, for a minimum of 40 hours per week, to facilitate communication between patients in the state and a pharmacist at the pharmacy who has access to the patients' records. The toll-free number must be disclosed on the label on each container of drugs dispensed to patients.
PMR	S	Ill. Adm. Code tit. 68, § 1330.65(c)	A pharmacist must make a reasonable effort to obtain and maintain patient profiles that include demographic and medical information, including pharmacist's comments relevant to the individual's therapy.



Indiana

Type	Code	Provision	Description
DEF	S	Ind. Code Ann. § 25-26-13-2; 856 Ind. Admin. Code 1-33-1	The practice of pharmacy is defined as a patient-oriented health care profession in which pharmacists interact with and counsel patients. Counseling is defined as “effective communication between a pharmacist and a patient . . . to improve the therapeutic outcome of the patient through the effective use of the drug or device.”
PCE, DIS	S	856 Ind. Admin. Code 1-33-2, 1.5	For both new and refill prescriptions, the pharmacist must offer to counsel the patient. An offer must be oral or, if necessary for an individual patient, in writing. The offer must inform the patient that a pharmacist is available to counsel the patient at the time the offer is made including, but not limited to, giving information to or answering questions of the patient. Use of an intermediary to convey the offer of counseling is specifically allowed for translations and persons who are hearing impaired.
PCE	S	856 Ind. Admin. Code 1-28.1-7	Pharmacists in institutional pharmacies are also required to provide counseling and education of patients.
OSM, DIS	S	856 Ind. Admin. Code 1-33-1.5	When a patient is not present in the pharmacy, written information is required, and it must contain the pharmacy’s telephone number and an offer to counsel the patient.
SUP, DIS	S	856 Ind. Admin. Code 1-33-2(c)	Alternative forms of patient information may be used to supplement verbal counseling when appropriate. Examples include written information leaflets, pictogram labels and video programs. Supplementary information may not be used as a substitute for verbal counseling when verbal counseling is practicable.
PMR	S	Ind. Code Ann. § 25-26-13-31	A pharmacist may obtain and maintain patient drug histories and other pharmacy records related to drug therapies.
PMR	S	856 Ind. Admin. Code 1-33-3	A pharmacist must obtain and maintain patient drug profiles with demographic and medical patient information, including pharmacist’s comments relevant to the individual’s drug therapy.



Iowa

Type	Code	Provision	Description
PCE	S	Iowa Admin. Code r. 657-6.14(1)	For new prescriptions, a pharmacist must counsel each patient or patient's caregiver. An offer to counsel does not fulfill the requirements of this rule.
RPL, SUP, DIS	S-	Iowa Admin. Code r. 657-6.14(4)	Oral counseling does not have to be provided if the pharmacist decides it is not practicable. "Not practicable" is defined to include those patients with a hearing impairment or a language barrier. If oral counseling is not provided, the pharmacist must provide alternative forms of patient information to communicate with the patient or caregiver that explains the pharmacist may be contacted for consultation at the pharmacy by toll-free or collect telephone call. Alternative forms of patient information may include written information leaflets, pictogram labels, video programs or information generated by electronic data processing equipment. A combination of oral counseling and alternative forms of counseling is encouraged.
PCE, PMR	S	Iowa Admin. Code r. 657-6.14(6)	Counseling is not required if a patient or caregiver refuses the consultation. The pharmacist must document any refusal of consultation by the patient.
PCE	L	Iowa Admin. Code r. 657-6.14(5)	Counseling is not required for inpatient of an institution where other licensed health care professionals are authorized to dispense drugs.
PCE	S	Iowa Admin. Code r. 441-78.2	For Medicaid recipients, pharmacists are required to offer to discuss information regarding the use of the medication with each recipient or caregiver presenting a prescription.
OSM, LAB	S	Iowa Admin. Code r. 155A.13A	A nonresident pharmacy must provide, during its regular hours of operation for at least 6 days and for at least 40 hours per week, a toll-free telephone number to facilitate communication between a patient and a pharmacist who has access to the patient's records. The toll-free number must be printed on the label on each container of prescription drugs delivered, dispensed or distributed in the state.
REM, PST	S	Iowa Admin. Code r. 657-9.5, 9.18	Telepharmacy services are established when a managing pharmacy is designated to provide quality assurance, supervision and counseling to a remote pharmacy site. The remote site is considered an extension of the managing pharmacy, and can only be established when there is not a general pharmacy in the same community or within 15 miles of the remote site. A pharmacist at the managing pharmacy must use video and audio components of the automated pharmacy system to counsel each patient on all new prescriptions. Further, a sign must be posted at the remote site to ensure that all patients are informed that a pharmacist will counsel a patient for any prescription dispensed from the remote site.
REM	S	Iowa Admin. Code r. 653-13.6	Automated dispensing systems, which allow technology to assist in the dispensing of the medication without a pharmacist or physician present, may be used as long as certain quality control measures are utilized by the physician responsible for the system. A physician using the automated system to dispense a prescription must provide counseling to a patient about that prescription drug.
PMR	S	Iowa Admin. Code r. 657-6.13(1)	The pharmacist is responsible for obtaining, recording, and maintaining demographic and medical information about each patient, including pharmacist comments relevant to the individual's drug therapy.
OTH	S	Iowa Admin. Code r. 657-6.2	Each pharmacy is required to have an ongoing, systematic program for achieving performance and quality improvement of pharmaceutical services. A supervising pharmacist in each pharmacy is also required to ensure that a pharmacist is providing patient counseling, as required by these rules.

Kansas

Type	Code	Provision	Description
PCE	S	Kan. Admin. Regs. § 68-2-20(a), (b)	The pharmacist must offer to counsel the patient or patient's agent for new prescriptions and once yearly for maintenance medications.
PCE	S-	Kan. Admin. Regs. § 68-2-20(a), (b)	For refill prescriptions, a pharmacist must offer to counsel the patient only if the pharmacist deems it appropriate.
PCE	S	Kan. Admin. Regs. § 68-2-20(c)	Patient counseling is not required when the patient or the patient's agent refuses the counseling.
PCE	S-	Kan. Admin. Regs. § 68-2-20(b)(2), (c)	A pharmacist can decide not to provide verbal counseling on a case-by-case basis for refills, maintenance medications, or continuous medications for the same patient. Patient counseling is not required if the pharmacist, based on professional judgment, determines that the counseling may be detrimental to the patient's care or the relationship with the patient's prescribing provider.
GEN	S	Kan. Admin. Regs. § 68-2-20; Kan. Admin. Regs. § 30-5-92	The pharmacist must notify the patient or the patient's agent if a generic drug has been substituted for a brand name drug. For Medicaid recipients, the pharmacist must also inform the patient that a generic drug is available, if it is in stock at that time, and it is less expensive than the brand name drug prescribed.
OSM, LAB	S	Kan. Stat. Ann. § 65-1657	Nonresident pharmacists are required to provide toll-free telephone communication consultation between patients and a pharmacist at the pharmacy who has access to the patient's records. The telephone number must be placed upon the label on each prescription drug container dispensed.
SUP, DIS, LAB	S	Kan. Admin. Regs. § 68-2-20(b)(3)	The pharmacist may provide alternative forms of patient information to supplement oral patient counseling. These supplemental forms of patient information may include written information, leaflets, pictogram labels, video programs and auxiliary labels on the prescription vials. The supplemental patient information must not be used as a substitute for the oral counseling required.



Kentucky

Type	Code	Provision	Description
PCE, RPL, DIS	S-	201 Ky. Admin. Regs. 2:210, Secs. 2, 5	Pharmacists must offer to counsel a patient on new prescriptions and, only at the pharmacist's discretion, for refills. The offer must be made face-to-face unless impractical or inappropriate, in which case the offer may be made by telephone (with reasonable effort), written communication or by other appropriate manner determined by the pharmacist.
PCE, PMR	S	201 Ky. Admin. Regs. 2:210, Sec. 6 (2)	Counseling is not required if the patient refuses the consultation. Any refusal of consultation must be documented.
PCE	L	201 Ky. Admin. Regs. 2:210, Sec. 6 (1)	Counseling is not required to be offered to patients in a hospital or institution where other licensed healthcare professionals are authorized to administer the drug.
SUP	S	201 Ky. Admin. Regs. 2:210, Sec. 5	Pharmacists may supplement patient counseling with additional forms of information.
OSM, LAB	S	Ky. Rev. Stat. Ann. § 315.0351 (6)	Registered out-of-state pharmacies must maintain a toll-free number at least 6 days per week for a minimum of 40 hours per week to facilitate communication between patients and a pharmacist who has access to the patient's records. The number must be disclosed on the container label for dispensed drugs.
REM	S	Ky. Rev. Stat. Ann. § 315.310	Pharmacists who provide or facilitate the use of telehealth (using audio, video, or electronic means to provide health care) must ensure that the patient's informed consent is obtained before telehealth services are provided.
DIS	S	Ky. Rev. Stat. Ann. § 217.896	Pharmacists must display pamphlets that explain certain provisions of the Pharmacy Act in a prominent place and must make them available without charge.
PMR	S	201 Ky. Admin. Regs. 2:210, Sec. 1(e)(6)	A pharmacist must obtain, record, and maintain patient demographic and medical information, including comments or other information as may be relevant to the specific patient.



Louisiana

Type	Code	Provision	Description
DEF	S	La. Admin. Code tit. 46, § 517(A)	Patient counseling is defined as the “effective communication of information by a pharmacist to a patient. . . to ensure proper use of drugs and devices.”
PCE	S	La. Admin. Code tit. 46, § 517(E)	When possible and appropriate, patient counseling should occur face-to-face, but if not possible or appropriate, pharmacists can use alternatives, including telephone or electronic communication. Pharmacists are required to counsel patients discharged from hospitals or other institutions.
PCE	S	La. Admin. Code tit. 46, § 517(F)	No pharmacist may encourage blanket waivers for patient counseling. A patient may decline an offer of patient counseling.
PCE	L	La. Admin. Code tit. 46, § 517(A), (B), (C), (E)	Counseling is not required for patients in a hospital or institution where a licensed healthcare professional is authorized to administer medication.
SUP, DIS	S	La. Admin. Code tit. 46, § 517(C)	Pharmacist may supplement oral information with written information but may not use written information alone to fulfill the counseling requirement.
DIS	S	La. Admin. Code tit. 46, § 517(E)	The pharmacist must maintain appropriate patient-oriented drug information materials.
OSM	S	La. Admin. Code tit. 46, § 2309	The state’s pharmacy laws and regulations are applicable to the regulation of out-of-state pharmacies.



Maine

Type	Code	Provision	Description
PCE, SUP, DIS	S	Me. Rev. Stat. Ann. tit. 32, § 13784; 02-392-25 Me. Code R. § 1	With each new prescription, the pharmacist must orally explain to the patient the directions for use and any additional information to assure proper use of the drug/device. Information in writing may be provided if necessary.
PCE, LAB, DIS	S	02-392-25 Me. Code R. § 2	With each refill prescription, the pharmacist must offer to counsel the patient. The offer may be made by face-to-face communication, a telephone conversation, a notation on the prescription container, or a notation on the prescription bag.
PCE	L	Me. Rev. Stat. Ann. tit. 32, § 13784	Counseling is not required for patients in hospitals or institutions where medication is administered by a health care professional licensed to do so.
GEN	S	Me. Rev. Stat. Ann. tit. 32, § 13781	When a pharmacist substitutes a generic drug for a brand name drug, the pharmacist must inform the patient of the substitution. If a patient is paying for the drug with his/her own resources, the pharmacist must ask the patient whether he/she would prefer a generic drug and dispense the drug that the patient prefers.
PCE, GEN	S	Me. Rev. Stat. Ann. tit. 32, § 13782-A	A pharmacist must inform a patient, by telephone or in person, the price of any brand name or generic drug, if that information is requested by the patient.
OSM, DIS	S	Me. Rev. Stat. Ann. tit. 32, § 13784; 02-392-25 Me. Code R. § 1	For those prescriptions delivered outside the pharmacy, the explanation must be made over the telephone or in writing. When the prescription is not dispensed to the patient or caregiver, the pharmacist must make the counseling available to the patient through a toll-free telephone service.
DIS	S	Me. Rev. Stat. Ann. tit. 22, § 2682	For persons who have no prescription drug coverage and are purchasing brand name drugs, information about the Maine Rx Program and how to get help with high cost of drugs must be distributed with each such prescription dispensed.
PMR	S	Me. Rev. Stat. Ann. tit. 32, § 13785	The pharmacist must obtain, record, and maintain patient demographic and medical information, including specific characteristics about the patient that may relate to drug utilization.



Maryland

Type	Code	Provision	Description
PCE, DIS, LAB, PST	S	Md. Code Ann., Health Occ. § 12-507(a), (b)	For Medicaid recipients, a pharmacist must offer to counsel patients for new prescriptions for covered outpatient drugs. The offer may be a face-to-face communication or at least two of the following: a posted sign, notation on the prescription bag, notation on the prescription container, or communication by phone.
PCE	L	Md. Code Ann., Health Occ. § 12-507(e),(f)	No counseling is required for refill prescriptions or when it is not an outpatient drug.
PCE	S	Md. Code Ann., Health Occ. § 12-507(c)	No counseling is required when the Medicaid recipient or caregiver has refused the offer to counsel.
GEN, DIS	S	Md. Code Ann., Health Occ. § 12-504	A pharmacist must inform patients of the availability of a generic version and of the cost difference between the generic and brand name drug. If the generic version is substituted for the prescribed drug/device, the pharmacist must notify the patient in writing that the drug/device dispensed is a generic equivalent of the prescribed product.
DIS, SUP	S	Md. Code Regs. 10.34.26.02	In addition to any other patient counseling requirements, pharmacies must provide patients with information about preventing medication errors, including the patient's rights when receiving medications, the patient's role and responsibility in preventing medication error, and procedures for reporting suspected medication errors to healthcare providers and the Board of Pharmacy. This information must be provided to patients before or at the time the drug/device is provided to the patient.
PMR	S	Md. Code Ann., Health Occ. § 12-507(d)	For Medicaid recipients, a pharmacist must make a reasonable effort to obtain, record, and maintain patient demographic and medical information, including a pharmacist's comments relevant to the individual's drug therapy.



Massachusetts

Type	Code	Provision	Description
PCE, RPL	S-	Mass. Gen. Laws Ann. ch. 94C, § 21A; 247 Mass. Code Regs. 9.07(3)(a)(e)	A pharmacist must offer to counsel a patient who presents a new prescription. Such offer must be made either by face-to-face communication or by telephone, except when the patient's needs or availability require an alternative method of counseling.
PCE, PMR	S	Mass. Gen. Laws Ann. ch. 94C, § 21A	Counseling is not required if a patient refuses the offer to counsel. A patient's refusal of the pharmacist's offer to counsel should be recorded.
PCE	L	Mass. Gen. Laws Ann. ch. 94C, § 21A	Counseling is not required for drugs dispensed to a patient in a hospital or nursing home or any other setting where medication is administered by an authorized individual.
OSM, LAB	S	Mass. Gen. Laws Ann. ch. 94C, § 21A	If the patient does not pick up the prescription at the pharmacy, a patient must be provided access to a toll-free telephone number. The toll-free telephone number must be on a label on each container of a prescription drug dispensed.
PMR	S	247 Mass. Code Regs. 9.07(1)(a)	The pharmacist must make a reasonable effort to obtain, record and maintain certain information about the patient, including a pharmacist's comments relevant to the patient's drug use.



Michigan

Type	Code	Provision	Description
PCE, COC	S	Mich. Admin. Code r. 338.490(4)	To encourage intended, positive patient outcomes, pharmacists must communicate with a patient regarding safe and effective medication use at the time a new prescription is dispensed. [Note: This provision is entitled "Professional Responsibility."]
PCE	S-	Mich. Admin. Code r. 338.490(4)	For refill prescriptions, a pharmacist may counsel the patient if the pharmacist deems it appropriate.
PCE, RPL, OSM, DIS	S-	Mich. Admin. Code r. 338.490(4)	Counseling must be performed orally and in person, except when the patient or patient's caregiver is not at the pharmacy or when a specific communication barrier prohibits oral communication. In either situation, providing printed material designed to help the patient use the medication safely and effectively satisfies the counseling requirement.
PCE	S	Mich. Admin. Code r. 338.490(4)(d)	Counseling is not required if the patient refuses the consultation.
PCE	L	Mich. Admin. Code r. 338.490(4)	Counseling not required for prescriptions dispensed for administration to a patient while the patient is in a medical institution.
GEN, LAB	S	Mich. Comp. Laws Ann. § 333.17755(1); Mich. Admin. Code r. 338.479(3)	If a drug is dispensed that is not the prescribed brand, the patient must be notified, and the prescription label must indicate the name of the brand prescribed and the name of the generic drug dispensed.



Minnesota

Type	Code	Provision	Description
PCE	S	Minn. R. 6800.0910(1), (2)	A pharmacist must provide oral counseling to a patient who is submitting a new prescription. Each licensed pharmacy must develop and maintain a written patient consultation procedure for providing oral communication between the patient and the pharmacist designed to improve the patient's understanding of and compliance with the patient's drug therapy. A pharmacist must initiate the discussion about the prescription and inquire about the patient's understanding of the use of the medication.
PCE	S-	Minn. R. 6800.0910(2)	For refills, the pharmacist must only counsel the patient if the pharmacist deems it necessary.
PCE, PMR	S	Minn. R. 6800.0910(2)	Oral counseling is not required if a patient has refused the consultation. If consultation is not provided, that fact and the circumstances surrounding it must be noted on the prescription, in the patient's records, or in a specially developed log.
PCE	L	Minn. R. 6800.0910(2)	Oral counseling is not required for patients in a hospital or other institution, such as a nursing home, where a licensed health care professional administers the drug.
GEN	S	Minn. Stat. Ann. § 151.21	Pharmacists must disclose to purchasers when a generic equivalent of a prescribed drug is available and must notify the purchaser if dispensing a drug other than the brand name prescribed. The purchaser may object to receiving the generic equivalent.
SUP, DIS	S	Minn. R. 6800.0910(2)	Oral counseling may be supplemented with written information.
OSM, DIS	S	Minn. R. 6800.0910(2)	For a prescription that is being delivered or mailed, counseling must still be provided. Written information may be provided to the patient to accomplish the counseling requirements. If written information is provided, it must include information regarding the medication and the availability of the pharmacist to answer questions through the provision of a toll-free telephone phone number.
OSM, LAB	S	Minn. Stat. Ann. § 151.19	Non-resident pharmacies must operate a toll-free telephone service during its regular hours of operation, but not less than 6 days per week, for a minimum of 40 hours per week, to facilitate communication between patients in the state and a pharmacist at the pharmacy who has access to the patients' records. The toll-free number must be on the label on each container of drugs dispensed.
PMR	S	Minn. R. 6800.3110	A reasonable effort must be made by the pharmacy to obtain, record, and maintain demographic and medical information regarding all patients who obtain prescription services at the pharmacy, including a pharmacist's comments relevant to the individual's drug therapy.
COC	S	Minn. R. 6800.2250	Unprofessional conduct is defined to prohibit a pharmacist or pharmacy from: discriminating in any manner between patients or groups of patients for reasons of race, creed, color, or national origin; refusing to consult with patients, attempting to circumvent the consulting requirements; or discouraging the patient from receiving consultation, among other prohibited conduct.
OTH	S-	Minn. R. 6800.0910(2)(B)	Pharmacists may charge for counseling services to patients.



Mississippi

Type	Code	Provision	Description
PCE, COC	S	50-018-001 Miss. Code R. § 8	It is the responsibility of the pharmacist to make an offer to provide oral counseling when dispensing an outpatient prescription drug. The pharmacist must provide the patient counseling.
PCE	S	50-018-001 Miss. Code R. § 8(4)(E)	Counseling is not required for patients who refuse a consultation.
PCE	L	50-018-001 Miss. Code R. § 8(4)(C)	Counseling is not required for patients in a hospital or institution where other licensed health care professionals are authorized to administer the drug.
SUP, DIS	S	50-018-001 Miss. Code R. § 8	Alternative forms of patient information may be used to supplement oral counseling such as written information, leaflets, pictogram labels, video programs, and auxiliary labels on the prescription vials.
GEN	S	Miss. Code Ann. § 73-21-117; 50-018-001 Miss. Code R. § 10	A pharmacist must advise patients of their options when a generic equivalent drug product is available and will result in lower costs to the purchaser.
OSM, LAB	S	Miss. Code Ann. § 73-21-106	A non-resident pharmacy that mails or delivers drugs into the state must operate a toll-free telephone service during its regular hours of operation, but not less than 6 days per week and for a minimum of 40 hours per week, to facilitate communication between patients and a pharmacist at the pharmacy who has access to the patient's records. The toll-free number must be on a label on each container of drugs dispensed.
OSM	S	50-018-001 Miss. Code R. § 8(4)(A)	If a patient is not available for counseling, the pharmacist must inform the patient that counseling is available and how to reach the pharmacist.
PMR	S	50-018-001 Miss. Code R. § 8	The pharmacist must make a reasonable effort to obtain and record demographic and medical patient information, including pharmacist's comments relevant to the individual's drug therapy and any other information peculiar to the specific patient.



Missouri

Type	Code	Provision	Description
PCE	S	Mo. Code Regs. Ann. tit. 20, § 2220-2.190(1)	Upon receipt of a prescription drug order, a pharmacist must personally offer counseling to each patient.
PCE	S	Mo. Code Regs. Ann. tit. 20, § 2220-2.190(5)	Counseling is not required when a patient or caregiver refuses consultation.
PCE	L	Mo. Code Regs. Ann. tit. 20, § 2220-2.190(4)	Counseling is not required for patients in a hospital, institution or other setting where health professionals are authorized to administer medications.
OSM, DIS	S	Mo. Code Regs. Ann. tit. 20, § 2220-2.190(1)	If patient or caregiver is not available, a written offer to counsel must be supplied with the medication, including a telephone number to reach a pharmacist.
REM, DIS	S	Mo. Code Regs. Ann. tit. 20, § 2220-2.900(1)(L); Mo. Code Regs. Ann. tit. 20, § 2220-2.190(1)	A pharmacy that maintains an automated dispensing system for remote dispensing in ambulatory settings must maintain a video camera and audio system to provide for effective communication between pharmacy personnel and patients that allows for the appropriate exchange of oral and written communications to facilitate patient counseling. Where automated systems are used for providing refill prescriptions, the offer to counsel may be provided within the information provided by the kiosk before the patient receives the medication.
SUP, DIS	S	Mo. Code Regs. Ann. tit. 20, § 2220-2.190(3)	Alternative forms of patient information can be used to supplement patient counseling when appropriate. Examples include written information leaflets, pictogram labels and video programs.



Montana

Type	Code	Provision	Description
PCE	S	Mont. Code Ann. § 37-7-406	The pharmacist should offer to counsel each patient on matters that are significant regarding the prescribed drug, as determined by the pharmacist.
PCE	S	Mont. Admin. R. 24.174.903(1)	For new prescription drug orders, a pharmacist must personally offer counseling to each patient.
PCE	S-	Mont. Admin. R. 24.174.903(1)	For refills, a pharmacist may counsel a patient, if the pharmacist deems it necessary.
PCE, PMR	S	Mont. Admin. R. 24.174.903(5)	Counseling is not required when a patient or caregiver declines it. A record of the refusal must be made.
PCE	L	Mont. Admin. R. 24.174.903(4)	Counseling is not required for patients in a hospital, institution or other setting where health professionals are authorized to administer medications.
SUP, DIS	S	Mont. Admin. R. 24.174.903(3)	Alternative forms of patient information may be used to supplement counseling when appropriate, including written information leaflets, pictogram labels and video programs.
PMR	S	Mont. Admin. R. 24.174.901	A pharmacist must make a reasonable effort to obtain, record, and maintain demographic and medical patient information, including a pharmacist's comments relevant to the individual's drug therapy, and any other information peculiar to the specific patient.

Nebraska

Type	Code	Provision	Description
DEF	S	Neb. Rev. Stat. Ann. § 38-2830	Patient counseling is defined to mean verbal communication by a pharmacist in a manner reflecting dignity and the right of the patient to information in order to improve therapeutic outcomes by maximizing proper use of prescription drugs and devices.
PCE	S	Neb. Rev. Stat. Ann. § 38-2869(2); 172 Neb. Admin. Code § 128-015.02	A pharmacist must provide a verbal offer to counsel the patient for each prescription, appropriate to the individual patient. Counseling must be provided in person whenever practical, or by telephone, at no cost to the patient.
PCE, PMR	S-	Neb. Rev. Stat. Ann. § 38-2869(2)(e); 172 Neb. Admin. Code § 128-015.03	Patient counseling must occur unless one of the following is documented: (1) patient refuses to be counseled; (2) pharmacist determines that counseling could harm or injure the patient; (3) drug is being administered by a health professional of a hospital or long-term care facility; or (4) if the prescribing provider asks to be contacted prior to counseling, in which case the pharmacist can decide whether to counsel the patient after the discussion with the provider.
SUP, DIS	S	Neb. Rev. Stat. Ann. § 38-2869(2)	Written information may be provided to supplement patient counseling but must not be used as a substitute for patient counseling.
GEN	S	172 Neb. Admin. Code § 128-015.04	When a pharmacist substitutes a generic drug, the pharmacist must advise the patient of the substitution. The patient or the patient's caregiver may refuse the substitution.
PMR	S	Neb. Rev. Stat. Ann. § 38-2869(1)	A pharmacist must ensure that a reasonable effort is made to obtain, record, and maintain demographic and medical patient information, including any comments of a pharmacist relevant to the patient's drug therapy.

Nevada

Type	Code	Provision	Description
PCE	S	Nev. Rev. Stat. Ann. § 639.266	After receipt of a prescription, a pharmacist must communicate with the patient information that will enhance the drug therapy.
PCE, PMR	S	Nev. Admin. Code § 639.707	A pharmacist must provide oral counseling to a patient or a person caring for the patient for each new prescription. The pharmacist must record that the counseling services were provided, unless the prescription drug was a refill or the patient refuses the counseling.
PCE	S-	Nev. Admin. Code § 639.707(1)	For refill prescriptions, the pharmacist or intern must verbally provide counseling if, in the professional judgment of the pharmacist or intern, such information would advance or improve the drug therapy of the patient, or a reasonable concern relating to the safety or efficacy of the drug therapy of the patient was raised by the review of the patient's record.
PCE	S	Nev. Admin. Code § 639.707 (5)	Counseling is not required if the patient or a person caring for the patient refuses the counseling.
PCE	L	Nev. Rev. Stat. Ann. § 639.266; Nev. Admin. Code § 639.707	Counseling is not required for persons who are patients in a hospital or health care facility where other licensed medical providers are authorized to administer the drugs.
OSM, DIS	S	Nev. Rev. Stat. Ann. § 639.266; Nev. Admin. Code §§ 639.707(3), 639.708(4)	If the prescription is going to be mailed or delivered, the counseling information must be provided through written information that explains that the patient should read the information before taking the medication, as well as instructions about how and when to reach a pharmacist by telephone.
OSM, LAB	S	Nev. Rev. Stat. Ann. § 639.23286; Nev. Admin. Code § 639.708(3)	A pharmacy that delivers out-of-state or provides pharmacy services by mail must provide toll-free telephone service for its customers to a pharmacist who has access to the patient records during business hours. The service must be available for at least 5 days per week and at least 40 hours per week. The toll-free telephone number must be on the label on each container of drugs dispensed.
SUP, DIS	S	Nev. Rev. Stat. Ann. § 639.266	Additional information may be used to supplement counseling when appropriate, including leaflets, pictogram labels and video programs.
GEN	S	Nev. Rev. Stat. Ann. § 639.2583	Before a pharmacist dispenses a generic substitute, the pharmacist must advise the patient that the pharmacist intends to substitute a generic drug and that the patient may refuse to accept the substitution unless the pharmacist is being paid for the drug by a government agency.
GEN	S-	Nev. Rev. Stat. Ann. § 639.2583	If the pharmacist is being paid for by a governmental agency, the pharmacist must dispense the generic drug in substitution for the brand name drug, unless the prescribing provider has indicated that no substitution should take place.
PST	S	Nev. Rev. Stat. Ann. §§ 639.2802, 639.28025	A pharmacist or practitioner who dispenses drugs must make prescription drug prices available, upon request, and must notify customers that they can ask for this information by posting a sign in a conspicuous place that is easily accessible and readable by customers.
PMR	S	Nev. Admin. Code § 639.708	To facilitate counseling regarding a prescription, a pharmacy must make a reasonable effort to obtain, maintain, and retain demographic and medical information including any comments relevant to the drug therapy of the patient, and any other information that is specific to the patient.



New Hampshire

Type	Code	Provision	Description
PCE	S	N.H. Code Admin. R. Ph. 706.03	For a new prescription, a pharmacist must orally offer patient counseling. Counseling is also required to be provided by HMOs, mail-order pharmacies, hospital pharmacies providing out-patient prescriptions, and institutions providing inpatient services for persons who are discharged with prescription drugs.
PCE, PMR	S	N.H. Code Admin. R. Ph. 706.03(f)	Counseling is not required if a patient refuses a consultation. If a pharmacist does not record that a patient refused the consultation, it will be inferred that the counseling was provided.
PCE	L	N.H. Code Admin. R. Ph. 706.03	Counseling is not required for patients in a hospital, penal institution, or long-term care facility where administration of drugs is provided.
GEN	S	N.H. Code Admin. R. Ph. 704.06(e)	A pharmacist must advise the patient that the pharmacist is planning to substitute a generic drug and that the patient may refuse to accept the substitution.
OSM, LAB	S	N.H. Code Admin. R. Ph. 907.01	A mail-order pharmacy must provide for a toll-free telephone service to provide consultation between patients and a pharmacist at the mail-order pharmacy who has access to the patient's records. The toll-free telephone number must be on the label of each prescription drug container dispensed.
PCE	S	N.H. Code Admin. R. Ph. 404.06	A pharmacist must be available to provide counseling for proper use of perenterals and related supplies (food and drugs that enter the body other than through the digestive track, i.e. by injection or infusion).
DIS	S	N.H. Code Admin. R. Ph. 1001.04, 1001.05, 1001.06	A pharmacist must provide each patient seeking emergency contraception (EC) with an informed consent form developed by the Board of Pharmacy. After a patient has read and/or reviewed the statements on the informed consent form with the pharmacist, both the patient and the pharmacist must sign the form. A licensed pharmacist must conduct a patient assessment specific to EC. When dispensing EC, a pharmacist must also distribute a standardized fact sheet developed by the board.
SUP, DIS	S	N.H. Code Admin. R. Ph. 706.03(c)	Alternative forms of patient information may be used to supplement patient counseling, including written information leaflets, pictogram labels or video programs.
PMR	S	N.H. Code Admin. R. Ph. 706.01	The pharmacist must make a reasonable effort to obtain, maintain, and retain demographic and medical patient information, including a pharmacist's comments relevant to the drug therapy and any other information that is specific to the patient.



New Jersey

Type	Code	Provision	Description
PCE	S	N.J. Stat. Ann. § 45:14-67; N.J. Admin. Code § 13:39-7.19(e)	A pharmacist must offer to counsel a patient with a new prescription. When patient profile records indicate sporadic, erratic or irrational use of medication by a patient, the pharmacist must consult with the patient and/or the prescriber to determine if continued use is appropriate.
PCE, PMR	S	N.J. Admin. Code § 13:39-7.19(e)(3)	Counseling is not required if the patient or caregiver refuses it. The pharmacist must document if the patient has refused the pharmacist's offer to counsel. The absence of any record of a refusal of the pharmacist's offer to counsel must be presumed to signify that the offer was accepted and that the counseling was provided.
PCE	L	N.J. Admin. Code § 13:39-7.19(e)	Counseling is not required if the patient is receiving services in a hospital or long-term care facility where the patient is provided with 24-hour nursing care.
OSM, DIS	S	N.J. Admin. Code § 13:39-7.19(e)(4)	If the patient or caregiver is not present at the time of dispensing, the offer to counsel must be made by telephone or in writing on a separate document accompanying the prescription.
OSM, LAB	S	N.J. Stat. Ann. § 45:14-73	Non-resident pharmacies must provide a toll-free telephone service during its regular hours of operation, but not less than 6 days per week, and for a minimum of 40 hours per week, to facilitate communication between patients and a pharmacist who has access to the patient's records. This toll-free number must be on a label on each container of drugs dispensed.
PMR	S	N.J. Stat. Ann. § 45:14-68	Each pharmacy must maintain a patient profile record system containing patient medication information including the individual history, if significant, and any additional comments relevant to the patient's drug use.
OTH	S	N.J. Stat. Ann. § 17B:26-2.1i(6); N.J. Stat. Ann. § 17B:27-46.1j; N.J. Stat. Ann. § 17:48-6j; N.J. Stat. Ann. § 17:48A-7i; N.J. Stat. Ann. § 17:48E-35.7; N.J. Stat. Ann. § 26:2J-4.7(6)	A pharmacy must not impose any additional charges for patient counseling, or for other services required by state or federal regulations regarding individual health insurance, group health insurance, hospital pharmacies, medical services corporations, health service corporations, and HMOs.

New Mexico

Type	Code	Provision	Description
PCE	S	N.M. Code R. § 16.19.4.16E(1)	A pharmacist must personally offer counseling upon receipt of a new prescription drug order. A pharmacist must not circumvent or willfully discourage a patient from receiving counseling.
PCE	S-	N.M. Code R. § 16.19.4.16E(1)	For refill prescriptions, a pharmacy technician may ask the patient if he/she would like to obtain counseling from the pharmacist.
PCE	S	N.M. Code R. § 16.19.4.16E(5)	Counseling is not required when a patient has refused a consultation.
PCE	L	N.M. Code R. § 16.19.4.16E(4)	Counseling is not required for patients in a hospital or other institution where licensed professionals are authorized to administer the drugs.
OSM, DIS	S	N.M. Code R. § 16.19.4.16(E)(6)	If the patient is not present when the prescription is dispensed, the pharmacist must include written notice of available counseling. The notice must include: (1) the days and hours of availability; (2) the patient's right to request counseling; and (3) a toll-free telephone number in which the patient may obtain oral counseling from a pharmacist who has ready access to the patient's records. For pharmacies delivering more than 50 percent of their prescriptions by mail or other common carrier, the hours of availability must be at least 60 hours per week and not less than 6 days per week. The facility must have sufficient toll-free phone lines and personnel to provide counseling within 15 minutes.
OSM, LAB	S	N. M. Stat. Ann. § 61-11-14.1B	A nonresident pharmacy must provide a toll-free telephone service to facilitate communication between patients and a pharmacist who has access to the patient's records. The toll-free telephone service must operate during the pharmacy's regular hours of operation, but not less than 6 days a week and for a minimum of 40 hours a week. The toll-free telephone number must be on a label on each container that is dispensed.
SUP, DIS	S	N.M. Code R. § 16.19.4.16E(3)	Alternative forms of patient information, such as written information leaflets, pictogram labels and video programs may be used to supplement patient counseling when appropriate.
PST	S	N.M. Code R. § 16.19.4.16E(7)	Each pharmacy is required to prominently post a notice concerning available counseling that must be in a conspicuous location and readable by prescription drug consumers.
PMR	S	N.M. Code R. § 16.19.4.16C	Each pharmacist must make a reasonable effort to obtain, record, and maintain demographic and medical patient information that includes a pharmacist's comments relevant to the individual's drug therapy.



New York

Type	Code	Provision	Description
PCE	S	N.Y. Comp. Codes R. & Regs. tit. 8, § 63.6(b)(8)(i)(a)	A pharmacist is required to counsel each patient prior to dispensing a prescription for the first time for a new patient, or a prescription for a new medication for an existing patient.
PCE	S-	N.Y. Comp. Codes R. & Regs. tit. 8, § 63.6(b)(8)(i)(d)	For refill prescriptions, a pharmacist must be available to provide counseling upon request.
PCE, PMR	S	N.Y. Comp. Codes R. & Regs. tit. 8, § 63.6 (b)(8)(i)(c)	Counseling is not required if a patient refuses counseling. The refusal must be documented in the records of the pharmacy.
PCE	S	N.Y. Comp. Codes R. & Regs. tit. 9, § 9800.1	To participate in New York's Program for Elderly Pharmaceutical Insurance Coverage (EPIC), a pharmacy providing prescription services must offer counseling to each patient.
PCE	S	N.Y. Comp. Codes R. & Regs. tit. 8, § 63.6 (b)(8)(ii)(d)	If the pharmacist determines that there are potential drug therapy problems that could endanger the health of the patient, such as drug-drug interactions, the pharmacist must personally contact the patient by telephone or through an in-person, face-to-face meeting to offer counseling.
PCE	S	N.Y. Soc. Serv. Law § 367-a(h)	The Commissioner of Health is authorized to establish a medication therapy management pilot program in parts of the state for the purpose of improving compliance with drug therapies and improving clinical outcomes. Payments under such a program may be made to retail pharmacies for the provision of one-on-one medication counseling services for persons determined by the commissioner to be eligible to receive such services. The commissioner is authorized to establish fees for such counseling services.
OSM, DIS	S	N.Y. Comp. Codes R. & Regs. tit. 8, § 63.6 (b)(8)(ii)	If a prescription is delivered off the pharmacy premises, the pharmacist must provide a written offer of counseling and a toll-free telephone number at which a pharmacist may be readily reached.
OSM, LAB	S	N.Y. Educ. Law § 6808-b	Nonresident pharmacies must provide a toll-free telephone number during normal business hours and at least 40 hours per week, to enable communication between a patient and a pharmacist at the pharmacy who has access to the patient's records, and place the toll-free telephone number on a label on each drug container.
MIS, LAB	S	N.Y. Educ. Law § 6815(2)(c)	A drug is misbranded if any information required to appear on the label is not prominently placed with such conspicuousness and in a manner that it is likely to be read and understood by the ordinary individual.
GEN, DIS	S	N.Y. Comp. Codes R. & Regs. tit. 8, § 63.6 (b)(8)(ii)(c)	When substituting a generic equivalent by mail or delivery, the pharmacist must include with each prescription written notification that clearly advises the patient that a prescriber-approved alternative drug has been dispensed. The pharmacist must also, under some circumstances, make a reasonable effort to contact the patient by telephone to personally offer counseling.
DIS	S	N.Y. Comp. Codes R. & Regs. tit. 10, § 80.137 (d)(1)(iii)	A pharmacy authorized to prescribe the use of hypodermic needles or syringes to patients must include a safety information brochure for the purchaser at the point of sale. The safety brochure must be developed or approved by the Commissioner of Health.
PMR	S	N.Y. Comp. Codes R. & Regs. tit. 8, § 63.6(b)(7)	Each pharmacist must maintain patient medication profiles, including patient demographic and medical information appropriate for counseling the patient.



North Carolina

Type	Code	Provision	Description
DEF	S	21 N.C. Admin. Code 46.2504	Patient counseling is the effective communication of information to the patient in order to improve therapeutic outcomes by maximizing proper use of prescription medications and devices.
PCE	S	21 N.C. Admin. Code 46.2504	An oral offer to counsel must be made on new or transfer prescriptions at the time the prescription is dispensed to the patient in the pharmacy. An offer to counsel must be communicated in a positive manner to encourage acceptance.
PCE	S-	21 N.C. Admin. Code 46.2504	For refills, a pharmacist may offer to counsel a patient, depending on the pharmacist's professional judgment.
PCE	S	21 N.C. Admin. Code 46.2504	Patient counseling is required for patients in outpatient settings, discharge from hospitals, health maintenance organizations, health departments and other institutions.
PCE	L	21 N.C. Admin. Code 46.2504	Counseling is not required for patients in hospitals or other institutions where a nurse or other licensed health care professional administers medications.
RPL, DIS	S-	21 N.C. Admin. Code 46.2504	Offers to counsel and patient counseling for inmates need not be in person, but rather, may be conducted through a correctional or law enforcement officer or through printed material.
PCE	S	21 N.C. Admin. Code 46.2507	When pharmacists administer vaccines, the pharmacist or pharmacist's agent must give the appropriate, most current vaccine information to the patient with each dose of vaccine. The pharmacist must ensure that the patient is available and has read, or has had read to him/her, the information provided and has had the patient's questions answered prior to administering the vaccine.
OSM	S	21 N.C. Admin. Code 46.2504	When delivery occurs outside of the pharmacy, by mail, delivery or other means, the offer must be made either orally and in person, or by telephone from the pharmacist to the patient. The pharmacist must provide the patient with access to a telephone service that is toll-free for long-distance calls.
RPL, DIS	S	21 N.C. Admin. Code 46.2504	Counseling may be conducted by the provision of written information in a language other than English, if requested by the patient or representative.
SUP	S	21 N.C. Admin. Code 46.2504	Alternative forms of patient information may be used to supplement patient counseling.
PMR	S	21 N.C. Admin. Code 46.2504	To counsel patients effectively, a pharmacist must make a reasonable effort to obtain, record, and maintain demographic and medical patient information, including comments relevant to the individual's drug therapy.

North Dakota

Type	Code	Provision	Description
PCE, PST	S	N.D. Admin. Code 61-04-07-01	Under a Pharmacy Patient's Bill of Rights, the patient has a number of enumerated rights, including: to be treated with dignity, consistent with professional standards, regardless of manner of payment, race, nationality, or other discriminatory factors; and to receive patient counseling, using the methods appropriate to the patient's physical, psychosocial, and intellectual status. The Bill of Rights must be posted prominently within each pharmacy such that it is readily visible to the patient.
PCE, DIS, SUP	S	N. D. Cent. Code § 43-15-31.2	For each prescription dispensed, the pharmacist must explain to the patient the directions for use and a warning of the potential harmful effect of combining any form of alcoholic beverage with the medication, and any additional information, in writing if necessary, to assure the proper use of the medication.
PCE	L	N.D. Cent. Code § 43-15-31.2	Counseling by telephone or writing is not required for prescriptions for patients in hospitals or institutions where the medication is administered by an individual licensed to administer medications, or to patients who are to be discharged from a hospital or institution.
GEN	S	N.D. Cent. Code § 19-02.1-14.1	The pharmacist must inform the patient when a pharmacist is intending to substitute the brand name drug for generic equivalent, and inform the patient of his/her right to refuse the generic drug.
OSM DIS	S	N.D. Cent. Code § 43-15-31.2	For prescriptions delivered outside the pharmacy, counseling must be provided by telephone or in writing.
OSM, LAB	S	N.D. Admin. Code 61-08-01-10	Out-of-state pharmacies must provide accessible telephone counseling during regular working hours. The pharmacy's telephone number must be on the prescription container. Telephone counseling must be provided consistent with the standard of due care.
REM	S	N.D. Admin. Code 61-02-08-02, 61-02-08-03	A telepharmacy system is a central pharmacy with one or more remote sites in which all sites are connected via computer link, videolink, and audiolink. Pharmacists must counsel patients on all new prescriptions and refills by using the video and audio link systems.
PMR	S	N.D. Cent. Code § 43-15-31.1	Pharmacists are required to record and maintain demographic and medical patient information, including any idiosyncrasies of the patient communicated by the patient to the pharmacy.
COC	S	N.D. Admin. Code 61-04-04-01(16)	It is considered unprofessional conduct for a pharmacist to discriminate in any manner between patients or groups of patients for reasons of race, creed, color or national origin.



Ohio

Type	Code	Provision	Description
PCE	S	Ohio Admin. Code 4729:5-22(A)	Pharmacists must offer to counsel patients for new and refill prescriptions.
PCE, PMR	S	Ohio Admin. Code 4729:5-22(A)	No counseling is required when the patient refuses an offer to counsel, does not respond to the written offer to counsel, or is a patient in an institutional facility. When counseling is refused, the pharmacist must ensure that the refusal is documented in the presence of the patient or caregiver.
OSM, DIS	S	Ohio Admin. Code 4729:5-22(A)	If the patient or caregiver is not physically present, the offer to counsel must be made by telephone or in writing on a separate document that accompanies the prescription. A written offer to counsel must include the hours a pharmacist is available and a telephone number where a pharmacist may be reached.
SUP, DIS	S	Ohio Admin. Code 4729:5-22(C)	Alternative forms of information may be used when appropriate to supplement the counseling by the pharmacist, including drug product information leaflets, pictogram labels and video programs.
PMR	S	Ohio Admin. Code 4729:5-18	A pharmacist must make a reasonable effort to obtain, record, and maintain patient profiles including patient demographic and medical information including pharmacist's comments and other necessary information unique to the specific patient.

Oklahoma

Type	Code	Provision	Description
PCE	S	Okla. Admin. Code § 535:10-9-2(1)	For new prescriptions, a pharmacist must offer to counsel a patient.
PCE	S-	Okla. Admin. Code § 535:10-9-2(1)	For refills or in additional situations, a pharmacist may offer to counsel a patient, when deemed appropriate in the pharmacist's professional judgment.
PCE	S	Okla. Admin. Code § 535:10-9-2(1)	Counseling requirements apply to outpatient pharmacies in hospitals and patients being discharged from the hospital with a prescription medication.
PCE, PMR	S	Okla. Admin. Code § 535:10-9-2(2), (6)	Patient counseling is not required if a patient refuses the consultation. The absence of a record of a patient's refusal will be presumed to signify that the offer to counsel was accepted and counseling was provided.
PCE	L	Okla. Admin. Code § 535:10-9-2(5)	Patient counseling is not required for patients in hospitals or other institutions where other health care professionals administer the drugs.
OSM	S	Okla. Admin. Code § 535:10-9-2(7)	If a pharmacy is out-of-state or fills prescriptions that are mailed out of state, the pharmacy must make a reasonable effort to call patients and counsel by phone. A toll-free telephone number must be provided for patients to call and interact with a pharmacist.
SUP, DIS	S	Okla. Admin. Code § 535:10-9-2(3)	Alternative forms of information may be used to supplement patient counseling when appropriate. Examples of alternative information include written leaflets, pictogram labels and video programs.
PMR	S	Okla. Admin. Code § 535:10-9-2(2)	Pharmacists must make a reasonable effort to obtain, record and maintain demographic and medical patient information, including comments relevant to the patient's drug use.



Oregon

Type	Code	Provision	Description
PCE	S	Or. Admin. R. 855-019-0230(1)	A pharmacist must orally counsel the patient for new prescriptions and any changes in drug therapy. For each patient, the pharmacist must determine the amount of counseling that is reasonable and necessary to promote a safe and effective use of the medication, and promote an appropriate therapeutic outcome.
PCE	S-	Or. Admin. R. 855-019-0230(2)	For refills, a pharmacist should counsel a patient when a reasonable and prudent pharmacist would find it necessary to do so, including when there are changes in strength or directions for the drug.
PCE	S	Or. Admin. R. 855-019-0230(5)	A pharmacist must ensure there is patient counseling when a patient is discharged from the hospital with a prescription.
PCE, PMR	S	Or. Admin. R. 855-019-0230(1)(b), (c)	Counseling is not required if the patient refuses it. However, if the patient requests not to be counseled and the pharmacist believes that the patient's safety may be affected, the pharmacist may choose not to release the prescription until counseling has been completed. A pharmacist must record that he/she has provided counseling or the patient has refused to be counseled.
RPL	S-	Or. Admin. R. 855-019-0230(3)	A pharmacist can provide counseling in a form other than oral counseling when, in her professional judgment, another form of counseling would be more effective.
GEN, PST	S	Or. Rev. Stat § 689.515(4)	Every pharmacy must post an easy-to-see sign that states that the pharmacy may substitute a less expensive drug that is therapeutically equivalent, unless the patient does not approve. If a pharmacist has reason to believe that a customer cannot read or understand the sign, the pharmacist must try to explain the meaning of the sign to the patient.
OSM, DIS	S	Or. Admin. R. 855-019-0230(1)(e)	For prescriptions delivered outside of the pharmacy, the pharmacist must dispense written information that includes information about the drug, an offer to provide oral counseling, as well as how to contact the pharmacist.
PMR	S	Or. Admin. R. 855-041-0060(5)	Pharmacists must make a reasonable effort to obtain, record, and maintain a patient demographic and medical information, including pharmacist's comments relevant to the individual's drug therapy and any other information peculiar to the specific patient.

Pennsylvania

Type	Code	Provision	Description
PCE	S	49 Pa. Code § 27.19(e)(1)	A pharmacist must make an offer to counsel whenever he fills a new retail or outpatient prescription.
RPL, DIS	S-	49 Pa. Code § 27.19(e)(2)	If the patient comes to the pharmacy, the offer to counsel must be made orally, unless the pharmacist believes that a written offer would be more effective, in which case a written offer can be used. If the patient is not an English speaker, a pharmacist can substitute a written offer. A written offer to counsel must include the phone number of the pharmacy.
PCE, PMR	S	49 Pa. Code § 27.19(h)	A pharmacist is not required to counsel a person who refuses a consultation. The pharmacist must document the refusal of a patient to accept counseling or provide information.
PCE	L	49 Pa. Code § 27.19(d)	A pharmacist is not required to counsel a person who is a patient in an institution or emergency room, or receives a prescription drug from a medical practitioner.
OSM, DIS	S	49 Pa. Code § 27.19(e)(3)	If the patient does not come to the pharmacy, the offer to counsel must be made by: (1) the pharmacist telephoning the patient; (2) the pharmacy delivery person orally makes the offer to the patient; or (3) the pharmacist sends a written offer with the filled prescription to the patient. A pharmacy must provide toll-free telephone service if its primary patient population is beyond the local exchange.
OSM, DIS	S	49 Pa. Code § 27.19(e)(6)	A mail order pharmacy must make the offer to counsel either by phone or by sending a written offer together with the filled prescription. The written offer must include a toll-free telephone number for the pharmacy that the patient can use to obtain counseling.
GEN	S	35 Pa. Cons. Stat. Ann. § 960.3(b); 28 Pa. Code § 25.55(a)	When a generic substitution occurs, the pharmacist must notify the patient of the substitution with the amount of the price difference and must inform the patient that he/she may refuse the substitution. The notification can be oral or written.
PMR	S	49 Pa. Code § 27.19(g)	A pharmacist must make a reasonable effort to obtain, record, and maintain a significant amount of demographic and medical information, including a pharmacist's comments relative to the individual's drug therapy.



Rhode Island

Type	Code	Provision	Description
PCE	S	14-130-001 R.I. Code R. § 13.16	Upon receiving a new prescription, the pharmacist must provide counseling to patients.
PCE	S-	14-130-001 R.I. Code R. § 13.16	For refills, the pharmacist may counsel a patient, when deemed necessary in the professional judgment of the pharmacist.
PCE, PMR	S	14-130-001 R.I. Code R. § 13.19	Patient counseling is not required when a patient refuses the consultation. Such refusal must be documented in writing.
PCE	L	14-130-001 R.I. Code R. § 13.18	Patient counseling is not required for patients in hospitals or other institutions where other health care professionals administer the drugs.
GEN	S	R.I. Gen. Laws § 5-19.1-2(q)	A pharmacist must engage in appropriate communication with the patient before substituting a generic equivalent.
PCE, DIS	S	R.I. Gen. Laws § 5-19.1-309(c)	Upon request by a customer, each pharmacy must provide the current selling price for at least the top 10 selling maintenance prescription drugs, as determined by the Department of Health.
SUP, DIS	S	14-130-001 R.I. Code R. § 13.17	Alternative forms of patient information may be used to supplement patient counseling when appropriate. Examples include written information leaflets, pictogram labels and video programs.
PMR	S	14-130-001 R.I. Code R. § 13.12	A pharmacist must make a reasonable effort to obtain, record, and maintain patient demographic and medical information, including a pharmacist's comments relevant to the patient's drug therapy and any other information peculiar to the specific patient.



South Carolina

Type	Code	Provision	Description
PCE	S	S.C. Code Ann. § 40-43-86(L)	A pharmacist must offer patient counseling for new prescriptions. When practicable, these discussions must take place in person.
PCE	S	S.C. Code Ann. § 40-43-86(L)(4)	Patient counseling is not required when a patient has refused the consultation.
PCE	L	S.C. Code Ann. § 40-43-86(L)	Patient counseling is not required for patients in hospitals or institutions where other licensed healthcare principals are authorized to administer the drug.
PCE	S	S.C. Code Ann. § 40-43-88(N)	For sterile drugs distributed by a pharmacy and used in a home setting, if appropriate, the pharmacist must demonstrate or document the patient's training and competency in managing the therapy. The pharmacist must be involved in the patient training process. In addition, the pharmacist is responsible for seeing that the patient's competency in the above areas is reassessed on an ongoing basis.
GEN	S	S.C. Code Ann. § 40-43-86(H)(6)	Before generic substitution takes place, the pharmacist must advise the patient that the physician authorized the substitution and the patient must consent to substitution.
GEN	L	S.C. Code Ann. § 40-43-86(H)(6)	For generic substitution for Medicaid patients, no further consent is required. They are deemed to have consented to generic substitution.
SUP	S	S.C. Code Ann. § 40-43-86(L)	Alternative forms of patient information may be used to supplement patient counseling when appropriate.
PMR	S	S.C. Code Ann. § 40-43-86(J)(1)	Pharmacies must maintain a patient record system including patient demographic and medical information, including pharmacists' comments relevant to the individuals' drug therapy and other information peculiar to the specific patient.

South Dakota

Type	Code	Provision	Description
PCE	S	S.D. Codified Laws § 36-11-68	The pharmacist must offer to counsel the patient on each prescription.
PCE	S	S.D. Admin. R. 20:51:25:04	For new prescriptions, the pharmacist must orally counsel each patient whenever practicable.
PCE, RPL, DIS	S-	S.D. Admin. R. 20:51:25:04	For refills, pharmacists must offer to counsel each patient receiving a prescribed drug on matters that the pharmacist, in his/her professional judgment, deems significant. However, if there has been no change in the dosage, form, strength, or directions for use, the pharmacist may offer counseling to a patient in one or more of the following ways: face to face; by notation attached to or written on the bag in which the prescription is dispensed; or by telephone.
PCE	L	S.D. Codified Laws § 36-11-68	The pharmacist is not required to provide counseling for drugs administered to a patient in a health care facility or hospital, administered by a certified professional to outpatients of a hospital, or provided in less than a 72-hour supply upon discharge from a hospital.
OSM, RPL	S-	S.D. Admin. R. 20:51:25:04	If any drug is delivered or mailed, the pharmacist must initiate counseling by telephone. If the counseling cannot be completed by telephone, the pharmacist may use alternative forms of information.
RPL, DIS	S-	S.D. Admin. R. 20:51:25:05	When used to replace oral counseling, alternative forms of patient information must advise the patient that the pharmacist may be contacted in person at the pharmacy, by toll-free or collect telephone call.
SUP, DIS	S	S.D. Admin. R. 20:51:25:05	Alternative forms of patient information may also be used to supplement patient counseling. Alternative forms of patient information include written information leaflets, pictogram labels, video programs, or information generated by electronic data processing equipment.
OSM, LAB, DIS	S	S.D. Codified Laws § 36-11-19.8	A non-resident pharmacy must provide patients a written offer to consult and access to a toll-free telephone service to facilitate communications between the patient and the pharmacist. The toll-free service must be available for a minimum of 6 days a week and 40 hours a week. The number of the toll-free service must be printed on a label on each container of a prescription drug dispensed. Non-resident pharmacies must provide patients with written information about the medication on all new or changed prescriptions.
PCE	S	S.D. Admin. R. 20:51:26:10	If sterile products are provided to a patient in his/her home, the pharmacist must verify the patient's or caregiver's training and competence in managing therapy. The pharmacist must also be involved in training patients about drug storage and use. The pharmacist must verify that the patient's competence is reassessed at intervals appropriate to the condition of the patient and the type of drug therapy provided.
PMR	S	S.D. Admin. R. 20:51:24:02; S.D. Admin. R. 20:51:25:03; S.D. Codified Laws § 36-11-19.8	Pharmacists must make a reasonable effort to obtain, record, and maintain patient information, including the pharmacist's comments relevant to the individual's drug therapy and any other information peculiar to the specific patient or drug. Non-resident pharmacies must also obtain, record and maintain this same information.
PMR, PCE	S	S.D. Admin. R. 20:51:25:06	The pharmacist must record the failure to complete patient counseling in the following situations: patient or caregiver refusal to accept the pharmacist's personal oral counseling; counseling was impracticable; or counseling could not be accomplished by telephone contact. The absence of a record of counseling signifies that counseling was accepted and provided or that an offer was made.



Tennessee

Type	Code	Provision	Description
PCE	S	Tenn. Comp. R. & Regs. 1140-3-.01.(1)(a)	Upon receipt of a new prescription order, a pharmacist must personally counsel the patient face-to-face if the patient is present in the pharmacy.
PCE	S-	Tenn. Comp. R. & Regs. 1140-3-.01.(1)(f)	For refills, pharmacists must offer to personally counsel the patient. Counseling is not required unless requested by the patient or deemed necessary in the professional judgment of the pharmacist. [Note: while seemingly inconsistent, this is an accurate summary of the regulation.]
PCE	S	Tenn. Comp. R. & Regs. 1140-3-.01.(1)(c),(d)	Patient counseling is required for persons who are obtaining outpatient services from hospitals or other institutional facilities, and for patients who are prescribed medication upon discharge from a hospital or other institutional facility.
PCE	S	Tenn. Comp. R. & Regs. 1140-3-.01.(1)(g)	Counseling is not required when a patient refuses counseling.
PCE	L	Tenn. Comp. R. & Regs. 1140-3-.01.(1)(d)	Counseling is not required for patients in an institutional facility.
OSM	S	Tenn. Comp. R. & Regs. 1140-3-.01.(1)(a)	If the patient or caregiver is not present, pharmacists must make a reasonable effort to counsel through alternative means.
SUP	S	Tenn. Comp. R. & Regs. 1140-3-.01.(1)(b)	Alternative forms of communication may be used to supplement, but not replace face-to-face patient counseling.
PMR	S	Tenn. Comp. R. & Regs. 1140-3-.01.(2); Tenn. Code Ann. § 63-10-204(27)	A pharmacist must make a reasonable effort to obtain, record, and maintain demographic and medical patient information, including a pharmacist's comments, as deemed relevant by the pharmacist.



Texas

Type	Code	Provision	Description
PCE	S-	22 Tex. Admin. Code § 291.33(c)(1)	A pharmacist must provide oral patient counseling in-person with each new prescription and upon request by the patient when a patient is present in the pharmacy, unless a specific communication barrier prohibits such oral communication. For a refill, a pharmacist must offer written information to a patient about the prescription, including that the pharmacist is available to discuss the prescription with the patient.
PCE, PMR	S	22 Tex. Admin. Code § 291.33(c)(1)	Effective June 1, 2010, counseling must be documented in the dispensing record.
PCE, PMR	S	22 Tex. Admin. Code § 291.33(c)(1)	Counseling is not required for patients who refuse a consultation. A pharmacist must document a refusal of consultation.
PCE, DIS	S	25 Tex. Admin. Code § 414.404	The registered pharmacist, treating physician, registered nurse, licensed vocational nurse, or physician's assistant must explain to the patient receiving mental health services and the patient's legally authorized medical representative information regarding the medication and treatment in simple, nontechnical language in the person's primary language, if possible. Consent to treatment with psychoactive medications is required. The patient must also be provided a summary of the information in writing, along with an offer to answer any questions concerning the treatment.
GEN, DIS, PST	M	22 Tex. Admin. Code § 309.4(a)	Before dispensing a generically equivalent drug, a pharmacist must inform the patient that a less expensive generically equivalent drug is available for the brand prescribed, and ask the patient to choose between the generic and the brand prescribed. The pharmacist must display in a prominent place in clear public view a sign in both English and Spanish that explains generic substitution notification process, including that the patient has a right to accept or refuse the generic substitution.
GEN, OSM, DIS	S	22 Tex. Admin. Code § 309.4(c)	Pharmacies that supply prescriptions by mail are considered to have complied with the generic substitution notification rules if they include written information that gives the patient the opportunity to choose a generic or brand name drug and a place for the patient to indicate his/her choice. If the patient does not indicate a choice, the pharmacy may dispense the generic.
OSM	S	Tex. Occ. Code Ann. § 562.104 22 Tex. Admin. Code 22 § 291.33(c)(1)	If prescriptions are routinely delivered outside of the area covered by the pharmacy's local telephone service, the pharmacy must provide a toll-free telephone number that is answered during normal business hours to enable communication between a patient and a pharmacist who has access to the patient's records.
OSM, DIS, LAB	M	22 Tex. Admin. Code 22 § 291.33(c)(1)	If prescriptions are delivered to the patient, written information must be issued with the prescription. The pharmacist must place on the prescription container or on a separate sheet delivered with the prescription container in both English and Spanish the local and/or toll-free telephone number of the pharmacy and the statement, "Written information about this prescription has been provided for you. Please read this information before you take the medication. If you have questions concerning this prescription, a pharmacist is available during normal business hours to answer these questions at [telephone number]."
DIS	S	Tex. Occ. Code Ann. § 562.0061	The Board must adopt regulations regarding the information a pharmacist must provide to a consumer when dispensing a prescription for self-administration. The information must be written in plain language and printed in an easily readable font size.
DIS	S	22 Tex. Admin. Code § 291.33(c)(1)	Effective June 1, 2010, counseling must be reinforced with written information relevant to the prescription and provided to the patient or patient's agent. It must be in plain language designed for the consumer and printed in easily readable font size.



Texas continued

Type	Code	Provision	Description
PST	M	22 Tex. Admin. Code § 291.33(c)(1)	Pharmacies must post a sign of a certain size in clear public view at all locations in the pharmacy where patients pick up prescriptions. The sign must contain in both English and Spanish in a font that is easily readable: "Do you have questions about your prescription? Ask the pharmacist."
DIS	S	22 Tex. Admin. Code § 291.131(d)(6), (d)(8)	Written drug information about the compounded prescription or its major active ingredients must be given to the patient at the time of dispensing. If there is no written information available, the patient should be advised that the drug has been compounded and how to contact a pharmacist concerning the drug.
PMR	S	22 Tex. Admin. Code § 291.34(c)	Pharmacists must make a reasonable effort to obtain, record, and maintain demographic and medical patient information including pharmacist's comments relevant to the individual's drug therapy and other information unique to the specific patient.

Utah

Type	Code	Provision	Description
PCE	S	Utah Code Ann. § 58-17b-613	Every pharmacy facility is required to orally offer to counsel a patient in a face-to-face discussion for each prescription dispensed, if the patient is present in the pharmacy.
PCE, OSM	S-	Utah Admin. Code r. §58-17b-610	Counseling must be provided to a patient with each new prescription drug order, once yearly on maintenance medications, and if the pharmacist deems appropriate with prescription drug refills. Counseling must be communicated verbally in person unless the patient is not at the pharmacy or a specific communication barrier prohibits such verbal communication.
PCE, PMR	S	Utah Admin. Code r. §156-17b-610(4)	The offer to counsel must be documented and must be available to the Division of Occupational and Professional Licensing.
RPL, DIS	S-	Utah Code Ann. § 58-17b-613	For incarcerated patients, a written communication must be used for patient counseling, in lieu of face-to-face or telephonic communication.
PCE, PMR	S	Utah Admin. Code r. 156-17b-610(3)	A pharmacist is not required to provide counseling when the patient refuses such consultation.
PCE	L	Utah Admin. Code r. 156-17b-610(2)	A pharmacist is not required to provide counseling for patients in a hospital or institution where other licensed health care professionals are authorized to administer the drugs.
OSM, DIS	S	Utah Code Ann. § 58-17b-613; Utah Admin. Code r. 156-17b-610	If the prescription is delivered to a patient outside of the pharmacy, a pharmacist is required to provide counseling to each patient. The counseling information must be delivered with the drugs in writing. The pharmacy must provide the patient with a toll-free telephone number by which the patient may reach the pharmacist during normal business hours to receive oral counseling and a statement informing the patient to call the pharmacy to reach a pharmacist to answer any questions about the prescription.
GEN, OSM, DIS	S	Utah Code Ann. § 58-17b-605	A pharmacist may substitute a generic drug equivalent for a brand name drug, if the pharmacist counsels the patient about the prescription and the patient consents to the substitution, among other requirements. An out-of-state mail service pharmacy that is substituting a generic equivalent drug for a brand name drug must inform the patient of the substitution either by telephone or in writing.
PMR	S	Utah Admin. Code r. 156-17b-609	Pharmacists are required to obtain demographic and medical patient information, including any comments relevant to the patient's drug use.
COC	S	Utah Admin. Code r. 156-17b-502; Utah Admin. Code r. 156-17b-402(39)	Unprofessional conduct includes failure to offer to counsel a person receiving a prescription medication. Administrative penalties in disciplinary proceedings are set forth for pharmacists, including for individual personnel when there is a failure to offer to counsel for an initial offense and a subsequent offense. There is a penalty on the pharmacy for failure to offer to counsel per occurrence.



Vermont

Type	Code	Provision	Description
DEF	S	04-030-230 Vt. Code R. § 19.10.1	Patient counseling is defined as the effective oral consultation by the pharmacist with a patient.
PCE	S-	04-030-230 Vt. Code R. § 19.10.2	Pharmacists may initiate a discussion with patients for each prescription drug order submitted.
PCE, PMR	S	04-030-230 Vt. Code R. § 19.10.6	A pharmacist is not required to provide counseling when the patient refuses such consultation and that refusal is documented.
PCE	L	04-030-230 Vt. Code R. § 19.10.5	Patient counseling is not required for patients in a hospital or institution where other licensed health care professionals are authorized to administer the drugs.
RPL, SUP, DIS	S-	04-030-230 Vt. Code R. § 19.10.3	Alternative forms of patient information may be used to replace counseling in an emergency when in-person counseling is not possible. Alternate forms may also be used to supplement patient counseling when appropriate. These alternate forms may include written information leaflets, pictogram labels and video programs.
PMR	S	04-030-230 Vt. Code R. § 19.8.1	A pharmacist must maintain a patient record system, which should include demographic and medical patient information, and a pharmacist's comments relevant to the patient's drug therapy, including any other information peculiar to the patient.



Virginia

Type	Code	Provision	Description
PCE, RPL, PST, DIS, LAB	S	Va. Code Ann. § 54.1-3319(B)	Pharmacists must offer to counsel each person who presents a new prescription. The offer to counsel may include any one or a combination of the following: face-to-face communication with the pharmacist; a sign posted so that that it can be seen by patients; a notation attached to or written on the bag in which the prescription is to be delivered; a notation on the prescription container; or by telephone.
PCE	S-	Va. Code Ann. § 54.1-3319(B)	For refills, a pharmacist may offer to counsel to the extent deemed appropriate by the pharmacist.
PCE	S	Va. Code Ann. § 54.1-3319(C)	A pharmacist is not required to provide counseling when the patient refuses the pharmacist's offer to counsel.
PCE	L	Va. Code Ann. § 54.1-3319(C)	A pharmacist is not required to provide counseling for a drug dispensed to a patient in a hospital or nursing home.
GEN, LAB, PMR	S	Va. Code Ann. § 54.1-3408.03(C)	If the pharmacist substitutes a generic equivalent, the pharmacist must inform the patient of the substitution. The pharmacist must also note the substitution in the record and on the label of the prescription container.
OSM	S	Va. Code Ann. § 54.1-3319(C)	If the prescription is delivered to a person residing outside of the local telephone calling area of the pharmacy, the pharmacist must either provide a toll-free or local telephone number, or accept reasonable collect calls from patients.
OSM, LAB	S	Va. Code Ann. § 54.1-3434.1(B)	Any non-resident pharmacy must, during its regular hours of operation, but not less than 6 days per week and for a minimum of 40 hours per week, provide a toll-free telephone service to facilitate communication between patients and a pharmacist at the pharmacy who has access to the patient's records. This toll-free number must be on a label on each container of drugs dispensed to patients in the Commonwealth.
OSM, DIS	S	Va. Code Ann. § 54.1-3420.2	A pharmacy that mails or delivers prescriptions must issue written information with the prescription that provide a toll-free telephone number designed to respond to consumer questions concerning chemical degradation of the drugs.
PMR, PCE	S	Va. Code Ann. § 54.1-3319(D); 12 Va. Admin. Code § 30-130-310	A pharmacist must make reasonable efforts to obtain, record, and maintain patient demographic and medical information including comments relevant to the patient's drug use. A pharmacy must also record any refusal of the pharmacist's offer to counsel.



Washington

Type	Code	Provision	Description
PCE	S	Wash. Admin. Code § 246-869-220	The pharmacist must directly counsel the patient on the use of drugs or devices for every prescription.
PCE	L	Wash. Admin. Code § 246-869-220	Counseling is not required when a medication is to be administered by a licensed health professional authorized to administer medications.
GEN, PST	S	Wash. Rev. Code § 69.41.160	Each pharmacy must post a sign in a location that is readily visible to patients: stating that a less expensive, but equivalent drug may be dispensed to a patient and suggesting a patient consult a pharmacist or doctor for more information.
OSM, DIS	S	Wash. Admin. Code § 246-869-220	For prescriptions delivered outside of the pharmacy, the pharmacist must make a written offer to provide counseling and information about the drug, including information about how to contact the pharmacist.
OSM, LAB	S	Wash. Rev. Code § 18.64.360	Non-resident pharmacies must provide a toll-free telephone service to facilitate communication between patients and a pharmacist. The telephone number must be on the label of each drug container.
PMR	S	Wash. Admin. Code § 246-875-020; Wash. Admin. Code § 246-875-030	Patient-automated and manual medical records must be maintained, and include demographic and medical information and any patient idiosyncrasies that may relate to drug utilization.



West Virginia

Type	Code	Provision	Description
PCE, RPL, DIS, PMR, COC	S-	W. Va. Code R. § 15-1-19.13.6	The rules of professional conduct require an oral offer to counsel be made by the pharmacist with each new prescription unless, in the professional judgment of the pharmacist, it is considered inappropriate. In those instances, a written communication, by telephone, in person, or in a manner determined by the pharmacist to be appropriate, may be used. The exercise of and reasons for this judgment must be documented. An offer to counsel has not been made by a mere question of whether the patient has any questions.
PCE, PMR	S	W. Va. Code R. § 15-1-19.13.6(b)	The pharmacist is not required to provide counseling if the patient does not accept the offer to counsel. If counseling is refused it must be documented.
PCE	L	W. Va. Code R. § 15-1-19.13.6(b)	Patient counseling is not required for patients in a hospital or institution where other licensed health care workers are authorized to administer the drugs.
GEN	S	W. Va. Code R. § 15-7-5	A pharmacist who substitutes any drug must notify the person presenting the prescription of such substitution. The person presenting the prescription must have the right to refuse the substitution.
PMR	S	W. Va. Code R. § 15-1-19.13.7	A pharmacist must make a reasonable effort to obtain, record, and maintain patient medical and demographic information, including a pharmacist's comments regarding the patient's drug therapy.
COC	S	W. Va. Code R. § 15-1-19.14.2	Any violation of professional conduct, which includes counseling requirements, must result in disciplinary action.



Wisconsin

Type	Code	Provision	Description
PCE	S	Wis. Admin. Code [PH] § 7.01(1)(e), (2)	A pharmacist is required to provide appropriate consultation to patients for original and refill prescriptions. The consultation requirement is not satisfied by offering to provide consultation, except when a prescription is delivered to a patient's residence. Counseling requirements apply to institutional pharmacies serving persons receiving outpatient services, including prescriptions for discharged patients.
PCE	S	Wis. Admin. Code [DHS] § 107.10(5)(b)	For Medicaid recipients, a pharmacist is required to offer counsel patient for each prescription presented.
OSM	S	Wis. Admin. Code [PH] § 7.01(1)(e)	If the prescription is delivered to the patient outside of the pharmacy, the prescription must be accompanied by directions about the prescription and an explanation that consultation with a pharmacist is available.

Wyoming

Type	Code	Provision	Description
PCE	S	Wyo. Stat. Ann. § 33-24-136(c)	For new prescriptions, pharmacists must personally orally offer to counsel and must counsel patients, if requested.
PCE	S	Wyo. Code R. § 9-5(a)	Upon receipt of a prescription, pharmacists, including non-resident pharmacists, must personally offer to counsel patients. Counseling should be performed in person, whenever practicable, or by telephone.
PCE, PMR	S	Wyo. Code R. § 9-5(b)	A pharmacist is not required to counsel a patient who has refused a consultation. Every refusal must be documented.
SUP, DIS	S	Wyo. Code R. § 9-5(e)	Alternative forms of patient information may be used to supplement patient counseling when appropriate. This may include, but is not limited to, written information leaflets, pictogram labels or video programs.
PMR, PCE	S	Wyo. Stat. Ann. § 33-24-136(d); Wyo. Code R. § 9-5(c), (d)	Pharmacies are required to maintain patient profile records for each patient. Each pharmacy must make a reasonable effort to obtain patient demographic and medical information, including comments relevant to the patient's drug use. Absence of any record of a refusal of the offer to counsel must be presumed to mean that an offer to counsel was made and the counseling was provided.

APPENDIX:

Survey Methodology

To identify state pharmacy statutes and regulations that directly or indirectly address language services, researchers manually reviewed the state Pharmacy Act of each of the 50 states, plus the District of Columbia, using NABPLAW® Online, a pharmacy-specific, online, licensed resource produced by the National Association of Boards of Pharmacy (NABP). Additionally, electronic searches were conducted in Westlaw of all state statutes and regulations concerning any provision that may limit or support language services. Researchers examined a range of areas including counseling, distribution of information, labels, generic substitution, out-of-state pharmacies, misbranding, and emergency contraception. These searches were designed to be over-inclusive to capture any pharmacy law provision that might affect the provision of language services, directly or indirectly.

Since there are federal provisions establishing minimums for counseling, distribution of information, and patient medication profiles for Medicaid beneficiaries, as well as labels generally, this analysis only contains provisions that are *different* from the federal law and related to the provision of language services directly or indirectly. For example, a state that required elements of a patient medication profile to include patient name, medication name, and expiration date, but had no further requirement to capture comments by the pharmacist or patient history, was not included as not sufficiently related to the scope of the research.

Additionally, the analysis does not include a number of provisions related to the *definition* of the practice of pharmacy or counseling because there is not a close enough intersection between the general definition provision and the delivery of language services. The standard definitions explain the practice of pharmacy in very general terms and the information a pharmacist should convey. Generally these provisions define patient counseling as an aspect of pharmacy practice, but the requirement to counsel is contained in separate provisions. All provisions containing the requirement to counsel or the requirement to offer to counsel a patient have been included.

Additional provisions excluded from the analysis are sunshine laws (addressing the release of drug pricing information), and provisions that specify certain English words that must be contained on a notice or poster or label. These too were not closely enough related to the provision of language services to be included. No provision that specified particular English words or language to be printed on a label or poster contained a prohibition of translating the words into another language. When a provision contained no affirmative requirement to do so, the relationship was not sufficiently related to the scope of this research.

Note that references to a “pharmacist” throughout the analysis mean that the requirement applies at least to the pharmacist. States differ as to whether other pharmacy staff is allowed to perform certain functions.

Additionally, references to “patient” mean at least the requirement is as to a patient. States differ here too as to whether counseling may be conducted with a caretaker, guardian or other representative. Neither of these distinctions has been tracked, as they are not closely enough related to the scope of the analysis. To get more information about a particular provision, please review the provision text in full. Citations of all provisions are included in the accompanying chart.

This research is current as of January 2009.

Endnotes

- 1 IMS National Prescription Audit PLUS™
- 2 U.S. Bureau of the Census, American Community Survey, 2008, Table S0501, *available at* http://factfinder.census.gov/servlet/STTable?_bm=y&-qr_name=ACS_2008_1YR_G00_S0501&-ds_name=ACS_2008_1YR_G00_-&-state=st&-_lang=en
- 3 Limited English Proficiency refers to people age 5 and above who report speaking English less than “very well.” We use the standard of persons who speak English “less than very well” for purposes of discussing their health care given the complexity of medical terminology and the importance of the issues that are that are discussed.
- 4 D. Andrulis, N. Goodman, C. Pryor, *What a Difference an Interpreter Can Make* (April 2002), *at* <http://www.accessproject.org>.
- 5 Knowlton CH, Penna RP, *Pharmaceutical Care*, New York: Chapman and Hall, 1996.
- 6 For the ease of the reader, this analysis refers to “states” to include all 50 states, plus the District of Columbia.
- 7 See Appendix A for the Survey Methodology.
- 8 Language services include both oral interpretation (during the oral communication between patients and pharmacists or clinical staff), as well as written translations of labels or written information distributed to patients.
- 9 Throughout, this analysis refers to particular provisions applying to “pharmacists.” When using the term pharmacist, we mean pharmacist, *at a minimum, and* any other required pharmacy staff. States differ on whether pharmacists can delegate counseling obligations to pharmacy technicians and other pharmacy staff. This analysis has not tracked that delegation of responsibilities. For more specifics about whether other staff might be obligated, review the full text of the provision.
- 10 42 U.S.C. § 2000d.
- 11 The United States Supreme Court has treated discrimination based on language as national origin discrimination. See *Lau v. Nichols*, 414 U.S. 563 (1974). See also 45 C.F.R. § 80 app. A (listing examples of federal financial assistance, including Medicare, Medicaid, Maternal and Child Health grants); Executive Order 13166, 65 Fed. Reg. 50121 (Aug. 11, 2000) (requiring the federal agencies to evaluate their accessibility to those who cannot speak English well, develop a plan to make agency activity and programs available to persons who don’t speak English well and required each federal agency that distributes federal funds to issue guidance specifically tailored to its recipients); see also 65 Fed. Reg. 50123 (Aug. 16, 2000), *reissued* 67 Fed. Reg. 41455 (June 18, 2002) (setting forth guidance by DOJ to implement EO 13166); see also 65 Fed. Reg. 52762 (Aug. 30, 2000), *revised* 67 Fed. Reg. 4968 (Feb. 1, 2002), *reissued* 68 Fed. Reg. 47311 (Aug 8, 2003) (guidance issued by DHHS to implement EO 13166).
- 12 See *id.* For more information on Title VI and its implementation, see National Health Law Program, “Federal Laws and Policies to Ensure Access to Health Care Services for People with Limited English Proficiency” *available at* <http://www.healthlaw.org>.
- 13 42 U.S.C. §1396r-8(g).
- 14 See *id.*
- 15 “(ii) As part of the State’s prospective drug use review program under this subparagraph applicable State law shall establish standards for counseling of individuals receiving benefits under this subchapter by pharmacists which includes at least the following:

(I) The pharmacist must offer to discuss with each individual receiving benefits under this subchapter or caregiver of such individual (in person, whenever practicable, or through access to a telephone service which is toll-free for long-distance calls) who presents a prescription, matters which in the exercise of the pharmacist’s professional judgment (consistent with State law respecting the provision of such information), the pharmacist deems significant including the following . . .” 42 U.S.C. §1396r-8(g)(2)(A).
- 16 This includes a retrospective Drug Use Review, application of standards, and education of pharmacists. See *id.*
- 17 See *id.*
- 18 (II) A reasonable effort must be made by the pharmacist to obtain, record, and maintain at least the following information regarding individuals receiving benefits under this subchapter:

(aa) Name, address, telephone number, date of birth (or age) and gender.

(bb) Individual history where significant, including

disease state or states, known allergies and drug reactions, and a comprehensive list of medications and relevant devices.

(cc) Pharmacist comments relevant to the individual's drug therapy.

Nothing in this clause shall be construed as requiring a pharmacist to provide consultation when an individual receiving benefits under this subchapter or caregiver of such individual refuses such consultation. See *id.*

- 19 21 C.F.R. §§ 1306.14(a) and 1306.24. The information required on the label includes basic information such as the date of filling; pharmacy name and address; serial number of the prescription; name of the patient; name of the prescribing practitioner; and directions for use and cautionary statements, if any contained in such prescription or required by law.
- 20 21 C.F.R. § 201.15.
- 21 The exceptions are HI, LA, and VT. Louisiana law requires a pharmacist to counsel, but only when possible or appropriate. Hawaii discusses counseling as a part of the practice of pharmacy, but does not have a clear requirement. Vermont also suggests counseling in certain situations, but does not require the pharmacist to counsel or offer to counsel.
- 22 For ease of the reader, this analysis refers to information or counseling for "patients." States differ as to whether information may be provided to patients, caregivers, guardians, or other patient representatives. For more detail with respect to a particular provision, see the full text of the provision.
- 23 AZ, AK, AR, CA, DE, IA, ME, MI, MN, NV, NY, ND, OR, RI, TN, TX, UT, WA, and WI.
- 24 AL, CO, CT, DC, FL, GA, ID, IL, IN, KS, KY, MD, MA, MS, MO, MT, NE, NH, NJ, NM, NC, OH, OK, PA, SC, SD, VA, WV, and WY.
- 25 Some courts have found that a pharmacist is held to a higher duty of care to their patients or have a duty to warn their patients in certain situations, such as when the pharmacist has provided counseling about the medication, recently dispensed a contra-indicated prescription to the patient, or had specific knowledge about the patient's history, such as a drug allergy or frequent use of alcohol (*Pittman v. Upjohn Co.*, 890 S.W.2d 425 (Tenn. 1994) (discussing a duty to the patient because the manufacturer gave special warning to the pharmacy to provide instructions on the use and potential complications, and it was reasonably foreseeable that the patient was at risk of injury); *Riff v. Morgon Pharmacy*, 508 A.2d 1247 (Pa. Super. 1986),

(holding that a pharmacist was negligent for having breached the duty to exercise due care where the pharmacist filled a prescription in quantities inconsistent with recommended guidelines and failed to warn the patient or notify the physician of the prescription's inadequacies). Other jurisdictions, however, have held that a pharmacist does not have an independent duty to warn a patient in other situations. *Moore ex rel. Moore v. Memorial Hospital of Gulfport*, 825 So.2d 658, 664 (Miss. 2002) (holding that similar to a pharmaceutical company, which is only required to warn a prescribing physician of the dangers of its products, a pharmacist does not have a duty to warn a patient, although the Court recognizes exceptions when a pharmacist may have such a duty). Courts have discussed how the failure to provide interpreter services for an LEP person can be a key issue in a case, as well as the basic importance of communication between medical providers and patients. *Wellman v. Faulkner*, 715 F.2d 269 (7th Cir. 1983) (holding that medical care at a prison was inadequate and negligent and thus a violation of 8th Amendment because, in part, the physicians were LEP and could not effectively communicate with patients. The court stated that "an impenetrable language barrier between doctor and patient can readily lead to misdiagnoses and therefore unnecessary pain and suffering"); *Anderson v. County of Kern*, 45 F.3d 1310 (9th Cir. 1995) (relying on *Wellman*, to find that the District Court did not abuse its discretion in requiring the County to provide an interpreter for Spanish-speaking prison inmates during medical and mental health encounters in an 8th Amendment deliberate indifference case); *Ruff v. Bossier Medical Center*, 952 F.2d 138 (5th Cir. 1992) (concluding that the physician had a duty to take adequate steps to be certain that he fully understood the patient's complaint where the physician was LEP).

- 26 CT, FL, GA, ID, IL, IN, MS, MO, NE, ND, OH, VT, WA, and WI.
- 27 AL, AK, AZ, AR, CA, CO, DE, DC, IA, KS, KY, ME, MA, MD, MI, MN, MT, NV, NH, NJ, NM, NY, NC, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, and WV.
- 28 N.H. Code Admin. R. Ph. 404.06.
- 29 N.J. Admin. Code § 13:39-7.19(e).
- 30 N.Y. Comp. Codes R. & Regs. tit. 9, § 9800.1.
- 31 21 N.C. Admin. Code 46.2507.
- 32 S.C. Code Ann. § 40-43-88(N); S.D. Admin. R. 20:51:26:10.
- 33 Tex. Admin. Code tit. 25 § 414.404.

- 34 AK, AZ, AR, CA, CO, CT, DE, FL, HI, KS, ME, MD, MI, MN, MS, NE, NH, NV, NY, ND, OR, PA, RI, SC, TX, UT, VA, and WV.
- 35 Effective communication is critical to informed consent. While informed consent is usually raised in situations such as medical treatment or surgery, there are multiple situations in a pharmacy where this issue arises, including generic substitution, immunizations, prescribing authority, and Emergency Contraception. Generally, courts have found that informed consent requires more than just providing a “form” and a patient must understand the issues and information that is material the decision at hand. *Macy v. Blatchford*, 8 P.3d 204 (Or. 2000) (discussing whether a physician failed to obtain a patient’s informed consent for surgery, the court stated “a physician can mouth words to an infant, or to a comatose person, or to a person who does not speak his or her language but, unless and until such patients are capable of understanding the physician’s point, the physician cannot be said to have explained anything to any such person”); *McQuitty v. Spangler*, 976 A.2d 1020 (holding that an informed consent violation can be based on the omission of important information the patient needs to make decisions about her medical care. The court said, “the gravamen of an informed consent claim, therefore, is a health care provider’s duty to communicate information to enable a patient to make an intelligent and informed choice, after full and frank disclosure of material risk information and the benefit of data regarding a proposed course of medical treatment”).
- 36 42 U.S.C. §1396r-8(g)(2)(A).
- 37 AK, AZ, CA, DE, DC, FL, GA, ID, IL, IA, KS, KY, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, TX, UT, VT, VA, WV, and WY. Louisiana provides that a patient may refuse patient counseling.
- 38 AZ, CO, CT, DE, DC, IL, IA, KY, MA, MN, MT, NE, NJ, NY, OH, OR, PA, RI, SD, TX, UT, VA, VT, WV, and WY. In Utah, records of patient refusal of counseling must both be documented and available to the pharmacy licensing division.
- 39 See *infra*, footnote 25.
- 40 AL, AK, AZ, CT, IL, IA, KY, MA, MI, NC, OR, PA, SD, VT, VA, and WV.
- 41 See *infra*, footnote 11.
- 42 AK, AZ, AR, CA, DE, DC, FL, GA, IN, ME, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, SD, TN, TX, UT, VA, WA, and WI.
- 43 AK, AZ, CA, CT, DE, ID, IL, IA, KS, KY, MA, MN, MS, NV, NH, NJ, NM, NY, ND, PA, SD, TX, VA, and WA. Florida establishes the same type of requirement of internet-based pharmacies.
- 44 21 N.C. Admin. Code 46.2507.
- 45 AL, AZ, CA, CO, DE, DC, FL, HI, IN, KY, ME, MD, MN, MO, NV, NH, NM, NY, OR, SD, TX, UT, VA, and WA.
- 46 AZ, CA, DE, DC, FL, IN, NV, NM, NY, OR, SD, TX, VA, UT, and WA.
- 47 Note that in deciding in what languages to translate materials, Title VI guidance allows providers to consider the number of persons being served or eligible to be served who speak that language, how frequently these persons are served or eligible to be served, and cost. For more information on this analysis, see National Health Law Program, “*Language Services in Pharmacies: What is Required?*” (2008), available at www.healthlaw.org.
- 48 Haw. Code R. § 16-95-130; N.H. Code Admin. R. Ph. 1001.04; 1001.05, 1001.06.
- 49 Ky. Rev. Stat. Ann. § 217.896.
- 50 Me. Rev. Stat. Ann. Tit. 22, § 2682.
- 51 Md. Code Regs. 10.34.26.02.
- 52 N.Y. Comp. Codes R. & Regs. tit. 10, § 80.137 (d)(1).
- 53 22 Tex. Admin. Code § 291.131(d).
- 54 AR, CO, DC, GA, IN, IA, KS, KY, LA, ME, MD, MN, MS, MO, MT, NE, NV, NH, NM, NC, ND, OH, OK, RI, SC, SD, TN, VT, and WY.
- 55 09-00 Ark. Code R. § 0001(c).
- 56 09-00 Ark. Code R. § 0001(c).
- 57 AL, AZ, AR, CA, DE, DC, FL, GA, ID, IL, IN, IA, KY, ME, MA, MN, MS, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WV, and WY. Note: CT, CO, and MD also have state patient medication profile provisions, but the provisions only apply to Medicaid beneficiaries.
- 58 50-018-001 Miss. Code R. § 8.
- 59 Iowa Admin. Code r. 657-6.2.
- 60 ADC 20-620 to 20-625 (New York City Administrative Code 2010), available at <http://public.leginfo.state.ny.us/menugetf.cgi>.
- 61 This research and analysis did not comprehensively review local or city laws. However, this is the only statute of its kind of which we are aware.



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