



## Update for February 2024

A note from Jean Douglas, PharmD, Chair, Association of NC Boards of Health

**GOOD NEWS:** NC Medicaid recipients now have additional options for receiving prescription birth control (contraceptives) in our state directly from the pharmacy without seeing a medical doctor first. This move is seen as a benefit to clients of your local Health Department who need contraceptives but may not have easy access to extensive medical care.

More than 1,300 pharmacists in 91 counties across North Carolina have completed training to prescribe hormonal contraception to consumers who utilize local walk-in pharmacies in NC counties. Emphasizing the new role of pharmacists in increasing access to contraception, NC [House Bill 96](#) went into effect Feb. 1, 2022, which gave pharmacists in North Carolina the ability to provide hormonal contraceptives without a medical provider's prescription to people 18 years and older. Additionally, the Department of Health and Human Services Medicaid program started [enrolling pharmacists as Medicaid providers](#) and paying for contraceptive counseling services provided in pharmacies in early January, 2024. As a result of this change Medicaid members can utilize any pharmacy offering pharmacist-prescribed contraception and receive up to a 12-month supply of birth control with zero out-of-pocket costs.

This change is anticipated to give North Carolinians more places to access contraception and free up some of the primary care providers to see other patients, and to see patients in rural areas who may not have primary care providers in their communities. Across North Carolina, there are pockets of rural areas where the pharmacist may be more accessible than a medical provider's office. Many NC residents have also reported that they opt to get contraception at pharmacies because they are nearby, have extended hours and do not require appointments.

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**Q & A with Kirsten E. Leloudis, JD, MPH**  
*Assistant Professor of Public Law and Government*  
School of Government  
The University of North Carolina at Chapel Hill

**QUESTION:** Is it common for counties to cover their Board of Health (BOH) with a bonding or special professional liability policy?

**RESPONSE:** Great question! Historically, counties' decisions around insurance policies have been informed by various factors, including counties' financial positions, trends during certain "eras" in our state, and access to legal counsel. Although I cannot speak to trends in current practices, I will offer a few thoughts on the types of protections that BOH members may already have in their roles as board members:

BOH members may already have some protections from liability under NC law, including the following:

- Governmental immunity may offer protection for a BOH member in their *official capacity* (that is, as part of county government). Governmental immunity only offers liability protection for certain torts when: (1) governmental immunity hasn't been waived and (2) the claim arises from a governmental function. Most traditional BOH work that's described in G.S. 130A-39 would likely be considered "governmental functions."

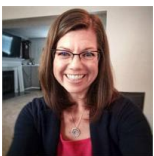
- Public official immunity may offer protection for a BOH member in their *individual capacity* for acts of negligence (but not intentional torts like battery, malicious or corrupt acts, or acts outside the BOH member's scope of duties).

A note about insurance - governmental immunity may be waived if the county has purchased liability insurance for its BOH (but immunity is only waived for the types of claims that are covered by the policy and only up to the policy limits). For that reason, I would strongly recommend looping in legal counsel if you are interested in buying insurance for the BOH.

Finally, individual BOH members also have the option of buying their own individual insurance policies. Whether or not an individual insurance policy makes sense is really a matter of person risk tolerance, so a BOH member should consult with their own attorney if they have questions about this. Governmental immunity is not waived when an individual BOH member buys their own insurance policy that only covers themselves.

Regards, Kirsten

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January 16, 2023, 9:30 AM

[Brigid Groves](#)

APhA and the Centers for Disease Control and Prevention's (CDC) Division for Heart Disease and Stroke Prevention (DHDSPP) are convening a Community of Practice (CoP) for Advancing Health Equity with Public Health and Pharmacy Partnerships. The project will accelerate the implementation of pharmacy-based strategies to advance health equity through initiatives that address racial and ethnic disparities in cardiovascular disease (CVD) risk factors, prevalence, or outcomes.

We are seeking nominations of teams of representatives from public health departments and the pharmacy community. Teams must be geographically located in the United States; include at least one team member representing a public health department, agency, or organization; and include at least one team member representing the pharmacy community. Selected teams will participate in two virtual APhA/CDC-convened learning sessions and three virtual peer-to-peer learning sessions with other CoP teams between March 2024 and March 2025. Selected teams may be highlighted in documents disseminated in collaboration with CDC.

If your health department or pharmacy practice is collaboratively providing pharmacy-based strategies for heart disease and stroke prevention to advance health equity, please submit your application for this professional development opportunity. To access the CoP application, please click on the following link: <https://apha.secure-platform.com:443/a/solicitations/1804/home>. **All applications must be received by 11:59 pm ET on Thursday, February 15, 2024.** Selected CoPs will be announced in March 2024. Please contact Jann Skelton, RPh, MBA, FAPhA, at [jskelton@aphanet.org](mailto:jskelton@aphanet.org) or Nicole Therrien, PharmD, MPH, at [pvl2@cdc.gov](mailto:pvl2@cdc.gov) with any questions.

*For recipients of CDC's DP-23-0004 and/or DP-23-0005 grants, selection and participation in this project does not satisfy the critical requirement for collaboration or partnership with a heart disease and stroke learning collaborative or similar entity. Participation in this CoP will provide additional capacity-building and peer-to-peer learning opportunities within the specific focus area of pharmacy-based strategies.*

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