PHARMACY
SCOPE OF
PRACTICE LAWS
IN GEORGIA

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The Medical Association of Georgia (MAG) prepared the following summary of pharmacy scope of practice laws in Georgia as a resource for its member physicians. It is not a complete or exhaustive resource, and it is not intended to serve as legal advice – so physicians should contact their medical malpractice insurance provider and/or their health care attorney for specific guidance.

There are two types of relationships that can exist between physicians and pharmacists in Georgia. The first is a collaborative agreement that allows hospital pharmacists in Georgia to collaborate with medical staff members to manage drug therapies for patients in institutional settings. The term “collaborate” means to work jointly with others as approved by an order from a physician member of the institution's medical staff for care and treatment of the ordering physician's patients or pursuant to a protocol established in accordance with medical staff policy. The laws pertaining to collaborative agreements can be found under Chapter 4 of Title 24 entitled the Safe Medications Practice Act. Collaborative agreements can only exist in institutional settings (e.g. hospitals).

The second kind of relationship exists outside of institutional settings. Here, physicians can delegate authority to qualified pharmacists to modify drug therapy. These agreements are narrower but can take place between any physician and any qualified pharmacist. “Drug Therapy Modification” is defined as the adjustment of dosages, dosage schedules, and/or medications by a pharmacist under authority delegated and supervised by a physician. These medications do not need to be the pharmaceutical or therapeutical equivalent of the initial prescription that was issued to the patient by the prescribing physician. In this case, a physician may delegate authority to a qualified pharmacist to modify drug therapy through a protocol for a patient who is under the physician's direct medical care and supervision.

Pharmacists are also able to enter into an Influenza Vaccine Protocol agreement with a physician that allows them to administer the vaccination to a group of patients. This authority is granted under Ga. Ann. Code § 43-34-26.1. Furthermore, Ga. Ann. Code § 26-4-81 authorizes pharmacists in Georgia to substitute a drug with the same generic name in the same strength, quantity, dose, and dosage form as the prescribed brand name drug product which is, in the pharmacist's reasonable professional opinion, the pharmaceutical equivalent.

Please see below for the relevant laws.
GENERAL PROVISIONS

§ 26-4-4. “Practice of pharmacy” defined

The “practice of pharmacy” means the interpretation, evaluation, or dispensing of prescription drug orders in the patient's best interest; participation in drug and device selection, drug administration, drug regimen reviews, and drug or drug related research; provision of patient counseling and the provision of those acts or services necessary to provide pharmacy care; performing capillary blood tests and interpreting the results as a means to screen for or monitor disease risk factors and facilitate patient education, and a pharmacist performing such functions shall report the results obtained from such blood tests to the patient's physician of choice; and the responsibility for compounding and labeling of drugs and devices.

§ 26-4-5. Definitions

(27) “Pharmaceutically equivalent” means drug products that contain identical amounts of the identical active ingredient, in identical dosage forms, but not necessarily containing the same inactive ingredients.

(28) “Pharmacist” means an individual currently licensed by this state to engage in the practice of pharmacy. This recognizes a pharmacist as a learned professional who is authorized to provide patient services and pharmacy care.

(33) “Practitioner” or “practitioner of the healing arts” means a physician, dentist, podiatrist, or veterinarian and shall include any other person licensed under the laws of this state to use, mix, prepare, dispense, prescribe, and administer drugs in connection with medical treatment to the extent provided by the laws of this state.

(36) “Prescription drug order” means a lawful order of a practitioner for a drug or device for a specific patient; such order includes an electronic visual image prescription drug order and an electronic data prescription drug order.

(40) “Substitution” means to dispense pharmaceutically equivalent and therapeutically equivalent drug products as regulated by the board in place of the drug prescribed.
DRUG SUBSTITUTIONS

§ 26-4-81. Drug substitutions

(a) In accordance with this Code section, a pharmacist may substitute a drug with the same generic name in the same strength, quantity, dose, and dosage form as the prescribed brand name drug product which is, in the pharmacist's reasonable professional opinion, pharmaceutically equivalent.

(b) If a practitioner of the healing arts prescribes a drug by its generic name, the pharmacist shall dispense the lowest retail priced drug product which is in stock and which is, in the pharmacist's reasonable professional opinion, pharmaceutically equivalent.

(c) Substitutions as provided for in subsections (a) and (b) of this Code section are authorized for the express purpose of making available to the consumer the lowest retail priced drug product which is in stock and which is, in the pharmacist's reasonable professional opinion, both therapeutically equivalent and pharmaceutically equivalent.

(d)(1) Whenever a substitution is made, the pharmacist shall record on the original prescription the fact that there has been a substitution and the identity of the dispensed drug product and its manufacturer. Such prescription shall be made available for inspection by the board or its representative in accordance with the rules of the board.

(2) If a pharmacist substitutes a generic drug product for a brand name prescribed drug product when dispensing a prescribed medication, the brand name and the generic name of the drug product, with an explanation of generic for (insert name of brand name prescribed drug product) or similar language to indicate substitution has occurred, must appear on the prescription label and be affixed to the container or an auxiliary label, unless the prescribing practitioner indicated that the name of the drug may not appear upon the prescription label; provided, however, that this paragraph shall not apply to medication dispensed for in-patient hospital services or to medications in specialty packaging for dosing purposes as defined by the board.

(e) The substitution of any drug by a registered pharmacist pursuant to this Code section does not constitute the practice of medicine.

(f) A patient for whom a prescription drug order is intended may instruct a pharmacist not to substitute a generic name drug in lieu of a brand name drug.
(g) A practitioner of the healing arts may instruct the pharmacist not to substitute a generic name drug in lieu of a brand name drug by including the words “brand necessary” in the body of the prescription. When a prescription is a hard copy prescription drug order, such indication of brand necessary must be in the practitioner's own handwriting and shall not be printed, applied by rubber stamp, or any such similar means. When the prescription is an electronic prescription drug order, the words “brand necessary” are not required to be in the practitioner's own handwriting and may be included on the prescription in any manner or by any method. When a practitioner has designated “brand necessary” on an electronic prescription drug order, a generic drug shall not be substituted without the practitioner’s express consent, which shall be documented by the pharmacist on the prescription and by the practitioner in the patient's medical record.
SAFE MEDICATIONS PRACTICE ACT

§ 26-4-210. Short title

This article shall be known and may be cited as the “Safe Medications Practice Act.”

§ 26-4-211. Legislative findings and intent

(a) The General Assembly finds and declares that:

(1) Medications are essential for the effective treatment and prevention of illness and disease, and medications, particularly dangerous drugs, are recognized to be complex chemical compounds which may cause untoward side effects, adverse reactions, and other undesirable and potentially harmful effects;

(2) Hospital pharmacists are highly trained in the therapeutic use of medications and have expertise in the safe, appropriate, and cost-effective use of medications; and

(3) Therefore, it is essential that physicians, pharmacists, and other clinical health care practitioners in an institutional setting collaborate to promote safe and effective medication therapy for the institution's patients.

(b) The intent of the General Assembly in enacting this legislation is to maximize patient safety, to ensure safe and desirable medication therapy outcomes, and to achieve desired therapeutic goals.

§ 26-4-212. Definitions

As used in this article, the term:

(1) “Collaborate” means to work jointly with others as approved by an order from a physician member of the institution's medical staff for care and treatment of the ordering physician's patients or pursuant to a protocol established in accordance with medical staff policy.

(2) “Hospital pharmacist” means a pharmacist that is employed by, or under contract with, an institution and practicing in an institutional setting.

(3) “Institution” means any licensed hospital, nursing home, assisted living community, personal care home, or hospice.
§ 26-4-213. Collaboration on drug therapy management

Hospital pharmacists shall be authorized to collaborate with members of the medical staff in an institution on drug therapy management

§ 26-4-214. Rules and regulations

(a) The State Board of Pharmacy shall establish rules and regulations governing a hospital pharmacist acting pursuant to Code Section 26-4-213 in the provision of drug therapy management in institutions in consultation or collaboration with physicians. Such rules may include the utilization of a hospital pharmacist's skills regarding dangerous drugs to promote medication safety. Such rules shall include the ordering of clinical laboratory tests in the institutional setting and the interpretation of results related to medication use when approved by a physician member of the institution's medical staff for the care and treatment of the ordering physician's patients or pursuant to a protocol established in accordance with medical staff policy.

(b) The Georgia Composite Medical Board shall establish rules and regulations governing a physician acting pursuant to this article.

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DELEGATION OF AUTHORITY TO PHARMACISTS TO MODIFY DRUG THERAPY

§ 26-4-50. Qualifications for pharmacists authorized to modify drug therapy

(a) No pharmacist shall be authorized to modify drug therapy pursuant to Code Section 43-34-24 unless that pharmacist:

   (1) Is licensed to practice as a pharmacist in this state;
   (2) Has successfully completed a course of study regarding modification of drug therapy and approved by the board;
   (3) Annually successfully completes a continuing education program regarding modification of drug therapy and approved by the board; and
   (4) Is certified by the board as meeting the requirements of paragraphs (1) through (3) of this subsection.

(b) Nothing in this Code section shall be construed to expand or change any existing authority for a pharmacist to substitute drugs.

§ 43-34-24. Delegation of authority to pharmacist to modify drug therapy

(a) As used in this Code section, the term “pharmacist” means a person who meets the requirements specified in Code Section 26-4-50.

(b) A physician may delegate to a pharmacist the authority to modify drug therapy as part of drug therapy management. The physician making such delegation shall adequately supervise the application of his or her order delegating the authority to modify drug therapy. Delegation of such authority shall only be made pursuant to the physician's diagnosis, written order, and drug therapy protocol. Unless a drug therapy modification is a substitution of a generic drug which is pharmacologically and therapeutically equivalent to the patient's initial prescription drug order pursuant to Code Section 26-4-81, that protocol shall meet the applicable requirements for issuance of prescriptions provided in Code Section 16-13-41 or 16-13-74, whichever is applicable. A drug therapy protocol issued pursuant to this subsection may authorize a pharmacist to dispense a specific drug contained in the protocol as an alternative drug which is not pharmacologically and therapeutically equivalent to the patient's initial prescription drug order.

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and shall be deemed to be the physician's separate and distinct prescription drug order. All protocols authorized by this subsection shall:

(1) Identify the pharmacist who is authorized to modify drug therapy and the physician who is delegating the authority to modify drug therapy;
(2) Indicate the physician's diagnosis of condition or disease state of the patient whose drug therapy may be modified;
(3) Identify each patient for whom the physician has delegated the authority to modify drug therapy;
(4) Describe specific responsibilities and parameters for modification of drug therapy and patient monitoring authorized under the protocol;
(5) Include a statement regarding the types and categories of medication as well as the maximum and minimum dosage levels within the types and categories of medication for which the pharmacist may modify drug therapy including:
   (A) Additional procedures or plans which the pharmacist shall follow when the pharmacist modifies drug therapy; and
   (B) The method of documentation and mechanism of communication of appropriate medical care information or pharmacy care information, or both; description and required frequency of reports which shall include:
      (i) Any problems or complications encountered;
      (ii) A listing of recommendations by pharmacist; and
      (iii) A complete list of each instance in which drug therapy was modified and how such therapy was modified since the last report; and
(6) Stipulate that each such patient must be notified that the pharmacist is authorized to modify drug therapy pursuant to protocol between the pharmacist and the physician.

A physician delegating the authority to modify drug therapy must be available through communications for consultation, assistance, and direction. A physician may only delegate the authority to modify drug therapy for a patient under the direct medical care and supervision of that physician.

An order delegating the authority to modify drug therapy under this Code section shall not be valid for more than two years from the date such order was issued.
(e) Nothing in this Code section shall be construed to expand or change any existing authority for a pharmacist to substitute drugs under Code Section 26-4-81.

(f) Nothing in this Code section shall be construed to prohibit hospital pharmacists from participating in drug therapy management by protocol or other legal authority established or approved by a member of the hospital medical staff for the care and treatment of hospital patients.
RULES AND REGULATIONS PHARMACIST MODIFICATION OF DRUG THERAPY

480-35-.01. Definitions

(1) Board. Board means the Georgia State Board of Pharmacy.
(2) Drug Therapy Modification. Drug Therapy Modification means the adjustment of dosages, dosage schedules, and/or medications by a pharmacist under authority delegated and supervised by a physician. Such medications need not be pharmaceutically or therapeutically equivalent to the initial prescription issued to the patient by the prescribing physician.
(3) Pharmacist. Pharmacist means a person holding a current license to practice pharmacy in the State of Georgia.
(4) Physician. Physician means a person holding a current license to practice medicine in the State of Georgia.
(5) Supervision by a Physician. Supervision by a physician means the pharmacist has a means available to communicate with the physician for consultation, assistance, and direction in regards to drug therapy modification.

480-35-.02. Pharmacist Certification

(1) A pharmacist may apply to the Board for a certification which will allow the pharmacist to enter into a protocol or agreement with a physician for drug therapy modification. Each application shall be reviewed by the Board for completeness and authenticity before certification can be issued; Such application shall include, but is not limited to:
   (a) Completion of an application form approved by the Board to include at a minimum:
      (i) Name, home address, telephone number, and email address (if applicable);
      (ii) Georgia pharmacist license number, including any previous sanctions by the Board or any other actions by a licensing or criminal authority; and
      (iii) Current place of practice setting, including name, address, and telephone number and place where the protocol and patient records will be maintained.
   (b) Submission of an application fee approved by the Board;
   (c) Submission of evidence of completion of a course of study, approved by the Board, related to drug therapy modification; and

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(d) Submission of evidence of 0.3 continuing education units (CEUs) or 3.0 contact hours in courses related to drug therapy modification. Such CEUs must be obtained during the 12 months prior to submitting the application.

(2) The Board will review the completed application. If the pharmacist has a current license in good standing, the completed course of study is approved, and the continuing education hours are acceptable, the Board may issue a certification, renewable on an annual basis.

(3) A certification authorizing drug therapy modification shall expire one year following its date of issuance and shall be renewed annually.

(4) In order to renew a certification, a pharmacist must apply to the Board on an application form approved by the Board, submit a renewal fee, and submit evidence of 0.3 CEUs or 3 contact hours in continuing education courses obtained annually and approved by the Board or the Accreditation Council for Pharmacy Education (ACPE).

(5) The current certification must be posted with the pharmacist's license.

480-35-.03. Continuing Education

In order to renew a certification under this chapter, the continuing education must:

(1) Be from a provider approved by the Board pursuant to Rule 480-3-.03 or a provider approved by ACPE.

(2) Have been taken and credit received for the continuing education during the 12 months preceding the application for renewal.

(3) Have been from a live program at least 1.0 contact hour (0.1 CEU) in length.

480-35-.04. Requirements for a Protocol

(1) A physician may delegate authority to a pharmacist certified under this chapter to modify drug therapy through a protocol for a patient under the physician's direct medical care and supervision. The protocol shall meet the applicable requirements for the issuance of prescriptions provided in O.C.G.A. Section 16-13-41 or 16-13-74, which ever is applicable.

(2) A protocol shall be in writing and must contain the following:

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(a) The printed name and signature of the physician, along with the license number issued to the physician by the Georgia Composite Board of Medical Examiners;
(b) The printed name and signature of the pharmacist, along with the license number issued to the pharmacist by the Board;
(c) The date the protocol was established, and the date the protocol becomes effective;
(d) The length of time the protocol shall be in effect;
(e) The identity of each patient covered by the protocol, and a mechanism to inform the patient the physician has authorized the pharmacist to modify the patient's drug therapy pursuant to this protocol, including information as to how the patient may opt out of the protocol;
(f) The physician's diagnosis of condition or disease state for each patient identified in the protocol, along with a listing of the initial drug therapy prescribed by the physician for each patient;
(g) A description of the parameters and responsibilities for drug therapy modification;
(h) Description of the monitoring required by the pharmacist and physician for each patient identified in the protocol;
(i) The procedures the pharmacist must follow when modifying drug therapy including, but not limited to, the method and frequency of notification to the physician of any drug therapy modification;
(j) For each patient's drug therapy modification, the identification of types and categories of medications allowed to be utilized, and the maximum/minimum dosage levels within each type and category of medication; and
(k) Identification of the documentation required by the pharmacist when drug therapy has been modified, including, but not limited to, a record of any problems or complications encountered, a list of recommendations, and a list of all drug modifications.

(3) No protocol can be longer than two (2) years. Protocols shall terminate immediately when the pharmacist's or physician's license and/or certificate has lapsed, been revoked, or has not been renewed.
480-35-.05. Recordkeeping

(1) Each pharmacist certified for drug therapy modification, who enters into a drug therapy modification protocol with a physician, shall establish and maintain a separate record system which shall include, but not limited to, the following:

(a) A patient medical record for each patient named in the protocol;
(b) Documentation of any action taken regarding drug therapy, including counseling of the patient in regard to the new medication;
(c) Documentation of any prescription drug order initiated by the pharmacist on behalf of the physician pursuant to the protocol;
(d) Documentation of any test results supporting drug therapy modification;
(e) Documentation of any notification to the physician regarding drug therapy modification;
(f) Documentation of any problems or adverse effects encountered due to the initial drug order or any drug therapy modification; and
(g) Other pertinent patient information;

(2) All such patient records must be maintained for a period of ten (10) years following the date the protocol is terminated;

(3) Nothing in this rule shall prohibit a pharmacist who is practicing outside a licensed pharmacy from documenting the patient information required in this rule in the patient's medical record established by the physician, clinic, or other medical facility, and such documentation shall meet the requirements of this rule.

(4) All patient records required by this rule must be available for inspection and copying by the Georgia Drugs and Narcotics Agency upon request.

480-35-.06. Financial Remuneration for Professional Services

Nothing in this rule shall be construed to prohibit the pharmacist from being remunerated for the professional services rendered.
480-35-.07. Authority to Initiate Modification of Drug Therapy.

Nothing in this chapter shall be construed to limit or restrict the authority of a pharmacist to substitute a drug as provided in O.C.G.A. Section 26-4-81.

480-35-.08. Exception

Nothing in this chapter shall be construed to limit hospital pharmacists from participating in medication therapy management by protocol or other legal authority established or approved by a member of the hospital medical staff for the care and treatment of hospital patients.
§ 43-34-26.1. Influenza vaccine protocol agreement; vaccination for groups of patients; rules and regulations; liability

(a) As used in this Code section, the term:

(1) “Administer” means the provision of a unit dose of influenza vaccine by a pharmacist or nurse pursuant to an influenza vaccine order contained in an influenza vaccine protocol agreement with a physician.

(2) “Adverse event” means an event that is a negative consequence of the administration of influenza vaccine by a pharmacist or nurse that results in an unintended reaction, injury, or illness, which may or may not have been preventable.

(3) “Board” means the Georgia Composite Medical Board.

(4) “Influenza vaccine” means an inactivated virus administered by injection or a live attenuated virus administered by nasal spray that is prepared for the applicable season and that is administered to produce or increase immunity to the influenza virus; provided, however, that a live attenuated virus shall not be administered pursuant to this Code section to any individual younger than 13 or older than 49 years of age; and provided, further, that a live attenuated virus shall not be administered pursuant to this Code section unless the patient or his or her parent, if a minor, has signed an informed consent that he or she does not have a contraindication to this vaccine. The informed consent form shall list the contraindications to the vaccine.

(5) “Influenza vaccine order” means a prescription drug order, contained in an influenza vaccine protocol agreement, for influenza vaccine issued by a physician for a group of patients who meet certain criteria and to be administered by a pharmacist or a nurse. An influenza vaccine order shall also mean a prescription drug order, contained in an influenza vaccine protocol agreement, for epinephrine issued by a physician for a group of patients who meet certain criteria and to be administered by a pharmacist or a nurse only upon the occurrence of an actual or perceived anaphylactic adverse reaction to the administered influenza vaccine provided that the influenza vaccine protocol agreement sets forth the signs and symptoms that warrant the administration of epinephrine.
(6) “Influenza vaccine protocol agreement” means a written document mutually agreed upon and signed by a physician and a pharmacist or by a physician and a nurse, by which document the physician prescribes influenza vaccine and epinephrine, if determined appropriate by the physician, by means of an influenza vaccine order for administration by a pharmacist or a nurse.

(7) “Nurse” means a registered professional nurse as defined in paragraph (9) of Code Section 43-26-3. The term shall also mean a licensed practical nurse as defined in paragraph (5) of Code Section 43-26-32 who is regularly employed by a physician who actively engaged in the private practice of medicine.

(8) “Pharmacist” means an individual licensed under Chapter 4 of Title 26 to engage in the practice of pharmacy in the State of Georgia.

(9) “Pharmacy intern” means a pharmacy intern as defined in paragraph (19) of Code Section 26-4-5.

(10) “Physician” means an individual licensed to practice medicine and surgery pursuant to this article and whose principal place of practice is located in this state.

(b) A physician engaged in the active practice of medicine may prescribe influenza vaccine for a group of patients via an influenza vaccine order contained in an influenza vaccine protocol agreement to be administered by a pharmacist, provided the physician is registered with the vaccination registry established by the Department of Public Health pursuant to Code Section 31-12-3.1, commonly known as the Georgia Registry of Immunization Transactions and Services, the pharmacist is located within the county of the physician's place of registration with the vaccination registry or a county contiguous thereto, and the pharmacist holds current certification in Basic Cardiac Life Support and has completed a course of training accredited by the Accreditation Council for Pharmacy Education or similar health authority or professional body approved by the State Board of Pharmacy. A physician who is a party to an influenza vaccine protocol agreement may also prescribe epinephrine via an influenza vaccine order contained in an influenza vaccine protocol agreement for administration by a pharmacist upon the occurrence of an actual or perceived anaphylactic adverse reaction to the administered influenza vaccine provided that the influenza vaccine protocol agreement sets forth the signs and symptoms that warrant the administration of epinephrine.
(c) A physician engaged in the active practice of medicine may prescribe influenza vaccine for a group of patients via an influenza vaccine order contained in an influenza vaccine protocol agreement to be administered by a nurse, provided the physician is registered with the vaccination registry established by the Department of Public Health pursuant to Code Section 31-12-3.1, commonly known as the Georgia Registry of Immunization Transactions and Services, the nurse is located within the county of the physician's place of registration with the vaccination registry or a county contiguous thereto, and the nurse holds current certification in Basic Cardiac Life Support. A physician who is a party to an influenza vaccine protocol agreement may also prescribe epinephrine via an influenza vaccine order contained in an influenza vaccine protocol agreement for administration by a nurse upon the occurrence of an actual or perceived anaphylactic adverse reaction to the administered influenza vaccine provided that the influenza vaccine protocol agreement sets forth the signs and symptoms that warrant the administration of epinephrine.

(d) An influenza vaccine protocol agreement between a physician and a pharmacist or a physician and a nurse pursuant to this Code section shall, without limitation:

1. Contain the current names, addresses, telephone numbers, and professional license numbers of the physician and the pharmacist or nurse;
2. Contain a provision for immediate consultation between the pharmacist or nurse and the physician. If the physician is not available, the physician for purposes of consultation may designate another physician who concurs with the terms of the influenza vaccine protocol agreement;
3. Require the pharmacist or nurse to provide the influenza vaccine recipient with the appropriate and current Vaccine Information Statement (VIS) as provided by the federal Centers for Disease Control and Prevention;
4. Require the pharmacist or nurse or his or her employer to retain documentation of each dose of influenza vaccine administered. Such documentation shall include, but not be limited to:
   A. The administering pharmacist's or nurse's name, address, telephone number, and professional license number;
   B. The name, dose, manufacturer, and lot number of the influenza vaccine;
   C. The vaccine recipient's name, address, date of birth, and telephone number;
(D) The date of administration and injection site;
(E) A signed and dated consent form by which the vaccine recipient acknowledges receipt of the VIS and consents to the administration of the influenza vaccine; and
(F) Any adverse events or complications that occur;

(5) Require the pharmacist or nurse to enter the patient's influenza vaccine information in the Georgia Registry of Immunization Transactions and Services within the registry's designated time frame, or as designated by the Department of Public Health;
(6) Require, as a condition of administration of the influenza vaccine, the influenza vaccine recipient to remain under the observation of the administering pharmacist or nurse for a period of not less than 15 minutes immediately subsequent to the administration of the influenza vaccine;
(7) Contain procedures to follow up on the occurrence of an adverse event or complication including, if prescribed via an influenza vaccine order contained in an influenza vaccine protocol agreement, the administration of epinephrine;
(8) Provide for prioritization of influenza vaccine recipients in the event the supply of influenza vaccine is limited; and
(9) Be renewed and, if necessary, revised or updated biennially by the physician and the pharmacist or nurse. An influenza vaccine protocol agreement that is not renewed biennially shall expire.

(e) A pharmacist who is a party to an influenza vaccine protocol agreement pursuant to this Code section shall not delegate the administration of influenza vaccine to any individual other than a pharmacy intern under the direct supervision of the pharmacist whether or not any such other individual is under the supervision, direct or otherwise, of the pharmacist.

(f) A nurse who is a party to an influenza vaccine protocol agreement pursuant to this Code section shall not delegate the administration of influenza vaccine to any individual, whether or not any such individual is under the supervision, direct or otherwise, of the nurse; provided, however, notwithstanding the requirement of employment by a physician in paragraph (7) of subsection (a) of this Code section, a registered professional nurse who is a party to an influenza protocol agreement pursuant to this Code section may delegate the administration of influenza vaccine to a licensed practical nurse under the direct on-site supervision of the registered professional nurse.
(g) Notwithstanding any law to the contrary, a nurse acting pursuant to an influenza vaccine protocol agreement as provided in this Code section may possess and transport influenza vaccine and epinephrine.

(h) A pharmacist or nurse administering influenza vaccines pursuant to an influenza vaccine protocol agreement authorized by this Code section shall maintain policies and procedures for the handling and disposal of used or contaminated equipment and supplies.

(i) Nothing in this Code section shall be construed to authorize a physician to prescribe any vaccines or other drugs pursuant to an influenza vaccine protocol agreement or influenza vaccine order contained in an influenza vaccine protocol agreement other than influenza vaccines and epinephrine.

(j) A delegating physician may not enter into an influenza vaccine protocol agreement with more than ten pharmacists or nurses, or any combination thereof, at any one time; provided, however, and notwithstanding the geographic limitations provided in subsections (b) and (c) of this Code section, a delegating physician may enter into an influenza vaccine protocol agreement with more than ten pharmacists or nurses, or any combination thereof, at any one time so long as the pharmacists or nurses are in the same public health district as established pursuant to Code Section 31-3-15 and are employees or agents of the same corporate entity.

(k) It shall be unlawful for a physician who is employed by a pharmacist or nurse to enter into an influenza vaccine protocol agreement or otherwise delegate medical acts to such pharmacist or nurse. It shall be unlawful for a physician who is employed by a pharmacy to enter into an influenza vaccine protocol agreement or otherwise delegate medical acts to a pharmacist or nurse who is also employed by such pharmacy.

(l) The board shall have the authority to promulgate rules and regulations governing a physician who is a party to an influenza vaccine protocol agreement in order to carry out the intent and purposes of this Code section. Further, the board shall:

1. Require that the influenza vaccine protocol agreement be filed by the physician with the board and be made available by the board for public inspection; and
2. Promulgate by rule an approved standard protocol template that may be utilized as an influenza vaccine protocol agreement and make such template available on the board's website.
(m) Nothing in this Code section shall be construed to require a physician to enter into an influenza vaccine protocol agreement. A public or private managed care system, health plan, hospital, insurance company, or similar entity shall not require a physician, pharmacist, or nurse to enter into an influenza vaccine protocol agreement as a condition for participation in or reimbursement from such entity.

(n) No physician who complies with the provisions of this Code section shall be subject to criminal or civil liability or discipline for unprofessional conduct for:

(1) Entering into an influenza vaccine protocol agreement with a pharmacist or nurse;
(2) Issuing an influenza vaccine order contained in an influenza vaccine protocol agreement with a pharmacist or nurse; or
(3) The acts or omissions of a pharmacist or nurse pursuant to an influenza vaccine protocol agreement including the administration of influenza vaccine or epinephrine.

Nothing in this subsection shall be interpreted as altering liability of an employer for acts of his or her employees.

(o) This Code section shall not apply to any activities conducted within a hospital or within any other facility or entity owned, operated, or leased by a hospital.

(p) This Code section shall not be interpreted as limiting the authority of any authorized person to dispense or administer influenza vaccine or other medications.

(q) No influenza vaccine protocol agreement entered into pursuant to this Code section shall permit a pharmacist or nurse to administer an influenza vaccine to any child under the age of 13 without an individual prescription from a physician, and consent of the child's parent or legal guardian shall be a condition precedent to the administration of an influenza vaccine to a child under the age of 18.