RESEARCH SUMMARY

A Pharmacy Revolution in Idaho: Letting Pharmacists Prescribe Medications Could Benefit Millions of Americans

Despite their extensive medical training, US pharmacists have limited prescribing authority. In “Reforming the Practice of Pharmacy: Observations from Idaho,” James Broughel, Phil Haunschild, and Yuliya Yatsyshina explain how Idaho’s pharmacy reforms have expanded pharmacists’ prescribing abilities, opening an untapped medical resource for patients. Extending such reforms to other states could increase healthcare access for millions of Americans.

WHEN PHARMACISTS CAN PRESCRIBE MEDICATIONS, PATIENTS BENEFIT

In 2011, the Idaho legislature began by giving pharmacists authority to prescribe fluoride supplements and certain immunizations for patients ages 12 and over. In subsequent years it continued to increase the prescribing authority of pharmacists. By 2017, the state’s pharmacists could prescribe medications for conditions that

- do not require a new diagnosis,
- are minor and self-limiting,
- have a low-risk test to help identify the condition (e.g., flu, strep throat), or
- present an immediate danger and require quick treatment.

As a result of these and further reforms, Idaho pharmacists can now prescribe in these situations without first seeking permission from the state’s board of pharmacy or legislature. The reforms also expanded the practice of telepharmacy, which provides faster and more accessible care to patients, particularly those who may live in remote areas.

WHY DON’T ALL STATES ALLOW PHARMACISTS TO PRESCRIBE MEDICATIONS?

Given their training, pharmacists are able to perform medical tasks well beyond what most current regulations allow. Yet prescribing authority for pharmacists remains limited across the United States. Expanding Idaho’s reforms to other states would likely meet the same kind of resistance such reforms initially did in Idaho. There, detractors of pharmacy reform cited two principal concerns:

1) Pharmacists overprescribing or prescribing for conditions outside their medical expertise
2) A breakdown in communications between healthcare providers

In Idaho, these fears have proven unfounded. Pharmacists are still held to a high quality of care by the State Board of Pharmacy. Like physicians, they can face penalties or loss of licensure. In addition, pharmacists are well aware of the legal liabilities to themselves and their employers for overprescribing medications.
Some Idaho pharmacists even say their increased prescribing authority has actually increased communication with other providers, since pharmacists are required to notify primary care physicians of any new prescription and to satisfy other reporting requirements.

KEY TAKEAWAY

Idaho has given the rest of the country a roadmap for expanding pharmacists’ prescribing authority. Despite warnings from interest groups that opposed these efforts, no significant downside risks have been realized to date. On the contrary, these reforms are well within the scope of pharmacists’ professional training and expertise and could expand access to medical care for millions of Americans in need.