



JAMES L. MADARA, MD
EXECUTIVE VICE PRESIDENT, CEO

ama-assn.org
t (312) 464-5000

December 20, 2017

The Honorable C. L. “Butch” Otter
Governor
Honorable Members of the House and
Senate Health & Welfare Committees
Legislature of the State of Idaho
State Capitol
700 West Jefferson Street
Boise, ID 83702

Re: AMA Concerns with Rules Governing Pharmacist Prescriptive Authority

Dear Governor Otter and Members of the House and Senate Health & Welfare Committees:

On behalf of the American Medical Association (AMA) and our physician and student members, I am writing to express the AMA’s strong concerns with Rule Docket 27.01.04, Rules Governing Pharmacist Prescriptive Authority. For the reasons stated below, the AMA strongly urges you to reject the Idaho State Board of Pharmacy’s (Board of Pharmacy) Rules Governing Pharmacist Prescriptive Authority and direct the Board of Pharmacy to revisit to the rulemaking phase using a more collaborative process with legislative participation.

As the leading voice for medicine, the AMA extensively tracks state legislation and regulation that may have an impact on patient care. In the past three years, several states have considered legislation or regulation that authorizes pharmacists to prescribe medication independent of protocol or collaborative practice agreement; we can state unequivocally that the Board of Pharmacy’s regulations are out of step with pharmacist prescribing laws across the country.

Collaborative practice agreements—a formal agreement in which a physician makes a diagnosis, supervises patient care, and refers patients to a pharmacist under a protocol that allows the pharmacist to perform specific patient care functions—are the preferred and most effective method by which to safely expand the scope of and access to pharmacists’ services.

With this core principle in mind, those states that have allowed autonomous pharmacist prescribing have done so collaboratively. Following adoption of pharmacist prescribing laws in California and Oregon, an impressive breadth of stakeholders came together to develop the standard algorithms, procedures, protocols, and educational requirements necessary to ensure public safety and provide a consistent level of care. The rules process included extensive input from the state medical, nursing, and pharmacy boards;

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the state medical, nursing, and pharmacy associations; the state department of health; and experts from the American Congress of Obstetricians and Gynecologists and American Pharmacists Association. The results of these collaborative efforts speak for themselves, and are enclosed for your information.

In comparison, it is our understanding that repeated requests from the Idaho Medical Association for a collaborative, multi-disciplinary process went not honored. The results of the Board of Pharmacy's draft rules reflect this insular process. The rules not only fall far short of the standard for the procedures, protocols (including formularies), and educational requirements developed in the other states that allow pharmacists to prescribe autonomously, they also vastly expand the scope of the law to encompass patient health conditions that could not have been anticipated by the legislature.

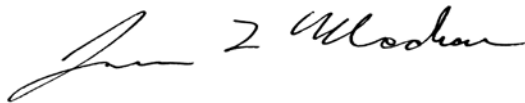
We understand that House Bill 191 (H.B. 191) extended beyond the limited scope of California and Oregon's pharmacist prescribing laws, which addressed only smoking cessation therapy, travel medication, and hormonal contraception. However, the Board of Pharmacy's rules stretch the boundaries of H.B. 191. The level of independent patient diagnosis and treatment allowed by the rules is unprecedented and, in our judgment, inappropriate based on the legislative history of H.B. 191. If these rules are allowed to go forward, Idaho would be a dangerous outlier in an area of pharmacist scope of practice still in its early stages.

Given the potential for significant harm that could result from improper prescribing, it is incumbent that this new experiment in pharmacist scope of practice be implemented with caution, and with insight from a wide variety of stakeholders. It is clear that the Board of Pharmacy's rules do neither, and as such, fail to adequately protect the interests of patients.

In the interest of maintaining the high standard of care that patients deserve, the AMA strongly urges you to reject the Board of Pharmacy's Rules Governing Pharmacist Prescriptive Authority and direct the Board of Pharmacy to return to the negotiated rulemaking phase using a more collaborative process with legislative participation. If you have any questions, please contact Kristin Schleiter, Senior Legislative Attorney, AMA Advocacy Resource Center at kristin.schleiter@ama-assn.org or (312) 464-4783.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is fluid and cursive, with a large initial "J" and "M".

James L. Madara, MD

Enclosures

cc: Idaho Medical Association