What should be the role of a board of pharmacy? Lessons from Idaho

Alex J. Adams[1]
[1]Idaho Department of Health and Welfare, Eagle, Idaho*
*former affiliation

Abstract
The role of state boards of pharmacy is undergoing critical reevaluation amidst widespread reforms in healthcare oversight. This paper explores the evolution of pharmacy governance through the lens of Idaho, a state that has emerged as a national leader in regulatory innovation. In 2025, Idaho enacted legislation that essentially eliminated the quasi-legislative function of its Board of Pharmacy, restoring all policymaking authority to the state legislature and adopting a flexible, statutory-based model grounded in the "standard-of-care" framework. This restructuring reflects broader national trends influenced by legal challenges to antitrust immunity and efforts to reduce regulatory burdens. The paper examines the implications of Idaho's approach, contrasting traditional quasi-legislative and quasi-judicial roles of pharmacy boards with emerging alternatives such as centralized adjudication systems and consolidated health professional oversight bodies. It argues that the Idaho model may serve as a blueprint for other states seeking to modernize pharmacy regulation, raising fundamental questions about the future necessity and structure of state pharmacy boards in an increasingly adaptive healthcare system.

Keywords: pharmacy regulation, pharmacy board, standard of care, pharmacist prescriptive authority, scope of practice

Introduction

Pharmacy practice in the United States has undergone significant transformation in recent decades, with states adopting varying approaches to optimize the roles of pharmacists, pharmacy interns, and pharmacy technicians in patient care. Among these, Idaho has emerged as a national leader, pioneering legislative and regulatory changes that have reshaped the profession.[1] The state was the first to grant pharmacists full independent prescriptive authority, enabling them to autonomously diagnose and treat a broad range of conditions without physician oversight.[2-4] Idaho was also the first to authorize pharmacy technicians to administer immunizations and allow tech-check-tech in outpatient settings.[5-8] Additionally, the state pioneered prescription adaptation services and became the first to implement a standard-of-care regulatory framework, allowing pharmacy practice to evolve without requiring explicit legislative approval for each new task, service, or technology.[9-12]

Building on this foundation of innovation, Idaho has continued to push the boundaries of pharmacy regulation. In 2025, the state enacted legislation restructuring the Idaho Board of Pharmacy (IBOP) as a regulatory body, raising critical questions about the future of pharmacy governance.

Corresponding Author:
Alex J. Adams, PharmD, MPH
AlexAdamsRPh@gmail.com
(419) 708-5186

Specifically, what *should* be the role of a state board of pharmacy? This paper examines Idaho's approach to pharmacy regulation and its board's transition away from having a "quasi-legislative" role, and what this may mean for the future of boards of pharmacy.

Traditional Structure and Role of a Board of Pharmacy

In the U.S., state boards of pharmacy are established by state legislatures and are granted the authority to oversee and enforce pharmacy practice laws. These boards are designed to protect the public rather than the profession. While the structure, scope, and responsibilities of boards vary across states, there are common features in their composition and function (Figure 1).[13]

Boards of pharmacy are traditionally governed by appointed board members, who are typically selected by the governor. These boards generally include both professional members (e.g., licensed pharmacists with a minimum number of years of experience) and public members (e.g., individuals with no active financial interest in the pharmacy profession). Some states mandate specific professional backgrounds, such as requiring hospital or community pharmacy experience. Increasingly, states have added pharmacy technicians to their boards.[14] Board members usually serve three- to five-year terms, with the possibility of reappointment.[13]

Since governing boards meet infrequently—typically monthly or quarterly—day-to-day operations are handled by full-time staff.[13] These staff members manage licensing applications and renewals, investigate complaints, conduct inspections, and enforce regulatory compliance. The board's executive officer acts as a liaison between the appointed board members and the full-time administrative staff.

While full-time staff handle routine functions, the most significant decisions affecting pharmacy practice are made by appointed board members. Their authority falls into two primary categories: 1) quasi-legislative roles, involving regulatory rulemaking; and 2) quasi-judicial roles, involving disciplinary and enforcement actions.

Quasi-Legislative Role

In the U.S., boards of pharmacy traditionally play a quasi-legislative role, meaning they have authority akin to lawmaking. While state legislatures pass broad pharmacy laws, the details of implementation—such as licensing requirements, continuing education standards, and facility regulations—are established by the board through administrative rulemaking. Rules promulgated by boards of pharmacy have the force and effect of law. This rulemaking power allows boards to ostensibly respond swiftly to emerging healthcare challenges, technological advancements, and evolving practice standards.

A study examining ten western states found that the majority of pharmacy laws were in the form of board-issued rules rather than statutes.[15] On average, states had 41,803 words of pharmacy rules compared to 24,080 words in legislatively enacted statutes.[11] This means that nearly 64% of total pharmacy law was created through board rules.

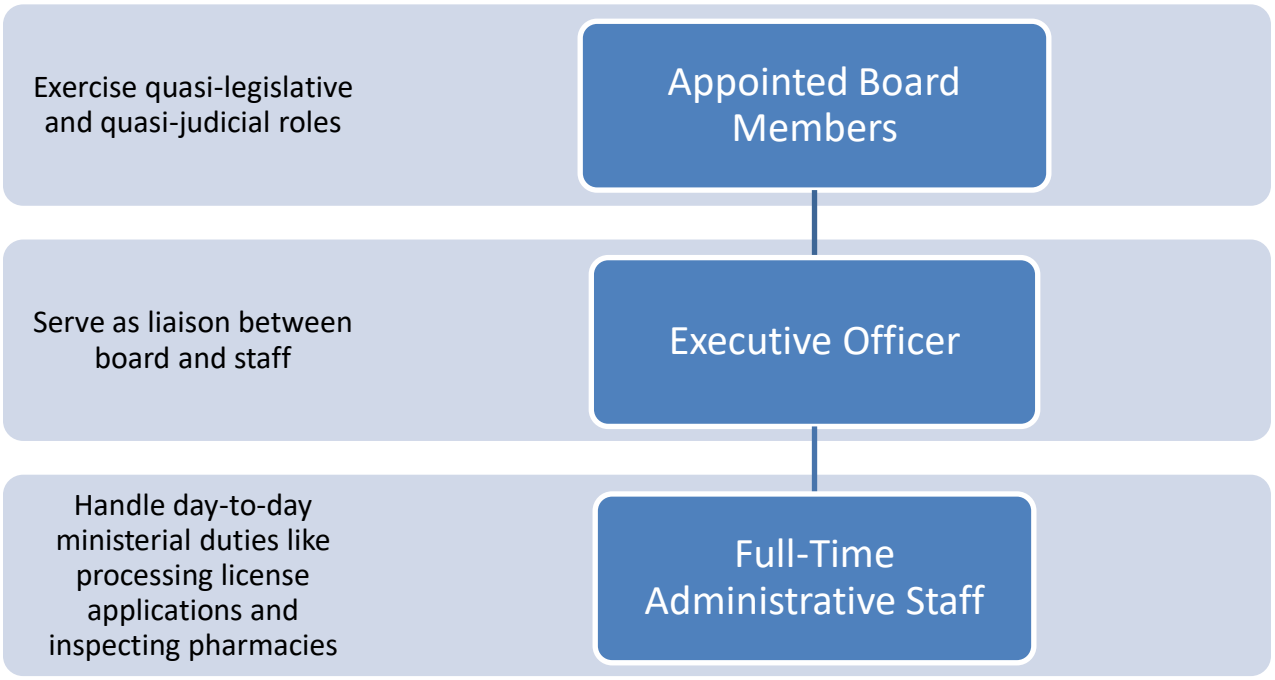
In recent years, many states have sought to reduce regulatory burdens and increase oversight of rulemaking functions. This shift follows the landmark U.S. Supreme Court ruling in *FTC v. North Carolina State Board of Dental Examiners*, which prompted state regulatory boards to reconsider their quasi-legislative authority, particularly when their members were active market participants.[16]

This ruling has had broad implications, prompting states to reassess their licensing boards' rulemaking powers to avoid antitrust liability while maintaining necessary oversight of healthcare professions.

Quasi-Judicial Role

Boards of pharmacy also exercise a quasi-judicial function, primarily in enforcement and disciplinary actions. They have the authority to investigate complaints, conduct hearings, and impose sanctions on pharmacists, pharmacy interns, pharmacy technicians, and pharmacy facilities (e.g., community pharmacies, wholesalers, manufacturers). Disciplinary actions may include fines, probation, license suspension, or revocation for violations such as improper dispensing of controlled substances, failure to meet professional competency standards, or breaches of ethical conduct.[17]

Figure 1. Traditional Structure of a Board of Pharmacy



Boards of pharmacy act as adjudicators in these cases, reviewing evidence, hearing testimony, and determining appropriate disciplinary measures. While their decisions must align with statutory authority, they are granted a level of discretion in interpreting violations and determining appropriate consequences (e.g., levying a fine or revoking a license). This quasi-judicial role is ostensibly vital to upholding professional accountability and protecting the public from unsafe or unethical pharmacy practices.

Yet, research indicates that boards of pharmacy use disciplinary actions sparingly. The percentage of pharmacist licensees with reported adverse actions ranges from 0.47% to 0.55%.[17] Furthermore, many disciplinary actions are for technical violations—such as failure to renew a license on time or incomplete continuing education requirements—rather than quality-related violations affecting patient safety.[18]

Evolving Board Duties in Idaho: Elimination of the Quasi-Legislative Role

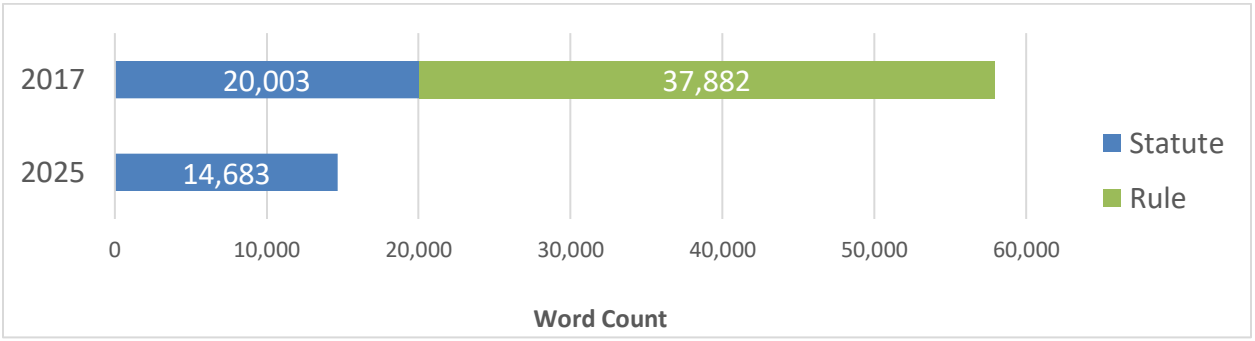
In 2025, Idaho enacted House Bill 200, fundamentally restructuring the Idaho Board of Pharmacy (IBOP).[19] This legislation essentially eliminated the board's quasi-legislative role, shifting all pharmacy policy decisions to the state legislature and moving essential regulations into statutory law. As a result, the IBOP's authority was focused on quasi-judicial functions moving forward. This legislative shift resulted in a significant reduction in regulatory volume. The proportion of pharmacy laws housed in board regulations decreased from 65% in 2017 to 0% in 2025 (**Figure 2**). Additionally, previously targeted rulemaking authorities—such as defining "pharmaceutical care" and establishing licensing fees—were incorporated into statute where appropriate and necessary. The IBOP worked closely with the state legislature to eliminate unnecessary statutes as well, resulting in a net reduction in pharmacy law even with the integration of necessary regulations into statute.

Importantly, the elimination of the quasi-legislative role of the board followed three significant events. First, IBOP had engaged in several rounds of zero-based regulation, Idaho's unique approach to reviewing regulations and eliminating those provisions that were judged to be obsolete, redundant, or unnecessary.[20] Through this effort, IBOP had already eliminated nearly 75% of its regulations, getting rid of superfluous requirements like the location of bathrooms for pharmacy staff.[21-23] This shortened the regulations to those provisions judged necessary to protect the public.

Second, IBOP had transitioned its regulatory model to a "standard-of-care."[24-26] Under such a model, Idaho has a broad definition of the "practice of pharmacy" and allows elasticity for scope of practice advancement over time. Namely, if a task is not expressly prohibited as a matter of law, it *may* be allowed in practice, if the pharmacist has the appropriate education, training, or experience to perform the duty. Having this permissive regulatory framework limited the need for the IBOP to make annual incremental changes to practice via rulemaking.

Lastly, the 2024 Idaho Legislature passed a framework for licensing boards to grant waivers of or variance from a statutory licensing requirement.[27] Specifically, license boards can grant waivers in three cases: 1) if the restriction would impose an unreasonable burden on a petitioner; 2) the petitioner proposes an alternative that will afford substantially equal protection; or 3) the petitioner proposes to test an innovative practice. With this waiver authority, the IBOP still has flexibility to address emerging statutory issues without the need to issue regulations.

Figure 2. Idaho Pharmacy Statutes and Regulations, 2017 and 2025.



Thus, as of July 1, 2025, the IBOP will no longer have administrative rules. However, this transformation was not a result of the legislature's perception of bureaucratic overreach, but rather an intentional evolution led by the IBOP itself. By proactively reducing regulatory burdens and shifting toward a flexible, statutory-based governance model, Idaho has redefined the role of its board of pharmacy, potentially serving as a model for other states and other professions considering similar reforms.

What Should Be the Future Role of a Board of Pharmacy?

It is unlikely that all states will immediately follow Idaho's lead, given the significant variation in regulatory complexity, pharmacy practice authority, and political landscapes between states. It is important to note that, if not structured properly, elimination of the quasi-legislative role may present potential risks and unintended consequences. States may face delays in responding to emerging public health threats, technological advancements, or evolving practice models—gaps that a part-time legislature meeting infrequently may struggle to address in real time. This underscores the need for professional regulation to first be elastic via "standard-of-care" regulation, with additional statutory waiver authority to address additional nuance that may emerge in practice.

The increasing adoption of the "standard-of-care" regulatory model in states like Iowa and Alaska suggests that momentum may build toward a distant future in which the quasi-legislative role of boards of pharmacy becomes obsolete. This slow but steady shift raises fundamental questions about the function of boards of pharmacy in the long term which pharmacy advocates may wish to prioritize.[28]

If state boards were to retain only a quasi-judicial role, their function would be reduced to adjudicating disciplinary actions and enforcing compliance with pharmacy laws—effectively making board service akin to a specialized jury duty for the profession. This change could make long-term board appointments (typically three to five years) less appealing, particularly if board members serve only to oversee a small number of disciplinary cases each year.

One could argue that specialized expertise is still necessary for pharmacist professional discipline, given the complexity of medication safety, controlled substances management, and compliance with state and federal prescription laws. However, the historically low volume of disciplinary actions calls into question whether a dedicated board is necessary to oversee such matters. In Idaho, for instance, the Idaho Board of Pharmacy (IBOP) reported a cumulative complaint rate of just 1.12% of licensees over the past four years, with disciplinary actions affecting only 0.07% of licensees.[29] This translates to an average of 16.75 disciplinary actions per year, a workload that might not justify the continued existence of a standalone pharmacy board. It is important to note that other states may have different experiences. Complaint rates are not compiled across states, but discipline is reported at a rate of 0.47% to 0.55%, still low but more frequent than reported in Idaho.[17] Further exploration of state-based complaint and discipline rates, both at the pharmacist and pharmacy level would be beneficial.

But given this low enforcement volume reported in Idaho, other governmental structures could potentially absorb the quasi-judicial functions of pharmacy boards supposing this trend crosses states. Two possible alternatives include:

1. **State Offices of Administrative Hearings** – Many states, including Idaho, have established offices of administrative hearings to provide independent adjudication of contested cases. These offices often employ administrative law judges (ALJs) who specialize in administrative enforcement, providing a neutral forum for resolving disciplinary matters. Pharmacists could serve as expert witnesses in cases involving professional conduct or safety violations rather than as standing board members.

2. **Boards of General Jurisdiction for Health Professions** – Some states may consider consolidating licensing and disciplinary oversight under a single regulatory entity, such as a "Board of Health Professions." This model would replace the current system of profession-specific boards (e.g., separate boards of pharmacy, medicine, nursing, and dentistry) with a unified body responsible for regulating all licensed healthcare providers. Such a system could improve consistency in professional discipline, reduce administrative redundancy, and allow for more efficient resource allocation while being consistent with the team-based approach to care that has long been a priority for the profession.[30]

As the landscape of pharmacy practice and healthcare regulation evolves, it is not difficult to envision a future where the quasi-judicial role of pharmacy boards is absorbed by other entities. Whether through administrative hearing offices or broader health profession oversight bodies, states may eventually determine that maintaining separate pharmacy boards is unnecessary. Others may contend that removing direct pharmacist oversight of boards could result in unfair or uninformed decisions regarding pharmacy practice matters and resulting discipline, so structure will be important. If national credentialing organizations take over licensing duties, and if inspections of pharmacy facilities are privatized—similar to the Verified-Accredited Wholesale Distributors (VAWD) model—the historical rationale for state boards of pharmacy may diminish further. Indeed, efforts to eliminate state-specific jurisprudence examinations and enable multistate practice may increasingly shift licensing issuance for pharmacists to a national entity similar to the role the Pharmacy Technician Certification Board (PTCB) provides for

pharmacy technicians.[31-35] This may also be enabled by transitioning the current law exam used for pharmacist licensure from a state-specific exam to one that can be used across multiple jurisdictions.

Ultimately, states will need to evaluate whether maintaining independent pharmacy boards remains the most effective means of regulating the profession or whether alternative structures can provide the same oversight with greater efficiency and fewer administrative burdens. Idaho's reforms may be an early indicator of a broader trend toward rethinking the role of professional licensing boards in modern healthcare regulation.

Conclusion

Idaho's restructuring of its Board of Pharmacy represents a significant shift in professional regulation, one that may serve as a model for other states. By essentially eliminating the quasi-legislative function of its board, Idaho has streamlined pharmacy governance, reduced regulatory burden, and introduced a flexible framework that allows for professional evolution without constant rulemaking.

While the role of pharmacy boards may not disappear overnight, Idaho's experience suggests a future where traditional regulatory structures are reevaluated. As national credentialing, privatized inspections, and centralized disciplinary bodies become more viable, the necessity of maintaining state pharmacy boards in their current form may be questioned.

Ultimately, the transformation of the IBOP prompts an important conversation about the role of professional regulation in healthcare. Should licensing boards continue to shape practice through rulemaking, or should they transition to a more limited role?

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