ICHP

Illinois Pharmacists Association
The Voice for Pharmacy in Illinois℠

Access Without Delay. Safety Without Compromise.

HB4793 - Representative Rick Ryan

HB4793 provides a narrow, accountable update to the Pharmacy Practice Act to allow pharmacists to:

1. Add missing **non-pharmaceutical devices or durable medical equipment (DME)** necessary for appropriate medication use or to achieve the intended therapeutic outcome; and
2. Complete missing **non-therapeutic prescription information** when there is evidence to support the change; with required documentation in the patient record.

This is a targeted administrative clarification authority; not expanded prescribing authority.[1]

The Real-World Problem

In daily pharmacy practice, prescriptions are frequently delayed due to administrative omissions, such as:

- Missing quantity clarification
- Incomplete or unclear directions formatting
- Dosage form clarification
- Omitted device or DME necessary for proper medication administration

Under current practice constraints, pharmacists must often contact the prescriber to resolve these issues — even when the prescriber's clinical intent is clear. This can delay therapy initiation by hours or days, particularly outside clinic hours or in rural and underserved areas.[1]

Pharmacists are the final safeguard in the medication-use system.
Federal and state regulatory frameworks rely on pharmacists to ensure prescriptions are safe, complete, and clinically appropriate before dispensing. The pharmacist's role as a safety checkpoint is well recognized in pharmacy practice literature.[2]

Completing missing information is a recognized adaptation category.
Peer-reviewed analyses of prescription adaptation services identify "completing missing information" as a defined pharmacist function when performed within structured guardrails and documentation standards.[3]

Multiple states authorize limited prescription adaptation (Colorado, Idaho, Indiana, Utah, Washington).
Numerous states permit pharmacists to modify or complete prescriptions in specific, non-therapeutic circumstances (e.g., quantity adjustments, dosage-form clarification, administrative completion), provided documentation and accountability safeguards are in place.[4]

Illinois lacks explicit statutory clarity for this limited function, creating unnecessary workflow friction and treatment delays.

Documentation requirements preserve accountability.
Jurisdictions that authorize limited adaptation require documentation in the patient record, preserving transparency, auditability, and prescriber intent.[3,5]

Delays disproportionately impact vulnerable communities.
Administrative barriers compound access challenges in rural and underserved areas, where prescriber availability may be limited. Reducing avoidable prescription clarification delays improves continuity of care.[4]

Vote YES for HB4793!

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References:

1. Illinois General Assembly. *HB4793, 104th General Assembly. Amends the Illinois Pharmacy Practice Act.* Available at: https://www.ilga.gov
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3. Adams AJ, et al. Prescription adaptation services and completing missing information. *J Am Pharm Assoc.* 2018;58(2):S37-S44.
4. National Conference of State Legislatures (NCSL). *Prescription Adaptation and Pharmacist Scope of Practice.* Available at: https://www.ncsl.org
5. Ontario College of Pharmacists. *Adapting Prescriptions: Professional Practice Guidance.* Available at: https://www.ocpinfo.com

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