

**2015 SENATE HUMAN SERVICES**

**SB 2173**

# 2015 SENATE STANDING COMMITTEE MINUTES

**Human Services Committee**  
Red River Room, State Capitol

SB 2173  
1/28/2015  
22719

- Subcommittee  
 Conference Committee

Committee Clerk Signature



## Explanation or reason for introduction of bill/resolution:

A bill relating to the governance of prescriptive practices for pharmacists.

## Minutes:

Attach #1: Testimony by Mike Schwab  
Attach #2: Written testimony by Scott Giberson  
Attach #3: Testimony by Mark Hardy  
Attach #4: Proposed Amendments  
Attach #5: Testimony by Marnie Walth  
Attach #6: Testimony by Maari Loy  
Attach #7: Testimony by Shane Wendel  
Attach #8: Testimony by Cheryl Rising  
Attach #9: Proposed Amendment  
Attach #10: Written testimony by Steve Boehning

**Senator Klein** introduced SB 2173 to the committee. Expand on the collaboration between pharmacists and physicians. Work in an institutional setting. Now pharmacists are looking at expanding working with independent physicians because we can electronically move the records.

**Mike Schwab**, Executive Vice President of the North Dakota Pharmacists Association, testified IN FAVOR of SB 2173 (attach #1) (2:06-6:47)

**Mr. Schwab** referred to letter from RADM Scott Giberson, R.Ph, Ph.C, NCPS-PP, M.P.H. (attach #2).

**Chairman Judy Lee** asked Schwab to walk through the bill. (6:50-9:30)

**Senator Dever** provided an example of a person on multiple medications prescribed by 3 different doctors. He asked who coordinates this for the person. The person indicated the nurse practitioner does this. How does this work in this arrangement.

**Mr. Schwab** specific to this bill, we have physician in place. Other states have Practitioner or other health care providers in collaborative agreements. In North Dakota, we do have numerous practice settings where the nurse practitioner is the only provider and/or there the majority of the time. Sometimes that might be the only one in the rural setting.

**Chairman Judy Lee** if you have 3 different physicians who prescribe, who makes sure they interact correctly.

**Mr. Schwab** indicated yes, the pharmacist.

**V. Chairman Oley Larsen** is nurse practitioner under an umbrella of a doctor so it would work out?

**Mr. Schwab** indicated due to some legislation passed in prior session, they are independent of physicians.

**V. Chairman Oley Larsen** if this passes, does this need to be put in there, that it makes the umbrella larger for people who are not being served by doctors and are being served by Nurse Practitioners.

**Mr. Schwab** indicated that if such an amendment came forward, we would support that amendment.

**Mark Hardy**, PharmD, Executive Director of the North Dakota State Board of Pharmacy, testified IN FAVOR of SB 2173. Attach #3 (12:56-14:37). Mr. Hardy also provided a proposed amendment (Attach #4).

**Senator Warner** intrigued about widening umbrella. What do you feel?

**Mr. Hardy** indicated they would support, but think it should come from the profession itself. As pharmacists, they would be willing to work under the profession.

**Marnie Walth**, representing Sanford Health, testified IN FAVOR of SB 2173 (attach #5) (15:30-16:26)

**Maari Loy**, Health System Pharmacist, testified IN FAVOR of SB 2173 (attach #6) (16:30-18:45)

**Shane Wendel** testified IN FAVOR of SB 2173 (attach #7) (18:56-21:10)

**Senator Warner** could you see this for psychotropic drugs, the level of medication for treating schizophrenia?

**Mr. Wendel** answered if the pharmacist had that level of training. Mr. Wendel does not. If you had specialist, then it would be appropriate.

**Senator Dever** this is not about how a pharmacist and physician work independently, but how they work together for collaboration for a patient.

**Mr. Wendel** yes, includes broad spectrum. His ability to change therapy would be limited to his prescriptive ability, but as far as engaging with the physician on the whole patient and other things, that wouldn't change as he can do that already; he can make necessary decisions within his scope. With collaborative agreement, can change therapy and help make health care decisions, and that would be set with protocol, through the different boards.

**Senator Warner** how do you determine the sample? Are you allowed to draw blood in your scope of practice?

**Mr. Wendel** in our situation, we haven't created a model but we have talked about it. Certain things would be done at the lab, and if the pharmacist has the medications on his profile, then the pharmacist will know the information and have an active role. We can look and have the ability to look at patient records with a true medical record. Testing would be done at hospital.

**Chairman Judy Lee** stated how important the electronic health care records have become.

**Mr. Wendel** indicated it can't happen without the electronic records. Now that we have that information, community pharmacists can make those decisions. Younger pharmacists have been trained in this and eager to use it.

**Cheryl Rising** testified IN FAVOR of SB 2173 (attach #8) (25:41-abt 30:00). Ms. Rising provided a proposed amendment (attach #9) to include Nurse Practitioners.

**Senator Warner** in another bill, we are discussing naturopaths.

**Ms. Rising** stated that she would support what committee decides.

**Senator Warner** if we were to adopt the language, would we need to be specific to the board of nursing, what about other boards

**Ms. Rising** yes, good question.

**Senator Howard Anderson, Jr.** are you suggesting that if we have advanced practice nurses then a collaborative agreement between the advanced practice nurse and the pharmacists would need to be approved by the board of nursing? **Ms. Rising** indicated yes. **Senator Howard Anderson, Jr.** then asked, the last section of the bill states, any rules to implement this section must be jointly adopted by the board of medical examiners and the board of pharmacy. Are you comfortable with that? Or would Board of Nursing also be adopting those rules?

**Ms. Rising** indicated that yes, board of nursing would need to be there too.

**Chairman Judy Lee** in regards to naturopaths, that nurse practitioners have prescriptive practices that are more extensive.

**Senator Howard Anderson, Jr.** indicated at this point, this was thoroughly discussed by the board of pharmacy and the pharmacy association. We look at practitioner as anyone who is authorized by their practice act to prescribe drugs. Theoretically, this includes quite a few people, such as podiatrists, veterinarians, etc. Even in some respects because we've named pharmacists as providers in some situations. At this point we are better off, if we add nurses and PA's, that's fine, but for now we should leave it at this for now.

**Senator Warner** do we need specific language, not generic language

**Senator Howard Anderson, Jr.** yes, that is correct.

**Chairman Judy Lee** indicated that she is interest in responding to people who have actually made a change for them, rather than saying let's invite them to the party.

**Heather Strawsell**, a pharmacist at Sanford in Fargo, testified IN FAVOR of SB 2173. She has two pharmacists work every day, work with cardiologists. Have 3,200 patients that we manage. We work independently with physicians but also collaborate. We review our data. On average, in clinical studies, patients are in range 58% time and range, and last month over they were over 70% in range. This is something that could be expanded outside the institution.

**Senator Dever** are there any bumps when physicians and pharmacists disagree.

**Ms. Strawsell** indicated what doctor says goes, but we find solutions that we both are okay with. Physicians have been on board with the collaboration with the pharmacists.

**Chairman Judy Lee** indicated they are an important team member.

No more in favor.

OPPOSED to SB 2173  
No opposing testimony.

NEUTRAL TO SB 2173  
No neutral testimony

Closed SB 2173 Public Hearing.

Written testimony provided electronically by **Steve Boehning** (attach #10).

# 2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee  
Red River Room, State Capitol

SB 2173  
1/28/2015  
22745

- Subcommittee  
 Conference Committee

Committee Clerk Signature



## Explanation or reason for introduction of bill/resolution:

A bill relating to the governance of prescriptive practices for pharmacists.

## Minutes:

No attachments.

These are minutes from Senate Human Services Committee on January 28, 2015.

**V. Chairman Oley Larsen** when we were talking about nurse practitioners, a lot of care is from nurse practitioners. If in rural area, she could dispense the shot. If they are the ones doing this, if they don't have to have a doctor. He would be supportive of adding nurse practitioner another care provider.

**Chairman Judy Lee** asked do we want to include the LPRN.

**Senator Howard Anderson, Jr.** say advanced practice nurses and physicians.

**Chairman Judy Lee** indicated that we need to add board of nursing in more than one section.

**Senator Warner** asked to consider Physician Assistants?

**Chairman Judy Lee** answered no. They didn't ask, if they are an assistant to the physician, the physician will sign off. Their education is not the same.

**Senator Warner** we aren't creating a 3 prong regulatory body. Nurse and pharmacist relationships is one board, and pharmacist and physicians is the other collaboration.

**Chairman Judy Lee** exactly.

**Senator Howard Anderson, Jr.** stated that there will need to be a committee to adopt the rules. That shouldn't be a problem.

**Chairman Judy Lee** agreed, as well as people who did testimony today. Assigned Femi add the language about advanced practice registered nurses, and the proper spots for the

board of nursing, and also include the two language adjustments that Mark Harvey suggested.

**Senator Howard Anderson, Jr.** moved to ADOPT AMENDMENT for SB 2173 and the motion was seconded by **V. Chairman Oley Larsen**.

Discussion:

**Senator Howard Anderson, Jr.** walked through Mr. Hardy's amendment. Refer to Mr. Hardy's amendment in hearing.

**Chairman Judy Lee** asked about collaborative agreement between APRN and pharmacists.

**Senator Howard Anderson, Jr.** all we need to do is where it say physician just add advanced registered practice nurse. As far as this section with the medical director and pharmacist in charge, that actually applies to the institutions, like Sanford. If they want to list some of their advanced practice nurses at Sanford, they could do that.

**V. Chairman Oley Larsen** just for clarification, page 2, line 1, pharmacists and physicians, would it then add "and board of nursing". Senator Howard Anderson, Jr. indicated each board pharmacists, physicians, or APRN".

Roll Call Vote to Adopt Amendment for SB 2173

6 Yes, 0 No, 0 Absent. Motion passed.

**Senator Howard Anderson, Jr.** moved to recommend that the Senate Human Services Committee DO PASS as amended. The motion was seconded by **V. Chairman Oley Larsen**. No discussion.

Roll Call Vote, to DO PASS as Amended for SB 2173.

6 Yes, 0 No, 0 Absent. Motion passed.

**Senator Howard Anderson, Jr.** will carry the bill to the floor.

February 4, 2015

TJ  
2/4/15

PROPOSED AMENDMENTS TO SENATE BILL NO. 2173

- Page 1, line 9, after the first "physician" insert "or an advanced practice registered nurse"
- Page 1, line 9, after the second "physician" insert "or advanced practice registered nurse"
- Page 1, line 13, after "physician" insert "or the advanced practice registered nurse"
- Page 1, line 13, after "and" insert "the"
- Page 1, line 16, after "physician" insert "or the advanced practice registered nurse"
- Page 1, line 17, after "physician" insert "or the advanced practice registered nurse"
- Page 1, line 22, after "examiners" insert "or board of nursing"
- Page 2, line 1, replace "each board which pharmacists and physicians are" with "the respective board of any physician, advanced practice registered nurse, and pharmacist"
- Page 2, line 1, remove "if"
- Page 2, remove lines 2 through 5
- Page 2, line 6, after the "4." insert "If there is a change in personnel under the collaborative agreement, a pharmacist, physician, and advanced practice registered nurse under the collaborative agreement shall send immediate notice of the change to the respective licensing board of that individual. Unless necessary, a change in personnel does not necessitate board approval of the collaborative agreement."
- 5."
- Page 2, line 7, after "physician" insert "or advanced practice registered nurse"
- Page 2, line 9, replace "5." with "6."
- Page 2, line 16, after "examiners" insert "or the board of nursing"
- Renumber accordingly.

Date: 01/28 2015  
Roll Call Vote #: 1

2015 SENATE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. 2173

Senate Human Services Committee

Subcommittee

Amendment LC# or Description: Add people to Standby Amend. 15.0673.01001 Title .02000

Recommendation:  Adopt Amendment  
 Do Pass     Do Not Pass     Without Committee Recommendation  
 As Amended     Rerefer to Appropriations  
 Place on Consent Calendar

Other Actions:  Reconsider  \_\_\_\_\_

Motion Made By Anderson Seconded By Larson

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	✓		Senator Tyler Axness	✓	
Senator Oley Larson (V-Chair)	✓		Senator John M. Warner	✓	
Senator Howard C. Anderson, Jr.	✓				
Senator Dick Dever	✓				

Total (Yes) 6 No 0

Absent 0

Floor Assignment \_\_\_\_\_

If the vote is on an amendment, briefly indicate intent:

Date: 01/28 2015  
Roll Call Vote #: 2

2015 SENATE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. SB2173

Senate Human Services Committee

Subcommittee

Amendment LC# or Description: 15.0673.01001 Title .02000

Recommendation:  Adopt Amendment  
 Do Pass  Do Not Pass  Without Committee Recommendation  
 As Amended  Rerefer to Appropriations  
 Place on Consent Calendar  
Other Actions:  Reconsider

Motion Made By Anderson Seconded By Larsen

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	✓		Senator Tyler Axness	✓	
Senator Oley Larson (V-Chair)	✓		Senator John M. Warner	✓	
Senator Howard C. Anderson, Jr.	✓				
Senator Dick Dever	✓				

Total (Yes) 6 No 0

Absent 0

Floor Assignment Anderson

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2173: Human Services Committee (Sen. J. Lee, Chairman) recommends AMENDMENTS AS FOLLOWS and when so amended, recommends DO PASS (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2173 was placed on the Sixth order on the calendar.

Page 1, line 9, after the first "physician" insert "or an advanced practice registered nurse"

Page 1, line 9, after the second "physician" insert "or advanced practice registered nurse"

Page 1, line 13, after "physician" insert "or the advanced practice registered nurse"

Page 1, line 13, after "and" insert "the"

Page 1, line 16, after "physician" insert "or the advanced practice registered nurse"

Page 1, line 17, after "physician" insert "or the advanced practice registered nurse"

Page 1, line 22, after "examiners" insert "or board of nursing"

Page 2, line 1, replace "each board which pharmacists and physicians are" with "the respective board of any physician, advanced practice registered nurse, and pharmacist"

Page 2, line 1, remove "If"

Page 2, remove lines 2 through 5

Page 2, line 6, after the "4." insert "If there is a change in personnel under the collaborative agreement, a pharmacist, physician, and advanced practice registered nurse under the collaborative agreement shall send immediate notice of the change to the respective licensing board of that individual. Unless necessary, a change in personnel does not necessitate board approval of the collaborative agreement.

5."

Page 2, line 7, after "physician" insert "or advanced practice registered nurse"

Page 2, line 9, replace "5." with "6."

Page 2, line 16, after "examiners" insert "or the board of nursing"

Renumber accordingly

**2015 HOUSE HUMAN SERVICES**

**SB 2173**

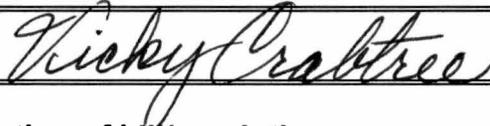
# 2015 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee  
Fort Union Room, State Capitol

SB 2173  
3/10/2015  
Job #24576

- Subcommittee  
 Conference Committee

Committee Clerk Signature



## Explanation or reason for introduction of bill/resolution:

Relating to governance of prescriptive practices for pharmacies

## Minutes:

Testimonies 1-6

Chairman Weisz opened the hearing on SB 2173.

Mike Schwab: Executive Vice-President of the ND Pharmacists Association testified in support of the bill. (See Testimony #1)

5:04

Rep. Porter: Is there a reason why other practices of medicine that have prescriptive authority are not included in having a collaborative agreement with the pharmacists?

Schwab: When the bill originally passed in 1995 it was just physicians and then on the Senate side it was amended to include advanced practice registered nurses. If this would wish to add others we wouldn't oppose such. We are open to additions.

Rep. Porter: Inside of medicine, optometry has prescriptive authority and naturopaths are asking for it. It takes the two boards to agree in order to come up with the collaboration, from a legislative standpoint wouldn't we be wise to let the boards do what they are supposed to be doing rather than specifically list who can and who cannot?

Schwab: We wouldn't oppose such and would leave it up to you as a committee to discuss further. I think there would be some resistance to include everybody after our discussions with various groups.

8:27

Shane Wendel: A pharmacist testified in support of the bill. (See Testimony #2)

10:35

Rep. Mooney: Would I be able to go to the pharmacist and ask for advice for example my son who had a cold? What is the protocol? How does that work?

Wendel: It would be established between the physicians and pharmacists. For example, the patient could come into the clinic and have a strep throat test and we could write the prescription for an appropriate antibiotic and dispense that for them. A protocol would be established for this.

Rep. Mooney: That information is forwarded into the physicians file.

Wendel: Yes. It never occurs unless the physicians' group wants it.

Rep. Mooney: The collaborative agreement, does that alleviate any liability or concerns that may arise from this new partnership?

Wendel: As far liability, I have professional liability insurance and so does the physician and facility. As long as we are practicing under the scope of what the collaboration says I don't know if we would be exposed to any more liability.

13:50

Mark J. Hardy: PharmD, Executive Director to the ND State Board of Pharmacy testified in support of the bill. (See Testimony #3)

16:16

Chairman Weisz: In your testimony you say there are 12 active in-group agreements. You also said most of the recent agreements are results of personnel modifications. Are there 12 pharmacists currently having collaborative agreements?

Hardy: Most collaborate agreements are within a health care institution.

Chairman Weisz: But, currently there are 12 different entities that in agreement.

Hardy: That would be correct.

18:00

Maari Loy: Pharmacist, testified in support of the bill. (See Testimony #4)

20:15

Shelby Monson: Future pharmacist, testified in support of the bill. (See Testimony #5)

Cheryl Rising: Testified in support of the bill. (See Testimony #6)

Nancy Kopp: Representing the ND Optometric Association. Optometrists do have prescriptive authority and certainly wouldn't want to be excluded if they so desired to collaborate. I would support the bill and an amendment to that regard.

Chairman Weisz: Have you had any conversations with your group to this effect?

Kopp: We have had conversations about the prescription drug monitoring program. I think this would fit in nicely also.

House Human Services Committee

SB 2173

March 10, 2015

Page 3

Rep. Kiefert: Every 6 months you have to go to the doctor to get your check up and see if your drugs are working ok. Could this possibly eliminate this visit to the doctor and just go to the pharmacist?

Kopp: I'm not qualified to answer that question.

**NO OPPOSITION**

Chairman Weisz closed the hearing on SB 2173.

# 2015 HOUSE STANDING COMMITTEE MINUTES

**Human Services Committee**  
Fort Union Room, State Capitol

SB 2173  
3/10/2015  
Job #24598

- Subcommittee  
 Conference Committee

Committee Clerk Signature *Ticky Crabtree*

**Minutes:**

Chairman Weisz: (Took up SB 2173.) I did speak to the association and they aren't looking to add any additional (Stopped.)

Rep. Porter: I move a Do Pass.

Rep. Hofstad: Second.

ROLL CALL VOTE: 13 y 0 n 0 absent

MOTION CARRIED

Bill Carrier: Rep. Hofstad

Date: 3-10-15  
Roll Call Vote #: 1

2015 HOUSE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. 2173

House Human Services Committee

Subcommittee

Amendment LC# or Description: \_\_\_\_\_

Recommendation:  Adopt Amendment  
 Do Pass  Do Not Pass  Without Committee Recommendation  
 As Amended  Rerefer to Appropriations  
 Place on Consent Calendar  
Other Actions:  Reconsider  \_\_\_\_\_

Motion Made By Rep. Porter Seconded By Rep. Hofstad

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz	✓		Rep. Mooney	✓	
Vice-Chair Hofstad	✓		Rep. Muscha	✓	
Rep. Bert Anderson	✓		Rep. Oversen	✓	
Rep. Dick Anderson	✓				
Rep. Rich S. Becker	✓				
Rep. Damschen	✓				
Rep. Fehr	✓				
Rep. Kiefert	✓				
Rep. Porter	✓				
Rep. Seibel	✓				

Total (Yes) 13 No 0

Absent 0

Floor Assignment Rep. Hofstad

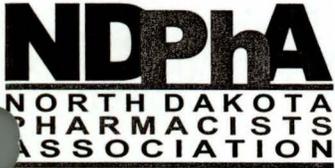
If the vote is on an amendment, briefly indicate intent:

**REPORT OF STANDING COMMITTEE**

**SB 2173, as engrossed: Human Services Committee (Rep. Weisz, Chairman)**  
recommends **DO PASS** (13 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING).  
Engrossed SB 2173 was placed on the Fourteenth order on the calendar.

**2015 TESTIMONY**

**SB 2173**



Attach # 1  
SB 2173  
01/28/2015  
CJ# 22719

Senate Human Service Committee

SB 2173 – 10:30 AM

1-28-15

Madam Chair and members of the Senate Human Service Committee, for the record, my name is Mike Schwab, Executive Vice President of the North Dakota Pharmacists Association. We are here today in support of SB 2173, which would expand the prescriptive practices act originally passed back in 1995 which allowed pharmacists and physicians to enter into collaborative practice agreements.

Collaborative practice agreements are used to create formal relationships between pharmacists and physicians or other providers that allow for expanded pharmaceutical care services to patients and the health care team. These agreements define certain patient care functions that are turned over to a pharmacist. The goal of the physician-pharmacist collaborative agreement is to leverage the pharmacist's expertise and knowledge of drug therapy, medication adherence and potential cost barriers.

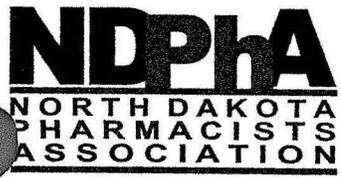
48 states have some type of collaborative practice law in place. Currently, 35 states allow these types of arrangements in community pharmacy settings. Under collaborative practice agreements, pharmacists are generally permitted to initiate, modify, continue or discontinue drug therapy; conduct tests and screenings; and/or order lab work in accordance with written guidelines or protocols agreed to by physicians. Physicians have ultimate authority to further delineate the activities that pharmacists may and may not perform in accordance with the law under the collaborative practice agreement. In North Dakota, final approval would still require both the Board of Pharmacy and Board of Medical Examiners to jointly adopt any collaborative practice agreement. To clarify, collaborative practice agreements do not give pharmacists prescribing authority independent of physicians.



Collaborative practice agreements improve patient care in a variety of ways. Research has shown that approximately one-third to one-half of all patients in the United States do not take their medications as prescribed costing this country over \$100 billion annually. Pharmacy services administered by pharmacists in community pharmacies and hospital pharmacies have been proven to improve compliance and prevent unnecessary hospitalizations caused by drug misuse and non-adherence.

A 2011 comprehensive Report to the U.S. Surgeon General Dr. Regina Benjamin on improving patient and health system outcomes through advanced pharmacy services has been reviewed and discussed collaboratively between the U.S. Public Health Service Pharmacy Leadership, the Office of the Surgeon General, and Dr. Regina Benjamin. For the first time in our history, the U.S. Surgeon General was presented with a comprehensive evidence-based report on the practice of pharmacy. After reviewing and discussing the Report, Dr. Benjamin signed a letter of support listing many recommendations for the expansion of pharmacy services and specifically mentions collaborative practice agreements. The letter is attached for your review as well.

In addition, just released in January of 2015, the National Governors Association released a paper titled: "The Expanded Role of Pharmacists in a Transformed Health Care System." The paper calls for states to expand collaborative practices agreements between pharmacists and health care providers as well as expand MTM and disease state managements services. The paper further concludes the integration of pharmacists into team-based models of care improve health outcomes. State should consider engaging in coordinated efforts to address some of the challenges pharmacists face such as restrictions on collaborative practice agreements and recognition of pharmacists as health care providers to ensure compensation for direct patient care services.



In conclusion, I would just add that increased collaboration among health care professionals, such as the type of activities that can occur under collaborative practice agreements between pharmacists and physicians, can help to meet patients' growing demands, improve patient outcomes and deliver cost-effective health care.

We ask for your support of SB 2173. Thank you for your time and attention. I would be happy to try and answer any questions.

Respectfully Submitted,

A handwritten signature in cursive script that reads "Mike".

Mike Schwab

EVP NDPhA

Attach#2  
5B2173 01/28/2015

Public Health Service

J# 22719

Office of the Surgeon General  
Rockville, MD 20857  
Dec 14, 2011



DEPARTMENT OF HEALTH & HUMAN SERVICES

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RADM **Scott Giberson**, R.Ph, Ph.C, NCPS-PP, M.P.H.  
Chief Professional Officer, Pharmacy  
U.S. Assistant Surgeon General

Dear RADM Giberson,

I wish to commend you and our Commissioned Corps colleagues, as well as publicly support *Improving Patient and Health System Outcomes through Advanced Pharmacy Practice. A Report to the U.S. Surgeon General, 2011.*

The report provides a thorough discussion of the comprehensive patient care services that pharmacists are currently providing through collaborative practice agreements (CPAs) in 43 states and in federal health care settings (e.g. IHS, VA, DOD).

Under CPAs, pharmacists work in collaboration with physicians and primary care clinicians to help patients, particularly those with chronic conditions, manage their medication regimens by:

- Performing patient assessments and developing therapeutic plans;
- Utilizing authorities to initiate, adjust, or discontinue medications;
- Ordering, interpreting and monitoring appropriate laboratory tests;
- Providing care coordination and other healthcare services for wellness and prevention; and
- Developing partnerships with patients for ongoing and follow-up care.

The report demonstrates through evidence-based outcomes, that many expanded pharmacy practice models (implemented in collaboration with physicians or as part of a health team) improve patient and health system outcomes and optimize primary care access and delivery.

Specifically, the report supports the following case:

1. Health leadership and policy makers should further explore ways to optimize the role of pharmacists to deliver a variety of patient-centered care and disease prevention, in collaboration with physicians or as part of the healthcare team. These collaborative pharmacy practice models can be implemented to manage and prevent disease, improve health care delivery and address some of the current demands on the health care system.

2. Utilization of pharmacists as an essential part of the healthcare team to prevent and manage disease in collaboration with other clinicians can improve quality, contain costs, and increase access to care.
3. Recognition of pharmacists as health care providers, clinicians and an essential part of the health care team is appropriate given the level of care they provide in many health care settings.
4. Compensation models, reflective of the range of care provided by pharmacists, are needed to sustain these patient oriented, quality improvement services. This may require further evolution of legislative or policy language and additional payment reform considerations.

This report provides the evidence health leaders and policy makers need to support evidence-based models of cost effective patient care that utilizes the expertise and contributions of our nations' pharmacists as an essential part of the healthcare team.

I look forward to working with you and your team as you implement this report and take its findings to the wider professional pharmacy community.

Yours sincerely,



Regina Benjamin, MD, MBA

U.S. Surgeon General

VADM USPHS



State of North Dakota  
Jack Dalrymple, Governor

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Bismarck ND 58501-4700  
Telephone (701) 328-9535  
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**STATE BOARD OF PHARMACY**

*Attach#3*  
*01/28/15*  
*SB 2173*  
*J# 22719*

E-mail= [Mhardy@btinet.net](mailto:Mhardy@btinet.net) [www.nodakpharmacy.com](http://www.nodakpharmacy.com)

Mark J. Hardy, PharmD, R.Ph.  
Executive Director

**Senate Bill 2173 – Prescriptive Practices of Pharmacists**  
**Senate Human Services Committee – Red River Room**  
**10:30 AM - Wednesday – January 28, 2015**

Chairperson Lee, members of the Senate Human Services Committee, for the record I am **Mark J. Hardy**, PharmD, Executive Director of the North Dakota State Board of Pharmacy. I appreciate the opportunity to be here to speak with you today about SB2173.

The Board of Pharmacy supports the changes to NDCC 43-15-31.4 limited prescriptive practices as set forth in SB2173. However, we have one amendment that we would like to propose for consideration. This proposed amendment provides clarification on the bill version. It would allow personnel modifications on an already approved Collaborative Agreement to be communicated to each of the Boards [Pharmacy & Medical Examiners] rather than a full new agreement approval.

Collaborative Agreement processes for pharmacists have been in place since 1995 and we currently have 12 active collaborative agreements in effect in North Dakota at this time. To give the committee some background on the process, a pharmacist and physician will put together, on paper, the collaborative agreement process. Each pharmacist and each physician must be clearly identified and their signature affixed on the written Collaborative Agreement. Included in the agreement will be standards by which a drug therapy should be modified or initiated, based on the patient’s medical condition. Once the agreement is in the agreed upon form, it is submitted to the Board of Pharmacy for approval and upon approval forwarded to the Board of Medical Examiners [soon to be known as the Board of Medicine] for their approval as well. Once both Boards have approved and accepted the Collaborative Agreement, it becomes permissible to practice.

Most of the recent Collaborative agreements submitted to the Board are the result of personnel modifications, due to employment changes at the healthcare system. The proposed amendment to this bill will streamline this process.

Again, I thank you for the opportunity to speak on this bill and will be happy to answer any questions you may have.

Attach #4  
SB2173  
01/28/2015  
J# 22719

**Proposed Amendments to SB2173 - limited prescriptive practices for pharmacists**

3. The collaborative agreement may be between a medical director and pharmacist-in-charge. The medical director and pharmacist in charge shall report to each board which pharmacists and physicians are covered under the agreement. If there is a change or addition to which pharmacists or licensed physicians are included in the collaborative agreement, immediately the medical director and the pharmacist-in-charge shall send notice of the change or addition to the board of medical examiners and board of pharmacy.
  
4. If there is a change or addition to which pharmacists or licensed physicians are included in the collaborative agreement, immediately the physician or the pharmacist shall send notice of the change or addition to the board of medicine and board of pharmacy. A personnel modification does not require each board to approve the collaborative agreement unless deemed necessary.

*Attach #5  
SB2173  
01/28/15  
J# 22719*

**SB 2173**  
**Senate Human Services Committee**  
**January 28, 2015**

Chairman Lee and members of the Senate Human Services Committee, my name is Marnie Walth and I represent Sanford Health.

I rise to express Sanford Health's support for SB 2173, relating to the governance of prescriptive practices for pharmacists.

As health care systems evolve and progress, the patient care coordination model coined "Population Health" remains paramount. As an integrated health system, our goal is always to provide the patient with the right care, at the right place and at the right time. SB 2173 recognizes and supports the changing environment in the continuum of care, and should provide for more coordinated and timely access to care.

Thank you for your consideration.

Marnie Walth  
[Marnie.walth@sanfordhealth.org](mailto:Marnie.walth@sanfordhealth.org)  
701.323.8745



Attach # 6  
SB 2173  
01/28/15  
O# 22719

January 28, 2015

Re: Support for SB 2173

Madam Chair and members of the Senate Human Services Committee,

I am Maari Loy a health system pharmacist in this great state of North Dakota and President of the North Dakota Society of Health System Pharmacists. I currently reside in Fargo - District 44. I am originally from Prosper, ND. My family farms in this small community outside of Casselton. I am here in support of SB 2173.

Across our state, pharmacists are already working with physicians to give clinical support and enhance the care provided to patients. We need access to clinical pharmacy services to increase for improved patient care and patient outcomes. This bill will improve patient access to pharmacists that will then more effectively manage patient medications by removing barrier language to certain types of pharmacists.

The current language of the century code restricts new services from being developed efficiently. The language introduced decreases red-tape and will enable us to have greater continuum of care in services as staffing fluctuates and new pharmacists are hired.

Pharmacists have great ability to optimize medication therapies, pin-point medication related issues, and prevent adverse effects of chronic conditions. In collaboration with physicians and other practitioners, pharmacists can improve the health outcomes of the patients we serve, and decrease health care costs by preventing negative outcomes through effective and efficient collaborative practice agreements.

Thank you for your consideration of SB 2173.

Sincerely,

Maari L. Loy, PharmD, BCPS, MBA

President

North Dakota Society of Health System Pharmacists

Attach #7  
SB2173  
01/28/18  
J# 22719

Madam Chair and committee members,

My name is Shane Wendel and I am here today in support of Senate Bill 2173. Bill 2173 is not a new way of medical practice. It simply broadens the scope of section 43-15-31.4 of the North Dakota Century Code. I have some key points I would like to make about this bill and healthcare in rural ND.

1. Access to medical providers in rural areas such as Carrington is becoming more difficult. There are fewer providers to see a growing patient load.
2. Collaborative agreements between physicians and community pharmacists can help fill some gaps of care and provide relief of a growing demand of clinical services.
3. Some common examples of collaborative agreements that could be created between rural physicians and community pharmacists could be: Rapid Strep testing and protocol treatments and referrals. Warfarin dosing and monitoring with reporting to primary physician.
4. All parties would need to come to agreement on how collaboration is implemented and followed. All agreements need to be approved by Medical Board and Pharmacy Board.
5. The two physicians that provide care for Carrington Health Center are in favor of exploring collaborative agreements to allow more time in caring for their more complex patients.

In Closing, I ask for your support by passing SB2173 to allow more providers to work together to increase the quality of health care in North Dakota.

TESTIMONY ON SENATE BILL 2173

Madam Chairman Lee and committee members:

I am Cheryl Rising, FNP and legislative liaison for the North Dakota Nurse Practitioner Association (NDNPA). I am here in support of Senate Bill 2173 with an amendment to add Advance Practice Registered Nurses (APRN). This bill has the licensed physician and the pharmacist prepare a collaborative agreement. APRN's in ND are also primary providers and already have limited collaborative agreements with some pharmacists.

APRN's do collaborate with the pharmacist. In Langdon ND the collaborative agreement is for immunizations. We ask that APRN's be added to Senate Bill 2173. To prevent barriers in health care to our citizens of ND I recommend provider neutral language. NDNPA recommends insertion of licensed health care provider where licensed physician is stated and addition of BON in appropriate areas.

Cheryl Rising, FNP Legislative Liaison NDNPA

701-527-2583

[cdrising@earthlink.net](mailto:cdrising@earthlink.net)

Attach #8  
SB 2173  
01/28/15  
J# 22719

Senate Bill No 2173

Amendment:

NDNPA recommends the following amendment to 2173:

To replace licensed physician with health care provider on page one in line 9, 13, 16, 17, and page 2 in line 1,2,7.

To add Board of Nursing (BON) to page one line 22, and page 2 in line 5 and 16.

Attach #9  
SB 2173  
01/28/15  
J# 22719

Attach # 10  
SB 2173  
01/28/2015  
J# 22719

From: [linsonpharmacy@ideaone.net](mailto:linsonpharmacy@ideaone.net) [mailto:[linsonpharmacy@ideaone.net](mailto:linsonpharmacy@ideaone.net)]

Sent: Monday, January 26, 2015 4:25 PM

To: Lee, Judy E.; Murphy, Philip M.; Klein, Jerry J.; Keiser, George J.; Oversen, Kylie; [rweiaz@nd.gov](mailto:rweiaz@nd.gov)

Subject: Senate Bill 2173

Dear Honorable Members of the North Dakota Legislature;

I am writing this email to you in support of SB 2173 that you will hearing in committee. I wish I could be there for the hearing but unfortunately I am unable to attend. I am a practicing pharmacist and current president of the North Dakota Pharmacists Association. I think this bill is very important to furthering the practice of pharmacy and increasing healthcare services throughout the state.

This bill would expand the provisions of allowing physicians and pharmacists to enter into a collaborative practice agreement. This bill would remove the requirement that a collaborative practice agreement can only be established in an institutional setting. As the state electronic medical record expands and access to appropriate medical records become more readily available, the institutional setting language is not needed. By expanding this language, pharmacists will be able to provide patient services to a much larger population. This could be very important in those rural areas where access to physicians is far more difficult.

Collaborative practice agreements do not give pharmacists prescribing authority independent of physicians. Pharmacists are not trying to practice outside of their scope of practice. It allows pharmacists to work with physicians to establish a protocol where pharmacists can aid patients in getting the health care they need.

Currently 48 states allow for some type of collaborative practice for pharmacists. The 2012 Report to the Surgeon General calls for improving patient and health system outcomes through expanded patient care services. Expansion of collaborative practice agreements were highlighted in this report multiple times. The National Governor's Association 2015 paper calls for states to expand collaborative practice agreements and to expand the role of pharmacists as integrated members of the health care team.

I would appreciate consideration of a YES VOTE ON SB 2173.

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Steve Boehning, R.Ph., Executive Secretary Linson Pharmacy

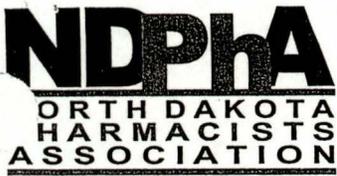
3175 25th Street South

Fargo, ND 58103

701-293-6022

Fax: 293-6040

E-mail: [linsonpharmacy@ideaone.net](mailto:linsonpharmacy@ideaone.net)



# 1

House Human Service Committee

SB 2173 – 09:45 AM

03-10-15

Chairman Weisz and members of the House Human Service Committee, for the record, my name is Mike Schwab, Executive Vice President of the North Dakota Pharmacists Association. We are here today in support of SB 2173, which would expand the prescriptive practices act originally passed back in 1995 which allowed pharmacists and physicians to enter into collaborative practice agreements.

Collaborative practice agreements are used to create formal relationships between pharmacists and physicians or other providers that allow for expanded pharmaceutical care services to patients and the health care team. These agreements define certain patient care functions that are turned over to a pharmacist. The goal of the physician-pharmacist collaborative agreement is to leverage the pharmacist's expertise and knowledge of drug therapy, medication adherence and potential cost barriers.

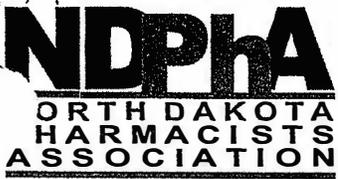
48 states have some type of collaborative practice law in place. Currently, 35 states already allow these types of agreements in community pharmacy settings. Under collaborative practice agreements, pharmacists are generally permitted to initiate, modify, continue or discontinue drug therapy; conduct tests and screenings; and/or order lab work in accordance with written guidelines or protocols agreed to by physicians. Physicians have ultimate authority to further delineate the activities that pharmacists may and may not perform in accordance with the law under the collaborative practice agreement. In North Dakota, final approval would still require both the Board of Pharmacy and Board of Medical Examiners to jointly adopt any collaborative practice agreement. To clarify, collaborative practice agreements do not give pharmacists prescribing authority independent of physicians or advanced nurse practitioners.

1

Collaborative practice agreements improve patient care in a variety of ways. Research has shown that approximately one-third to one-half of all patients in the United States do not take their medications as prescribed costing this country over \$100 billion annually. Pharmacy services administered by pharmacists in community pharmacies and hospital pharmacies have been proven to improve compliance and prevent unnecessary hospitalizations caused by drug misuse and non-adherence.

A 2011 comprehensive Report to the U.S. Surgeon General Dr. Regina Benjamin on improving patient and health system outcomes through advanced pharmacy services has been reviewed and discussed collaboratively between the U.S. Public Health Service Pharmacy Leadership, the Office of the Surgeon General, and Dr. Regina Benjamin. For the first time in our history, the U.S. Surgeon General was presented with a comprehensive evidence-based report on the practice of pharmacy. After reviewing and discussing the Report, Dr. Benjamin signed a letter of support listing many recommendations for the expansion of pharmacy services and specifically mentions collaborative practice agreements. The letter is attached for your review as well.

In addition, just released in January of 2015, the National Governors Association released a paper titled: "The Expanded Role of Pharmacists in a Transformed Health Care System." The paper calls for states to expand collaborative practices agreements between pharmacists and health care providers as well as expand MTM and disease state management services. The paper further concludes the integration of pharmacists into team-based models of care improve health outcomes. States should consider engaging in coordinated efforts to address some of the challenges pharmacists face such as restrictions on collaborative practice agreements and recognition of pharmacists as health care providers to ensure compensation for direct patient care services.



In conclusion, I would just add that increased collaboration among health care professionals, such as the type of activities that can occur under collaborative practice agreements between pharmacists and physicians, can help to meet patients' growing demands, improve patient outcomes and deliver cost-effective health care.

We ask for your support of SB 2173. Thank you for your time and attention. I would be happy to try and answer any questions.

Respectfully Submitted,

A handwritten signature in black ink that reads "Mike Schwab". The signature is written in a cursive style with a long horizontal flourish at the end.

Mike Schwab

EVP NDPhA



Office of the Surgeon General  
Rockville, MD 20857  
Dec 14, 2011

RADM Scott Giberson, R.Ph, Ph.C, NCPS-PP, M.P.H.  
Chief Professional Officer, Pharmacy  
U.S. Assistant Surgeon General

Dear RADM Giberson,

I wish to commend you and our Commissioned Corps colleagues, as well as publicly support *Improving Patient and Health System Outcomes through Advanced Pharmacy Practice. A Report to the U.S. Surgeon General, 2011.*

The report provides a thorough discussion of the comprehensive patient care services that pharmacists are currently providing through collaborative practice agreements (CPAs) in 43 states and in federal health care settings (e.g. IHS, VA, DOD).

Under CPAs, pharmacists work in collaboration with physicians and primary care clinicians to help patients, particularly those with chronic conditions, manage their medication regimens by:

- Performing patient assessments and developing therapeutic plans;
- Utilizing authorities to initiate, adjust, or discontinue medications;
- Ordering, interpreting and monitoring appropriate laboratory tests;
- Providing care coordination and other healthcare services for wellness and prevention; and
- Developing partnerships with patients for ongoing and follow-up care.

The report demonstrates through evidence-based outcomes, that many expanded pharmacy practice models (implemented in collaboration with physicians or as part of a health team) improve patient and health system outcomes and optimize primary care access and delivery.

Specifically, the report supports the following case:

1. Health leadership and policy makers should further explore ways to optimize the role of pharmacists to deliver a variety of patient-centered care and disease prevention, in collaboration with physicians or as part of the healthcare team. These collaborative pharmacy practice models can be implemented to manage and prevent disease, improve health care delivery and address some of the current demands on the health care system.

2. Utilization of pharmacists as an essential part of the healthcare team to prevent and manage disease in collaboration with other clinicians can improve quality, contain costs, and increase access to care.
3. Recognition of pharmacists as health care providers, clinicians and an essential part of the health care team is appropriate given the level of care they provide in many health care settings.
4. Compensation models, reflective of the range of care provided by pharmacists, are needed to sustain these patient oriented, quality improvement services. This may require further evolution of legislative or policy language and additional payment reform considerations.

This report provides the evidence health leaders and policy makers need to support evidence-based models of cost effective patient care that utilizes the expertise and contributions of our nations' pharmacists as an essential part of the healthcare team.

I look forward to working with you and your team as you implement this report and take its findings to the wider professional pharmacy community.

Yours sincerely,



Regina Benjamin, MD, MBA  
U.S. Surgeon General  
VADM USPHS

#2

Chairman Weisz and Human Services Committee members,

3-10-15

My name is Shane Wendel and I am here today in support of Senate Bill 2173. Bill 2173 is not a new way of medical practice. It simply broadens the scope of section 43-15-31.4 of the North Dakota Century Code. I have some key points I would like to make about this bill and healthcare in rural ND.

1. Access to medical providers in rural areas, such as Carrington, is becoming more difficult. There are fewer providers to see a growing patient load.
2. Collaborative agreements between physicians and community pharmacists can help fill some gaps of care and provide relief of a growing demand of clinical services.
3. Some common examples of collaborative agreements that could be created between rural physicians and community pharmacists could be as follows: Rapid Strep testing, protocol treatments, and referrals; warfarin dosing and monitoring with reporting to primary physician.
4. All parties would need to come to an agreement on how collaboration is implemented and followed. All agreements need to be approved by Medical Board and Pharmacy Board.
5. The two physicians that provide care for Carrington Health Center are in favor of exploring collaborative agreements to allow more time in caring for their more complex patients.

In closing, I ask for your support by passing SB2173 to allow more providers to work together to increase the quality of health care in North Dakota.



State of North Dakota  
Jack Dalrymple, Governor

OFFICE OF THE EXECUTIVE DIRECTOR  
1906 E Broadway Ave  
Bismarck ND 58501-4700  
Telephone (701) 328-9535  
Fax (701) 328-9536

#3

**STATE BOARD OF PHARMACY**

E-mail= [Mhardy@btinet.net](mailto:Mhardy@btinet.net) [www.nodakpharmacy.com](http://www.nodakpharmacy.com)

Mark J. Hardy, PharmD, R.Ph.  
Executive Director

**Senate Bill 2173 – Prescriptive Practices of Pharmacists  
House Human Services Committee – Fort Union Room  
9:45 AM - Tuesday – March 10, 2015**

Chairman Weisz, members of the House Human Services Committee, for the record I am Mark J. Hardy, PharmD, Executive Director of the North Dakota State Board of Pharmacy. I appreciate the opportunity to be here to speak with you today about SB2173.

The Board of Pharmacy supports the changes to NDCC 43-15-31.4 limited prescriptive practices as set forth in SB2173.

Collaborative Agreement processes for pharmacists have been in place since 1995 and we currently have 12 active collaborative agreements in effect in North Dakota at this time. To give the committee some background on the process, a pharmacist and physician will put together, on paper, the collaborative agreement process. Each pharmacist and each physician must be clearly identified and their signature affixed on the written Collaborative Agreement. Included in the agreement will be standards by which a drug therapy should be modified or initiated, based on the patient's medical condition. Once the agreement is in the agreed upon form, it is submitted to the Board of Pharmacy for approval and upon approval forwarded to the Board of Medical Examiners [soon to be known as the Board of Medicine] for their approval as well. Once both Boards have approved and accepted the Collaborative Agreement, it becomes permissible to practice.

Most of the recent Collaborative agreements submitted to the Board are the result of personnel modifications, due to employment changes at the healthcare system. The proposed amendment to this bill will streamline this process.

Again, I thank you for the opportunity to speak on this bill and will be happy to answer any questions you may have.

/

**SB 2173 DRAFT AMENDMENT**

A BILL for an Act to amend and reenact section 43-15-31.4 of the North Dakota Century Code, relating to the governance of prescriptive practices for pharmacists.

**BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

**SECTION 1. AMENDMENT.** Section 43-15-31.4 of the North Dakota Century Code is amended and reenacted as follows:

**43-15-31.4. Limited prescriptive practices.**

1. A ~~licensed pharmacist in an institutional setting~~ has limited prescriptive practices to initiate or modify drug therapy following diagnosis ~~and initial patient assessment~~ by a licensed physician or an advanced practice registered nurse, under the supervision of the ~~same licensed physician or advanced practice registered nurse~~, in accordance with this section. ~~An institutional setting, for the purpose of this section, is a hospital, a physician clinic, a skilled nursing facility, or a swing bed facility in which a patient's medical records are readily available to the licensed physician and the licensed pharmacist.~~ The licensed physician or the advanced practice registered nurse and the pharmacist must have access to the patient's appropriate medical records. The care provided to the patient by the pharmacist must be recorded in the patient's medical records and communicated to the licensed physician or the advanced practice registered nurse.
2. The licensed physician or the advanced practice registered nurse and the licensed pharmacist shall prepare a collaborative agreement concerning the scope of the pharmacist's prescriptive practices and shall update the agreement at least every ~~two~~ four years or when they modify the scope of the pharmacist's prescriptive practices. The

collaborative agreement, or an amendment to the agreement, is effective when approved by the board of medical examiners or the board of nursing and the board of pharmacy.

3. The collaborative agreement may be between a medical director and a pharmacist-in-charge. The medical director and pharmacist-in-charge shall report to each the respective board which the physicians or advanced practice registered nurses and the pharmacists and physicians or advanced practice registered nurses are covered under the agreement. If there is a change or addition to which pharmacists or licensed physicians are included in the collaborative agreement, immediately the medical director and the pharmacist in-charge shall send notice of the change or addition to the board of medical examiners and board of pharmacy.

4. If there is a change in personnel under the collaborative agreement, immediately the pharmacist or the physician or the advanced practice registered nurse shall send notice of the change to the board of pharmacy and the board of medical examiners or the board of nursing. Unless deemed necessary, a board does not need to approve the collaborative agreement because of a change in personnel.

3.4.5. The collaborative agreement must include a provision that requires the licensed pharmacist to immediately notify the licensed physician or advanced practice registered nurse when the licensed pharmacist initiates or modifies a drug therapy.

4.5.6. The board of medical examiners and the board of pharmacy shall jointly establish a prescriptive practices committee consisting of two physicians appointed by the board of medical examiners, one physician appointed by the North Dakota medical association, one pharmacist appointed by the board of pharmacy, and one pharmacist appointed by the North Dakota pharmaceutical association. The prescriptive practices committee shall

~~develop and submit proposed rules concerning the implementation of this section to the board of medical examiners and the board of pharmacy.~~ Any rules to implement this section must be jointly adopted by the board of medical examiners or the board of nursing and the board of pharmacy.

# 4



March 10, 2015.

Re: Support for SB 2173

Chairman and members of the House Human Services Committee,

I am Maari Loy a health system pharmacist in this great state of North Dakota and President of the North Dakota Society of Health System Pharmacists. I currently reside in Fargo - District 44. I am originally from Prosper, ND. My family farms in this small community outside of Casselton. I am here in support of SB 2173.

Across our state, pharmacists are already working with physicians to give clinical support and enhance the care provided to patients. We need this to increase for improved patient care. This bill will improve patient access to pharmacists that will then more effectively manage patient medications by removing barrier language to certain types of pharmacists.

The current language of the century code restricts us and hampers new services being developed efficiently. The language introduced decreases red-tape and will enable us to have greater continuum of care in services as staffing fluctuates and new pharmacists are hired.

Pharmacists have great ability to optimize medication therapies, pin-point medication related issues, and prevent adverse effects of chronic conditions. In collaboration with physicians and other practitioners, pharmacists can improve the health outcomes of the patients we serve, and decrease health care costs by preventing negative outcomes through effective and efficient collaborative practice agreements.

Thank you for your consideration of SB 2173.

Sincerely,

Maari L. Loy, PharmD, BCPS, MBA

President

North Dakota Society of Health System Pharmacists

#5

House Human Services Committee

Re: SB 2173

03-10-15

Chairman Weisz and members of the committee, for the record my name is Shelby Monson, a future pharmacist who will be practicing in North Dakota. I am here today in support of SB 2173, which would expand the Prescriptive Practices Act.

As a student in my last year of pharmacy school, I know that pharmacists must complete rigorous coursework, which includes disease treatments, laboratory training, the use of medications, and much more. The roll of the pharmacist is evolving, and allowing collaborative practice agreements providing pharmacists with limited prescriptive practice to initiate or modify drug therapy following diagnosis would allow pharmacists to use their knowledge to its full potential. Currently, collaborative practice agreements can only be established in an institutional setting, however, more pharmacists work in a retail setting when compared to an institutional setting. I believe that allowing pharmacists to have limited prescriptive practices in additional settings would be beneficial to individuals in North Dakota as it would allow pharmacists to address drug-related side effects and improve therapeutic outcomes for patients.

I have worked in a retail pharmacy in North Dakota for five years and can note numerous instances where prescriptive practices would have been beneficial. For example, if a patient is started on a cholesterol lowering medication, the cholesterol guidelines state that they should have a lipid panel 4-12 weeks following the initiation of medication therapy. Instead of going to the physician's office for an appointment and labs, the patient would be able to have their total cholesterol, LDL, and HDL checked at the pharmacy. If deemed necessary based on the results, the pharmacist could adjust the dose of the medication at this time. The pharmacist can also assess for drug-related side effects and compliance during this appointment. It is important to note that these services would only be allowed under the supervision of a physician, and all CPAs need to be approved by both the Board of Pharmacy and the Board of Medical Examiners.

I offer my support of SB 2173 because I believe it would allow pharmacists to exercise their expertise as medication-use experts while also improving patient compliance and preventing drug-related side effects. Thank you for your time and attention. Please let me know if you have any questions and I will do my best to answer them for you.

Respectfully Submitted,

Shelby Monson  
2015 Pharm.D. Candidate

#6



3-10-15

TESTIMONY ON SENATE BILL 2173

Chairman Weisz and Committee members:

I am Cheryl Rising, FNP and legislative liaison for the North Dakota Nurse Practitioner Association (NDNPA). I am here in support of Senate Bill 2173 relating to the governance of prescriptive practices for pharmacists. Advance Practice Registered Nurses (APRN's) in ND are primary providers and already have limited collaborative agreements with some pharmacists. For example in Langdon ND the collaborative agreement is for immunizations.

We support APRN's added to Senate Bill 2173.

Cheryl Rising, FNP Legislative Liaison NDNPA

701-527-2583

[cdrising@earthlink.net](mailto:cdrising@earthlink.net)